

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

Public Minutes

1. Call to Order Public Session

The Open Board session was called to order at 9:08am with a welcome to all guests and acknowledgement that the meeting was taking place on the traditional territory of the Tsimshian Nation of Kitsumkalum.

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 April 17, 2023 Public agenda.

3. Approval of Agenda

Moved by F Everitt seconded by B Kennelly

The Northern Health Board approves the April 17, 2023 public agenda as presented

4. Approval of Board Minutes

Moved by P Sterritt seconded by R Beerling

The Northern Health Board approves the February 13, 2023 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 for information and discussion with additional highlights being provided on the following:

- Northern Health Illicit Drug Toxicity Death Rates:
 - Northern Health has had the highest rate of illicit toxicity rates since 2020.
 - Terrace LHA Illicit drug death 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
 - Place of Injury, Illicit Drug Toxicity Deaths – the location of illicit drug deaths has not changed since the declaration of the Public Health Emergency. The majority of deaths occur within a private residence. Terrace LHA shows a higher proportion of deaths occurring in a similar pattern as NW, NH, and the Province.
- Prince Rupert Regional Hospital:
 - Premier Eby traveled to Prince Rupert to tour the hospital and visit with managers, staff and physicians on March 17, 2023. The tour included a visit to the Emergency Department, Kitchen, and the Laboratory.
- FNHA Northern Addictions Engagement & Knowledge Exchange Forum:
 - The Gathering Wisdom XII occurred in Vancouver from February 28 – March 2, 2023 which is 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.
 - This meeting focused on the continuation of the dialogues held at the northern subregional and Northern Caucus sessions around the First Nations Health Council 10-year strategy and resolution.
 - Leadership from Federal and Provincial governments shared opportunities to support improvements in health care that align with the social determinant goals.
- Long Term Care Staff Celebration Events: 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 residents and families in northern long-term care facilities. The event acknowledged the progress in reducing the use of antipsychotic medications in long term care and the many examples of work that is occurring to improve and enhance person and family centered care for residents and families.

6.1. Human Resources Report

An overview of the Human Resources Report was provided for information. Additional information was provided on the following topics:

- BC's Health Human Resources Strategy and Northern Health current context:
 - Northern Health current vacancy indicators: 20.50% of the 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.
- Workforce trends: Northern Health workforce trends, and Exit and Stay Interviews, indicate that health service providers are departing the organization at nearly the same rates as they are recruited. In this post-pandemic phase, it is anticipated an increase in retirements and/or exits, which will further increase workforce challenges.
- Relational Security: The MoH 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 Ministry of Health 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.
- 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 established a rapid action Integrated Project Team to expand the Travel Resource Program to additional rural and remote areas of the province.
 - The TRP will be rebranded and renamed “GoHealthBC”. A marketing campaign will be launched in the spring of 2023 to increase awareness of this unique employment opportunity.

7. Audit and Finance Committee

7.1. Financial Statement Period 12

- Year to date Period 12, Northern Health 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.
- NH is reviewing the final funding letter and making adjustments and expects to be in a small surplus position.

Moved by W Adam seconded by B Kennelly

The Northern Health Board receives the 2022-23 Period 12 financial update as presented.

7.2. Capital Expenditure Plan 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 11 (ending February 2, 2023), \$282.5M was expended towards the execution of the capital plan and was summarized in the briefing note.

Moved by F Everitt seconded by R Beerling

The Northern Health Board receives the Period 11 update on 2022-23 Capital Expenditure Plan.

8. Performance Planning and Priorities Committee

8.1. Service Plan

8.1.1. Clinical Quality Priorities

- Throughout the year, Northern Health's Service Networks provide updates on their highest priority planning, change, and quality improvement work. An update was provided that outlined the clinical quality priorities for each service network for the 2023/2024 fiscal year.
- 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 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.
- Details were included in the report that summarized the highest priority work identified by each of the organization's Service Networks for 2023/24

9. Indigenous Health & Cultural Safety Committee

9.1. Cultural Safety Education for NH Staff and Physicians

- An overview and update was provided on the education work that has occurred within the Indigenous Health Education portfolio to frame 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.
- The Northern Health Education team and the Indigenous Health team are supporting cultural safety training.
- Based on staff interests received by Indigenous Health, a Community of Practice has been initiated to support non-indigenous staff who are interested in discussing ideas and

opportunities for learning in order to provide the best care possible for Northern Indigenous patients and clients.

10. Governance and Management Relations Committee

10.1. Board Policy Manual BRD 100 Series

- The revised policy manual BRD 100 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 100 series

10.2. Amendment Request to the Health Care Consent Regulation – NH Research Ethics Board

- 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.

Moved by F Everitt seconded by R Beerling

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.

10.3. Coordinated Accessible National (CAN) Health Network

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

Moved by F Everitt seconded by B Kennelly

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.

10.4. Overview of Research Partnerships

- The goal of 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 staff, physicians, patients and academic partners to conduct or engage in research activities that advance the priorities of Northern Health and northern communities.
- The Northern Health Research Department currently has three priority areas of activity:
 - Supporting ethics and institutional approval,
 - Developing clinical research capacity and infrastructure
 - Supporting the integration of knowledge into practice.

- A foundational enabler that crosscuts all three priority areas is strong partnerships and engagement.
- The attached report provided an update on advancements in each of the three areas during the 2022 calendar year along with the final selection recommendations for 2023. By maturing the research culture, capacity and infrastructure at NH, equitable access to care will be enabled.

11. Revised Ethics Practice Model

- A presentation was provided information regarding the changes in ethics service delivery to better define the mandate of the NH Ethics Services and how the service fits within the organizational structure.
- The Ethics Practice Model 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 will lead 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.

Moved by R Beerling seconded by W Adam

The Northern Health Board approve the revised Northern Health Ethics Practice Model.

Moved by R Beerling

Meeting was adjourned at 10:44am



Colleen Nyce, Chair



Desa Chipman, Recording Secretary