northern health

Public Session

AGENDA

April 17, 2023
Best Western Terrace Inn
4553 Greig Avenue, Terrace, BC

AGENDA ITEMS	Responsibility of…	Expected Outcome	Time (Approx.)	Page
1. Call to Order of Open Board Session, Welcome and Indigenous Land Acknowledgement	Chair Nyce		**9:00am**	**-**
2. Conflict of Interest Declaration	Chair Nyce	Discussion		**-**
3. Approval of Agenda	Chair Nyce	Motion		**1**
4. Approval of Previous Minutes: February 13, 2023	Chair Nyce	Motion		**3**
6. Business Arising from Previous Minutes	Chair Nyce			**-**
7. CEO Report	C Ulrich	Information		**10**
7.1 Human Resources Report	D Williams	Information		**25**
8. Audit & Finance Committee				
8.1 Financial Statement Period 12	M De Croos	Motion		**45**
8.2 Capital Expenditure Plan Update	M De Croos	Motion		**48**
9. Performance, Planning & Priorities Committee				
9.1 Service Plan				
9.1.1. Clinical Quality Priorities	F Bell / K Gunn	Information		**58**
10. Indigenous Health & Cultural Safety Committee				
10.1 Cultural Safety Education for NH Staff and Physicians Update	N Cross	Information		**62**
11. Governance & Management Relations Committee				
11.1 Board Policy Manual BRD 100 Series	K Thomson	Motion		**66**
11.2 Amendment Request to the Health Care Consent Regulation – NH Research Ethics Board	K Thomson	Motion		**92**
11.3 Coordinated Accessible National (CAN) Health Network	F Bell	Motion		**94**
11.4 Overview of Research Partnerships	F Bell	Information		**98**
12. Presentation: Revised Ethics Practice Model **Presenter:** Esther Alonso-Prieto, Lead, Clinician & Research Ethics	K Thomson	Motion		**113**
Adjourned			**10:30am**	

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Public Meeting Motions

April 17, 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 April 17, 2023 Public Agenda as presented	☐	☐
4.	Approval of Minutes	The Northern Health Board approves the February 13, 2023 minutes as presented	☐	☐
8.1	Period 12 Financial Statement	The Northern Health Board receives the 2022-23 Period 12 financial update as presented.	☐	☐
8.2	Period 11 Capital Expenditure Plan Update	The Northern Health Board receives the Period 11 update on the 2022-23 Capital Expenditure Plan.	☐	☐
11.1	BRD 100 Policy Series	The Northern Health Board approves the BRD 100 Policy Series as presented.	☐	☐
11.2	Amendment Request to the Health Care Consent Regulation – NH Research Ethics Board	The Northern Health Board submit a request in writing to the Ministry of Health to change the name of the Northern Health Research Review Committee to the Northern Health Research Ethics Board within the Health Care Consent Regulation.	☐	☐
11.3	Coordinated Accessible National (CAN) Health Network	The Northern Health Board recommends that NH pursue the next steps in becoming an Edge as part of CAN Health Network, and benefit from the evidence-based procurement methods and funding available through this network.	☐	☐
12	Revised Ethics Practice Model	The Northern Health Board approve the revised Northern Health Ethics Practice Model.	☐	☐

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Board Meeting

Date: February 13, 2023

Location: Quesnel, BC

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

Public Minutes

1. Call to Order, Welcome and Indigenous Land Acknowledgement

The Open Board session was called to order at 8:15am with a welcome and acknowledgement that the meeting was taking place on the traditional territory of Lhtako Dene (lah-ta-ko den-ay) Nation.

2. Conflict of Interest Declaration

Chair Nyce asked if any Director present had a conflict of interest they wish to declare regarding any business before the Northern Health Board at this meeting.

- There were no conflict of interest declarations made related to the February 13, 2023 Public agenda.

3. Approval of Agenda

Moved by F Everitt seconded by R Beerling
The Northern Health Board approves the February 13, 2023 public agenda as presented

4. Approval of Board Minutes

Moved by J Kurjata seconded by B Kennelly
The Northern Health Board approves the December 5, 2022 minutes as presented

5. Business arising from previous Minutes

There was no business arising out of the previous minutes

6. CEO Report

- An overview of the CEO report was provided with additional highlights provided on the following information:
  - Illicit Drug Toxicity Death Rates: NH has had the highest rate of illicit drug toxicity rates since 2020. The rate of deaths in Quesnel LHA has started to decline since 2020. The age groups impacted by drug toxicity in the Quesnel LHA are similar to the Northern Interior and Northern Health.
  - Why Decriminalization:
    - Shift approach to substance use as a health matter – not a criminal justice one.
    - Reduce stigma around substance use so people feel more comfortable reaching out for help
    - Address health and criminal inequities and promote pathways to care
  - Key features in decriminalization in BC are no arrests and seizures for personal possession under the threshold and no mandatory treatment.
  - Relational Security Violence Prevention Initiative: The goal is to 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
  - Quesnel operational highlights included details on Specialized Nursing Training, Dunrovin Long term Care, Community Services Accreditation, Community Mental Health and Substance Use Specialized Services, Grace Young Activity Centre and the new CT scan and Suite.

6.1. Human Resources Report

An overview of the Human Resources report was provided with additional information provided on the following items:

- Northern Health current vacancy indicators: 20.31% of baseline positions are unfilled.
  - 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)
    - 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.
  - Annually, approximately 17% of postings become difficult to fill.
- 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 that require enhanced support, orientation, and mentoring – especially in rural and 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, it is anticipated retirements will increase, which will further add to the workforce challenges.
  - Both exit interviews and stay interviews occur.
- Travel Resource Program: The Northern Health Travel Resource Program 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.
  - 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 established a rapid action Integrated Project Team to expand the Travel Resource Program into other rural and remote areas of the province.
  - The Travel Resource Program 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 2022, the Travel Resource Program provides services to 12 Northern Health communities, 2 Interior Health communities and 2 Island Health communities.
- Health Career Access Program: HCAP is a 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.
  - Northern Health is recruiting to 90 seats in 5 cohorts as of March 2023.
  - The HCA forecasted gap (difference between supply and demand) has reduced from 353 to 187 HCAs, due to HCAP.
  - Northern Health is working with the Provincial Health Human Resources Coordination Centre to expand HCAP to other required professions, such as Medical Lab Assistants.

7. Audit and Finance Committee

7.1. Financial Statement 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 targeted 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.

Moved by J Kurjata seconded by W Adam
The Northern Health Board receives the 2022-23 Period 9 financial update as presented.

7.2. Capital Plan Expenditure Update

- 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.

Move by J Kurjata seconded by R Beerling
The Northern Health Board receives the Period 9 update on the 2022-23 Capital Expenditure Plan.

8. Performance Planning and Priorities Committee

8.1. Strategic Priority: Our People

8.1.1. Education and Development

- Details were provided on the improvements and changes in development along with the monitoring and evaluation of the employee education framework and plan in Northern Health.
- In support of Workforce Sustainability there are four priorities of focus which are:
  - Enhance collaboration and partnership with Northern Post Secondary Institutes
  - Promote Student Practice education and strengthen new graduate transitions
  - Service oriented education networks
  - Leadership development
- Education and Development has played a crucial role in sustaining the 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, development of short bursts of education is in development which seeks to provide education in real time.
- While increasing healthcare education seats is essential in response to the growing health and human resource needs, Northern Health faces added pressure related to the ability to orient and support student practice. To address these issues, the Education and Development team is engaged with post secondary institution leaders and operational teams at NH to explore innovative strategies to mitigate instructor and placement shortages.

9. Indigenous Health & Cultural Safety Committee

9.1. Update on the Cultural Safety Education Plan and implementation of Cultural Safety Education for physicians

- NH MAC Chair, Dr. Helene Smith provided a presentation and overview on the implementation of Cultural Safety Education for Physicians in Northern Health.
- Northern Health's 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 the experiences of racism for employees and those served. With this intent, Northern Health's work for 2020 to 2025 will be focused on embedding cultural safety and humility throughout the organization.
- The NHMAC has committed 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.
- A detailed overview and status update was provided on the work underway.
- Directors expressed appreciation to the NHMAC members for embracing the need for this important work.

10. Governance and Management Relations Committee

10.1. Policy Manual BRD 500 Series

- The revised policy manual BRD 500 Series was presented to the Board for review and approval.

Moved by F Everitt seconded by S Anderson
The Northern Health Board of Directors approves the revised BRD 500 series

10.2. Policy Manual BRD 600 Series

- The revised policy manual BRD 600 Series was presented to the Board for review and approval.

Moved by F Everitt seconded by R Beerling
The Northern Health Board of Directors approves the revised BRD 600 series

10.3. BRD 300 Board Committees Policy

- The revised BRD 300 Board Committees Policy was presented to the Board for review and approval.

Moved by F Everitt seconded by S Anderson
The Northern Health Board of Directors approves the revised BRD 300 Board Committees Policy as presented

10.4. NH Ethics Research Board

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

Moved by F Everitt seconded by S Anderson
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.

10.5. Internationally Educated Health Professionals (IEHPs)

- There is widespread agreement that IEHPs are essential to addressing labour shortages and Northern Health looks forward to welcoming newcomers who will strengthen the health care system. Northern Health is assisting IEHPs to enter the workforce as soon as possible.
- Actions being undertaken in Northern Health are as follows:
  - 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

10.6. Relationship with Foundations and Fundraising Societies

- A presentation was provided to Directors that highlighted the incredible contributions and donations Northern Health has received from the foundations and fundraising societies in the north. The presentation was developed using information submitted from the foundations and auxiliaries on volunteers, events, initiatives, and programs that were undertaken throughout the year to raise money to support healthcare in the north.
- Overall, the total given to Northern Health from 2021/2022 was $2,203,088.
- The NH Board was impressed by the many creative initiatives that have taken place and expressed gratitude for the dedication of the many volunteers and the hours they work to support residents of northern BC.

Moved by F Everitt seconded by J Kurjata
The Public meeting was adjourned at 9:54am

Colleen Nyce, Chair

Desa Chipman, Recording Secretary

Public Presentation Session:

The Public Presentation session was called to order at 10:00am
Moved by B Kennelly

- Chair Nyce welcomed Bobbi Symes, Acting Director Healthy Aging, United Way British Columbia and Dr. Grace Park, Regional Medical Director, Fraser Health to the meeting to provide a presentation on Social Prescribing in British Columbia. The presentation included details on the history of social prescribing, initiatives underway within the United Way and the many partnerships and collaborative approaches taken. Information was also included on the impacts and outcomes.
- Chair Nyce thanked the guests and acknowledged that the presentation was informative and that the collaborative and partnership approaches that have been taken by the United Way with Health Authorities, primary care providers and seniors resonated with the approach taken by Northern Health on many initiatives.
- Northern Health management looks forward to further discussion on ways that partnerships can continue around the initiatives presented and others focused on the needs of seniors across the northern geography.

The Public Presentation session was adjourned at 10:38am
Moved by L Locke

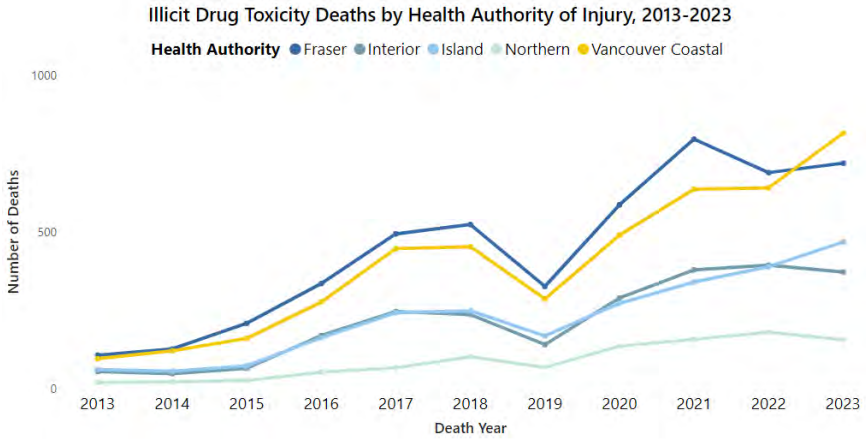
Northern Health Board CEO Report

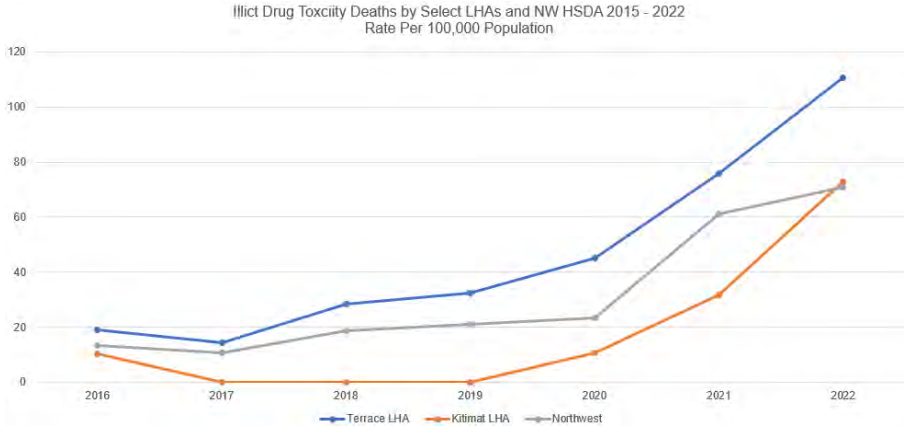
April 2023

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 Terrace LHA started to increase since 2017; however there has been a steeper increase since 2020

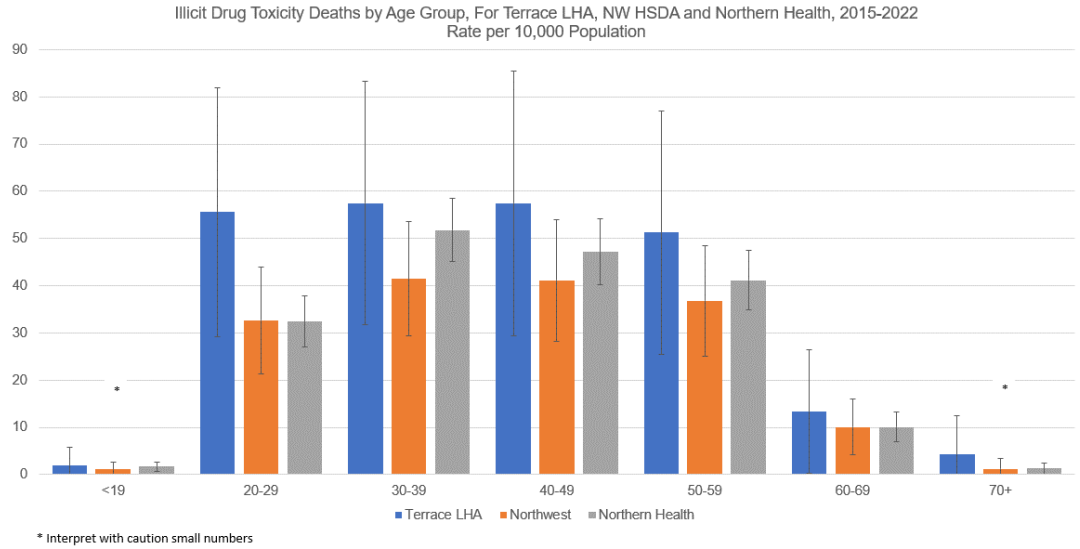




northern health
the northern way of caring

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

- Within the Terrace LHA all age groups are experiencing deaths
- The majority of deaths are occurring in the 20 – 59 year age groups
- The rates for each age group are consistent with rates for NH and NW HSDA

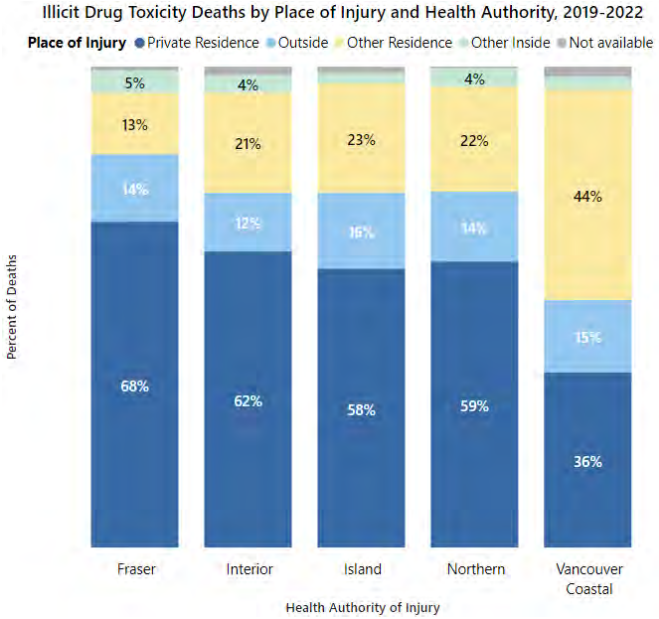


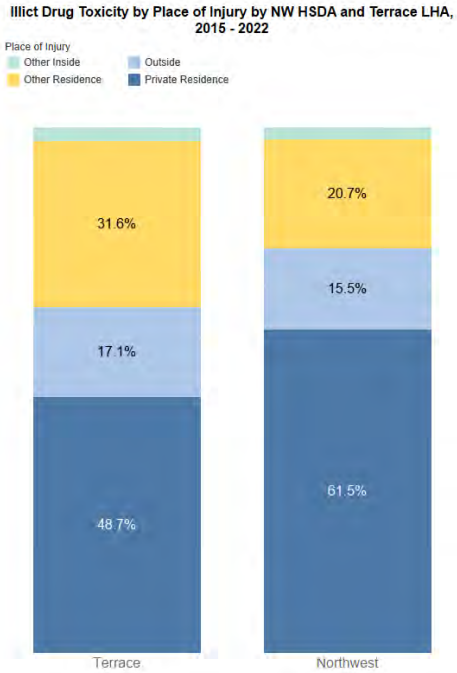
Data Source: BC Corners Line List.

Place of Injury, Illicit Drug Toxicity Deaths

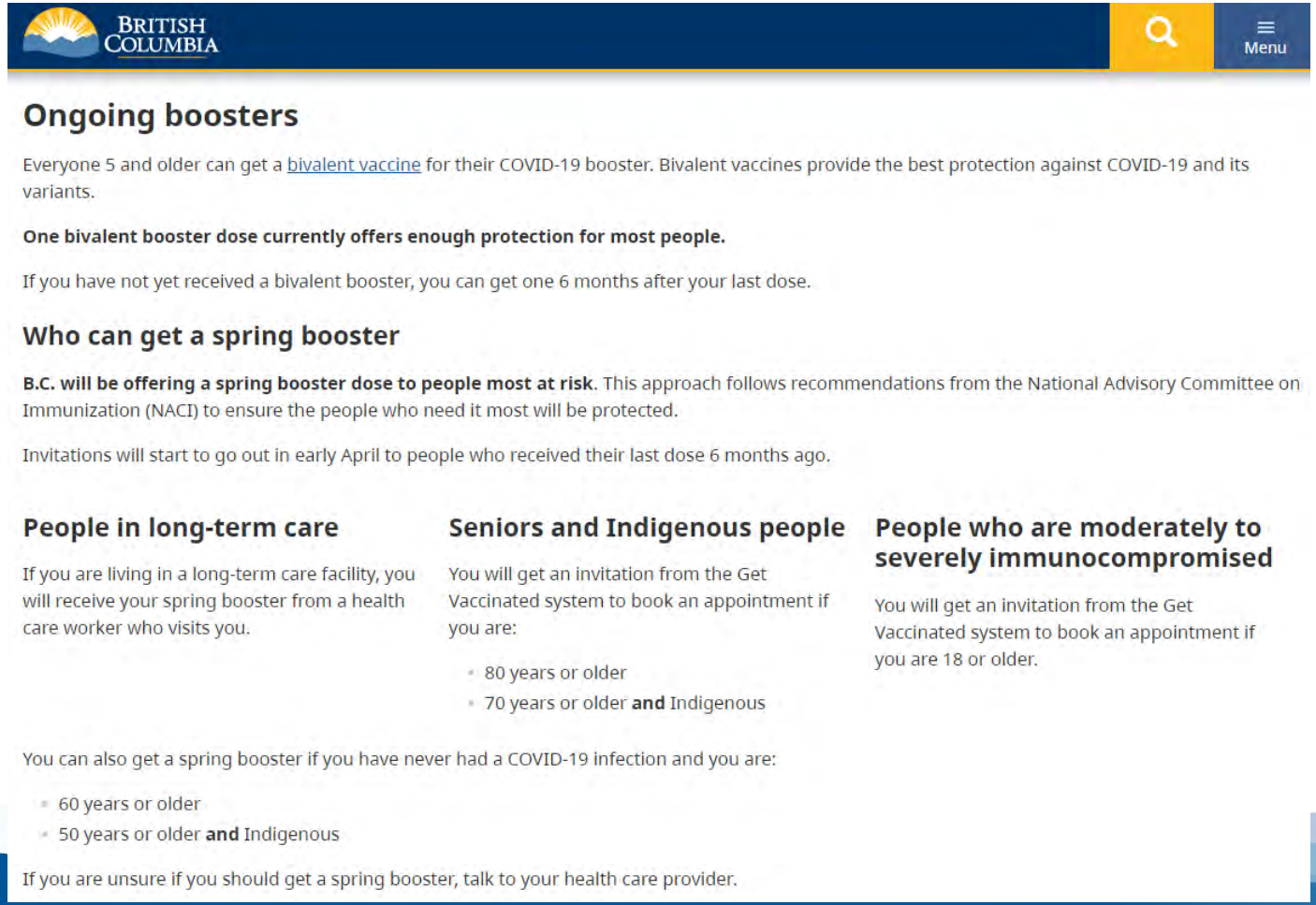
- The location of illicit drug toxicity deaths has not changed since the declaration of a Public Health Emergency

- The majority of deaths occur within a Private Residence
  - Terrace LHA shows a higher proportion occurring outside however it is the same pattern as NW, NH, and Province

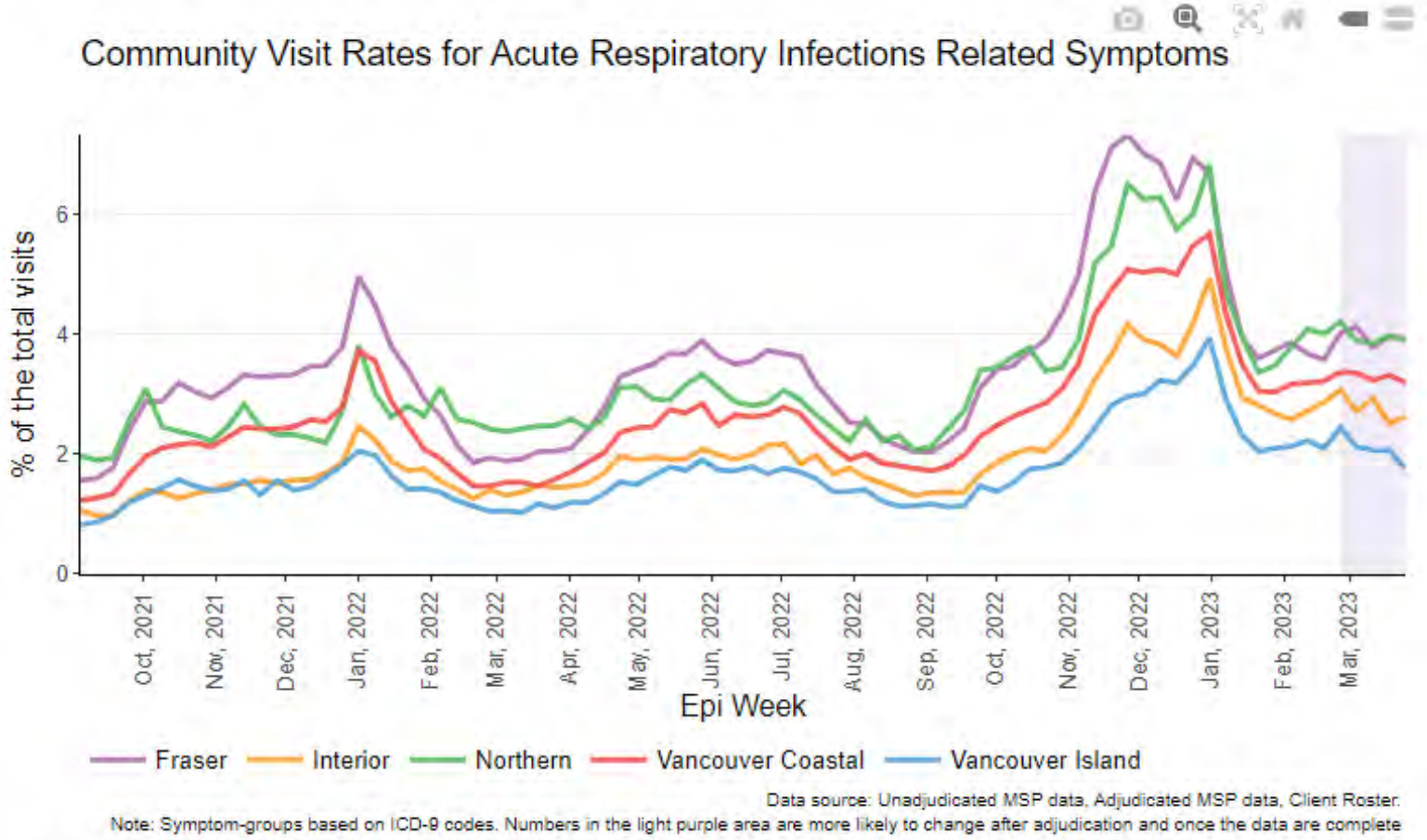




COVID-19 Spring Booster



https://www2.gov.bc.ca/gov/content/covid-19/vaccine/booster#spring



Source: https://bccdc.shinyapps.io/respiratory_community_visits/

Prince Rupert Regional Hospital: Premier Eby Visit & Tour

Premier Eby traveled to Prince Rupert to tour the hospital and visit with staff on Friday, March 17, 2023

The tour included:

- Emergency Department
- Kitchen
- Laboratory
- Meeting with managers, staff and physicians

The tour was facilitated by:

Ciro Panessa, Chief Operating Officer, Northwest

Julia Pemberton, Health Services Administrator, Prince Rupert

First Nations Health Council - Gathering Wisdom

- Gathering Wisdom XII occurred in Vancouver on February 28- March 2, 2023 - the largest gathering of First Nations leaders across the province of BC and brings together Chiefs and Health Directors from 204 First Nations communities in BC.
- The meeting focused on continuation of the dialogues held at the northern subregional and Northern Caucus sessions around First Nations Health Council (FNHC) 10-year strategy and resolution.
- The 10 year Strategy on the Social Determinants of Health provides strategic direction to the FNHC. Specific strategic themes are to make progress and provide a framework for change in the areas of:
  - Healing approaches - Nation-based governance
  - Cultural Infrastructure - Sustainable funding
- Over 84% of Chiefs present voted in favor of the 10-year strategy
- Leadership from the Federal and Provincial governments shared opportunities to support improvements in health care that align with the social determinant goals
- Nicole Cross, VP, Indigenous Health attended Gathering Wisdom

FNHA Northern Addictions Engagement & Knowledge Exchange Forum

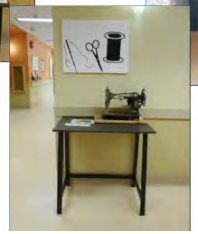
- The in-person forum was organized by FNHA and held in Prince George from March 21 to 23
- The forum was facilitated by Dan George and included participants and presenters from Lheidli T'enneh Nation, First Nations Health Authority, Northern Health and others.
- Northern Health participated in panel presentations focused on:
  - Clinical and Non-Clinical Detox
  - Treatment Centres
  - Access to Opioid Agonist Therapy (OAT) Supplies and Clinical Services

Long Term Care Staff Celebration: March 1, 2023

- A virtual event was held to celebrate and recognize the long-term care staff for their ongoing commitment and dedication to the families and residents in northern long-term care facilities.
- The event acknowledged the progress in reducing the use of antipsychotic medications in long term care. This progress is directly related to the efforts of managers, staff, and physicians with the support of pharmacists to:
    - assess the needs of those living in Long Term Care
    - develop plans of care
    - review and manage medications
    - develop skills in care approaches such as dementiability.
- The past several years for long-term care teams, residents, and families have been exceptionally stressful. Despite the challenging circumstances, there are many examples of work that is occurring to improve and enhance person and family centered care for residents and families.

"Wrap a Door for Christmas" was a HUGE success. Thank you to the REM Lee Foundation for all your help and support with this campaign

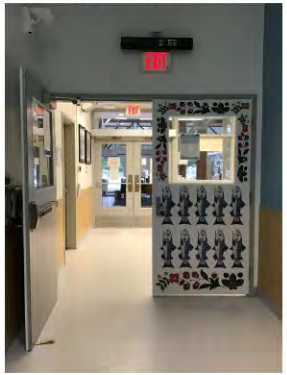
Activity kits and workstations in the communities at Terraceview Lodge



Setting our clients up for success with exit diversion wraps

Cedar and Copper communities at Terrace View lodge

Northern Haida Gwaii Hospital



Fun and games with a bit of house work mixed in at Mountain View Lodge

Dr. Charles Jago Awards

- These annual awards are named to honour Northern Health's former Board Chair, Dr. Charles Jago and acknowledge and celebrate individuals and teams who have made outstanding contributions to achieving NH's vision and mission and reflecting NH's values of Empathy, Respect, Collaboration, and Innovation

2023 Winners

- **Empathy:** Dr. Arthur Carter, Psychiatrist, University Hospital of Northern British Columbia
  - **Nomination Testimonial**: *"Dr. Carter strives to understand how each patient's history and life experience impacts the patient and their relationships with family and friends. The empathy he shows to his patients is truly remarkable…..*

- **Innovation:** Dr. Shyr Chui, Radiologist, University Hospital of Northern British Columbia
  - **Nomination Testimonial:** *"Sharing and communicating successful quality improvement work is always a challenge…To adapt to these challenges, Dr. Chui saw an opportunity to try a new and innovative approach to communication by creating the Qualitycast North Podcast..The podcast is accessible to anyone; free to access, portable, convenient, and has been downloaded over 2000 times in over 20 different countries…"*

Dr. Charles Jago Awards – 2023 Winner

- **Respect:** Annette Weger, Health Services Administrator, Fort Nelson General Hospital
  - **Nomination Testimonial:** *"She is an encourager of ideas. I have presented her with some work I would like to do in my field and Annette went above and beyond to help me get in touch with those that would help me…She follows up and offers suggestions, this is a huge boost to myself…*
  - *"Annette walked me through a difficult patient situation while including others that were involved and connected everyone pertaining to this case that could collaborate and find a solution. Annette oversaw everything and encouraged me through the process eventually it resolved…"*

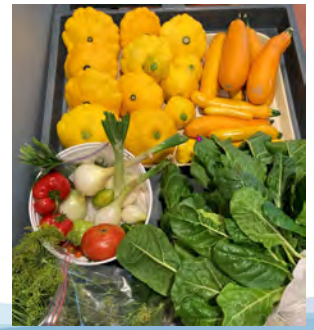
- **Collaboration:** Julia Pemberton, Health Services Administrator, Prince Rupert
  - **Nomination Testimonial:** *"The Mobile Primary Care Team is just one of the primary care teams that falls under the direction of Julia Pemberton. However, it may be the most unique and challenging. The MPCT is a partnership between the First Nations Health Authority, Northern Health Authority, and each of the four Coast Tsimshian communities of Gitga'at, Gitxaatla, Metlakatla and Lax Kwala'ams. The purpose of this team is to address the gaps in health care access and services for the Coast Tsimshian communities. Collaboration is paramount for this initiative to be a success.*
  - *…Julia has been so engaged and connected to all the partners and is committed to the purpose of the MPCT and its success.*
  - *I believe Julia has a true desire to help others and make a difference to health care services and systems, especially where inequity exists..."*

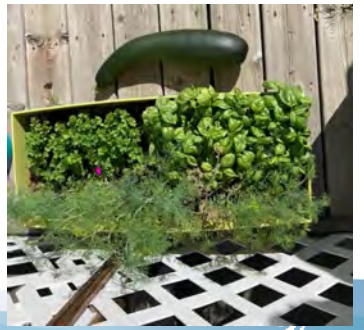
Marie Taylor Award for Excellence in Long Term Care, Seniors Nutrition and Dietetic Practice - BC Region

This award recognizes excellence in Dietitians working in the Long-Term Care and Seniors Health Field in each provincial region. Marie Taylor was a 'visionary champion for the dietetic profession and an advocate for the rights and well-being of the elderly'.

Award Recipient: Robyn Turner, Clinical Dietitian, Vanderhoof

- *Robyn has been a Registered Dietitian with Northern Health since 2016. Robyn has worked in a variety of roles and is currently the Clinical Dietitian for Vanderhoof, Fraser Lake and Ft St James where she works with inpatients, outpatients, and long term care residents. Robyn goes above and beyond in her work and is very active in the NH Registered Dietitian Community of Practice.*
- *Robyn embodies NH's values of Empathy, Respect, Collaboration, and Innovation. She is currently working to create a policy to enable food grown on-site at NH facilities to be used in meals provided for patients and residents.*





BC Patient Safety & Quality Council - Quality Awards

Leadership in Quality: *This award celebrates someone who made an inspirational, significant and sustained contribution to improving the quality of health care in British Columbia.*

Award Recipient **- Dr Bill Clifford,** retired Chief Medical Information Officer for Northern Health

- Described by colleagues as a visionary leader, innovator, mentor, genius, and one-half physician/one-half IT techie, Bill is the cultivator of electronic health record (MOIS) health information technology that physicians across BC are using today to improve patient care which has streamlined medical office operation, enabled documentation of patient medical records and coordinated care with referrals and linkages between family physicians, specialists, and other parts of the health care system….enabling the delivery of high-quality longitudinal care to patients.

Everyday Champion: *This award celebrates someone who showed a passion and commitment for improving quality of care that was outside their formal role to lead positive change. They saw a need for improvement and committed to action, leading by example and inspiring others.*

Award Recipient - Viva Swanson, Advisory, Leadership Development NE, Northern Health

- Viva's work has significantly improved how people are cared for in BC's northeastern communities. Motivational, encouraging, a can-do attitude, limitless enthusiasm – these are all words that have been used to describe Viva. Her ability to take on any project that requires her leadership, operational and collaborative skills, and her dedication to continuous quality improvement, is why her Northern Health (NH) colleagues call Viva an Everyday Champion for patient safety and quality care.

northern health
the northern way of caring

NH Board Human Resources Report
David Williams, VP Human Resources
April 17, 2023

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

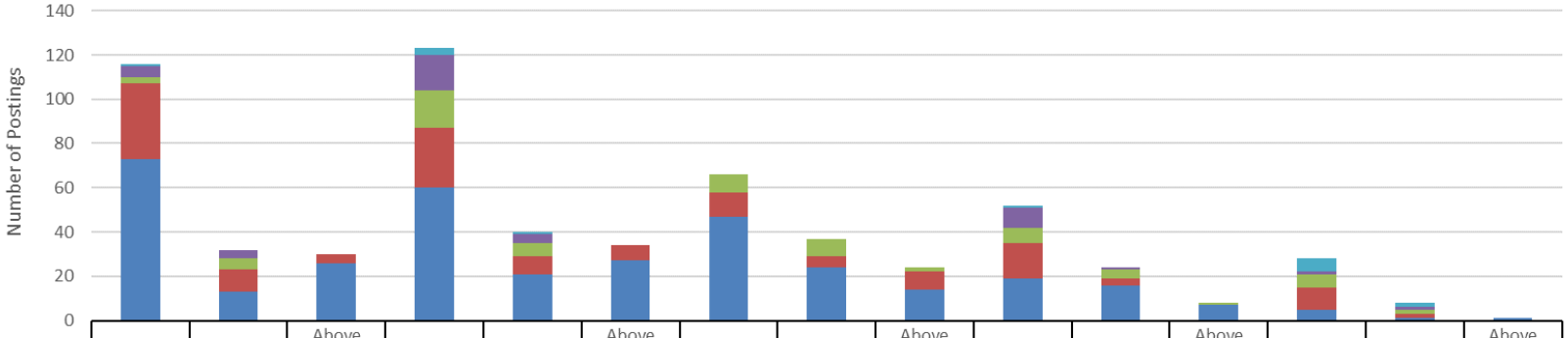
Cornerstone	BC HHR Strategy Objectives	Critical Success Factor
 **RETAIN**	• Support workforce health and wellness • Retain staff in high need areas and occupations • Embed reconciliation and cultural safety • Advance diversity, equity, and inclusion • Increase clinical leadership capacity to support staff and services • Increase workforce engagement	✓ Northern Health is an inclusive place to work ✓ Northern Health will identify and develop leaders and support succession into leadership roles ✓ Northern Health leaders have the right support, at the right time, from the right experts ✓ Northern Health support the health and wellness of staff
 **REDESIGN**	• Balance workloads and staffing levels to optimize quality of care • Advance innovative care models with a focus on interdisciplinary teams • Review scopes of practice to create or optimize key roles • Leverage technology to improve workforce satisfaction and service quality • Increase workforce flexibility and responsiveness	✓ Northern Health will analyze and optimize productivity ✓ Northern Health will foster a team-based approach across care and service settings
 **RECRUIT**	• Remove barriers for Internationally Education HCWs • Refresh enablers and incentives to attract new health workers • Improve onboarding and support transitions to practice	✓ Northern Health attracts a diverse and qualified talent pool to fill positions ✓ NH engages with partners to identify pathways to employment ✓ NH offers flexibility in work arrangements
 **TRAIN**	• Strengthen employer supported training models • Expand and modernize priority programs	✓ Northern Health is made up of a workforce primarily trained in the north and employed in the North ✓ Northern Health is a teaching and learning organization ✓ Northern Health will provide upskilling and competency development to establish and support career pathways.

Current Context

- Northern Health (NH) current **vacancy indicators**: 20.50% of our baseline positions are unfilled
- Vacancy rates are driven by shortage of supply as well as increased demand (service growth). Since 2019 the overall workforce demand has increased by 16.68% with a corresponding 4.97% increase in supply.
- In fiscal year 2022/23 to date, Northern Health posted 4747 non-casual positions. Of these positions:
  - 60% were filled by internal staff (existing regular and casual staff)
  - 9% have been filled externally (qualified applicants from outside of NH) within 90 days
  - 13% have been filled after 90 days, with approximately 18% remaining as “difficult to fill”
- Healthcare Worker shortage is a global problem, that has been exacerbated by COVID 19 Pandemic
- Northern Health (along with other Rural Remote jurisdictions across Canada and Australia) have experienced the challenge earlier and more acutely than other jurisdictions.
- In 2019, 12% of BC population live in rural/remote locations served by: 6% of BC Nurses, 5% of BC Physios, 3% of BC Occupational Therapists.
- **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 March 22, 2023



	North East			North West			Prince George			NI Rural			Regional		
	Permanent	Relief/Term	Above Baseline	Permanent	Relief/Term	Above Baseline	Permanent	Relief/Term	Above Baseline	Permanent	Relief/Term	Above Baseline	Permanent	Relief/Term	Above Baseline
EXCLUDED	1			3	1					1			6	2	
COMMUNITY SUBSECTOR	5	4		16	4					9	1		1	1	
FACILITIES SUBSECTOR	3	5		17	6		8	8	2	7	4	1	6	2	
HEALTH SCIENCE PROFESSIONALS	34	10	4	27	8	7	11	5	8	16	3		10	2	
NURSES PROVINCIAL AGREEMENT	73	13	26	60	21	27	47	24	14	19	16	7	5	1	1

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.
  - 37% 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.
  - Significant segment of our Leadership is in early stages of professional life.
- 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 56.76% 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).

Portfolio Focus - Workplace Health and Safety

Health, Safety, and Prevention collaborates with the organization and external agents to build an occupational health and safety management system that controls hazards and prevents workplace incidents and illnesses.

Disability Management helps support and guide injured or ill employees to recover and participate in return-to-work activities as soon as medically possible.

Recent Success:

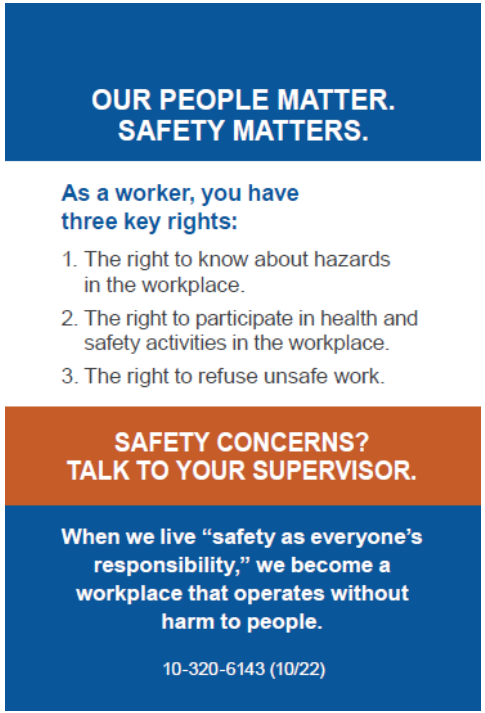
- Demonstrated early success of the pilot “Safety Coordinator” positions in improving leadership capacity for occupational health and safety deliverables, with resulting organizational decision to add eight (8) additional Safety Coordinator positions.
- Successfully concluded the British Columbia Nurses Union (BCNU) “Violence Risk Assessment of Emergency and Psychiatry Units” project at Mills Memorial Hospital (MMH).
  - Violence Risk Assessment conducted and local working group struck with participation from Health Employers Association BC (HEABC), Workplace Health and Safety, BCNU, MMH leadership, and healthcare staff from Emergency and In-patient Psychiatry units
  - Project recommendations successfully implemented:
    - Procurement of weighted furniture and larger nursing station monitors
    - Renovations to improve the security at the Emergency triage desk
    - Review and improvement to the site’s Code White, including procedures, code white drills, RCMP engagement, training for the responders, and provision of more code white pendants.
- Continuation of successful placements for staff requiring permanent medical accommodations.

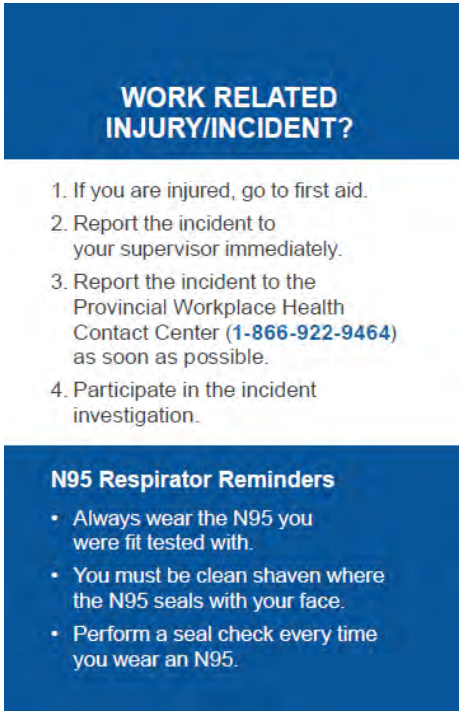
Safety Culture - Promotion

- Incident reporting supports a culture of safety.
- Health, Safety, Prevention, in partnership with communications and operational leaders, completed a strategic promotional campaign on incident reporting.
- A desktop communication was visible for three weeks:

- Additional desktop communications were developed to support focused action time periods including violence prevention (November 2022) and hazardous drugs exposure control (February 2023):

- Lanyard tags were set up for Managers to order and distribute to their teams





Relational Security Initiative

- The Ministry of Health has recently announced they are taking proactive steps to build safer workplaces for health care workers and patients by introducing a new security model called Relational Security. The province is partnering with health authorities to establish this new model in health care settings at select sites with the goal of reducing violence and psychological injury among the health sector workforce by integrating these services within a team-based system of care.
- Relational Security is the knowledge and understanding we have of a patient and of the environment, and the translation of that information into appropriate response and care. Foundational to this model's principles, Relational Security Officers (RSOs) will be trained to have acute awareness of patients and their surroundings, as well as how to anticipate, de-escalate, and ultimately reduce violence and aggression in partnership with the patient care team. RSOs will receive education and training in violence prevention, cultural humility, trauma informed practice, and advanced security.
- Mills Memorial Hospital, University of Northern British Columbia, and Prince Rupert Regional Hospital will be included in the RSO initiative. NH will be working with partners to develop this new relational security service, which will include the hiring of in-house RSOs (positions have been posted).

Support in the Right Place

The Support in the Right Place initiative is the culmination of engagement and outreach with NH staff and leader to identify sustainable strategies to address management pressures support organizational quality.

Quality Management

- A set of approaches, tools, and resources intended to embed quality in the work we do every day – whether that be at the bedside, the boardroom, or any place in between.
- The Principles of Quality Management are:
  - Setting Direction – everyone working towards the same clearly defined, visible priorities
  - Establishing Leadership Routine – transparent and predictable practices across all teams
  - Empowering Continuous Improvement - establish a culture where teams solve their own problems in a way that is visible and accountable.

Management Support Teams

- Specialized teams that engage with leaders on planning and execution of emergent priority work
- Act as navigators in access regional supportive services
- Position team-level support resources for quality, project coordination, evaluation, and other support functions

Regional Service Optimization

- Review all regional service teams to understand and improve how they function and deliver service
- Mapping of the services, functions, and competencies of teams to identify overlap Establish a framework for coordinated regional supportive services and related processes
- Optimized resource allocation of resources across regional teams

Travel Resource Program/GoHealthBC

- 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.
- 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 (IPT) to expand the Travel Resource Program to additional rural remote areas of the Province.
- To support this expansion the TRP will be rebranded and renamed “GoHealth BC”. A Marketing campaign will be launched in the spring of 2023 to increase awareness of this unique employment opportunity. It is expected that this marketing campaign will build on the recent success of the program.

GO HEALTH BC

Travel Resource Program/GoHealthBC

Focus Communities

- As of December 21, 2022, GoHealth BC provides service to 14 Northern Health Communities, 2 Interior Health Communities, and 2 Island Health communities.
- Northern Health communities include:
  - Massett, Daajing Giids, Prince Rupert, Terrace, Hazelton, Stewart, Dease Lake, Fort St. James, Prince George (select units at UHNBC), McKenzie, Fort St. John, Dawson Creek, Chetwynd, Tumbler Ridge.

Recruitment

- Recruitment to GoHealth BC over the past 12 months has been strong. Over that time 71 nurses have joined the Go health BC team, and the number of active employees have tripled over the past 24 months.
- This recruitment success has resulted from only word of mouth advertising, with a marketing plan expected over next few months.

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 have 106 HCAP HCA students in school currently.
- We will be recruiting an additional 184 applicants for the 2023 Fall and Spring 2024 HCAP cohorts.
- 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:
  - Combined Xray and Laboratory Technologists (CXLT) 6 seats allocated for NH employees/students to pursue CXLT sponsored education through Northern Alberta Institute of Technology (NAIT) starting September 2023 to September 2025
  - Rehabilitation Assistant – 7 seats allocated for NH employees/students to pursue sponsored education at Capilano College. Program started in January 2023 until January 2024.
  - Extension of Indigenous HCAP programs to Haida Gwaii and to Nisga’a Valley First Nations. Discussions ongoing.
  - Medical Laboratory Assistant- 7 seats allocated for NH employees/students to pursue sponsored education at Thomson River University. Program started March 2023 until October 2023.

Ministry Funded Housing Initiative

- This prototype program funds procurement of housing units in communities where suitable market housing is a barrier to permanent staffing and short-term deployments.
- Utilized for new hires to area, redeployed staff, agency staff and travel resources.
- Currently supports housing initiatives in Kitimat, Hazleton, Prince Rupert, Chetwynd, Dawson Creek, Fort St John and Robson Valley.
  - Program expanding to Terrace and Haida Gwaii (other areas under review).
- Prioritization based on baseline and difficult to fill vacancies, lost candidates due to housing availability/suitability and other identified factors.

Current Housing Inventory (# of beds)		
NW	NI	NE
95	60	175

Future Initiatives

- In select areas, explore full-service providers to operate housing units on NHs behalf to reduce staff time currently used for property management tasks.
- Increase number of Housing Coordinators in select areas, while developing policy & systems that can be used region wide.
- Continue with the refurbishment and renovation of select sites across the region.
- Given the continued and increasing demand for housing for staff, it is expected that the total amount of housing will continue to increase and need to be financially supported accordingly.
- Mills Hospital replacement in Terrace is expected to lead to an acute need for new housing options for staff.

Ministry Funded Childcare Initiative

This prototype program works to support expanded childcare seats and expanded hours of operation to meet the needs of health care workers. Designed to reduce barrier to health care worker availability and help staff return to work following parental leave.

Program Communities:

- Kitimat, Hazelton, Prince Rupert, Chetwynd, Dawson Creek and Ft. St. John (FSJ)
  - Program expanding to Terrace, Haida Gwaii and Prince George

Programing Underway:

- March 2023 NH launched Canadian first-of-its-kind extended day (6:30 am -7:30 pm Mon-Fri) childcare program in FSJ in partnership with the YMCA-Northern BC & SD 60.
- A total of 24 net-new spaces including: 3 spaces for 0-3 Infant/Toddler; 5 spaces for 3–5-year-old & 16 school age spaces.
  - Priority placement for NH extended, rotating shift employees.
- Agreement signed with SD 52 in Prince Rupert to launch Kindergarten to Grade 5 before and after-school program beginning in May 2023 with 11 new seats at two sites.
  - NH contribution will create a total of 48 net-new seats with NH employees gaining priority access to a total of 24 of these seats by September 2023.
- In its first year, the Prince George YMCA Park House childcare spaces continues to operate at capacity providing priority access to 21 childcare spaces for NH employees.

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.
- As of February 1, 2023, Ministry added Haida Gwaii to the list of eligible communities, and expanded eligibility to all regular staff within those communities.
- 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

- 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 Internationally Educated Health Professionals (IEHPs including nurses, physiotherapists, medical technologists, etc.) to enter the workforce as soon as possible.
- Number of IEHPs who have reached out for support: 282
  - Number of IEHPs in Northern communities: 169 (60%)
  - Number of IENs in Northern communities: 98 (58%)
  - Number of IENs who received upfront funding for credential assessment 21 (21%)
- As of January 31, 2023 IENs have application and assessment fees waived based on a Ministry of Health Return of Service Agreement
- Number of IEHPs who are NH employees 68 (40%) employed in roles including Care Aides, Administrative Assistants, Primary Care Assistants, Human Resource Assistants, Rehabilitation Assistants, Unit Clerks, Registration Clerks, Food Service Workers, Housekeepers, Lab Assistants and Project Coordinators.

Refreshed Nursing New Grad Hiring Program

- Recruitment and Retention of New Grad 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 to temporary regularized positions (minimum of 0.70 FTE).
- Consistent onboarding and orientation, flexibility, and regular work allow new grad nurses to consolidate skills as they enter nursing profession.
- NH has received more than 120 applicants through this process; 66 have been hired, 45 are in screening. The majority have been hired into areas that were ranked top of preference list.
- In the last New Grad hiring cycle, NH hired a total of 79 (53 started as casual).

The Face of Northern Health

As at March 22, 2023

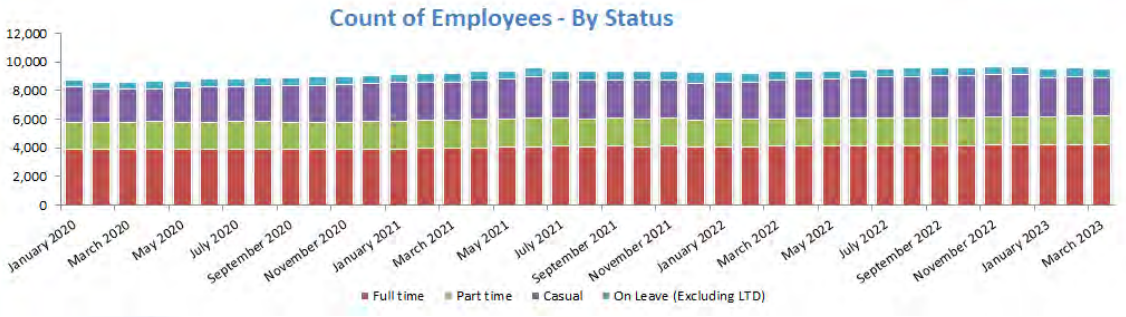
Summary of Employees by Status	Headcount	%	FTE
Active: Total	8,872	100%	5,609
Full-time	4,246	48%	
Part-time	2,027	23%	
Casual	2,599	29%	
Non-Active: Total	963	100%	764
Leave	548	57%	398
Long Term Disability (LTD)	415	43%	366

Active Employees by Region	Headcount	%
Active: Total	8,872	100%
North East	1,329	15%
North West	1,961	22%
Northern Interior: Prince George	2,809	32%
Northern Interior: Rural	1,154	13%
Regional	1,619	18%

Active Employees by Collective Agreement	Headcount	%
Active: Total	8,872	100%
Nurses	2,544	29%
Facilities	3,536	40%
Health Sciences	1,106	12%
Community	896	10%
Excluded	790	9%

Active Nursing	Headcount	%
Active: Total	2,544	100%
RN/RPN	1,938	76%
LPN	606	24%

Clinical vs. Support	Facilities	Community
Active: Total	3,536	896
Clinical	1,467	535
Non-Clinical	2,069	361



BOARD BRIEFING NOTE

Date:	March 29, 2023	
Agenda item:	2022-23 Period 12 – Operating Budget Update	
Purpose:	☐ **Information**	☒ **Decision**
Prepared for:	NH Board of Directors	
Prepared by:	Mark De Croos, VP Financial & Corporate Services/CFO	

YTD March 2, 2023 (Period 12)

Year to date Period 12, Northern Health (NH) has a net operating deficit of $18.5 million.

Excluding extra-ordinary items, revenues are unfavourable to budget by $48.6 million or 4.5% and expenses are favourable to budget by $30.1 million or 2.8%.

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 $49.3 million in incremental 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 12 financial update as presented.

NORTHERN HEALTH
Statement of Operations
Year to date ending March 2, 2023
$ thousand

	Annual Budget	YTD March 2, 2023 (Period 12)			
		Budget	Actual	Variance	%
REVENUE					
Ministry of Health Contributions	902,310	827,070	780,252	(46,818)	-5.7%
Other revenues	267,050	250,070	248,287	(1,783)	-0.7%
TOTAL REVENUES	**1,169,360**	**1,077,140**	**1,028,539**	**(48,601)**	**-4.5%**
EXPENSES (BY PROGRAM)					
Acute	595,420	549,530	550,103	(573)	-0.1%
Community care	211,130	194,520	168,054	26,466	13.6%
Long term care	140,370	128,990	147,427	(18,437)	-14.3%
Mental health and substance use	87,110	79,490	59,314	20,176	25.4%
Population health and wellness	35,510	32,840	30,476	2,364	7.2%
Corporate	99,820	91,770	91,710	60	0.1%
TOTAL EXPENSES	**1,169,360**	**1,077,140**	**1,047,084**	**30,056**	**2.8%**
Net operating deficit before extraordinary items	**-**	**-**	**(18,545)**		
Extraordinary items					
COVID-19 expenses	-	-	49,311		
Total extraordinary expenses	-	-	49,311		
Supplemental Ministry of Health contributions	-	-	49,311		
Net extraordinary items	-	-	-		
NET OPERATING DEFICIT	**-**	**-**	**(18,545)**		

BOARD BRIEFING NOTE

Date:	March 29, 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 11 (ending February 2, 2023), $282.5M was spent towards the execution of the plan as summarized below:

$ million	**YTD**	**Plan**
Major Capital Projects (Priority Investment)	247.8	315.5
Major Capital Projects (Routine Capital)	7.7	36.7
Major Capital Equipment (> $100,000)	11.3	29.1
Equipment & Projects (< $100,000)	9.4	13.1
Information Technology	6.3	17.1
	282.5	411.5

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

Northwest Health Service Delivery Area (NW-HSDA)

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
Hazelton	Hazelton Long Term Care Business Plan	$0.60	Closing	NWRHD
Houston	HDT DI X-Ray Machine Replacement	$0.78	In Progress	NWRHD, MOH

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
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	N/A	In Procurement	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	$3.34	In Progress	NWRHD, 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	Complete	NWRHD, MOH
Prince Rupert	PRRH Medical Device Reprocessing Department Equipment Replacement and Centralization	$0.91	Complete	MOH
Prince Rupert	PRRH OR Dual Focus Lithotripter	N/A	In Procurement	MOH
Prince Rupert	PRRH OR Surgical Tower Replacement	$0.31	In Progress	PRPA, MOH, NH
Prince Rupert	PRRH Sterile Compounding Room Upgrade	N/A	In Procurement	NWRHD, MOH
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	N/A	In Procurement	NWRHD, MOH

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
Prince Rupert	PRRH Emergency Department Renovation	N/A	In Procurement	NWRHD, MOH, NH
Smithers	BVDH Phone System	$0.21	In Progress	NWRHD, MOH
Smithers	BVDH Sterile Compounding Room Upgrade	N/A	In Procurement	NWRHD, NH
Smithers	BVDH FM Electrical Upgrade	N/A	In Procurement	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

Northern Interior Service Delivery Area (NI-HSDA)

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
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	$1.01	In Progress	FFGRHD, NH
Mackenzie	MCK DI General X-Ray Replacement	$0.95	Closing	FFGRHD, MOH, NH
Mackenzie	MCK Nurse Call System Replacement	$0.15	In Progress	FFGRHD, MOH
Prince George	GTW RC Vocera	$0.20	Complete	FFGRHD, MOH
Prince George	Prince George Long Term Care Business Plan	$1.4	In Progress	FFGRHD
Prince George	Prince George Diabetes and Renal	$1.24	In Progress	FFGRHD, NH

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
	Clinic Space Renovation			
Prince George	UHNBC 3rd Floor Stores Area Fire Protection Upgrade	$0.72	In Progress	FFGRHD, MOH
Prince George	UHNBC Cardiac Care Unit	N/A	In Procurement	SONHF, FFGRHD, MOH
Prince George	UHNBC Cardiac Services Department Renovation	N/A	In Procurement	FFGRHD, MOH, NH
Prince George	UHNBC DI Interventional Fluoroscopy	$4.25	Closing	FFGRHD, MOH, NH
Prince George	UHNBC DI General Fluoroscopy Replacement	$2.51	Closing	FFGRHD, MOH
Prince George	UHNBC DI Intravascular Ultrasound System	$0.18	Complete	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
Prince George	UHNBC DI Ultrasound #2 Replacement	$0.23	Complete	FFGRHD, NH
Prince George	UHNBC DI X-Ray Room 1 Replacement	$0.57	Closing	FFGRHD, NH
Prince George	UHNBC FM Fire Alarm System Replacement	N/A	In Procurement	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	N/A	In Procurement	FFGRHD, MOH, NH

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
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	Complete	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	N/A	In Procurement	FFGRHD, MOH, NH
Prince George	UHNBC OR Dual Focus Lithotripter Replacement	$1.23	Complete	FFGRHD, MOH
Prince George	UHNBC OR Anesthesia Units Replacement	$0.36	In Progress	MOH, NH
Prince George	UHNBC OR Eye Microscope Replacement	$0.39	In Progress	MOH, 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
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

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
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	Complete	CCRHD, MOH
Quesnel	GRB DI Ultrasound Replacement	$0.25	Closing	CCRHD, MOH, NH
Quesnel	GRB DI Ultrasound 2 Replacement	$0.28	Complete	CCRHD, MOH
Quesnel	GRB ER & ICU Addition	$27.0	In Progress	CCRHD, MOH
Quesnel	GRB Lab Chemistry Analyzer Replacement	$1.19	Closing	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
Vanderhoof	St. John Hospital OR Anesthetic Machine Replacement	$0.12	In Progress	MOH, NH
Vanderhoof	Stuart Nechako Manor Roof Replacement	N/A	In Procurement	SNRHD, MOH
Vanderhoof	Stuart Nechako Manor Bus Replacement	$0.20	In Progress	NH

Northeast Health Service Delivery Area (NE-HSDA)

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
Chetwynd	CGH Chemistry Analyzer Replacement	$0.22	Complete	CHF, PRRHD, NH
Chetwynd	CGH FM Heating Boilers Replacement (CNCP)	$0.57	Closing	PRRHD, MOH

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
Chetwynd	CGH FM Nurse Call Replacement	$0.27	In Progress	PRRHD, MOH
Chetwynd	CGH NUR Seclusion Room	N/A	In Procurement	PRRHD, NH
Dawson Creek	DCDH Automated Medication Dispensing Cabinet	$0.09	Complete	MOH
Dawson Creek	DCDH Hospital Replacement	$377.86	In Progress	PRRHD, MOH
Dawson Creek	DCH Phone System	$0.45	In Progress	PRRHD, MOH, NH
Dawson Creek	DCH DI CT Replacement	$2.55	Closing	PRRHD, MOH
Dawson Creek	DCH DI Mobile C-Arm Replacement	$0.27	Complete	PRRHD, MOH
Dawson Creek	DCH OR Anesthetic Machine Replacement	$0.11	In Progress	MOH, NH
Dawson Creek	DCH Pharmacy Pyxis Replacement	$0.36	In Progress	NH
Fort Nelson	FNH FM Boiler Upgrade and Heat Recovery (CNCP)	$0.82	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

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
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
Tumbler Ridge	Tumbler Ridge Health Centre Cooling System Replacement	$0.35	Complete	MOH

Regional Projects

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
All	Business ERP Systems Replacement	$16.17	Planning	MOH, NH
All	Clinical Data Repository (CeDaR)	$1.53	Closing	NH
All	Staffing System Replacement	$6.77	Planning	MOH
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	$0.42	Complete	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
All	InCare Phase 2	$9.9	In Progress	MOH, CCRHD, FFGRHD,NRRHD, NWRHD, PRRHD, SNRHD
All	Lab Telepathology	$3.25	Planning	MOH, CCRHD, FFGRHD,NRRHD,

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
				NWRHD, PRRHD, SNRHD, 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	NH
All	Provincial Lung Screening Program	$0.27	In Progress	BC Cancer, NH
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 $14.1M on such items.

Note 1: For projects shown as In Procurement, the budget amount will be provided following contract award.

Note 2: 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 11 update on the 2022-23 Capital Expenditure Plan.

BOARD BRIEFING NOTE

Date:	April 17, 2023	
Agenda item	Clinical Quality Priorities	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	NH Board of Directors	
Prepared by:	Kelly Gunn, VP Primary & Community Care and Clinical Programs Fraser Bell, VP PQIM Ronald Chapman, VP Medicine and Clinical Programs	
Reviewed by:	Cathy Ulrich, CEO	

Issue & Purpose

Throughout the year, Northern Health's Service Networks provide updates on their highest priority planning, change, and quality improvement work. This update outlines the clinical quality priorities for each service network for the 2023/2024 fiscal year.

Background:

- To ensure service integration and local responsiveness, Northern Health is organized geographically with leadership at the Regional, Health Service Delivery Area, and Health Service Area (community or cluster of communities) levels.
- To ensure that Northern Health services are well designed and of high quality, the organization has established 11 Service Networks.
- The work of the Service Networks (each led by an Executive Lead and a Medical Lead) is to stimulate, support and sustain service improvement. Functionally they each:
  - Communicate and interact with clinicians and others involved within the service to ensure engagement in decision-making
  - Conduct consultation and analysis to understand the needs and desires of the people served by the Network.
  - Develop a service plan in alignment with Northern Health's Service Distribution Framework.
  - Identify and improve the service's most important processes and clinical pathways.
  - Work with the Education Department to identify and address training requirements.
  - Identify and support regional improvement in identified regional priority areas.
- Throughout 2023/24 a priority of all Service Networks will be to support the enhancement of cultural safety by incorporating Indigenous perspectives throughout the Network activities in partnership with the First Nations Health Authority and First Nations and Métis communities

The table below summarizes the highest priority work identified by each of the organization's Service Networks for 2023/24. They will report on the progress of these priorities throughout the year.

Service Network	2023/24 Priorities
Child and Youth Service Network	• Establish a service model for child and youth mental health and substance use based on the distribution framework. • Implement Child & Youth Mental Health and Substance Use Emergency Department and Inpatient protocols at 6 sites. • Establish a virtually enabled Regional Child & Youth Mental Health and Substance Use Support Team.
Chronic Disease Service Network	• Complete Northern Health Colon Screening Program review, including current state and feasibility assessments, implementation of recommendations, and sustainable performance measurement. • Assess current state and funding model for BC Transplant with recommended actions to improve the sustainability of transplant services in Northern Health. • Complete a Diabetes Care gap analysis. • Assess the newly released 10-year Cancer Strategy and identify priority actions arising.
Critical Care Service Network	• Develop a Regional Critical Care Service Plan including current state and feasibility assessments, Health Human Resource implications, implementation. recommendations/plan and sustainable performance measurement • Refresh Sepsis management education and supports per revised provincial guidelines. • Support the SaferCare initiative by co-leading the change and documentation working groups for all acute and critical care sites and participating in the development of order sets.
Elder Services Network	• Work with primary care providers to identify early signs of frailty and opportunities for early intervention to improve health outcomes for seniors. • Redesign and increase capacity of Home Support services with an initial focus on extended hours provided within the context of the interprofessional team. • Continue to broadly implement DementiAbility and Gentle Persuasive Approaches to provide staff with tools and approaches that improve dementia care and reduce the inappropriate use of antipsychotics in Long-term Care Homes. • Spread DementiAbility training and practice across the region. This approach to care will contribute to the achievement of target rates for appropriate use of antipsychotics in Long-term Care Homes. • Strengthen and standardize a palliative approach to care in Long-term Care Homes.
Emergency, Trauma, and Transfer Services	• Implement regional policy and supports to ensure a standardized and coordinated response when facilities face pressure to enact Emergency Department (ED) Diversion. • Provide mentorship and supports for rural and remote Emergency Department nurses through an established ED Education Framework,

Service Network	2023/24 Priorities
	virtual peer to peer model, and other enhanced program structures (i.e. sexual assault, Patient Transfer and Flow Office, etc.). • Continue to enhance Patient Transfer and Flow services in collaboration with BC Emergency Health Services as part of the strategic priority to improve the movement of patients and access to care overall. • Prepare for and support implementation of the EmergCare Project (ED Clinical Information System) under the SaferCare initiative.
Infection Prevention & Control	• Stabilize and strengthen Medical Device Reprocessing Department (MDRD) services through product standardization and staff training and ongoing development. • Complete facility audits for Infection Prevention and Control with the goal of shifting to ongoing quality improvement. • Continue to stabilize infection prevention and control practices that were enhanced during the COVID-19 pandemic in Long Term Care
Mental Health and Substance Use Service Network	• Develop a 5-year Mental Health and Substance Use Service Network Strategy that attends to cultural safety and is person and family centered. This strategy is informed by our Strategic Plan and: provincial policies and frameworks issued by the Ministry of Health and the Ministry of Mental Health and Addiction. • Support the implementation of Ministry of Mental Health and Addictions initiatives to strengthen service delivery across the care continuum and in accordance with the 5 Year Mental Health and Substance Use Service Network Strategy. In alignment with Ministry direction, expand services to respond to the toxic drug crisis including work related to decriminalization, safer supply and other harm reduction strategies, and treatment options. • Implement a quality improvement framework to ensure the rights of people who are involuntarily admitted to care under the Mental Health Act are protected. This work responds to the July 2022, Ombudsperson review of progress made to address the recommendations from the report "*Committed to Change: Protecting the Rights of Involuntary Patients under the Mental Health Act*". • Support the Complex Care Housing steering committee to assist operational teams through implementation of the Complex Care Housing model and work closely with Ministry of Mental Health and Addictions on a monitoring and evaluation plan.
Perinatal Services Program	• Stabilize rural maternity services through implementation of the endorsed NH 5-Year Perinatal Service Network Strategy. • Strengthen the perinatal service pathway by focusing on establishing seamless perinatal transitions in care, prenatal to postpartum. • Update the perinatal service model based on the service distribution framework and Perinatal Services BC tiers of service model.
Primary and Community Care Service Network	• Develop a 5-year Primary Care Service Network Strategy to guide the delivery of primary and community services in northern BC. • Support the implementation of the Primary Care Network Governance Refresh with the First Nations Health Authority and Divisions of Family Practice, to include the optimization of urgent and primary care service provision, the continued oversight of Northern Health owned and operated

Service Network	2023/24 Priorities
	primary care clinics and the refinement of care pathways from primary care through to the health authority provided community services. • Plan and implement the Primary and Community Care priorities described in the Strengthening Care Pathways and Model Strategic Initiative with a first focus on strengthening and standardizing care pathways to and from primary and community care and specialized community services, including community medical specialists and pharmacy. • Plan and implement the second phase of Virtual Care enablement including the service expansion of Peer-to-Peer nursing support and the review and optimization of virtual care technologies.
Rehabilitation Service Network	• In accordance with the 5 Year Rehabilitation Services Strategy, support the implementation of the rehabilitation service model based on the Northern Health Service Distribution Framework, including the optimization of rehabilitation professionals and supports. • Develop enhanced clinical pathways for specialized rehabilitation services from primary care to community, regional and provincial levels. • Support workforce stabilization and enhanced team-based care for rural sites by leveraging technology and virtually enabled rehabilitation services.
Surgical Services Network	• Develop a Regional Surgical Services Plan including current state and feasibility assessments, Health Human Resource implications, implementation. recommendations/plan and sustainable performance measurement. • Identify and implement service changes to achieve identified wait time targets. • Develop and implement regional policy and team supports to ensure standardized processes in all perioperative departments at all sites. • Prepare for and support implementation activity related to SurgCare.

Recommendation

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

BRIEFING NOTE

Date:	March 27, 2023	
Topic	Indigenous Health Team-Cultural Safety Education for Northern Health staff and physician's update	
Purpose:	☒ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☐ **Decision**
Prepared for:	Northern Health Board of Directors-Indigenous Health and Cultural Safety (IHCS) Committee	
Prepared by:	Donna Porter Regional Lead Cultural Safety and Anti-Indigenous Racism Education	
Reviewed by:	Nicole Cross VP-Indigenous Health Norther Health Cathy Ulrich, CEO	

Issue & Purpose

To provide the Northern Health Board of Directors-Indigenous Health and Cultural Safety Committee (IHCS) with an update on the Education work within the Indigenous Health Education portfolio. Northern Health (NH) Indigenous Health (IH) is framing out 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.

Background:

In support of recommendation #20 of the In Plain Sight report- to refresh an approach to Training for Health Workers - there was creation of a *Cultural Safety and Anti-Indigenous Racism Education Strategy* approved by the Northern Health Board, Northern First Nations Partnership Table, and the Métis Nation BC Leadership Table.

Indigenous Health 5 Pillar education Strategy:

1. Orientation and onboarding of employees
2. Culturally Safe Indigenous Health Care Curriculum- *Respectful Relationships: Culturally Safe Indigenous Health Care*
3. Community-led Learning Experiences- staff and physicians learning from Indigenous Communities
4. Tailored Cultural Safety Workshops
5. Ongoing Professional Development

Current State:

Orientation and onboarding:

An Indigenous welcoming process for new employees to the organization is currently in development, to occur two times a year. The welcoming will be given by an Indigenous Elder/Knowledge Holder with the support of Indigenous Health team staff. The vision of this welcome is to convey an experience, put Indigenous people front and center for staff to begin initial connections with the Indigenous people they will care for in the North. The greeting might further include what the Elder/Knowledge Holder would like to offer such as (words of encouragement for example).

The Learning Hub onboarding modules for all new employees regarding Cultural Safety learning have been given a heightened priority. The Learning Hub onboarding modules containing cultural safety learning will include the Indigenous Health videos:

Cultural Safety:

Respect and Dignity in Relationships,
Compassion Informed Care
Preparing for Respectful Conversations

New hires will be required to watch all the videos. This approach ensures that the new employees onboarding will understand that culturally safe care is the standard of care we deliver and how we do things in Northern Health.

Respectful Relationships Cultural Safety curriculum

As of February 1, 2023, there are now 1122 registrations with 193 completions of the curriculum since September 2022, launch surpassing a goal of all initial 1,000 seats filled by Fiscal year end. The ten interactive Respectful Relationships (RR) curriculum-based workshops will begin March 30, 2023, delivered by Indigenous Health Leads Connie Cunningham and Donna Porter. Workshops will occur monthly except for July and August due to high vacation leave time. The workshops will re-occur annually to support ongoing curriculum completers of all current and future staff. Advertising will occur through the Northern Health digest platform the Our NH news feed and will contain a link to the Learning Hub to register.

Physician Continuing Medical Education (CME) Accreditation has been granted for group learning credits for the workshops. Physicians can sign up on this CME website. Physicians can also request self-learning credits for curriculum module completions. Communication is supported with the collaboration from the Physician Education Coordinator and the Regional Education Lead for Indigenous Health.

Communication regarding how Northern Health leadership is leading and modeling the way was featured in the staff digest the second week of March featuring Ciro Panessa and his Senior Leadership Team taking the curriculum together.

A Manager dashboard portal has been developed to support reporting structures for Respectful Relationships reports to Manager's and will be demonstrated soon with the Northeast Senior Leadership Team for input before being fully launched throughout the organization.

A Frequently Asked Questions (FAQ) document has been developed by the Implementation Project Core team for Northern Health staff, physicians, and leaders. It will be available on Our NH Indigenous Health page and added to an upcoming staff digest and on the Our NH news feed. This FAQ will support staff questions regarding the Respectful Relationships cultural safety education curriculum and will be updated regularly.

Evaluation of the Respectful Relationships curriculum is in discussion to create a separate project, consisting of multiple phases, to address the evaluation of the curriculum in collaboration with University of Northern British Columbia (UNBC). It will require focus on short, medium, and long-term objectives and outcomes, to ensure it addresses the full range of technical, operational, educational, and culture changes the curriculum was intended to affect.

Community Led learning
Work is underway in collaboration with partners around building out the community led learning pillar**.** The Indigenous Health team has met with First Nations Health Authority around this work and plans are underway to discuss ideas at the upcoming regional caucus meetings. Discussion and planning are also underway to do this same work with the Métis Nation BC.

Tailored Cultural Safety workshops
The Indigenous Health team members have delivered several different tailored cultural safety workshops for different teams in the organization which has supported building of cultural safety plans for teams to work by. Workshop development is also underway to support non-clinical staff/teams in the organization that support clients that access and receive our care, such as registration and housekeeping staff.

Provincial work:
The IH Regional Lead for Education and one of the Senior Advisor Indigenous Health Strategies Lead for NE attended the provincial Dialogue on Cultural Safety and Humility training task force put on by the British Columbia Patient Safety and Quality Council (BCPSQC) on March 2. This allowed NH Indigenous health team members opportunity to be part of the dialogue to refresh the health systems approach to anti-racism, cultural humility, and trauma-informed training for health workers. This work links directly to the In Plain Sight Report:

Recommendations 20-Refresh approach to training for Health Workers
Recommendation 21- Mandatory Education for University/College Health practitioners' program

Next steps:
Working in collaboration with the Northern Health Education team and Indigenous Health team in supporting cultural safety training through different pathway opportunities within the organization. This work will develop through a mapping process that will identify collaborations between both teams.

A challenge for Mangers to support staff taking the curriculum has come to our attention relating to staffing levels to offer backfill and time required to complete the curriculum. Work between NH Education and Indigenous health team is also underway to start considering strategies that

can support managers that will include their input in planning and addressing opportunities for staff to take the *Respectful Relationships* curriculum education.

Based on staff interests received by Indigenous Health, a Community of Practice has been initiated to support non-Indigenous staff who want support and discuss ideas, opportunities and learning in providing the best care possible for Northern Indigenous patients and clients.

Recommendation(s):
Receive updates for information.

MISSION, VISION, VALUES, AND PRIORITIES BRD 100

INTRODUCTION

The Board of Directors of Northern Health (the "Board") establishes the mission, vision, values, and priorities statements that guide the delivery of care and services in Northern Health.

SLOGAN

"The Northern way of caring"

MISSION

Through the efforts of dedicated staff and physicians, in partnership with communities and organizations, we provide exceptional health services for Northerners

VISION

Northern Health leads the way in promoting health and providing health services for northern and rural populations

VALUES

Value statements guide decisions and actions.

We will succeed in our work through:

Empathy
Seeking to understand each individual's experience.

Respect
Accepting each person as a unique individual.

Collaboration
Working together to build partnerships.

Innovation
Seeking creative and practical solutions.

STRATEGIC PRIORITIES

Healthy People in Healthy Communities
Northern Health will partner with communities to support people to live well and to prevent disease and injury.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 11 2022 (R)

Coordinated and Accessible Services
Northern Health will provide health services based in a Primary Care Network with a link to specialized and acute services. These services will support people and their families over the lifespan, from staying healthy, to living well with disease and injury, to end-of-life care.

Quality
Northern Health will improve continuously.

ENABLING PRIORITIES

Our People
Northern Health will provide a positive, dynamic environment where staff and physicians make a difference for the people we serve.

Communications, Technology, and Infrastructure
Northern Health will advance communications, technology, and infrastructure.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 11 2022 (R)

BOARD CALENDAR BRD 110

The following items are brought forward to the Board for decision throughout the calendar year. Refer to committee work plans for additional detail (BRD 310, 320 & 330).

	LEAD	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
A. Strategies, Plans and Performance													
i) Review Mission, Vision and Values	Board Chair & CEO										X		
ii) Preliminary review of Strategic Plan	Board Chair & CEO												X
iii) Review and approval of Strategic Plan	Board Chair & CEO		X										
iii) Review and approval of Service Plan	Board Chair & CEO				X								
iv) Review and approval of Annual Budget Management Plan.	Chair Audit & Finance Committee & CFO				X								
iv) Review and approval of Annual Capital Plan.	Chair Audit & Finance Committee & CFO		X										
v) Performance Reporting against Strategic and Service Plan	CEO Board Committees	ONGOING OR AS REQUIRED											
vi) CEO's Report	CEO	ONGOING OR AS REQUIRED											

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 11, 2022 (r)

	LEAD	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
B. Financial Control													
i) Appoint External Auditors	Chair Audit & Finance Committee & CFO										X		
ii) Set Audit Fees	Chair Audit & Finance Committee & CFO										X		
iii) Approve Annual Statements	Chair Audit & Finance Committee & CFO						X						
iv) Review Operating and Financial Performance	CFO	ONGOING OR AS REQUIRED											
C. Governance & Management Relations													
i) Approve CEO Annual Objectives	Chair GMR Committee						X						
ii) CEO Performance Evaluation	Chair GMR Committee				X		X						
iii) Approve CEO Compensation	Chair GMR Committee						X						
iv) Review Management Succession and Development Plans	VP HR										X		
v) Compensation Policy Review	VP HR		X										
vi) Review Board Profile and Director Criteria	Chair GMR Committee	ONGOING OR AS REQUIRED											

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 11, 2022 (r)

	LEAD	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
vii) Recommend potential candidates to the Government	Chair GMR Committee & Board Chair	ONGOING OR AS REQUIRED											
viii) Appoint Committee Chairs and Members (Deputy Chair elected by Board - BRD150)	Board Chair						X						
ix) Board/Board Chair/Committee Evaluation/Individual Director Evaluation	Chair GMR Committee										X		
x) Bylaw review	Chair GMR Committee	ONGOING OR AS REQUIRED											
xi) Annual Report	Chair GMR Committee & Director Communications						X						
xii) Community Consultation (major initiative every second year)	Chair GMR Committee & Director Communications						X				X		

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 11, 2022 (r)

	LEAD	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
D. Medical Advisory Committee													
i) Medical Advisory Committee Report	Chair 3P Committee & VP Medicine	ONGOING OR AS REQUIRED											
ii) Medical Staff Annual Reappointment Process	Chair 3P Committee & VP Medicine												X
iii) New Medical Staff appointments	Chair 3P Committee & VP Medicine	ONGOING OR AS REQUIRED											
vi) Physician HR Planning	Chair 3P Committee & VP Medicine										X		
E. Government/Board Interface													
i) Meet with the Minister/Deputy Minister	Board Chair / CEO	ONGOING OR AS REQUIRED											
ii) Review annual Mandate Letter from the Minister of Health	Board Chair/CEO	ONGOING OR AS REQUIRED											

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 11 2022 (r)

TERMS OF REFERENCE FOR THE BOARD CHAIR BRD 120

INTRODUCTION

1. The Board Chair is appointed by the BC Minister of Health.

2. The Board Chair's primary role is to act as the presiding Director at Board meetings and to manage the affairs of the Board of Directors of Northern Health (the "Board"). This includes ensuring that the Board is properly organized, functions effectively, and meets its obligations and responsibilities.

3. The Board Chair builds and maintains a sound working relationship with the President and Chief Executive Officer (the "CEO") and ensures an effective relationship between the Minister of Health, other government representatives and key stakeholders.

4. The Board Chair is an ex-officio member of Board committees where they are not appointed as a full member, including the Northern Health Medical Advisory Committee.

DUTIES AND RESPONSIBILITIES

Working with Management

The Board Chair:

1. Acts as a sounding board, counsellor and confidante for the CEO and assists in the review of strategy, definition of issues, maintenance of accountability, and building of relationships.

2. In conjunction with the CEO, represents Northern Health as required.

3. Ensures the CEO is aware of concerns of Government, the Board and other stakeholders.

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4. Leads the Board in monitoring and evaluating the performance of the CEO, ensures the accountability of the CEO, and ensures implementation of the management succession and development plans by the CEO.

5. Works closely with the CEO to ensure management strategies, plans and performance are appropriately represented to the Board.

6. In conjunction with the CEO, fosters a constructive and harmonious relationship between the Board and the senior management group.

Managing the Board

The Board Chair:

1. Acts as the primary spokesperson for the Board.

2. Ensures the Board is alert to its obligations to Northern Health, the Government and other stakeholders.

3. Chairs Board meetings and ensures that the appropriate issues are addressed.

4. Establishes the frequency of Board meetings and reviews such frequency from time to time as considered appropriate, or as requested, by the Board.

5. Assists the Governance & Management Relations Committee in developing Director criteria and in identifying potential candidates to be recommended to the Government for appointment as Directors, and communicates with the Government regarding the criteria and names of candidates.

6. Recommends committee membership and committee Chair appointments to the Board for approval; and reviews and reports to the Board the need for, and the performance and suitability of, Board committees.

7. Liaises and communicates with all Directors and committee Chairs to coordinate input from Directors, and optimizes the effectiveness of the Board and its committees.

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8. Ensures the coordination of the agenda, information packages and related events for Board meetings in conjunction with the CEO and the Corporate Secretary.

9. Ensures major initiatives have proper and timely Board understanding, consideration, oversight and approval.

10. Ensures the Board receives adequate and regular updates from the CEO on all issues important to the welfare and future of Northern Health.

11. Builds consensus and develops teamwork within the Board.

12. Reviews Director conflict of interest issues as they arise.

13. In collaboration with the CEO, ensures information requested by Directors or committees of the Board is provided and meets their needs.

14. Ensures regular evaluations are conducted of the Board, Board Chair, Directors and Board committees.

15. Engages independent counsel or advisors, as considered necessary, and provides approval to Board committees seeking to engage independent counsel or advisors, as appropriate.

Relations with the Government and other Stakeholders

In consultation with the Board, the Board Chair has the responsibility to establish regular interactions and relationships with individuals, groups, organizations and at meetings such as:

- Board Chair/CEO meetings
- Chair to Chair meetings
- Local & municipal governments
- Minister of Health
- MLAs

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- First Nations Health Authority, Metis Nation of BC, First Nations Health Council – Northern Regional Caucus, and First Nations communities in the north
- NGOs (Alzheimer Society, Canadian Cancer Society, Canadian Red Cross etc.)
- North Central Local Government Association (NCLGA) & Union of British Columbia Municipalities (UBCM)
- Other provincial Ministries and government bodies
- Regional Districts (RD) & Regional Hospital Districts (RHD)

The Board Chair may authorise other Directors to participate in meetings with government and other stakeholders.

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TERMS OF REFERENCE FOR THE PRESIDENT & CHIEF EXECUTIVE OFFICER **BRD 130**

INTRODUCTION

The President & Chief Executive Officer (the "CEO") reports to the Northern Health Board of Directors (the "Board") and maintains open communication with the Board Chair. The CEO is not a member of the Board.

The CEO is responsible for:

1. Providing leadership, management and control of the operations of Northern Health on a day-to-day basis in accordance with the strategies, plans and policies approved by the Board

2. Providing leadership and management to ensure strategic and annual plans are effectively developed and implemented, the results are monitored and reported to the Board, and financial and operational objectives are attained

3. Advising and assisting the Board of Directors with respect to their duties and responsibilities including:

    a. Current developments in governance practice
    b. Effective relationships between Board and Executive
    c. Planning the Board orientation and annual education and development plan

DUTIES AND RESPONSIBILITIES

General

1. Leads and manages the organization within parameters established by the Board, as informed by Ministry of Health directives, and within Executive Limitations (BRD 230)

2. Ensures the safe and efficient operation of the organization

3. Ensures compliance with applicable laws and regulations, and with Board and Administration policies and practices

~~3.~~4. Establishes and maintains effective and constructive collaborative relationships with external organizations such as local government, Regional Hospital Districts, post-secondary institutions, other provincial health authorities, First Nations Health Authority, Metis Nation of BC,

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5. Fosters a corporate culture that promotes ethical practices, respect in the workplace, individual integrity, and social responsibility and attends to principles of diversity, equity and inclusion.

4.6. Ensures that Northern Health establishes partnered relationships with First Nations organizations and communities and develops, implements, and evaluates collaborative strategies focused cultural safety & humility and anti-Indigenous racism across the continuum of care and services

5.7. Attends to business continuity and emergency preparedness and response structures and processes in collaboration with Health Emergency Management BC

6.8. Obtains Board approval prior to acceptance of significant public service commitments and/or outside Board appointments

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Communication and Counsel to the Board

Information and advice to the Board shall be timely, complete, and accurate. Accordingly, the CEO shall:

1. Ensure the Board is aware of relevant trends, material risks, and significant internal and external organizational changes and anticipated adverse media coverage
2. Inform the Board of any contract that, in the judgement of the CEO, may be of special interest to the Board. These include contracts that could materially affect the standard of care, represent unusual risk, or have significant community impact.
3. Submit the appropriate information in a timely, accurate and understandable fashion to allow for fully informed Board decisions
4. Provide appropriate mechanisms for official Board communications
5. Normally deal with the Board as a whole, while recognizing that periodic interaction with individual members, officers and Board committees is necessary to perform the CEO's responsibilities
6. Report to the Board non-compliance with any Board policy
7. Keep the Board fully informed of all significant operational, financial and other matters relevant to the organization. This includes external items emanating from Governments and stakeholders
8. Co-sign with the Board Chair the quarterly & annual financial statements and the annual auditor engagement letter

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9. Manage and oversee the required interfaces between Northern Health, Government and stakeholders, and acts as the principal spokesperson for Northern Health

10. Ensure effective communications with the general public and stakeholders and shall foster and maintain relationships with agencies, educational institutions, Government, health delivery organizations, other key stakeholders, professional regulatory bodies and special interest groups to encourage understanding and cooperation in the development, implementation and evaluation of operational and strategic plans

11. The CEO may speak on the Chair's behalf if the Board Chair is unavailable[1].

STRATEGIC PLANNING

1. The CEO shall develop and recommend processes to the Board regarding:
   a. The development, evaluation, and revision of NH's Strategic Plan including the mission, vision, values, and strategic directions
   b. Ensuring alignment of NH's Strategic Plan with NH's commitment to government through the Mandate Letter

2. The CEO shall establish organizational processes that enable the development of operational, financial, and capital plans that position NH to achieve the Strategic Plan

3. The CEO shall enable collaborative relationships between Northern Health and the Ministry of Health and other Ministries directly associated with the health care system

~~2.~~4. The CEO represents Northern Health at the Ministry of Health/Health Authority Leadership Council

~~3.~~5. The CEO shall successfully implement the Board approved annual service, budget management, and capital plans

~~4.~~6. The CEO shall establish accountability processes (e.g. scorecard) for the Board regarding the performance of the organization in achieving the goals and targets set out in the operational plan

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[1] See also BRD220

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QUALITY

1. The CEO shall ensure the development and implementation of a quality improvement framework including:
   a. The policies, standards, structures and processes necessary to support quality improvement and patient safety
   b. Appropriate committees and structures to be approved by the Board for conducting quality reviews under section 51 of the BC *Evidence Act*
   c. Establishing a learning organization culture including education, evaluation, research, knowledge mobilization and use of evidence to inform policy and practice.

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WORKING ENVIRONMENT

Northern Health acknowledges that the staff is its most important resource and that there is both an obligation of, and the benefit to, the organization in maintaining a positive working environment. Accordingly, the CEO shall:

1. Ensure that working conditions are respectful and safe, and in compliance with negotiated agreements or legislated employment standards
2. Develop organizational structures and processes that embrace diversity and ensure cultural safety
3. Develop and maintain a sound, effective organization structure
4. Ensure progressive employee training and development programs exist
5. Ensure that all members of the organization have their responsibilities and authorities clearly established
6. Establish and maintain a Board approved plan for senior management development and succession that is reviewed on an annual basis
7. Provide the Board, at Board and committee meetings, with exposure to key management personnel
8. Participates on the Board of Directors of the Health Employers Association of BC (HEABC), in accordance with the terms of HEABC Director Nomination Policy G.125. -

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FINANCIAL AND CAPITAL PLANNING

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1. The CEO shall facilitate financial and capital planning which:
    a. Is consistent with established Board priorities
    b. Is fiscally prudent
    c. Is reflective of a generally acceptable level of foresight
    d. Plans the expenditure of funds in any fiscal year that are projected to be available in that period and if a shortfall is predicted, articulates the strategy to address the funding shortfall
    e. Allocates resources among competing budgetary need.
    f. Is consistent with long-term organizational planning
    g. Addresses fiscal contingencies

2. The CEO will implement financial and capital reporting processes that contain sufficient information to enable:
    a. Accurate projections of revenues and expenses
    b. Separation of capital and operational items
    c. Cash flow analysis
    d. Subsequent audit trails
    e. Disclosure of planning assumptions
    f. Accurate projections of any significant changes in the financial position

Asset Protection

The CEO shall ensure Northern Health's assets are protected, adequately maintained and not put at unreasonable or unnecessary risk. Accordingly, the CEO shall:

1. Identify the principal risks of the organization's business, and implement appropriate systems to manage these risks

2. Ensure that appropriate steps are taken to reasonably protect Northern Health, its Board and staff from claims of liability

3. Maintain adequate levels of insurance against:
    a. Theft, fire and casualty losses
    b. Liability losses to Directors, staff and individuals engaged in activities on behalf of Northern Health
    c. Losses due to errors and omissions on the part of Directors and staff

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4. Receive, process, or disburse funds under controls developed in consultation with Internal Audit that are sufficient for the Board appointed external auditor to rely upon when expressing their opinion on the financial statements[2]

5. Invest or hold operating capital consistent with the approved Investment Policy[3]

6. Establish effective control and co-ordination mechanisms for all operations and activities. Ensure the integrity of internal control, management, and clinical systems.

Compensation and Benefits

With respect to employment, compensation and benefits to employees, consultants, contract workers and volunteers, the CEO shall not allow the fiscal integrity or the public image of Northern Health to be jeopardized. Accordingly, and as per BRD 230 - Executive Limitations, the CEO shall not change his/her own compensation or benefits

Other duties and responsibilities

1. Pursuant to the *Tobacco and Vapour Products Control Act,* The CEO is delegated by the Board to carry out the designation of smoking areas on health authority property where operationally appropriate.
    a. A decision to designate such an area will be based on a set of principles considering patient and staff safety.
    b. The CEO will report the decision to designate such an area to the 3P Committee of the Board.

[2] See DST 4-4-2-030: Finance>Accounts Payable>Signing Authority
[3] See DST 4-4-6-040: Finance>General Accounting>Banking and Investment

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TERMS OF REFERENCE FOR A DIRECTOR BRD 140

INTRODUCTION

A Director of the Board of Northern Health (the "Board") has the following fundamental obligations.

FIDUCIARY RESPONSIBILITIES

Honesty and Good Faith

Common law requires a Director to act honestly and in good faith with a view towards the best interests of the organization. The key elements of this standard of behaviour are:

1. A Director must act in the best interests of the organization and not in their self-interest. This also means a Director should not be acting in the best interests of some special interest group or constituency.

2. A Director must not take personal advantage of opportunities that come before them in the course of performing their Director duties

3. A Director must disclose to the Board any personal interests that they hold that may conflict with the interests of the organization

4. A Director must respect the confidentiality requirements of the Board's Code of Conduct and Conflict of Interest Guidelines (BRD210)

Skillful Management

A Director shall exercise the degree of care, diligence and skill that a reasonably prudent person would exercise in similar circumstances. This means:

1. Directors are expected to bring their expertise to bear upon matters under consideration

2. The Director must be proactive in the performance of their duties by:

    a. showing diligence by examination of reports, discussion with other Directors, and otherwise being sufficiently familiar with the organization's activities

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b. participating in a meaningful way

c. being vigilant to ensure the organization is being properly managed and is complying with laws affecting the organization

d. participating in the annual Board evaluation and the evaluation of individual Directors

STANDARDS OF BEHAVIOUR ESTABLISHED BY THE BOARD

The Board has established the following standards of behaviour for Directors.

General

As a member of the Board, each Director will:

1. Demonstrate a solid understanding of the role, responsibilities and legal duties of a Director and the governance structure of the organization as outlined in the Board manual

2. Demonstrate high ethical standards in personal and professional dealings

3. Understand the difference between governing and managing, and not encroach on management's area of responsibility

Strategies and Plan

As a member of the Board, each Director will:

1. Demonstrate an understanding of the organization's strategic direction

2. Contribute and add value to discussions regarding the organization's strategic direction

3. Provide strategic advice and support to the President and Chief Executive Officer (the “CEO”)

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4. Participate in monitoring and evaluating the success of the organization and the CEO in achieving established goals and objectives, including participation in the annual CEO performance planning and review process

Preparation, Attendance and Availability

As a member of the Board, each Director will:

1. Prepare for Board and committee meetings by reading reports and background materials distributed in advance

2. Maintain an excellent Board and committee meeting attendance record. The target is 100% attendance. Anything less than 80%, without extenuating circumstances, would create difficulties for the Board. Where a Board member anticipates an inability to meet the attendance requirements, they will discuss the circumstances with the Board Chair to determine an appropriate course of action. This may include an unpaid leave of absence or potential resignation from the Board.

3. Attend the entire Board or committee meeting, not just parts of meetings

4. Participate in committees and contribute to their purpose

5. Participate in Board meetings in person particularly those where the Board members are meeting members of the public. Some exceptions can be made in extenuating circumstances.

6. Attend other meetings attending to business of the Board, at the direction of the Board Chair, which may include meetings 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.

Communication and Interaction

As a member of the Board, each Director will:

1. Demonstrate good judgment

2. Interact appropriately with the leadership and management of the organization

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3. Participate fully and frankly in the deliberations and discussions of the Board

4. Be a positive and constructive force within the Board

5. Demonstrate openness to other opinions and the willingness to listen

6. Have the confidence and will to make tough decisions, including the strength to challenge the majority view

7. Maintain collaborative and congenial relationships with colleagues on the Board.

8. Advise the CEO and the Chair in advance when introducing significant and/or previously unknown information or material at a Board or Board Committee meeting

9. Once a decision has been made, support the decision

10. While the Board Chair is the primary spokesperson for the Board (BRD120), individual Directors may be called upon to speak on behalf of the Board in instances where the Board Chair is not available (e.g. opening of a new facility). See BRD220.

Health Authority Knowledge

Each Director will:

1. Become generally knowledgeable about the organization's operation, health care issues, and how the organization fits into the provincial health care system

2. Participate in Director orientation and development programs developed by the organization from time to time

3. Maintain an understanding of the regulatory, legislative, social and political environments within which the organization operates

4. Become acquainted with the organization's senior managers

5. Be an effective ambassador and representative of Northern Health

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6. Become generally knowledgeable about the population served and the partners of Northern Health, such as:
   a. Local & municipal governments
   b. provincial government political leaders e.g. MLAs
   c. First Nations Health Authority, Metis Nation of BC, First Nations Health Council – Northern Regional Caucus, and First Nations communities in the north
   d. NGOs (Alzheimer Society, Canadian Cancer Society, Canadian Red Cross etc.)
   e. North Central Local Government Association (NCLGA) & Union of British Columbia Municipalities (UBCM)
   f. Other provincial Ministries and government bodies
   g. Regional Districts (RD) & Regional Hospital Districts (RHD)

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TERMS OF REFERENCE FOR THE DEPUTY CHAIR BRD 150

INTRODUCTION

1. The selection of the Deputy Chair lies with the Board of Directors of Northern Health (the "Board"), through a nomination process.

2. The Deputy Chair shall be elected from among the Board members at the June Board meeting, or at a time determined by consensus of the Board. The election will be held by secret ballot.

3. In order to develop additional leadership strength, the role of Deputy Chair will provide a developmental opportunity for Directors.

4. The term of the Deputy Chair will typically be two years. The Board may, at any time, end the term of a Deputy Chair.

ROLE OF THE DEPUTY CHAIR

1. The Deputy Chair will perform the duties of the Board Chair when the Board Chair is unavailable or unable to act.

2. In the event of the Board Chair resigning, the Deputy Chair will perform the duties of the Board Chair, at the pleasure of Government, until a new Board Chair is appointed.

3. If both the Board Chair and Deputy Chair are unavailable or unable to act, the Board may elect from among its members an Acting Chair to conduct a meeting or for such other purposes as the Board may determine.

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TERMS OF REFERENCE FOR THE CORPORATE SECRETARY BRD 160

GENERAL

The functions of the Corporate Secretary of Northern Health are carried out by the President & Chief Executive Officer (the "CEO") or by a senior manager designated by the President & Chief Executive Officer, typically the Regional Director, Legal Affairs, Enterprise Risk & Compliance. The Corporate Secretary has overall responsibility for the secretariat function and duties as outlined herein. The President & CEO provides oversight and retains accountability for these functions.

SPECIFIC RESPONSIBILITIES

1. Attends meetings of the Board of Directors of Northern Health (the "Board") and Board Committees and attends Board-only sessions if requested by the Board Chair

2. Organizes and ensures the proper recording of the activities of the Board and committee meetings

3. Ensures that Northern Health complies with its governing legislation and Organization and Procedure Bylaws (BRD600)

4. Reviews Organization and Procedure Bylaws to ensure their continued adequacy and relevance, and provides recommendations to the Governance and Management Relations Committee on necessary revisions

5. Works with the Executive Assistant, Board & CEO regarding the retention of the corporate records

6. Maintains custody of the corporate seal

7. Reviews and keeps up-to-date on developments in corporate governance and supports strong corporate governance practices

8. Serves as the main source of governance expertise to the Board in relation to policy and legislative compliance

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9. Supports the President & CEO and Executive Assistant, Board & CEO to organize and deliver the orientation and ongoing education and development plan for Directors as approved by the Board of Directors

10. Acts as a channel of communication and information for Directors

11. Administers the Code of Conduct and Conflict of Interest Guidelines for Directors (BRD 210)

12. Verifies, authorizes and processes payment of:

    a. Board and Committee meeting fees
    b. Board Director expense and travel claims (BRD 610)

13. Works with the Executive Assistant, Board & CEO to monitor Board Director terms to ensure the timely processing of documentation for Board appointments and reappointments for Board continuity

14. Carries out any other appropriate duties and responsibilities as may be assigned by the Board Chair

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TERMS OF REFERENCE FOR THE CHAIR OF THE NORTHERN HEALTH MEDICAL ADVISORY COMMITTEE AT BOARD MEETINGS

BRD 170

INTRODUCTION

The Board of the Directors of Northern Health (the "Board") shall appoint a Northern Health Medical Advisory Committee (NHMAC)[1]

The Chair of the Northern Health Medical Advisory Committee ("NHMAC Chair") is appointed by the Board after consideration of the recommendation of the NHMAC[2]

The NHMAC Chair provides advice to the President and Chief Executive Officer of Northern Health (the "CEO") and to the Board on:

1. The processes in place to manage the appointment of Northern Health Medical Staff, including credentialing and privileging.
2. The deliberations and recommendations of the NHMAC regarding appointments to the Northern Health Medical Staff.
3. The provision of medical care within the facilities and programs operated by Northern Health
4. The monitoring of the quality and effectiveness of medical care provided within the facilities and programs operated by Northern Health
5. The adequacy of medical staff resources
6. The continuing education of the members of the medical staff
7. Planning goals for meeting the medical care needs of the population served by Northern Health

The Chair or Vice Chair of NHMAC shall provide a report to the Board and to the CEO on a regular basis

THE ROLE OF THE NHMAC CHAIR AT THE BOARD

The role of the NHMAC Chair at Board meetings is to provide a report on the deliberations, motions, recommendations and decisions of the NHMAC. The NHMAC Chair will also inform the Board of any items of discussion from NHMAC meetings that are not included in the minutes as necessary to contribute to the Board discussion.

The Board will be provided with copies of the 'draft' minutes of the NHMAC meetings in order that the Board may independently review the issues discussed by NHMAC and to ensure that they are familiar with the NHMAC's deliberations.

In addition, the NHMAC Chair may participate in Board discussions. The perspective of a practicing physician will be helpful to the Board when discussing certain issues.

[1] NH Medical Staff Bylaws Article 8.1.1
[2] NH Medical Staff Bylaws Article 8.2.2

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Because of the size and diversity of the region and the opinion of the various medical communities, it is important that the NHMAC Chair is explicit when they are reflecting the opinion of the NHMAC and when they are reflecting their own personal or professional opinion.

The NHMAC Chair will be encouraged to contribute to the Board agenda items that are related to quality of care and service delivery issues and items that are identified in the Medical Staff Bylaws.

The NHMAC Chair may request, or be requested, to attend meetings of Board committees to provide specific NHMAC advice and perspective to quality of care and service delivery issues being considered by Board committees. However, the NHMAC Chair is not expected nor entitled to attend Board committee meetings other than by specific invitation.

The Board recognizes and differentiates between advocacy for the interests of medical practitioners and the provision of professional advice regarding quality of care and service delivery issues of importance to patients. Advocacy for the former is a function of the Medical Staff Association, a companion to the medical staff organization. The NHMAC Chair is expected to differentiate between these perspectives and to restrict their function as NHMAC Chair to the provision of professional advice regarding quality of care and service delivery issues.

The NHMAC Chair will be excused from 'in camera' portions of Board meetings dealing with agenda items for which, in the opinion of the Board Chair, or of the Chairs of Board committees, the presence of the NHMAC Chair would create a conflict of interest for the NHMAC Chair, or which may prejudice the relationship between the Board and the NHMAC, medical staff or NHMAC Chair if the NHMAC Chair is present during discussions.

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BOARD BRIEFING NOTE

Date:	31 March 2023	
Agenda item	Amendment Request to the *Health Care Consent Regulation* for the renamed Northern Health Research Ethics Board	
Purpose:	☒ **Discussion**	☐ **Decision**
Prepared for:	GMR Committee and Northern Health Board of Directors	
Prepared by:	K. Thomson, Regional Director, Legal Affairs, Enterprise Risk & Compliance	
Reviewed by:	C. Ulrich, CEO	

Issue & Purpose

The *Health Care Consent Regulation* sets out in section 2 the committees in British Columbia that may approve medical research programs. Currently, the Northern Health Research Review Committee is listed as the only established committee for that purpose in Northern Health.

In February 2023, the NH Board approved the terms of reference establishing the Northern Health Research Ethics Board, with extended functions and authority respecting granting of research ethics approval and research funding maintenance.

To keep current, the Ministry of Health requires a request from the Northern Health Board to amend the Regulation to replace the committee name.

Background:

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, it became necessary to implement the correct structures and supports to facilitate researchers and research programs, including holding and distributing research funds and grant, which required the move to a fully functional research ethics board.

The NH Lead, Clinical and Research Ethics has prepared the other policy documents necessary to support the functioning of a research ethics board.

Risks:

There are no compliance risks identified at this time.

Recommendation(s):

The Board submit a request in writing to the Ministry of Health to change the name of the Northern Health Research Review Committee to the Northern Health Research Ethics Board within the *Health Care Consent Regulation.*

BOARD BRIEFING NOTE

Date:	March 28th	
Agenda item	Coordinated Accessible National (CAN) Health Network	
Purpose:	☐ **Discussion**	☒ **Decision**
Prepared for:	GMR Committee & Northern Health Board of Directors	
Prepared by:	Julia Bickford, Regional Director - Research, Evaluation & Analytics	
Reviewed by:	Fraser Bell, VP Planning, Quality & Information Management Cathy Ulrich, CEO	

This briefing note provides background information about the opportunity for Northern Health to become a member of the CAN Health Network.

Issue & Purpose

The invitation to join the CAN Health Network offers a unique opportunity to engage with and learn from health care organizations across the country about evidence-informed procurement. This opportunity aligns with our NH value of innovation, seeking creative and practical solutions. In addition, our strategic priority focused on quality explicitly encourages us to partner to promote innovation and continuous learning and to implement and maintain evidence-informed standards.

Background:

Background:
The Coordinated Accessible National (CAN) Health Network, was launched in Vancouver in July 2019 with funding from the Federal Government, and its mission is to bring Canada together to create economic prosperity and better health for all.

The CAN Health Network is a national partnership comprised of leading Canadian health organizations, referred to as Edges, and companies across Canada. These health care organizations ("Edges") share the common CAN Health vision of creating an integrated and receptive marketplace for Canadian businesses to test and enhance their technologies in partnership with the end-user and subsequently scale through innovative procurement processes.

The CAN Health Network works with health care operators to identify challenges that could be solved by Canadian technology. A commercialization project is then run and funded by CAN Health, with in-kind matching from the health operator, with the end goal of the product being purchased / procured at the end of the project and then scaled across the Network.

To date, the Network has run 54 commercialization projects with 48 companies resulting in an 80% success rate of a purchase/procurement at the end of the commercialization project. There are currently 31 health care organizations (Edges) from across Canada who are part of this Network, and Northern Health has been asked to join. Currently Vancouver Coastal Health, Fraser Health and the Provincial Health Services Authority are engaged with this Network. The shared procurement service at the PHSA which serves the health authorities has been actively involved in the procurement processes sponsored by the CAN Health Network. The Yukon is also interested in participating and are particularly interested in joining the Network at the same time as Northern Health.

Key Actions, Changes & Progress:

Northern Health has been asked to join the national network giving it access to likeminded health care organizations from across Canada, allowing it to not only learn from other organizations but share about the importance of rural and remote health care.

Northern Health would receive funding from CAN Health to support commercialization projects, with the end goal that Northern Health adopts the technology. In addition to running its own commercialization projects, Northern Health will have access to RFP's and other projects run by different health care organizations from across Canada so that it can adopt new technology faster and cheaper by not running a duplicative process.

How it Works:

Edges are public or private organizations with shared challenges that form an integrated network to collaborate, adopt and procure innovative homegrown solutions. Edges may include hospitals, home care organizations, health authorities, private clinics etc. They are health care operators who are committed to being early adopters of innovative Canadian health care solutions.

Edges first identify a problem that could be solved by technology working in partnership with the CAN Health Network. The Edge then gives a Canadian company access to its clinicians, data and resources. The Edge helps validate / improve the company's product in a real-world environment and if successful, the Edge buys the product and tells the rest of the Network.

A strong commercialization project has a clear focus and is completed within 3-9 months, the technology being introduced is as close to possible as the eventual day-to-day usage, and it does not depend on outside factors such as regulatory approval from Health Canada.

An Edge is required to have buy in from the Senior Team, including budget identified that should the project show the returns expected, it would be purchased by the Edge.

Northern Health's Commitment:

Northern Health would receive on average $100,000 from the CAN Health Network to run a project *(funding can be higher or lower depending on the scope),* and in return is expected to do in-kind matching *(ex. If the CEO is engaged on the project, all the meetings with the CEO count towards in-kind time).*

In addition, Northern Health would be expected to participate in:

- **Monthly Edge Meeting (MEM):** Every month, virtually, the Network gets to gather to be introduced to new projects and receive updates from the Network. Northern Health would be asked to have a rep attend the monthly hour long virtual meeting.
- **Deeper Dive:** When a project is successful the Edge and company present it to the Network virtually, Northern Health would be asked to send a representative to this meeting, and present at the end of a project.
- **Annual Conference:** There is a conference every year for 1.5 days. Northern Health would be asked to send a small delegation to the conference.
- **CEO Roundtable:** CAN Health hosts a special CEO event around the annual conference and would ask Northern Health to approve sending its CEO to participate.
- **Communications:** Northern Health would be asked to participate in local and national communication as part of its role in the CAN Health Network *(ex. When a project is launched, do a news release and potentially media).*

In return, Northern Health receives funding to de-risk the adoption of technology, the opportunity to customize solutions that can reduce costs and improve patient outcomes, access new technologies purchased by other CAN Health partners, and is connected to health care organizations from across Canada.

CAN Health is prepared to undertake further orientation with the Executive Team and the Northern Health Board but would only proceed with these steps if Northern Health is committed to joining the Network.

Risks:

NH currently does not have easy access to evidence from other health care organizations to learn about which technologies they are testing in order to inform our

own evidence-based procurement decisions. The NH-UNBC-AGEWELL partnership with CTAAN enables similar testing of technologies; however, this CTAAN partnership is limited to technologies related to aging.

There is a required commitment of time and in-kind resources (for meetings, communications, and conferences); however, the time commitment does not appear to be overly arduous and can be primarily absorbed within the PQIM team.

Options Considered:

Option A: Northern Health joins the CAN Health Network. This enables access to funding and opportunities to learn from other organizations across the country. This could also open up the potential to flow funding for NH-identified projects to our existing partnership with CTAAN. However, it requires an in-kind commitment of time and resources to attend meetings.

Option B: Northern Health declines invitation to join the CAN Health Network. This eliminates the burden of the in-kind commitment and maintains the status quo for procurement. However, this option would preclude us from accessing the funding (100K per project) and opportunities to learn from others across the country.

***Recommendation(s)*:**

The Northern Health Board recommends that NH pursue the next steps in becoming an Edge as part of CAN Health Network, and benefit from the evidence-based procurement methods and funding available through this network.

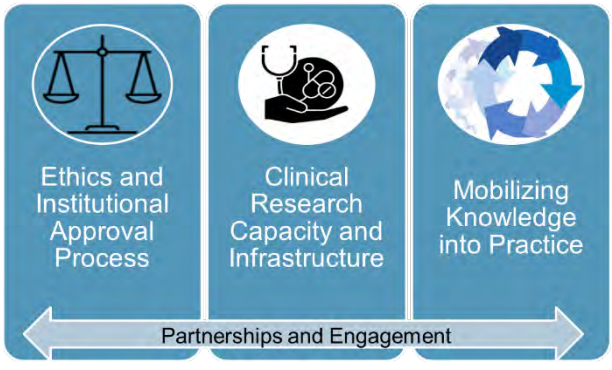
BOARD BRIEFING NOTE

Date:	March 31, 2023	
Agenda item	Overview of Research Partnerships	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	GMR Committee and the Northern Health Board of Directors	
Prepared by:	Julia Bickford, Regional Director, Research, Evaluation & Analytics	
Reviewed by:	Fraser Bell, VP Planning, Quality and Information Management Cathy Ulrich, CEO	

Issue & Purpose:

Our goal, in the NH Research Department, is to support an organizational culture which encourages, expects and supports the integration of research and evidence in everyday practice. The Research Department actively supports our staff, physicians, patients and academic partners to conduct or engage in research activities that advance the priorities of Northern Health and its communities.

As we strive to support a growing culture of research within Northern Health and, more broadly, northern British Columbia, the Northern Health Research Department currently has three priority areas of activity: supporting ethics and institutional approval, developing clinical research capacity and infrastructure, and mobilizing knowledge into practice. A foundational enabler that crosscuts all three priority areas is strong partnerships and engagement.



This report provides an update on advancements in each of these areas during the 2022 calendar year. The final section outlines recommendations for 2023.

Exciting research developments are happening in the North. Research is an important driver of innovation and excellence in care. By maturing our research culture, capacity and infrastructure at NH, we will enable more equitable access to care (e.g., investigational therapeutics offered through clinical trials),

opportunities to lead and partner with others on research topics that are a priority for the north, and opportunities to attract and retain highly qualified clinical and research personnel in the north.

Partnerships and collaboration amongst organizations are the key to moving research forward. We are each too small to try to do this alone but together, through a joint commitment and shared direction, we are developing a network of support and a culture in which research can flourish.

Key Actions, Changes & Progress:

Ethics and Institutional Approvals

A number of advancements to research ethics administration were made during 2022. These include:

- During 2022, processes and policies were put in place and NH was officially recognized as a Research Ethics Board (REB). The REB facilitates the ethical conduct of health research. It is mandated by NH policy to approve, reject, propose modifications to or terminate any proposed or ongoing research involving humans that is conducted: in NH facilities/programs; by NH staff or physicians; or with NH staff, physicians and/or patients.

- In order to facilitate a more streamlined approach to research approvals, a monthly operational review meeting was implemented with the three Chief Operating Officers (COOs) in Northern Health. This has enabled more timely operational approval.

- The membership of the Research Ethics Board was reviewed and updated to include several patient partners and community partners.

Highlights from the 2022 Annual Report (***In Reference Package***) include:

- Fifty-three (53) studies were received in 2022.
- The majority of applications to the NH REB were led by Principal Investigators (PIs) from University of British Columbia (UBC) (27%) and University of Northern British Columbia (UNBC) (19%). (Research conducted by Northern Medical Program faculty and students or UBC clinical residency programs based in the north are included with the UBC total.)
- Health services research (54%) and population health research (23%) continue to define the majority of studies taking place in Northern Health, with the remaining 23% of studies being classified as clinical research
- The primary topics of research projects in 2022 were population and public health, medication management/pharmacy, and acute care.

Clinical Research Capacity and Infrastructure

- **Official Launch of the Northern Centre for Clinical Research (NCCR)** - In March 2022, the new Northern Centre for Clinical Research (NCCR) officially opened. The inaugural director of the NCCR is Dr. Anurag Singh. The new Centre is built upon a strong governance partnership and MOU between UNBC, UBC and Northern Health.
- The NH Research Department adopted **10 required Standard Operating Procedures (SOPs)** to support the regulatory requirements to conduct clinical trials. We have adopted the Network to Network (N2) SOPs. N2 is a not-for-profit incorporated Canadian organization and alliance of Canadian research networks and organizations working to enhance national clinical research capacity. Michael Smith HRBC funds membership to N2 for all Health Authorities in BC.
- In an effort to support researchers to rapidly determine whether a clinical trial may be operationally feasible in Northern Health, we have **established a Clinical Trials Advisory Group (CTAG)** which meets monthly to review incoming proposals. Through the CTAG, the relevant roles who would be operationally impacted by a study come together with the investigator to learn about the proposed study and quickly identify any potential red flags or critical concerns. This enables potential investigators to gain rapid feedback about feasibility before spending the time and effort to submit an ethics application to the NH REB.

Mobilizing Knowledge into Practice

A few of the knowledge translation (KT) highlights for the 2022 year include:

- For the first time, in 2022 Northern Health joined the Five Days in May event (FDIM). This is a virtual provincial research showcase that brings together researchers, graduate students, patients and healthcare providers and decision makers from across the province to educate, inform, inspire and stimulate conversations.
- We held seven lunch time discussions through our NH research seminar speaker series. This seminar series is open to everyone and provides an opportunity for researchers in the north to share recent work and invites dialogue and discussion with a broad audience.
- In 2022, there were five issues of the KT newsletter issued.

Partnerships and Engagement

- In July 2022, a refreshed **MOU between UNBC and NH was signed**. The overall spirit of the new MOU is to reaffirm a shared commitment to furthering knowledge about, and developing the capacity for, the advancement of the health of northern British Columbians through the integration of practice, education, and research.

- **Michael Smith Health Research BC (MSHRBC)** - NH co-leads the BC SUPORT Unit Northern Centre, along with UNBC. In 2022, Michael Smith Health Research BC confirmed a 5-year commitment (2022-2026/2027 fiscal years) to support the Regional Northern Centre
- **Centre for Technology Adoption for Aging in the North (CTAAN)**
    - Received AGE-WELL National Innovation Hub support for 2022/23 ($100,000).
    - Continued year 2 for the Vancouver Foundation Systems Change Grant ($300,000 over 3 years) and the Rio Tinto Canada Fund ($300,000 over 3 years) – Funding to support the collaboration to implement technology that support aging in the new dementia homes in Kitimat and Vanderhoof.
    - Received funding ($50,000) from AGE-WELL's AgeTech Implementation Response Program.
    - CTAAN co-hosted the 2022 AGE-WELL Summer Institute in Prince George (June 20-24). The theme for this year was "Co-creating possibilities: Health Care & Health Services Delivery". Northern Health set the four challenges that teams worked to develop solutions for and pitched at the end of the week.
- **The Northern Biobank** – In 2022, the Northern Biobank, led by Dr. Nadine Caron, wrapped up the Phase II funding period with Genome BC, Northern Health Authority, the First Nations Health Authority, Provincial Health Services Authority and the BC Cancer Foundation. While Phase II focused on the implementation of the retrospective biobank, Phase III moves toward the development of a prospective biobank. A full-time biobank Lead position was hired to support phase III implementation. The focus has been on preparing the prospective biobank proposal and ethics application, which involves developing consent forms, standard operating procedures, governance structure, and patient journey process mapping.

***Recommendation(s)*:**
Then Board receive update for information.

Research Department 2022 Annual Report

Research: A Driver of Excellence in Care

northern health
the northern way of caring

We recognize the ancestral homelands and unceeded territories of the 55 First Nations in the north, as well as the Métis Nations and Inuit in Northern BC.

We acknowledge and celebrate the diversity both between and within these groups. Each has many unique histories, relationships, geographies, cultures, practices, languages, and interests. We strive to be mindful and respectful of this diversity.

We are grateful to live and work here, and value the opportunity to partner with Indigenous peoples to build relationships and enable the Truth and Reconciliation Commission recommendations for health.

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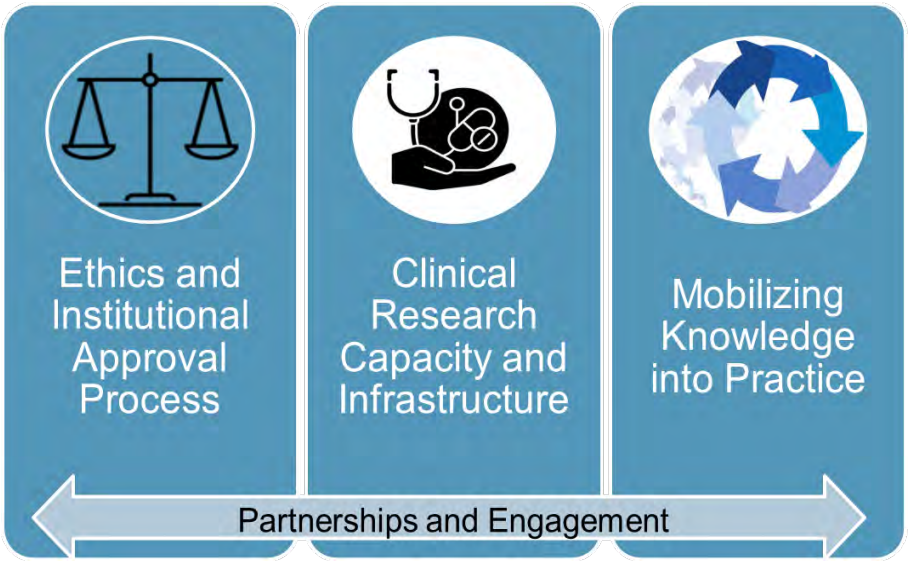
Introduction

Our goal is to support an organizational culture which encourages, expects, and supports the integration of research and evidence in everyday practice. The Research Department actively supports our staff, physicians, patients, and academic partners to conduct or engage in research activities that advance the priorities of Northern Health and its communities.



As we strive to support a growing culture of research within Northern Health and, more broadly, northern British Columbia, the Northern Health Research Department currently has three priority areas of activity: supporting ethics and institutional approval, developing clinical research capacity and infrastructure, and mobilizing knowledge into practice. A foundational enabler that crosscuts all three priority areas is strong partnerships and engagement.

This report provides an update on advancements in each of these areas during the 2022 calendar year. The last section outlines recommendations for 2023.

1. Supporting Ethics and Institutional Approval

Since 2021, Northern Health has adopted a phased approach to the establishment and consolidation of the NH Ethics Service. The three phases identified are:

I. September 2021 to December 2021:
   a. Identification of organization's needs.
   b. Identification of appropriate service model.

II. January 2022 to December 2022:
   a. Implementation of the new service model.

III. January 2023 to December 2023:
   a. Consolidation of new service model
   b. Expanding support areas to include workforce sustainability

Stage I: Identification of organization needs and appropriate service model.

During this period, several initiatives were launched to evaluate the ethics needs of the organization and identify the service model that could best meet those needs. It was identified that the area of Research Ethics Administration needed to be enhanced and streamlined, to better support the review and approval process of all scientific studies conducted under the jurisdiction of NH.

All research conducted within or for Northern Health (NH) must be reviewed and approved by the NH Research Ethics Board (REB).

During this period, a new Lead, Research Ethics was hired, the Research Engagement Team (RET) was created, the gap between ethics and privacy reviews and data access was mitigated, the studies' operational review process was revised, and the Research Ethics Review Committee was revitalized.

Stage II: Streamlined NH Research Ethics Service

From January 2022 to December 2022 the new model was defined, and the revamped NH Ethics Service was implemented. A key feature of this model was the implementation of a monthly operational review meeting with the three Chief Operating Officers (COOs) in Northern Health. This has enabled more timely operational approval.

During 2022, processes and policies were put in place and NH was officially recognized as a Research Ethics Board (REB).

In addition, the membership of the Research Ethics Board was reviewed and updated to include community representation. The Research Ethics Board membership is outlined in **Appendix A**.

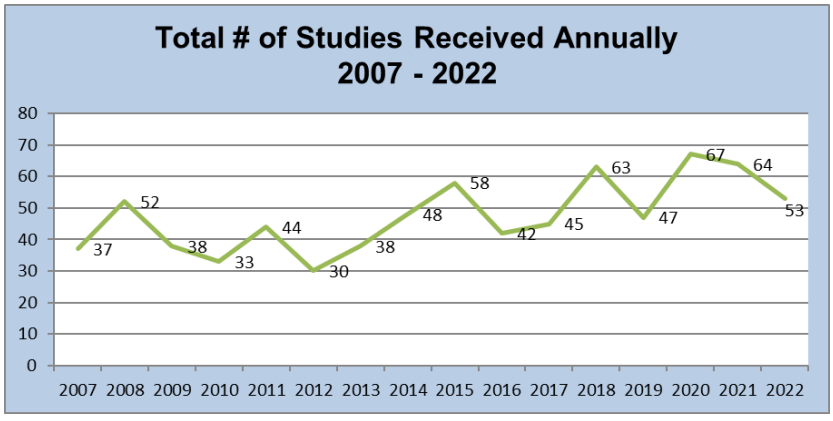
Stage III: Raising awareness of the NH Research Ethics Service and expansion to Evaluation and QI Projects

In the area of Research Ethics, during 2023, NH Ethics Service will strive to raise awareness about the established process. Further, we aim to ensure there is clear guidance regarding the ethical review of evaluation and quality improvement projects.

Progress in the area of Research Ethics and Institutional Approval will be determined by measuring the number research studies reviewed. These numbers should continue to increase compared to a similar period in the previous year. Equally important, the average length of time to receive institutional approval will decrease with these improved processes and guidance.

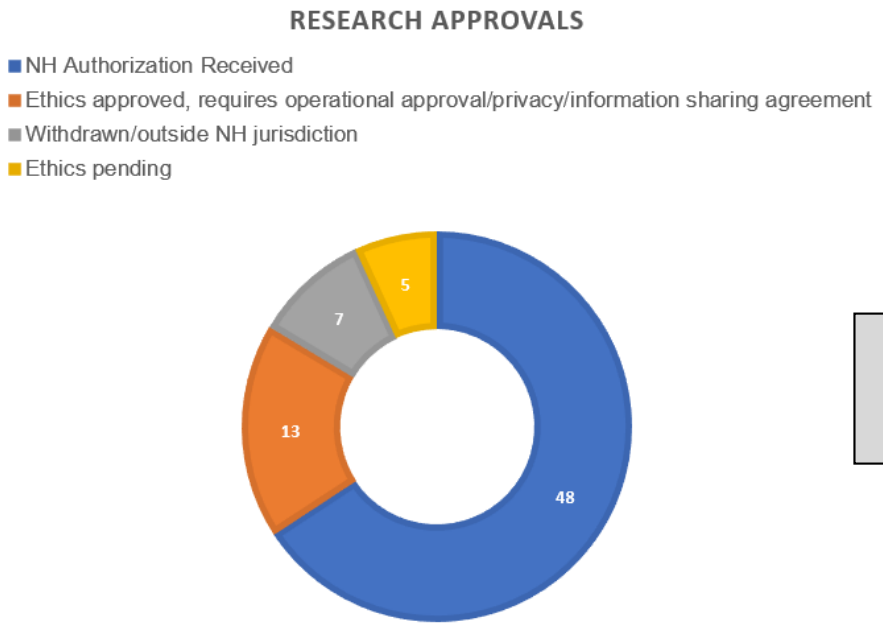
Research Reviewed

Fifty-three (53) studies were received by the Research Department in 2022. Seven (7) were subsequently withdrawn because the study was placed on hold, decided not to proceed at NH sites, or determined to be outside of NH jurisdiction (e.g., conducted in a private family practice office). All of the studies received and reviewed by NH were completed through the Research Ethics BC harmonized review process in

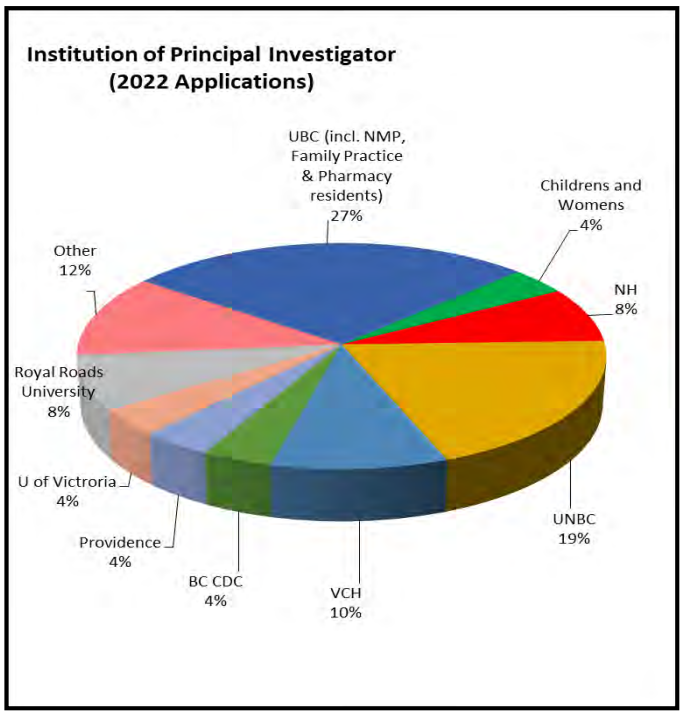


collaboration with BC Universities and Health Authority partners.

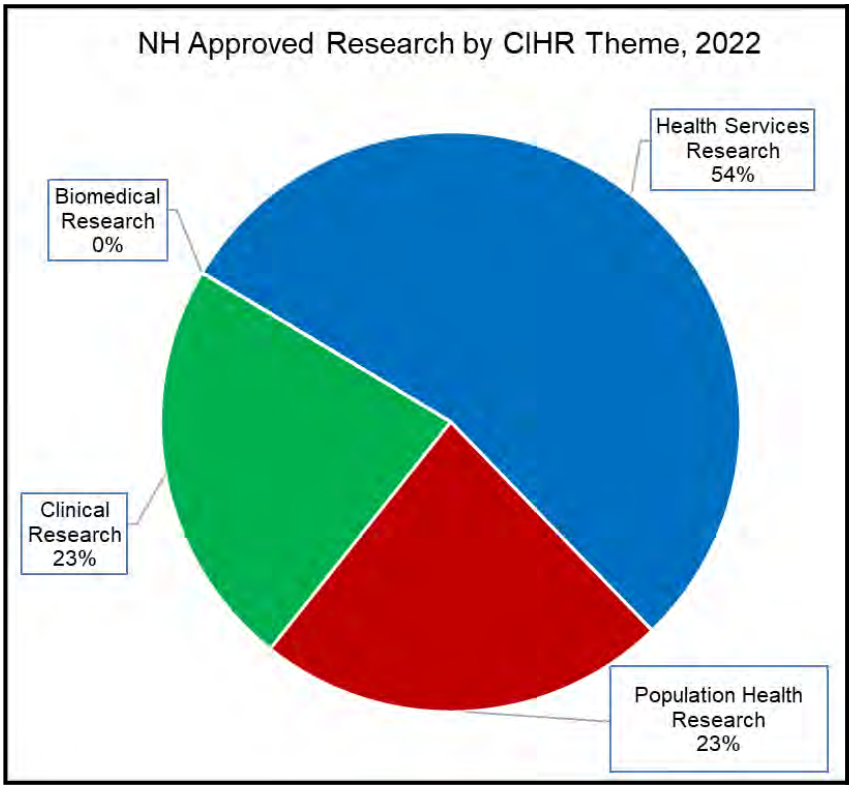
Status of applications (includes 53 studies received in 2022 and an additional 20 studies that were submitted in the previous year):



A total of 48 studies received institutional authorization in 2022!



As in previous years, the majority of applications to the NH RRC were received from University of British Columbia (UBC) (27%) and University of Northern British Columbia (UNBC) (19%) Principal Investigators (PI). Research conducted by Northern Medical Program faculty and students or UBC clinical residency programs based in the north are included with the UBC total.

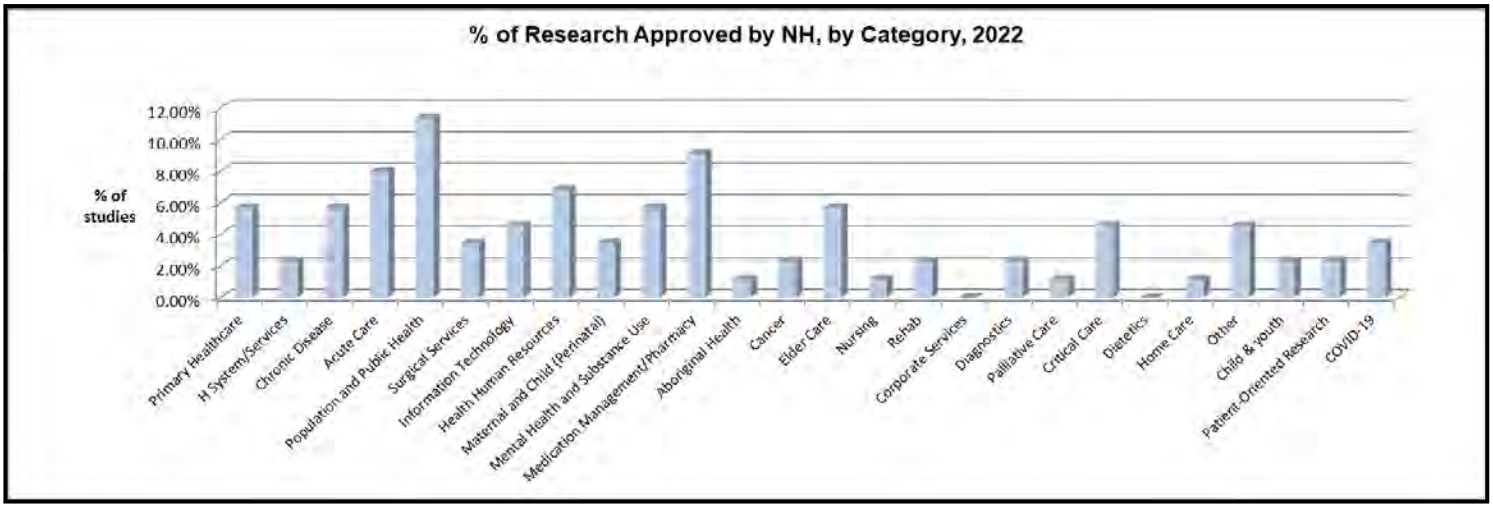


Biomedical Research with the goal of understanding normal and abnormal human functioning, at the molecular, cellular, organ system and whole-body levels, including development of tools and techniques to be applied for this purpose.

Health Services Research with the goal of improving the efficiency and effectiveness of health professionals and the health care system, through changes to practice and policy.

Social, Cultural, Population Health Research with the goal of improving the health of the Canadian population, or of defined sub-populations, through a better understanding of the ways in which social, cultural, environmental, occupational, and economic factors determine health status.

Clinical Research with the goal of improving the diagnosis, and treatment, of disease and injury; and improving the health and quality of life of individuals as they pass through normal life stages. Research on, or for the treatment of, patients.



Researchers are invited to select up to three categories to describe the focus of their study. The percentage of approved studies that were classified into each category in 2022 are shown in the graph above.

2. Building Clinical Research Capacity and Infrastructure

Official Launch of the NCCR

A key priority area for growth and development in the north is our ability to support and implement clinical studies, including clinical trials. In March 2022, the new Northern Centre for Clinical Research (NCCR) officially opened. The inaugural director of the NCCR is Dr. Anurag Singh. The new Centre is built upon a strong governance partnership and MOU between UNBC, UBC and Northern Health. The Centre aims to advance a vibrant clinical research community in the north that is responsive to the interests and priorities of the north, promoting equity and building research capacity amongst northern trainees and clinicians. This new Centre is grounded in a desire to promote equitable access to care, as patients in the north will be able to access clinical trials closer to home.

Establishing Processes and Procedures

Standard Operating Procedures

One of the goals of 2022 was to develop required standard operating procedures (SOPs) to support the regulatory requirements to conduct clinical trials. We have adopted the Network to Network (N2) SOPs. N2 is a not-for-profit incorporated Canadian organization and alliance of Canadian research networks and organizations working to enhance national clinical research capacity. Michael Smith HRBC funds membership to N2 for all Health Authorities in BC. The N2 SOPs that NH has currently adopted include:

- Administrative Management
- Research Team Training
- Research Team Roles and Responsibilities
- Informed Consent
- Recording, Assessing, Reporting serious adverse drug reactions in clinical trials
- Investigational product management
- Equipment calibration and maintenance
- Clinical trials files management
- Vendor management
- Remote clinical trials activities

Clinical Trials Advisory Group (CTAG)

In an effort to support researchers to rapidly determine whether a clinical trial may be operationally feasible in Northern Health, we have established a CTAG which meets monthly to review incoming proposals. Through the CTAG, the relevant roles who would be operationally impacted by a study come together to learn about the proposed study and quickly identify any potential red flags or critical concerns. This enables potential investigators to gain rapid feedback about feasibility before spending the time and effort to submit an ethics application to the NH REB. Investigators are encouraged to utilize the CTAG as many times as they need for a study. While the CTAG was initially set up to support clinical trials, some researchers have utilized the CTAG for clinical research that was not a clinical trial. This CTAG process does not replace the usual ethics and institutional review process. In 2022, four studies were reviewed through the CTAG process.

Training

During 2022, Clinical Trials BC, part of Michael Smith Health Research BC, held an all-day training session which enabled any clinical research staff or potential principal investigators to gain their certificate in Good Clinical Practice Guidelines (GCPs). As part of this event, the NH Research Department held a virtually enabled session on November 2nd, 2022 in the Learning and Development Centre. A total of 26 people joined the training session, including 2 physicians.

3. Mobilizing Knowledge into Practice

A few of the knowledge translation highlights for the 2022 year include:

- For the first time, in 2022 Northern Health joined the **Five Days in May** event (FDIM). This is a virtual provincial research showcase that brings together researchers, graduate students, patients and healthcare providers and decision makers from across the province to educate, inform, inspire and stimulate conversations.
- We held 7 lunch time discussions through our **NH Research Seminar Series**. This seminar series is open to everyone and provides an opportunity for researchers in the north to share recent work and invites dialogue and discussion with a broad audience.
- In 2022, there were 5 issues of the **KT newsletter** issued.
- Launching of the new **NH KT community of practice**, a dedicated space of leaning, reflection and exchange of KT and Knowledge exchange tools and resources in the north.
- Continuation and re-design of the **NH Environmental Scan** for discussion and decision-making of the Executive and Board.

4. Partnerships and Engagement

The NH Research Department is committed to building long-term relationships with many partners throughout British Columbia and beyond. Collaboration, rather than competition, is a key principle for successful capacity building, innovation, and knowledge mobilization. Some of the exciting developments with our research partners in 2022 are outlined below:

Memorandum of Understanding (MOU) between UNBC and NH
In July 2022, a refreshed MOU between UNBC and NH was signed. The overall spirit of the new MOU is to reaffirm a shared commitment to furthering knowledge about, and developing the capacity for, the advancement of the health of northern British Columbians through the integration of practice, education, and research.

Michael Smith Health Research BC

- NH co-leads the BC SUPORT Unit Northern Centre, along with UNBC. Some highlights from 2022 include:
    - Michael Smith Health Research BC confirmed a 5-year commitment (2022-2026/2027 fiscal years) to support the Regional Northern Centre, a joint initiative between UNBC and NH
    - Northern Centre assembled a Northern advisory committee, small group of key individuals, Patient partner, NH, UNBC leads, BC NEIHR northern representative and co-leads, to help advise on Northern Centre activities and direction.
    - Northern Centre has actively participated in the developing, discussion and future operationalization of the Learning Health System approach to be applied in selected HA's project initiatives.
- The Long-Term Care Quality Improvement Knowledge Translation initiative, funded through MSHRBC, supports a dedicated regional practice lead role on the research team. This year, four Northern Health Long-Term Care home participated in this year-long initiative and were able to share their experiences with other participant homes from across the province. NH LTC homes chose to work on two key areas for improvement: 1) improving communication between care aides and other health professionals and 2) improving relationships with residents' families.

Network Environment for Indigenous Health Research (NEIHR)
A key partner in the BC SUPPORT Unit 5-year plan, the BC NEIHR is one of nine Indigenous-led networks across Canada providing infrastructure for research leadership among Indigenous (First Nations, Métis and Inuit) communities, collectives, and organizations (ICCOs). Northern Health is building a relationship with NEIHR to support its goals, including Indigenous health research leadership, culturally safe and ethical Indigenous health research, Indigenous health research, and research capacity development.

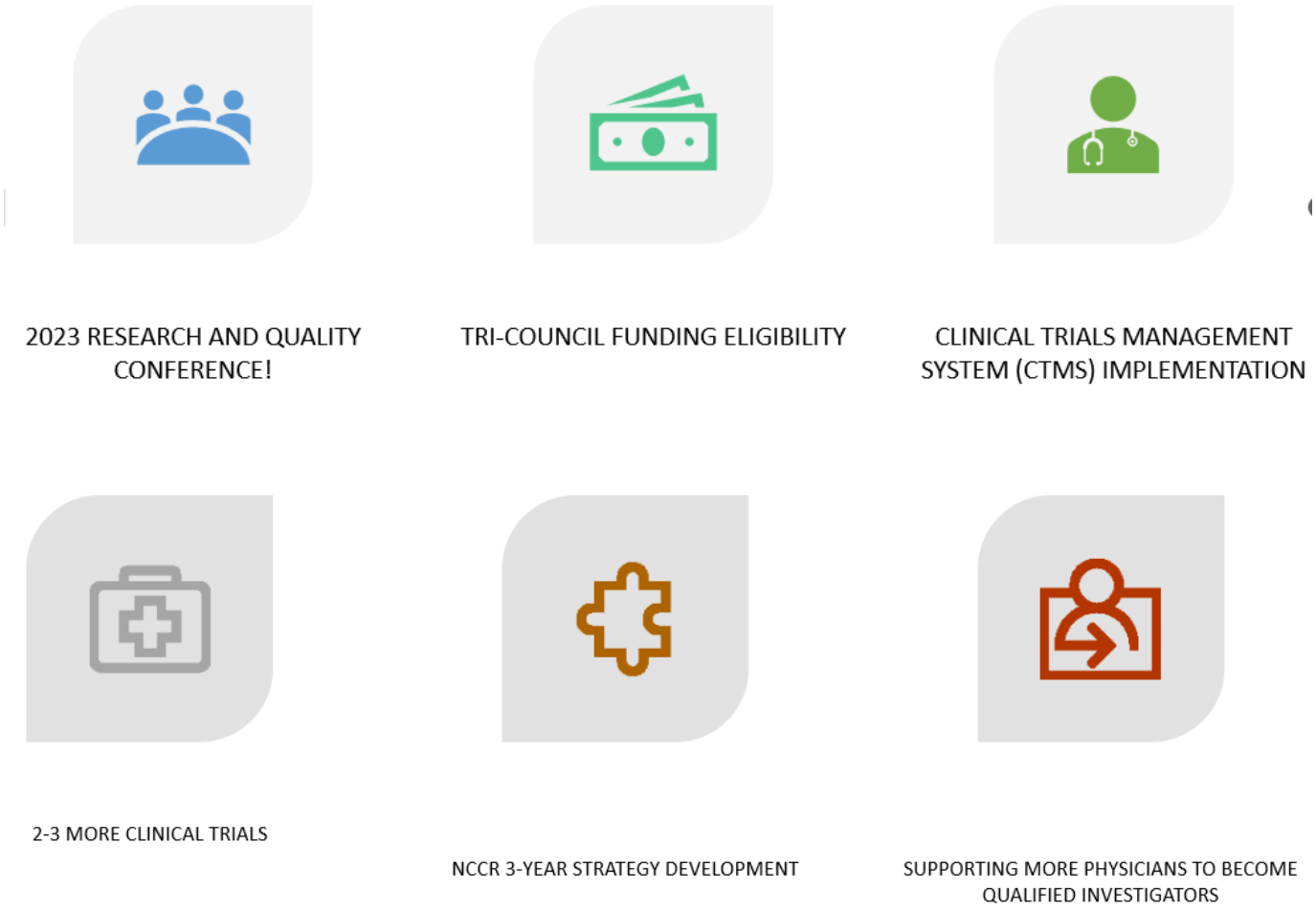
BC Health Authorities
The NH Research Department leaders have forged strong collaborative relationships with research leadership at the regional health authorities, the First Nations Health Authority, and the Provincial Health Services Authority. Through these partnerships we have become firmly enmeshed within the BC health research ecosystem, sharing resources and creating new opportunities for innovation and collaboration.

HealthCare*CAN*'s Research Committee

HealthCare*CAN,* a national organization committed to expanding research capacity in the health system, supporting the spread of innovation, and advancing research in support of service excellence. It advocates for infrastructure funding and favourable policy for the generation and use of research and innovation in hospitals. Northern Health is an active participant and contributor to HealthCareCAN discussions, in particular pertaining to the unique needs of emerging research hospitals and rural and northern contexts. Through HealthCareCAN, we had the opportunity to provide input on the CIHR clinical trials strategy in 2022.

5. Looking forward to 2023

Research is an important contributor to the high-quality services in Northern Health. During 2022, significant advancements were made to improve NH Research administrative infrastructure, pathways, and partnerships. Moving forward into 2023, there are several more advancements planned that will further support research in the north:



Appendix A: 2022 NH REB Membership

NH REB follows NH Research Policy and Principles, the Freedom of Information and Protection of Privacy Act (FIPPA) and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS-2).

The REB is accountable to the Governance and Management Relations Committee of the NH Board of Directors.

Name	Title
Esther Alonso-Prieto	Chair, Ethics Lead, NH
Farzana Amin	Analyst, Clinical Outcomes, Research, Evaluation & Analytics, NH
Marcelo Bravo	Lead, Patient-Oriented Research and Knowledge Translation, NH
James Bruce	RN, MHSU Outreach, NH
Kaitlyn Greer	Information Management and Governance, NH
Damanpreet Kandola	Specialist, Evaluation, NH
Joanna Paterson	Mental Health and Substance Use, NH
Kerensa Medhurst	Research Facilitator, Physician Quality Improvement Special Services Committee, NH
Linda Nelson	Patient Partner
Philip Smith	Community Partner
Robert Pammett	Research and Development Pharmacist, Primary Care, NH
Roseann Larstone	Regional Director, Indigenous Health, NH
Rutendo Madzima	Patient Partner
Ron Klausing	Privacy Officer, Research and Privacy Impact Assessments (PIA), NH
Rai (Theresa) Read	Elderly Services Nurse Consultant, NH
Rebecca Sketchley	Qualitative Research, Marginalized and Vulnerable Populations, NH
Diane Suter	Community Member
Esther Stewart	Patient Partner
Diana Tecson	Administrative Support, NH (non-voting)

Ad hoc member: Traci de Pape, Regional Manager, Privacy Office is included in the review process when Section 35 of FIPPA applies to a research application or consulted on other relevant privacy concerns or legislation.

Outgoing Members: Northern Health would like to thank the following members for their contribution and service to the RRC: Sam Millilgan, Carrier Sekani Family Services and NH and Chelsea Graham, Regional Dietetic Technician, NH.

BOARD BRIEFING NOTE

Date:	31 March 2023	
Agenda item	Revised Ethics Practice Model	
Purpose:	☐ **Discussion**	☒ **Decision**
Prepared for:	GMR Committee & Northern Health Board of Directors	
Prepared by:	Kirsten Thomson, Regional Director, Legal Affairs, Enterprise Risk & Compliance	
Reviewed by:	C. Ulrich, CEO	

Issue & Purpose

The GMR Committee is responsible for monitoring corporate conduct policy, which includes review of the Northern Health Integrated Ethics Framework. The Lead, Clinical and Research Ethics has completed substantial revisions to the document previously known as the Northern Health Integrated Ethics Framework, creating the Northern Health Ethics Practice Model, which is submitted for Committee and Board approval.

Background:

The Lead, Clinical and Research Ethics position was established and filled in August 2021 to meet the growing demand for ethics service across the organization, supporting both the development of Northern Health's research program as well as providing clinical and organizational ethics consultation. Since the creation of this role, the Ethics Lead has reviewed and evaluated the existing structures and support policies and documents for ethics services within the health authority, and has begun the work of updating and expanding the ethics service delivery model.

To support the changes in ethics service delivery, the existing Integrated Ethics Framework has been revised as the Northern Health Ethics Practice Model to better define the mandate of the NH Ethics Service and how the service fits within the organizational structure.

The Ethics Practice Model still includes the domains previously covered: organizational, clinical, and research ethics; and has added a pillar for ethics education. The Model

describes the ethical approaches and values adopted by NH, and includes an approach to promoting and embedding reconciliation with Indigenous peoples in health care. The approach to clinical ethics has been updated to reflect the new Ethicist role; instead of relying on volunteer ethics committees to conduct clinical ethics consultations, the Lead, Clinical and Research Ethics completes these consults. The regional ethics committees still stand, but serve the function of ethics education and stewardship within their health service delivery areas.

The Model also includes practical guidance on approaches to decision-making for both clinical and organizational or business decisions. This guidance has been introduced to the organization both at the executive and operations level, and has been well-received.

Recommendation(s):

That the GMR Committee recommends the Board approve the revised Northern Health Ethics Practice Model.

Attachment: Northern Health Ethics Practice Model

Version 2.0

February 1, 2023

NH ETHICS PRACTICE MODEL

Building Together an Ethically Strong Organization

NH Ethics Service

2023

northern health
the northern way of caring

Document Control

Document Title	NH Ethics Practice Model: Building Together an Ethically Strong Organization	
Document Sign-Off		
Principal Reviewers	Kirsten Thomson BSc(Pharm) LLB MBA CRM Regional Director, Legal Affairs, Enterprise Risk & Compliance, Chief Privacy Officer	Kirsten.Thomson@northernhealth.ca
Principal Author	Dr. Esther Alonso-Prieto, Ethics Lead	Esther.AlonsoPrieto@northernhealth.ca
Contributing Authors		
Version History	V1.0 2022-July-03	First draft reviewed by Working Group (Feedback received from Julia Bickford and Melanie Maracle)
	V1.1 2022-Aug-04	Second Draft reviewed by Ethics Committee Members
	V2.0 2023-Feb-01	Third Draft reviewed by Ethics Committee Members

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1. Introduction

The **"Northern Health Ethics Practice Model: Building Together an Ethically Strong Organization"** is the foundational document that defines and enables the Northern Health (NH) approach to moral integrity. It also articulates the mandate of the NH Ethics Service.

NH staff are encouraged to use this document together with their own professional ethics codes to guide their behaviour and decisions.

This "**Ethics Practice Model"** has been developed by the NH Ethics Service with input from patients, clients, families, staff members and the Ethics Committees. The Service is also accountable for disseminating and revising this document.

The document is divided in 8 sections. Sections 2 and 3 introduce the NH Ethics Service, clarifies its structure, and defines its commitments in each of the 4 C.O.R.E. areas of service. Section 4 explains the theoretical perspectives that inform NH ethical practice. Finally, Section 5 presents how NH Ethics Service understands and operationalizes its obligation to promote and embed reconciliation within organizational practices and operations. The decision-making guidelines, which are included as appendixes at the end of the document, translate the values and approaches adopted by NH into real-life applications.

2. NH Ethics Service: Structure and Overarching Goals

Stemming from its vision of leading the way in promoting health and providing health services for Northern and rural populations, NH commits to build together an ethically strong organization. While this mandate is shared by all departments across NH, the Ethics Service has been specifically tasked with performing the functions required to operationalize it. To this end, **NH Ethics Service pledges to provide high quality, standardized and timely services in four C.O.R.E. areas: Clinical, Organizational and Research Ethics as well as Education.**

NH Ethics Service includes an Ethicist, and five ethics committees: the NH Ethics Committee, three regional Ethics Committees (North East, North West and North Interior), and the NH Research Ethics Board (REB). The Committees Terms of Reference are included in Appendixes 1, 2 and 3. The Service is accountable to the NH Governance and Management Relations (GMR) Committee of the Board (Appendix 4).

The Ethicist is responsible for leading all the activities of the NH Ethics Service and ensuring a consistent and coordinated approach to Ethics across NH. The Committees act as an advisory body to the ethicist in matters related to clinical and organizational ethics. The REB is responsible for reviewing, accepting, rejecting, and proposing modifications to all research studies conducted within the jurisdiction of NH or under its auspices.

3. C.O.R.E. Areas of Service

3.1. Clinical Ethics

Clinical ethics is a practical discipline that provides a structured approach to assist health professionals in identifying, analysing, and resolving ethically challenging situations that arise during the clinical encounter with individual patients.

In this area, NH Ethics Service strives to:

- guide and support ethical practice; and
- embed ethics consultations in daily patient care.

These goals are operationalized by providing clinical ethics consultations[1] to patients, clients, families, health care providers and professionals, administrators, and leaders. During an ethics consultation, skills and knowledge from the traditions of ethics theories and dispute resolution are used to facilitate a rigorous analysis and create a space in which an authentic engagement between individuals immersed in different realities can occur (1). Ultimately, it is the patient, and the family together with the health care professionals who decide and act. However, the Ethics Service is responsible for supporting them and assisting them throughout the process.

During ethics consultations, the **NH Method for Decision-Making in Clinical Ethics** (Appendix 5) is used to guide ethics reasoning. When confronted with an ethical dilemma, NH staff are encouraged to systematically work through the steps outlined in that Method.

Historically, clinical ethics consultations have been requested reactively when the chances of implementing satisfactory action are significantly reduced. However, studies have shown that when ethics consultations are not reactive but embedded within daily clinical practice, the length of stay and expense of hospitalizations decrease (2-4); patient outcomes improve (5-7), particularly for patients at the end of life (8-11) and patients are transitioned more effectively to the most appropriate level of care (12). Therefore, the Ethics Service strives to improve institutional capacity and standardize resources for identifying and addressing clinical ethical issues as close to the point of care as possible.

3.2. Organizational Ethics

With the rise of managed care, the fundamental unit of health care delivery has changed to include not only the patient-clinician dyad but also the health care organization itself. Thus, in conjunction with the individual perspective, an organizational perspective that incorporates the ethical dimension of health care operations has emerged.

In the area of **O**rganizational Ethics, NH Ethics Service strives to:

[1] Clinical Ethics Consultation can be requested by emailing the ethicist at Ethics@northernhealth.ca

- support health care teams to develop policies and guidelines rooted on the highest level of ethical standards;
- partner with managers and leaders to support decision-making processes that are open, transparent, inclusive, fair, accountable and grounded in explicit, collective values;
- assessing the ethical climate to identify system-level issues that impact quality of care and create ethical dilemmas at the individual patient level.

These goals are operationalized by providing organizational consultations[2] to all levels of management, that is, senior, middle, and frontline management. During these consultations, the theoretical approaches that inform ethical discernment at NH (Section 3) are integrated with best decision-making practices to create a structured and robust decision-making guideline. This guideline is presented in Appendixes 6 and 7. NH staff is encouraged to use it systematically to guide their health care management decisions.

Importantly, NH recognizes the specific ethical challenges that leaders confront when making and implementing decisions under surge capacity requirements. That is why, a surge capacity decision making guideline has also been created. This model, which is presented in Appendixes 8 and 9, can help leaders to address issues such as diversion, staffing, introducing modifications to standards of care.

NH Ethics Service goals in the area of Organizational Ethics are also operationalized by performing environmental scanning, that is, gathering, and interpreting information about the moral landscape in which NH operates to identify vulnerabilities and strengths and suggest practices, structures, and policies that could be modified or introduced. This way, it is recognized that ethics cases are embedded in, and influenced by, a larger organizational context and a bridge is built between Clinical and Organizational Ethics.

As part of its role in assessing the ethical climate and supporting the development of an ethically strong organization, NH Ethics Service also provides support to Human Resources and other professional bodies responsible for furthering staff ethical behaviour in accordance with Northern Health Standards of Conduct. In this case, the nature and tone of the NH Ethics Service involvement are facilitative and egalitarian and aims to encourage group dialogue and understanding.

3.3. Research Ethics

In the area of **R**esearch Ethics, NH Ethics Service strives to:

- support the activities of the NH REB;

[2] Organizational Ethics Consultation can be requested by emailing the ethicist at Ethics@northernhealth.ca

- ensure that all research conducted under the jurisdiction of NH adheres to the highest ethical standards and is consistent with Canadian and international policies and guidelines.

The ethical standards of the Canadian clinical research enterprise are rooted in the ethics lodestars of modern clinical research: the Nuremberg Code, the Declaration of Helsinki, the Belmont Report, the International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH) guidelines, and the Council of International Organizations of Medical Sciences (CIOMS).

The current official research ethics policy in Canada is outlined in the Tri-Agency Framework: Responsible Conduct of Research (RCR) (13) and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) (14). These guidelines were developed jointly by the three research government agencies, Canadian Institute of Health Research (CIHR), Natural Sciences and Engineering Research Council of Canada (NSERC) and Social Sciences and Humanities Research Council (SSHRC) and although they do not have the force of law, they are nationally adopted and must be strictly followed by researchers and institutions who receive funding from these Agencies.

The RCR informs investigators and their institutions of their obligations to promote and maintain research integrity and outlines policies related to requesting and administering funds, performing research, disseminating results, defining and addressing misconduct, and policy breaches and reporting to the Agencies (13). TCPS2 guides “the ethical aspects of the design, review and conduct of research involving humans” (14). It is entrenched on the cardinal value of modern research ethics, respect for human dignity, as expressed through three core principles: respect for persons, concern for welfare, and justice. Guided by these principles, TCSP2 provides guidelines to ensure that participants’ autonomy and wellbeing are protected, that vulnerable populations are not exploited, that personal information are kept private, confidential, and secure, that the burdens and benefits of research are equitably and justly distributed, and that all clinical trials are publicly registered prior to recruiting participants. Additionally, TCPS2 sets the standards for Canadian Research Ethics Boards (REBs).

Health Canada also defines the obligations that sponsors, and researchers must fulfill when investigating and marketing drugs (Food and Drugs Regulations) and devices (Medical Devices Regulations). The regulatory process is conducted by the Health Products and Food Branch (HPFB) under the authority of the Food and Drugs Act and its associated Food and Drugs Regulations (15). Health Canada regulations integrate the principles of Good Clinical Practice (GCP) as described by the ICH E6 (R2), which are also consistent with TCPS2.

There are also federal and provincial laws and regulations NH observes when collecting, using or disclosing personal information in health research. At the federal level, privacy protection laws include the Canadian Charter of Rights and Freedoms (16), the Personal Information Protection and Electronic Documents Act (PIPEDA) (17) and the Privacy Act (18). At the provincial level, BC has enacted the Personal information Protection Act (PIPA) (19), which is considered to be "substantially similar" to PIPEDA. There are two additional documents with a special focus on clinical research that provide national direction on information privacy matters: TCPS 2 (14) and the CIHR Best Practices for Protecting Privacy in Health Research (CIHR BPPP) (20).

NH investigators should also comply with specific regulations stipulated by countries with which they establish scientific collaborations. For example, the USA requires investigators to comply with U.S. Food and Drug Administration (FDA) regulations, while the European Union requires compliance with the requisites set by the European Medicines Agency and the member state where the research takes place.

The above-mentioned ethical guidelines and research policies are enacted at NH through the NH REB[3]. In accordance with TCPS, the REB is independent in their decision making and is accountable to the NH Governance and Management Relations (GMR) Committee of the Board. NH Ethics Service directs and coordinates the activities of the NH REB.

As part of its functions supporting Research Ethics, NH Ethics Service also facilitates the operational review process of scientific studies. This process objectively assesses the operational demands that research studies may impose on NH. Operational approvers are encouraged to consult the "**Operational Approval Decision-Making Guideline"** (Appendix 10) when deciding whether a proposed research can be supported by the relevant departments within NH.

3.4. Education

Ethical problems in everyday health care work emerge for many reasons. One of them is a lack of awareness and understanding of ethical issues. Therefore, it is essential to support the learning and development of ethical competencies among health care professionals.

In the area of **E**ducation, NH Ethics Service strives to:

- provide practice-oriented education and resources to support ethical practice and enhance ethics-related skills at all levels of the organization.

Practice-oriented education aims to develop ethical competencies such as being able to identify ethical dilemmas in health care, being familiar with fundamental principles of moral reasoning,

[3] NH REB can be contacted at Research@northernhealth.ca.

and being able to reflect on one's own values and beliefs. It is geared towards even experienced professionals as developing ethical competences is a life-long commitment.

To provide practice-oriented education, NH Ethics Services works in conjunction with department managers and supervisors to determine the training needs of employees and organize tailored-made seminars and educational programs[4].

4. Ethical Approaches Adopted by NH

Decisions about morality must be grounded in a reasoned approach to determine right and wrong. Ethical theories uncover the foundations of morality and represent the viewpoints from which individuals seek guidance as they make decisions.

Based on the recognition that there is a plurality of fundamentally morally good things, that not a single philosophical approach will always provide all the answers and that all theoretical approaches regardless of the considerations, decision-making styles, or ethical principles they emphasize are worthy of respect, NH has decided to draw on multiple recognized approaches to support ethical reasoning. In other words, **NH has adopted a pluralistic approach to Ethics**.

Ethical pluralism is well suited to the goals of social justice, anti-racism, cultural safety, justice, equity, diversity, and inclusion because it provides a flexible and dynamic theoretical framework from which the cultural, linguistic and moral context of different individuals can be understood and communicated. This way, ethical pluralism opens the door for the creation of ethical spaces in which mutual understanding is facilitated (21).

Approaching an ethically challenging situation from a plural standpoint requires to consider the various morally relevant factors, weigh which ones are most pressing and use those considerations to reason about what ought to be done. Several ethical theories provide important insights into the factors that are morally relevant in health care. Specifically, those theories are Ethics of Care, Narrative Ethics, Intersectional Bioethics, Rights-based Approaches, Principles of Biomedical Ethics and Rural Care Ethics.

Ethics of Care, also described as Relational Ethics, see individuals embedded in a series of relationships. It argues that moral knowledge can emanate from attending to those complex networks of relationships, from sensing and interpreting the needs and interests of those involved, and from identifying how to respond appropriately to their needs and interests (22).

Ethics of Care highlights how critical it is for health care providers to be sensitive to patients' and families' needs, concerns, and values and to facilitate ways to understand, nurture, and support these relationships (23). It also challenges traditional understandings of autonomy, competence,

[4] To request the implementation of educational activities, staff members can contact the ethicist at Ethics@northernhealth.ca.

and quality of life highlighting the need to become more sensitive to the background circumstances that affect people's choices (22, 23).

Narrative Ethics recognizes the importance of narratives, those "stories people tell about their lives" (24, p30), to understand the various moral considerations that are relevant to a given situation. This approach encourages people to reflect on how their health care journey has unfolded. The perspectives, context and values revealed through the telling of the story are used to identify together the most appropriate care plan (25, 26). As the patient is recognised as the author of their own life-story, the power is shifted from health care providers back to patients and their families (26 - 30). Therefore, this approach enriches health care practice by making the analysis of an ethically challenging situation more attentive to the unique characteristics of the patient (31).

Intersectional bioethics emphasizes how the convergence of multiple social dimensions such as race, sex, gender, or class shapes actual lived experiences (32) and contributes to the unique forms of oppression and systemic barriers experienced by those with marginalized and intersecting identities (e.g., a black, disabled, transgender, woman). These considerations are especially relevant in health care where intersectionalities can play a major and even unconscious role in health care providers' judgments and actions (33). Therefore, by revealing the subtle ways in which intersectionalities shape people's lives and stressing the need for self-reflection, this approach constitutes a powerful tool for examining and addressing the oppressive vectors impacting the medical encounter (34, 35).

Rights-based ethics focuses on the rights and fundamental freedoms that are inherent to all human beings, without discrimination. It recognizes the existence of an indivisible relationship between the right to health care and the socio-economic factors (e.g., access to adequate supply of safe food, housing, safe and potable water, adequate sanitation, safe occupational and environmental conditions) that impact health (36). Therefore, a human rights approach to health provides a normative framework for pro-active development of policies and programs able to address health inequalities.

Principlism is a normative ethical framework that identifies widely acceptable *prima facie* principles whose relative priority is weighed in each situation (37). Within this approach, particular prominence is given to four principles: beneficence, non-maleficence, respect for autonomy and justice. In addition, NH also upholds the principles of compassion, equity, stewardship, confidentiality and truth-telling (see Appendix 11 for a definition of these values).

NH Ethics Service recognizes that there are other distinctive sources of moral wisdom in addition to Western moral philosophies. Specifically, NH strives to create an ethical space in which Indigenous and Western ways of knowledge can be brought into conversation to support Indigenous people to articulate their position and advance their knowledge claims. This aim is aligned with the recommendations of the Truth and Reconciliation Commission of Canada, which calls for physicians to "recognize the value of Aboriginal healing practices and use them in the

treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients." (38, pp 210).

Rural Health Care Ethics is the overarching theoretical perspective that qualifies the application of all the above-mentioned approaches. Rural Health Care Ethics emphasizes how the unique characteristics of the rural environment - geographic isolation, enhanced familiarity due to close-knit relationships in small communities, lack of resources, stress from excessive demand, and cultural mores - shape moral challenges as well as health care providers' ability to respond to them (39). Therefore, to understand and address ethical dilemmas in rural and remote communities, it is important to recognise the context in which they arise and how that context influences the expression of moral values and, ultimately, ethical reasoning (39).

5. Promoting and Embedding Reconciliation in Health Care: the NH Approach

Canada's colonial history and its policies of cultural genocide and assimilation of Indigenous people have led to the introduction of systemic barriers and health inequities. Healthcare organizations have a critical role to play in helping to address this troubling health gap.

NH Ethics Service commits to:

- uphold Indigenous rights (40, 41), and promoting Indigenous cultural safety and humility; truth telling and reconciliation (42-44).
- promote anti-racism, cultural safety, justice, equity, diversity and inclusion.
- engage in purposeful, ongoing and inclusive partnerships with First Nations, Métis and Inuit.

Reconciliation and truth-telling is the avenue identified by the Truth and Reconciliation Commission (42) to repair the damaged relationship that exists between Indigenous and non-Indigenous peoples in Canada. Although different interpretations have been given to these terms, generally, they refer to acknowledging Canada's true history, establishing, and maintaining respectful relationships with Indigenous people and recognizing their inherent rights.

Indigenous rights are protected by the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) (40) and by the Declaration on the Rights of Indigenous Peoples Act (DRIPA) (41). UNDRIP is an international instrument that enshrines the rights that "constitute the minimum standards for the survival, dignity and well-being of the indigenous peoples of the world". It was put into law by BC in 2019 through the DRIPA. Both documents recognize the indigenous right to health and to access to health services without discrimination, which compels us to address the institutional factors that lead to health inequities at NH.

There are several determinants of health inequities. One of them is institutionalised racism. There are no doubts that racism against Indigenous people exists in Canadian healthcare as it has been evidenced by several studies (45-47) and public denunciations. There are also no doubts

that the racism experienced by Indigenous people seeking health care services must be eradicated.

NH Ethics Service commits to promote anti-racism, cultural safety, justice, equity, diversity, and inclusion. Specifically, these notions are integrated in the decision-making guidelines. In addition, NH Ethics Services supports anti-racism and cultural safety education as well as safe processes for both employees and clients to debrief racist or culturally unsafe experiences in the organization.

Cultural safety can be defined as, "an outcome that is based on respectful engagement which recognizes and strives to address power imbalances inherent in the health and social services system" (48). It requires health care professionals to acknowledge and address their own biases, attitudes, assumptions, and prejudices and the potential impact of their own culture on health care service delivery. It also requires organizations to examine their structures, policies, and operations as they may be affecting the quality of care provided. Adopting a comprehensive approach to cultural safety supports the creation of a health care environment free of racism and discrimination, and, therefore, safe, which in turn leads to the elimination of Indigenous health inequities.

Cultural safety needs to be understood alongside trauma-informed care, or care that is sensitive to how a person's lived experiences can impact their behaviours and health status. A trauma-informed organization realizes the widespread impact of trauma and creates potential paths for healing by integrating this knowledge into policies, procedures, and practices (49).

Another important determinant of health inequity is the exclusion of Indigenous people from discussions related to how health services should be organized and provided. That is why, NH Ethics Service commits to engage in purposeful, ongoing, and inclusive partnerships with First Nations, Metis and Inuit. These partnerships include learning from and working with traditional knowledge keepers, and Indigenous experts to ensure that Wise Practices are built upon to further improve the Canadian healthcare system.

Wise Practices are defined as "as locally-appropriate actions, tools, principles or decisions that contribute significantly to the development of sustainable and equitable social conditions" (50, 51) by highlighting the strengths of Indigenous ways of knowing and supporting Indigenous people access to traditional medicine, ceremony, and foods.

6. Conclusions

NH Ethics Service is compromised of four C.O.R.E areas each with specific purposes. The work in these areas of service is informed by strong theoretical underpinnings, methodologically sound decision-making models and a firm commitment to promote Indigenous health and social equity. Those are the pillars that make of NH an ethically strong organization.

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8. Appendixes

Appendix 1 - Northern Health Authority Ethics Committee, Terms of Reference

1. PURPOSE:
The purpose of NH Ethics Committees is to support NH vision of "leading the way in promoting health and providing health services for Northern and rural populations" by fulfilling our mission of "cultivating a culture and practice of Ethics as the foundation for all NH activities".

2. RESPONSIBILITIES:
The Northern Health Ethics Committee provides leadership and guidance to the HSDA Ethics Committees, the Ethicist and the Board regarding:

- ethics case consultations that could not be resolved by the NH HSDA Ethics Committees,
- standardization of processes within the overall ethics committee structure,
- creation and interpretation of policies, guidelines, directives and frameworks,
- further the level of knowledge and understanding of ethics and ethical issues through initiation of, participation in, and support of educational endeavors,
- scan the wider ethical community and share information within Northern Health and liaise/network with other ethics bodies provincially and nationally.
- develop an ethics Communications Plan.

3. AUTHORITY:
The Northern Health Ethics Committee functions under the authority of the Northern Health Board. (See organizational diagram – Appendix 4).

4. MEMBERSHIP AND TERM:
NH Ethics Services will foster diversity, equity, and inclusion including collaborating with Indigenous Health and other Stakeholders to maintain a multi-disciplinary and diverse Committee membership.

When considering overall committee composition, and when selecting members to fill vacancies, attention should be given to ensure that the committee: is multidisciplinary with no one discipline having a majority of the members; has wide geographical representation; is gender balanced; and have at least one person who is a community representative who is not employed by Northern Health. Attempts should be made to have ethnic diversity that reflects the community. Membership may include individuals active or retired from medicine, nursing, pastoral care, administration and the legal system. It is strongly recommended that there be at least one physician on the committee. Members must have the ability to do ethical reflection and show a commitment and interest in ethical practice.

Some members may be appointed to ensure the membership goals are met. Patients/clients/residents, family and community members should not be employed by NH.

Staff members attending during work hours must have permission of their manager to participate.

Active minimum core membership should consist of:

- The Co-Chair and one member from each of the three HSDA Ethics Sub-Committees (6)
- Up to four members at large with knowledge and acumen in ethics may be appointed by the NH Committee from the community, NH employees or medical staff to support the duties of the committee (1 – 4)
- Risk Management (1)
- NH Executive Committee (1)
- Ex officio: Chief Medical Health Officer and VP Medicine (2)

5. LOGISTICS:

5.1 Term: Members, excluding the Ethicist, are appointed for a 3-year term, unless on the committee by virtue of their position/role in the organization. Efforts should be made to stagger terms. There is no term limit.

5.2 Co-Chairs: The NH Ethicist, and (1) non-NH Ethicist Committee member will be appointed as Co-chairs. Every 2 years, or earlier in the case of a vacancy, all Committee members will have an opportunity to put their name forth or nominate another committee member for the non-NH Ethicist Co-chair position, including the incumbent non-NH Ethicist Co-chair. In the event that the Ethicist position is vacant, the non-Ethicist will assume full responsibility for chairing the committee.

5.3 Secretary: The committee will be provided an administrative support by NH or HSDA administration for record keeping and for coordinating the logistics of meetings.

5.4 Meetings: Meetings will be held at a minimum of three times per year and at the call of the Co-Chairs.

5.5 Quorum: NH - A meeting quorum will be at least 5 members with at least one member from each HSDA committee present. A voting quorum will be a simple majority of the members present. Failure to attend regularly may constitute a resignation and a replacement may be requested.

5.6 Records: Record keeping will be in the form of minutes of discussions. Reference to particular patients/residents will be anonymous. All documents will be housed on an iPortal site accessible by all committee members.

In the event of dissolution of the NH Ethics Committee, all records shall remain the property of Northern Health.

6. CONFIDENTIALITY:

All members of Northern Health Ethics Committees shall be required to review and reaffirm compliance with NH policies regarding confidentiality. Committee members who are not employed by Northern Health shall review, sign and abide with the policies of Northern Health prior to commencement of their committee membership.

7. REPORTING:

Northern Health Ethics Committee Co-Chairs will provide a report to the Executive Committee of Northern Health and to the Northern Health Medical Advisory Committee (NHMAC) at request. The Northern Health Ethics committee will provide a written annual report to the Performance, Planning and Priorities (3P) Committee of the Board, in accordance with the 3P Committee work plan.

8. REVIEW OF TERMS OF REFERENCE:

Terms of Reference will be reviewed at least every three years.

Reference:

Manitoba Provincial Health Ethics Network, *Health Ethics Committee Toolkit, Part One: Getting Started*, 2011, http://www.mb-phen.ca/files/ToolkitforEthicsCommitteesPart1-AdaptedFebruary2011.pdf

Appendix 2 - Northern Health Authority HSDA Ethics Committees, Terms of Reference

The purpose of NH HSDA Ethics Committees (NE, NW and NI Committees) is to support NH vision of "leading the way in promoting health and providing health services for Northern and rural populations" by fulfilling our mission of "cultivating a culture and practice of Ethics as the foundation for all NH activities".

1. RESPONSIBILITIES

As deemed appropriate by the NH Ethicist(s), NH HSDA Ethics Committees will be consulted in the following areas:

- Case Consultations
    - Working with the NH Ethicist, provide consultative service with ethics-based analysis and recommendations to assist the parties involved in situations related to ethical issues in health care.
- Policy/Guidelines
    - Review and interpret NH policies/guidelines/frameworks from an ethical perspective.
    - Direct recommendations and issues with region-wide implications to the NH Ethics committee.
- Quality Assurance
    - Provide ongoing quality assurance measures to strengthen NH Ethics Services, including peer review of some of the Ethicists' consultations and make recommendations about the sustainability and resource requirements of NH Ethics Services.
- Education
    - In collaboration with the Ethicist, provides education and support to health care providers, clients, and families in partnership with the community at large.

3. AUTHORITY

NH HSDA Ethics Committees (NW, NE, NI) function as sub-committees of the NH Ethics Committee, and within the context of NH Policy.

4. MEMBERSHIP AND TERM:

NH Ethics Services will foster diversity, equity, and inclusion including collaborating with Indigenous Health and other stakeholders to maintain a multi-disciplinary and diverse committee membership.

When considering overall committee composition, and when selecting members to fill vacancies, attention should be given to ensure that the committee: is multidisciplinary with no one discipline having a majority of the members; has wide geographical representation; is gender balanced; and have at least one person who is a community representative who is not employed by Northern Health. Attempts should be made to have ethnic diversity that reflects the community. Membership may include individuals active or retired from medicine, nursing,

pastoral care, administration and the legal system. It is strongly recommended that there be at least one physician on the committee. Members must have the ability to do ethical reflection and show a commitment and interest in ethical practice.

Some members may be appointed to ensure the membership goals are met. Patients/clients/residents, family and community members should not be employed by NH.

Staff members attending during work hours must have permission of their manager to participate.

Active minimum core membership should consist of:

- 1 Physician
- 1 Nurse Practitioner
- 1 Nurse
- 1 Allied Health
- 1 Community member
- Ex Officio: HSDA, Medical Director, Chief Operating Officer

5. LOGISTICS:

5.1 Term: Term, excluding the Ethicist(s), will be a minimum of 2 years with additional terms allowed to a maximum of 6 years, subject to the goals of membership being met. Membership terms will be managed to ensure a balance of experienced and new members.

5.2 Members: Annual review of membership by the committee with new members ideally committing for four years. The Committee will strive for a good mix between new and existing members.

The composition of the committee may allow for members to be nominated by particular HSDAs or self-nominated, or to serve ex officio.

Elected members will be nominated initially by the specified HSDA COO because of their expertise in specific areas or because they clearly represent particular groups. They can also be self-nominated. If there are more nominations than vacancies a secret election is held in which all members of the Committee may vote.

Nominated members are identified by the HSDA COO.

Self-nominated members can contact the Co-Chairs expressing their interest in the Committee's membership.

Ex officio members are members by virtue of their role at NHA.

Members must demonstrate a commitment to be active participants in the meetings and consultations as well as to participate in ongoing education in the field of ethics.

Subcommittees or work groups may be established to perform functions of the Committee in areas such as Education, and Consultation.

5.3 Co-Chairs:
The NH Ethicist, and (1) non-NH Ethicist Committee member will be appointed as Co-chairs. Every 2 years, or earlier in the case of a vacancy, all Committee members will have an opportunity to put their name forth or nominate another committee member for the non-NH Ethicist Co-chair position, including the incumbent non-NH Ethicist Co-chair. In the event that the Ethicist position is vacant, the non-Ethicist will assume full responsibility for chairing the committee.

5.4 Administrative support will be provided by the HSDA.

5.5 Meetings will be held a minimum of 4 times per year, or at the call of the Co-Chairs as needed. Meetings will be by teleconference / videoconference.

Ad hoc meetings may be called for urgent case consultations and/or other matters requiring Committee input (e.g., policy review). It is recognized that members may not be able to attend ad hoc meetings due to other commitments but attendance is highly encouraged.

If a member can't attend a meeting, they should notify the Ethicist Co-chair in advance and arrange to provide comments on agenda items.

Other expectations of Committee Members:

- Review case consultation write-ups, policies and other documents and provide feedback, as requested.
- Within the first year of becoming a member, attend a NH Ethics Orientation Workshop, complete the on-line HUB Learning Ethics Modules (if not already completed).
- Support the Ethics Education Sessions, as needed, and attend as many education sessions as feasible.

5.6 Quorum: Each member will be required to attend at least two-thirds of the regularly scheduled meetings each year. Failure to attend may constitute a resignation and a membership replacement. Quorum will be the minimum core membership as noted.

5.7 Records of the Committee: Records of the committee will be kept by the local HSDA.
Upon dissolution of the committee, the records will be given to the NHA Ethicist for appropriate storage or disposal.

6. Process & Upholding NH Values
Meetings will be conducted using principles of openness, transparency and consensus building where all members have input into discussions and Committee outcomes. NH values (empathy, respect, collaboration and innovation) will be respected and promoted.

6.1 Dispute Resolution

Where disagreements arise, all parties are expected to, in good faith, use their best efforts to consider opposing views and attempt to come to a consensus or other mutually agreeable resolution. In the event that a disagreement cannot be directly resolved between parties, the stepwise process for dispute resolution will be as follows:

Step 1 – The disputing individuals or group(s) will provide notice to all disputing parties and present its (their) position, with reasons, to the NH Ethics Committee which will assess the issue and attempt to resolve the dispute to the satisfaction of the disagreeing parties.

Step 2 – If the NH Ethics Committee is unable to resolve the issue, the matter will be referred to the Regional Director, Legal Affairs, Enterprise Risk & Compliance, who will attempt to mediate a resolution.

Step 3 – If a mediated resolution cannot be achieved, the Regional Director, Legal Affairs, Enterprise Risk & Compliance will make the final binding decision.

Any resolutions achieved using the process outlined above will not be considered precedent setting.

7. CONFIDENTIALITY:

Members of the NH HSDA Ethics Committees will be required to have signed a confidentiality agreement with NH.

Members should also notify the Ethicist Co-chair in advance if there is a potential personal or professional conflict of interest.

8. REPORTING :

Minutes of the NH HSDA Ethics Committees will be sent (within 10 business days of meeting) to NH Ethics Committee and to the members of the regional committee involved in the meeting.

Minutes / Reports should not contain information that could identify individual patients, family members, clients, volunteers etc. or situations.

Annual Report on highlights of Committee activities will be sent to NH Ethics Committee, all regional committees,the corresponding executive teams and the Board of Directors.

The Committees will review the annual report and consider any recommendations regarding the sustainability of Ethics Services including resources, independence or any other measures required to achieve the mission of Ethics Services.

At least once a year, Committee members will also be surveyed to gather input on quality improvement measures to advance the ability to meet the Committee's "Purpose" as stated above.

9. REVIEW OF TERMS OF REFERENCE:

The terms of reference will be reviewed annually.

Appendix 3 – Northern Health Research Ethics Board, Terms of Reference

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**

- NH REB is accountable to the Governance and Management Relations (GMR) Committee of the NH Board through the Executive Sponsor (Vice President, Planning, Quality and Information Management).

- The Executive sponsor or their delegate 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 and remain answerable to the GMR Committee of the Board on such duties.

- An annual report will be submitted by the NH REB Chair to the Executive sponsor who will bring it forward to the GMR Committee of the Board.

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[5]; 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.
- 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.

[5] 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.

- 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

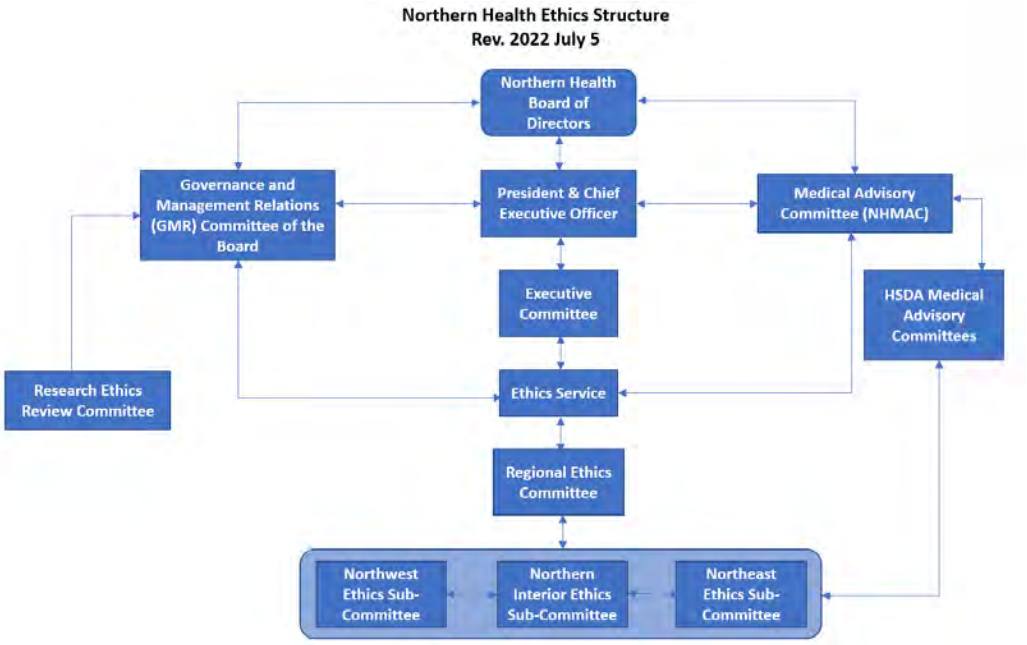
- Complete the "TCPS 2: CORE-2022 (Course on Research Ethics)" at https://tcps2core.ca/welcome.
- Review assigned studies - both minimal risk reviewed in between meetings, and greater than minimal risk reviewed during monthly meetings - and provide feedback prior to the date required and communicated 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.

Appendix 4 - NH Ethics Service Structure



Appendix 5 - NH Method for Decision-Making in Clinical Ethics

Making good ethical choices requires a trained moral sensitivity and a consistent decision-making process. NH Method for Decision-Making in Clinical Ethics aims to facilitate a careful, comprehensive exploration of ethical dilemmas that arise during the provision of medical care. Its value derives from being theoretically grounded and from putting into practice NH commitment to promote and embed reconciliation within organizational practices and operations.

1- Identify

Background information
- Summarize the ethical dilemma as it is experienced at this stage. - Identify the community of concern (individuals who should be involved in the decision-making process.)

2- Consider

Medical Indications	Patient's preferences and health journey	Contextual Factors	HCPs personal values and beliefs
- Patient's medical history, diagnosis and prognosis. - Goals of treatment. - Proposed clinical interventions (nature, potential outcomes, benefits and harms). - Potential impact on patient's quality of life.	- What is known about the patient's health journey (create a safe space for the patient to share their story, elicit their views, address their distress). - Patient's preferences and values. - Patients decision-making ability (if needed, identify SDMs).	- Factors that may be influencing the situation e.g. professional, financial, resource allocation, legal, interpersonal, public health, confidentiality.	- Your personal position regarding the ethical issue. - Assumptions and stereotypes about the patient and their culture. - Power imbalances and privileges impacting the situation.
• **Does quality of life assessments lead to changes of treatment plan?** • **How can this patient be benefited and how can harm be avoided?**	• **Has the patient consented to the proposed intervention?** • **Are the patient's views and right to choose being respected?**	• **Are contextual factors limiting the potential decision?**	• **Has a culturally safe space been created?** • **If biases, prejudice, or discrimination are present, how will you address them?**

3- Analyze

Ethical Dilemma	Potential courses of action	Decision's moral acceptability
- State the ethical dilemma. - Identify relevant ethical values and other ethical considerations. - Rank them according to their importance in the current situation.	- Identify all potential courses of action. - Determine how each option satisfies the ethical value that should take precedence.	- Determine whether the patient and the community of concern agree with the course of action identified. - Identify the factors that would have to change to alter the decision.
• **Which value or consideration should take precedence?**	• **Which course of action is most consistent with the value that should take precedence?**	• **Has the patient been listened to?** • **Have harms been prevented?** • **Will this decision maintain trust?** • **Is the decision fair?**

4- Implement

Implementing the decision	Documenting the decision	Evaluate the decision
- Identify the actions that need to be taken and the timeline. - Identify who will be responsible for implementing them.	- Identify who will be responsible for documentation. - Specify how the decision will be documented.	- Looking back, is there something that could have been done differently? - What has the team learned?

Appendix 6 - NH Method for Decision-Making in Organizational Ethics

This guideline offers a structured process to make health care management decisions in situations of ethical choice. Its value resides in the depth and breadth of the considerations it prompts decision makers to reflect upon.

It consists of 6 steps represented sequentially. However, earlier steps may need to be revisited in light of responses to later ones. Additionally, depending on the issue under consideration, the questions grouped within a specific step may carry different relevance.

1- Identify Context

- What is the decision problem?
- What are its moral connotations?
- How does it relate to NH's strategic priorities?
- Is this the appropriate time to address the problem?
- Will you be able to decide fairly? If not, how will you address potential conflicts of interest?
- Who else should be involved in the decision-making process? To what extent? How?

2- Consider the Available Information

- What is known about the issue?
- Is the available data enough to make a decision?
- Is the decision problem framed accurately?

3- Perform Ethical Analysis

- What are the organizationally relevant ethical values the final decision must fulfill?
- How should those values be prioritized?
- What are the potential decisions?
- **Which decision is most consistent with the value(s) that should take precedence?**

4- Evaluate the Decision Identified

- Has all the information been justly and objectively evaluated?
- Is the decision identified in (3) evidence-based, feasible, sustainable and cost-effective?
- During the decision-making process did you remain free of biases?
- Would you feel comfortable defending your decision to others?
- Does the community of concern agree with the decision?
- Does the decision enables justice, diversity, equity and inclusion in health care?
- Does the decision uphold NH's values?

5- Implement the Decision

- How will the decision be implemented?
- Who will be responsible for implementing it?

6- Follow Up

Retrospectively,

- Have all parties followed through with the decision?
- Was the community of concern properly informed?
- Was the plan implemented in a timely manner?
- Were there any unforeseen consequences?

Prospectively,

- Should the decision be revised in light of new information?
- What can be learned from the decision and its outcome?

Organizational Decisions must Fulfill these Values

- Utilitarianism: It must produce the best overall result.
- Equity: It must ensure equity and protects the interests of vulnerable, or historically oppressed communities.
- Individuals' rights: It must respect individual rights (e.g., right to privacy, free speech, due process, autonomy etc.).
- Justice: It must remove barriers or burdens historically imposed on marginalized and oppressed individuals. - Preservation of relationships: It must protect relationships among individuals and with health care institutions.
- Truth telling: Moral duty to be honest regarding why and how decisions have been made.
- Stewardship of resources: It must allocate resources effectively and efficiently. Therefore, it must consider:

a) Population needs: Greater need justifies allocating more resources

b) Clinical prognosis: Greater expected health effect justifies allocating more resources

c) Equal treatment: Equal claims based on need and prognosis justify equal priority for resource allocation.

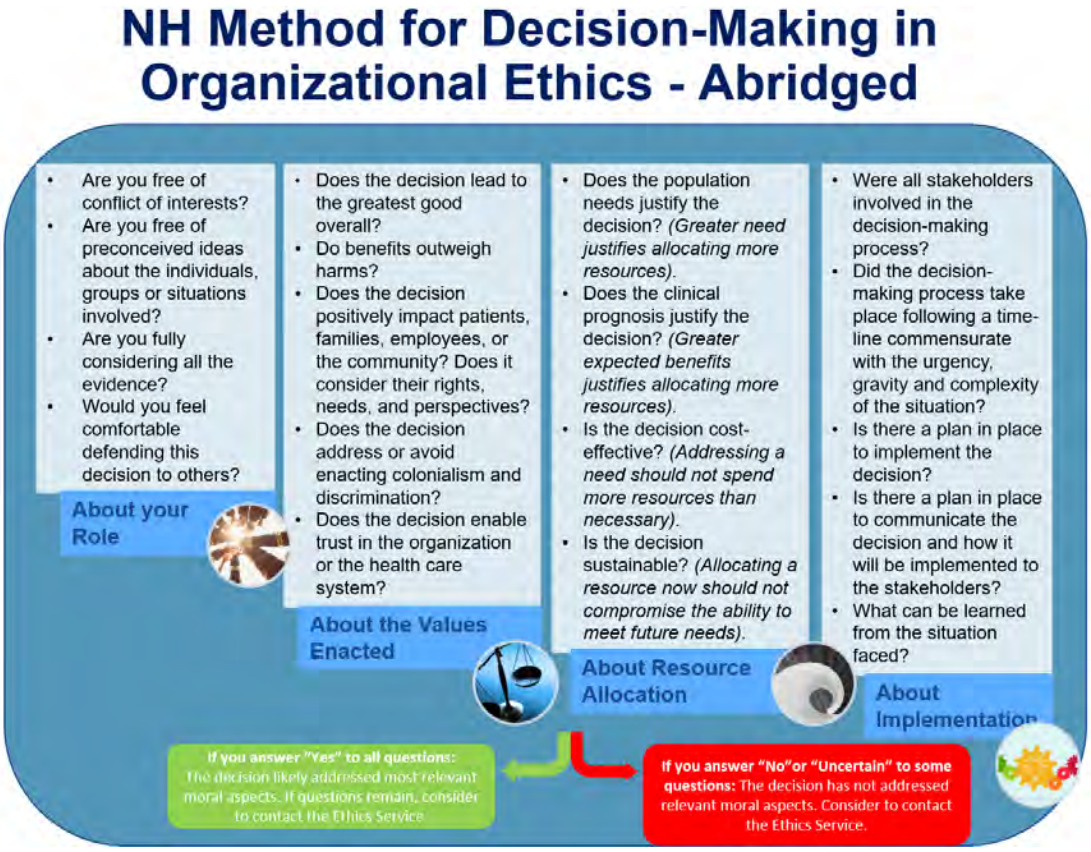
d) Cost-effectiveness: Addressing a prioritised need should not spend more resources than necessary.

- Sustainability: Allocating a resource at a specific time should not compromise the ability of the organization to meet the same or other needs in the future.
- Social responsibility: The decision must ensure the organization fulfils its responsibility towards patients and communities.

Not all decision-makers follow a defined, prescriptive decision-making model like the one proposed here. Instead, they make decisions by judgement. In those situations, it is advisable to use the "Organizational Decision-Making – Ethical Considerations" (Appendix 7) to determine the quality and ethical acceptability of the decision after it is made and before it is implemented.

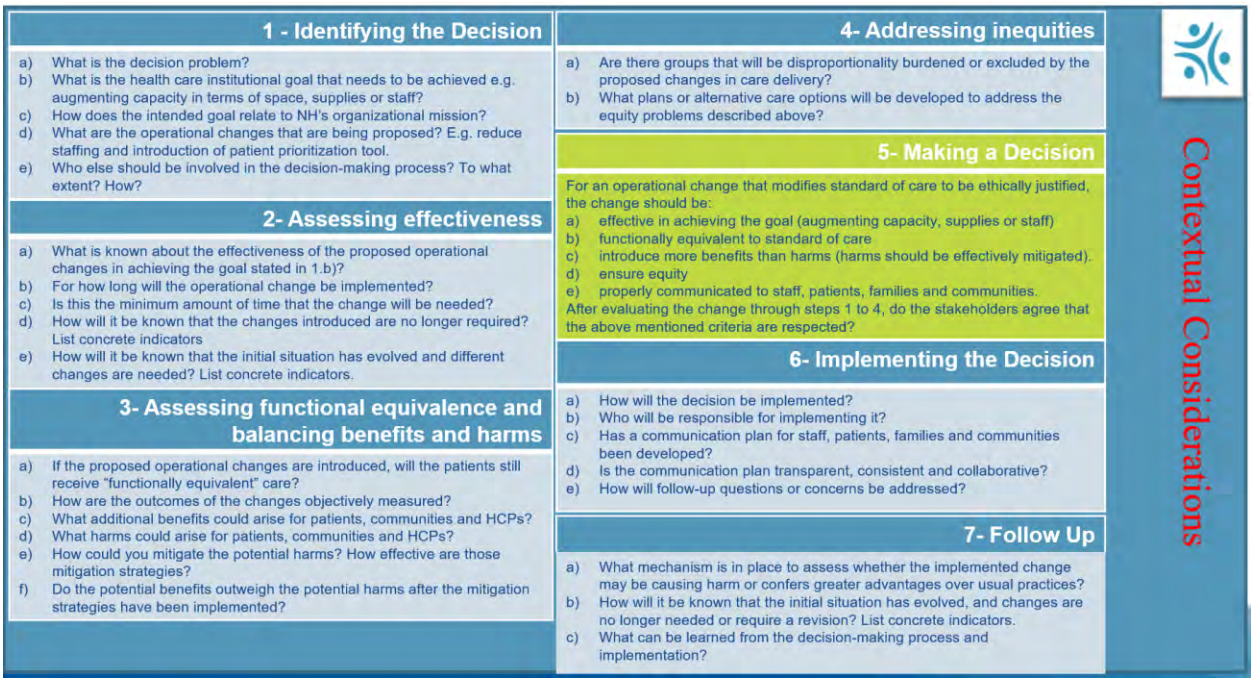
Appendix 7 – Organizational Decision-Making – Ethical Considerations

Use this set of questions to assess the quality and ethical acceptability of your decisions before they are implemented. The questions summarize critical aspects that must be considered in order to make an ethical decision.



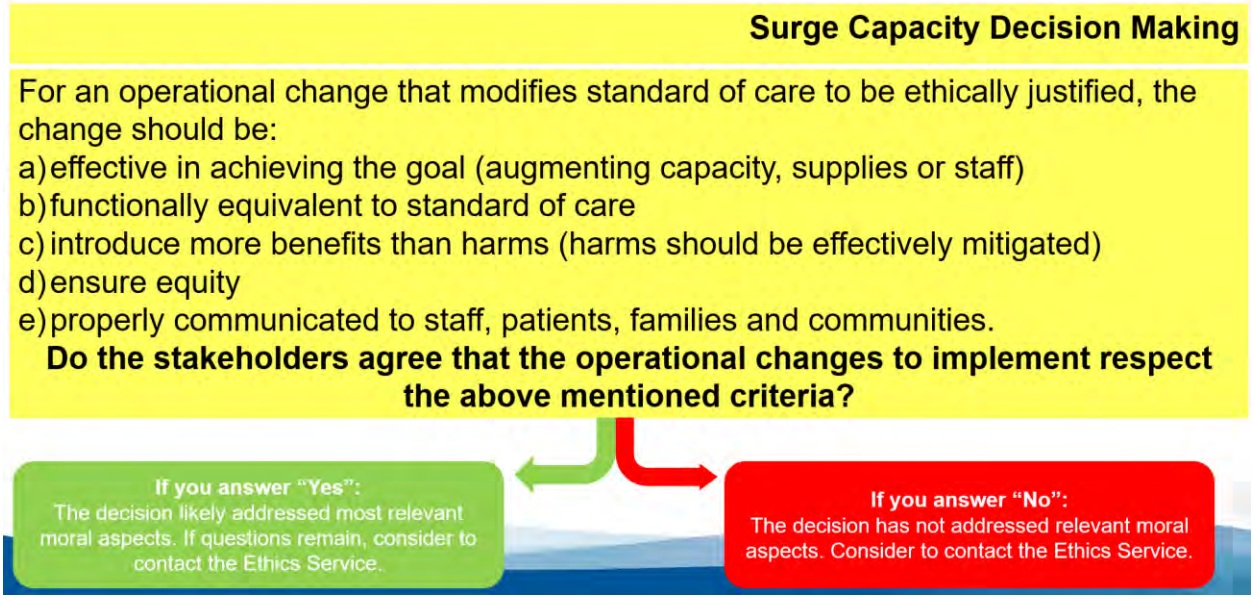
Appendix 8 – Surge Capacity Decision-Making Model

Demands for clinical care resources may exceed supply due to factors such as physical space limitations, shortages of trained personnel, or insufficient quantities of specialized equipment. Under those circumstances, healthcare institutions introduce adaptive strategies to continue providing care despite the constraints. Those strategies represent contingency standards of care, a stage intermediate between conventional and crisis standards of care. This decision-making model helps leaders to assess the ethical acceptability of the operational changes to be introduced.

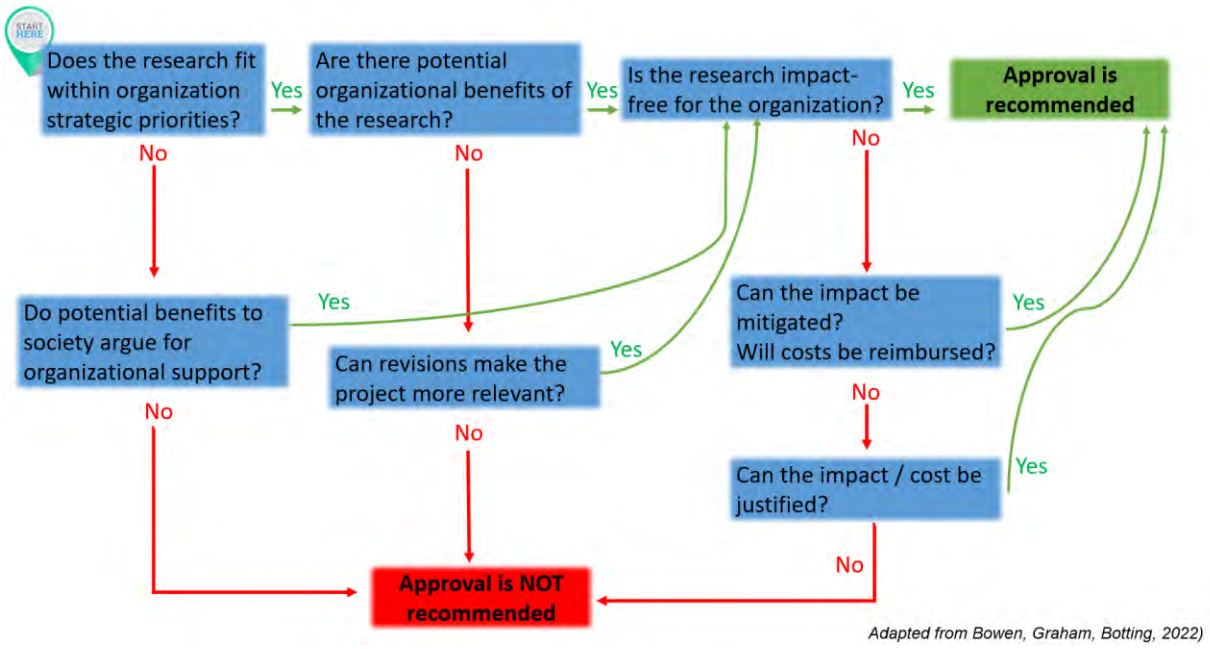


Appendix 9 – Surge Capacity Decision-Making Model – Abridged

This abridged version of the Surge Capacity Decision-Making Model has been created recognizing that the conditions to go through a detailed decision-making process are not always present. This version summarizes the key ethical aspects that should be considered when introducing changes to standard of care.



Appendix 10 - Operational Approval Decision-Making Guideline



Adapted from Bowen, Graham, Botting, 2022)

Appendix 11 - Ethical Values which NH Upholds

Autonomy: Individuals have a right to self-determination, that is, to make decisions about their lives without interference from others.

Beneficence: Obligation to act for the benefit of the patient, protect and defend the right of others, prevent harm, and remove conditions that will cause harm.

Non-Maleficence: Obligation to not harm others.

Justice: Fair, equitable, and appropriate treatment of persons.

Procedural Justice: Accountability to fair and transparent processes in health care management.

- *Openness and transparency:* Any planning, any policy, and any actions deriving from such policies, must be transparent and open to stakeholder input as well as available to public inspection. All plans and all decisions must be made with an appeal to reasons that are mutually agreed upon and work toward collaboratively derived goals.
- *Inclusiveness:* This means that those making decisions should:
- involve people to the greatest extent possible in aspects of planning that affect them,
- take into account all relevant views expressed, and consider how all stakeholders have a fair opportunity to get their needs for treatment or care met,
- take into account any disproportionate impact of the decision on particular groups of people.
- *Accountability:* This means that those responsible for making decisions may have to justify the decisions that they do or do not make.
- *Reasonableness:* This means that decisions should be:
- Rational and not arbitrary or based on emotional reactivity
- Based on appropriate evidence, available at the time
- The result of an appropriate process, taking into account how quickly a decision has to be made and the circumstances in which a decision is made
- Practical - have a reasonable chance of being feasible to implement and to achieve their stated goals

Distributive justice: It is concerned with the fair distribution of the burdens and benefits of social cooperation among diverse persons with competing needs and claims.

Compassion: Expression of care and concern for another person or group of people. It does not suggest any feeling of superiority towards others, but is instead a virtue that forms a bond between people.

Equity: It refers to social justice or fairness; and, as an ethical principle, it is grounded on distributive justice. Equity in health can be defined as the absence of socially unjust or unfair health disparities.

- Fairness: Everyone matters equally but not everyone may be treated the same. There are three competing forces in fair delivery of care and services that must be balanced.
- Persons ought to have equal access to health care resources (*equality*), however:
- Those who most need and can derive the greatest benefit from resources ought to be offered resources preferentially (*equity*), and
- Resources ought to be distributed such that the maximum benefits to the greatest number will be achieved (utility, and *efficiency*) and
- Resource allocation decisions must be made with *consistency* in application across populations and among individuals regardless of their human condition (e.g. race, age, disability, ethnicity, ability to pay, socioeconomic status, pre-existing health conditions, social worth, perceived obstacles to treatment, past use of resources).

Stewardship: Responsible use and management of resources in a way that takes full and balanced account of the interests of patients, communities and society at large, and accepts significant answerability to society. It encompasses the ethical responsibility to act on behalf of others and to honor the responsibilities of service, rather than to pursue one's own self-interest.

Confidentiality: Obligation to not to disclose confidential information given by a patient to another party without the patient's authorization.

Truth-telling: Responsibility to provide truthful information to patients as well as to respect their righto not to know such truth.