northern health

Public Session

AGENDA

February 13, 2023
Sandman Hotel –
940 Chew Road, Quesnel BC

AGENDA ITEMS	Responsibility of…	Expected Outcome	Time (Approx.)	Page
1. Call to Order, Welcome and Indigenous Land Acknowledgement	Chair Nyce		**8:15am**	**-**
2. Conflict of Interest Declaration	Chair Nyce	Discussion		**-**
3. Approval of Agenda	Chair Nyce	Motion		**1**
4. Approval of Previous Minutes: December 5, 2022	Chair Nyce	Motion		**3**
5. Business Arising from Previous Minutes	Chair Nyce			**-**
6. CEO Report	C Ulrich	Information	**8:25am**	**9**
6.1 Human Resources Report	S Rossi	Information		**25**
7. Audit & Finance Committee			**8:55am**	
7.1 Financial Statement Period 9	M De Croos	Motion		**35**
7.2 Capital Plan Expenditure Update	M De Croos	Motion		**38**
8. Performance, Planning & Priorities Committee				
8.1 Strategic Priority: Our People				
8.1.1. Education and Development	F Bell	Information	**9:10am**	**47**
9. Indigenous Health & Cultural Safety Committee				
9.1 Update on the Cultural Safety Education Plan and Implementation of Cultural Safety Education for Physicians	Dr. H Smith / N Cross	Information	**9:25am**	**53**
10. Governance & Management Relations Committee				
10.1 BRD 500 Policy Series	K Thomson	Motion	**9:45am**	**56**
10.2 BRD 600 Policy Series	K Thomson	Motion		**61**
10.3 BRD 300 Board Committees Policy	K Thomson	Motion		**71**
10.4 NH Ethics Research Board	K Thomson	Motion		**75**
10.5 Internationally Educated Health Professionals	S Rossi	Information		**83**
10.6 Relationship with Foundations and Fundraising Societies	S Raper	Information		**85**
ADJOURN			**10:00am**	
PUBLIC PRESENTATION				
11. United Way British Columbia			**10:05am**	
Guest Presenters:				
• Bobbi Symes, MA, Acting Director Healthy Aging, United Way British Columbia				
• Grace Park, MD, Regional Medical Director, Fraser Health				
ADJOURN			**10:25am**	

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Public Meeting Motions

February 12, 2023

Agenda Item		Motion	Approved	Not Approved
2.	Conflict of Interest Declaration	Does any Director present have a conflict of interest they wish to declare regarding any business before the Northern Health Board at this meeting?		
3.	Approval of Agenda	The Northern Health Board approves the February 13, 2023 Public Agenda as presented	☐	☐
4.	Approval of Minutes	The Northern Health Board approves the December 5, 2022 minutes as presented	☐	☐
7.1	Period 7 Financial Statement	The Northern Health Board receives the 2022-23 Period 9 financial update as presented.	☐	☐
7.2	Capital Expenditure Plan Update	The Northern Health Board receives the Period 9 update on the 2022-23 Capital Expenditure Plan.	☐	☐
11.1	BRD 500 Policy Series	The Northern Health Board approves the BRD 500 Policy Series as presented.	☐	☐
11.2	BRD 600 Policy Series	The Northern Health Board approves the BRD 600 Policy Series as presented.	☐	☐
11.3	BRD 300 Board Committees Policy	The Northern Health Board approves BRD 300 Board Committees Policy as presented.	☐	☐
11.4	NH Ethics Research Board	That the Northern Health Board approves the establishment of the Northern Health Research Ethics Board, in accordance with the Terms of Reference set out herein.	☐	☐

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Board Meeting

Date: December 5, 2022

Location: Prince George, BC

Chair:	Colleen Nyce	**Recorder:** Desa Chipman
Board:	• Frank Everitt • John Kurjata • Shannon Anderson • Patricia Sterritt • Russ Beerling	• Brian Kennelly Regrets: • Shayna Dolan • Linda Locke • Wilf Adam
Executive:	• Cathy Ulrich • Fraser Bell • Mark De Croos • David Williams • Kelly Gunn • Tanis Hampe • Steve Raper	• Dr. Ronald Chapman • Dr. Jong Kim • Dr. Helene Smith • Penny Anguish • Kirsten Thomson • Nicole Cross

Public Minutes

1. **Call to Order Public Session**
   The Open Board session was called to order at 9:56am

2. **Opening Remarks**
   Chair Nyce welcomed members of the public to the meeting and acknowledged the traditional territory of the

3. **Conflict of Interest Declaration**
   Chair Nyce asked if any Director present had a conflict of interest they wish to declare regarding any business before the Northern Health Board at this meeting.
   - There were no conflict of interest declarations made related to the December 5, 2022 Public agenda.

4. **Approval of Agenda**
   Moved by J Kurjata seconded by B Kennelly
   The Northern Health Board approves the December 5, 2022 public agenda as presented

5. **Approval of Board Minutes**
   Moved by R Beerling seconded by S Anderson
   The Northern Health Board approves the October 18, 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 and highlights provided on the following areas;
  - Respiratory Season Status Update
    - At this time the Northern BC Influenza and COVID-19 Immunization program have seen 46,500 doses of influenza vaccine administered in Northern BC and over 646,000 doses of COVID-19 vaccine administered in Northern BC since December 2020. 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.
  - First Nation Health Authority – Sub Regional & Regional Caucuses
    - The Northern First Nations Sub Regional Caucuses held their first in-person meetings since the pandemic began through the months of October and November 2022. The focus of the caucuses ranged from health governance, operational items, covid updates and mental health and wellness.
  - Virtual Care
    - Northern Health was part of a Canadian visit by Professor Tim Shaw who 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.
    - Professor Shaw'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.
    - Professor Shaw travelled to Prince George to meet with members of Northern Health, the Northern Medical Program and northern physicians to learn about the Northern Health Virtual Primary and Community Care Clinic.
  - 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. As a result, Prince George is the first in the province to pilot a co-leadership education program that includes both physicians and health authority staff.
    - The group held their first 2-day session in October with a focus on leadership skills such as communication and understanding their personality types. 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 to address child abuse 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. A total of 54 participants attended 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 operation for initiating and delivering on this collaborative training opportunity.

- Staff Awards:
  - Mary Charters, Director, Health Emergency Manager was 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).
  - Vanessa Kinch, Regional Manager, Clinical Informatics, Northern Health 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.

7.1. Human Resources Report

An overview of the Northern Health Human Resources Report was provided with details being shared on the four cornerstones of the BC Health Human Resource strategy along with information on the initiatives Northern Health has underway to address and mitigate the recruitment challenges that are being experienced in healthcare.

8. Audit and Finance Committee

8.1. Period 7 Financial Statement

- 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.

Moved by J Kurjata seconded by B Kennelly
The Northern Health Board receives the 2022-23 Period 7 financial update as presented.

8.2. Capital Expenditure Plan

- 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. Details were summarized in the briefing note.

Moved by J Kurjata seconded by F Everitt
The Northern Health Board receives the Period 7 update on the 2022-23 Capital Expenditure Plan.

9. Performance Planning and Priorities Committee

9.1. Strategic Priority: Quality

9.1.1. Service Networks

9.1.1.1. Child & Youth

- 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.

9.1.1.2. Rehabilitative Services

- The Rehabilitation Service Network was established in 2020 to steward the actions arising from the 2019 Northern Health Rehabilitation Strategy.
- The progress was outlined in detail in the briefing note with an overview provided on the following areas of focus.
  - Regional Clinical Practice Leads
  - Service Delivery Model Development and Mapping
  - Virtually Enabled Rehabilitation Services
  - Rehabilitation Assistant Sponsorship
  - UBC Northern Cohorts for Occupational Therapy and Physical Therapy education programs

10. Indigenous Health & Cultural Safety Committee

10.1. Update: Cultural Safety Education Plan and Implementation of Cultural Safety Education for Staff and Physicians

- 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.
  - Orientation of new and existing staff and physicians.

  - Cultural safety curriculum Respectful Relationships.
  - On the land learning-building an engagement learning opportunity with Indigenous communities.
  - Tailored Cultural Safety workshops.
  - Ongoing professional development opportunities for Staff and Physicians in NH.
- The Indigenous Health education team is currently continuing to develop 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 team is working on the Communication, Risk Management and Evaluation plans.

11. Governance and Management Relations Committee

11.1. BRD Policy 230 – Executive Limitations

- The revised BRD Policy 230 – Executive Limitations was provided for review and approval.

Moved by F Everitt seconded by S Anderson
The Northern Health Board of Directors approves the BRD Policy 230.

11.2. Policy Manual BRD 400 Series

- The revised Policy Manual BRD 400 Series was presented for review and approval.

Moved by F Everitt seconded by S Anderson

11.3. International Educated Professionals

- While Northern Health (NH) is experiencing staff shortages throughout the region, there are International Healthcare Professionals 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 these health professionals to move through the registration and regulation process with the goal of enabling entry into the NH workforce quickly.
- Directors expressed appreciation to the NH staff on the work that has been undertaken to assist international healthcare professionals navigate the process.

11.4. Education Partnership Approach with Colleges and UNBC

- The Briefing Note presented provided 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).
- Agreement that 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 Health Career Access Program students, and
  - Creating job opportunities for northern graduates.

Meeting was adjourned at 11:30am
Moved by P Sterritt seconded by S Anderson

12. Signing Memorandum of Understanding – Northern Health and the University of Northern British Columbia.

- Dr. Geoff Payne, President of UNBC and Amanda Alexander, UNBC Board Director attended the NH Board meeting to participate in a signing event of the Memorandum of Understanding with Northern Health Board Chair, Chair Colleen Nyce and CEO Cathy Ulrich.

Colleen Nyce, Chair

Desa Chipman, Recording Secretary

CEO Report – Northern Health Board

February 2023

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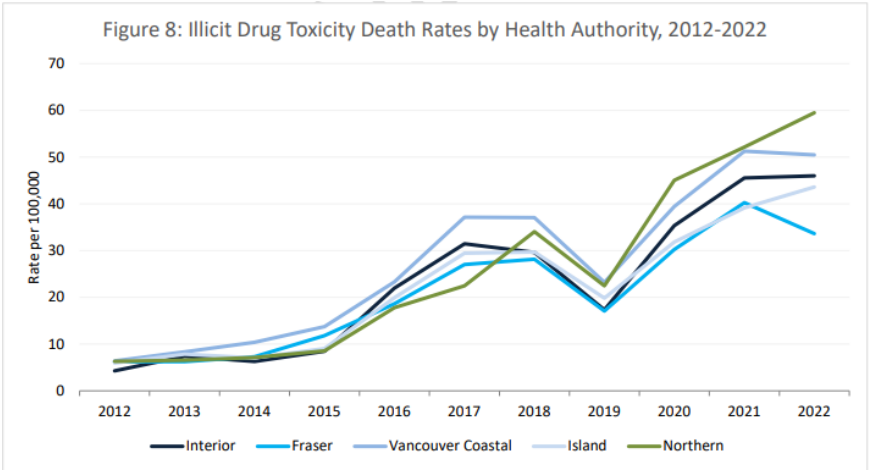
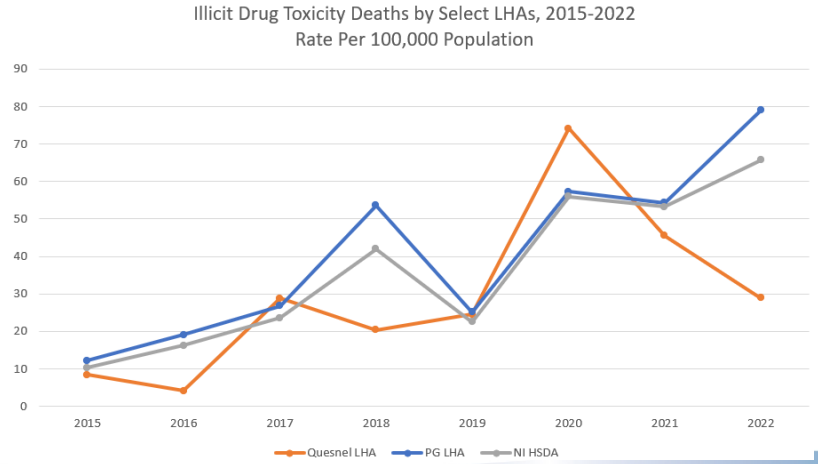
Northern Health Illicit Drug Toxicity Death Rates

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

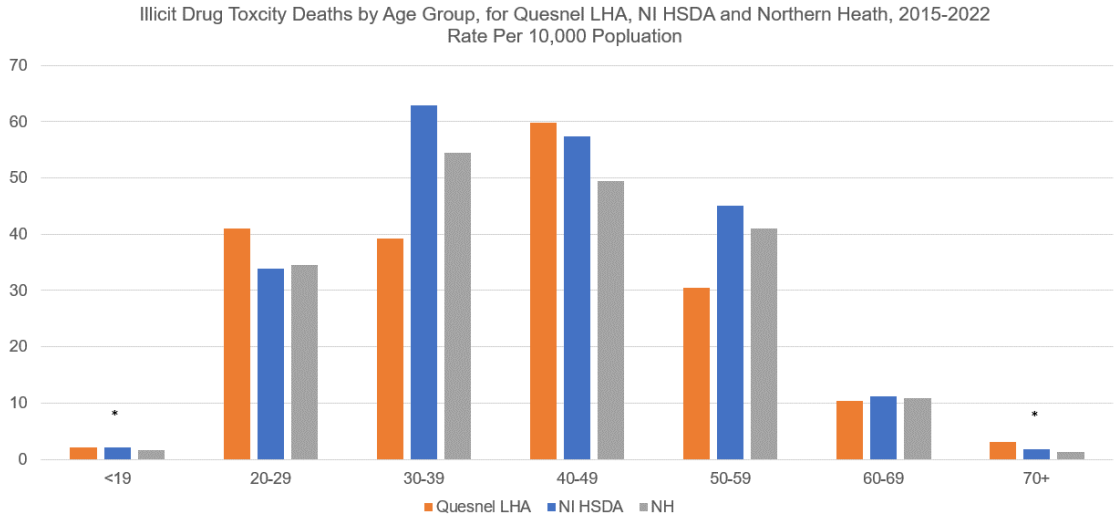
- The rate of illicit toxicity deaths in the Quesnel LHA has started to decline since 2020,
  - Which is approximately a 61% decline in the number of deaths in Quesnel LHA





Quesnel LHA Illicit Drug Toxicity Deaths by Age Group from 2015-2022

- The age groups impacted by illicit drug toxicity in the Quesnel LHA are similar to the NI and NH
- The 30-39 age group is significantly lower in the Quesnel LHA compared to the NI HSDA
- All other age groups are comparable



* Interpret age group with caution, small numbers

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
  - Quesnel LHA shows the same pattern as NI, NH, and Province

Quesnel LHA Illicit Drug Overdose Deaths by Place of Injury, 2015 - 2022

	Quesnel	Northern Interior
Private Residence	67.9%	60.5%
Other Residence	21.4%	20.9%
Other Inside	3.6%	4.1%
Outside	7.1%	13.8%
Unknown		0.7%

Table 3: Illicit Drug Toxicity Deaths by Place of Injury and Health Authority, BC, 2019-2022[2]

	Interior	Fraser	Vancouver Coastal	Vancouver Island	Northern
Inside:					
Private Residence	739 (61.8%)	1,620 (67.8%)	747 (36.5%)	680 (58.3%)	322 (59.6%)
Other Residence	248 (20.8%)	303 (12.7%)	899 (43.9%)	264 (22.6%)	118 (21.9%)
Other Inside	43 (3.6%)	109 (4.6%)	55 (2.7%)	24 (2.1%)	20 (3.7%)
Outside	145 (12.1%)	336 (14.1%)	305 (14.9%)	184 (15.8%)	77 (14.3%)
Unknown	20 (1.7%)	20 (0.8%)	43 (2.1%)	15 (1.3%)	3 (0.6%)
Total	1,195	2,388	2,049	1,167	540

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

Why Decriminalization?

Shift approach to substance use as a health matter – not a criminal justice one

Address health and criminal justice inequities and promote pathways to care

Reduce stigma around substance use so people feel more comfortable reaching out for help

Decriminalization in BC: Key Features

- Applies to adults 18+
- Inclusive of opioids, crack/powder cocaine, methamphetamine, and MDMA
- Police will provide resource cards with information on local supports and will make voluntary referrals
- 2.5g cumulative threshold floor, with police discretion above
- Approaches to unique populations, including Indigenous Peoples and people in rural/remote areas
- Robust police training, and monitoring and evaluation framework

NO arrests or seizures for personal possession under the threshold

NO fines, tickets or other administrative sanctions

NO mandatory treatment or diversion

Role of Northern Health: Resource Cards

- The provision of information on health and social services by law enforcement is a Health Canada requirement.
- The cards are for information purposes – police officers can support referrals at an individual's request. **Individuals are not required to provide personal information, nor are they required to accept support to access a referral.**
- The Province is working with a design agency to design the cards.
- Health authorities will be responsible for regional content on the cards.
- The Ministry is currently sharing mock ups with partners to inform the final design and content.
  - This includes the Decriminalization Core Planning Table and the Law Enforcement Working Group

Policy Changes within Northern Health

- Emerging Policy Issues:
  - The province is working law enforcement partners to develop training to support practice change with phase 1 of the training launched in November.
  - This includes identifying policies and procedures that need change
  - Similarly, there are policies in the health care system that need updating
    - NH regional staff are currently reviewing and amending policies to align with decriminalization
      - Use and possession of controlled substances by persons receiving care and visitors
      - Safekeeping of patients and residents' valuables

Relational Security Violence Prevention Initiative

- Goal of the provincial Relational Security initiative:
  - Support the reduction of workplace violence and psychological injury among the health sector workforce and integrate protection services within a team-based system of care.
- In-house relational security model will be implemented at 26 designated health care settings across BC
  - Hiring of 320 Protection Services Officers (PSOs) and 14 Violence Prevention Leads
  - Northern Health (NH) provided 40 PSOs and 2 Violence Prevention Leads
  - Provision of a standardized onboarding and training curriculum focused on trauma-informed care, cultural safety and humility, and relational security principles.
- The Implementation process includes:
  - A Provincial Project Working Group
  - Collaboration with unions

“Relational Security is the knowledge and understanding we have of a patient and of the environment, and the translation of that information into appropriate responses and care”

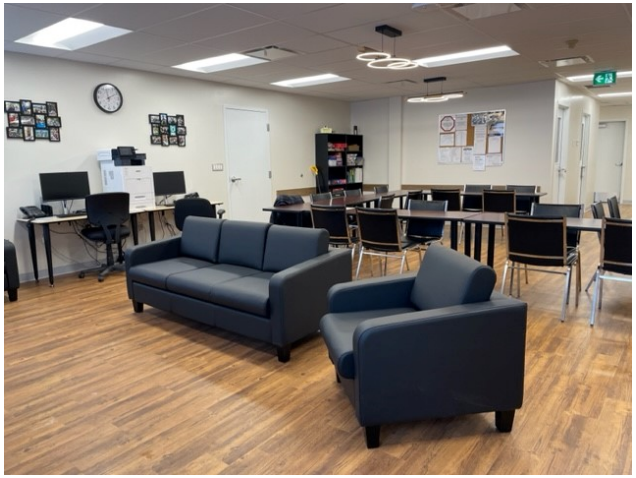
Relational Security Violence Prevention Initiative

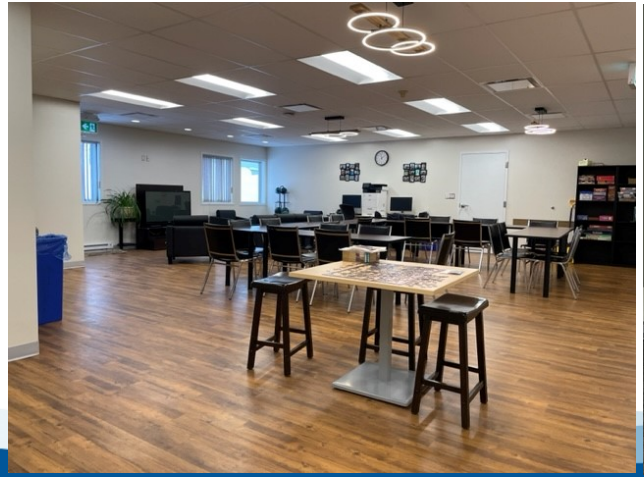
- Northern Health initial implementation sites:
  - University Hospital Northern British Columbia (UHNBC),
  - Mills Memorial Hospital (MMH),
  - Prince Rupert Regional Hospital (PRRH).
- Phase one (current):
  - Hire Violence Prevention Leads – 2.00 FTE to facilitate trauma informed practice training and support implementation workplace violence prevention (completed)
  - Recruitment and Onboarding of a Regional Manager, Relational Security (in progress)
    - Role focus: Planning & Program Development, inclusive of relational security guard recruitment and hiring
  - Recruitment and Onboarding of two Violence Prevention Advisors (complete)
    - Role focus: development and implementation of the training framework, reporting, and evaluation framework
  - RSO positions posted Feb 3 – consecutive work with Facilities Bargaining Association on position benchmark review.
  - RSO roles are not intended to replace existing Protection Services roles (although there is potential impact resulting from movement between contracted services and NH)
- Phase two:
  - Implementation of the relational security model at the three selected sites
  - Evaluation and Recommendations for ongoing development of the initiative

Quesnel - Operational Highlights

- **Outpatient IV by the interprofessional community services team** – expanded service to 7 days/week and delivering ~150 sessions/month
- **Specialized Nursing Training** – in partnership with BCIT, implemented the Emergency Nursing Education Program in Quesnel
- **Dunrovin Long Term Care** – leading in the reduction of antipsychotic drug use in BC, respite and hospice beds have reopened
- **Community Services Accreditation** – received a 95% score from Accreditation Canada
- **Community Mental Health and Substance Use Specialized Services** – move to the new Grace Young Activity Centre with teams fully staffed, service includes:
  - psychosocial rehabilitation
  - life skills
  - vocational rehabilitation in a club house setting

Grace Young Activity Centre





New CT Scan and Suite

- $2.32M investment
- GE Revolution CT ES
  - Increased image capability
  - Reduced sound
  - Larger space for patients
  - Faster rotation times (0.28 seconds) and lower radiation doses
- Overhead in-ceiling imagery (the “Skylight”)
- Became operational and accredited in March 2022

Furthering Primary and Community Care Integration
Quesnel Interprofessional Community Team Deep Dive

- Challenges:
  - Vast primary care nursing curriculum with staff uncertain of training priorities
  - Service demand from primary care providers not well understood which has led to inability to match and configure team skills to needs
- Engagement with the community team with support from Care Process Coaching Team results:
  - Development of Education Report highlighting training to be undertaken collectively by the team (team-based care model) as opposed to individuals
    - Resulted in a measured reduction of anxiety and increased focus
  - Unlocked opportunities to compare (using real-time data) service demand (provider service requests) with community team capacity
  - Clarified where additional education is needed
- Replicable across the health authority (Quality Forum Abstract submitted)

Quesnel Home Support Redesign Project
Update as at Jan 31, 2023

Project Deliverables		Description	Status
	Implement Fixed Rotations	Move scheduling of CHWs from windows to fixed	100%
	Implement Expanded Home Support Service Hours	Increase home support service capacity by expanding home support service (overnight)	80%
	Standardize and Implement Business Processes	Develop and implement the required processes, structures, and tools to support the implementation and ongoing function of expanded capacity	75%
	Training and Education	Develop and prepare training and education materials, processes, and human resources to support implementation	90%
	Communication and Change Management	Develop and prepare plans for communication and change management	80%
	Evaluation Plan	Develop a plan for evaluating the outcomes of the project in terms of increased capacity in home support	10%

Awards

- Dr. Magda du Plessis, Medical Director, South Peace was awarded the 2022 Citizen of the Year Award by the Dawson Creek Mayor and City Council on Monday January 23. She was recognized for:
  - Her efforts to stabilize the medical staff in the South Peace
  - Recruitment of new physicians to Dawson Creek after the departure of a number of physicians.
  - Operating her own medical clinic while initiating the new Chickadee maternity care clinic

NH Board Human Resources Report

Sandra Rossi, Regional Director Human Resources

February 11 2023

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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.

Current Context

- Northern Health current **vacancy indicators**:
  - 20.31% of our baseline positions are unfilled
  - higher for priority professions (i.e: nursing, physiotherapy, occupational therapist, diagnostics, social worker) in rural and remote

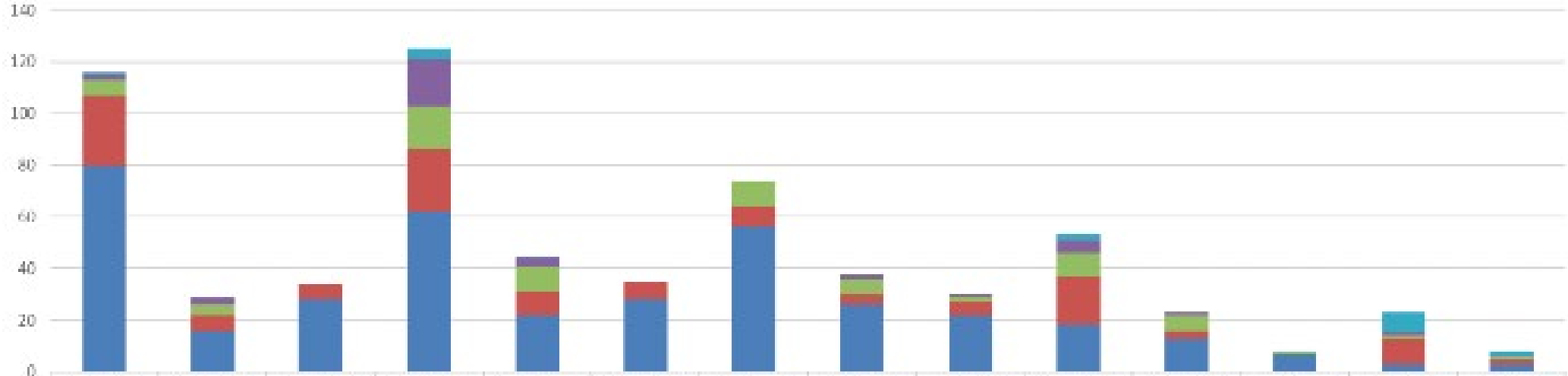
External Posting Data

- In fiscal year 2022/23 year to date, Northern Health has posted 3971 non-casual positions.
- Of these postings:
  - 59% have been filled by internal staff (existing regular and casual staff) and
  - 9% have been filled externally (qualified applicants from outside of NH) within 90 days.
- Positions that remain unfilled for more than 90 days become difficult-to-fill vacancies (DTFV).
- The number of Advanced Hire positions NH use as a recruitment strategy has contributed to the increased number of DTFV.
- Annually, approximately 17% of our postings become DTFV.
- Casual hires are not reflected in this data. On average, NH hires 1,100 casuals per year, many of these staff successfully bid into permanent, ongoing positions through our internal posting process

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

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

As at January 24, 2023



	Permanent	Relief/Term	Above Baseline	Permanent	Relief/Term	Above Baseline	Permanent	Relief/Term	Above Baseline	Permanent	Relief/Term	Above Baseline	Permanent	Relief/Term
	North East			North West			Prince George			NI Rural			Regional	
EXCLUDED	1			4	1					2			8	2
COMMUNITY SUBSECTOR	2	3		18	3			2	1	5	1		1	
FACILITIES SUBSECTOR	6	4		17	10		10	6	2	9	6	1	1	1
HEALTH SCIENCE PROFESSIONALS	27	6	6	24	9	7	8	4	5	19	3		10	2
NURSES PROVINCIAL AGREEMENT	80	16	28	62	22	28	56	26	22	18	13	7	3	3

Workforce Trends

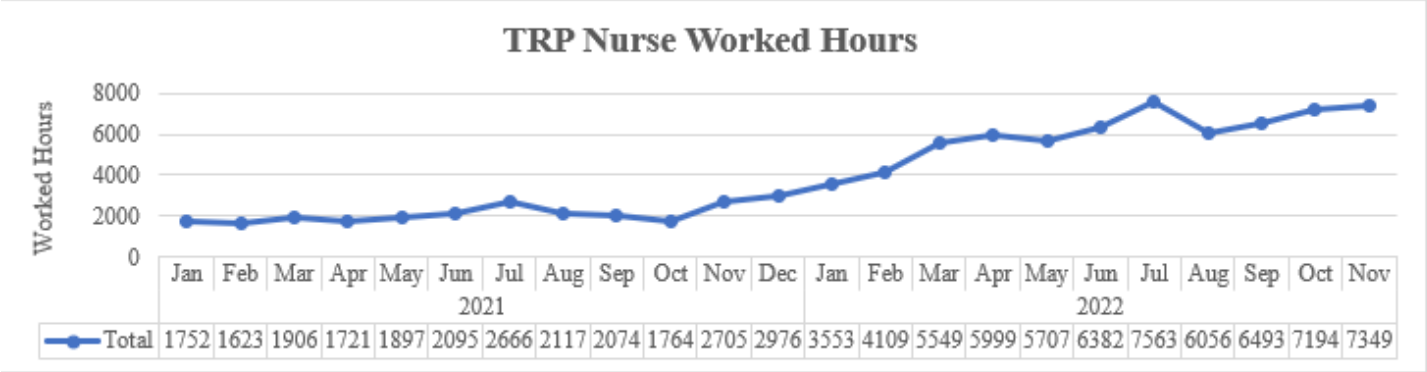
- NH workforce trends, and Exit and Stay interviews, indicate that health service providers are departing the organization at nearly the same rate as they are recruited.
  - Close to 50% of all NH new hires are new graduates, professionals that require enhanced support, orientation, and mentoring – especially 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).

Travel Resource Program

- The Northern Health Travel Resource Program (TRP) was initiated in 2018, under a joint Memorandum of Agreement with the BC Nurses Union, with the goal of mitigating staffing shortages in Northern Health Rural and Remote communities.
- Employees work a compressed schedule while in Rural and Remote communities and a self-scheduling model was adopted in October 2021, resulting in a rapid expansion.
- The program provides nurses an opportunity to live in urban areas and work in Rural and Remote communities.
- In September 2022, the Provincial Health Human Resources Coordination Centre (PHHRCC) established a rapid action Integrated Project Team to expand the Travel Resource Program into other rural remote areas of the Province.
- The worked hours graph illustrates the increased nursing support provided since January 2021. TRP has grown from 11.68 FTE of nursing support in January 2021, to providing 48.99 FTE of support in November of 2022.



- As of December 21, 2022, the TRP provides service to 12 Northern Health Communities, 2 Interior Health Communities, and 2 Island Health communities.

Health Career Access Program (HCAP)

- HCAP is a Provincial sponsored training opportunity that provides paid education and on-the-job training to become a registered Health Care Assistant (HCA).
- From the first cohort graduation in December 2021 to December 2022, NH has supported 214 students to graduation.
- We are recruiting to 90 seats in 5 cohorts as of March 2023.
- Our HCA forecasted gap (difference between supply and demand) has reduced from 353 to 187 HCAs, due to influx of steady supply from HCAP.
- Northern Health is working with Provincial Health Human Resources Coordination Centre (PHHRCC) to expand HCAP to other required professions, such as: Medical Lab Assistants and Technologists.

Rural Remote Retention Incentive

- In October 2021, Ministry implemented prototype program that incentivizes retention and minimizes churn of priority health care workers in our North East Health Service Delivery Area (HSDA), Hazelton and Prince Rupert community.
- This monetary incentive is applied to productive hours worked for those who hold a regular position in a targeted profession and community.
- There has been a net gain of 4.48% staff into regular lines since implementation – this is a combination of new external regular hires, casuals transferring to regular lines minus staff departures.
- These communities are not the only communities facing staffing challenges in the North, this prototype program is being used to inform Ministry of Health Provincial Health Human Resource Plan.

International Educated Healthcare Professionals (IEHPs)

- Provincial work underway to reduce barriers and assessment timeline for Internationally Educated Nurses (IENs)
- NH advocating for IEN regional assessments, in Northern communities with a critical mass of IENs.
- NH advocating provincial priority process for the IEN. Priority given to areas with significant vacancy ratios (both current and historic).
- Northern Health supporting IHEPs (nurses, physiotherapists, medical technologists, etc.) to enter the workforce as soon as possible.
  - Number of IEHPs who have reached out for support: 246
  - Number of IEHPs in Northern communities: 151 (61%)
  - Number of IENs in Northern communities: 89 (59%)
  - Number of IENs currently supported by NH: 21 of the 89 (24%)
- Identifying where internationally educated individuals can take on positions within NH while working on credentials and/or roles that fits their current skill set.

Refreshed Nursing New Grad Hiring Program

- Recruitment and Retention of new graduate nurses is crucial to sustaining operational teams and quality patient care in the North.
- Practice change in November 2022 to ensure an expedited hiring process, enhanced transition to practice supports and flexible employment options in preferred areas of practice.
- Received 92 New Grad RN/RPN applications through centralized screening and selection process
- All will be offered regular positions
- So far, 64 are being recommended to positions in areas that were ranked top of preference list
- In the last New Grad RN/RPN hiring cycle we hired a total of 79 (53 started as casual)

The Face of Northern Health

As at January 24, 2023

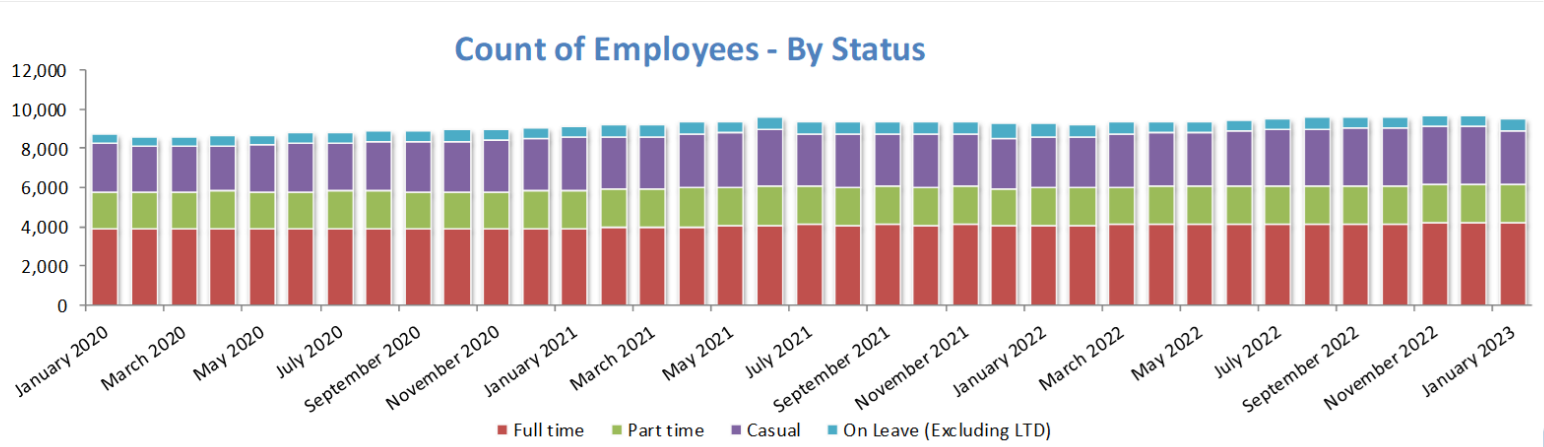
Summary of Employees by Status	Headcount	%	FTE
Active: Total	8,991	100%	5,576
Full-time	4,250	47%	
Part-time	1,975	22%	
Casual	2,766	31%	
Non-Active: Total	984	100%	766
Leave	559	57%	390
Long Term Disability (LTD)	425	43%	376

Active Employees by Region	Headcount	%
Active: Total	8,991	100%
North East	1,311	15%
North West	2,001	22%
Northern Interior: Prince George	2,872	32%
Northern Interior: Rural	1,169	13%
Regional	1,638	18%

Active Employees by Collective Agreement	Headcount	%
Active: Total	8,991	100%
Nurses	2,716	30%
Facilities	3,497	39%
Health Sciences	1,112	12%
Community	885	10%
Excluded	781	9%

Active Nursing	Headcount	%
Active: Total	2,716	100%
RN/RPN	2,054	76%
LPN	662	24%

Clinical vs. Support	Facilities	Community
Active: Total	3,497	885
Clinical	1,459	521
Non-Clinical	2,038	364



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BOARD BRIEFING NOTE

Date:	January 25, 2023	
Agenda item:	2022-23 Period 9 – Operating Budget Update	
Purpose:	☐ **Information**	☒ **Decision**
Prepared for:	NH Board of Directors	
Prepared by:	Mark De Croos, VP Financial & Corporate Services/CFO	

YTD December 8, 2022 (Period 9)

Year to date Period 9, Northern Health (NH) has a net operating deficit of $7.2 million.

Excluding extra-ordinary items, revenues are unfavourable to budget by $33.8 million or 4.3% and expenses are favourable to budget by $26.5 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 $36.6 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 9 financial update as presented.

NORTHERN HEALTH
Statement of Operations
Year to date ending December 8, 2022
$ thousand

	Annual Budget	YTD December 8, 2022 (Period 9)			
		Budget	Actual	Variance	%
REVENUE					
Ministry of Health Contributions	902,470	606,150	575,275	(30,875)	-5.1%
Other revenues	266,880	184,760	181,881	(2,879)	-1.6%
TOTAL REVENUES	**1,169,350**	**790,910**	**757,156**	**(33,754)**	**-4.3%**
EXPENSES (BY PROGRAM)					
Acute	595,900	403,160	400,084	3,076	0.8%
Community care	210,420	143,300	124,321	18,979	13.2%
Long term care	139,990	95,680	109,171	(13,491)	-14.1%
Mental health and substance use	88,130	57,360	43,460	13,900	24.2%
Population health and wellness	35,110	23,880	22,476	1,404	5.9%
Corporate	99,800	67,530	64,881	2,649	3.9%
TOTAL EXPENSES	**1,169,350**	**790,910**	**764,393**	**26,517**	**3.4%**
Net operating deficit before extraordinary items	**-**	**-**	**(7,237)**		
Extraordinary items					
COVID-19 expenses	-	-	36,581		
Total extraordinary expenses	-	-	36,581		
Supplemental Ministry of Health contributions	-	-	36,581		
Net extraordinary items	-	-	-		
NET OPERATING DEFICIT	**-**	**-**	**(7,237)**		

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BOARD BRIEFING NOTE

Date:	January 25, 2023	
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 9 (ending December 8, 2022), $229.7M was spent towards the execution of the plan as summarized below:

$ million	**YTD**	**Plan**
Major Capital Projects (Priority Investment)	201.9	315.5
Major Capital Projects (Routine Capital)	6.0	36.7
Major Capital Equipment (> $100,000)	8.8	29.1
Equipment & Projects (< $100,000)	8.1	13.1
Information Technology	5.0	17.1
	229.7	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	$0.19	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	$0.95	In Progress	FFGRHD, MOH, NH
Mackenzie	MCK Nurse Call System Replacement	$0.15	In Progress	FFGRHD, MOH
Prince George	GTW RC Vocera	$0.50	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, MOH, NH
Prince George	UHNBC DI Ultrasound Replacement	$0.25	Complete	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, MOH, 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	Closing	FFGRHD, MOH
Prince George	UHNBC Lab Chemistry Automation	$9.61	In Progress	FFGRHD, MOH, NH
Prince George	UHNBC Lab Sysmex Machines Replacement	$0.48	Complete	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, MOH, NH
Prince George	UHNBC OR Dual Focus Lithotripter Replacement	$1.82	Closing	FFGRHD, MOH, NH
Prince George	UHNBC OR Anesthesia Units Replacement	$0.36	In Progress	MOH, NH
Prince George	UHNBC OR Eye Microscope Replacement	$0.39	In Progress	NH
Prince George	UHNBC OR Surgical Image System Replacement	$0.23	In Progress	NH
Prince George	UHNBC ED Negative Pressure Upgrade	$0.36	Closing	MOH

Community	Project	Project $M	Status	Funding partner (note 1)
Prince George	UHNBC FM Transformer Replacement	$2.13	In Progress	FFGRHD, MOH
Prince George	UHNBC Sim Man 3G Plus	$0.10	In Progress	SONHF
Quesnel	DPL FM Heating Boilers Replacement (CNCP)	$0.63	Closing	CCRHD, MOH
Quesnel	DPL Bus Replacement	$0.21	In progress	NH
Quesnel	GRB CT Scanner Replacement	$2.32	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	$0.90	Closing	CCRHD
Quesnel	Quesnel Substance Abuse Club Leasehold Improvement	$1.69	In Progress	CCRHD, MOH, NH
Vanderhoof	St. John Hospital Sterile Compounding Room Upgrade	$1.97	Closing	SNRHD, MOH, NH
Vanderhoof	St. John Hospital OR Anesthetic Machine Replacement	$0.12	In Progress	MOH, NH
Vanderhoof	Stuart Nechako Manor Roof Replacement	$5.0	Planning	SNRHD, MOH
Vanderhoof	Stuart Nechako Manor Bus Replacement	$0.20	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	$0.60	Closing	NWRHD

Community	Project	Project $M	Status	Funding partner (note 1)
Houston	HDT DI X-Ray Machine Replacement	$0.78	In Progress	NWRHD, MOH
Houston	HDT FM AHU Replacement (CNCP)	$0.87	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
Kitimat	Kitimat OR Anesthetic Machine Replacement	$0.12	In Progress	NH
Terrace	MMH Hospital Replacement	$632.6	In Progress	NWRHD, MOH
Terrace	MMH OR Automated Medication Dispensing Cabinet	$0.15	Complete	MOH
Terrace	TEO Specialist Clinic Leasehold Improvement	$1.75	In Progress	NWRHD, NH
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	$0.27	Closing	NWRHD, MOH
Masset	NHG NUR Vocera	$0.19	In Progress	Gwaii Trust, MOH
Prince Rupert	PRRH Chemistry Analyzers Replacement	$0.59	Complete	NWRHD, NH
Prince Rupert	PRRH DI Ultrasound Machine 2 Replacement	$0.23	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 OR Surgical Tower Replacement	$0.31	In Progress	PRPA, MOH, NH
Prince Rupert	PRRH Sterile Compounding Room Upgrade	$1.54	In Progress	NWRHD, MOH

Community	Project	Project $M	Status	Funding partner (note 1)
Prince Rupert	PRRH FM Domestic Hot Water Upgrade (CNCP)	$0.97	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
Smithers	BVDH Phone System	$0.21	In Progress	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	$0.14	In Progress	MOH, NH
Smithers	Bulkley Lodge Domestic Hot Water Heaters and Tank and Repiping	$0.55	Closing	NWRHD, MOH
Smithers	Smithers Long Term Care Business Plan	$0.90	Closing	NWRHD
Smithers	Bulkley Lodge FM Nurse Call System	$0.39	Complete	NWRHD, MOH
Stewart	STE FM Boiler Upgrade (CNCP)	$0.85	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	$0.22	Closing	CHF, PRRHD, NH
Chetwynd	CGH FM Heating Boilers Replacement (CNCP)	$0.57	Closing	PRRHD, MOH
Chetwynd	CGH FM Nurse Call Replacement	$0.27	In Progress	PRRHD, MOH
Chetwynd	CGH NUR Seclusion Room	$0.28	In Progress	PRRHD, NH
Dawson Creek	DCDH Automated Medication Dispensing Cabinet	$0.09	Complete	MOH
Dawson Creek	DCDH Hospital Replacement	$377.86	In Progress	PRRHD, MOH

Community	Project	Project $M	Status	Funding partner (note 1)
Dawson Creek	DCH Phone System	$0.45	In Progress	PRRHD, NH
Dawson Creek	DCH DI CT Replacement	$2.55	Closing	PRRHD, MOH
Dawson Creek	DCH DI Mobile C-Arm Replacement	$0.27	In Progress	PRRHD, MOH
Dawson Creek	DCH OR Anesthetic Machine Replacement	$0.11	In Progress	MOH, NH
Dawson Creek	DCH Pharmacy Pyxis Replacement	$0.75	In Progress	NH
Fort Nelson	FNH FM Boiler Upgrade and Heat Recovery (CNCP)	$0.74	In Progress	PRRHD, MOH
Fort St. John	FSH Reverse Osmosis Replacement	$0.41	Complete	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
Fort St. John	Fort St. John Lab Chemistry Analyzer Replacement	$1.31	In Progress	PRRHD, MOH
Fort St. John	Fort St. John Hospital NUR Patient Monitoring System Replacement	$0.66	In Progress	FSJHF, PRRHD, MOH
Fort St. John	Fort St. John Hospital OR C-Arm Replacement	$0.29	In Progress	MOH
Fort St. John	Fort St. John Hospital OR Orthopedic Fracture Table	$0.20	In Progress	MOH
Fort St. John	Fort St. John Hospital Pharmacy Pyxis Replacement	$0.75	In Progress	NH
Fort St. John	FSO OD Prevention Site Leasehold Improvement	$2.83	In Progress	MOH
Fort St. John	Fort St. John Long Term Care Business Plan	$1.2	Closing	PRRHD
North East Region	NE Laundry Truck Replacement	$0.19	In Progress	MOH, NH
Tumbler Ridge	Tumbler Ridge Health Centre Cooling System Replacement	$0.35	Complete	MOH

Regional Projects

Community	Project	Project $M	Status	Funding partner (note 1)
All	Business ERP Systems Replacement	$22.9	Planning	MOH, NH
All	Clinical Data Repository (CeDaR)	$1.53	In Progress	NH
All	Computer Assisted Coding Software	$0.23	In Progress	NH
All	Core Network Infrastructure	$0.95	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	NH
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
Terrace, Fort St. John	Lab Telepathology Planning	$0.21	Planning	NH
All	MOIS/Momentum Interop	$0.21	In Progress	MOH, NH
All	Patient Transfer Tool	$0.47	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	$0.27	In Progress	BC Cancer, NH

Community	Project	Project $M	Status	Funding partner (note 1)
All	RC Momentum – LTC Waitlist	$0.27	Planning	NH
All	Sharepoint Upgrade	$0.31	In Progress	MOH, NH
All	SurgCare	$0.93	In Progress	MOH
All	Videoconferencing Infrastructure Replacement	$0.55	In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Virtual Clinic	$1.48	In Progress	MOH

In addition to the above major capital projects, NH receives funding from the Ministry of Health, Regional Hospital Districts, Foundations, and Auxiliaries for minor equipment and projects (less than $100,000). For 2022-23, it is forecasted that NH will spend $13.9M 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
FSJHF	Fort St. John Hospital Foundation
PRPA	Prince Rupert Port Authority
SONHF	Spirit of the North Healthcare Foundation

Recommendation:

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

> The Northern Health Board receives the Period 9 update on the 2022-23 Capital Expenditure Plan.

BOARD BRIEFING NOTE

Date:	February 11, 2023	
Agenda item	Education & Development	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	Northern Health Board of Directors	
Prepared by:	Ibolya Agoston, Regional Director Education and Training	
Reviewed by:	Fraser Bell, VP Planning, Quality & Information Management	

Issue & Purpose

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

Background:

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

A strong strategic focus in 2022 was on realizing reconciliation, enhancing cultural safety and workforce sustainability (WFS) which included recruitment, retention, training and development of staff and redesign of services.

Realizing Reconciliation and Enhancing Cultural Safety

In support of realizing reconciliation and enhancing cultural safety, in collaboration with the Indigenous Health team, the education team has identified and worked on two priorities:

Priority 1: Build self-awareness and capacity for cultural safety within the education team

- Self-directed and mentored learning.

Priority 2: Build collaboration between Indigenous Health and Education Teams

- Incorporate “Respectful Relationships” Education in the general orientation for all staff.
- Map intersections and collaboration opportunities between teams.

- Collaborated with Indigenous Health team to align the “Foundations of Educational Development” guiding document with work related to indigenization of curriculum and education.

Workforce Sustainability
In support of WFS, the Education & Development team has established the following 4 priorities:

Priority 1: Enhance collaboration and partnership with northern Post Secondary Institutions (PSI)
A focus on academic partnership development enabled several opportunities for collaboration between NH and post-secondary institution (PSI) partners across the north. Through this work we were able to: identify synergies in health human resource planning, develop a venue for communicating health care education needs, identify strategies to support student success, and build collaboration between PSIs. Some of the highlights from 2022 include:

- Furthering the formal partnerships with PSIs through the Memorandum of Understanding between NH and UNBC and under the Health and Human Resource strategic pillar of the MOU, NH co-led a partnership workshop in October 2022 with Northern Lights College (NLC), College of New Caledonia (CNC), Coast Mountain College (CMTN) and UNBC partners to examine current healthcare student enrollment strategies and to identify gaps and opportunities for improvement. The enrollment of Indigenous students and of local northern students is a priority for all institutions.
- Continued collaborative advocacy with PSIs for increased northern post-secondary education seats needed to create a sustainable workforce in the North.
- NH committed to offer jobs to all new qualified nursing graduates. NH will ensure that PSIs are aware of specifics regarding job opportunities and provide applicants support and guidance on career pathway and application processes.
- NH provided letters of support for PSI partners for new programs such as Access to Practical Nursing Program starting February 2023 at NLC and the pharmacy technician program at CNC starting September 2023.
- Initiated collaborative planning for the new September 2023 Pharmacy Technician training at CNC, in collaboration with Selkirk College.
- Promoted to Ministry of Health and Ministry of Post-Secondary Education and Future Skills the prospect of establishing 6 bursaries for Combined X-Ray and Laboratory Technicians for northern students at Northern Alberta Institute of Technology
- Collaborated on strategies to increase clinical placement capacity through innovative approaches to clinical instruction, flexible education and mentorship models, use of simulation.
- Continued the administration and development of the Health Career Access Program (HCAP) through targeted work with the PSI Health Science Deans and delegates and ensured seamless access and provision of the program to northerners. To date, 224 HCAP students graduated and were hired as Health Care Assistants (HCA) in long-term care and community settings across NH. We anticipate 6 additional cohorts to start their training in 2023, 2 cohorts each at CNC, NLC and CMNT respectively.

- Established joint academic and clinical practice appointments with Coast Mountain College to use Northern Health Clinical Nurse Educators to help address a need for clinical instruction at CMTN. This collaborative solution helped ensure the sustainability of the Terrace, Smithers, Kitimat, and Prince Rupert HCAP programs.
- NH supported 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.
- Collaborate with PSIs to identify opportunities to support education for internationally educated medical laboratory technologists and nurses and other priority professions.

Priority 2: Promote student practice education and strengthen new graduate transitions

Recognizing that positive student practice experiences are vital to recruitment and retention of our future workforce - work is underway to enhance regional support for healthcare student centered education and employment programs. A new Strategic Lead role has been created to focus on future workforce development. Working in close partnership with the Student Practice Education team, key areas of focus include fostering positive student experiences in Northern Health, building on existing partnerships with our PSIs, increasing capacity for students in our practice environments through staff development and training, and an in-depth review of the regional approaches to student placements, as well as enhancements in the Employed Student Nurse (ESN), New Graduate Transition, and specialty education programs. Some of the highlights from 2022 include:

- Attended nursing and Health Care Assistant (HCA) program orientations across the region and connected with over 300 students to discuss career opportunities with NH.
- Supported thousands of student placement hours (over 500,000 annually) across all health disciplines, with no major placement disruptions or cancellations, despite staffing shortages.
- Continued collaboration with UNBC for undergraduate nursing students allowing participation in specialty education pathways that support earlier entry to practice.
- Supported specialty education across various sites in each HSDA to 95 nursing staff in 2021/2022 with 91.95% remaining in their specialty area as of November 10, 2022. Specialty Education includes Critical Care, Emergency, High Acuity, Neonatal, Nephrology, PACU, Pediatrics, Perinatal, and Perioperative. Current work underway to introduce additional areas of specialty education.
- Able to increase the number of Employed Student Nurse (ESN) positions filled from 143 to 169 and supported increases of hours worked from 400 for interested candidates. Year to date, ESNs have connected with employment for over 64,000 hours of experience.
- Actively engaging with 66 previous and current ESNs for employment through 2023-2024 in addition to 123 new applicants so far. Pursuing engagement with 4th year nursing students interested in ESN opportunities to bridge employment with New Graduate employment beyond 2023 graduation.
- Ongoing enhancement to the New Graduate Transition program aimed to increase retention, confidence, and competency of new health care professionals by providing on-demand supports including workshops, in-person support and guidance from

Clinical Leads, and funding for education to develop / enhance entry level competency and role consolidation. Through the 2022-2023 fiscal year to-date, the program has supported approval for education funding and supernumerary compensation to 50 Nursing and Allied Health new graduates and hosted workshops for over 125 new graduates from various professions.

Work is ongoing to increase capacity and support for students and New Grads in NH practice environments through support by Clinical Leads for operations, students, ESNs, and New Graduates engaged in healthcare education programs and employment, as well as earlier integration of recruitment strategies in all student programs with a focus on career pathway support and development.

Priority 3: Service oriented education networks

Work to identify a functional baseline for regional clinical education and clinical mentorship staffing is ongoing. Using a distributed model for education delivery and blending regional, HSDA, and local delivery approaches we provided coordinated, accessible education in acute medical/surgical units, emergency and critical care, perinatal, perioperative, primary care, mental health and substance use, long term care, rehabilitation, and chronic disease, etc. The regional educators continue to look to balance their support between a growing need for orientation for new NH and agency staff while promoting training and development opportunities that support greater levels of clinical and professional competency. The team of regional clinical educators continue to be responsive to emerging education needs in the organization, frequently providing “in the moment” education to point of care staff and physicians.

To establish a standardized approach to the delivery of essential education opportunities such as Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS), Neonatal Resuscitation Program (NRP), Pediatric Advanced Life Support (PALS) etc. the Clinical Education team is in the process of developing strategies for each essential education program. These strategies include assessment of each sites’ education needs and sustainable local instructor training. A calendar of educational opportunities has been developed for each HSDA.

Through promoting and supporting access to specialty education, we focused attention on recruitment and education programs in new specialty practice areas:

- To support the Surgical Renewal Strategy, we have provided support to the Trauma Orthopedic Emergency Program and piloted a new advanced education pathway in orthopedic perioperative training in the northeast region.
- To support the Cardiac Care Strategy, we initiated a new Cardiac Care Clinical Educator position and developed a staged education pathway for nursing from general medical to advanced cardiac care levels.

The Northern Clinical Simulation program continued with the strong partnership with northern education organizations, providing state-of the-art learning environments for students, staff, and physicians. Most notably, in 2022:

- The Northern Clinical Simulation partnership continues to grow supporting over 6,000 hours of education annually across the region. This partnership has recently

expanded to now support five organizations: NH, UNBC SON, NMP, CNC, and CMNT. The department resources are vital in providing undergraduate and graduate clinical simulation education.
- Collaboratively with the Clinical Education team we provided 10 Education Roadshows (interprofessional and collaborative learning sessions) for rural and remote areas.

Priority 4: Leadership Development

As new Strategic Lead role has been created under Workforce Sustainability to focus on People Development and Learning. Working in close partnership with the Leadership Development and eLearning teams, key areas of focus include Leadership Development and a Self-Directed Leadership Pathway, Succession Planning, Career Pathing, Performance Partnership, Coaching and Mentoring, Workplace Culture, and Employee Engagement. Acknowledging the vital importance of leadership development to the retention and support of our staff and leaders, the Leadership Development portfolio focused on the following in 2022:

- In partnership with Organizational Development, Education and Development launched the New Manager/Supervisor Orientation aimed at informing those new to the role by determining systems, roles, and responsibilities, and outlining available resources and supports.
- Continue to support delivery of BC Leadership LINX programs. Various programs from "core" to "transformational" leadership levels are offered under the LINX initiative (LINX is a creative name – not an acronym!). Recently Northern Health has transitioned to hybrid or fully virtual delivery models for foundational programming including:
  - "Coaching Out of the Box" – available for all staff to help improve communication, enhance relationships, foster accountability, create engagement, and build resilience.
  - Development of a "Coaching Out of the Box" Community of Practice.
  - Post-COVID-19 relaunch of "Core LINX" accelerated delivery for new, mid-level managers.
  - Launched the inaugural Northern Experience LINX cohort, partnering with health organizations in the North including Carrier Sekani Family Services, BC Cancer, BC Ambulance, and First Nations Health Authority to deliver programming to leaders with 3-5 years of leadership experience and intermediate to advanced competency.

For future planning, a heightened Leadership Development emphasis will include embedding and supporting Cultural Safety and Humility, Equity, Diversity, and Inclusion, and Universal Design of Accessibility. We will review and develop the education delivery models and focus more on microLearning and education in real time opportunities. The e-Learning team is adapting every education project and they carefully consider the best suited type of education: online module(s), microlearning, or combination. All e-Learning modules have built in an evaluation and a review cycle.

Wrap-around support for leaders and their teams will be a key area of focus for learning opportunities in 2023, including development, review, and facilitation particular to addressing complex problems.

Risks:

Education and Development has played a crucial role in sustaining our existing workforce, yet workforce challenges have prevented delivering all the planned education. Staff is challenged to balance needs for development and training when workloads limit their ability to participate. In response to these risks, our team is developing short bursts of education and seeks to provide education in real time.

While increasing healthcare education seats is essential in response to our growing health and human resource needs, we face added pressure related to our ability to orient and support student practice. To address these issues, the Education and Development team is engaged with PSIs leaders and operational teams at NH to explore innovative strategies to mitigate instructor and placement shortages.

Recommendation:

That the Northern Health Board of Directors accept this briefing note for information.

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BRIEFING NOTE

Date:	February 12, 2023	
Topic	NHMAC Working Group: Cultural Safety and Humility Framework Implementation	
Purpose:	☒ **Discussion**	☐ **Decision**
Prepared for:	The Northern Health Board	
Prepared by:	Candice Manahan, Regional Director, Physician Quality, Engagement & Education	
Reviewed by:	Dr. Helene Smith, NHMAC Chair Dr. Ronald Chapman, VP Medicine Nicole Cross, VP Indigenous Health	

Background

NHMAC Working Group: Cultural Safety and Humility Framework Implementation

Northern Health's future work regarding cultural safety and humility continues to focus on health system transformation. A part of this transformation is ensuring equity and a system free from stigma and discrimination, including racism for employees and those served. With this intent, Northern Health's work for 2020 to 2025 will be explicitly situated and focused on embedding cultural safety and humility throughout the organization.

In light of the recent attention on systemic racism in the health care system, the NHMAC has committed to dedicated leadership and efforts to facilitate key drivers of the NH Cultural Safety Implementation Framework 2020-2025. In November 2020, the NHMAC struck a Working Group to outline the leadership role of NHMAC and the specific areas of work to incorporate cultural safety in the processes and structures that support NH medical staff in the Action Plan.

In November 2021, the NHMAC endorsed the Draft Action Plan for broader stakeholder input. The NHMAC highlighted the importance of working closely with our partners and the broader medical staff to ensure the plan can be successful. The NHMAC also stressed the importance of this Plan being a flexible, working document that can change as we learn more information. There are many provincial partners who are also working hard to make similar changes and NHMAC is open to learning as they go.

NHMAC Action Plan Update:
Education

Within the Action Plan, the NHMAC recommends requiring medical staff to complete cultural safety training from a menu of options, providing flexibility to meet medical staff "where they are at" in their learning journey. As such, the VP Medicine portfolio has worked closely with the Indigenous Health team to create various education opportunities for medical staff:

- Janice Paterson in the VP Medicine portfolio worked with Ryan Dirnback on the Indigenous Team to create an online menu of endorsed education options for medical staff, including online modules and in-person sessions about various aspects of cultural safety.
- NHMAC (with support from Heather Gummow, VP Medicine portfolio) helped to get the Northern Health Respectful Relationships curriculum CME accredited for medical staff late in 2022.
- The NHMAC Chair has hosted two regional medical staff Town Hall events visited various HSDA and local MACs throughout the region, as well as the MSA Presidents Table and the recent Tumbler Ridge Medical Conference. At these events, the NHMAC Chair discussed the upcoming requirement and the NHMAC commitment to medical staff education
- NHMAC Chair hosted an education session on "engagement" for NHMAC members on December 1, 2022. The education session included an 1.5 hour education session on "Engaging Indigenous Elders, Knowledge Keepers and Traditional Healers" provided by the Indigenous Health team. Jean Baptiste, the NH Regional Lead-Indigenous Patient Experience, partnered with Lucy Duncan, a Binche Whuten Elder, and Dr. Montana Halliday, a family physician who shared her experience working with Lucy.
- The Continuing Medical Education program partnered with Indigenous Health to host a CME accredited noon rounds "Northern Realities in the Northern Region". This education session provided an overview of the many First Nations in the Northern region, as well as a few resources that medical staff can use to learn more.
- The VP Indigenous Health and the VP Medicine have worked together to post a Medical Lead, Indigenous Health position that will help further develop work in this area.

Education Requirement

Medical Leaders
NHMAC members were challenged to complete cultural safety training by the end of 2022. 30/31 had completed cultural safety education or were currently enrolled in cultural safety training by December 2022. One leader was not available to report and has semi-retired.

Medical Staff
The NHMAC recommended that the organization refer to the new College of Physicians and Surgeons: Practice Standard on Indegenous Cultural Safety, Humilty and Anti-Racism to support Northern Health's stance on cultural safety education for medical staff. This standard clearly indicates registrants need to continually seek to improve their ability

to provide culturally safe care and must undertake ongoing education on Indigenous health care, determinant of health, cultural safety, and cultural humility and anti-racism. As such, this is a provincial requirement and Northern Health can utilize that standard instead of creating a similar policy. However, this approach to relying on a provincial standard makes it difficult to monitor the number of medical staff who have completed cultural safety training if it is outside of the Northern Health curriculum.

Next steps

Northern Health:

The NHMAC has enacted an "Implementation Working Group" to facilitate next steps in the Action Plan. In January, the group discussed how the NHMAC can align with the five *Indigenous Health Pillars of Education*.

1. Orientation and Onboarding
2. Culturally Safe Indigenous Health Care Curriculum
3. Community-Led Learning Experiences
4. Tailored Workshops
5. Ongoing Professional Development

The NHMAC work will include developing a plan to activate cultural safety education as part of medical staff onboarding in 2023, as well as looking to a technical solution for physicians to self-report education.

Provincial:

The NHMAC recognizes that there are many provincial partners who are also working hard to facilitate meaningful cultural safety education for medical staff. NHMAC's Action Plan reiterated the importance of medical staff learning together with their teams, closer to home, as well as learning more about the Indigenous populations in the various communities they serve. However, the health authorities have not been provided a budget to support physician reimbursement for clinical time missed to attend the training with their teams. Northern Health has sent a briefing note to the Ministry of Health advocating for physicians to be reimbursed for their missed clinical time to attend cultural safety and humility training along with other team members who are paid to attend.

DIRECTOR EXPOSURE AND LIABILITY BRD 510

Members of the Board of Directors of Northern Health (the "Board") act both as agents of Northern Health and as directors of Northern Health's assets. Directors[1] are responsible to act only within the authority given to them by governing legislation, regulations and policy, and Northern Health's by-laws. Directors are expected to exercise the care, diligence and honesty expected of a reasonable person, in similar circumstances.

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

Liability Coverage

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

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

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

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

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

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

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

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

Accident Coverage

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

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PROCESS FOR DIRECTORS TO RAISE PUBLIC CONCERNS V1 BRD 530

Introduction

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

Process

A. Administrative Concerns & Complaints

a) From the Public

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

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

b) From Directors

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

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

If the concern is about a Northern Health staff member or service, a physician, or any other matter dealing with the operation or management of Northern Health,

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the Director shall first raise their concern directly with the CEO either verbally or in writing. The same timely process for response as delineated under 'From the Public' shall be followed.

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

Directors also have the right to report a serious wrongdoing to Northern Health Safe Reporting, in accordance with the *Public Interest Disclosure Act*, and as guided by the Northern Health Safe Reporting policy[1]. Wrongdoings that can be reported and investigated through this process include acts or omissions that constitute an offence; create a substantial and specific danger to the life, health or safety of persons or the environment; serious misuse of public funds or assets; or gross or systemic mismanagement.

B. Clinical or Patient Care/Safety Concerns & Complaints

Some complaints or incidents may involve legal risks related to standards of care or injury/harm resulting from the activities of Northern Health. Communications on these issues will be managed by the CEO through staff responsible for risk management to ensure compliance with the adverse event reporting procedures and to meet the reporting requirements of the Health Care Protection Program (HCPP), Northern Health's insurer.[2]

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

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

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

[1] Policy 5-3-1-150 Safe Reporting

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

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

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ORGANIZATION AND PROCEDURE BYLAWS BRD 600

DEFINITIONS

1.1 In these bylaws

a. "Act" means *Health Authorities Act*, and the regulations made there under.

b. "Board" means Northern Health Authority as designated pursuant to the Act and, as the context requires, also refers to the full board of Members for the Northern Health Authority (the "Board").

c. "Bylaws" means the bylaws of the Board.

d. "Chief Executive Officer" means the President and Chief Executive Officer engaged by the Board to manage its affairs (the "CEO").

e. "Health Facility" means the facilities, agencies or organizations by or through which the regional services (as defined in the Act) are provided for the Region.

f. "Health Services" means those services which the Board has agreed to manage or undertake through an agreement with the Province of British Columbia, and includes Housing Services.

g. "Housing Services" means the acquisition, construction, holding, owning, supplying, operating, managing and maintaining of housing accommodation and incidental facilities.

h. "Member" means a person appointed to the Board, by the Minister, pursuant to Act and in accordance with Ministry policy from time to time.

i. "Minister" means the Minister of Health of the Province of British Columbia.

j. "Other Acts" means all other statutes which pertain to the management and operation of the Health Services for which the Board has been delegated authority by the Minister and the regulations made there under.

k. "Ordinary Resolution" means a resolution passed by a simple majority of the persons entitled to vote who are present in person, by telephone or by videoconference at a meeting of the Members.

l. "Special Resolution" means a resolution passed by a majority of 2/3 or more of the persons entitled to vote as are present in person, by telephone or by videoconference at a meeting of the Members of which notice specifying the intention to propose the resolution as a Special Resolution has been duly given.

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m. "Region" means the region designated for the Health Authority as determined pursuant to the Act.

1.2 The definitions in the Act on the date these bylaws become effective apply to these bylaws.

1.3 In these bylaws, words importing the singular include the plural and vice versa.

ARTICLE 2 - NORTHERN HEALTH AUTHORITY

2.1 **General** - The Board shall have the powers and purposes as are set out in the Act and as defined in these bylaws and in the Other Acts, and the property and affairs of the Board shall be managed by the Board in which shall be vested full control of the assets, liabilities, revenues and expenditures of the Board.

2.2 **Contracts and Agreements** - The Board may by Ordinary Resolution designate that orders and other contracts which exceed a stated monetary limit may only be entered into on written authority of the Board. Additionally all contracts for the acquisition or disposal of real property shall be authorized by Ordinary Resolution. In respect of orders or contracts not involving real property or which cost or involve sums less than the amounts specified or limited by the Board, the CEO and other senior staff designated by the CEO shall have the power to make such orders and contracts on behalf of the Board.

2.3 **Banking** - The banking business of the Board shall be transacted with such banks, trust companies, or other firms or bodies corporate as the Board may designate, appoint or authorize from time to time and all such banking business, or any part thereof, shall be transacted on the Board's behalf by such one or more Officers or other persons as the Board may designate, direct or authorize from time to time and to the extent thereby provided.

2.4 **Board to Govern Operations** -The Board may make rules and regulations governing its operations and the operations of the Health Facilities, which are not inconsistent with the Act, the Other Acts, or the provisions of these bylaws.

ARTICLE 3 - MEMBERS

3.1 **Appointment of Members** - Each Member will be appointed by the Minister to the Board in accordance with the Act.

3.2 **Vacancy on Board** - The Board will advise the Minister if a vacancy occurs on the Board for any reason.

3.3 **Nominations for Board** - The Board may provide the Minister with recommendations for new Members of the Board.

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3.4 **Remuneration for Members** - Members shall be entitled to such remuneration as the Minister shall determine but in no event shall Members be entitled to receive remuneration in connection with duties related to Housing Services. Members shall be entitled to be paid reasonable expenses in connection with the performance of their duties. No part of the income of the Authority shall be otherwise available for the personal benefit of any Member. The latter provision is unalterable.

ARTICLE 4 - OFFICERS

4.1 **Chair** - The Minister will designate the Chair of the Board.

4.2 **Other Officers** - The Board may elect such other Officers for such other terms of office as the Board may determine and may fill vacancies in such offices as the Board shall determine.

4.3 **Secretary** - The CEO shall be the Secretary to the Board unless the Board otherwise determines. The appointment of the CEO to hold office does not entitle the CEO to be a Member, nor to vote at meetings of the Board or any of its committees.

4.4 **Officers** - The Board may decide what functions and duties each Officer will perform and may entrust to and confer upon such Officer any of the powers exercisable by the Board upon such terms and conditions as they think fit and may from time to time revoke, withdraw, alter or vary any of such functions, duties and powers.

ARTICLE 5 - COMMITTEES OF THE BOARD

5.1 **Committees** - The Members may appoint one or more committees consisting of such Member or Members of the Board as they think fit and may delegate[1] to any such committee any powers of the Board; except, the power to fill vacancies in the Board, the power to change the membership of or fill vacancies in any committee of the Board, and the power to appoint or remove Officers appointed by the Board.

5.2 **Procedures of Committees** - All committees may meet and adjourn as they think fit. A quorum for any Board Committee meeting will consist of two or more Members of the Board. All committees will keep minutes of their actions and will cause them to be recorded in books kept for that purpose and will report the same to the Board at such times as the Board requires. The Board will also have

[1] It is the practice of the Northern Health Board not to delegate powers of the Board to a Committee except in rare and well defined circumstances.

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power at any time to revoke or override any authority given to, or acts to be done by, any such committees except as to acts done before such revocation or overriding, and to terminate the appointment or change the membership of a committee and to fill vacancies in it. Committees may make rules for the conduct of their business[2]. The CEO will act as official secretary for all Board Committees and through consultation with the Chair of the Committee, delegate this task as appropriate.

ARTICLE 6 – MEETINGS OF THE BOARD

6.1 **Proceedings** - The Board shall meet at such times and as frequently as the Board shall determine. At the discretion of the Board, part or all of the proceedings of the Board at a Board meeting may be open to the public, but the Board shall exclude the public from a meeting or portion of a meeting if the Board considers that, in order to protect the interests of a person or the public interest, the desirability of avoiding disclosure of information to be presented outweighs the desirability of public disclosure of that information.

6.2 **Quorum** - The quorum for any meeting of the Board shall be a majority of the Members of the Board[3].

6.3 **Participation by Telephone and Other Means** - A Member may participate in a Board meeting or committee meeting by telephone call or videoconference and is not required to be physically present to be counted as part of the quorum.

6.4 **Notice** - Notice of each meeting of the Board shall be given to each Member in writing or by fax or email delivery. Notice of committee meetings shall be reasonable notice in the circumstances.

6.5 **Right to Vote** - Each Member is entitled to vote at all meetings of the Board.

6.6 **Number of Votes** - Each Member, including the Chair, is entitled to one vote.

6.7 **Method of Voting** - Voting in a committee meeting or a Board meeting is by a show of hands unless determined otherwise by the Board for a particular resolution or to accommodate a Member participating by telephone call or video conference.

6.8 **Adjourned Meeting for Lack of Quorum** - In the event a meeting of the Board cannot be held due to a lack of quorum such meeting shall have been deemed to be adjourned to a future date set by the Members present at the meeting. The date of adjourned meeting shall allow sufficient time for notice of adjournment to

[2] It is the practice of the Northern Health Board that Terms of Reference and Work Plans of Committees must be approved by the Board.
[3] 50% is a majority for the purpose of quorum.

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be given to all Members. There shall be no quorum requirements for the holding of an adjourned meeting.

6.9 **Rules of Procedure** - Except where otherwise provided by the Board or these bylaws all matters of procedure at any meetings of the Board shall be decided in accordance with the most recently revised edition of Roberts Rules of Order.

6.10 **Appoint Chair** - The Chair or in his or her absence, the Deputy Chair, shall preside as Chair at every meeting of the Board.

6.11 **Consent Resolutions** - A resolution in writing signed by all Members shall be valid and effectual as if it had been passed at a meeting of the Members duly called and constituted. Consent resolutions may be validly passed by execution by Members, delivered in counterparts and by facsimile.

6.12 **Ordinary Motions** - All ordinary motions will be approved by a simple majority of Members present and eligible to vote.

ARTICLE 7 – LIABILITY AND OBLIGATION OF MEMBERS/OFFICERS

7.1 **No Action** - No action for damages lies or may be brought against a Member or Officer because of anything done or omitted in good faith:

a. in the performance or intended performance of any duty under the Act or Other Acts; or

b. in the exercise or intended exercise of any power under the Act or Other Acts.

7.2 **Disclosure of Interest** - A Member or Officer who is, directly or indirectly, interested in a proposed contract or transaction with the Board shall disclose fully and promptly the nature and extent of his or her interest to each Member and have such disclosure recorded in the minutes of the next meeting of the Board.

7.3 **Indemnity** - Subject to the provisions of the *Society Act* (BC), which is applicable pursuant to Order in Council #1236 under the Act, a Member of the Board of Directors of the Northern Health Authority and his or her heirs, executors, administrators and assigns may be indemnified against all costs, charges and expenses including any amount paid to settle an action or satisfy a judgment, actually and reasonably incurred by an indemnity in a civil, criminal or administrative action or proceeding to which such a Member is made a party by reason of being or having been a Member of the Board, including any action brought by the Board if:

a. the Member acted honestly and in good faith with a view to the best interests of the Board; and

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b. in the case of a criminal or administrative action or proceeding, the Member had reasonable grounds to believe his or her conduct was lawful.

ARTICLE 8 - CORPORATE ADDRESS

8.1 **Corporate Address** -The Board will maintain one corporate address where all communications and notices are to be sent or delivered, and will advise the Minister of any change of corporate address.

ARTICLE 9 - EXECUTION OF DOCUMENTS

9.1 **Authority to Execute** - All documents and contracts of the Board may be executed on behalf of the Board by the CEO or senior executives of the Board who are authorized by the CEO, provided that, in those instances in which the written authority of the Board to such document or contract is required under the terms of bylaw 2.2, the Chair or another Member designated by the Chair shall also execute the document or otherwise signify in writing the express consent of the Board to the execution of the document or contract on behalf of the Board.

9.2 **Routine Correspondence and Appointments** - In the absence of the Board Chair the CEO shall be empowered to execute on behalf of the Board routine correspondence and medical staff applications and appointments.

ARTICLE 10 - GENERAL

10.1 Certificates of Incapability - The Board authorizes the CEO to designate persons as having authority to issue certificates of incapability under section 32 of the *Adult Guardianship Act*.

ARTICLE 11 - ADOPTION OF BYLAWS AND AMENDMENTS

11.1 **Special Resolution Required** - The bylaws may only be amended by Special Resolution.

11.2 **Ministerial Approval** - Bylaws and amendments to the bylaws are subject to the Minister's approval.

11.3 **Members to have Copy** - Every Member shall receive a copy of every bylaw of the Board upon request.

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DIRECTOR COMPENSATION AND EXPENSE GUIDELINES BRD 610

BOARD REMUNERATION

Introduction

The purpose of this policy is to ensure that there is a clear description of the amounts payable to members of the Board of Directors of Northern Health (the "Board") for their time while discharging their duties on behalf of Northern Health[1]. The policy also addresses reimbursement of expenses.

Annual Retainers

The annual retainer portion of Board remuneration is meant to compensate Directors for their time and expertise outside of Board and Board Committee meetings, including but not limited to attendance at Northern Health related meetings and functions other than Board or Board Committee meetings, reading in preparation for Board and Board Committee meetings, and the first two hours of travel to or from Board or Board Committee meetings etc.

- Chair $15,000
- Director $ 7,500
- Audit & Finance Committee Chair $ 5,000
- Other Committee Chairs $ 3,000

Note: Committee Chair retainers are in addition to Directors' retainers.

Payment for Attendance at Meetings

Directors will be compensated for attending meetings, including Board and Board Committee meetings, as well as other meetings attending to the business of the Board with local, municipal, and provincial government, Members of the Legislative Assembly (MLAs), Non-Government Organizations (NGOs), North Central Local Government Association (NCLGA), Union of British Columbia Municipalities (UBCM), Regional Districts and Regional Hospital Districts. The Board Chair may approve compensation for meetings other than those listed above, with discussion with the President and Chief Executive Officer ("the CEO"). Directors attending authorised meetings will be compensated as follows:

- For meetings in excess of 4 hours duration $500
- For meetings of 4 hours or less duration $250

[1] This document conforms to Treasury Board Directive 2/20 dated April 1, 2020

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No distinction will be made between participation in person, by videoconference or by teleconference or such other mode that permits an appointee to hear, and be heard by, all other participants.

Travel Time Compensation
Travel time to and from Board and Board Committee meetings is reimbursed at the rate of $62.50 per hour, or part thereof, but not including the first two hours of travel in each direction.

Travel time shall be calculated from the Director's normal place of residence. Exceptions will be handled on a case by case basis in consultation with the Corporate Secretary and/or Board Chair.

Maximum Daily Compensation
Compensation for Board and Board Committee meetings and associated travel time will not exceed $500 in total in a 24-hour day.

Annual Compensation Limits[2]

- Chair $45,000
- Director $22,500
- Audit & Finance committee chair $27,500
- Other board committee chairs $25,500

Expense Reimbursement
Expenses are reimbursed to Directors for out of pocket expenses paid by Directors while conducting Board business. Expense reimbursement is not included within the annual compensation limits.

Directors are reimbursed for transportation, accommodation, meal and out-of-pocket expenses incurred in the course of their duties in accordance with Treasury Board directives[3]. Expense claims, must be supported by receipts. Directors should consider the following guideline for reasonable meal expenses:

Full Day Cap	$49.00

[2] The sum of retainer plus meeting fees and travel time
[3] ~~Board members are reimbursed in the same manner as Northern Health non-contract staff, which is also consistent with Treasury Board guidelines.~~

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Breakfast	22.00
Lunch	22.00
Dinner	28.50
B&L	30.00
L&D	36.50
B&D	36.50
Incidental	14.00

Transportation and accommodation arrangements should be based on overall economy and efficiency, balancing the travel costs with the director's time commitments and travel safety. All air travel is to be booked utilizing economy class airfares and, wherever possible, arrangements should be made to obtain early booking discounts. Travel and accommodation booking may be completed using a contracted regional travel booking service to which NH subscribes.

Mileage for transportation using a private vehicle is paid at $0.57 per kilometre. ~~If a Board member chooses ground transportation over air travel, the mileage compensation claimed should be less than or equal to the cost of an economy class air fare.~~Directors have the discretion to choose the method of transportation that is most appropriate, while considering cost, efficiency and availability.

Preferred government rates should be used for accommodation and car rentals whenever possible.

Subject to prior approval by the Board Chair, a director attending a conference or professional development activity will be reimbursed for the registration fee and expenses on the same basis as other travel on Northern Health business.

Payment

Payment of Board and Board Committee meeting fees, and travel time, will be processed by the Corporate Secretary based on attendance confirmed in Board and Committee meeting minutes.

Reimbursement of expenses will be made to Directors upon submission of approved Board Member Expense Claim Forms. All claim forms are to be submitted to the Corporate Secretary for processing[4].

[4] Claims must be submitted on a timely basis after expenses are incurred. Directors are further requested to take note of the March 31st fiscal year-end. Claims will be processed for payment within 7 days of receipt.

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The annual retainer is pro-rated and paid on a monthly basis. All payments to Directors are made through the Northern Health payroll system by direct deposit.

The annual retainer, meeting fees, and compensation for travel time are subject to statutory deductions and are taxable as employment income. Expense reimbursement is not subject to statutory deductions.

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BOARD COMMITTEES BRD 300

PURPOSE

1. Board committees are a mechanism that permits deeper examination of major areas for which the Board of Directors of Northern Health (the "Board") has governance responsibilities, both continuing and emergent, and supports the Board in handling its responsibilities.
2. Only Directors may serve as voting members on Board committees.
3. Board committees and their respective mandates are established by the Board, and the Board may vary the committee structure from time to time to meet its governance needs. The current Board committees are:
    - Audit and Finance Committee
    - Governance and Management Relations Committee
    - Performance, Planning and Priorities Committee
    - Indigenous Health and Cultural Safety Committee
4. From time to time the Board may assign exceptional tasks to a committee not captured by the committee's terms of reference.
5. The Board may delegate, by Board motion, specific areas of business to a committee to act on behalf of the Board between Board meetings and the committee must report thereon at the Board meeting immediately following.
6. Board committees are not established to assume functions or responsibilities that properly rest with management.

GENERAL GUIDELINES FOR COMMITTEES

1. Each committee reviews its mandate and terms of reference annually. These are submitted to the Governance and Management Relations Committee (GMR) for review in terms of alignment to policy standards, and then submitted by GMR to the Board for approval.

2. Each year the Board Chair is responsible for proposing to the Board the leadership and membership of each committee to be appointed. This will occur in accordance with the Board and Committee work plans or as needed to fill vacancies during the year.

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3. In preparing recommendations for committee membership and leadership, the Board Chair will consult with the President and Chief Executive Officer (the "CEO") and take into account the preferences, skills and experience of each Director. Periodic rotation in committee membership and leadership is to be considered in a way that recognizes and balances the need for new ideas, continuity, and maintenance of functional expertise.

4. The Board Chair will be an ex-officio and voting member of all committees on which the Board Chair is not a formal member.

5. The CEO shall be an ex-officio and non-voting member of all committees.

6. A committee member may be removed or replaced at any time by the Board and will cease to be a member upon ceasing to be a Director of the Board.

7. The number of members and composition of each committee is indicated in each committee's terms of reference.

8. Each committee will normally meet before each Board meeting or more frequently as deemed necessary by the committee. Generally, meetings will be scheduled each year in advance.

9. Business conducted by committees of the Board will not be open to the public and committee meetings are conducted in camera (BRD220).

10. Each committee shall have a committee timetable and work plan that outlines when the committee will address each of its duties and responsibilities during the course of the year. The timetable and work plan shall be referenced in the committee's terms of reference, but does not form part of the terms of reference. Changes to the terms of reference require Board approval; changes to the timetable and work plan are the domain of the committee, can be made at any time, and must be recorded in the minutes of the committee. If, in the view of the committee, a work plan change is substantive, the terms of reference and work plan should be referred back to the Board for approval.

11. Notice of the time and place of every committee meeting shall be given in writing or by facsimile or email communication to each regular and ex officio member of the committee at least 48 hours prior to the time fixed for such

meeting provided, however, that a member may in any manner waive notice of a meeting; and attendance at a meeting is a waiver of notice of the meeting, except where a member attends a meeting for the express purpose of objecting to the transaction of any business on the grounds that the meeting was not lawfully called.

12. The Chair of a committee or any two members of a committee may call a meeting of the committee.

13. If a committee Chair is unable to attend or is not present at any meeting of a committee within thirty minutes after the time that the meeting is scheduled to commence, one of the other members of the committee present at the meeting shall be chosen by the committee to preside at the meeting.

14. A committee member may participate in a committee meeting by means of such telephonic, electronic or other communication facilities that permit all persons participating in the meeting to communicate adequately with each other. A member participating in such a meeting by any such means is deemed to be present at the meeting.

15. A quorum for the transaction of business at a committee meeting will be whichever is greater: a majority of voting directors (including the Board Chair if attending ex officio), or 2 directors. ~~a majority of the voting members, which includes the Board Chair if in attendance as an ex officio member as per #4 above.~~ Questions arising at a meeting will be determined by a majority of votes of the members present. Note: 50% is the majority for a quorum; more than 50% is a majority for the purpose of voting.

16. The committee shall designate a Recording Secretary who will ensure that the minutes of each committee meeting are prepared and given in a timely fashion to each committee member and to the Corporate Secretary. A complete meeting record will be maintained electronically by the Recording Secretary and the Corporate Secretary and shall be made available to Directors and the CEO.

17. A committee may invite such Director or, in consultation with the CEO, such Northern Health employees or consultants as may be considered desirable to attend meetings and assist in the discussion and consideration of the business of the committee.

18. A committee may, from time to time, require the expertise of outside resources, including independent counsel or other advisors. No outside resource will be retained without the approval of the Board or Board Chair, generally in consultation with the CEO.

19. Committees will provide written reports to the Board through minutes as outlined in #16 above, and will report to the Board at each Board meeting with respect to specific recommendations or advice consistent with its mandate or other responsibilities as assigned by the Board. The Board will take whatever action it deems appropriate.

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Date Issued (I), REVISED (R), reviewed (r): October 18, 2022 (R)

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BOARD BRIEFING NOTE

Date:	27 January 2023	
Agenda item	Establishing a Northern Health Research Ethics Board	
Purpose:	☒ **Discussion**	☐ **Decision**
Prepared for:	GMR Committee & Northern Health Board of Directors	
Prepared by:	K. Thomson, Regional Director, Legal Affairs, Enterprise Risk & Compliance	
Reviewed by:	C. Ulrich, CEO	

Issue & Purpose

The Northern Health Research Review Committee is transitioning into the Northern Health Research Ethics Board (NH REB). Approval from the GMR Committee of the Northern Health Board is required to establish the NH REB and to approve the NH REB Terms of Reference.

Background:

The purpose of a Research Ethics Board (REB) is to ensure that ethical principles and standards respecting the personal welfare and rights of research participants have been recognized and accommodated. There are currently 24 research ethics boards that are harmonized across British Columbia. Northern Health is a member of this network of REBs supported by Research Ethics BC as part of Michael Smith Health Research BC. Research Ethics BC supports the network of REBs in the BC harmonized ethics review process for multi-jurisdictional studies.

For several years, Northern Health has been supporting the ethical review of research studies through a Research Review Committee (RRC) rather than a formal REB. The RRC allowed for limited participation in harmonized ethics reviews, and also supported operational review of research studies taking place within NH geography. As an RRC, NH was not eligible to be the Board of Record on harmonized ethics reviews. This meant that we had less recognized credibility to make decisions during disputes on harmonized studies, even when the study was taking place within NH. Additionally, formal REB status is an eligibility requirement for organizations to hold Tri-Council (Social Sciences and Humanities Research Council of Canada, Canadian Institutes of Health Research, and

Natural Sciences and Engineering Research Council of Canada) funding or funding from the Canadian Foundation for Innovation.

As Northern Health is expanding its involvement and support of research in the north, we require the correct structures and supports to facilitate researchers and research programs, including holding and distributing research funds and grant, which requires the move to a fully functional research ethics board.

The NH Lead, Clinical and Research Ethics has been preparing the other policy documents necessary to support the functioning of a research ethics board, once the board is officially established.

Risks:

There are no compliance risks identified at this time.

Recommendation(s):

That the Northern Health Board of Directors approves the establishment of the Northern Health Research Ethics Board, in accordance with the Terms of Reference set out herein.

NH Research Ethics Board
Terms of Reference
Last updated: January 10, 2023

1. Purpose

- Northern Health (NH) Research Ethics Board (REB) is mandated to approve, reject, propose modifications to, or terminate any proposed or ongoing research involving humans conducted in NH facilities/programs.

- NH REB's function is to ensure that ethical principles and standards respecting the personal welfare and rights of research participants have been recognized and accommodated.

- NH REB follows, the BC Freedom of Information and Protection of Privacy Act (FIPPA) and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) (https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2018.html) and related policies.

2. Accountability

- The Governance and Management Relations (GMR) Committee of the NH Board establishes and mandates the work of the NH REB, and delegates the day-to-day operations to the CEO and to the Executive Sponsor (Vice President, Planning, Quality and Information Management)

- NH REB is accountable to the Executive Sponsor, through to the CEO and to the Governance and Management Relations (GMR) Committee of the NH Board

- The Executive Sponsor or their delegate, the Regional Director, Research, Evaluation and Analytics, may sub-delegate duties listed below to the Lead, Clinician & Research Ethics but remain responsible for providing the financial and administrative resources that are necessary to enable NH REB to fulfil its duties.

- The Executive Sponsor will report twice yearly to the GMR Committee regarding the work of the NH REB.

3. Membership

In accordance with the TCPS2 (1), NH REB will consist of at least five members, of whom:

- At least two members have expertise in relevant research disciplines, fields and methodologies covered by NH REB (e.g., relevant health sciences, qualitative and quantitative methods);

- At least one member is knowledgeable in ethics;

- At least one member is knowledgeable in the relevant law[1]; and
- At least one community member who has no other affiliation with NH.

In addition:

- Membership should represent the diversity of the communities and geographical regions served by NH. Every effort will be made to include cultural and ethnic minorities to represent the population from which research participants are recruited, within the scope of available expertise needed to conduct NH REB functions.
- Membership should reflect NH's commitment to developing, promoting, and implementing diversity, inclusion, and equity.
- Equal consideration shall be given to qualified persons of all gender identities. No appointment shall be made solely on the basis of gender identities.
- Medical staff representation: one member from the faculty of the University of British Columbia Northern Medical Program and/or one privileged medical staff member recommended by the Medical Advisory Committee
- One member of the NH Privacy Office.
- The Chair, in consultation with the Co-Chair as well as with the Executive sponsor, its Delegate or sub-delegate, will establish and maintain a roster of Associate NH REB members. The function of an Associate member is to review applications that meet the criteria of being "minimal risk" and fall within their area of expertise (e.g., clinical practice or business area, research methodology expertise).
- Associate members may be required to provide input on applications that meet the criteria of being "higher than minimal risk" and fall within their area of expertise.
- Associate members will conduct reviews to support NH REB mandate but will not meet with the full NH REB during regularly scheduled monthly meetings and won't vote on decisions if the study is higher than minimal risk.
- The term of appointment for Associate members is not limited.

4. Appointment

- The Executive sponsor in consultation with their delegates or sub-delegates as well as with the NH REB Chair may appoint NH REB membership based on experience with research, expertise and needs of the NH REB.

[1] The role of NH REB member knowledgeable in applicable law is to alert NH REB to legal issues and their implications, not to provide formal legal opinions nor to serve as legal counsel. This is mandatory for biomedical research and is advisable, but not mandatory, for other areas of research.

- Appointments shall be for a two-year term. Terms will overlap for the purposes of continuity and may be renewed. There is no limit on reappointments.
- The Executive Sponsor in consultation with their Delegates or Sub-Delegates will review and appoint the Chair every two years. A Chair may serve for a maximum of two consecutive terms.
- Committee members will select a Co-Chair who will support the Chair by facilitating meetings and training opportunities. If the Chair is absent for a particular meeting, the Co-Chair will be responsible for leading and coordinating that meeting as needed. If the Chair is absent for more than two months, an interim Chair, who could or could not be the Co-Chair, could be appointed.

5. Support

- Administrative assistance shall be provided by the Planning, Quality and Information Management Team.

6. Meetings and Attendance

- Meetings are held monthly, except in the months of December, July or August, or at the discretion of the Chair. NH REB members shall meet face-to-face or via video or teleconference.
- Members are responsible to attend NH REB meetings. Members shall normally miss no more than two meetings per year. When unexpected circumstances arise that prevent a regular member from attending a meeting, the member will notify NH REB administrative support about the intended absence. If a regular member cannot attend NH REB meetings for a protracted period (e.g., 6 months leave), a substitute member may be appointed to serve during the regular member's absence.

7. Quorum

- Quorum is 50% of NH REB membership

8. Decision making

- NH REB will normally attempt to make decisions by consensus. If disagreement persists, majority vote will prevail with the NH REB Chair's vote serving as a tiebreaker. If quorum is not present at the meeting, a decision may be made with the NH REB membership via email vote, facilitated by the Chair.
- Members will declare any conflict of interest related to a study submitted for NH REB review. NH REB may decide that the member must withdraw from NH REB deliberations and decisions related to that study.
- NH REB members assigned to review a study will complete the Reviewer's Checklist prior to the meeting, culminating in a recommendation to:
    - Approve; if all requirements have been met satisfactorily
    - Not approve – conditional; with questions and comments that require response by the researcher documented in the checklist
    - Not approve – final; the application does not meet requirements and the researcher may resubmit to a future meeting.

- The NH REB will discuss the study application and make a decision that will be communicated to the researcher. The NH REB will work with researchers to resolve any perceived shortcomings in the research review application and protocol. The researcher has the right to request, and the NH REB has an obligation to provide, reconsideration of a decision affecting a research project.
- If an NH REB member or Associate NH REB member is unable to complete an assigned review they will notify NH REB Administrative support within two days of assignment so that the review can be reassigned to another NH REB member.

9. Harmonized research ethics review

- Northern Health is a member of the network of REBs supported by Research Ethics BC as part of Michael Smith Health Research BC. Research Ethics BC supports the network of REBs in the BC harmonized ethics review process for multi-jurisdictional studies.
- NH REB may participate in harmonized ethics reviews of multi-jurisdictional research studies in collaboration with other health authorities, universities and colleges in BC.
- The harmonized research ethics review process will be governed by the provincial Guidance for Harmonized Multi-jurisdictional Studies with a designated Board of Record for each study that has the ultimate authority for the ethics review and oversight for the research project.
- Researchers involved in multi-jurisdictional research are required to apply for operational approval directly with NH.

10. Record keeping

- A numbered log will be kept of all research review applications.
- Minutes of all NH REB meetings shall be prepared and maintained by Administrative support of the Planning, Quality and Information Management Department.
- Records pertaining to the operations of the REB will be retained for 25 years. These records include meeting minutes, membership lists, Terms of Reference, member files, policies, and Standard Operating Procedures.
- Records will be stored electronically on the NH network in a secure drive and accessed by authorized NH REB members only, using a password.
- Paper records will be stored safely in NH offices in a locked cabinet.
- The minutes shall clearly document NH REB decisions as well as any dissents and the reasons for them. To assist internal and external audits or research monitoring, and to facilitate reconsideration or appeals, the minutes will be accessible to authorized representatives of NH.
- Researchers will be informed by e-mail or letter about the results of their application review, and NH staff who provided operational approval will be copied on distribution.

11. Amendments

- Changes to the Terms of Reference will not take effect until approved by the VP Planning, Quality and Information Management.

12. NH REB member responsibilities

- Complete the "TCPS 2: CORE-2022 (Course on Research Ethics)" at https://tcps2core.ca/welcome.
- Review assigned studies - both minimal risk reviewed in between meetings, and greater than minimal risk reviewed during monthly meetings - and provide feedback prior to the date required and communicated in the request for review.
- The due date for review is determined by the next NH REB meeting date or within 10 business days of receipt of an application from the Board of Record for harmonized ethics reviews (as per the Guidance for Harmonized Ethics Review of Multi-Jurisdictional Studies). Reviews may include applications for initial ethical review, applications for amendment and renewal of previously approved studies, and responses to studies that have been deferred from a previous committee review.
- If unable to complete the review it is the responsibility of the committee member to inform NH REB Administrative support within two days of assignment so that the review can be reassigned to another committee member.
- Submit written comments on assigned studies to the NH REB office prior to the deadline for compilation into the correspondence with the NH REB Chair, the researcher or Board of Record as indicated in the request for review.
- Ensure that the study complies with the applicable Canadian Federal and Provincial and U.S. regulations when applicable and that all research complies with the current version of the Tri- Council Policy for Ethical Policy Statement: Ethical Conduct for Research Involving Humans (1) and other non-regulatory requirements.
- Make a decision about the outcome of the review for each study as follows:
    - Approve; if all NH REB requirements have been met satisfactorily
    - Not approve – conditional; with questions and comments that require response by the researcher documented in the checklist or email to NH REB office
    - Not approve – final; the application does not meet requirements and the researcher may resubmit to a future meeting.
- If the member feels that the study should be reviewed by someone with a particular expertise, notify NH REB Chair.
- Support the development of guidance notes, policies and procedures for ethical review in collaboration with NH REB Chair, NH REB administrative support and when required by the Executive Sponsor.

- Participate in educational activities, evaluations, audits or investigations related to the oversight of research ethics at NH.
- Declare any conflict of interest pertaining to studies on the NH REB agenda before discussion begins.

REFERENCES

1) Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, Social Sciences and Humanities Research Council of Canada. Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 (2018). Retrieved on January 18, 2021, from https://rcr.ethics.gc.ca/eng/framework-cadre.html.

BOARD BRIEFING NOTE

Date:	January 18, 2023	
Agenda item	Internationally Educated Health Professionals	
Purpose:	☒ ***Discussion***	☐ ***Decision***
Prepared for:	Governance & 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 (IEHPs).

Background:

There is widespread agreement that IEHPs are essential to addressing labour shortages and we look forward to welcoming newcomers who will strengthen our health care system. Northern Health (NH) is doing everything it can to help IEHPs to enter the workforce as soon as possible.

Statistics:

- Number of IEHPs who have reached out for support: 246
- Number of IEHPs in northern communities: 151 (61%)
- Number of Internationally Educated Nurses (IENs) in northern communities: 89 (59%)
- Number of IEHPS currently NH employees: 63 (42%)
- Number of IENs who have signed the NH Funding Agreement: 21 of the 89 (24%)

The Canadian Nurse Regulators Collaborative (CNRC):

November 14, 2022: the CNRC reviewed and updated the minimum language proficiency levels which are known as scores required for registration which resulted in the BC College of Nurses and Midwives (BCCNM) lowering the required English language proficiency scores.

Federal Action:

December 5, 2022: the Federal Immigration Minister announced that the Canadian government will fund projects through the Foreign Credential Recognition Program to remove barriers that

prevent qualified Canadians from working in healthcare. The District of Kitimat engaged a consultant to help with an application to support integration and settlement of IEHPs in Kitimat.

Provincial Action:

- January 9, 2023: the BC government announced a new registration process for Internationally Educated Nurses (IENs) that will remove delays and lower costs for IENs. The new pathway is a pilot, takes effect January 31, 2023 and includes the following:
  - More options for credential evaluation
  - BCCNM application fee will be waived
  - The Nursing Community Assessment Service (NCAS) competency assessment fees will be waived
  - An updated approach to assessing English language proficiency
  - One stop assessment meaning NCAS will assess education, English language proficiency & nursing competency before BCCNM assesses the IEN's application
  - Continue providing pathways to multiple healthcare roles meaning the IENs will continue to have their nursing skills measured against the competencies required for registered nurse, licensed practical nurse and health care assistant so they can enter the healthcare workforce in the role that matches their nursing competence.

Post-Secondary Institutions Action:

- The University of Northern BC (UNBC) working on logistics to offering the following remediation courses for IENs which have recently been approved by the BCCNM:
  - NURS 201 Health Assessment
  - NURS 426-8n Acute Care Nursing
  - NURS 308-3 Ethics and Law in Nursing
  - BIO 221 Pharmacology for Nurses

Community Action:

The Prince George Immigrant and Multicultural Services Society is conducting a survey with newcomers to determine if a Local Immigration Partnership Committee should be developed and funded to help Prince George become a more strategic and welcoming community for immigrants and refugees. The survey was sent to the twenty-six IEHPs who have reached out to the IEHP Coordinator for support.

Northern Health Actions:

- Providing meaningful contact with the IEHPs to nurture relationships and provide support
- Ensuring federal and provincial IEHP related announcements are shared with the IEHPs
- Supporting IEHPs to access Northern Health work opportunities
- Exploring a more structured approach to assess the job qualification requirement for applicants to communicate effectively verbally and in writing
- Exploring the feasibility of NH offering a Phlebotomist Training Program based on the Phlebotomist Training Program offered through Interior Health
- Coordinator IEHPs working with UNBC Associate Professor to submit an abstract to present the NH experience with supporting IEHPs

Recommendation: Receive for information

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northern health
the northern way of caring

Presented by Steve Raper, Vice President Communications & Public Affairs

Last year!

The total given from 2021/22 was $2,203,088

- 2020/21: $2.614 million
- 2019/20: $4.248 million
- 2018/19: $3.165 million
- 2017/18: $2.184 million
- 2016/17: $2.716 million

Strong Community Support

Charity Name	Total
Bulkley Valley Health Care & Hospital Foundation	472,273.00
Burns Lake & District Health Care Auxiliary	23,550.00
Chetwynd and District Hospital Foundation	97,008.00
Dawson Creek and District Hospital Foundation	64,316.00
The DR R E M Lee Hospital Foundation	237,986.00
Fort St. John Hospital Auxiliary	51,569.00
Fort St. John Hospital Foundation	282,754.00
GR Baker Hospital Auxiliary	96,787.00
The Kitimat General Hospital Foundation	114,609.00
McBride & District Hospital Auxiliary	375.00
Quesnel & District Hospice Palliative Care Association	2,307.00
Spirit of the North Health Care Foundation	609,776.00
St. John Hospital Auxiliary Society	102,910.00
Stuart Lake Hospital Auxiliary Society	13,457.00
Tumbler Ridge Health Centre Foundation	5,160.00
Wrinch Memorial Hospital Auxiliary	26,312.00
Wrinch Memorial Hospital Foundation	1,939.00
	2,203,088.00

Highlights from around the region!

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

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

Wrinch Memorial Hospital Foundation

- WMHF has donated funds for equipment that includes the transport ventilator, the glidescope, and a treatment chair.
- WMHF has committed to a bronchoscope and to provide $1,000 towards recognition for the nurses at Wrinch Memorial Hospital.
- In addition, WMHF participates in the Dolly Parton Imagination Library https://imaginationlibrary.com/ca/
  - Dolly Parton's Imagination Library of Canada is a free book gifting program devoted to inspiring a love of reading in the hearts of children everywhere. Each month, enrolled children receive a high quality, age-appropriate book in the mail, free of charge. Children receive books from birth to age five. WMHF pays for the postage for these books sent to children in our area
- In addition to the Starting Smart pre-and post-natal program, the Mothers for Recovery Program, the "Stepping Stones" child development program, and the prenatal classes program, and the Little Flowers early childhood education program, the WMHF also owns and operates Skeena Place, the assisted living facility, in partnership with BC Housing and Northern Health.
- The WMHF has, in partnership with BC Housing, also embarked on the planning and construction of a housing complex, which if approved, will consist of 31 rental apartments, some of which will be subsidized rent, scheduled to be built next year on land across from the High School.
- In the last several years the WMHF has been fortunate to receive grants which have been used to enhance seniors' activities and to combat seniors' isolation, to provide free counselling for those that could not afford it, and to enhance the operation of the Community Garden.

Stuart Lake Hospital Auxiliary

- As we anxiously await our new hospital, we are still fundraising, with a raffle held this pass spring. Will be holding another raffle in the spring and planning our infamous Turkey Dart Shoot in the fall.

- Our resident visiting and Junior Volunteer Programs are up and running again, which is such a nice thing to be doing for our community.

- We gave out a New Year's Gift for Mom and Baby this year.

- Most of our funds have been donated and the donors have had specific request for the money to go to palliative and residential care.

Dawson Creek Hospital Auxiliary

- The Dawson Creek Hospital Auxiliary was able to re-open our shop on Feb 9, 2022, with 6 approved members. We had all worked our way through the training courses and we are ready to get to work!!

- We have added a greater variety of products to our inventory and are seeing good returns on the new items

Prince Rupert Hospital Auxiliary

- We are hoping to provide Christmas stockings to the residents of the Acropolis Manor
- We will be finalizing payment on an invoice for slings for the Manor
- The amount donated will be just over $9600!

Bulkley Valley Hospital Auxiliary Society

- This year there were eight applicants, and eight bursaries were given for a total of $9,500.
- This year we gave two baby baskets and both ladies were overjoyed with all the gifts inside the basket.
- In June, our auxiliary hosted our volunteers at an Appreciation dinner at the golf course.
- After several years we hosted the Northwest Area Conference in Smithers.
- The New to You Store is just getting busier. A lot more volunteers are needed.
- In June we donated $94,095.51 to Northern Health for seven items.
- The total amount of volunteer hours is 24,650 with 65 volunteers.

Auxiliary to University Hospital of Northern BC

- Our Thrift Store remains open we had 114 volunteers renew their commitment to our Auxiliary.
- On March 7, 2022, our hospital Gift Shop reopened.
- We started advertising our health care bursaries in early spring and, out of 52 applicants, 9 candidates were chosen to receive between $2000 and $5000 towards their fall courses.
  - Our committee handed out $50,000 in bursaries to excellent students in our area.
- Jubilee Lodge volunteers got the go ahead to start operations again in the summer. After some work with the Jubilee staff, they resumed their Bingo games and birthday parties in the fall.
- As we close out the year, we are looking to reopen three more services in January: Patient Care Service, Menu Service and Cuddling.
  - Cuddling will now have a different focus and be led by Northern Health but our volunteers are looking forward to the new format.
- New volunteers are always welcome for these and other services.

Chetwynd and District Hospital Foundation

On September 10, 2022, the Chetwynd and district hospital foundation held its first ever fundraiser. I wanted to share with you that we successfully raised $102,845!

Fort St John Hospital Foundation

- In 2022 we launched an online Community 50/50 this initiative was so successful that we plan on hosting one several times throughout the year.
- Playhouse raffle, a one-time event in celebration of WL Construction, is celebrating its 50th anniversary.
- The Foundations signature fundraising event Bluey Day ‘Be Brave & Shave’ brought in $60,000
- Our Angel mail out remains a strong campaign reaching many of our long-term supporters.
- The Foundation was excited to host our first Be an Angel Gala since 2019. This event was well attended and well supported. The ‘I Remember Quilt’ was auctioned at an all time high.
- The Foundations Memorial donations have regained lost ground, unfortunately there were many funerals in the early part of the year as families & friends were able to gather to celebrate those they lost over the past year or more.
- FSJHF staff 50/50 payroll participation has grown slightly

Fort St John Hospital Foundation

- The Foundation awarded a total of $9800, to 5 educational grant applicants.

- Events:
  - Annual SunFM Have a Heart Radio-thon took place in June.
  - The annual Arnie Isberg Memorial Softball tournament took place this summer, and they are planning an event for 2023
  - Tim Hortons ‘Smile Cookie’ Campaign in Fort St. John
  - Annual Light-a Moose Radio-thon raised $153K.
  - The FSJ Huskies annual Women’s Breasts Cancer & Men’s Health & Stick it to Cancer fundraisers.
  - Unforgettable Memories Photo Source photos with Santa and Mrs. Clause taking place November and December.

Dawson Creek and District Hospital Foundation

- **In the first quarter of 2022:**
  - we finished our Holiday Lights for Life Campaign/fundraiser.
  - we held a Heart Month Appreciation to recognize our outstanding Hospital and Rotary Manor staff members.
  - we celebrated babies born in the South Peace with our Precious Footprints fundraiser.

- **Summer of 2022 was an excellent busy time for the Foundation:**
  - we were the beneficiary of all funds raised during the Summer Solstice Run, sponsored by Deep Physio.
  - we partnered with Bell Media/Pure Country 890 for the Have a Heart Radiothon fundraiser.
  - we co-hosted a Silent Auction fundraiser with Post and Row Taphouse during the Mile Zero Cruisers.
  - we participated in the Burn Out competition with our partners Ovintiv and Peace Country Toyota.

Dawson Creek and District Hospital Foundation

- **In the fall of 2022**:
  - we partnered with Tim Hortons for another successful Smile Cookie fundraiser.
  - we were the beneficiary of the 3rd Annual 9/11 Tribute Climb with the Dawson Creek Fire Fighters Association.
  - we participated in the Northern Lights College Community Fair, building our volunteer base.
  - we cemented our partnership with Peace Country Toyota, fundraising with every vehicle sold.

- **The final quarter of 2022 was a perfect end to our busy year**:
  - we partnered with the Dawson Creek Kodiaks for the Pink in the Rink fundraiser for the Cancer Care Unit.
  - we created a local artists' initiative to consign original art in our Foundation office.
  - we held a Donor Appreciation luncheon, highlighting Northern Health and the Hospital Replacement Project.
  - we were a beneficiary of the Rotary Clubs of DC's Christmas Tree Light Up, with the support of Longhorn Oil Services and Hungry Duckling. Catering
  - we launched a re-branded Lights for Life Holiday Fundraising Campaign

Dr REM Lee Hospital Foundation

- Completed projects included: An Active/Passive Omni Trainer for Terraceview Lodge; Pocket Talkers for wards at MMH- to enable hearing impaired patients to effectively communicate with healthcare providers; a Pediatric Vein-Finder for Maternity; a $22,000 Uretero-Reno Scope for Urology; and, a $5,960 ER/ICU Counter Top Fluid Warmer

- Encouragement cards with $11,770 worth of Gift cards for MMH, TVL and Community Nurses & Midwives! This was in response to generous donations from local community members and churches who wanted to encourage fatigued front-line nurses.

- Our largest equipment project for 2021 is for a $120,000 ENT Stealth Station Imaging Guidance System

- The highlight of the year was being able to host our 3rd Annual Festival of Trees. The community enjoyed getting out to view the decorated mini-trees, and Kitsumkalum Art Auction items, take a ‘Selfie with Santa’ and warm up with Hot Apple Cider and cookies. The event raised almost $21,000 toward the purchase of the ENT Stealth Station!

Dr REM Lee Hospital Foundation

- REM Lee Foundation looks forward to having a physical presence in the lobby of the new hospital

- In 2022, the Kitsumkalum First Nation's community again hosted a 5 km Walk for Health raising over $29,000 towards a Bathing Tub & Lift for the Dementia Unit of Terraceview Lodge.

- PCL Construction was involved in creating a Golf Tournament last September. They raised over $10,000 toward a $93,500 Variable Angle Hand tray for the OR Dept at Mills Memorial.

- We have also just completed our 4th annual Festival of Trees. One of the unexpected benefits at the Festival this year was having several people step up and say they wanted to volunteer, and even showed interest in joining our Board of Directors!

Spirit of the North

- Spirit Day – 12 hour sponsored radio thon, raising over $280,000! Areas that were helped were Seniors Health and Wellness, Mental Health, Cardiac, Precision Radiology, Lymphedema Fund, and Pediatrics/NICU departments.
  - Funds raised will be put towards equipment like Giraffe care-stations, Senior Lift Beds, CCU Beds and Cardiac Step-Down beds for Internal Medicine, Precision Radiation Couch, Lymphedema Garments and more.
- Prince George Cougars Charity Alumni Golf Tournament Event – Raised over $121,000.00 for Cardiac Care in the North
- Costco Kids Campaign – Raising over $82,000 as a local group and another $100,000 Costco corporate donation, totalling $182,000.00 for the Pediatrics department.
- Funds raised will be combined in part with Spirit day to purchase all 3 of the Giraffe care-stations needed in NICU
- Wine Lovers Event – Raised over $110,000 with those funds going to the Simulations Department at UHNBC.
  - SIM G Man Plus has been funded.

Spirit of the North

- Tim Hortons Smile Cookie Campaign – Raised $47,853.38 for Pediatric patients here in the north.
  - Funds Raised will be for the final additions for the Pediatric Calming Room- a space specifically designed to de-escalate children in a heightened emotional state in a safe area, removing them from the chaos of a hospital setting.
- Festival of Trees – 5-day Community Event including Gala dinner and live auction.
  - This event raised over $500,000.00 for Cardiac care.
  - This enables us to complete the funding for the cardiac care Unit at UHNBC that will service the region.
- Other Equipment we have secured funding for are:
  - Three Mobile Ultrasound Units for the Mobile Ultrasound Program. These will be deployed in our more remote Northern communities in the New Year and will remove travel for this basic level of care for our Northern residents.
  - RT300 Supine Restorative Leg Exerciser. Thanks to the Copper Project this was added to the Intensive Care Unit at UHNBC. Funding in 2023 will go towards the Regional Cardiac Campaign.

Thank You

On behalf of Northern Health and the Board of Directors, I thank the northern Foundations and Auxiliaries regularly for the work they do on behalf of the residents of northern BC and the communities in which they serve.