NH Board_Public Agenda Package (June 2023)

June 11, 2023 03:00 PM - 04:30 PM

northern health

Public Meeting Motions

June 11, 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 June 11, 2023 Public Agenda as presented	☐	☐
4.	Approval of Minutes	The Northern Health Board approves the April 17, 2023 minutes as presented	☐	☐
7.2	Capital Expenditure Plan Update	The Northern Health Board receives the Period 13 update on the 2022-23 Capital Expenditure Plan.	☐	☐
11.1	BRD 200 Policy Series	The Northern Health Board approves the BRD 200 Policy Series as presented.	☐	☐

northern health

Board Meeting

Date: April 17, 2023

Location: Terrace, BC

Chair:	Colleen Nyce	**Recorder:** Desa Chipman

Board:	• Frank Everitt
	• Wilfred Adam
	• Brian Kennelly
	• Patricia Sterritt
		• Shannon Anderson
		• Shayna Dolan
		• Russ Beerling
		• Regrets:
		  ○ Linda Locke
		  ○ John Kurjata

Executive:	• Cathy Ulrich • Fraser Bell • Mark De Croos • David Williams • Kelly Gunn • Steve Raper	• 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.

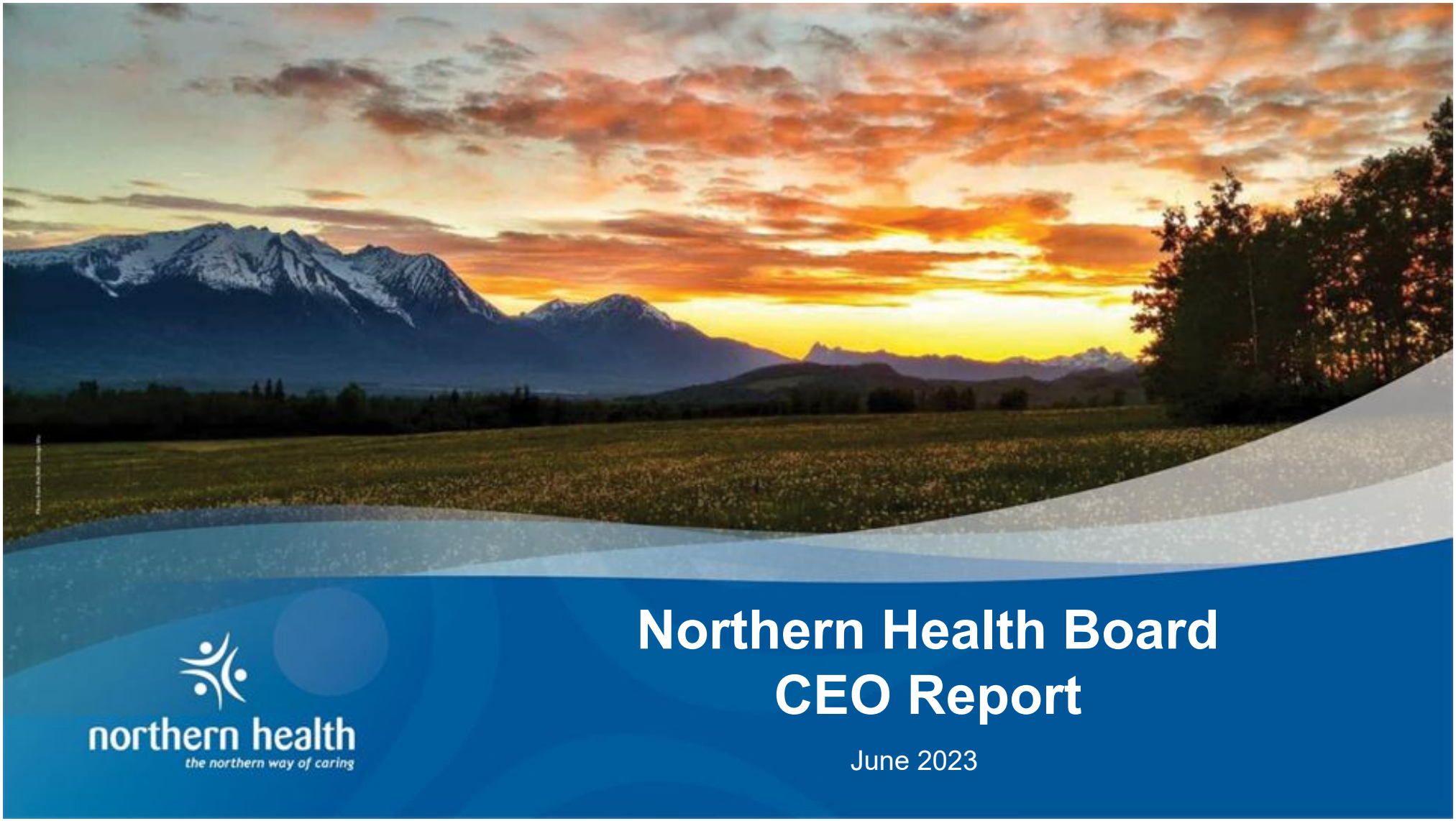
11. Revised Ethics Practice Model
    - A presentation was provided information regarding the changes in ethics service delivery to better define the mandate of the NH Ethics Services and how the service fits within the organizational structure.
    - The Ethics Practice Model includes the domains previously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

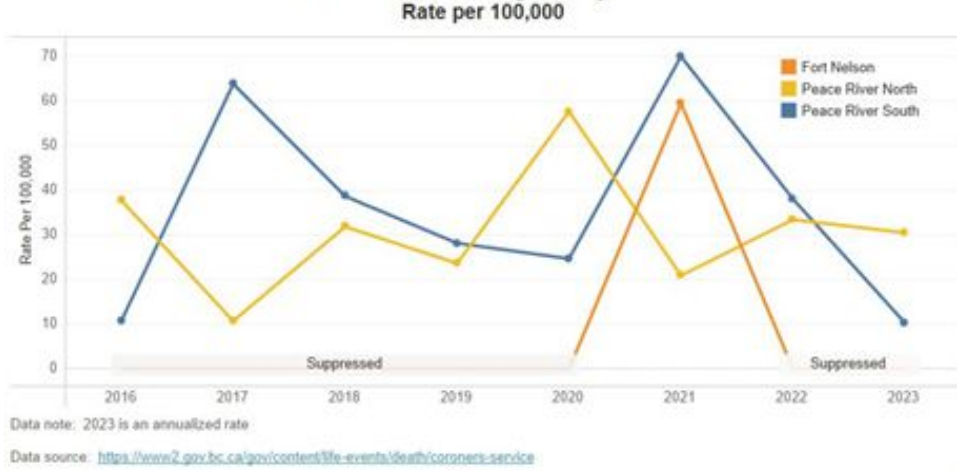
Desa Chipman, Recording Secretary


northern health
the northern way of caring
Northern Health Board
CEO Report
June 2023

Northern Health Unregulated Drug Death Rates

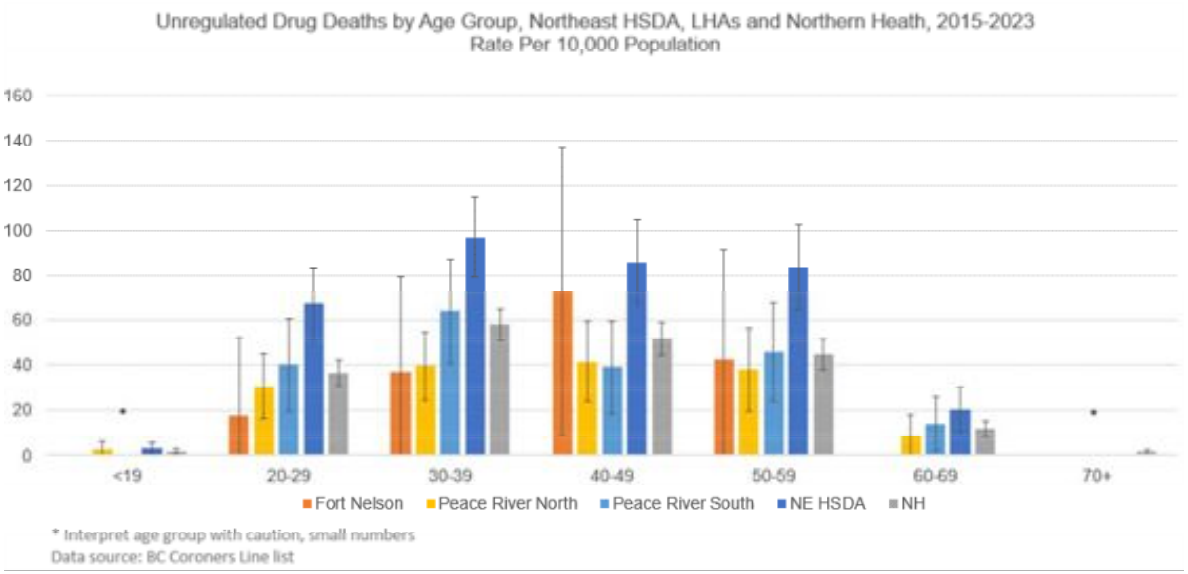
Northern Health has had the highest rate of illicit drug toxicity rates since 2020

- The rate of illicit toxicity deaths in the NE HSDA LHAs have fluctuated since the declaration of the Public Health Emergency
  - In the past two years Peace River North has seen a decrease in the rate of Illicit Drug Toxicity Deaths



NE LHAs Unregulated Drug Deaths by Age Group from 2015-2023

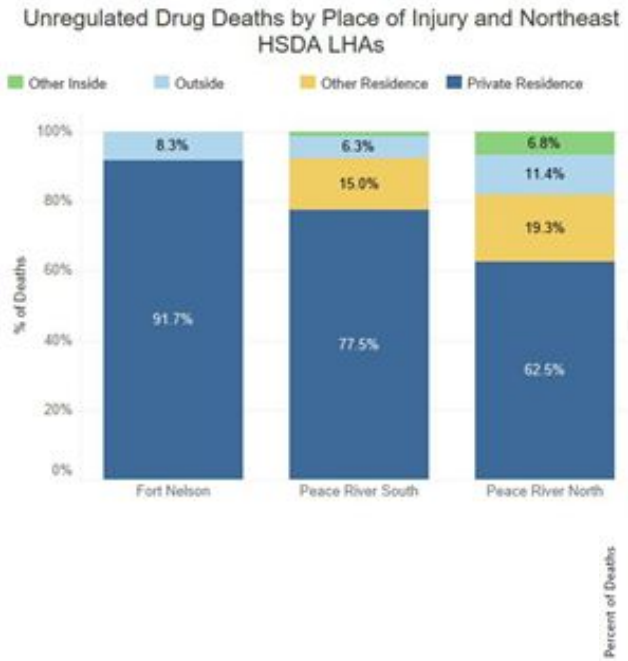
- The highest rate of deaths have occurred in the 20 – 59 year age groups
- The rates of for unregulated drug deaths are higher for the NE HSDA compared to NH in all age groups except for the <19 and 60+ age groups
  - However, the NE LHAs are have similar rates to NH

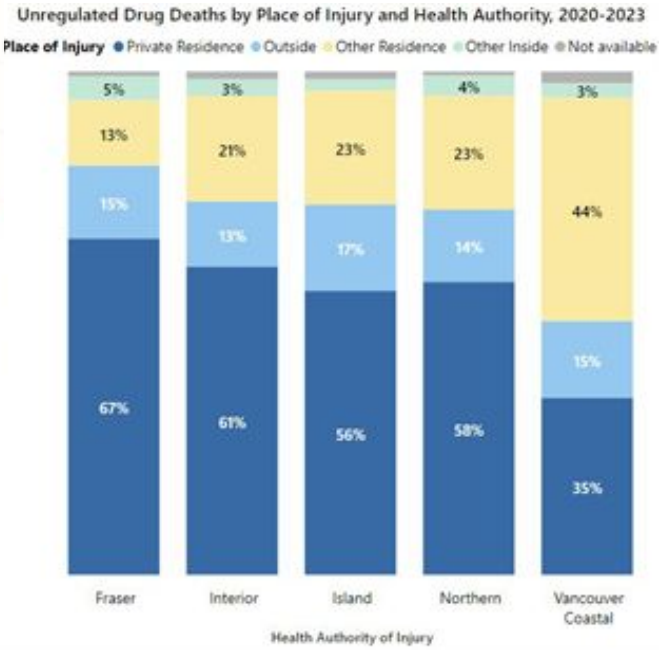


Place of Injury, Illicit Drug Toxicity Deaths

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

- The majority of deaths occur within a Private Residence and Other Residences which includes hotels, motels, rooming houses, shelters





NCLGA - Healthy Northern Communities Forum

- On Monday May 8, 2023 Northern Health hosted the Healthy Northern Communities Forum in conjunction with the Northern Central Local Government Association annual convention which took place in Dawson Creek.
- The purpose of the forum was to connect local government with Northern Health on two important health topics:
  1. Addressing health human resource challenges in northern BC
  2. Engaging with NH to support community health and well-being.
- The forum was organized by Northern Health's Population & Public Health and Human Resources teams and was hosted by Directors Anderson and Kurjata.
- There were approximately 55 local government members in attendance and the feedback was positive from the sessions for the day. In particular, participants expressed their appreciation for the opportunity to connect and network with each other and with NH staff. Several participants expressed that they learned a lot from the sessions and appreciated the opportunity to learn from each other.

NCLGA – Meetings with Local Government

- In total 13 meetings were hosted by the NH Board Chair and CEO on May 9th & 10th.
- Meetings were held with the following communities:
  - NW: City of Terrace, District of Houston, Northwest Regional Hospital District
  - NE: District of Tumbler Ridge, Village of Pouce Coupe, City of Fort St John
  - NI: Village of Granisle, City of Quesnel, Village of Valemount, Village of McBride, District of Vanderhoof, City of Prince George, District of Fort St James
- Meetings were constructive and overall positive with the following themes;
  - Capital projects
  - Mental Wellness and Substance Use
  - Housing and supports for the vulnerable population
  - Recruitment and Retention of nurses, physicians, and allied health staff

Northern First Nation Health Partnership Committee May 31, 2023

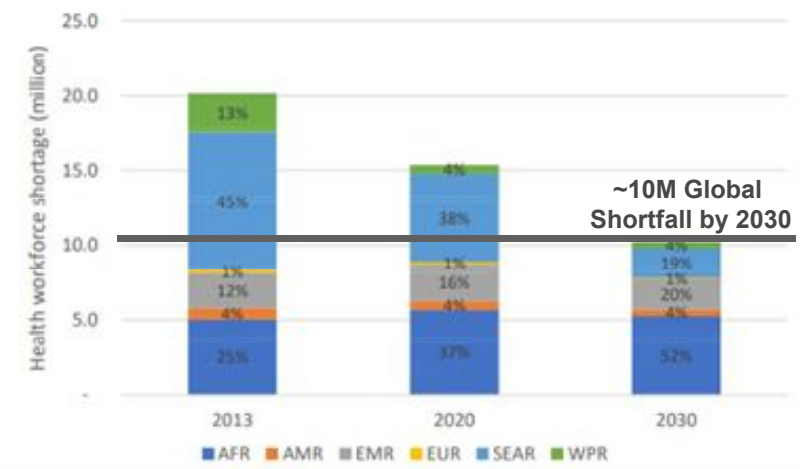
- The agenda for the Partnership Committee was focused on reviewing the NH, FNHA and collaborative commitments in the Northern Partnership Accord, including:
  - Discussion regarding the next steps in developing a mutual workplan to meet the commitments.
  - A facilitated planning session is planned to enable the Partnership Committee to develop the workplan for the coming year
- The Partnership Committee also receive reports regarding the priority actions underway in Northern Health and the First Nations Health Authority in relation to community engagement, education, improvement in complaint processes and service implementation in primary and community care and mental health and wellness.


northern health
the northern way of caring
NH Board Human Resources Report
David Williams, VP Human Resources
June 11, 2023

Setting the Stage

Global Context:

Distribution of the estimated global health workforce shortage by WHO region in 2013, 2020 and projected shortage in 2030



Source: Boniol M, Kunjumen T, Nair TS, et alThe global health workforce stock and distribution in 2020 and 2030: a threat to equity and 'universal' health coverage? BMJ Global Health 2022;7:e009316.

Canadian Context:

Source: Canadian Institute for Health Information. Overview: Impacts of COVID-19 on health care providers [report]. Accessed May 1, 2023.

Source: Government of Canada. Summary Report of the Health Human Resources Symposium [report]. Accessed May 1, 2023.

Setting the Stage

Northern Health Context:

20.71%
Baseline positions are unfilled

17.66%
Increase in workforce demand since 2019

5.76%
Increase in workforce supply since 2019

12%
BC Population living in Rural/Remote areas in 2019

Served By

6% BC Nurses
5% BC Physios
3% BC Occupational Therapists

Difficult to fill Vacancies

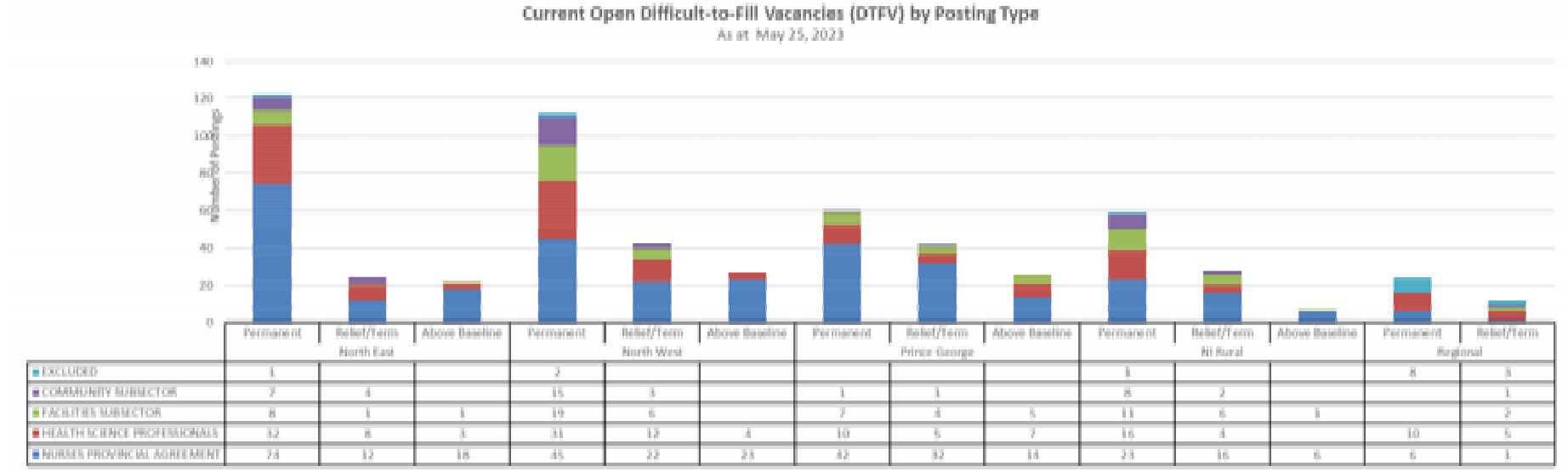
4756
Average annual number of non-casual positions posted

64%
Filled by internal staff (existing regular and casual)

11%
Filled by external (qualified applicants from outside NH) within 90 days

12%
Filled externally or closed after 90 days

10-13%
Remain open as "difficult to fill"



**Difficult to fill vacancy is defined as a non-casual posting that was active for over 90 days from the initial posting date and went external*

BC's HHR Strategy

Four Cornerstones

FOUR CORNERSTONES

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

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

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

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

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

northern health
the northern way of caring

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

Cornerstone	BC HHR Strategy Objectives	Critical Success Factor
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.

northern health
the northern way of caring

Recently Completed Northern Health Projects

Refreshed Nursing New Grad Hiring Process

- 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 126 applicants through this process; 107 have been hired, 15 are pending.

Employed Student Nurse Hiring Process

- Seamless process for existing ESNs to continue employment in the coming fiscal year without needing to re-apply.
- 57 of 67 of previous year ESNs were rehired and retained through this process.
- Process efficiencies have been positively received by operations management.

Enhanced Career Lifecycle Supports

- Engagement-based project intended to assess drivers of retention and attrition at different career stages.
- The outputs of the engagement validated the outputs of the Workforce Survey on Wellness, Quality, and Safety (Accreditation Canada) survey and provided deeper insights through in-person interviews and focus groups.

northern health
the northern way of caring

Ministry Funded Housing Initiative

- Housing is a critical enabler to recruitment in many northern communities
- Provincial Health Sector Housing Strategy in development building on Northern Health prototype

- Northern Health Prototype
  - *Current:* Kitimat, Hazelton, Prince Rupert, Chetwynd, Dawson Creek, Fort St John, Robson Valley
  - *Expansion:* Terrace, Haida Gwaii
- Housing Bed #s:

NW	NI	NE
184	56	108

Future Initiatives

- In select areas, explore full-service providers to operate housing units on NHs behalf
- 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
- Mills Hospital replacement in Terrace is expected to lead to an acute need for new housing options for staff.

northern health
the northern way of caring

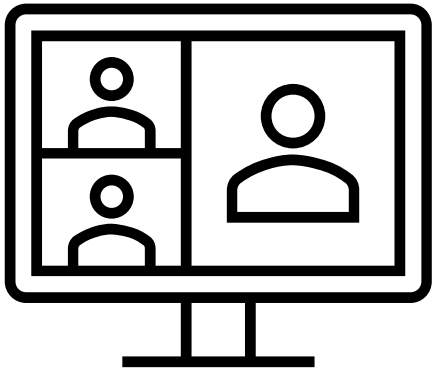
Rural Remote Retention Incentive

- Retention of health human resources is a challenge, particularly in rural and remote communities
- Targeted Provincial Retention Incentives in development, building on initial prototype

- Northeast Health Service Delivery Area (HSDA)
- Hazelton
- Prince Rupert
- Haida Gwaii
- Net gain – 4.48%

Portfolio Focus – Workforce Planning/Analytics

- Human Resources Planning and Analytics (HRPA) team is responsible for the development and implementation of workforces planning strategy for Northern Health.
- Focused on understanding our workforces and planning for future needs with the context of a Northern population.



- Continuing automation of workforce analytics
- Facilitating situation table responses
- Facilitating Operational Workforce Planning
  - One to one support and training for leaders on utilization of the new automated dashboards.
  - Collaboration of partners from multiple teams on the development of a workforce plan for the department or unit.
  - Knowledge transfer of planning strategies across region/units with similar workforce challenges.

northern health
the northern way of caring

The Face of Northern Health

As at May 25, 2023

Summary of Employees by Status	Headcount	%	FTE
Active: Total	9,009	100%	5,724
Full-time	4,336	48%	
Part-time	2,058	23%	
Casual	2,615	29%	
Non-Active: Total	984	100%	785
Leave	585	59%	430
Long Term Disability (LTD)	399	41%	355

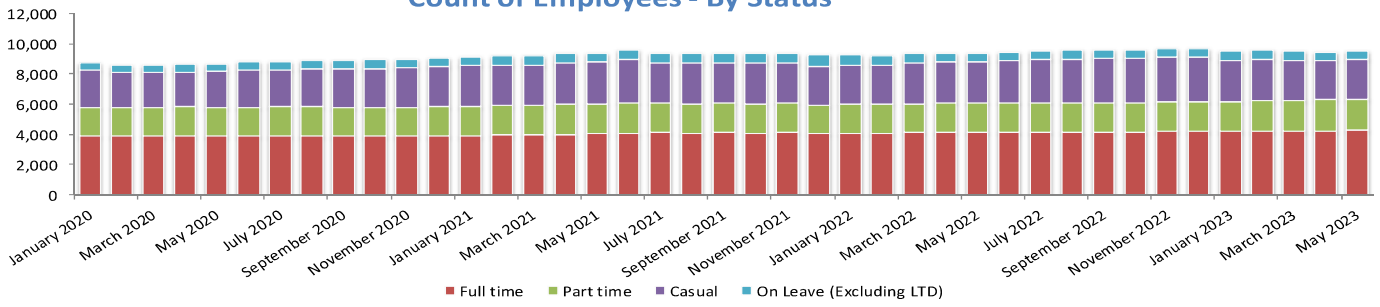
Active Employees by Region	Headcount	%
Active: Total	9,009	100%
North East	1,344	15%
North West	2,026	22%
Northern Interior: Prince George	2,721	30%
Northern Interior: Rural	1,150	13%
Regional	1,768	20%

Active Employees by Collective Agreement	Headcount	%
Active: Total	9,009	100%
Nurses	2,587	29%
Facilities	3,589	40%
Health Sciences	1,122	12%
Community	914	10%
Excluded	797	9%

Active Nursing	Headcount	%
Active: Total	2,587	100%
RN/RPN	1,982	77%
LPN	605	23%

Clinical vs. Support	Facilities	Community
Active: Total	3,589	914
Clinical	1,448	521
Non-Clinical	2,141	393

Count of Employees - By Status



northern health
the northern way of caring

BOARD BRIEFING NOTE

Date:	May 29, 2023	
Agenda item	2022-23 Financial Statements – Public Disclosure	
Purpose:	☒ **Discussion**	☐ **Decision**
Prepared for:	NH Board of Directors	
Prepared by:	Mark De Croos – VP, Financial & Corporate Services/CFO	

Purpose:

To provide an update on the status of the audit of Northern Health's 2022-23 financial statements, and government requirements regarding disclosure of the audited financial statements to the public.

Background:

Northern Health ended fiscal year 2022-23 on March 31, 2023. The annual financial statements are being audited by KPMG.

Upon conclusion of the audit, the financial statements will be presented to Northern Health's Board of Directors for approval. Following Board approval, the audited financial statements will be submitted to the Ministry of Health for its review and approval to release to the public.

Once Ministry approval is received, the 2022-23 audited financial statements will be posted on Northern Health's website.

Recommendation:

For information only.

BOARD BRIEFING NOTE

Date:	May 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 13 (ending March 31, 2023), $348.6M was spent towards the execution of the plan as summarized below:

$ million	**YTD**	**Plan**
Major Capital Projects (Priority Investment)	306.8	315.5
Major Capital Projects (Routine Capital)	11.7	36.7
Major Capital Equipment (> $100,000)	12.4	29.1
Equipment & Projects (< $100,000)	10.0	13.1
Information Technology	7.7	17.1
	348.6	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	$1.45	In Progress	NWRHD, MOH, NH
Kitimat	Kitimat OR Anesthetic Machine Replacement	$0.12	In Progress	MOH, 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	N/A	In Procurement	NWRHD, NH
Terrace	TVL FM Boiler Upgrade and HVAC Recommissioning (CNCP)	$0.55	In Progress	NWRHD, MOH
Masset	NHG DI Ultrasound Replacement	$0.27	Complete	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, MOH, NH
Smithers	BVDH FM Electrical Upgrade	N/A	In Procurement	MOH
Smithers	BVDH OR Anesthetic Machine Replacement	$0.10	Complete	MOH, RHD
Smithers	Bulkley Lodge Domestic Hot Water Heaters and Tank and Repiping	$0.51	Complete	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	$0.51	Complete	FFGRHD, MOH
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	N/A	In Procurement	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	$3.84	Complete	FFGRHD, MOH
Prince George	UHNBC DI General Fluoroscopy Replacement	$2.35	Complete	FFGRHD, MOH
Prince George	UHNBC DI Intravascular Ultrasound System	$0.15	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	$0.15	Complete	FFGRHD, MOH
Prince George	UHNBC DI Ultrasound #2 Replacement	$0.21	Complete	FFGRHD, MOH
Prince George	UHNBC DI X-Ray Room 1 Replacement	$0.57	Closing	FFGRHD, MOH
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	N/A	In Procurement	FFGRHD, MOH, NH
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	$0.24	Complete	FFGRHD, MOH
Prince George	UHNBC Lab Chemistry Automation	$9.61	In Progress	FFGRHD, MOH, NH
Prince George	UHNBC Lab Sysmex Machines Replacement	$0.51	Closing	FFGRHD, MOH
Prince George	UHNBC Lab Tissue Processor Replacement	$0.20	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	$0.44	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	$0.30	Complete	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	SONHF, MOH
Quesnel	GRB CT Scanner Replacement	$1.99	Complete	CCRHD, MOH, NH
Quesnel	GRB DI General X-Ray	$0.63	Complete	CCRHD, MOH
Quesnel	GRB DI Ultrasound Replacement	$0.25	Closing	CCRHD, MOH, NH
Quesnel	GRB DI Ultrasound 2 Replacement	$0.20	Complete	CCRHD, MOH
Quesnel	GRB ER & ICU Addition	$27.0	In Progress	CCRHD, MOH
Quesnel	GRB Lab Chemistry Analyzer Replacement	$0.69	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	$1.79	Complete	SNRHD, MOH, NH
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	PRRHD, MOH
Dawson Creek	DCH Pharmacy Pyxis Replacement	$0.36	In Progress	MOH, NH
Fort Nelson	FNH FM Boiler Upgrade and Heat Recovery (CNCP)	$0.82	Closing	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	Complete	PRRHD, MOH, NH
Fort St. John	Fort St. John Lab Compliance Renovation	$1.17	Complete	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	$0.27	Complete	PRRHD, MOH
Fort St. John	Fort St. John Hospital OR Orthopedic Fracture Table	$0.18	Complete	PRRHD, MOH
Fort St. John	Fort St. John Hospital Pharmacy Pyxis Replacement	$0.75	In Progress	MOH, NH
Fort St. John	FSO OD Prevention Site Leasehold Improvement	N/A	In Procurement	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, NH

Regional Projects

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
All	Business ERP Systems Replacement	N/A	Planning	MOH, NH
All	Clinical Data Repository (CeDaR)	$1.53	Closing	NH
All	Staffing System Replacement	N/A	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	N/A	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	N/A	Planning	CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	Pharmacy Camera Verification Workflow Solution	N/A	Planning	NH
All	Provincial Lung Screening Program	$0.27	In Progress	BC Cancer, NH
All	RC Momentum – LTC Waitlist	N/A	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	N/A	Planning	MOH

In addition to the above major capital projects, NH receives funding from the Ministry of Health, Regional Hospital Districts, Foundations, and Auxiliaries for minor equipment and projects (less than $100,000). For 2022-23, NH spent $10.0M 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 13 update on the 2022-23 Capital Expenditure Plan.

BOARD BRIEFING NOTE

Date:	June 11, 2023	
Agenda item	Partnering for Healthy Communities: Community Granting Program Update	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	NH Board of Directors	
Prepared by:	Breanne Frenkel, Community Granting Coordinator Natasha Thorne, Regional Nursing Lead – Injury Prevention Flo Sheppard, Team Lead, Chief Population Health Dietitian Karmen Skrajnar – Regional Coordinator, Harm Reduction Kerensa Medhurst – Strategic Lead, Overdose Prevention and Response Sabrina Dosanjh-Gantner – Regional Manager, Healthy Living & Chronic Disease Prevention Lindsay Seegmiller – Regional Manager, Healthy Settings	
Reviewed by:	Tanis Hampe, VP Population and Public Health Dr. Jong Kim, Chief Medical Health Officer	

Issue & Purpose

This briefing note provides the Board with an update on the growth and development of Northern Health's Community Granting Program, which is a reflection of Population and Public Health's advances in partnering with and supporting healthy communities and articulates potential risks and mitigation strategies.

Background:

For the past 15 years, Northern Health has offered annual community grants through the Population and Public Health community granting program.

This program contributes to Northern Health's priority of healthy people in healthy communities by supporting community-based initiatives that enable people to live well and prevent disease and injury. Community grants build and strengthen partnerships between the Health Authority and community partners, they foster goodwill, and they generate good news stories that are shared via the Northern Health website and social media.

In 2022-23, Northern Health's Community Granting Program entered into its second year with more diversified granting streams. This included re-launching IMAGINE

Community Grants, along with second iterations of Rural, Remote and Indigenous Food Action Grant (RRIFA), Vision Zero in Road Safety, and the newly incorporated Peer Granting stream (See Table 1 for program-specific details). Looking ahead to 2023-24, the Community Granting program is anticipating another year with a variety of granting streams and is identifying and implementing opportunities for quality improvement.

Key Actions, Changes & Progress:

1. **Growth in total funding and percentage of applications funded.** In 2022-23, the total amount of funding granted to community partners increased to $1,035,000 from $658,745.00 the previous year. This was a result of increases to targeted funding (Vision Zero), new partnerships (BC CDC Foundation for Public Health) and increased collaboration between Population Public Health programs. In part resulting from greater available funding, there was an increase in the applicant success rate from 27.5% to 61.7%. Figures 1, 2 and 3 illustrate funding distribution by HSDA, by health priority and by population, and Figure 4 provides a breakdown of each granting stream.

2. **Full integration of Population & Public Health (PPH) Peer Granting, and growth of participatory grant making.** The peer granting program was fully integrated into the PPH community granting process in 2022-23. This led to the award of Northern Peer Support Grants to peer-run organizations that specialize in reducing harm related to substance use. These grants were awarded regionally, adding $110,000 to community–led funding and showcasing participatory grant-making model that engages peers in the process. By supporting the growth of peer-led overdose prevention services across the region, Northern Health recognizes the unique value that such organizations offer in reaching individuals who may not seek conventional healthcare services. This milestone represents Northern Health's commitment to innovative and community-driven solutions that improve the health and well-being of British Columbians.

3. **Visible community-led upstream health impacts emerging from diversified community grants.** Grant applications, partnership check ins, project evaluation and legacy summaries illustrate the impact that community granting programs have on improving the health and wellness of northern BC communities and populations through partnership and community-led initiatives.

   Examples from the four granting streams:

   The Skeena Watershed Conservation Coalition was awarded a *Rural, Remote and Indigenous Food Action Grant* to support their Tree Generative Poultry Project. This project addressed the strain on the salmon eco system in the area and partnered with two local Band Administrations/Nations to develop mentoring relationships on the Tree-Generative model. Through this model, communities are building an alternative protein through chicken farming that is implementing successful and sustainable food systems in the area.

   One of the 11 *Vision Zero in Road Safety Grants* awarded in 2022-23 was led by the South Quesnel Business Improvement Association. They sought funding for

two bus shelters on busy roads: one near a junior high school and the other for an exposed section of a frontage road which is the main bus stop used by members of the Lhtako Dene and Red Bluff communities (including mothers with strollers). Pedestrians were vulnerable to being struck by vehicles in these locations, particularly in winter months. They secured partnership support from the City of Quesnel, the Indigenous communities, and BC Transit. Residents are now protected from the weather as well as the traffic.

Youth Around Prince (YAP) was a successful applicant in the latest intake of *IMAGINE Community Grants*. Their project, YAPping Your Future, identified the gaps in support services for at risk youth aging out the current YAP programming. The new program will allow YAP support workers to build personalized youth-led aging out plans for those currently accessing services. These plans will address the overwhelming referral processes for medical, mental health and social support services by implementing meet and greets with various organizations to facilitate a warm hand over. Youth will also be supplied with a backpack filled with hygiene essentials, water bottles and bus tickets to foster ease of connection with their new service partners. The framework built in this program will ensure that every youth aging out of YAP services will move on knowing they are cared for while instilling confidence during their transition into adult services.

Through the *Peer Grants program*, the Society for Narcotic and Opioid Wellness (SNOW) in NE BC received funding to implement a Sharps Pick-Up program, conduct a Lateral Violence and Teambuilding workshop, and open the SNOW House. The Sharps Pick-Up program educated peers on proper sharps disposal, raised awareness of the issue, and allowed the group to work with the City of Dawson Creek towards developing permanent sharps containers. The Lateral Violence and Teambuilding workshop promoted care for one another and equitable treatment. The opening of the SNOW House provides support for peers and creates employment opportunities. These initiatives demonstrate the positive impact that funding can have on harm reduction efforts and peer communities.

Table 1: Summary of Community Granting Programs (2022 - 23)

	Vision Zero in Road Safety Grant Program	**Community Food Action Initiative (CFAI) - Rural, Remote, Indigenous focus**	**IMAGINE Community Grants)**	**Northern Peer Support Grant**
Dispersed	$151,000	$401,500	$372,000	$110,000
Eligible Applicants	• Local governments, First Nations organizations, non-profit organizations within NH region • Schools and school districts (Vision Zero and IMAGINE only) within NH region			Peer organizations
Content Focus	Advancing evidence-informed **road safety improvements** that will result in a reduction in the number and severity of vulnerable road user injuries.	Increasing awareness/ knowledge about **food systems**, **food access**, building community capacity to address **food security**, developing community food security policy.	Supporting **community-led health and wellness** promotion	Supporting peer-organizations in the development of **harm reduction strategies** and **overdose prevention** programs, by leveraging the expertise of people with lived and living experiences.
Geographic Focus	Underserved communities, Indigenous communities, small and remote communities across Northern Health region	Rural, remote and Indigenous communities across Northern Health region	Northern Health region	Northern Health region.
Grant Amount	$5,000 - $20,000 per applicant	Up to $50,000 per applicant	Up to $10,000 per applicant	Up to $25,000 per applicant.
Northern Health Role	Program development and evaluation established via Ministry of Health NH responsible for support to grant applicants, adjudication of applications, disbursing funding, and support for midterm and final evaluation.	Northern Health develops and executes full program, in reflection of provincial objectives	Northern Health develops and executes full program, in reflection of Northern Health objectives	NH responsible for monitoring the use of the funds received, evaluating project summaries and determining future funding opportunities. If required, NH may also provide support to the peer organizations in completing their summaries.

Figure 1: Applications Received and Funded, by HSDA

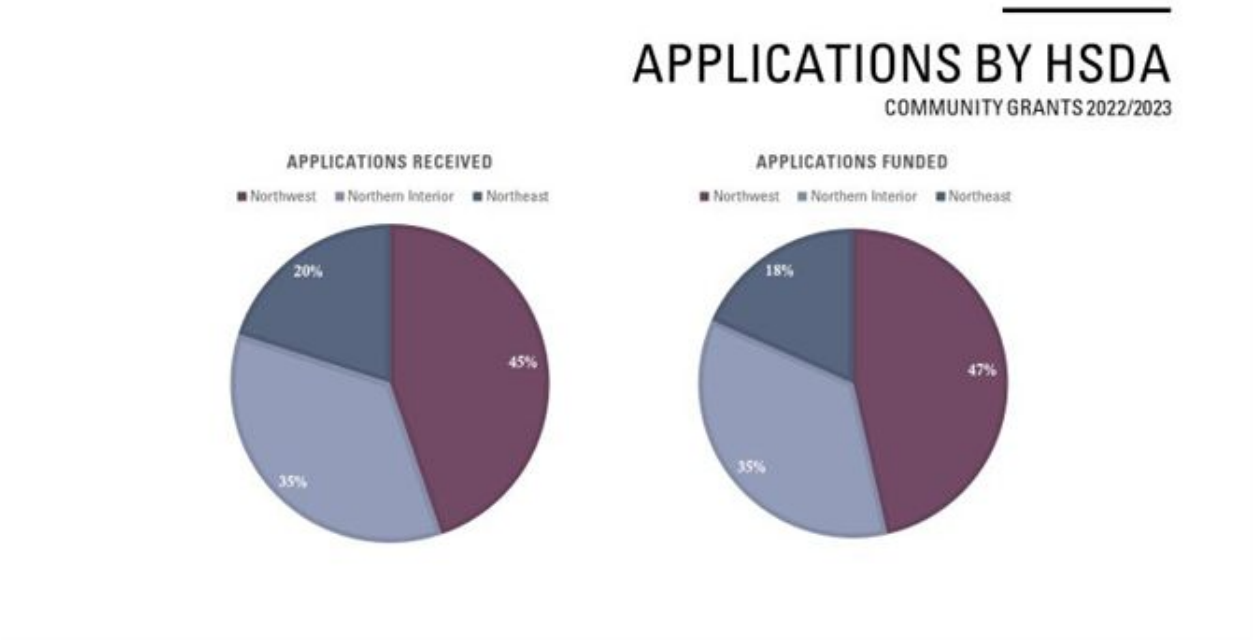


Figure 2: Health Priorities by HSDA

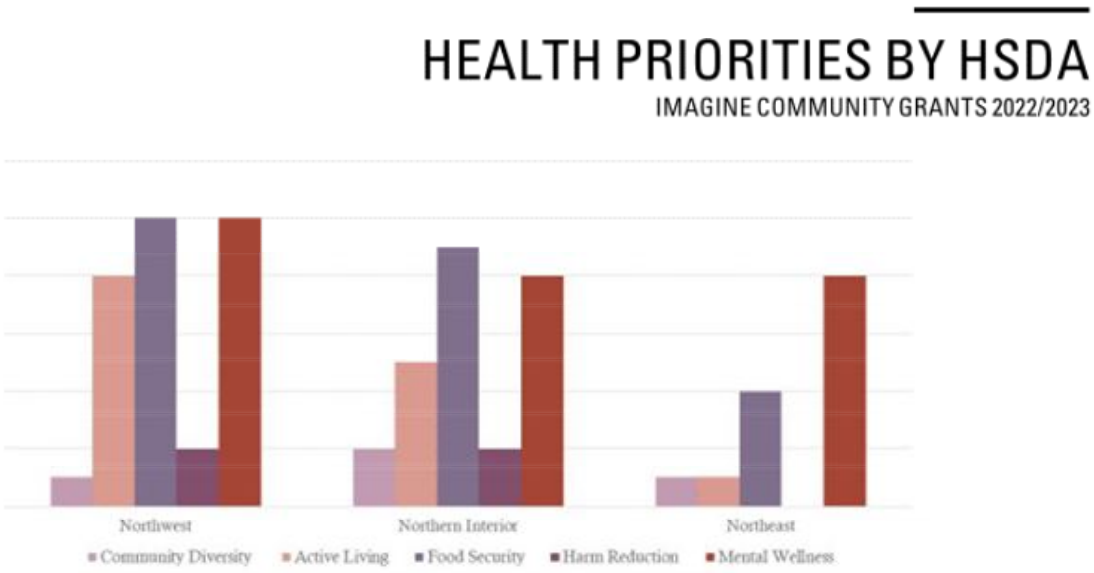


Figure 3: Target Age Groups, by HSDA

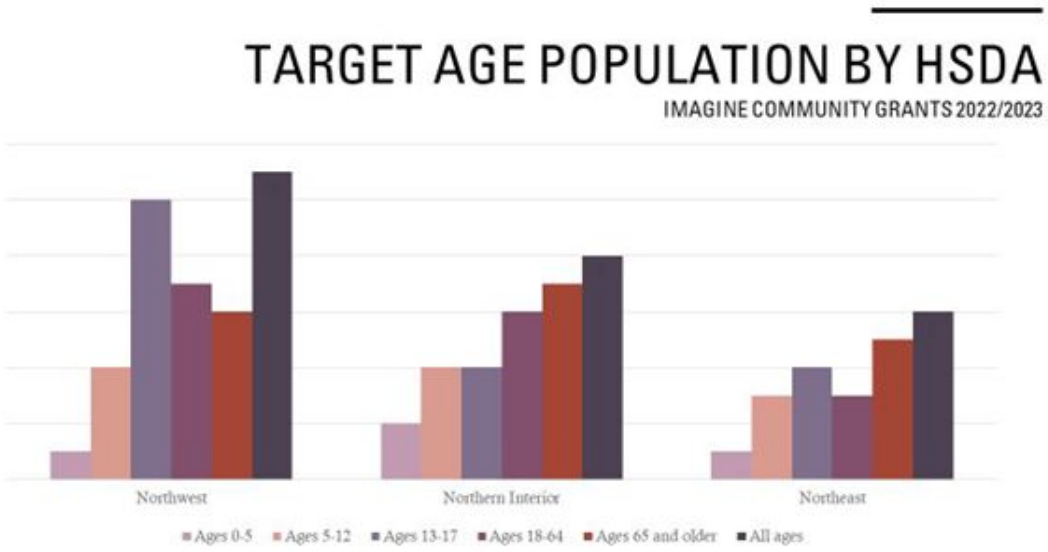
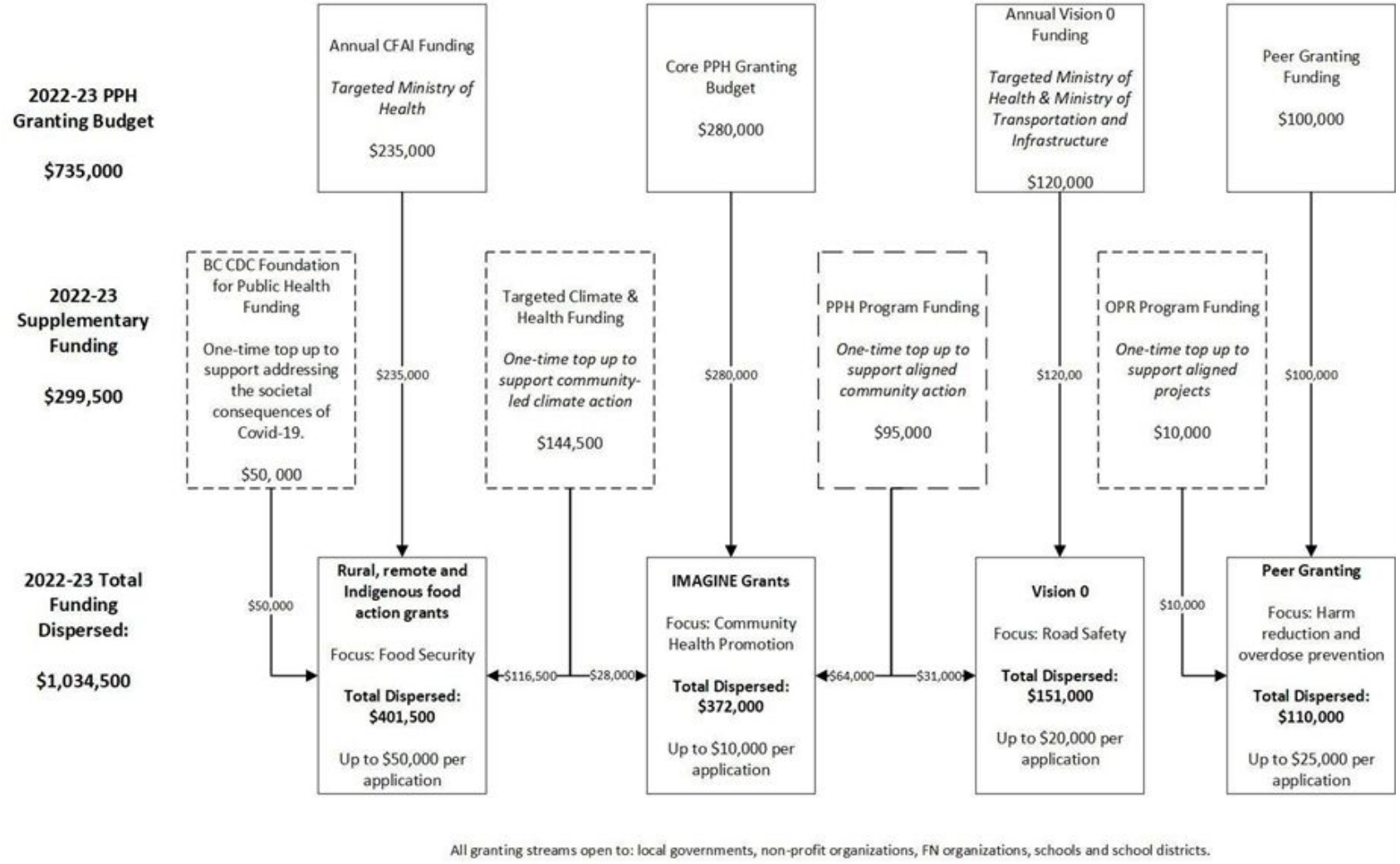


Figure 4: Community Granting Funding Composition




northern health
the northern way of caring
Implementing the Idealized System of Services: Primary and Community Care and Specialized Community Services Update

Primary & Community Care

Primary Care Networks (2022/23-2024/25)

Northern Health continues to receive direction from the Ministry of Health through Mandate Letters and remains accountable to the Ministry of Health through the Health Authority Board of Directors for:

- Health Authority owned and operated Primary Care Clinics
- Interprofessional Teams supporting Primary Care Homes
- Urgent Primary and Community Care Centers including the Virtual Primary and Community Care Clinic as an expression of the Urgent Primary Care policy across a rural and remote geography
- Community services, including:
  - Specialized Community Services with a focus on people experiencing mental health and/or substance use concerns (including response to toxic drug supply)
  - Specialized services for adults with complex chronic health conditions, frailty and/or dementia
  - Cancer care
  - *Perinatal/Maternity Services

Primary Care

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.

Achievements

Urgent Primary Care

- Access to same day and urgent primary care services 7 days a week with a focus on after-hours access
  - Prince George Urgent Primary Care Clinic (UPCC)
  - Quesnel UPCC
  - Regional Virtual Primary Care Clinic
- Review of 8 Diagnostic and Treatment Centre sites (primary care, diagnostics, emergency services) for expression of UPCC functions

Primary Care Networks

- Participating in Primary Care Network Governance Refresh Working Group
- 4 Collaborative Services Committees (1 NI, 1 PG, 1 NE, 1 NW)
- Implemented Dawson Creek Chickadee Maternity Clinic (November 2022) and informing maternity service models in Prince George, Smithers, Prince Rupert, and Quesnel
- 3 Primary Care Pharmacists (Prince George, Fort St John, Dawson Creek)

Primary Care Services

- 40 Primary Care Teams (baseline 517 FTE with overall vacancy rate of 22.76%)
- Coast Tsimshian Primary Care Mobile Support Team
- Mobile Support Teams (FNHA and First Nations Partnerships - Quesnel, Dease Lake, Terrace, Fort St John)
- Blue Pine Primary Health Care Partnership
- Central Interior Native Health Society Partnership
- Regional Virtual Primary Care Clinic Team
- Regional Substance Use Virtual Clinic Team
- College of New Caledonia and UNBC Clinics

Performance

Urgent Primary Care Services (April 2022 – current):

Virtual Primary Care Clinic:
Visits (Primary Care Providers): **18,177**
Visits (Nursing): **5,542**
Total Visits (all providers): **23,719**

Prince George Urgent Primary Care Centre:
Total Visits: **36,098**

Quesnel Urgent Primary Care Centre:
Total Visits: **6,661**

Total Urgent Care Service Visits: 66,478

Primary Care Network Enhancements:

Northern Interior Rural: **+ 17 FTE; 2 NP FTE**

Prince George**: + 25.25 FTE**

North Peace: **+ 6 FTE; 1 NP FTE**

Coast Mountain: **+ 1 FTE**

South Peace: **1 NP FTE**

Total: 49.25 FTE + 4 NP FTE

Opportunities

- Virtual Clinic Service Enhancements (ED Nursing Peer2Peer)
- Expansion of Virtual MHSU Service
- Confirmation of UPCC functions at 8 Diagnostic and Treatment Centres (sustain and develop supports)

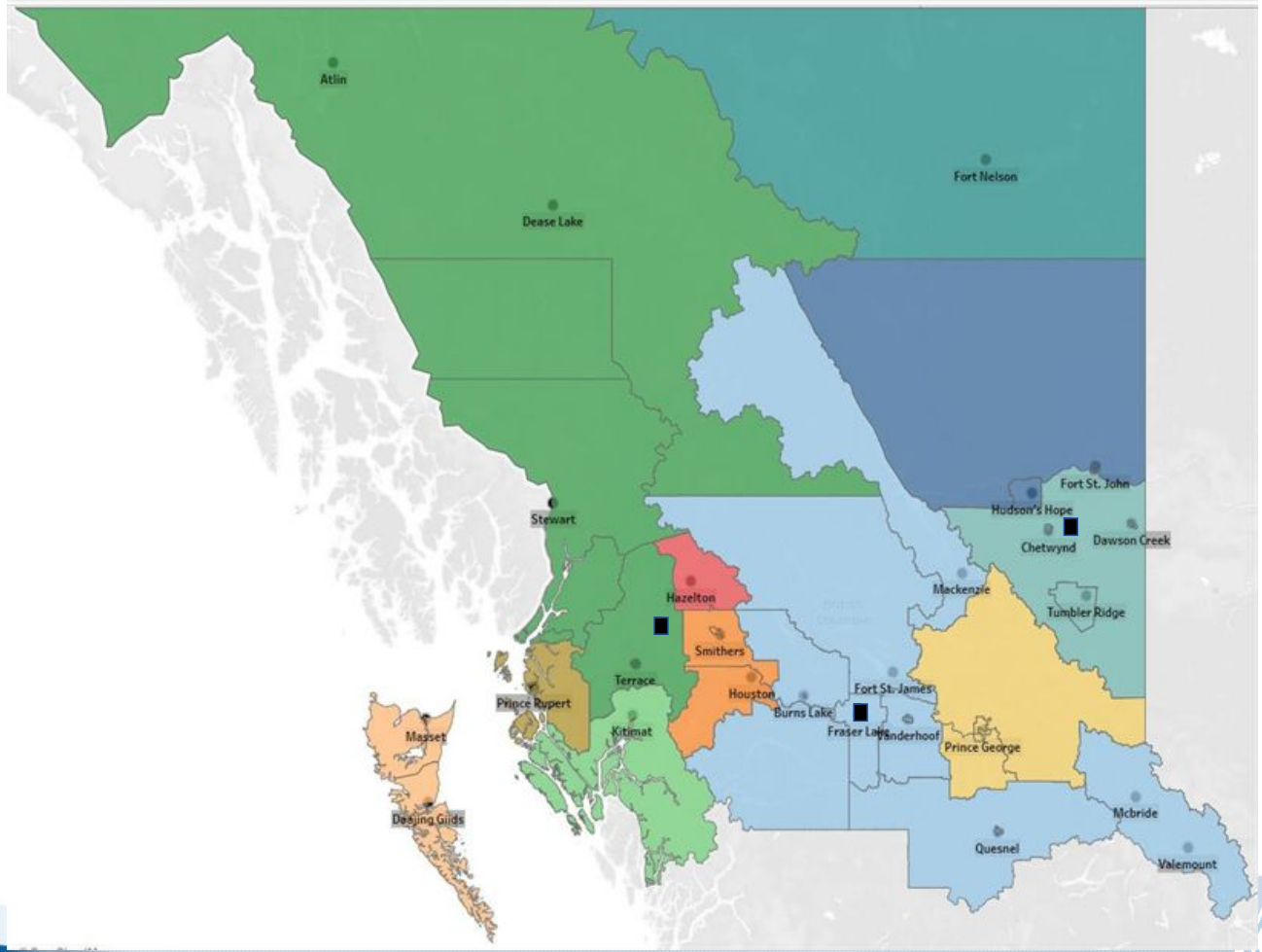
Challenges

- Health and Human Resources
- Allocation of Practice Ready Assessment Physicians
- Development of leadership and administrative structure to support increased service development

Primary Care Network Service Plan Summary

Service Plan: Planning Stage

- Pacific Northwest – Haida Gwaii (FNHA led service planning)
  - North Haida Gwaii
  - South Haida Gwaii
- Pacific Northwest – Coast Mountain (approved for early draw)
  - Terrace
  - Stewart
  - Dease Lake
  - Atlin/Nisga'a
- Pacific Northwest – Kitimat
- Pacific Northwest – Prince Rupert
- Rural & Remote – Fort Nelson
- Hazelton (connected with the Gitxsan & Wit'suwit'en FNPCI)
- South Peace (approved for early draw)
  - Dawson Creek
  - Tumbler Ridge
  - Chetwynd



Service Plan: Implementation Stage

- Pacific Northwest – Bulkley Valley - Witset (approved for early draw)
  - Smithers
  - Houston
- North Peace
  - Fort St John
  - Hudson's Hope
- Prince George
- Northern Interior Rural
  - Burns Lake
  - Vanderhoof
  - Fort St James
  - Fraser Lake
  - Quesnel
  - Mackenzie
  - McBride
  - Valemount

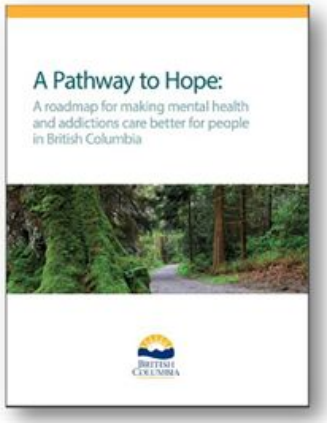
Planned First Nations Led Primary Care Initiatives (FNPCI):

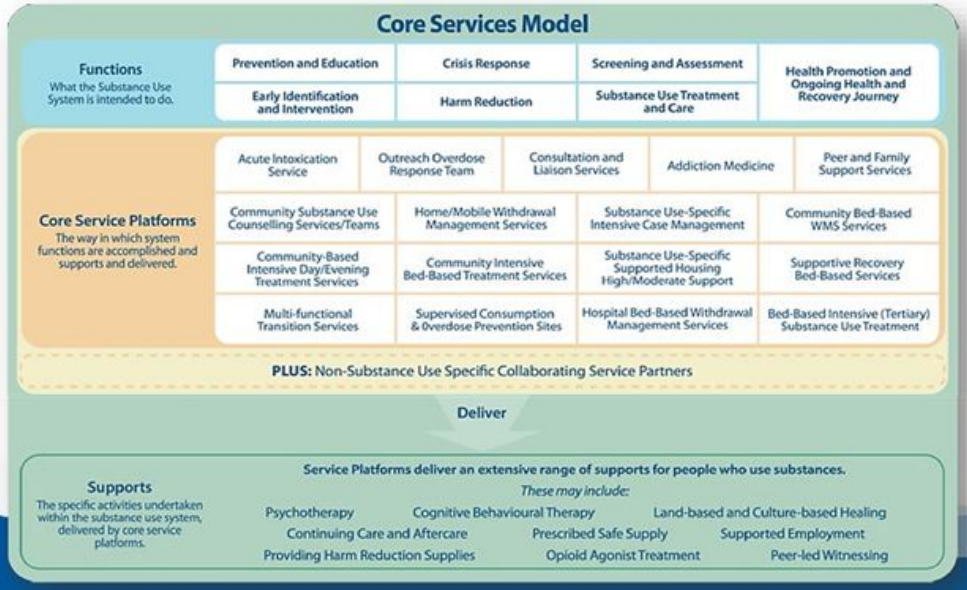
- Saulteau/West Moberly
- Gitxsan & Wit'suwit'en
- North Central

northern health
the northern way of caring

Mental Health & Substance Use
Specialized Community Care Services Program

Northern Health's 5 Year MHSU Strategy: Built on Five Key Pillars





Ministry of Health Objectives and Key Results

Wellness, Prevention and Early Intervention

- Upstream supports to influence mental health and substance use trajectories; includes Population and Public Health, First Nations Health Authority and community partners

Access, Navigation, Coordination, and Integration (Culturally Safe, Clear, and Supported Care Pathways)

- Supporting equitable access to services, seamless transitions in care between settings and service providers; appropriate levels of care and wraparound supports where required

Services and Service Model, System Demands, and Pressure Points

- Attending to both proactive and reactive (crisis) work; strengthening foundational MHSU services (e.g., child and youth MHSU, tertiary care) in the face of urgent demands (e.g., toxic drug crisis)

Organizational Alignments

- Ensuring NH has the people, structures and processes needed to implement and support an effective system of MHSU care

Foundational Operations

- Supporting quality and improvement via NH data infrastructure, evaluation, performance & outcomes measurement

**Overarching strategy is to implement a broad system approach to MHSU that aligns with NH idealized system of services, e.g., collaborative approach across the continuum of care from wellness, prevention through to tertiary care including partnered care.*

Mental Health & Substance Use Service Distribution

Harm Reduction, Trauma Informed, Culturally Safe Care

Population and Public Health

- PreVenture
- Mental Wellness
- Prevention of Substance Use Harms
- Anti Stigma
- Decriminalization

Primary Care Interprofessional Teams Virtual Clinic

Mild to Moderate MHSU

- Prevention, Screening and Assessment
- Consultation, Counselling and Opioid Agonist Therapy

Specialized Community MHSU Services

Moderate to Complex MHSU

Complex Assessments

- Psychological testing and behavioral assessment

Specialized Consultation and Counseling

- Cognitive Behavioural Therapy (CBT), Dialectal Behaviour Therapy (DBT), Psychoeducation, Group Therapies

Treatment and Monitoring

- Ketamine Clinics
- Metabolic Monitoring and Pharmacological Care

Complex MHSU Care

- Intensive Case Management (Outreach, Complex Care Housing)
- Regional Access to Eating Disorders, Early Psychosis, Regional Child Youth MHSU Assessment
- RCMP Car Programs

Partnerships

- Mobile Support Teams
- Integrated Child and Youth Teams (Ministry of Child and Family Development & School District 82)

Specialists

Psychiatrist, Addiction Medicine, Psychologist, Geriatric Psychiatrist, Child Psychiatrist, Pediatrician

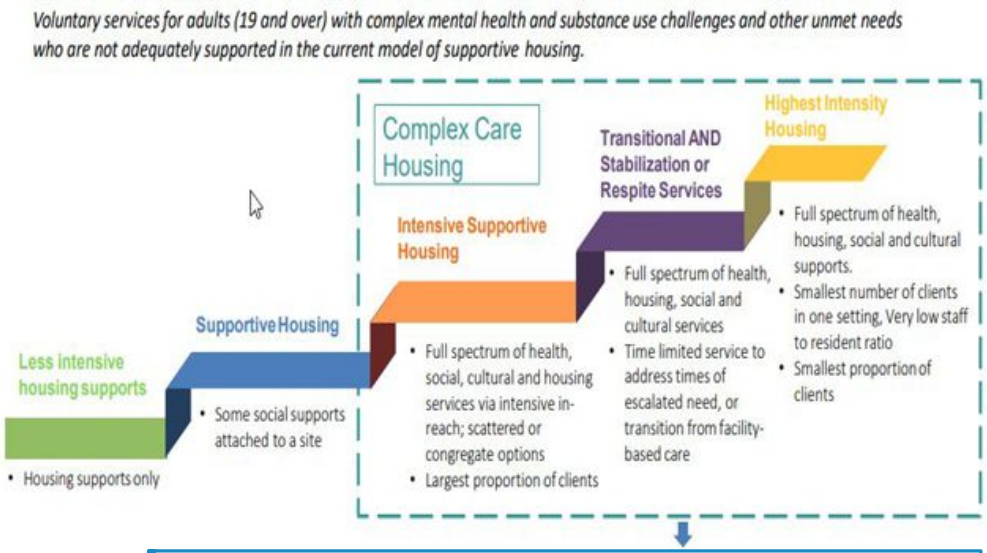
Tertiary Care

- MHSU short and long-term rehabilitation and recovery care
- Access to Provincial inpatient and outpatient services
- MHSU High Intensity Housing and Respite***

Acute Inpatient

- Mental Health Act Designated Hospitals - Observation Beds, Adult Inpatient Psychiatric Unit, Psychiatric Intensive Care
- Mental Health and Substance Use Liaison in Emergency Departments
- Adult Withdrawal Management Unit
- Regional Youth Services - Nechako Youth Treatment Program (13-18 years)

Integrated Support Framework: Complex Care Housing



Routes to treatment at all steps, including substance use detox, treatment and supportive recovery.
Involuntary admission under the Mental Health Act remains an option if a person meets existing legislative criteria.

The Complex Care Model is being implemented in Terrace, Prince George and Fort St. John- 30 spaces. 10 in each community.

Definitions:

Less Intensive housing supports: Initiatives such as rent supplements/subsidies which can make housing more affordable

Supportive Housing: A model where people are housed in congregate settings with some social supports (e.g. Life- skills Workers). Typically implemented with the assumption that people can "transition" out of supportive housing into less intensive housing

Intensive Supportive Housing: Supportive housing with increased services and supports that wrap around people in community housing settings. These services are attached to people (as opposed to specific settings). These services are not time-limited.

Transitional and Stabilization Services: Transitional services offer bridge supports for people discharged from acute care, other health or addictions treatment settings, correctional facilities or forensic services. These services are time limited and shorter duration. They promote engagement and/or return to community.

Stabilization or Respite Services: Stabilization or respite services provide an immediate response to people's needs during a period of temporary escalation of problematic behaviors due to mental health, substance use or social challenges. They seek to support people and prevent a break down in tenancy

High Intensity Housing: Home-like settings for people who may benefit from more focused care and supports over a longer term. Key elements at this level are low client to staff ratios, access to specialized services, very small numbers of clients in one setting along with indefinite supports (e.g. not time limited).

northern health
the northern way of caring

Complex Care Housing

In 2020, MMHA was mandated to develop Complex Care Housing, a core part of the Province's broader Homelessness Strategy and Ministry of Mental Health and Addictions: A Pathway to Hope

Northern Health is implementing Complex Care Housings (CCH) services for 30 people in three communities. Interprofessional teams will work collaboratively with Supportive Housing providers to ensure a housing first approach, access to primary care and mental health and substance use supports with a focus on preventing unnecessary eviction or rehousing

Terrace

Terrace is implementing a scattered site model with the addition of approximately 17 FTE staff and working alongside supportive housing sites and with people in market housing.

Clients can access services via the NH referral process – either by an NH existing service or one of our community partners.

CCH resources will augment existing teams, processes and care pathways to ensure access to enhanced services.

Terrace team has filled 7 FTE of the new roles and is beginning to taking new clients

Prince George

Prince George has established an in-reach/outreach interprofessional team of approximately 9 new FTE who serve people experiencing persistent and complex mental health and/or substance use concerns in a congregate Supportive Housing site

Northern Health is partnering with Connective Support Society who will provide the supportive housing services

Services will be provided 12 hours a day, 7 days a week

Prince George has filled all their new roles except for Psychology which they are currently recruiting to.

Fort St. John

Fort St. John has established an in-reach/outreach interprofessional team of approximately 15 new FTE who serve people experiencing persistent and complex mental health and/or substance use concerns in a congregate Supportive Housing site

Northern Health is partnering with Salvation Army who will provide the supportive housing services

Services will be provided 12 hours a day, 7 days a week

Fort St. John has filled 6 of the new roles, several roles are posted externally, and the site is planning to be taking CCH clients in June 2023

northern health
the northern way of caring

Mental Health Services

	Northern Health Site	# of Beds
Rehabilitation and Tertiary Services	Iris House, Prince George (Designated facility) Davis Drive, Prince George Hazelton House, Prince George Urquhart House, Prince George Seven Sisters, Terrace (Designated facility) Birchwood Place, Terrace Geriatric Tertiary Bulkley Valley Lodge, Smithers Tertiary Care Home, Dawson Creek Geriatric Tertiary Peace Villa, Fort St. John	20 beds 5 beds 6 Beds 6 Beds 20 Beds 8 Beds 14 Beds 4 Beds 8 Beds
Hospitals designated as Psychiatric Units under Section 3 (2) Mental Health Act	Dawson Creek and District, Dawson Creek Fort St. John General (FSJH), Fort St. John Mills Memorial (MMH), Terrace Prince Rupert Regional (PRRH), Prince Rupert University of Northern British Columbia (UHNBC), Prince George University of Northern British Columbia Adolescent Psychiatry (UHNBC)	13 Beds 1 Bed 10 Beds 1 Bed 20 Beds 6 Beds
Hospitals designated as Observation Units under Section 3 (2) Mental Health Act	Bulkley Valley District (BVDH), Smithers Fort Nelson General (FNGH), Fort Nelson GR Baker Memorial (GRBM), Quesnel Haida Gwaii Hospital and Health Centre – Xaayda Gwaay Ngaaysdll Naay (HGHHC), Village of Queen Charlotte Kitimat General (KGH), Kitimat Lakes District (LDH), Burns Lake Wrinch Memorial (WMH), Hazelton	

Capital Development

CAPITAL DEVELOPMENT IN TERRACE

- Psychiatry increase from 10 inpatient beds to 20 inpatient beds
- Increase of secure rooms from 2 to 4 secure rooms
- Addition of a sensory room (quiet room)
- Seven Sisters tertiary/rehabilitation beds increase from 20 beds to 25 (plus added sq.ft. for treatment rooms, recreational space)

CAPITAL DEVELOPMENT IN DAWSON CREEK

- Psychiatry increase from 15 inpatient beds to 18 beds

Mental Health & Substance Use
Specialized Community Care Services Program: Toxic Drug Crisis Response

Response to the Toxic Drug Supply

Building a comprehensive system of mental health and addictions care, including the implementation of A Pathway to Hope

Harm Reduction & Overdose Prevention

- 182 Take Home Naloxone sites across Northern Health (NE – 37; NI – 84; NW – 61).
- 25 active Facility Overdose Response Boxes (FORB) locations across Northern Health (NE – 2; NI – 17; NW – 6) for on-site overdose response
- 6 Overdose Prevention Service (OPS) sites across the region providing: Drug checking, sterile supplies, nursing assessment, referral and care coordination.
- 2 Fourier Transform Infrared (FTIR) Spectroscopy advanced drug checking machines in the communities of Terrace and Prince George. Between October 1, 2022, and February 28, 2023, there were 243 substances tested at the FTIR sites .On average 67% tested positive for benzodiazepines.
- Expanding access to episodic Overdose Prevention in acute and community locations.

Safer Inhalation Services

Safer inhalation services are offered at the following sites:
Dawson Creek: Northern Health Facility
Fort St. John: Northern Health MHSU Mobile Service
Prince George: Preventing Overdose and Undoing Stigma Society (POUNDS)
Terrace: Planning for an inhalation service
Considerations for Inhalations Services include northern weather and some community concerns about the location of these services

Toxic Drug and Overdose Alerting

Offers real-time Social Media alerting to the public
Potentially harmful substances are identified by:

- Reports of unusual or unexpected symptoms associated with use
- Substance linked to a cluster of overdoses
- Unknown or novel substance detected in sample tested by Fourier-transform infrared spectroscopy (FTIR) machines
- Since June of 2022, NH has issued 17 Toxic Drug Alerts in partnership with First Nations Health Authority

Decriminalization of Personal Possession

Decriminalization of personal possession came into force in British Columbia on January 31, 2023.
Under BC's decriminalization model, adults in possession of small amounts of the illicit substances most implicated in illicit drug toxicity deaths for personal use, will not be subject to drug seizures or criminal penalties.

The role of Northern Health:

- Manage the development, production and maintenance of resource cards
- Maintain and enhance clear pathways to health and substance use services

northern health
the northern way of caring

Response to the Toxic Drug Supply

Building a comprehensive system of mental health and addictions care, including the implementation of A Pathway to Hope

Access to Opioid Agonist Therapy (OAT) and Prescribed Safe Supply (PSS)

- 16 Primary Care Homes: 105 prescribers providing OAT treatment; includes physicians and 12 Nurse Practitioners
- 6 Addictions Medicine Physicians in Northern Health with specialized training in Addictions Medicine (4 in Prince George, 2 in Smithers)
- 18 Prescribers are providing Prescribed Safer Supply, utilizing clinical parameters such as the Provincial Risk Mitigation Guidelines
- 9 RN/RPNs have completed the required coursework through the BC Centre on Substance Use and are actively prescribing, 24 RN/RPNs are undertaking the education
- Partnering with First Nations Health Authority to support RNs in First Nations communities

Expansion of Opioid Agonist Therapy

NH TOTAL OAT PRESCRIBERS	
2015	23
2016	35
2017	56
2018	80
2019	93
2020	113
2021	115
2022	127

NH TOTAL OAT CLIENTS	
2015	403
2016	548
2017	669
2018	815
2019	893
2020	1,040
2021	1,037
2022	1,135

Data Source: PharmaNet, File Name: OAT Data for BCCDC updated: November 2022.

Note: Number of prescribers and client reflect those individuals who wrote or filled a prescription in the month of June each year.

northern health
the northern way of caring

Mental Health & Substance Use

Specialized Community Care Services Program: Child and Youth Mental Health & Substance Use

PreVenture Program

Evidence-based prevention program that uses brief, personality-focused interventions to promote mental health and delay substance use among youth.

Helps adolescents learn adaptive coping skills, set long-term goals and how to channel their personality towards achieving their goals

School District Partners

SD 57- Prince George, Robson Valley, Mackenzie

SD 59- Peace River South

SD 60- Peace River North

SD 29- Quesnel

Promotes Healthy Coping Skills	Reduced Anxiety and Depression	50% Reduction in Drug Use	50% Reduction in Alcohol Use
Reduction in Suicidal Ideation	Reduction in Tobacco Use	Reduction in Alcohol Harms	Reduced Bullying and Victimization

northern health
the northern way of caring

Pathway to Hope Initiatives

Foundry

- Integrated primary care, mental health and substance use services, peer support and other social services for young people ages 12-24 years.
- Foundry Centers in Prince George and Terrace
- Foundry Burns Lake is currently in development
- Fort St. John recently announced for 2023/24

Integrated Child and Youth Teams

- Community-based interprofessional teams made up of Ministry of Children and Family Development (MCFD) Child and Youth Mental Health (CYMH) and Health Authority Youth Substance Use service providers
- Two teams for the Coast Mountain School District 82 which encompasses Terrace, Kitimat, Stewart, and Hazelton

Substance Use Beds

- 28 community-based treatment beds
- 5 community-based withdrawal management beds
- Increasing access to bed based services closer to home

northern health
the northern way of caring

Medical Complex and Frail Elderly
Specialized Community Services Program

Complex Medical and/or Frail Adults Community Services Strategic Overview

Priority One: Support Healthy Aging in Community

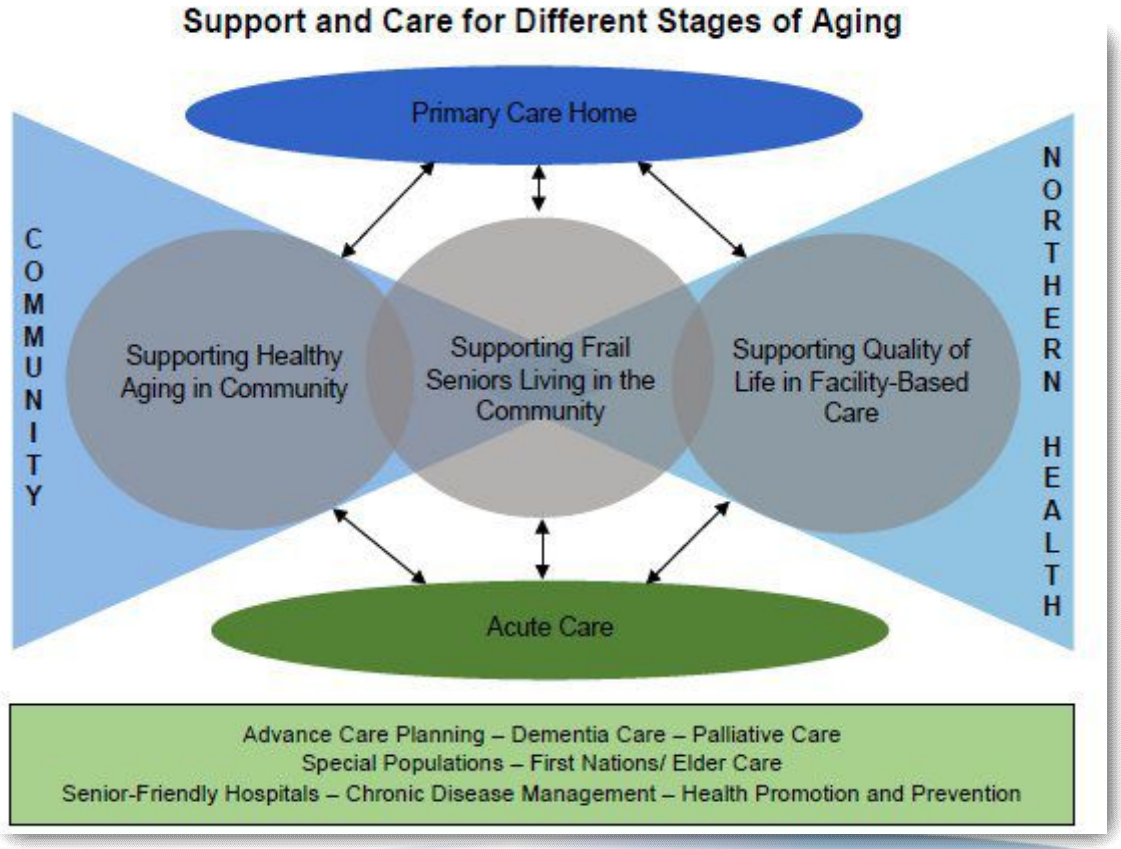
- Healthy and Active Aging through Community-based Not-for-profit Programs (social prescriptions)
- Immunization (Influenza, COVID-19, Pneumococcal)

Priority Two: Support Frail Seniors Living in Community

- Early Identification/Assessment and response to Frailty
- Increase Home Support Capacity across the region
- Supports to Age in Place Instrumental Activities of Daily Living (IADLS)

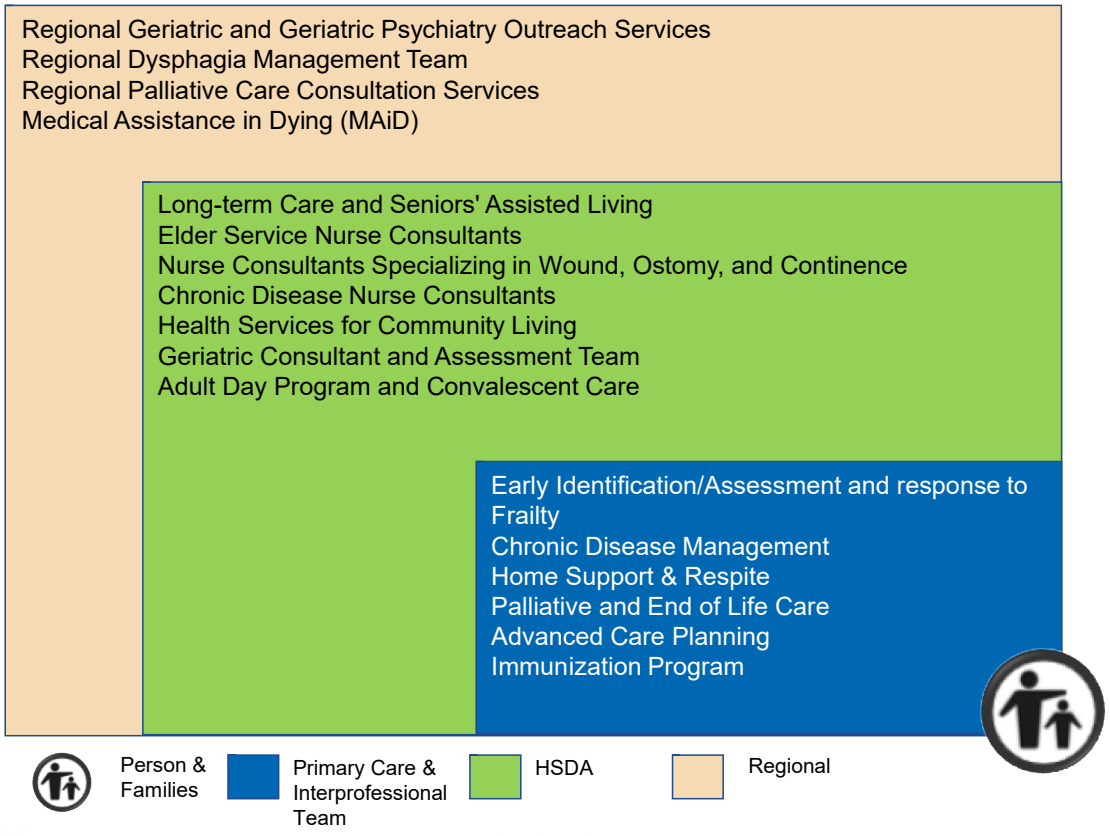
Priority Three: Support Quality of Life in Facility Based Care

- Interpret Assisted Living Regulations and Implement Service Model
- Family / Residents Councils in Long-Term Care (LTC)
- Supporting Palliative Approach to Care in Long-Term Care
- Appropriate Use of Anti-Psychotics in LTC



northern health
the northern way of caring

Complex Medical and/or Frail Adults Community Services: Service Distribution



Achievements

Regional Outreach Services

Provides access to Geriatrician and Geriatric Psychiatrist in 22 communities. In 2022/23, the program supported 418 Geriatric Medicine and Geriatric Psychiatry consultations regionally including 249 in the NW HDSA, 80 in the NE HSDA, and 89 in the NI HSDA.

Regional Dysphagia Management Team

Supports on average 250 consults a year.

Regional Palliative Care Service

- April 1, 2022 - March 14, 2023, provided 3114 nurse consultations, and 300 hours of Physician consultations.

Opportunities

- Increase Regional Palliative Care Nurse Consultants to support Palliative Approach to care across all settings
- Collaboration of Primary and Community Care, Elder Care, and Chronic Disease Management Service Networks to ensure coordinated specialized services for adults with complex chronic health conditions, frailty and/or dementia.
- Review management structure to ensure clear line of accountability across the care pathway.
- Continue to advance rural alternatives in Dementia Care

northern health
the northern way of caring

Complex Medical and/or Frail Adults Community Services

Achievements

Reduce Inappropriate Use of Antipsychotics in Long Term Care (LTCH)

- As of February 2023, the average percent of residents prescribed antipsychotics without a diagnosis of psychosis was **32.2%**, a decrease from **39.7%** reported in January 2021
- Nine LTCHs reported percentages below the 2021/22 B.C. average of **27.9%**
- The LTCH Clinical Pharmacist Team provides ongoing education about safe and effective prescribing practices, between January 2022 and February 2023, the Pharmacist Team supported 378 case conferences and made 278 recommendations often resulting in dose reduction or discontinuation
- Physician engagement continues to be key to the success of this work
- Dementiability and Gentle Persuasion Approach (GPA) Education (January 1, 2022 – December 31, 2022)
  - **327** staff have received Dementiability Education and
  - **225** staff have received GPA

Keeping Seniors Healthy at Home

Adult Day Programs (ADP) – February 1, 2023

- Number of communities with Adult Day Programs pre COVID = 18
- Number of communities which have restarted Adult Day Programs = 14
- Spaces available per month pre-COVID (all communities) = 2304
- Spaces currently available per month (all communities) = 1550
- Community Bathing Programs in 7 communities
- Prince George, Fort St. John, and Dawson Creek expanding services

Quick Response Team (Prince George)

- **Service:** An interprofessional team (social worker, RN, mental health social worker, occupational therapist, physician) providing rapid response to avoid hospital admissions and reduce length of stay (7 days a week with extended hrs.) Recruitment in progress.
- **Target population:** Complex patients (frail elderly, complex/chronic mental health) presenting to the ED who could be safely supported in community with focused services
- **ALC Impact**: Anticipating 1-2 short stay and 2 long stay admission could be avoided most days

Alternative Housing/ Projects for Dementia Care

Aurora House – Vanderhoof

- NH contracts with Connexus for 8 alternative dementia beds. Recruitment challenges - 4 additional FTEs required (Dementia Worker/LPN model). Recruitment Situation Table established.
- Offering Adult Day Programming 3 days/week

Kitimat Dementia Home

- Business plan currently in development for 12 room licensed facility

Opportunities

- Strengthen linkages with Population and Public Health, Community-based Not-for-profit organizations (e.g., United Way) and Primary Care to support early recognition and response to frailty
- Health Career Access Program
- Continue to increase Home Support service capacity including overnight service where required.
- Increase Long-term Care capacity (Business Plans for Prince George, Quesnel, Fort St. John, Smithers, Hazelton)
- Implement Short Term Enablement and Planning Suites (STEPS) program

Challenges

- Recruitment Challenges

Home Support

- Home support/Community Health Worker (CHW) modelling analysis at the community level to determine achievable home support targets that will meet the needs of seniors is supporting operational decisions to expand services to prevent unnecessary admission to hospital and enable timely, supported discharge.

- Reviewing and optimizing staffing rotations continues to be an important first step in may communities to increase service capacity and contribute to recruitment and retention efforts. From April 2022 to March 2023, 43 home support positions were created and posted across the region to increase capacity and expand service hours up to and including overnight support. This work will continue to be a priority in 2023/24 to further increase access and flexibility, enabling individuals to live independently for as long as possible.

Community Summary

Northwest: 8 Communities
- Rotation Optimization: Daajing Giids, Hazelton, Houston, Smithers, Terrace; planned for Kitimat, Prince Rupert, Masset
- Increased Home Support Service Capacity: Houston
- Increase in Community Health Workers (CHW) FTE: Daajing Giids, Hazelton, Houston, Smithers, Terrace
- Overnight Respite: Smithers providing overnight respite based on demand and staffing, Houston working towards providing overnight respite
- Rapid Response Team: Prince Rupert (0830 – 1630 M-F), Terrace (0700 – 1900 7 days/week)
- Fixed Rotations: all communities (n=8)

Community Summary

Northeast: 6 Communities
- Expanded Hours: Fort Nelson, Chetwynd (2019)
- Increase CHW FTE: Fort Nelson, Tumbler Ridge, Hudson Hope
- Overnight Respite: Fort Nelson, Chetwynd, Tumbler Ridge are working towards providing overnight respite; Rapid Response Team provides overnight respite in Fort St. John
- Rapid Response Team: Fort St. John has 24/7 service; Dawson Creek 0700 – 2300 (7 days a week), 2300 – 0700 an LPN is on call
- Fixed Rotations: all communities (n=6)

Community Summary

Northern Interior: 9 Communities
- Expanded Hours: Quesnel overnight service (May 2023) Prince George overnight service (Implementing), Omineca (Planning)
- Increase CHW FTE: Quesnel; Prince George and Omineca (Planning)
- Rapid Response Team: Prince George (0700–2200 7 days/ week); Quesnel (0800 – 2000 7 days/week)
- Fixed Rotations: 4 communities using fixed rotations
- Scheduling for Omineca and Quesnel moved from Prince George to Fraser Lake (.98 FTE) and Quesnel (2.42 FTE) respectively)

northern health
the northern way of caring

BOARD BRIEFING NOTE

Date:	June 11, 2023	
Agenda Item	Regional Chronic Diseases Program Update	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	Northern Health Board of Directors	
Prepared by:	Jessica Place, Executive Lead, Regional Chronic Diseases	

Issue & Purpose:
This briefing note provides an update on Regional Chronic Diseases Program activities in 2022-2023.

Background:
The Regional Chronic Diseases Program provides strategic leadership to steward Northern Health's response to chronic diseases. The Program supports specialized programs and services for complex chronic health conditions and works in close collaboration with other Northern Health Service Networks (e.g., Primary and Community Care; Elder Services) to build capacity and ensure coordination and integration across the continuum of care.

The Program's work aligns with the Ministry of Health's System Strategic Focus (2022/23-2024/25) to integrate well designed, coordinated primary and community care services; it also aligns with the Ministry of Health's view on Specialized Community Services Programs ensuring access to well-coordinated specialized community services, including cancer care and specialized services for adults with complex chronic health conditions.

The Regional Chronic Diseases Program is well connected to the Provincial Health Services Authority and works closely with Cardiac Services BC, Stroke Services BC, BC Renal Agency and BC Cancer to advance key initiatives. The recent announcement of the 10-Year Cancer Plan promises a welcome reinvestment into cancer services. Northern Health will work with BC Cancer to implement the Cancer Plan and to ensure the continued alignment and collaboration of our shared priorities.

Program Updates:
The Regional Chronic Diseases Program has strategic initiatives underway in the areas of Cancer Care, Kidney Care, Cardiac Care, Stroke Care, Chronic Pain Care, HIV and Hepatitis C Care, Post-COVID Care, Diabetes Care, and COPD Care.

Cancer Care	
Implementation of the BC Provincial Lung Screening Program in the North	• BC Cancer launched the BC Lung Screening Program in May 2022. • NH implementation is complete. For fiscal year 2022/23 (P5 – P13), 344 Low Dose CTs were conducted across the seven screening sites (see Appendix 1).
Supporting Northern Health Community Oncology (CON) Clinic Sustainability	• Current state information collected, including staffing levels, patient volumes and projected cancer incidence and prevalence. • GP Oncologist staffing modelling complete. • Ongoing support of more fragile CON Clinics.
Kidney Care	
Expand access to, and outreach of, Northern Health Kidney Care Program	• Development and delivery of multidisciplinary Chronic Kidney Disease Education Series for rural primary care providers and teams. • Four modules in development and first session scheduled for Fall 2023.
Supporting expansion and sustainability of regional transplant services in Northern Health	• Proposal developed to bolster transplant services in the North. • Incorporating newly established role funded by BC Renal to support pre-transplant care into current service model.
Cardiac Care	
Support the implementation of a Cardiac Care Unit at UHNBC	• Staff Education and Training Plan drafted. • Equipment and renovation planning on target.
Cardiac Diagnostics and Clinics Consolidation Project	• Multiphase project involving multiple departments at UHNBC. • Phase 1 – Renovation and full occupancy complete. • Phase 2 – Architectural drawings in progress. • Phase 3 – Space optimization/planning complete.
Enhance and improve Cardiac Device Program	• Implantable cardioverter-defibrillator/cardiac resynchronization therapy (ICD/CRT) service planning underway, including an audit of inpatient ICD/CRT cases. • UHNBC and Mills Memorial Hospital staff members completed the Medtronic cardiac device management course; device follow up and remote monitoring services now provided in Terrace.
Cardiac Triage and Transfers	• Ongoing monitoring of cardiac transfers. New wait time report finalized.
Cardiac Rehabilitation	• Current state process modelling for Cardiac Rehab service is complete.

	• New regional form for Cardiac Rehab referral developed to expedite access to rehab services. • Central intake model for the Northern region is being explored. • Current and future rehab demand estimation underway.
Regional Acute Coronary Syndrome (ACS) Order Sets	• New Regional Order Set for chest pain, non-ST-Elevation Myocardial Infarction (NSTEMI), Unstable Angina, and STEMI completed. • Aligns with current best practices in the Canadian Cardiovascular Society Guidelines and the Provincial STEMI Management Protocols and will support standardization of ACS management. • Implementation is pending approval by the Therapeutics Committee.
Stroke Care	
Stroke Unit Care - Gap Analysis	• In process of moving this work forward.
Stroke Order Sets	• Draft regional Stroke thrombolytic and endo-vascular thrombectomy (EVT) order set is complete and being restructured to align with computerized physician order entry (CPOE) as part of the Safer-Care initiative.
Chronic Pain Care	
Chronic Pain Gap Analysis	• Complete for Level 5 site (UHNBC). • Levels 2-4 pending.
Intrathecal Pump Pain Management	• Following transition of compounding of high-risk intrathecal pump medications to community pharmacy, ongoing support of patients to ensure continued access to this treatment.
HIV/Hepatitis C Care	
Expand access to Dried Blood Spot Testing (DBST).	In partnership with the Communicable Diseases Team: • Small scale implementation in the NI in December 2021 (~200 tests so far). • Developed online learning module for training. • Developed expansion plan to make DBST available to programs across the region. • Piloted the use of a Medical Health Officer as ordering provider and having the Communicable Diseases Hub Team responsible for follow-up.
Introduction of additional options for Northern patients to access pre-exposure prophylaxis (PrEP) for HIV.	• Partnered with the BC Centre for Disease Control (BCCDC) to make PrEP, a biomedical strategy for the prevention of HIV, available virtually to NH residents through the BCCDC's Sexually Transmitted Infections Clinic.

Post-COVID Care	
Support long-COVID care in the North	• Collaborative development of proposal completed, and provincial funding granted. • Post-COVID team established and for duration of project supported care coordination and building capacity within current services and resources. • 149 Northern Health patients accessed provincial services since they launched. • Project completion March 31, 2023.
Diabetes Care	
Diabetes Care Gap Analysis	• Pediatric diabetes process map developed. • Work commencing on Level 5 service (e.g., jurisdictional review and environmental scan underway).
Development and implementation of a basal/bolus subcutaneous insulin (BBIT) order set at UHNBC	• Developed a draft Subcutaneous Insulin Order Set, which aligns with current best practice for blood glucose management and reflects previous concerns raised by clinicians. • Consulted with Alberta Health Services regarding their province-wide implementation of BBIT.
Chronic Obstructive Pulmonary Disease (COPD) Care	
COPD Care Gap Analysis	• Gap analysis complete with recommendations. • Respiratory Services work plan developed. • Next steps include presentation to Diagnostics Leadership Committee.

Efforts to improve complex chronic diseases care are ongoing. The Program continues to seek opportunities to increase capacity to meet the growing demand for support/initiatives in complex chronic disease care.

Recommendation:

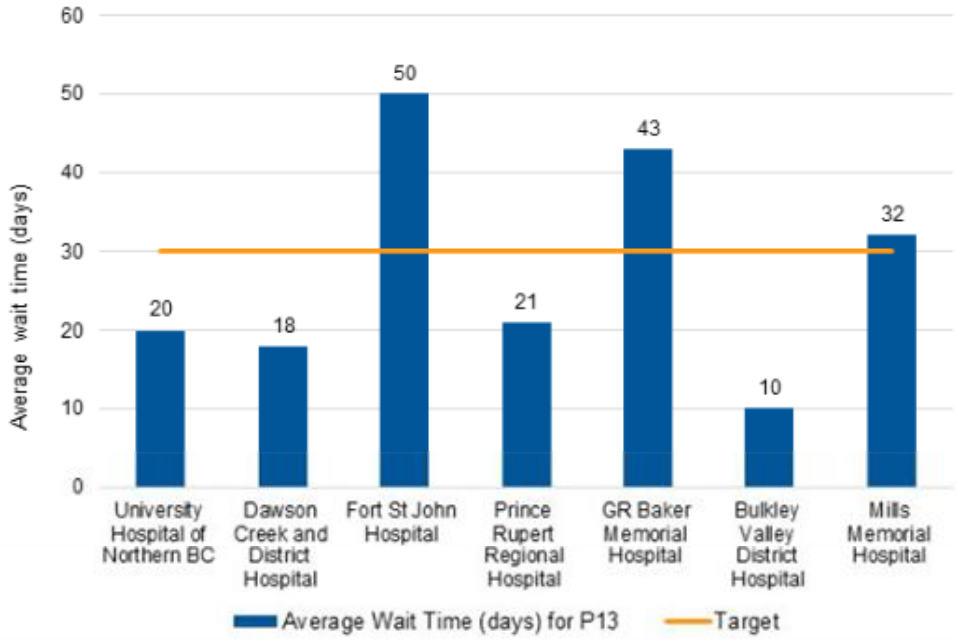
That the Northern Health Board receives this report for information.

Appendix 1. Lung Screening Program Information

Northern Health Referral Sites for Lung Screening Low-Dose CT (LDCT):

NH LDCT Lung Screening Sites	• Prince George – University Hospital of Northern BC (UHNBC) • Quesnel – GR Baker Memorial Hospital • Dawson Creek – Dawson Creek and District Hospital • Fort St. John – Fort St John Hospital • Prince Rupert – Prince Rupert Regional Hospital • Smithers – Bulkley Valley District Hospital • Terrace – Mills Memorial Hospital (MMH)
Diagnostic Investigation Sites	• Northern BC Respirology Clinic (UHNBC) – Patients in NE and NI HSDAs • Terrace CON Clinic (MMH) – Patients in NW HSDA

Average Wait Time to LDCT Scan Per Screening Site 2022/23 (P13):



BOARD BRIEFING NOTE

Date:	**May 19, 2023**	
Topic	**Indigenous Health Investments**	
Purpose:	☒ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☐ **Decision**
Prepared for:	Northern Health Board of Directors-Indigenous Health and Cultural Safety (IHCS) Committee	
Prepared by:	**Taylor Turgeon, Lead Indigenous Health**	
Reviewed by:	Nicole Cross VP-Indigenous Health Northern Health Cathy Ulrich, CEO	

Topic: Indigenous Health Investments

Background:

Indigenous Health, Northern Health has invested in a variety of awards, grants and programs focused on learning from communities, supporting our youth, and holistic health and wellness. There is an intention within our team to better understand the overarching investments in Indigenous Health throughout the organization in order to better establish connections between services, and to promote health and wellness for Indigenous peoples and to enhance cultural safety.

Below is a summary of our current investments within Indigenous Health:

First Nations Community Education Program: Cultural Learnings from Northern First Nations Communities:
This program is a collaboration between Indigenous Health, First Nations Health Authority, and the Health Arts Research Centre at the Northern Medical Program at the University of Northern British Columbia (UNBC), that offers MD undergraduate students an opportunity to be immersed in a Northern BC First Nations community and thus provide future physicians an opportunity to reflect on their own understandings about health, wellness, resiliency, capacity, and culture in northern First Nations. The goals of this program are to enhance cultural safety and empathetic understanding of health and wellness in First Nations communities, to improve First Nations' accessibility to high quality primary care services, and to provide genuine cultural exchange for students. Our current agreement for this program extends until 2025, and applications are accepted at various times throughout the year on a first-come, first-serve basis.

Northern BC Indigenous Youth Summer Science Camp:
This year's annual event will be hosted at the University of Northern British Columbia (UNBC), on Lheidli T'enneh traditional and unceded territories between July 10-14, 2023, hosted by Binche Whut'en and Binche Keyoh Bu Society. The goals of these camps are to encourage Indigenous youth to envision themselves in health careers; and to develop local capacity for Indigenous communities to host their own science camps. For the 2022/2023-year Indigenous Health has invested $40,000 towards this program.

The Northern First Nations Health Partnership Committee (NFNHPC) Student Award:
This award is offered to self – identified Indigenous students in Northern BC who are studying in health related fields. The committee is composed of Northern First Nations leadership, Northern Health, and the First Nations Health Authority. The award is intended to support students studying in health-related fields and potentially work towards recruitment and retention for Northern BC and supporting the health of Indigenous Peoples. Each year, the Indigenous Health Department of Northern Health, and the First Nations Health Authority partner to provide student awards to the following post-secondary institutions: University of Northern British Columbia, College of New Caledonia, Coast Mountain College and the Northern Lights Community College.

In the 2022/2023 year NH and FNHA contributed $3,000 to UNBC, and $2,000 to each remaining institution totaling $11,000 for ten student awards. The 2023/2024 awards selection has just begun, and we have dispersed the same amount of funds for a total of ten awards this year.

Indigenous Community Wellness Awards:
The Wellness Awards project is a partnership between Northern Health and First Nations Health Authority, supporting Indigenous communities or Indigenous organizations to address health. Funded projects included community-based initiatives with a focus on holistic health and wellness in one or more of the priority areas: cultural safety, primary care, mental health and substance misuse and population and public health.

In 2022/2023 37 awards were distributed with a total amount of $296,000.
Awards distributed by sub-region:

Northeast – 8
Northwest – 10
Northern Interior – 19

Please see Appendix A for a detailed list of the 2022/2023 Community Wellness Grant Projects.

Aboriginal Health Improvement Grants:
The Aboriginal Health Improvement Grants are given out to communities and Indigenous Health organizations in support of multi-year programs delivering essential services to Northern BC Indigenous peoples.

These grants undergo a review and renewal process every three years and were renewed in 2022 for the 2022-2025 cycle

Please see Appendix B for a detailed list of the 2022-2025 AHIP grant holders and projects.

BOARD BRIEFING NOTE

Appendix A: Community Wellness Grant 2022/2023 Projects

HSDA	Indigenous Organization	Project Name
Northeast	Métis Nation BC – Chetwynd	Métis Community Health & Wellness Program
	Métis Nation BC – Dawson Creek	Northeast Métis Association & Cultural Safety & Wellness Program
	Métis Nation BC – Fort St. John	Fort St. John Métis Society Cultural Safety & Wellness Program
	Métis Nation BC – Hudson Hope	Métis Community Health & Wellness Checkup Program
	Métis Nation BC – Kelly Lake	Métis Community Health & Wellness Checkup Program
	Saulteau First Nation	Saulteau First Nations Health & Wellness Day
	Nislaa Naay House Society	Walk/Run to Wellness
	Prophet River First Nation	Mountain Medicine Retreat
Northern Interior	Tsay Keh Dene Nation	Reconnecting with Culture, With the Land
	Lheidli T'enneh Nation	Healthy Lifestyle
	Métis Nation BC – Prince George	Cultural Safety & Wellness Program
	Métis Nation BC – Vanderhoof	Cultural Safety & Wellness Program
	Métis Nation BC – Quesnel	Cultural Safety & Wellness Program
	Stellat'en First Nation	Stellat'en Community Garden
	Nak'azdli First Nation	Outdoor Gathering Space
	Nadleh First Nation	Traditional Medicine Teachings
	Cheslatta Carrier Nation	Traditional Medicine Teachings
	Prince George New Hope Society	Circles of Recovery & Wellbriety
	Wet'suwet'en First Nation	Traditional Medicine Teachings
	Skin Tyee First Nation	Community Easter Celebration
	Saik'uz First Nation	Saik'uz First Nation Health Fair
	Tsil Kaz Koh	Traditional Medicine Teachings
	Lake Babine Nation Health	Lake Babine Nation Health Conference 2023
	Nee Tahi Buhn Band	Nee Tahi Buhn Wellness 2023
	Takla First Nation	Land Based Healing – Intergenerational Healing Initiative
	Stoney Creek Cultural Elders Society	Healthy Me Children's Program/Harm Reduction Outreach
	Yekooche First Nation	Traditional Healing – Grief and Loss
Northwest	TWILD	Tahltan Assistant Guide Training (TAG)
	Prince Rupert & District Métis Society	KAA_WIICHIHTOYAAHK: Métis Mental Health & Wellness Gathering
	ZaaydaGa Dlaang Society (Skidegate Health Centre)	Basketball for Youth Wellness
	Métis Nation BC – Terrace	Cultural Safety & Wellness Program
	Anspayaxw Health Services	Hands on Healing with Joe Buckles
	Witset First Nation	Canning Days
	Métis Nation BC – Tri-Rivers	Cultural Safety & Wellness Program
	Sik-E-Dakh Health Centre	Sik-E-Dakh Medicines from the Lax-yip
	Gitsegukla First Nation	Youth Spirit Day with Reggie Leach
	Gitanyow First Nation	Embrace Traditional Wellness

Appendix B: Aboriginal Health Improvement Grant Overview 2022-2025 Cycle

Name of Organization/Project Name	Project Goals
Fort Nelson Aboriginal Friendship Centre ***HIV/AIDS Awareness***	• Providing support and advocacy to those infected or affected by HIV/AIDS and/or sexually transmitted infections through: a) Peer counselling-provide support trough one-on-one peer counselling, b) Provide outreach support where needed - pre and post testing support. Attend doctor's appointments with clients who want my support. Assist clients with personal goal setting. • Continuing to develop working relationships and networks with other service providers in the area. These networks Include but are not limited to the local health nurse on reserve and also our local northern health nurse, the local physicians and the alcohol and addictions counselor. • Provide up to date information pertaining to all Issues related to HIV/AIDS and/or sexually transmitted Infections through: a) Research- Dedicating time each week to updating and research HIV/AIDS and STIs b) Continue to develop and maintain our library of resources which is available to the community and clients • Increase health and well-being of aboriginal and non-aboriginal people through prevention and awareness education, as well as, distribution of harm reduction products Including: a) Workshops- Presentations, facilitate HIV/AIDS workshops or presentations for the community. b) Pamphlets/booklets- Provide pamphlets and booklets with relevant Information pertaining to HIV/AIDS and Sexually Transmitted Infections to various places around the community c) Distribution of condoms and other harm reduction products
Positive Living North: No Kheyoh T'sih'en T'sehena Society ***The Fire Pit: Culture and Healing for Holistic Health***	• Providing culturally-appropriate activities and services for people living with, affected by or at-risk for HIV/AIDS, Hepatitis C (HCV), co-infection, and Tuberculosis (TB) to assist them in making healthy choices through: a) providing drop-in centre services, b) ensuring service delivery within a cultural, holistic, and philosophical approach specific to the Fire Pit, with underlying focus on harm reduction • Increase knowledge and awareness of holistic healing opportunities for people living with and at risk of HIV/AIDS, HCV, co-infection, and TB including: a) engaging in healing through Fire Pit activities Coordinator planning and implementing culturally-appropriate social, recreational, and healing activities and services to assist clients in making healthy choices. b) the Fire Pit Activities Coordinator will liaise with community partners in identifying resource people who can provide internal workshops and support, c) facilitating talking and healing circles for patrons and community at the Fire Pit, and d) facilitating access to Elder Advisors to support client and staff through holistic healing processes

	• Increasing connection to community resources to help facilitate holistic healing for people living with and at risk for HIV/AIDS, HCV, co-infection, and TB infection through: a) providing culturally appropriate prevention education, b) providing cultural and spiritual guidance and support to the Fire Pit staff, patrons and community through presence at the Fire Pit, involvement with staff meetings and involvement with relevant community meetings and committees c) fostering partnerships, networks and cultural information sharing with community service providers d) facilitating access to community resources that address poverty, addictions, and homelessness, e) coordinating appropriate referrals and access to services with partner organizations based on client needs.
Prince George Native Friendship Centre (PGNFC) ***Holistic Counselling, Bi-cultural Healing Services and Prevention***	• Provide effective and timely counseling serving a minimum of 100 clients per month. Activities (deliverables) to address this objective are: a) Provide holistic counselling (minimum 8 sessions daily), daily crisis counselling as needed, and therapeutic groups provided as needed with a minimum of provision 6 months of the year. • Work with community partners to provide bi-cultural healing services to children, youth, adults and Elders including residential school survivors and to address sexual violence. Activities (deliverables) to address this objective are: a) Make available a daily cultural advisor and weekly spiritual advisor to clients b) Provide opportunities for cultural learnings, ceremonies, and practices c) Relate cultural opportunities to traditional healing d) Provide clients with education about the History of Aboriginal peoples, give a voice to people who have been impacted by the residential school system e) Assist with activities focused on the 'Highway of Tears' initiatives f) In partial support of the Native Healing Centre (along with two other streams of funding) and its activities g) Support opportunities for frontline partnerships • Work in partnership with other PGNFC programs to provide prevention workshops and activities regarding violence, trauma, sexual abuse, addiction etc and to provide culturally relevant programming, as well as parenting support and training. Activities (deliverables) to address this objective are: a) workshops provided for clients (minimum 12 yearly, minimum 3 youth focused, minimum 3 with a cultural focus) b) Annual events include hosting a community health fair, and children's workshop series, suicide prevention workshops and activities and healthy parents workshops/activities
Sai'kuz First Nation ***Elder Connection***	• Reconnecting Elders with youth in our community through: a) Providing crafts and changing quality of life, and b) Fund raising for cultural activities • Mentoring and training through youth learning history, respect and language from Elders and community members – three days per week • Encouraging a healthy community through workshops that teach cooking, language, and traditional medicines and healing

Wet'suwet'en First Nation ***Youth Wellness***	• Encouraging youth to stay in school and pursue educational goals through visiting high school students, participating and promoting in and out of community career fairs, inviting role models to speak to students, talking with students about their educational goals and developing plans to reach the educational goals. • Encouraging youth to make healthy choices through inviting guest speakers into the community to discuss former drug and alcohol use and discussing recovery and promoting healthy lifestyle choices such as exercise, reading books, Sun Run participation, fundraise for school and/community trips, etc. • Promoting Wet'suwet'en traditions, language and culture amongst the youth through participation in drum making, dancing, regalia making, Elder and youth communication, Language and Culture Camps with Elders and Youth, Bahlats and protocol teachings, hunting and trapping, and preservation of food from the land.
Dze L K'ant Friendship Centre ***HIV Awareness***	• Increase awareness and knowledge of preventing HIV infection in Northern BC using culturally relevant resources and staff with a focus on socioeconomic factors such as poverty, ethnicity, and advocating for ones' rights through: a) Providing one hour workshops on different topics such as: health sexuality, drugs and alcohol, how to talk to your kids or grandkids about sex, including highlighting why Aboriginal people are at risk for HIV infection. b) Distributing resources for awareness campaigns throughout the year. c) Networking with other communities to inspire HIV prevention and education activities. • Provide non-judgmental services, activities, and information to all people inclusively to decrease HIV infection, increase awareness of how HIV is transmitted, and encouraging testing through: a) Distributing print materials with an Aboriginal focus b) Providing tailored, interactive, fun workshops to individuals, group and communities c) Playing circle people games (using cartoon people to identify risk activities and transmission of HIV) and Disney games (uses scenario and characters to identify transmissions of HIV) d) Discussing the importance of regular testing and where • Promote healthier choices, information and support to reduce harm from drug and alcohol use, and other risky activities for youth Aboriginal women through: a) Partnering with local organizations and partners provide tailored workshops b) Partnering with Positive Living to workshops, presentations, along with Front Line Warrior • Reduce stigma and discrimination for those infected, affected, and at risk of HIV infection through: a) Being inclusive of all sexual orientations, poverty, drug and alcohol use and increase diversity b) Providing information on gender violence, and drug and alcohol use c) Providing one hour workshops on participant based programming including management of chronic illness d) Involving PHA's in program planning, partnering with other organizations and programs to create dynamic workshops geared towards community health • Improve well-being of our communities through outreach, networking, and awareness of community events through: a) Monthly awareness campaigns b) Bi-weekly community outreach days with partners c) Condom distribution d) Participate in community health fairs and events e) Hosting one community lunch per year

	f) Helping with community Christmas dinners g) Free draws to encourage participation in booths, and h) Participating in National Aboriginal Day celebrations
Dze L K'ant Friendship Centre ***Mental Health Outreach***	• Provide support, counselling, and referrals as needed to people with mental health issues • Increase understanding regarding mental health by providing activities, traditional and alternative therapies and culturally relevant activities through: a) Conducting workshops and outreach days b) Working with the Local Action Team (Smithers Community Wellness Committee) c) Learning about alternative therapies and adopt them into the program, or bring specialists in for clients • Develop and maintain strong partnerships with youth workers and others helping organization who experience vicarious trauma and continuously deal with their clients' loss and grief • Continuous networking with local organizations through attending committee meetings, events, workshops, and informing others of available services
Dze L K'ant Friendship Centre ***Aboriginal/Métis Gathering projects***	• Increase agency collaboration into the Aboriginal/ Métis system of care in the community. • Improve professional, parent and community member understanding of the dynamics of behavioral and cultural health in relationship to family wellness and the role these can have in developing higher levels of happiness, good health and social-emotional well-being. • Create and offer one-on-one support for mental health referrals to community-based projects to help families learn best practices and successful strategies for interacting that support emotional wellness and social and emotional development • Promote positive communication, healthy lifestyle choices, personal success and cultural involvement to support strong family relationships, improved quality of life and overall resiliency. • Promote traditional games.
Friendship House Association of Prince Rupert ***Mental Health Outreach***	• Private session for individuals and couples in a safe, non-judgmental space, • Weekly Men's Wellness Group – for men seeking support in their personal growth, development and healing in an atmosphere of no-blame or judgement. This includes Outdoor wellness sessions including council fires, picnics, canoeing, food/medicine gathering. • Collaboration with numerous other programs within the Friendship House eg. Power Puffs Girls, Aama Goot Women's Wellness, Community Worker, Elders, Youth, Cultural Worker. • Special Wellness activities with other in-house programs ie. Outdoor education such as canoeing, food/medicine gathering etc. • Collaborating with outside community agencies in order to more fully support clients.
Friendship House Association of Prince Rupert ***Aama Goot***	• Focusing on cultural pride through hosting activities to assist clients dealing with stress, relaxation, life coping skills, and learning about wellness topics. Activities include weekly Power Puff Girlz and Ladyz Club. • Building relationship and cultural skills which enhance client's abilities to connect with each other, their families, and their community - and to develop working partnerships with resources in the community. Activities include weekly Ladyz Cultural and Weaving Class and hosting discussion groups, storytelling and sharing recipes and traditional life skills training. • Improving health by combining cultural and traditional knowledge with current health care approaches and following protocols as keys to providing health and wellness for all ages through providing health promotion information sessions with health professionals plus yoga/walking and fitness programs.

BOARD ROLE AND GOVERNANCE OVERVIEW BRD 200

Introduction

The Board of Directors of Northern Health (the "Board") is responsible for the strategic direction of the organization and, through the President and Chief Executive Officer (the "CEO"), ensures that appropriate management processes are established to realize the strategic direction.

Principal Stakeholders

The Board is appointed by, and is responsible to, the Government of British Columbia through the Ministry of Health, pursuant to the BC *Health Authorities Act*, recognizing and considering the interests of all stakeholders, including:

- patients/residents/clients & family members
- employees
- medical staff
- public

Board Size

Keeping in mind governance effectiveness, considerations of diversity of background and expertise, along with open and effective dialogue, the Government has established that the Board will generally be composed of ten Directors[1].

Best Interest of Northern Health

Directors are expected to utilize their individual expertise and points of view to contribute to decision making that is in the best interest of Northern Health.

Director's Terms

1. Directors are appointed by the Minister of Health through an Order in Council for one-, two- or three-year terms[2].
2. The Chair of the Board is appointed by the Minister of Health through an Order in Council
3. Directors will normally be appointed for a maximum of six years. In order to achieve staggering of appointments, to avoid too many Directors leaving at the same time, terms may be for other lengths, and in extraordinary circumstances a request may be made to the Minister of Health through the Crown Agencies and Board Resourcing Office (CABRO) for an extension beyond the normal 6-year limit.
4. Director appointments may be rescinded by the Minister of Health, or on the recommendation of the Board Chair.

[1] This is the normal complement and can be more or fewer as circumstances warrant
[2] A Director's first term is usually a 1-year appointment. The final decision rests with the Minister of Health.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

Terms of Reference

1. Terms of reference for the Board Chair (Policy BRD120), the CEO (Policy BRD130), Directors (Policy BRD140), the Deputy Chair (Policy BRD150), the Corporate Secretary (BRD160) provide guidance on the role of Directors and the Board., ~~and guidelines for Committees (Policy BRD300) and Task Forces (Policy BRD340) are in place for the guidance of the Board.~~
2. The Governance and Management Relations Committee (GMR) reviews the above noted terms of reference annually and proposes changes to the Board for approval as required.

Key Board Responsibilities

1. The Board, in conjunction with the Deputy Minister of Health, is responsible to hire the CEO to whom the management of the organization is delegated. (Policy BRD130)
2. The Board, through the GMR Committee, is responsible to ensure that both an annual performance evaluation is conducted for the CEO and that a CEO succession plan is in place in the event of an unexpected incapacity or unavailability of the CEO. (Policy BRD 400 & 435)
3. The Board is responsible to ensure that strategic planning processes are established and maintained, with particular attention to quality and budget management. The strategic plan will generally have a five-year horizon and is to be reviewed and/or updated annually. The Board participates in the review/update process, approves the strategic plan, and monitors progress. (Policy BRD420)
4. The Board maintains a continuing understanding of the material risks associated with the organization's objectives. The CEO and the management team are responsible to ensure that the Board and its committees are kept current on material risks.
5. The Board commits to maintaining open and clear communications with the medical staff in the interest of optimal patient care and service (Policy BRD170).The medical staff bylaws describe the accountability relationship of the medical staff to Northern Health and the advisory role of the NH Medical Advisory Committee to the Board and the CEO.
6. The Board is responsible to ensure a communications plan is established that provides pertinent and relevant information to the Government and other stakeholders. See Policy BRD220, which outlines process and spokespeople for Northern Health.

Board Committees

Board committees ~~are a mechanism that~~ permit~~s~~ deeper examination of major areas for which the Board has governance responsibilities. The role of committees is to support the Board in handling its responsibilities. Board committees are not established to assume functions or responsibilities that properly rest with management or with the

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

Board as a whole. Refer to Policy BRD300, which ~~outlines terms of reference and~~provides guidelines for Board committees.

Task Forces

Task Forces are Board committees established for a defined period of time to undertake a specific task and are then disbanded. Refer to Policy BRD340, which ~~outlines terms of reference and~~provides guidelines for task forces.

Board Meetings and Agenda

1. The Board meets at least six times within the calendar year.
2. The Board may also meet at the call of the Board Chair or in his/her absence, the Deputy Chair or as provided for in the Bylaws. (Policy BRD600)
3. The GMR Committee develops the agenda for each Board meeting in consultation with the CEO and the Corporate Secretary.
1. Under normal circumstances, the agenda and meeting material will be distributed to Directors ten days[3] before the meeting.
2. It is normal Board practice for all agenda items to be considered at the appropriate committee meetings prior to being placed on the Board agenda. A Director or the CEO may, however, suggest urgent additions to the agenda through the Board Chair prior to adoption of the Board agenda. (Policy BRD530)
3. A consent agenda package will be provided with materials for the interest of the Board members for information only. This information will not be discussed during the Board meeting; however, there will be opportunity at the beginning of each Board meeting to review the consent agenda material and move items to the regular agenda for discussion.
4. Article 6.9 of the Board by-laws indicates that meetings will be conducted in accordance with Robert's Rules of Order. The Board will, however, normally conduct its business based on consensus unless Robert's Rules of Order become necessary.

Public Board Meetings

1. At the discretion of the Board, all or part of the Board meeting may be open to the public.
2. The Board may exclude the public from a meeting, or a portion of a meeting, in order to protect the interest of a person or the public interest, or if withholding information outweighs the desirability of public disclosure. (Policy BRD 220 & 600)

Board Meetings without Management

1. Practices that provide opportunity to build relationships, confidence and cohesion among Directors are essential to allow the Board to develop an understanding of its role. One such practice is a regular meeting of Directors without management present, usually at a predetermined time scheduled during the regular Board meeting time period.

[3] Usually two weekends and the intervening work week prior to the Board meeting

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

2. Such meetings can be used to provide feedback about Board processes, including the adequacy and timeliness of information being provided to the Board. At times, such meetings might also focus on substantive issues that may be more difficult for some Board members to discuss with management present. They can also provide opportunities for the Board Chair to discuss areas where the performance of the Directors could be strengthened.
3. It is important that these opportunities occur regularly, even if the meetings are short, so that they become a recognized and accepted governance practice. Any issues arising in these sessions that bear on the relationship between the Board and management should be communicated quickly and directly to the CEO by the Board Chair.

Non-Directors at Board Meetings

The Board appreciates the value of having management team members and other advisors or visitors present who can provide information and opinions to assist the Directors in their deliberations at Board meetings. The Ministry of Health may request/require the attendance of a Government representative at Board meetings. The Government representative is normally recommended by the Ministry of Health and/or the CEO and approved by the Board[4].

Board/Management Relations

1. Directors may direct general questions or concerns to the CEO, Board Chair, or to the Chair of the GMR Committee.
2. Directors must respect the organization's management structure. A Director has no authority to direct any staff member.

New Director Orientation and Continuing Director Development

1. The GMR Committee and the CEO share the responsibility to ensure that there is an orientation process for new Directors and that all Directors receive continuing education/development as required.
2. New Directors will be provided with an orientation and education program, which will include written information about the duties and obligations of Directors and the business and operations of the organization, documents from recent Board meetings and opportunities for meetings and discussion with the senior management of Northern Health.
3. The orientation program for each new Director will be tailored according to that Director's needs and areas of interest and depending on the Director's committee assignment and the HSDA in which they reside.
4. A~~n~~ continuing Director education plan is to be developed and approved by the Governance Management Committee and should be focused on relevant changes in the operating environment and critical and emerging issues impacting the health care system.

[4] This practice is inconsistent and varies over time.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

Assessing Board Performance

The GMR Committee is responsible for ensuring that there is a process for annually assessing the performance of the Board, its committees or individual Directors, and ensuring that the process includes an opportunity to identify how the performance of the Board or of Directors could be improved. (Policy BRD410)

Outside Advisors for Committees and Directors

Occasionally, a committee or a Director may need the services of a consultant or an advisor to assist with matters involving their responsibilities. A committee or Director wishing to engage an outside advisor at the expense of Northern Health must first obtain the authorization of the Board Chair or the Chair of the Committee, normally in consultation with the CEO.

Transparency

The Board will publish, on the Northern Health website, the following:

a. The name, appointment term, and a comprehensive biography for each Director
b. In compliance with Treasury Board Directive 2/20, section 46.2, the compensation paid to each director for the preceding year
c. The records of activities and decisions of the Board, including agendas, minutes and board policies

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

COMMUNICATION POLICIES **BRD 220**

This document includes all Board policies that relate to communication:

1. Board Internal Communications
2. Media Relations Protocol
3. Board Meetings

1. BOARD INTERNAL COMMUNICATIONS POLICY

This policy provides a procedure for the Board of Directors of Northern Health (the "Board") to follow regarding communication of information to its members.

Communication to the Board will occur according to the following process:

Critical or Politically Sensitive Information

Information of this type is outside the bounds of normal Northern Health operations. Some of these items will be 'crisis-oriented' while others will generally be non-recurring in nature. This information will be communicated to Directors on an urgent basis:

a. Matters relating to the President & Chief Executive Officer (the "CEO") position that affect the entire region's operations (e.g. appointment, resignation)
b. Major service delivery crisis (e.g. service disruption, adverse event)
c. Matters relating to Directors (appointment, resignation)
d. Other issues deemed extraordinary by the Board Chair

On-going Major Regional Operations Issues Information

Information that updates Directors on Northern Health's major operational issues will be communicated, on an on-going basis, according to a structure and time frame of reporting agreed to by the Board in consultation with the staff.

Duties and Responsibilities

Other than information relating to the CEO position, which will be communicated by the Board Chair or designate if the Chair is absent, it is the CEO's responsibility to ensure that information is communicated to Directors in a timely manner.

Directors are requested and encouraged to bring to the attention of the Chair, CEO, and Director of Communications issues of concern in a community about which they may have information.

Monitoring

The Governance and Management Relations Committee ("GMR" or "the Committee") will monitor the implementation and effectiveness of this policy, and make recommendations to the Board for amendment as deemed necessary.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

2. MEDIA RELATIONS PROTOCOL

The media relations protocol governs how Board decisions are communicated to the public~~. It is composed of two sections~~, comprising two sections:

~~a. Guiding Principles for Directors~~

a. Communication Roles and Responsibilities – Board Chair, Directors, CEO, Communications Staff

b. Social Media

~~**Guiding Principles for Directors (See BRD 140)**~~

Commented [TK[1]]: Deleted – duplicative in director ToR and in model code of conduct

~~a. Directors shall represent the best interests of the entire region, not just their home community.~~

~~Once the Northern Health Board makes a decision, it is the responsibility of the Directors to abide by and support that decision in all subsequent communication.~~

Communications Roles and Responsibilities

Board Chair:

The Board Chair is the primary spokesperson for the Board (BRD 120). It is appropriate for the Board Chair to speak on matters such as: governance issues (Board decisions, appointments/departures of Directors); CEO issues (recruitment); and political issues (reactions to government decisions, budgets, elections, appointments of Health Ministers). The Board Chair may also speak on behalf of the CEO if the CEO is unavailable. If the Board Chair is unavailable, the CEO may speak on the Chair's behalf; the Deputy-Chair or an alternate Board member can also be designated (BRD 130 & 150).

Directors:

While the Board Chair is the primary spokesperson for the Board, individual members of the Board may be called upon to speak on behalf of the Board in instances where the Board Chair is not available (e.g. at Northern Health events that feature the opening of a new facility) – BRD 140. On such occasions, it is appropriate for the Director present to speak on behalf of the Board according to the following general guidelines:

a. Always keep comments at a strategic level and where possible, use the opportunity to demonstrate alignment with Northern Health's mission, vision, values and priorities
b. Abide by the guiding principles as stated above
c. Defer operational questions to the CEO or designate

When the need for a Director to speak is anticipated, Communications staff will provide support as required

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

CEO:

The CEO is the primary spokesperson for operational matters of Northern Health. This covers areas such as facility or service changes, staffing issues, crisis communication, labour action, Northern Health financial and management issues. The CEO may appoint a designate from the executive or senior management to speak on specific facility or program issues (BRD 130).

Communications Staff:

The Communications Department is the main contact point for media, and has primary authority to issue press releases on behalf of Northern Health. All media calls should be directed to the Communications Department to help ensure a timely response. Using this protocol as a guide, it is the responsibility of the Communications Department to direct the call to the appropriate spokesperson. Working in cooperation with the Communications Department, Northern Health staff shall endeavour to respond to media inquiries promptly.

If required, the Communications Department can also prepare support material such as key messages to be used by spokespeople in responding to specific issues.

Social Media

Commented [TK[2]]: Moved here from 210 Code of Conduct (not included in the model code provisions)

Directors' use of social media is appropriate; however Directors must be aware of the actual or potential effect of their comments or statements when they are recognised as Directors, regardless of whether the statements are made while acting personally or on behalf of Northern Health. Members of the public may be unable to distinguish the personal and fiduciary roles a Director holds, which can lead to an actual or apparent conflict of interest.

1. If participating in social media on behalf of Northern Health, prior approval and coordination must be arranged through the Northern Health Communications Department.
2. If participating in social media personally, Directors should:
    a. If identifying as a Northern Health Director, or discussing Northern Health interests, include a non-affiliation statement such as "The views expressed here are my own and do not necessarily reflect the views of Northern Health"
    b. Ensure confidentiality is not breached, by refraining from discussing patient personal information or other Northern Health confidential information.
    c. Avoid any activity that could bring Northern Health into disrepute, including defamation, discrimination, or harassment.
    d. Be respectful of copyright law

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

3. Directors are encouraged to participate in official Northern Health social media channels by commenting and sharing posts for the purpose of celebrating and sharing positive stories about Northern Health.

3. BOARD MEETINGS POLICY

The purpose at all Board meetings, whether public or in-camera, is to conduct the business of the Board. See BRD 600.

The Board is scheduled to meet six times a year. The frequency of meetings may be changed at any time at the discretion of the Board.

The schedule of Board Meetings will be available on the Northern Health website.

Every scheduled meeting of the Board will, unless the Board otherwise determines, be a combination of an "open" session and an "in camera" session. Meetings will include consideration for Regional Hospital District engagement as well as community round-table sessions.

Where the Board has determined that all agenda items for a particular meeting are to be addressed in camera there will be no open session of the Board meeting.

Business conducted within Committees of the Board will be in camera, and not be open to the public (BRD 300).

When a decision of the Board is required outside of the planned meeting schedule, the Executive Assistant to the CEO and Board of Directors will support arranging a task-specific meeting, in person or virtually, to enable discussion and decision-making. To facilitate open dialogue and transparency, the Board does not support a process for voting outside of a meeting.

Formatted: Indent: Left: 0 cm

Board Meeting Locations

The Board will endeavour to meet face-to-face whenever possible; however, meetings may occur virtually when required, as contemplated in the Organization and Procedure Bylaws (BRD 600).

When meeting face-to-face, the Board will normally schedule three meetings outside of Prince George in each calendar year - one meeting within each of the three Health Service Delivery Areas.

Due to the logistical issues of travel, accommodations, and appropriate meeting space, the Board will not normally hold its regular meetings in communities with a population under 4,000. Communities where the Board could hold its meetings include:

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

- Fort St. John
- Dawson Creek
- Fort Nelson
- Prince George
- Quesnel
- Vanderhoof
- Smithers
- Terrace
- Prince Rupert
- Kitimat

For exceptional issues, the Board may consider meeting in an individual community other than those listed above.

Each Board meeting held outside of Prince George will be planned with emphasis on the opportunity for Board networking with community leaders. This will include extending an invitation to community leaders in the surrounding communities

In-Camera Board Meeting

In order to protect the personal privacy of individuals, the business interests of individuals and companies, or the public interest, some items of business will not be addressed during the open Board session and will be addressed in an in-camera session of the Board. The Board will determine the items of business that will be conducted in-camera. The Board, in exercising its discretion to address certain items of business in camera, will use the *Freedom of Information and Protection of Privacy Act* (FIPPA) and the *Evidence Act* as guides. Similarly, communication of decisions taken by the Board in in-camera meetings will follow these statutes, but may be expanded to include explanatory or background material related to the decisions. (Policy BRD 600)

In preparing the agenda, the GMR Committee will recommend the items of business that should be addressed in camera. The recommendations of the GMR Committee will be circulated to the Directors approximately one week prior to the scheduled meeting. Any Directors who do not endorse the GMR Committee's recommendations will notify the Executive Assistant to the CEO & Board of Directors within three days of receipt of the proposed agenda for the consideration of the Board Chair in finalizing the Board meeting agenda.

At the beginning of the meeting the Board will, in-camera, pass a motion approving the in-camera agenda.

Open Board Meetings

Open Board sessions are meetings of the Board conducted in public at which the public may attend and observe the meeting. In addition to attendance in person at meetings, members of the public may also attend Board meetings at a distance according to the provisions outlined in Schedule A.

Any person wishing to attend open meetings of the Board is entitled to do so and is welcomed by the Board. Because of space limitations seating is available at the meeting on a first come first served basis, and to comply with fire and other regulations attendance may be restricted to a maximum number.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

The agenda for the open session of the Board meeting will be available to the public on the Northern Health website seven (7) days in advance of the meeting. The full open session meeting package is posted on the Northern Health website the day of the meeting.

Open Board Meeting Procedures

The meeting will be held in accordance with the by-laws of Northern Health (BRD 600) and Roberts Rules of Order (BRD 200).

Participation in the discussion of the Board, except as noted above, is limited to Directors, the CEO, and other management personnel or third parties who may be present at the invitation of the Board.

The Board vests in its Chair or presiding officer the authority to adjourn the meeting prior to the conclusion of Board business if, in the opinion of the Chair, reasonable decorum is not being observed.

The Board vests in its Chair or presiding officer authority to end discussion during the public meeting on any public meeting agenda item and refer the matter to the Board's in-camera meeting if in the opinion of the Chair the discussion is likely to breach the personal privacy of individuals, the business interests of individuals or companies, or the public interest as reflected in previous Board decisions for public or in-camera discussion (BRD 200).

Public Presentations

The Board wishes to consult with the public on the provision of health services. To do this, provision will be made for structured consultations within Health Service Delivery Areas, meetings with Regional Hospital Districts and representatives of municipal government, and through the provision of information on the delivery of health services. In addition to these means, the Board will provide time for public presentations within the agenda of its open meetings. While the Board seeks public consultation on health issues for communities, individuals with very specific concerns may be encouraged to contact Northern Health managers directly in the interest of a timely response.

The Board will schedule opportunities for the public to make presentations to the Board at each meeting. Time for these presentations will be scheduled at the will of the Board before, after or during the Board's regular meeting.

Requests to Address the Board

Persons or groups wishing to make presentations to the Board must submit their request in writing to the Executive Assistant to the CEO & Board of Directors via a "Request to Address the Board" form indicating the name of the presenter, the group/delegation they represent, the topic, and a brief summary of the presentation.

Instructions shall be posted on the Northern Health website.

The request and all supporting material must be received at least ten (10) business days in advance of the date of the meeting.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

Given the limited number of presentations that the Board is able to hear, individuals or groups who have made presentations to the Board on a similar or related subject within the past year will be given lower priority than individuals or groups who have not yet had the opportunity to present to the Board.

The Chair may decline to hear any presentation, but will report the request for the presentation to the Board at its next meeting.

The Chair may permit an individual or delegation to make a presentation where the individual or delegation has not complied with the requirements of this policy.

Public Presentation Procedures

The time allotted for each presentation is ten (10) minutes. The Chair may extend this time limit if the Board decides that an extension of time is necessary in order to permit the delegation to give a complete outline of its position.

The total time for all public presentations at a particular meeting will be limited to 45 minutes, including time for questions by the Board.

Presenters must be recognized by the Chair and must preface their presentation by an announcement of their name, address and group affiliation.

The Executive Assistant to the CEO & Board of Directors will advise all parties indicating an interest in making a presentation to the Board that presentations are heard in public meetings and that media, including TV cameras may be present.

The Chair will advise presenters that the Board is there to listen rather than to debate issues.

Questioning will be limited to Directors initially and should be restricted to obtaining clarification of the presentation. After Directors' questions have been dealt with, members of the Northern Health Executive are welcome to ask further clarification questions.

In those instances where errors of fact are presented it may be appropriate for these to be courteously corrected by the Board for the benefit of everyone in attendance.

When presenters voice severe personal problems, it is appropriate for the Chair and CEO to be empathetic. Although presenters may describe important deficiencies in the services provided by Northern Health or the conduct of its affairs, Directors will not respond beyond acknowledging the issue until they have had an opportunity to review background information from staff or review the results of any investigation of the concern raised.

The following considerations will guide the decision to grant a request to make a public presentation to the Northern Health Board:

1. The Board is the most appropriate audience for the topic and the presenter's intention is to address the Board rather than attempting to reach a broader audience with their issues through the Board public meeting.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

2. Northern Health employees generally do not make presentations to the Board during the public presentations portion of the meeting unless requested to do so.
3. Physicians who wish to make a presentation to the Board will be asked to discuss their presentation topic with Medical Administration prior to requesting an opportunity to address the Board. If a discussion with Medical Administration has not occurred, the physician's presentation will not likely be approved to come forward as a public presentation to the Board. If a discussion has occurred, Medical Administration's advice will be sought regarding whether the presentation is appropriate for a public forum or if a different arrangement needs to be made.

The Board Chair has the authority to terminate the presentation of an individual or group that does not adhere to the rules established.

The Board recognizes the great interest and commitment of many citizens to health and health services and recognizes that many different perspectives exist.

The Board Chair has the authority to maintain reasonable decorum at all meetings to enable differing views to be expressed and has the authority to request any individual who chooses not to observe reasonable decorum to leave the meeting.

As follow up to any presentations made to the Board:

1. The Board will review the presentations received, and will identify the key issues requiring further follow up by staff.
2. Staff will review the issues identified and provide the Board with the necessary background information.
3. If and when the Board deems it necessary, a full written response will be provided after the Board has obtained further information from staff.
4. Where a proper review of a situation by Staff will take more than two (2) weeks, a letter will be sent thanking the presenter and advising that further information is being sought before responding.
5. A copy of the responses sent to the presenters will be included in the subsequent Board meeting information package.

Regional Hospital District Engagement

The Board will provide an opportunity to meet separately with each Regional Hospital District Board on an annual basis. This meeting will normally be arranged when a Board meeting is held within or near the geographic jurisdiction of that Regional Hospital District.

The purpose of this meeting is to offer Regional Hospital Districts an opportunity to directly discuss health issues with the Board.

Meetings with a Regional Hospital District Board will normally be one hour in length. Format and duration may be changed at the discretion of the Chair.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

Northern Health will ask an invited Regional Hospital District to provide topics of discussion in advance of a meeting. This will provide the Board and staff an opportunity to prepare background material to inform discussions.

The Board's meeting with Regional Hospital Districts will be closed to media and the public.

Community Round Table Session

The Board may invite community representatives to a round-table session, particularly when Board meetings are conducted outside of Prince George.

This meeting may:

1. Offer community partners an update on Northern Health services and initiatives in a given community and Health Service Delivery Area; and
2. Provide an opportunity for partners to ask questions with reference to local health issues.

Community partners may include Members of the Legislative Assembly of British Columbia, local government and Regional Hospital District representatives, local First Nations representatives, local health advocates, Chambers of Commerce, and other representatives as the Board deems appropriate.

Round table sessions will generally consist of a presentation by Northern Health followed by group table discussions focusing on topics relevant to the Health Service Delivery Area where the Board meeting is taking place. The table discussions may be facilitated by a senior executive member and may include at least one Board member at each table. This discussion will provide participants an opportunity to provide input and feedback to Northern Health.

The community round table session will be approximately 90 minutes in length and light refreshments will be provided to attendees. Format and duration may be changed at the discretion of the Chair.

The Board's community round table will be an invitation-only session. It will be closed to media. It is expected that participants will attend the session in the capacity in which they were invited rather than in other roles they may hold within the community.

Media Availability

As a significant employer and service provider in northern British Columbia, Northern Health's Board meetings are of particular interest to media outlets.

The Board Chair and CEO will provide reporters attending Board meetings with media availability through a press conference at a scheduled time during the day of the open Board meeting. This media availability will usually occur after the public presentations portion of the meeting and will provide reporters with an opportunity to receive updates from the Board and ask relevant questions. If facilities permit, the press conference will also include teleconferencing availability for out of town media.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

The Communications Department will develop a news release following regular Board meetings with the approval of the Board Chair. As per the direction of the Board Chair, the Communications Department will also assist in arranging contact with regional media unable to attend a regular Board meeting following the meeting.

SCHEDULE A: Distance Access to Northern Health Board Meetings

Northern Health is committed to providing region-wide public access to the Open and Public Presentation sessions of Board meetings.

The provision of distance access to Board meetings will be subject to limitations based on budget and technology infrastructure available in the Northern Health region.

Northern Health and the citizens of the Northern Health region will share in the responsibility of setting up this access efficiently and effectively. Access will be set up on an as-requested basis only.

Telecommunications Access to Northern Health Board Meetings

Using telecommunications technology, Northern Health will provide region-wide public access to the Open Board and Public Presentation sessions of Northern Health Board meetings if and as able depending on availability of the required technology.

a. This access will be provided in response to requests from the public for access.
b. The maximum number of sites that will be connected at any one Board meeting will be a total of three, by video-conference, telephone conference, or a combination of both. This number may be modified at the discretion of the Chair of the Board.
c. Northern Health will inform key stakeholders region-wide of the opportunity to attend the Open and Public Presentation sessions.
d. Northern Health will consider use of third-party video-conferencing capabilities if required but will not be responsible for addressing any compatibility issues impeding the use of third party equipment.

The Board Chair or designate will have the discretion to decide on the applicability of telecommunications access requests.

All by-laws, regulations, and standards of decorum for the Northern Health Board meetings will apply to remote locations linked by telecommunications equipment.

Procedure for Telecommunications Connection

Members of the public who are unable to attend a Northern Health Open Board and/or Public Presentation Session but would like to participate via telecommunications technology may request a link that is most appropriate to their location. Requests for telecommunication links must be forwarded to the Executive Assistant to the CEO & Board of Directors not less than fourteen (14) days prior to the meeting date.

a. Placing a request for a presentation via telecommunications link does not guarantee placement on the Public Presentation Session agenda.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

b. Presenters will be informed of their position on the agenda as well as the logistics of their telecommunications link no later than five (5) days in advance of the Board meeting.

In the event of technical issues disrupting a telecommunications link, Northern Health will attempt to correct the problem immediately. If a solution cannot be identified, and the telecommunications glitch interrupts the delivery of a presentation, Northern Health will offer a suitable time for the presentation to be delivered at a future Board meeting.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

EXECUTIVE LIMITATIONS BRD 230

Purpose and Scope

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

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

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

Policy Statements and Principles

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

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

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): December 5, 2022 (R)

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

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

Designations

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

[2] http://www.fin.gov.bc.ca/ocg/fmb/manuals/CPM/10_Travel.htm
[3] DST 4-4-2-030
Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): December 5, 2022 (R)

APPENDIX 1

Restrictions of Authority

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

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

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

3. Capital Assets
   3.1. Capital assets identified in the Board approved Capital Plan may be purchased
   3.2. Where urgent, to maintain operational services, the CEO may authorize additional capital asset purchases up to a unit cost of $2,000,000.
      3.2.1. The CEO may consult with the Board Chair and if not available the Board Deputy Chair or Chair of the Audit and Finance Committee before proceeding with approval
      3.2.2. The CEO will report all such purchases, identify the source of funds, and provide the rationale for the purchases to the Audit & Finance Committee or the full Board at its next meeting, whichever comes first
   3.3. Subject to approval by the Minister of Health, capital leases for equipment used directly in the provision of health services (e.g. CT scanner) will be authorized by the Board. Capital Leases for non-patient care (e.g. photocopiers) do not require Minister of Health approval, but must be included in the Board approved Capital Plan for purchase to occur.

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

[4] The terms of the *Health Authority Act* and the Health Authority Financial Management Policy Guidelines are considered part of this policy
Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): December 5, 2022 (R)

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

4.2.1. The financial transaction not exceeding $20 million
4.2.2. The financial transaction is within Board approved operating budget; and
4.2.3. Compliance with any other applicable policies, procedures or instructions issued by the Board

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

4.4 In exceptional circumstances, financial transactions that are not within the Board approved operating budget but require urgent approval must be:

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

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

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

5 Compensation and Benefit Programs

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

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

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): December 5, 2022 (R)

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

5.2.3 Shall not promise or imply lifelong employment to anyone

5.2.4 Shall not change his/her own compensation or benefits

6 Collective Agreements

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

7 Banking

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

8 External Auditor

8.1 The Board will appoint the external auditor

9 Non-Audit Services

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

10 Shared Services

10.1 The Board will authorize Northern Health to enter into ~~all~~ shared services agreements

10.2 Agreements for shared services shall:

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

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

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

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

10.3.1 The appropriate Memoranda of Understanding, Service Level Agreements and/or other documentation are in place that provide clarity regarding how business will be conducted between the shared services providers and NH

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

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

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): December 5, 2022 (R)

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

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

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

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): December 5, 2022 (R)

FACILITY AND FUND NAMING POLICY BRD 240

POLICY

Northern Health may recognize outstanding and significant contributions to Northern Health, or Foundations and Auxiliaries affiliated with Northern Health, by naming or attaching the name of a person, company, society or other organization to a particular asset.

This policy establishes criteria for naming assets, an approval process, and the general terms and conditions surrounding naming opportunities. This policy must be used in accordance with the Government of British Columbia's Naming Privileges Policy (Appendix 2).

The naming of physical assets in recognition of financial or in-kind contributions must be submitted to the Intellectual Property Program by way of a Naming Opportunity Request Form (Appendix 3), regardless of the size of the asset.

Commented [UC[1]: Note – I have talked to the Deputy Minister regarding the Ministry of Health policy regarding naming. In particular, I asked him if the DRIPA legislation would have any impact on the MoH policy in relation to naming facilities. He indicated that this has not been considered as yet but may be an area of attention in the future. In the meantime, he is encouraging connection with the political side of the Minister's office in relation to facility naming processes.

DEFINITIONS

Approving Agent: person(s) within Northern Health with the delegated level of authority to approve a naming request recommendation (see the Approval by Asset section)

Significant Contribution: may include a gift from a donor (financial or in-kind), sponsorship, or a distinctive achievement in furthering the mission and goals of Northern Health.

TABLE OF CONTENTS PAGE

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

PROCEDURE

1. **Initial Request**
   a) The Asset Naming Nomination Form (Appendix 1) is completed, and submitted to the appropriate Health Service Delivery Area (HSDA) Chief Operating Officer (COO).
   b) The COO reviews and forwards the request to the Chief Financial Officer (CFO), who is the Office of Record, as soon as possible.
2. **Response to Request**
   a) The CFO consults with the President and Chief Executive Officer (CEO) to consider the appropriateness of the nomination.
      i. If not appropriate, the CFO, in consultation with the COO, will notify the applicant.
      ii. If appropriate, the CFO and CEO will designate a Naming Committee Chair and convene a Naming Committee.
3. **Naming Committee**
   a) The formation, membership, and duties of the Naming Committee will vary depending on the class of the asset in question. Refer to the Naming Committee Decision Matrix for direction.
   b) The Naming Committee will abide by the Terms of Reference and evaluation criteria set out in this policy.
   c) The Naming Committee forwards their recommendation to the appropriate Approving Agent, as defined in the Naming Committee Decision Matrix.
      i. Depending on the class of asset, additional approvals may be required. Refer to the Naming Committee Decision Matrix for direction.
4. **Communication**
   a) Publicity surrounding the naming of an asset, or the change or revocation of the naming of an asset will be handled by Northern Health's Communications Department in conjunction with provincial government, as necessary.

NAMING COMMITTEE – TERMS OF REFERENCE

1. **Standing members of the Naming Committee are:**
   - Vice President, Financial & Corporate Services/CFO
   - Vice President, Indigenous Health
   - COO of applicable HSDA in which asset resides
   - Regional Director, Capital Planning and Support Services
   - Regional Director, Business Development
   - Vice President, Communications and Public Affairs
   - Ad hoc members will be appointed to the Naming Committee as set out under the Approval by Asset Section of this policy.
   - Naming Committee Chair: Selected by committee members or appointed by CEO

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

2. Duties and Obligations:

- Assess naming opportunities submitted to the Naming Committee abiding by the established evaluation criteria;
- Make recommendations with respect to pricing, term and any other material conditions that should be tied to the naming right, using the guidelines set out in this policy.
  - For proposals with no financial or in-kind consideration attached, the Naming Committee will determine whether the applicable asset has a high potential for donation and if the naming right to the asset should therefore be reserved for financial or in-kind donor recognition.
  - In this situation, the Naming Committee will recommend to the CEO that the proposal be declined and the CEO will respond accordingly.
- Ensure consultation takes place with the individuals (NH staff/physicians) most closely associated with the applicable asset. The Naming Committee may wish to include the site manager (or most senior level manager responsible for the applicable asset/program) in the evaluation/approval process.
- Notify the approving agent (as identified in the Approval by Asset Section) of any reason for deviating from the guidelines set out in this policy respecting pricing and/or term.
- Endeavour, to the extent reasonably practicable, to balance its responsibility to maintain transparent processes and provide full disclosure to the public, with its responsibility to maintain confidentiality regarding third party interests.
- Reach agreement, and recommend approval or denial of a naming right to the appropriate approving agent.

3. Evaluation Criteria (Applicable to all Naming Requests):

1. The naming of any asset must be compatible with NH's goals, mission, vision and values as articulated in NH's Strategic Plan.
2. No naming opportunity should be approved if it:
   a. May be inconsistent with Northern Health's legal obligations
   b. Is likely to result in an employee of a public sector body or an elected official receiving any benefit or personal gain
   c. Is likely to have a negative impact on the image or reputation of or damage public respect for NH or any of its affiliated Foundations and Auxiliaries.
   d. Conveys a message that might be deemed to be prejudicial to race, religion, gender, or sexual orientation, or cause offence to a community group.
   e. Is likely to be associated with an unhealthy lifestyle (e.g. alcohol or tobacco usage, obesity etc.)
   f. Implies endorsement of a partisan political, ideological or religious position. This includes use of the name of an elected official currently in office but does not preclude use of the name of an individual who has previously held public office.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

g. Implies endorsement of a specific commercial product. This does not preclude using the name of an individual or company that manufactures or distributes commercial products.

3. Naming associated with a particular facility or endowment will not preclude further naming within the facility, program or clinical area.
4. Naming opportunities supported by financial or in-kind gifts may be named after the donor or a third party at the request of the donor.
5. Except where the naming opportunity pertains to the recognition of distinguished service, donations must represent a significant portion of the cost of the facility or activity to be named and/or be critical for the completion of such facility or activity.
6. Where a naming request proposes to honour distinguished service of Board members, staff or physicians, it is recommended that at least three years has passed after the nominee has ended their service with Northern Health or an affiliated Foundation or Auxiliary.
7. Any revenue generated from a naming opportunity that is obtained through a capital campaign organized by a Foundation or Auxiliary affiliated with Northern Health or submitted to the Naming Committee by a Foundation or Auxiliary affiliated with Northern Health will be retained by such Foundation or Auxiliary and used in accordance with the donor's wishes. Final determination of any naming, however, remains with Northern Health. In all other cases, the Naming Committee will make a recommendation as to how revenue should be distributed (including, in the case of Northern Health, which department will receive all or any portion of the proceeds) provided that the donor's wishes will be honoured to the greatest extent possible.
8. When naming recognition has been extended for a gift received, it will be honoured in accordance with the agreement that is made with the donor. In the event of a change in circumstances that would preclude honouring of the donor's wishes, NH reserves the right to determine the form of name recognition in consultation with the donor, or donor's agent, when possible.
9. Where a naming request proposes to honour an individual, it is recommended that the Naming Committee obtain some form of documentation verifying that the person being honoured is in agreement with the proposal, or by a legal representative should the individual be deceased.
10. When the proposed naming of an entire facility would recognize an individual, the complete name of the individual will be used. The surname of the individual so honoured may be used in referring informally to the facility and may be used on a name plaque affixed to the facility.
11. For Class I naming requests, community consultation should be considered, including but not limited to: First Nations communities, local government and provincial political leaders, local support societies and advocacy groups.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

4. Additional Criteria for Distinguished Service Nominations (Without Financial Consideration)

In addition to consideration of criteria set out in the Evaluation Criteria section, the Naming Committee shall use the following criteria to evaluate proposals in recognition of distinguished service:

1. A distinguished service nominee shall have made an extraordinary contribution in terms of a professional or public service nature over a considerable length of time. The contribution must be well documented and broadly acknowledged within the community in which the applicable asset resides. Specifically, the nominee will have achieved distinction in one or more of the following:
   a. While serving the organization in a professional capacity, the individual has demonstrated high professional distinction and/or has earned national or international recognition;
   b. While serving the organization in an important administrative capacity, the individual has rendered distinguished service which warrants recognition of the individual's exceptional contributions to the welfare of the organization; or
   c. The individual has contributed in truly exceptional ways to the welfare of the organization or community in which the applicable asset resides, or has achieved such distinction as to warrant recognition.
2. How the nominee's contribution relates to Northern Health's mission, vision, values and strategic plan.
3. How naming the asset in honour of the nominee will reflect the history, purpose and diversity of the organization.
4. Whether the contribution of the nominee is likely to be recognized two or three decades into the future.
5. The relationship of the applicable asset to the nominee.

5. Internal Naming Requests

1. Northern Health may wish to name its own assets, by way of an executive choice, or a request from a staff member or physician.
2. All applicable evaluation criteria in sections 3 and 4 should be considered in the naming process.
3. Where the naming request is a tribute to a geographical feature of the region (e.g. a river or lake), the Office of Record will be consulted and will maintain a listing of named assets to minimize duplication in naming across multiple facilities.

6. Process to Revoke or Change a Naming Right

A naming right may be revoked or changed at any time by the applicable approving agent upon recommendation of the Naming Committee. Any recommendation put forward by the Naming Committee must provide the applicable approving agent with the following information:

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

a. Description of the naming right involved, including the value of the naming right and the name of the donor.
b. Reasons for recommending the revocation of the naming right.
c. Names of those members of the Naming Committee who do not support revocation of the naming right and reasons for dissent.
d. Financial impact, if any.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

NAMING COMMITTEE DECISION MATRIX						
Asset	**Class I**	**Class II**	**Class III**	**Class IV**	**Class V**	**Class VI**
Classification	External Facility (e.g. building, road, park)	Internal Facility (e.g. floor, wing, laboratory)	Program (e.g. clinical unit, health/wellness program, room, lounge)	Equipment	Research/Academic Position	Tribute Marker (e.g. plaque, medallion, other marker usually associated with feature such as tree, bench or small monument)
Ad Hoc Members (additional to standing members)	• Health Services Administrator (HSA) for the community where the applicable external facility resides • Senior representative from the Foundation representing the community where the applicable external facility resides		• If applicable, the manager responsible for the program itself or for the clinical area managing the program • If the program is site-specific, the HSA for the site and a senior representative of the	• HSA for the site where the equipment will be used • If applicable, the manager responsible for the clinical area utilizing the equipment, and • A senior representative of the Foundation	N/A	N/A

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

NAMING COMMITTEE DECISION MATRIX						
Asset	**Class I**	**Class II**	**Class III**	**Class IV**	**Class V**	**Class VI**
			Foundation connected to the site	for the site where the equipment will be used		
Pricing	The Naming Committee will assess the value of a naming right in accordance with current capital and operating costs of the applicable asset, and/or other factors pertinent to the asset.					
Term	A defined period of time (normally not to exceed 35 years) or the life of the structure, whichever occurs first	A defined period of time (normally not to exceed 20 years) or the earlier of the life of the internal facility or the life of the building housing the internal facility, whichever occurs first	A defined period of time (normally not to exceed 10 years) or commensurate with funding support for the room, lounge or the length of the program, whichever occurs first	The length of the equipment's useful life	A period of time commensurate with funding support	Negotiable
Approving Agent	Northern Health Board, upon recommendation of the CEO and GMR Committee The CEO will consult with, and receive the recommendation of, the		CEO, upon recommendation of the Naming Committee	COO responsible for the site(s) or clinical area(s) where the equipment will be used, upon	The Naming Committee will delegate the naming of a tribute marker to the appropriate Chief Operating Officer	

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

NAMING COMMITTEE DECISION MATRIX						
Asset	**Class I**	**Class II**	**Class III**	**Class IV**	**Class V**	**Class VI**
	Naming Committee prior to submitting a final recommendation to the GMR Committee and the Board. Before submitting a name for approval to the Board, preliminary discussions should be held with the provincial government to ensure there will be no government barrier to approval.			recommendation of the Naming Committee		
Additional Provincial Government Approval	Where the proposed naming of an entire facility, or significant portion thereof, is to receive Board approval, additional consultation with the provincial government is required to ensure compliance with government policy. Refer to "Government of British Columbia Naming Privileges Policy" (Appendix 2.) In some cases, further approval from Cabinet may be required. Prior to submitting recommendation for GMR and Board approval: For naming opportunities for all classes of asset that are accompanied by a financial or in-kind contribution,					

NAMING COMMITTEE DECISION MATRIX						
Asset	**Class I**	**Class II**	**Class III**	**Class IV**	**Class V**	**Class VI**
	complete the "Naming Request Form" appended to the Government of British Columbia Naming Privileges Policy and submit to the applicable government Ministry. An additional step is required for Class I (entire facility) assets. Upon confirmation that the responsible government Ministry requires no further approval, further application must be made as follows: Hospital: This type of facility is designated under the *Hospital Act* by way of a Ministerial Order. Any change to an existing facility name requires the Ministry of Health to rescind the original designation and re-designate the facility with the new name. Residential Care Facility: This type of facility falls under the *Community Care & Assisted Living Act*. The facility is licensed by the Health Authority (therefore a Ministerial Order is not issued by government); the name of the facility is designated					

NAMING COMMITTEE DECISION MATRIX						
Asset	**Class I**	**Class II**	**Class III**	**Class IV**	**Class V**	**Class VI**
	by way of the Health Authority's licensing process. As a courtesy, the Ministry of Health should be consulted during the naming process, prior to the facility being licensed. Upon consultation with the appropriate provincial government bodies, proceed with GMR recommendation/Board approval process.					

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

APPENDIX 1

ASSET NAMING NOMINATION FORM

**Format: Electronic fillable form linked above & Regular form attached next page*

APPENDIX 2

Government of British Columbia "Naming Privileges Policy"

APPENDIX 3

Government of British Columbia "Naming Request Form"

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

northern health
the northern way of caring

Asset Naming Nomination Form

Name of donor or sponsoring entity	Contact information

Proposed asset to be named	Proposed name	Proposed term of naming right

For proposed name honouring an individual (if applicable)

Full name	Date of birth	Date of death (if applicable)	Occupation (or former occupation)	Length of service to Northern Health

Consideration for naming opportunity (if applicable)

☐ Financial ☐ In-kind (describe) ☐ Distinguished service (no financial or in-kind gift) ☐ Other (describe)

For nomination honouring distinguished service:
Have at least 3 years elapsed since the individual last worked with Northern Health? ☐ Yes ☐ No

Association of proposed name to the asset being named

Association with and main contribution(s) to Northern Health and/or local community

Background and/or biographical information demonstrating significance of proposed name to the community

***Optional:* Other reason(s) for proposed name** (to reasonably assist the committee's deliberations)

Source(s) of above information

Completed nomination form is to be submitted to Northern Health's COO responsible for community in which the application asset resides.

10-300-7052 (LC - Appr. - 05/16)

Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

CORPORATE CONDUCT BRD 260

Introduction

The Board of Directors of Northern Health (the "Board") is committed to exemplary standards of corporate conduct, which will inform and guide organizational behaviour and standards of practice. It holds that only by a consistent focus on this goal, and through consistent modelling of expected behaviour by the Board and management, can the organization earn and maintain the trust of those whom it serves.

The Board is obliged to ensure that Northern Health establishes and maintains standards of conduct that all personnel are expected to follow, approved by the Public Sector Employers' Council.

To this end the Board must establish clear policy objectives for its own conduct (BRD 210), and must also ensure that management, through the President and Chief Executive Officer (the "CEO"), develops, implements and enforces practical, well defined policy for the organization as a whole so that individuals may have clear direction in the discharge of their individual roles and understand their own personal obligation to report known or suspected violations.

Policy Scope

Management shall ensure policies are developed for standards of conduct and other corporate issues[1] as deemed prudent and reasonable:

- Ethical behaviour
- Confidentiality
- Conflict of interest
- Respect in the workplace
- Theft, fraud, corruption, and non-compliance
- Whistleblower or safe reporting

Compliance

The Board expects that management will:

1. Ensure that specific standards are established and clearly communicated to all staff members, and that any updates are communicated to those affected on a timely basis.

[1] Not an exhaustive list but representative of the areas for which policy shall be created and promulgated.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

2. Inform all staff members as to where they can obtain information needed to interpret these standards in relation to their individual circumstances.

3. Make it clear that compliance with the approved standards is considered to be a condition of continued association with Northern Health.

4. Maintain established internal and management controls designed to prevent or detect failures to apply corporate standards.

5. Ensure that reports of non-compliance are regarded, except as otherwise dictated by legislation, as confidential and that no penalties are imposed on those reporting alleged violations in good faith.

6. Lead by example and consistently exhibit high standards of personal conduct in dealing with staff and others with whom they may be in contact in the discharge of their duties.

7. Deal with known and proven breaches in an appropriate manner including discipline up to and including discharge where justified.

8. Provide regular reporting regarding the application of this policy to the Governance and Management Relations Committee in accordance with the Committee's work plan.

These guidelines are not intended to abridge statutory rights, rights conferred by a collective agreement, or the obligations arising from a professional designation. The purpose is solely to promote an enterprise-wide commitment to standards of personal conduct that earns Northern Health a reputation for integrity.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

CODE OF CONDUCT AND CONFLICT OF INTEREST GUIDELINES FOR DIRECTORS **BRD 210**

1. Purpose

1.1. Northern Health (NH) is responsible for delivering high quality patient-centred health services to members of the public pursuant to the statutory mandate set out in the *Health Authorities Act* and the direction of the Ministry of Health. As leaders and decision makers of NH, Directors must earn and preserve the confidence of the public by demonstrating high standards of ethical and professional conduct at all times.

1.2. This Code of Conduct establishes and describes a common standard of conduct and a set of expectations for Directors as they oversee the affairs of NH, supervise management, and through the CEO, set the standards of organizational conduct.

2. Scope

2.1. This Code of Conduct applies to all Directors of NH.

3. Key Duties Grounding Standards of Conduct

3.1. Oversight Role

3.1.1. The Board maintains formal oversight of the activities of NH that are critical for its success, by ensuring that the goals, objectives, and operations of NH are integrated with goals and objectives set by the Ministry of Health and the law generally. Specifically, it is the Board's role to ensure that NH meets the health care needs of all the patients it serves by providing safe, reliable, integrated, and patient-centred care across the spectrum of care while managing the financial, human, and other resources of the organization responsibly.

3.1.2. The Board also provides direction and oversight to, and requires accountability from, NH senior executive leaders regarding organizational decisions and actions, while not being directly involved in carrying them out. By maintaining this separation from management and operational functions, the Board provides an independent accountability mechanism for the organization.

3.2. Fiduciary Duty

3.2.1. Directors owe a fiduciary duty as well as a duty of care to NH. This fiduciary duty requires Directors to be loyal and to act honestly, in good faith and in the best interest, maintain confidentiality regarding NH matters, and to disclose to NH any information the Director might obtain that could be considered material to NH's business or operations.

3.3. Anti-Racism, Allyship, and Cultural Safety and Humility

3.3.1. Recognizing systemic racism exists within the health care system, health service providers, and health authorities in particular, have a significant

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

responsibility in ensuring that every person receives the same access to safe and ethical care.

3.3.2. NH is a signatory to the Northern Partnership Accord and the Letter of Understanding with the Métis Nation of BC. NH is committed to implementing priority actions to support the *Tripartite First Nations Health Plan* and related agreements.

3.3.3. As leaders and decision makers, Directors are expected to:

3.3.3.1. Learn about and understand the social, legislative and political history of the Indigenous peoples of the region they serve, the impact of colonialism in Canada and its enduring traumatic legacy, and the effects of widespread Indigenous-specific racism within the health care system on the health outcomes of Indigenous peoples;

3.3.3.2. Participate in ongoing learning of the distinct and important Indigenous rights and Indigenous-specific approaches, protocols, and perspectives that inform discussion and decision making;

3.3.3.3. Support NH as it works to develop a culturally safe organization through a consistent and continuous practice of cultural awareness, humility, and safety in their own discussions and decision making; and

3.3.3.4. Promote equity, diversity, and inclusion in terms of access to services and human resource planning for NH.

4. Standards and Expectations of Conduct

4.1. Accountability and Integrity

4.1.1. Directors must at all times act honestly and in full compliance with all applicable NH policies and both the letter and the spirit of all applicable laws, and avoid any situation which could be perceived as improper or indicate a casual attitude towards compliance.

4.1.2. Directors are expected to be sufficiently familiar with any legislation that applies to the performance of their duties.

4.1.3. Directors have a duty to act and make decisions that are in the best interests of NH without regard to the Director's personal interests. While Directors may be appointed because they are a member of particular constituency group (e.g., based on regional representation), which may inform their views and approach to issues, in performing their duties as Director, contributions to deliberations and decision making must overall be guided by doing what is in the best interests of NH.

4.1.4. Directors must not seek to use their position to gain advantage for themselves, relatives, or associates with respect to accessing health care services with NH.

4.1.5. Directors must complete a minimum of 4 hours of education per annum in an area related to executing their duties as a director.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

4.2. Respectful Conduct

4.2.1. Directors must treat one another, NH staff, and members of the public respectfully, without abuse, bullying, or intimidation and ensure that the Board working environment is free from discrimination and harassment. This includes, at a minimum, conforming to the standards of respectful conduct outlined in NH's policies governing respectful and ethical conduct as approved from time to time, consistent with Director' leadership position in the organization.

4.2.2. Directors must:

4.2.2.1. Ensure communication at meetings is clear, respectful, and courteous;

4.2.2.2. Engage in the practice of active listening by not interrupting conversations or holding side conversations during Board or Board Committee discussions;

4.2.2.3. Work collaboratively to create a culturally safe and brave conversation space and seek consensus by considering the opinions of others, striving for integration of viewpoints, building on ideas, and engaging in open and honest discussion and debate;

4.2.2.4. Be respectful of all viewpoints that may be expressed in good faith by their colleagues and NH staff in the course of Board or Board Committee deliberations; and

4.2.2.5. Be aware of their personal power, privilege, and spheres of influence so as to not exercise, or seek to exercise, individual authority or influence over other Board or Board Committee members or staff, especially outside of meetings, which might have the effect of limiting open discussion, creating factions, or oppressing those from marginalized or racialized populations.

4.3. Active Participation

4.3.1. Directors are accountable for actively participating in the work of the Board. They must:

4.3.1.1. Attend scheduled Board and Board Committee meetings;

4.3.1.2. Obtain leave from the Board Chair or designated alternate for extended absences as soon as practicable;

4.3.1.3. Be prepared for meetings by reading all pre-circulated materials;

4.3.1.4. Exercise skill and diligence in their work and complete any assigned work;

4.3.1.5. Participate in Board and Board Committee discussions and decision making;

4.3.1.6. Apply judgement carefully, while maintaining an open mind and making decisions that are transparent, objective, impartial, and based

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

on an analysis of all available and relevant data and that are consistent with NH's values and mission;

4.3.1.7. Seek assistance from colleagues and/or staff to clarify any aspect of their work, role, or responsibilities where uncertain;

4.3.1.8. Respect the finality of decisions made at Board and Board Committee meetings and be champions for NH; and

4.3.1.9. Maintain a general level of familiarity with NH operations and the services NH provides and any health-related issues which may impact NH.

5. Conflict of Interest

5.1. Definitions:

"apparent conflict of interest" means any situation where it would appear to a reasonable person that the Director is in a conflict of interest situation.

"associated persons" means persons connected to the Director to the extent that the Director derives direct or indirect personal benefit from advancing the interests of such persons, including the Director's relatives, business entities, union, business partner or associates, friends, and any person to whom the Director owes an obligation.

"relative" means a spouse, child, parent or sibling of a Director.

"significant financial interest" means any interest substantial enough that decisions of NH could result in personal gain for the Director.

5.2. Discussion of Conflicts

5.2.1. A conflict of interest exists where a Director holds another interest or position which could have the effect of, or the perceived effect of, compromising their ability to make a decision in the best interests of NH.

5.2.2. Directors must avoid any situation in which there is a real or apparent conflict of interest which could appear to interfere with their judgement in making decisions in NH's best interests and Directors must also ensure they do not:

5.2.2.1. Use their position with NH to pursue or advance their personal interests or the interests of any associated persons. This includes using their position to benefit their business or a business owned or operated by an associated person;

5.2.2.2. Hold a significant financial interest, either directly or through an associated person, or hold or accept a position as an officer or director in an organization in a relationship with NH, where by virtue if the position in that organization, the Director could in any way benefit the other organization by influencing the purchasing selling or other decisions of NH unless that interest has been fully disclosed in writing to NH and NH has approved of the Director holding this significant financial interest;

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

5.2.2.3. Either directly or through associated persons, acquire or dispose of any interest, including publicly traded shares, in any company while having confidential information obtained in the course of their work at NH which could reasonably affect the value of such interest or securities; and

5.2.2.4. Take personal advantage of an opportunity available to NH unless NH has clearly and irrevocably decided against pursuing the opportunity and NH has consented to the Director pursuing such opportunity.

5.2.3. Examples of common situations which may give rise to a conflict of interest are set out in Appendix A.

5.3. Disclosure of Conflicts

5.3.1. Directors must monitor, identify and fully disclose in a timely manner all circumstances that could conceivably be construed as a conflict of interest. An important part of discharging this duty is reviewing Board and Board Committee meeting materials in advance so that potential or actual conflicts can be flagged before any discussion or decision-making occurs.

5.3.2. Annually, Directors must review this Code of Conduct and complete the included Conflict of Interest Declaration.

5.3.3. Directors must declare possible conflicting outside business activities at the time of their appointment and as they may arise during the course of their term.

5.3.4. Directors should, immediately upon becoming aware of a potential conflict of interest situation, disclose the conflict to the Board Chair, and in the case of the Board Chair having a conflict, to the designated alternate. This may be done verbally at a Board meeting or in writing outside of a Board meeting. This requirement exists even if the Director does not become aware of the conflict until after a transaction is complete.

5.3.5. If a Director is aware that another Director may be in a conflict of interest, the Director must immediately bring their concern to the other Director's attention. If after a discussion both Directors agree there is no conflict, the matter will be considered resolved. If there is disagreement between the Directors about whether there is a conflict or potential conflict of interest, the concern must be brought to the attention of the Board Chair. If there is an unresolved disagreement involving the Board Chair, the issue should be referred to the designated alternate.

5.4. Post Disclosure

5.4.1. If a potential conflict of interest is deemed to be a conflict of interest by the Board Chair (or designated alternate), the Director:

5.4.1.1. Shall not take part in the discussion of the matter or vote on any questions in respect of the matter (although the Director may be counted in the quorum present at the Board meeting);

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

5.4.1.2. May remain in the room if the meeting is open to the public, but shall not take part in that portion of the meeting during which the matter giving rise to the conflict of interest is under discussion, and shall leave the room prior to any vote on the matter giving rise to the conflict of interest; and

5.4.1.3. Shall, if the meeting is not open to the public, immediately leave the meeting and not return until all discussion and voting with respect to the matter giving rise to the conflict of interest is completed.

5.4.2. A Director shall immediately, unless otherwise directed by the Board Chair, take steps to resolve the conflict.

5.4.3. If a Director disagrees that a conflict of interest exists, the Director shall leave the meeting where the matter of potential conflict is being discussed and the Board Chair (or designated alternate) shall put the question to the Board for discussion and vote. A Majority ruling by the Board shall determine the issue and the Board's decision shall be final.

6. Outside Employment or Association

6.1. A Director who accepts a position with any organization that could lead to a conflict of interest or situation prejudicial to NH's interest shall discuss the implications of accepting such a position with the Board Chair, recognizing that acceptance of such a position may require the Director's resignation from the Board.

7. Public Office

7.1 No one who holds public elected office (e.g. municipal council, band council, school board, regional district, regional hospital district) is eligible to be a Director of NH unless otherwise directed by the Crown Agency Board Resourcing Office (CABRO).

7.2 A Director may run for provincial or federal public office while a member of the Board and shall, while campaigning:

a) Take a paid leave of absence from the Board, or

b) Attend Board and Board Committee meetings with the proviso that the candidacy is declared and minuted at the beginning of each meeting, and the Director excuses themselves from any discussion or vote that could be viewed as partisan;

c) Not speak on behalf of NH; and

d) Not refer to their work on the Board other than a factual declaration of Board membership in their biography

7.3 If elected, the Director must resign immediately unless otherwise directed by CABRO.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

8. Confidential Information

8.1. Confidential information means any proprietary, technical, business, financial, legal, or other information which NH treats as confidential.

8.2. Directors may not disclose confidential information to any person outside of NH unless such disclosure is authorized.

8.3. Without limiting the foregoing, Directors may not disclose or use confidential information gained by virtue of their association with NH for personal gain, or to benefit friends, relatives, or associates.

8.4. Directors are advised to seek guidance from the Board Chair (which may be informed by discussions with the CEO) with respect to what is considered confidential.

8.5. Directors' obligations of confidentiality continue after they cease to serve as a Director of NH, for so long as the information remains confidential.

9. Entertainment, Gifts, and Favours

9.1. Gifts and entertainment may only be accepted or offered by a Director in the normal exchanges of hospitality or customary gesture of courtesy between persons doing business together and where such exchange does not create any sense of obligation.

9.2. Directors and associated persons should not accept entertainment, gifts, or favours that create or appear to create the perception that a person or organization has a favoured position fordoing business with NH. Directors will direct any firm offering such inducement to cease doing so and will inform the Board Chair who will in turn inform the appropriate member of the senior executive team to assess if any action should be taken with respect to that person or organization's ongoing business relationship with NH.

9.3. Similarly, no Director may offer or solicit entertainment, gifts, or favours to secure preferential treatment for themselves, associated persons, or NH.

9.4. A Director may accept modest discounts on a personal purchase of a supplier's products only if such discounts do not affect NH's decision to purchase the same supplier's products and such discounts are generally offered to others having a similar business relationship with the supplier or customer.

10. Use of Northern Health Property

10.1. A director requires NH's approval to use any property owned by NH for personal purposes, or to purchase property from NH, unless the purchase is made through the usual channels also available to the public.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

10.2. Even then, a Director must not purchase property owned by NH if that Director is involved in an official capacity in some aspect of the sale or purchase of that property.

10.3. Directors have an obligation to ensure the proper use of NH assets and resources, for the purpose of exercising their role as director and not for their own personal benefit or purposes. Directors should ensure all NH property that may be assigned to them is maintained in good condition and should be able to account for such property.

11. Compliance, Reporting, and Complaint Resolution Procedures[1]

11.1. Each Director is obligated to comply with the terms of this Code of Conduct.

11.2. Any Director who knows or suspects a breach of this Code of Conduct has occurred has a responsibility to report the complaint to the Board Chair or, in the absence of or involvement in alleged breach by the Board Chair, to either the Chair of the Governance and Management Relations (GMR) Committee or the Minister of Health.

11.3. Complaints from non-Directors about the conduct of Directors will be handled under the process set out in this Code of Conduct, including complaints brought under NH's Respectful Workplace Policy or Safe Reporting Policy.

11.4. When the Board Chair or GMR Committee Chair receives a complaint about a Director, they will first attempt to resolve the issue informally, if appropriate. This may include a conversation with the Director(s) against which the complaint is made, and where multiple people are involved, facilitating a discussion between the individuals, contacting the individuals separately to explore ways of resolving the complaint, and/or seeking the assistance of a mediator. In the event informal resolution is not possible, the matter will either be investigated at the direction of the Board Chair (in case of a complaint involving a Director) or referred to the Minister of Health (in the event of a complaint involving the Board Chair).

11.5. Complaints involving the Board Chair may be sent directly to the Minister of Health without going through the informal resolution process set out in Clause 11.4.

11.6. Complaints referred to the Minister of Health will be assessed on intake to determine the severity of the allegations and whether they establish a prima facie case for a breach of the Code of Conduct (that is, if the allegations set out in the complaint, if assumed to be true, and without answer from the respondent, would constitute a breach of this Code of Conduct). Based on this assessment, the Minister of Health will determine appropriate next steps which may include referring the matter to a third party for investigation.

11.7. In the event a complaint is referred to a third party to investigate either by the Board Chair or the Minister of Health), the procedures set out in Appendix B will apply and Directors have a duty to participate in the investigation.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

11.8. The Minister of Health will report to NH the outcome of any processes they undertake in accordance with Clause 11.5 and 11.6 in sufficient detail, which will include, at a minimum, whether the complaint was substantiated, and any action taken, subject to privacy obligations, such that NH can meet its legal obligations to ensure a safe workplace.

11.9. Complainants, respondents, and witnesses shall maintain strict confidentiality regarding any matters related to the complaint during any resolution process engaged in, including, but not limited to, during an investigation. A breach of confidentiality shall be treated as a breach of this Code of Conduct. Retaliatory conduct of any kind will not be tolerated.

12. Breaches

12.1. A Director found to have breached their duty by violating the Code of Conduct may be censured or subject to other actions the Board determines are appropriate, including a recommendation that their appointment as Director be revoked by the Minister of Health.

13. Where to Seek Clarification

13.1. The Board Chair or designated alternate will provide guidance on any item in this Code of Conduct. The Board Chair may, at their discretion or the request of a Director, seek the advice of legal counsel.

13.2. To the extent any provisions in this Code of Conduct conflict with those of any other NH or Board policy, the provisions in this Code of Conduct will prevail.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

DIRECTOR DECLARATION FORM

I ACKNOWLEDGE that I have read, considered and understood the *Code of Conduct and Conflict of Interest Guidelines for Directors* of Northern Health (BRD210) and the Northern Health Integrated Ethics Framework.

A perceived direct or indirect conflict with my duty as a Director of Northern Health may arise because:

a. I hold the following offices or sit on the following Boards (appointed or elected):

☐ None

_____

_____

_____

_____

b. I receive financial remuneration (either for services performed by me, as an owner or part owner, Trustee, Director, employee or otherwise) from the following sources:

☐ None

_____

_____

_____

_____

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

Do you have relationships or interests with any of Northern Health's vendors as listed in the annual Statement of Financial Information (SOFI)?

☐ Yes ☐ No

Describe:

_____

_____

_____

_____

Other than disclosed above, do you have any relationships or interests that could compromise, either directly or indirectly, or be perceived to compromise, your ability to exercise judgement with a view to the best interests of Northern Health?

☐ Yes ☐ No

Describe:

_____

_____

_____

_____

I agree to conduct myself in accordance with the Code of Conduct and affirm, to the best of my knowledge, that I have no undeclared Conflict of Interest.

_____
Signature

_____ _____
Print Name Date

_____ _____
Corporate Secretary Date

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

APPENDIX A

Examples of Conflicts of Interest

There are various situations that could give rise to a conflict of interest. The most common are accepting gifts, favours or kickbacks from suppliers, close or family relationships with outside suppliers, passing confidential information to competitors and using privileged information inappropriately.

The following are examples of the types of conduct and situations that can lead to a conflict of interest:

i. Influencing NH to lease equipment from a business owned or controlled by the Director or associated persons;
ii. Influencing NH to allocate funds to an institution where the Director or associated person works;
iii. Participating in a decision which results directly or indirectly in NH hiring or promoting an associated person; and
iv. Serving as a director or officer of another corporation, related or otherwise, and possessing confidential information received in that role that is of importance to a decision being made by NH. The Director cannot discharge the duty to maintain such information in confidence while at the same time discharging the duty to make disclosure as a Director of NH.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

APPENDIX B

Complaints Procedure

The following procedure will apply to the handling of complaints involving alleged breaches of the Code of Conduct which are referred to an investigator.

1. The complainant will be directed to submit a written statement providing detailed particulars of the complaint, including a summary of the incident(s), the date, time, and location of each incident, the conduct and words used (to the extent applicable), and names of any witnesses.

2. The investigator will review all relevant documents and conduct interviews with the complainant, the respondent and all necessary witnesses.

3. The respondent will receive a written summary of the complaint in advance of meeting with the investigator and will be given a reasonable chance to respond to the allegations.

4. Based on the results of the investigation, the investigator will prepare a report with findings of fact and a determination as to whether the Code of Conduct was breached.

5. Either the Board Chair or the Minister of Health will inform the complainant and the respondent of the results of the investigation. This can be done either directly or through NH's Vice-President of Human Resources or designate.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 13, 2022 (R)

BOARD BRIEFING NOTE

Date:	29 May 2023	
Agenda item	*Public Interest Disclosure Act* Update	
Purpose:	☒ **Discussion**	☐ **Decision**
Prepared for:	GMR Committee & NH Board of Directors	
Prepared by:	K. Thomson, Regional Director, Legal Affairs, Enterprise Risk & Compliance	
Reviewed by:	C. Ulrich, CEO	

Issue & Purpose

Effective June 1, 2023, the *Public Interest Disclosure Act (PIDA)*, which provides a legislative framework for receiving and responding to employee reports of serious organizational wrongdoing, comes into effect for all BC health authorities.

To prepare for this implementation, Northern Health has designated Safe Reporting Officers within the existing Safe Reporting program to maintain the existing Safe Reporting processes and to implement the specific requirements for serious employee disclosures contemplated in PIDA.

Background:

Northern Health first implemented a Safe Reporting policy in 2012, in response to a Ministry of Health policy directive to implement whistleblower procedures in each health authority. The Safe Reporting policy allows for disclosures from anyone wishing to report organizational wrongdoing when there is no other mechanism for reporting that is safe from reprisal. The Safe Reporting program was initially led by Internal Audit, but transitioned to Risk Management in 2022. The Safe Reporting policy is broad, accepting disclosures from the public, employees, physicians, and contractors on any perceived wrongdoing.

The PIDA introduces requirements for public bodies to have specific procedures and protections for employees wishing to make disclosures about serious wrongdoings. The threshold of seriousness for a PIDA disclosure is higher than what is contemplated within the current Northern Health Safe Reporting policy; however the processes and

protections required under the Act are largely the same. As such, Northern Health has not developed separate policy for PIDA but instead has enhanced the current Safe Reporting policy to ensure that the legislative requirements are met, and are thereby extending the more explicit rigour of PIDA to all disclosures that are made via the NH Safe Reporting policy.

The PIDA definition of employee includes current employees and former employees, so long as the wrongdoing being disclosed occurred during the term of employment. There is not yet provincial agreement whether privileged physicians are included within the employee definition for the purposes of PIDA; regardless, a physician wishing to make a disclosure would still be able to disclose and be protected from reprisal by way of the Safe Reporting policy.

The types of wrongdoings that are contemplated within PIDA include:

- Acts which would constitute a criminal offence
- Acts which create a substantial and specific danger to the life, health or safety of persons or the environment
- Serious misuse of public funds or assets
- Gross or systemic mismanagement
- Directing or counselling someone to commit one of the acts described above

This would not include individual patient care quality complaints, or individual employee labour relations concerns with their direct manager. To reach the PIDA threshold, the wrongdoing must be widespread, with systemic, organizational impact. Disclosures that do not meet the PIDA threshold will be redirected, with consent of the reporter, to other mechanisms already in place to address concerns and complaints.

All disclosures will continue to go through NH Safe Reporting by phone, email, fax or mail, and will be investigated by one the of two designated Safe Reporting Officers (the Regional Director, Legal Affairs, Enterprise Risk & Compliance and the Regional Manager, Risk Management).

If a disclosure involves a member of the Risk and Compliance team, the report will be directed to the Vice President, Human Resources for investigation.

The BC Office of the Ombudsperson has ultimate oversight over the PIDA processes. Employees are entitled to make disclosures directly to the Ombudsperson, if they are not comfortable reporting internally. The Ombudsperson also receives any reports of reprisal or retaliation in relation to an internal PIDA investigation.

Annually, Northern Health will prepare and publicly publish an anonymous report detailing the reports received and investigated by Safe Reporting.

Key Actions, Changes & Progress:

To implement the requirements under PIDA, Northern Health has:

1. Designated two Safe Reporting Officers to be responsible for receiving and responding to disclosures that meet the threshold of the Act.
2. Updated the Safe Reporting policy and procedures to include the legislated requirements for responding to PIDA disclosures. - attached
3. Updated the NH public website to include information about PIDA reporting on the Safe Reporting page.
4. Initiated an implementation and awareness plan to ensure staff, managers and physicians are aware of all safe reporting options and responsibilities, including:
    a. Meetings with each HSDA senior leadership team and the NH medical directors
    b. Use of newsletters, banners and desk top icons to advertise Safe Reporting
    c. Links to education from the BC Ombudsperson on safe reporting, just culture and PIDA

Risks:

There are no compliance risks identified at this time.

Recommendation(s):

That the Northern Health Board receive this for information purposes.

Attachment: Draft revised Safe Reporting Policy

Administrative Policy and Procedure **5-3-1-150**

TITLE:	**SAFE REPORTING**

A printed copy of this document may not reflect the current, electronic version on OurNH.

APPLICABILITY:	All sites and facilities
RELATED POLICIES:	5-3-1-140:Theft, Fraud, Corruption, and Non-Compliant Activities 5-5-1-080: Respectful Workplace 4-6-1-060: Fair Business Practice 5-3-1-040: Confidentiality 5-5-1-110: Conflict of Interest
DEFINITIONS:	

DOCUMENT QUICK LINKS

KEY POINTS

- Northern Health (NH) has a responsibility to facilitate and encourage processes that enable an individual and organizations to independently report legal, regulatory, financial ethical, health and safety or policy violations as guided by the Ministry of Health Communique

- Effective June 1, 2023, NH has legislated responsibility under the *Public Interest Disclosure Act* (PIDA) to receive and respond to reports of prescribed employee wrongdoing.
- Northern Health has designated Safe Reporting Officers (SRO), responsible for responding to reports of wrongdoing both as safe reports and disclosures under the PIDA.
- NH has a centralized Safe Reporting intake process for disclosures. All disclosures made by the general public, employees and former employees are directed to Safe Reporting.
- Safe Reporting disclosures are NOT about a personal complaints that need to be resolved through conversations with colleagues, managers or Human Resources.

POLICY

NH shall investigate and respond to an individual who reports in good faith and on the basis of reasonable belief any situation that they believe undermines the quality of care, is a danger to health and safety of clients or staff, is unlawful, unethical and/or against organizational policy, contracts or other obligatory standards.

NH shall investigate and respond in accordance with PIDA, any employee (former or current) disclosure of wrongdoing including:

- A serious act or omission that would constitute an offence
- An act or omission that creates a substantial and specific danger to the life, health or safety of people or the environment
- A serious misuse of public funds or public assets
- Gross or systemic mismanagement
- Advising someone to commit a wrongdoing described above

For the purpose of PIDA, “employee” includes directors and officers, and physicians with privileges at an NH facility.

NH shall not take, tolerate or allow any direct or indirect reprisal, harassment or even informal pressure against a person or persons who, in good faith, reports a perceived wrongdoing. Any such reprisal will, in itself, be considered a serious wrongdoing that is reportable.

Nothing in this policy shall interfere with other established processes such as, but not limited to, collective agreement grievance procedures, performance management, workplace safety and accident investigation. This policy does not replace or supersede reporting obligations as described in legislation such as the Health Professions Act. It is not intended to interfere with or replace reporting, investigating and resolving complaints or problems via other NH policies such as:

- 5-3-1-140: Theft, Fraud, Corruption, and Non-Compliant Activities

- 5-5-1-080: Respectful Workplace
- 2-6-1-010 Patient Complaints and Compliments
- 2-2-2-030: Framework for Ethical Decision-making

If a reporter has reason to believe established avenues of reporting are unsafe due to fear of reprisal, NH Safe Reporting will investigate and respond in accordance with this policy.

PROCEDURE

Seeking Advice

Employees may go to their supervisor, the SRO, or the Ombudsperson to seek advice about making a disclosure or making a reprisal complaint.

Seeking advice is protected under PIDA and employees can make a complaint to the Ombudsperson if they experience reprisal because of it.

When seeking assistance with handling a request for advice, supervisors should not provide an SRO with identifying details about the employee. An SRO can provide guidance to supervisors without knowing the identity of the employee who sought advice.

Reporting Wrongdoings to Safe Reporting

Reports under this policy may be made in phone, fax, mail or email. The disclosure should include the nature of the Perceived Wrongdoing, the name of the person(s) alleged to have committed or been involved in the Perceived Wrongdoing, the date and description of the Perceived Wrongdoing and other relevant objective information and particulars.

Reports are made to NH Safe Reporting:

600 – 299 Victoria Street
Prince George, BC V2L 5B8
1.844.649.7545
safe.reporting@northernhealth.ca

PIDA requires reports be made in writing. However, anyone who requires support in submitting a written report will be assisted by the SRO.

A PIDA written report can be made using the following electronic reporting form:

A disclosure may be made anonymously; however, the SRO may be limited in their investigation and follow up if, as a result of anonymity, there is no contact information available.

Screening and Review of a Disclosure

NH Safe Reporting will support employee reporters in understanding whether a disclosure meets the PIDA threshold. If an employee makes a PIDA disclosure to their supervisor, the supervisor must provide that disclosure to the SRO.

Reports under this policy will be reviewed promptly. Safe Reporting will make an initial determination as to whether the nature of the disclosure and the circumstances in which it is presented are such that it should be pursued under this policy.

Reporters may be directed or transferred to an alternate investigation process, if appropriate and consent is provided.

Reports made under this process will be assessed to ascertain the facts; review the alleged misconduct in the context of relevant policies and procedures and will include a preliminary assessment of the disclosing individual's safety and risk of retaliation; and determine where there is substantive evidence of culpable action or a deliberate disregard of the expected standards of conduct.

If Safe Reporting determines that an investigation is not warranted, they will communicate this decision, and the basis for this decision, to the individual making the report.

Conflict of Interest Management

Reports involving members of the Risk and Compliance team will be directed to the Vice President, Human Resources for investigation.

Reports involving the President & CEO or Board Members will be made to the Board Chair.

Reports involving the Board Chair should be made to the Minister of Health.

Any reporter may choose to report any wrongdoing directly to the Office of the Ombudsperson

Investigating Allegations

If Safe Reporting determines that resolution of a complaint under this policy requires an investigation, they shall either conduct or appoint an Investigator to conduct the investigation. In all cases, responsibility for the investigation will be assigned so as to preclude any reasonable third-party complaints in respect to competence, integrity and independence. This may, in certain cases, require the involvement of qualified external resources.

Unless there are mitigating circumstances, it is expected that any further investigation under this policy will be conducted with reasonable dispatch and the findings returned as soon as practicable.

The party conducting the merit assessment will respect the rights of the disclosing individual making the allegations and the rights of the person against whom the allegations are made to a fair and impartial investigation. Without limiting the scope of this duty, and having regard for the importance of fair process, the party conducting the investigation will:

a) Make his or her findings in light of the principle that the burden of proving wrongdoing is on the party alleging it, and not on the party against whom it is alleged; and
b) Respect the rights of the person against whom the allegations are made to provide full answer to the allegations.

Individuals accused of wrongdoing shall be entitled to disclosure of the particular allegations against them and shall be given a full and fair opportunity to respond. Individuals who are members of a union will have the right to have the support of their representative in the investigation process.

Subject to legal or insurer constraints and the confidential nature of the investigation generally, Safe Reporting will inform the individual making the report of the general outcome of the investigation as soon as practicable.

Disclosures that meet the PIDA criteria will be investigated in accordance with the PIDA Investigation Procedures.

False and Malicious Allegations

An individual who intentionally makes a false, bad faith or malicious report shall be subject to disciplinary or administrative measures up to and including termination of employment or contractual relationships.

Public Disclosures in Urgent Situations

Employees, for the purpose of PIDA, may make a disclosure directly to the public, if they believe there is an imminent risk of a substantial and specific danger to the life, health or safety of person or to the environment.

Before making a disclosure public, an employee must:

- Consult with an appropriate protection official (the provincial health officer, the Ministry of Environment, or the police force), and make the disclosure in accordance with their recommendation
- After the disclosure, notify their supervisor or the Safe Reporting Officer about the disclosure

Retaliatory Action

Individual(s) who attempt to or execute an act of reprisal toward the Individual may be faced with disciplinary action. Such action may result in termination of employment or suspension, or in the case of medical staff, discipline up to and including suspension of

medical staff privileges in accordance with the Medical Staff Bylaws and Medical Staff Rules.

All reports will be assessed for risk of reprisal or retaliatory action using the NH Reprisal Risk Assessment tool.

An individual may protest alleged Retaliatory Action by filing a separate written complaint to NH Safe Reporting (safe.reporting@northernhealth.ca). A full review of a complaint of Retaliatory Action will be conducted by Safe Reporting or an appropriate designate in accordance with this policy. The review shall:

(1) determine whether the conduct in question constitutes Retaliatory Action; and

(2) recommend appropriate responses to and remedies for any findings of Retaliatory Action.

Confidentiality

Individuals who fail to respect the highly confidential nature of the investigative process, including individuals who make the report, respondents to the report or witnesses involved in the investigation, will be subject to disciplinary or administrative measures, up to and including termination of employment or contractual relationships.

Corrective Action

Where the investigation substantiates the allegations of culpable misconduct or wrongdoing or a deliberate disregard of the expected standards of conduct, corrective action will be taken as promptly as possible. In this final step, responsibility will transfer from Safe Reporting to Management, Human Resources, and if applicable, the senior medical administrator.

In the event allegations involve the CEO, the results of the investigation will be reviewed by the Chair of the Board who will recommend to the Board the action to be taken.

Records

A confidential copy of all Investigation Reports undertaken through this Policy will be retained by Safe Reporting for a period of 5 years from the closure of the investigation.

Safe Reporting will prepare an annual report of disclosures, including:

- the number of disclosures received, including referrals, and whether or not they were acted upon
- the number of investigations commenced as a result of a report
- when an investigation has a finding of wrongdoing,
    - a description of the wrongdoing

- recommendations made
- any corrective action taken, or the reason for no corrective action

The annual report will be published on the public Northern Health website.

Dissatisfaction with action taken or complaints of reprisal
If an individual is not satisfied with the action taken regarding their concern, or to report reprisal resulting from an investigation, they may raise their concern, in writing, to the BC Office of the Ombudsperson:

By online form: https://bcombudsperson.ca/report-wrongdoing/

Or by mail:

PO Box 9039, Stn Prov Gov't.
Victoria, BC V8W 9A5

KEYWORDS

Allegations, complaints, retaliatory action, confidentiality, wrongdoing, retaliation, reprisal, whistleblower, whistleblowing, whistle, whistle blower, safe report, safereport, disclosure,

REVISION HISTORY			
Initial Effective Date:	April 2010		
Approved By:	VP Human Resources		
Author Title:	Manager, Human Resources Projects		
Revision History:	Effective Date:	Description of Changes:	Reviewed or Revised by:
	November 2019	Revision, "dissatisfaction with action taken"	VP Human Resources
	July 20, 2015	Revision to further support transparent, accessible and open public service	Manager Human Resources Projects; VP Human Resources
	August 27, 2013	Revision	Regional Director HR Operations; Internal Audit; VP Human Resources
	April 2010	Issued	
Contact policiesstandards@northernhealth.ca if further information is required.			
Acknowledgements (optional):			

Capital Planning & Support Services
300-299 Victoria Street
(P) 250-565-2303 (F) 250-565-2753

BRIEFING NOTE

Date:	**May 3, 2023**	
Topic	**Energy and Environmental Sustainability (E&ES) Portfolio**	
Purpose:	☒ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☐ **Decision**
Prepared for:	**GMR Committee and Northern Health Board of Directors**	
Prepared by:	**Jesse Gadzinowski, Interim Manager, Energy & Environmental Sustainability**	
Reviewed by:	**Mike Hoefer, Executive Director, Capital Planning, Facilities Operations and Logistics**	

Issue

Annually, the Board's Governance and Management Relations (GMR) Committee receives Northern Health's (NH) Energy and Environmental Sustainability (E&ES) Portfolio Briefing Note for information.

2020-2023 Strategic Plan

The activities under the E&ES Portfolio are aligned with NH's strategic priorities:

- *Communications, Technology, and Infrastructure.*
  NH's efforts related to carbon neutrality are part of building, maintaining and managing facilities and infrastructure in support of service delivery.
- *Healthy People in Health Communities*
  Reducing our greenhouse gas emissions and managing our resources contributes to healthy communities and environments.

Background

NH's energy initiatives, described more fully in the Strategic Energy Management Plan (SEMP), encompass a series of actions designed to produce long term, sustainable reductions in our overall energy consumption, primarily natural gas, electricity, propane, and water. These efforts are led by the E&ES team with the support of Facilities Maintenance, Capital Planning & Support Services.

NH's work towards E&ES align with the Climate Change Accountability Act which includes legislated targets for reducing greenhouse gases, a climate change accountability framework, and requirements for the provincial public sector.

The following provides highlights of the 2022/23 fiscal year (F2023) and plans for the 2023/24 fiscal year (F2024).

Market Considerations

In F2023, NH experienced the following market and demand pressures:

Natural Gas Price Increases: Volatility in natural gas prices that were experienced in Q4 of 2021 continued into 2022. Station 2 spot prices reached decade highs, rising as much as 63% from January 2022 to April 2022. Carbon tax also increased 11% on April 1, 2022 to $2.5588/GJ.

Extended winter cold snap: There was an extended cold snap in December 2022 that saw a large draw on heating sources. Sites in Prince George and elsewhere in the region saw monthly gas consumption break records in recorded data going back to 2010.

Inflation Pressures: Overall cost of living in BC and Canada in general rose dramatically in 2022. Increased costs of executing many of in-progress and planned energy projects had cascading impacts on overall project scopes and schedules – less scope, longer scheduling.

Supply Chain: Lasting supply chain issues stemming from the pandemic bled into 2022. Lead times for capital equipment was often much longer than in years prior. Executing capital projects was often driven by types of equipment available and timeline for delivery.

Energy Efficiency, Energy Reduction, and the Effect on Carbon Costs

Carbon Offsets Reporting: NH continues to be carbon neutral through the purchase of carbon offsets as per provincial legislation. The price is $25/tonne of CO_2 equivalents (tCO_2e), which for natural gas works out to $1.25/GJ. All government entities are required to self-certify the data submitted through a declaration by a Designated Representative.

For the 2022 calendar year, NH will purchase 22,435 tonnes of carbon offsets at a cost of $560,875 (plus GST) – a 2.4% increase from 2021. Contributions to this increase include weather and new construction, though increases are mitigated by increased capital investment in carbon reduction projects, and changes to BC's utility emission factors.

Carbon Tax: BC's F2023 carbon tax rate was $50/$tCO_2e$, which for natural gas worked out to $2.5588/GJ. The carbon tax is collected by the utilities on behalf of the Province on each invoice. On April 1, 2023 this tax increased 30% YoY to $65/$tCO_2e$, up to $3.33/GJ on natural gas – though the tax impacts other fossil fuel based resources as well. The F2024 combined cost of carbon (tax plus offsets) on natural gas is $4.58/ GJ, or $90/$tCO_2e$.

Climate Change Accountability Report (CCAR): As in previous years, NH will submit a report to the Climate Action Secretariat on our actions toward reducing our carbon footprint. This report highlights work identified in this Briefing Note. The report is signed by NH CEO and is posted on the BC Government website along with reports from other PSOs.

Carbon Neutral Capital Program (CNCP): The CNCP program provides capital funds to help implement projects to reduce our carbon footprint. NH's F2023 CNCP allocation was $1.96 million. The F2023 projects were complimented with a 40% funding contribution from the Regional Hospital Districts. Below is a summary of the F2023 CNCP projects.

Table 1. F2023 CNCP Projects

Site	Project	Budget	Carbon Savings (tCO_2e/yr)	% Site Carbon Reduction
UHNBC	Domestic hot water decoupling	906,228	106	2%
Lakes District Hospital – Nurses Residence	Zoning controls and domestic hot water decoupling	189,263	8	37%
Terraceview Lodge	Boiler and controls upgrades	549,292	79	19%
Prince Rupert Regional Hospital	DHW Decoupling	1,092,696	112	12%
Stewart Health Centre	Boiler upgrade	850,030	71	25%
	F2023 Total	**3,587,509**	**376**	**1.5%***

*Compared to 2019 reported portfolio emissions

Table 2. F2024 CNCP Projects

Site	Project	Budget	Carbon Savings (tCO_2e/yr)	% Site Carbon Reduction
UHNBC	Energy Efficient Preheat of DHW Storage	1,158,000	69	2%
Gateway Lodge	Chiller Replacement and Recommissioning	748,000	248	51%
Prince Rupert Regional Hospital	Condensing Boilers and Controls	836,000	112	13%
Bulkley Valley District Hospital	Heat Recovery and Cooling	527,207	Study in progress	
	F2024 Total	**3,269,207**	**429**	**2.2%***

*Compared to average of 2020-2022 reported emissions

NH Energy Management: Currently the E&ES portfolio is managed under the Director of Facilities Maintenance, Energy & Environmental Sustainability. BC Hydro partially funds the Energy Manager and FortisBC partially funds the Energy Specialist under this portfolio.

Energy Awareness: NH continues to participate in an Energy Wise Network program focusing on energy saving behaviour by staff. Recent campaigns have focused on facilities maintenance education. There is ongoing support from the E&ES team to support Green Working Groups at interested sites.

CleanBC Projects: In 2021, NH completed a 2-year $1.4 M CleanBC project (with a $200,000 CleanBC incentive) at St John Hospital (SJH), Vanderhoof. This project consisted of low temperature condensing boilers and a heat pump system. The project is estimated to reduce carbon emissions at SJH by 49% and save the site $100,000/year in energy costs. Final measurement and verification of expected savings is ongoing and expected to complete spring/summer 2023.

NH is currently completing phase 1 of 3 of the Prince Rupert Regional CleanBC project (with a $200,000 CleanBC incentive) at Prince Rupert Regional Hospital (PRRH). This project consists of optimizing the domestic hot water system (P1), low temperature condensing boilers (P2), and a heat pump (P3). The project is estimated to reduce carbon emissions at PRRH 46% and save the site $140,000/year in energy costs. Phase 2 – condensing boiler conversion and controls upgrade – is expected to tender and begin construction in 2023.

A CleanBC Energy Study was initiated at Bulkley Valley District Hospital in 2022 and is expected to complete spring 2023. The study will look at ways of recovering heat from building exhaust using heat pumps, which will also provide much needed additional cooling to the hospital. An incentive of $14,175 incentive is provided for this project and is expected to result in a capital project afterwards.

The new Mills Memorial Hospital Development is eligible for a $625,000 ($125,000 from the Northern Top Up fund) CleanBC incentive with an agreement in place. This incentive was primarily for the heat recovery chillers purchased for the hospital.

The new Dawson Creek Hospital Development is eligible for a $625,000 CleanBC incentive with agreement being investigated.

Utility Incentives: With the sustained increase in CNCP funding, NH continues to implement a number of energy projects that attract incentives from BC Hydro, FortisBC, and Pacific Northern Gas. Approximately $200,000 in incentives were earned in F2023 with another $300,000 expected for F2024.

Provincial Environmental Technical Team (PETT): NH participates on a provincial health authority environmental committee reporting to the BC Health Authorities Service Delivery Steering Committee. Among the guiding principles going forward are climate change mitigation, adaptation, resiliency, and LEED Gold Buildings. This committee has standing representation from Provincial Health Services Authority Supply Chain, Ministry of Health, Climate Action Secretariat, BC Hydro, and FortisBC.

Environmental Sustainability

Provincial PPE Recycling Program: Conversations around strategies for reducing waste through recycling of protective personal equipment (PPE) have been ongoing amongst BC's health authorities for the past couple of years. A PPE recycling program would see single-use items such as masks, PP5 and PE fabrics, PP5 bottles, and sterile wrapping put in recycling bins and sent to a facility for sterilization and processing. First phase rollout will focus on recycling surgical masks and is expected sometime in 2023.

Sharps Recycling: The sharps recycling program that was implemented in 2021 continued for 2022. This program focuses on replacing disposable sharps containers with reusable ones, which is having a dramatic effect on total disposed plastics. From the period of Dec 2021 to Nov 2022, Northern Health diverted 57,787 kg of plastic from the landfill.

Sustainable Procurement: Northern Health has been working with sustainability leads from Fraser Health (FH), Interior Health (IH), Vancouver Island Health Authority (VIHA), and Provincial Health Services Authority (PHSA) on strategies to procure materials more sustainably. Currently, 80% of healthcare carbon emissions come from supply chain, so sourcing these materials from sustainable sources can have a meaningful impact on the sector's overall emissions portfolio. These discussions are still in early days and in the process of strategic direction setting currently.

Green Working Groups: Northern Health will continue to be involved in the BC Hydro Energy Wise Network and this year will look to re-engage the lapsed UHNBC Green Working Group. Plans are to engage clinical staff to help implement sustainability initiatives at our largest hospital – UHNBC in Prince George. These initiatives might include reducing carbon emissions through a Turn-it-Down campaign focusing on high-energy equipment; management of anesthetic and inhaler gas use; and reducing overall waste streams from perioperative care.

Climate Adaptation and Preparedness: The E&ES team has been working with the new Climate Lead for NH Population & Public Health [PPH] on developing a strategy for climate adaptation and preparedness. Currently this work is at the strategic direction and stakeholder engagement phase. Future work will focus on assisting PPH on completion of NH's first Climate Change and Vulnerability Adaptation Assessment.

Recommendation(s):

For information only.

Capital Planning & Support Services
300-299 Victoria Street
(P) 250-565-2303 (F) 250-565-2753

BRIEFING NOTE

Date:	**May 3, 2023**	
Topic	**Climate Change Accountability Report – Executive Summary**	
Purpose:	☒ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☐ **Decision**
Prepared for:	**Governance and Management Relations**	
Prepared by:	**Jesse Gadzinowski, Interim Manager, Energy & Environmental Sustainability**	
Reviewed by:	**Mike Hoefer, Executive Director, Capital Planning, Facilities Operations and Logistics**	

Issue:

Annually, the Board's Governance and Management Relations (GMR) Committee receives Northern Health's (NH) Climate Change Accountability Report (CCAR) executive summary for information.

2020-2023 Strategic Plan

The activities under the CCAR are aligned with Northern Health's strategic priorities:

- *Communications, Technology, and Infrastructure.*
  NH's efforts related to carbon neutrality are part of building, maintaining and managing facilities and infrastructure in support of service delivery.
- *Healthy People in Health Communities*
  Reducing our greenhouse gas emissions and managing our resources contributes to healthy communities and environments.

Background

The Carbon Neutral Government program requires public sector organizations (PSOs) to submit a CCAR, legislated under the Climate Change Accountability Act. The purpose of the CCAR is to provide an annual update on PSO progress towards carbon neutrality. The CCAR is due May 31, 2023 and the draft report is submitted for NH executive review a few weeks prior. Similar to previous years, there is potential that final carbon offset amounts will not be invoiced until a few

days before the deadline, thus creating a potential for small (<1%) adjustments to the CCAR reported numbers reviewed by the GMR and the final carbon offset owed amount. Last year, the carbon offset invoices were received May 30.

2022 CCAR Executive Summary

In 2022, Northern Health made significant progress toward a more climate-resilient future. The impacts of climate change on human health and the health system are far reaching and well documented. The lessons from the COVID-19 Pandemic, and increased frequency of what used to be once-in-a-generation weather events, have shown that Health Authorities across BC have to be more prepared for, and effective at dealing with, impacts from climate change. Whether it is extreme heat like that seen province-wide during the 2021 heat dome, or severe flooding during the same year in the Lower Mainland – what is sure is that our people and buildings need resilience to face these challenges head on.

The primary purpose of this Climate Change Accountability Report (CCAR) is to report on Northern Health's actions that reduced carbon emissions from stationary, fleet and paper, and our climate change mitigation and adaptation plans going forward. In 2022, Northern Health released 22,435 tonnes of greenhouse gas (GHG) emissions from our buildings, paper, and fleet. This was a 2.4% increase from 2021. We will pay $560,875 in carbon offsets to meet our carbon neutrality obligations. In 2022, three major capital projects and three minor retrofit projects were completed that reduced carbon emissions by 218 tonnes. Additionally, seven operational improvement projects were initiated that have the potential to save an additional 117 tonnes.

In addition to the actions above, Northern Health continues to investigate innovative strategies to help mitigate, and adapt to, the effects of climate change. Whether by working with industry stakeholders on policy proposals, researching new technologies with great savings potential, or bringing additional knowledge and resources to the team that will help plan for the extreme and lasting impacts of climate change, our organization is committed to the improvements necessary to help prepare our people and buildings to be able to weather these impacts.

We are pleased to present our 2022 CCAR and look forward to building a more climate-resilient health system in northern BC.

Recommendation(s):

For information only.

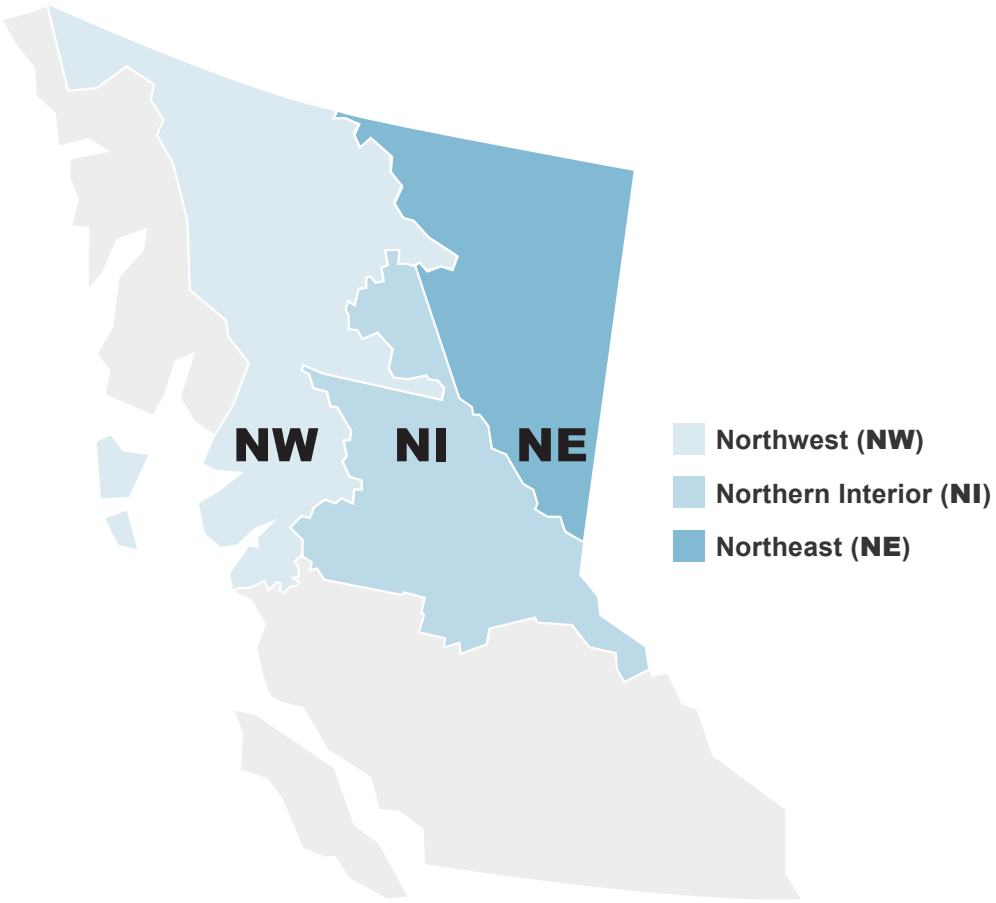
NORTHERN HEALTH

2022 Climate Change Accountability Report

northern health
the northern way of caring

NORTHERN HEALTH REGION

We acknowledge with respect and gratitude that this report was produced on the territory of the Lheidli T'enneh First Nation, part of the Dakelh peoples', and that the Northern Health region is shaped by 55 First Nation territories.



DECLARATION STATEMENT

Northern Health's Climate Change Accountability Report for the period January 1, 2022 to December 31, 2022 summarizes our greenhouse gas (GHG) emissions profile, the total offsets to reach net-zero emissions, the actions we have taken in 2022 to reduce our GHG emissions, and our plans to continue reducing emissions in 2023 and beyond.

CONTENTS

Cover photo credit: Holly Hughes, Kinbasket Lake.

1.0 EXECUTIVE SUMMARY

In 2022, Northern Health made significant progress toward a more climate-resilient future. The impacts of climate change on human health and the health system are far reaching and well documented. The lessons from the COVID-19 Pandemic, and increased frequency of what used to be once-in-a-generation weather events, have shown that Health Authorities across BC have to be more prepared for, and effective at dealing with, impacts from climate change. Whether it is extreme heat like that seen province-wide during the 2021 heat dome, or severe flooding during the same year in the Lower Mainland – what is sure is that our people and buildings need resilience to face these challenges head on.

The primary purpose of this Climate Change Accountability Report (CCAR) is to report on Northern Health's actions that reduced carbon emissions from stationary, fleet and paper, and our climate change mitigation and adaptation plans going forward. In 2022, Northern Health released 22,435 tonnes of greenhouse gas (GHG) emissions from our buildings, paper, and fleet. This was a 2.4% increase from 2021. We will pay $560,875 in carbon offsets to meet our carbon neutrality obligations. In 2022, three major capital projects and three minor retrofit projects were completed that reduced carbon emissions by 218 tonnes. Additionally, seven operational improvement projects were initiated that have the potential to save an additional 117 tonnes.

In addition to the actions above, Northern Health continues to investigate innovative strategies to help mitigate, and adapt to, the effects of climate change. Whether by working with industry stakeholders on policy proposals, researching new technologies with great savings potential, or bringing additional knowledge and resources to the team that will help plan for the extreme and lasting impacts of climate change, our organization is committed to the improvements necessary to help prepare our people and buildings to be able to weather these impacts. We are pleased to present our 2022 CCAR and look forward to building a more climate-resilient health system in Northern BC.

Cathy Ulrich
President and CEO, Northern Health

2.0 GREENHOUSE GAS EMISSIONS

Greenhouse gasses (GHGs) are molecules of various types present in Earth's atmosphere that have the ability to trap heat. During the course of daily operations at Northern Health, our buildings, corporate fleet, and staff activities necessitate the consumption of energy and goods that directly or indirectly emit GHGs into the atmosphere. Direct emissions are primarily from the combustion of fossil fuels in buildings and fleet vehicles; indirect emissions would be from using paper sourced from a mill that emits GHGs in the manufacturing process.

In order to measure Northern Health's impact on total atmospheric GHGs, these gasses are converted into equivalent quantities of carbon dioxide – the most common greenhouse gas – and reported in equivalent metric tonnes of carbon dioxide (tCO2e). Table 1 below shows Northern Health's total calculated 2022 GHG emissions from stationary (buildings), mobile (fleet), and paper sources. Our total GHG emissions for 2022 was 22,435 tCO2e. Stationary emissions accounted for 95%, mobile emissions 4%, and paper 1%.

Table 1. Northern Health 2022 Carbon Emissions

t CO2e, GHG, All		
	2022	%
Northern Health Authority		
Stationary energy use	21,244	95%
Mobile energy use	901	4%
Office paper	290	1%
Total	**22,435**	

Photo location: Barkerville, BC.

3.0 RETIREMENT OF OFFSETS

In accordance with the requirements of the *Climate Change Accountability Act* [S. 6(1)] (Queen's Printer, 2007) and *Carbon Neutral Government Regulation* [S. 7(1)] (Queen's Printer, 2008), Northern Health (the Organization) is responsible for arranging for the retirement of the offsets obligation reported above for the 2022 calendar year, together with any adjustments reported for past calendar years (if applicable). The Organization hereby agrees that, in exchange for the Ministry of Environment and Climate Change Strategy (the Ministry) ensuring that these offsets are retired on the Organization's behalf, the Organization will pay within 30 days, the associated invoice to be issued by the Ministry in an amount equal to $25 per tonne of offsets retired on its behalf plus GST.

Table 2 below outlines total offsets required for Northern Health to meet legislated carbon neutrality requirements.

Table 2. NH 2022 GHG EMISSIONS & OFFSET SUMMARY

Northern Health 2022 Reporting Year GHG Emissions and Offset Summary		
Total emissions	22,470	tCO_2e
Total $bioCO_2$	35	tCO_2e
Total offsets	22,435	tCO_2e
Offsets adjustment	0	tCO_2e
Grand total offset to be retired for the 2022 reporting year	22,435	tCO_2e
Offset investment ($25 per tCO_2e + GST)		**$560,875**

Photo credit: Heather Nelson, Prince George.

4.0 EMISSIONS REDUCTION: ACTIONS & PLANS

4.1 COMMITMENT

In order to achieve our stated emissions reduction goals, Northern Health (NH) has dedicated resources to the Energy & Environmental Sustainability (E&ES) team. Its members work to meet governmental directives on climate change by participating in the Carbon Neutral Capital Program (CNCP), a program that provides specific funding for all Public Sector Organizations for major capital projects that are proven to reduce emissions. In addition, the E&ES team works in a multi-disciplinary fashion with other NH departments – Finance, Capital Planning, Facilities Maintenance, People and Public Health and others as required – to coordinate activities required to complete carbon reduction projects and report on our results through documents like our Strategic Energy Management Plan (SEMP) and this CCAR. Northern Health is aided in this effort by organizations such as BC Hydro and FortisBC, as they provide specific funding for staffing the E&ES Team.

4.2 SITUATIONAL ANALYSIS

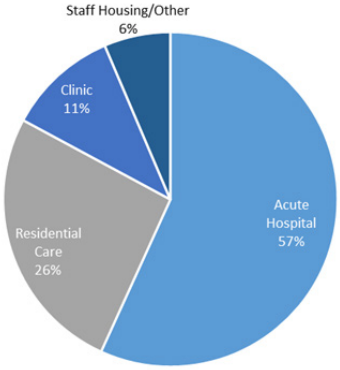
Our organization is made up of approximately 7,000 health care professionals and support staff that provide care for the 300,000+ people in the NH region. The NH region makes up almost two-thirds of BC's land mass and is home approximately 55 First Nations and Chartered Métis Communities.

Northern Health staff serve the population of the region through various building types as seen in the Table 3 and Figure 1. The largest emissions reduction potential exists in our acute hospitals and residential care facilities as they comprise over 80% of total gross floor operated by NH.

Table 3. NH Facility Type and Size

Building type	Count	Area (m^2)
Acute hospital	17	187,063
Residential care	28	85,787
Clinic	32	35,318
Staff housing/ other	55	21,145
Total	132	329,313

Figure 1. Facility Type by Percentage



4.3 EMISSIONS REDUCTION ACTIONS & PLANS

The primary sources of emissions for Northern Health come from stationary sources – i.e. buildings – which consume energy and materials that have an associated carbon footprint; our fleet, which service those buildings, staff and patients that are powered primarily by gasoline and diesel, and one electric vehicle; and finally from paper materials consumption, which has an associated carbon footprint in the production process. Below is a high-level summary of our emissions reduction action and plans in these categories.

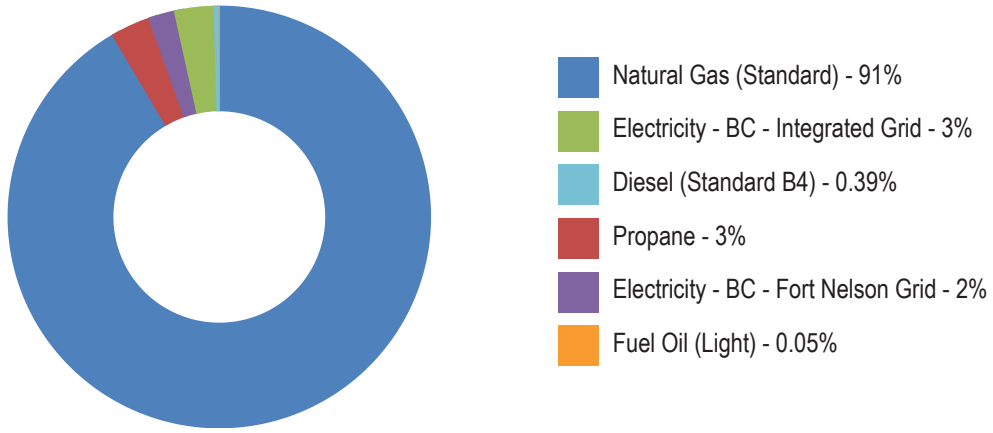
4.3.1 Stationary Sources: Buildings

As noted in Table 1 above, stationary sources account for 95% of Northern Health's total GHG emissions, therefore our the greatest return in emissions reduction planning and actions come from this sector.

Table 4: Emissions by fuel type

Annual comparison by site - Stationary fuels		
	GJ 2022	t c02e, GHG, All 2022
Northern Health Authority		
Diesel (Standard B4)	1,202	83.2
Fuel Oil (Light)	143	9.84
Natural Gas (Standard)	389,495	19,415
Propane	11,259	687
Electricity - BC - Fort Nelson Grid	2,785	376
Electricity - BC - Integrated Grid	210,846	673

Figure 2: Emissions by fuel type



Drilling down further, we see from Table 4 and Figure 2 that natural gas accounts for 91% of CO2 emissions from stationary sources, therefore the E&ES team focuses much of its attention on analyzing and proposing emissions reduction strategies for these sites.

4.3.1.1 Actions

In 2022, Northern Health undertook stationary emissions reduction action in four main categories: capital retrofits, new construction, operational improvements and behavioural change initiatives.

Capital

In terms of capital retrofits, Table 5 below highlights project thermal savings and associated emissions reduction. Three of these projects received capital funding through the CNCP program discussed.

Table 5: 2022 Capital Project List

Site name	Facility type	Description	Thermal savings (GJ)	t CO2e, GHG
COMPLETED				
Gateway Lodge/Rainbow Care	Care facility	Hydronic additives	796	38
Rainbow Lodge/Parkside Care	Care facility	Pipe insulation	361	18
Fort Nelson General Hospital	Hospital	Improve boiler efficiency and provide heat recovery	2,248	112
Chetwynd Hospital/ Dunrovin Park Lodge	Hospital	Chetwynd - Condensing boiler replacement Dunrovin - Condensing boilers (heating and DHW)	967	48
GR Baker	Hospital	HE Convection Oven	35	2
Total			**4,380**	**218**
INITIATED				
Fraser Lake Centre	Clinic	Controls	389	19
Bulkley Lodge	Care Facil-ity	Controls	202	10
Prince Rupert Regional Hospital	Hospital	DHW upgrade	316	16
Total			**907**	**45**

New Construction

Northern Health currently has three hospitals in various phases of construction that are following the MoH Chapter 11 LEED Gold Certification guideline for new construction – Dawson Creek General Hospital in Dawson Creek, Mills Memorial Hospital in Terrace, and Stuart Lake Hospital in Fort St. James. As was noted in previous CCARs, Northern Health continues to collaborate with the Ministry of Health (MoH) and other health authorities on developing Health Capital Policy Manual chapters 11 (Environmental Sustainability and LEED Gold Certification) and chapter 12 (Carbon Neutral and Climate Resilient Health Care Facilities) which address requirements for new healthcare construction.

To meet the specific energy and emissions reduction requirements for LEED Gold, these sites have some commonalities in system selection – we are generally seeing heat pump technology with heat recovery on air exhaust streams, condensing boilers for peaking loads, decoupled DHW loops, high efficiency motors and a plethora of DDC controls. The LEED Gold guideline is a good starting point for architects and engineers to achieve savings, though sometimes NH is looking to go a little deeper.

In February 2022, Northern Health began construction of the new Stuart Lake Hospital in Fort St. James. The Design Build Agreement stipulated a specific “Energy Guarantee”, which challenged architects and engineers to construct a building that would meet a thermal energy demand intensity of 412 ekWh/m2, a more aggressive energy target than is demanded by achieving LEED Gold Building Design & Construction for healthcare. The final design incorporated heat pumps, condensing boilers and heat recovery on the heating and domestic hot water loops. This hybrid system created gas savings of 7,285 GJ and 359 tonnes CO2e, or -72% and -69% respectively, over the ASHRAE 90.1 baseline building.

Mills Memorial Hospital Replacement project.

Operational Improvements

In terms of operational improvements, Northern Health initiated six retro-commissioning projects, seen in Table 6 below, that addressed needs in the areas of heating & cooling set point strategies, loop temperature optimization, actuator operation, damper operation, heating/ cooling plant optimization, air-handler optimization and others. These projects have the benefit of providing Northern Health with detailed insight into how our sites can be run more efficiently and generally without the requirement of major capital expense. Many of these projects come with additional carbon emissions savings as these buildings are using heating and cooling resources much more efficiently.

Table 6: 2022 Operational Improvement Projects

Site name	Facility type	Description	Estimated thermal savings	t CO2e, GHG
INITIATED				
Dunrovin Park Lodge	Care facility	Retro-commissioning - C.Opt	405	20
Chetwynd Hospital	Hospital	Retro-commissioning - C.Opt	133	7
Fort Nelson Hospital	Hospital	Retro-commissioning - C.Opt	380	19
Terraceview Lodge	Care facility	Retro-commissioning - C.Opt	352	18
Gateway Lodge	Care facility	Retro-commissioning - C.Opt	1,000	50
Fraser Lake Centre	Clinic	Retro-commissioning	75	4
Saint John Hospital	Hospital	Heat pump optimization	287	14
Total			**2,345**	**117**

Behavioural Change Programs

In 2022, Northern Health worked with the utility led (BC Hydro & FortisBC) Energy Wise Network to initiate a training program for building operators. We recognize that to ensure long-term operational effectiveness of our building systems, and to maintain energy and carbon reductions for newly installed equipment, we need to also focus on training staff. This year we ran two workshops – one fall and one spring session – that focused on operational efficiencies and improvements in HVAC systems for healthcare facilities.

Training was completed in partnership with Fraser Health and BC Care Providers' Association. Overall Northern Health turnout was high at 73 participants. Staff were able to compete for post workshop prizes by completing an Action Tracking Checklist, which challenged them to complete a thorough walk-through of their sites and identify operational improvement opportunities that were outlined during training.

Table 7: Behavioural Change Program - Building Operator Training

Site name	Facility type	Description	Participants
IN-PROGRESS			
Multiple sites	Hospital, care facilities	Building operator training - DDC & controls, mechanical & thermal savings opportunities	73

4.3.1.2 Plans

Northern Health's energy and emissions reduction planning process follows an analytical approach, where sites are evaluated on factors like: energy use intensity, age of equipment, facility age and replacement plans, existing capital plan timelines, complaints from facilities maintenance, emergency replacement needs, among others. The result of these analyses lead the E&ES team to initiate deeper energy studies in order to identify and implement recommended capital projects as well as accessing utility incentives.

Photo credit: Kate Ames, Bulkley River Suspension Bridge.

In 2022, the E&ES team initiated 8 energy studies of which six were completed, two are ongoing. These studies are allow the cycle of energy savings and emissions reduction to continue, giving us insight into opportunities at other sites. In most cases, energy conservation measures identified that have paybacks within an acceptable time frame, and/or meet specific site needs, will be implemented within one to three years. A list of these studies can be found in Table 8 below:

Table 8: 2022 Energy Studies

Site name	Facility type	Description	Potential thermal savings (GJ)	t CO2e, GHG
COMPLETED				
Bulkley Valley Hospital	Hospital	Energy study	2,000	100
Kitimat Hospital and Health Centre	Hospital	Energy study	3,000	150
Stikine Health Centre	Clinic	Energy study	1,000	50
Terraceview Lodge	Care facility	Energy study	1,480	74
Burns Lake Hospital - Nurses Residence	Residential	Energy study	158	8
Stewart Health Centre	Clinic	Energy study	508	31
Total			**8,146**	**412**
INITIATED				
University Hospital of Northern British Columbia	Hospital	Phase 2 Energy study - Condensing boilers/heat pump	4,482	224
Wrinch Memorial Hospital	Hospital	Energy study	N/A	N/A
Total			**4,482**	**224**

In addition to these planned energy studies, the E&ES team is also investigating new and innovative ways to achieve Clean BC emissions reduction targets through new technologies. We are currently looking at:

- Ozone/Hydroxyl Laundry Systems – laundry systems that operate best with cold water, allowing up to 85% reduction of hot water use
- Thermal Gradient Headers – New piping strategy that interconnects all heating and cooling systems in a building to maximize cascading heating/cooling effects to improve efficiencies
- Natural Gas absorption heat pumps (GAHPs) – Gas fired heat pumps that provide efficiencies of 120%

No projects have been approved to date with these technologies.

4.3.2 Mobile Sources: Vehicle Fleet

Northern Health's fleet composition remained largely unchanged year-over-year, with a total of 238 vehicles. Approximately 96% of these are passenger cars, trucks and vans, and around 4% are utility vehicles – loaders and tractors, for example. NH has one electric passenger vehicle, stationed in Prince George. There were no acquisitions of electric vehicles or hybrid vehicles in 2022.

Emissions from the NH fleet make up 4% of the annual total, as noted in Section 2. Total consumption of diesel has been trending down over the past three years, while total gasoline consumption has been trending higher, as seen in Table 9 below. Overall three year GHG emissions are rising from our fleet as we are seeing a return to normal traveling operations post-COVID.

Table 9: Annual comparison by site - Mobile fuels

	litres			t CO2e, GHG All		
	2020	2021	2022	2020	2021	2022
Northern Health Authority						
Diesel mobile use	30,912	23,950	21,396	81.9	63.0	56.3
Gasoline mobile use	261,958	315,659	383,657	615	740	899

4.3.2.1 Actions

The E&ES team has been working with NH Fleet Services on a coordinated approach to fleet decarbonization. Currently, these teams are looking at actions around feasibility of EVs in the Northern environment and overall logistics of electrification before any significant steps are taken. In 2022, some progress was made in analyzing Northern Health's overall readiness for fleet electrification and is outlined below.

Long Range EV Test

In June 2022, the E&ES team took a long-range trip with our Chevy Bolt, travelling from Prince George to Whistler and back – roughly 630 km and a 7.5 hour travel time excluding refreshment stops. This trip was to simulate driving distances often encountered traveling to more remote NH sites. While the EV performed very well on the road, the extra charging time along with refreshment stops ended up making a one way trip approximately 12 hours. This was done in summer with little use of air conditioning or other car resources. We can forecast that winter driving, where heating is necessary and slower driving conditions from snow, that long-range trips are currently not feasible with electric vehicles due to expected trip times.

Market Analysis – EV Availability

At this time, there are significant logistical and supply chain barriers to widespread adoption of electric vehicles (EVs) and/or plug-in hybrid electric vehicles (PHEVs) in the north. Research into availability from local suppliers is resulting in wait times of two to three years for most models. Also, the availability of mechanical expertise for EVs is lacking in many areas of the north, making a large scale switch to EVs not currently feasible.

Public Sector Fleet Community of Practice

The E&ES team is a participant in the Public Sector Fleet Community of Practice, a series led by the provincial Climate Action Secretariat that brings together all public sector organizations (PSOs) to discuss fleet electrification programs, guidelines, and upcoming regulation changes. The Community of Practice is an excellent means of keeping up-to-date on current fleet trends and programs available for PSOs.

4.3.2.2 Plans

Northern Health is committed to keeping an open mind on fleet electrification and will continue to participate in government and industry led initiatives, looking for opportunities to learn. Northern Health will thus be EV transition ready when market conditions create an environment where the organizations needs can be met by readily available technology.

Photo credit: Alanna Wilson, Tow Hill, Haida Gwaii

4.3.3 Paper Consumption

4.3.3.1 Actions

Approximately 1% of Northern Health's annual carbon emissions comes from paper consumption. In 2022, we saw a slight increase in the total amount of recycled paper purchased, though overall paper consumption was down YoY which has resulted in a 6% reduction in carbon emissions.

Table 10: Emissions from Paper Consumption

	Units			t CO2e, GHG All		
	2020	2021	2022	2020	2021	2022
Northern Health Authority						
8.5 X 11 paper	49,807	46,337	43,679	317	294	277
8.5 X 14 paper	507	920	232	4	7.05	2.61
11 x 17 paper	619	576	818	8	7.34	10.3

4.3.3.2 Plans

Northern Health is currently purchasing recycled paper at volumes that make the most sense for the organization.

Photo credit: Kate Ames, Lheidli T'enneh Memorial Park.

4.4 OTHER SUSTAINABILITY ACTIONS & PLANS

4.4.1 Actions

Sharps Recycling – Update

The sharps recycling program that was implemented in 2021 continued for 2022. This program focuses on replacing disposable sharps containers with reusable ones, which is having a dramatic effect on total disposed plastics. From the period of Dec 2021 to Nov 2022, Northern Health diverted 57,787 kg of plastic from the landfill.

4.4.2 Plans

PPE Recycling Program

Conversations around strategies for reducing waste through recycling of protective personal equipment (PPE) have been ongoing amongst BC's health authorities for the past couple of years. A PPE recycling program would see single-use items such as masks, isolation gowns, PP5 and PE fabrics, PP5 bottles, and sterile wrapping put in recycling bins and sent to a facility for sterilization and processing.

In 2022, Northern Health provided input to the PPE recycling working group and also facility data to be included in the development of a PPE recycling program pilot. In December of 2022, after completion of the pilot, Staples Inc. was awarded the contract for the program rollout. Eighteen Northern Health sites, primarily acute care, were indicated as participants in the program, along with sites from all Health Authorities across BC. The recycling program will focus primarily on masks for the first phase, which is expected to rollout in earnest in 2023.

Anesthetic Gases

In 2022, the E&ES team learned that other Health Authorities were engaged in a study on the potential to reduce GHG emissions through analyzing and taking actions on anesthetic gas use. In hospital emergency and operating rooms there is generally a dedicated exhaust for any anesthetic gas used for surgeries and these gases are vented directly to atmosphere. There is a potential for hospitals to switch their preferred anesthetic gas over to one with lower global warming potential (GWP). The pilot report is expected sometime in 2023 and if results are good the E&ES team will work with clinical stakeholders to determine if any of our sites might be good candidates for this type of sustainability project.

Sustainable Procurement

Northern Health has been working with sustainability leads from Fraser Health (FH), Interior Health (IH), Vancouver Island Health Authority (VIHA), and Provincial Health Services Authority (PHSA) on strategies to procure materials more sustainably. Currently, 80% of healthcare emissions come from supply chain, so looking at sourcing these materials from sustainable sources can have a meaningful impact on the sector's overall emissions portfolio. These discussions are still in early days and in more of a strategic direction setting currently.

UHNBC Green Working Group

Northern Health will continue to be involved in the BC Hydro Energy Wise Network and this year will look to re-engage the lapsed UHNBC Green Working Group. Plans are to engage clinical staff to help implement sustainability initiatives at our largest hospital – UHNBC in Prince George. These initiatives might include reducing carbon emissions through a Turn-it-Down campaign focusing on high-energy equipment; management of anesthetic and inhaler gas use; and reducing overall waste streams from perioperative care.

Photo credit: Erin Pichurski, Tumbler Ridge

5.0 PUBLIC LEADERSHIP

Northern Health collaborates with government ministries and other BC Health Authorities on the provincial and federal level to address climate risk to health and the healthcare system. Congruent with provincial priorities, the focus in past years was primarily on emergency preparedness and response, and carbon reduction within NH facilities. However, in recent years there has been a heightened focus on health system resiliency and climate preparedness and adaptation. Over the past year we have aligned our climate change and health efforts with our health sector colleagues under the BC Government Climate Preparedness and Adaptation Strategy (CPAS) (BC Ministry of Environment and Climate Change Strategy, 2021). Under this umbrella strategy, Northern Health is progressing work on seven broad areas of focus, including:

- Organizational Leadership and Capacity: Initiate and develop a Climate Resilience program within Northern Health.
- Workforce Knowledge and Capacity: Build staff capacity and knowledge in climate preparedness and adaptation.
- Governance: Identify and establish governance structures to guide our organization's climate actions.
- Reporting and Accountability: Support reporting and contribute to key performance indicators to track progress of CPAS actions.
- Vulnerability and Adaptation Assessment: Co-develop (with Ministry and other health authorities) workplans and capacity for climate and health vulnerability and adaptation assessments.
- Public Health Communications and Awareness: Develop and implement a knowledge translation and communications plan related to mitigation, adaptation and protection of population and public health from climate-related health risks.
- Cross-sectoral collaboration and engagement on innovative, evidence-based solutions grounded in cultural safety and health equity: Build collaborative relationships/ partnerships across and beyond health systems to advance CPAS goals.

Northern Health's work under the 2022-23 CPAS has included but was not limited to the following: the establishment of a population and public health climate resilience team; the development and implementation of a CPAS workplan with collaboration with internal partners, health authorities, and the Ministry of Health; and the establishment of a climate change and health lead role within population and public health. Ongoing work of the population and public health climate resilience team includes a Climate Change and Health Vulnerability and Adaptation Assessment which will inform long-term monitoring, mitigation, resilience, and adaptation plans.

5.1 CLIMATE RISK MANAGEMENT

The Ministry of Health is coordinating workplans across health authorities and as a result, Northern Health has a very ambitious plan for this current fiscal year with limited established capacity to support this work. There is considerable work ahead to build partnerships, work across departments and programs, establish roles and responsibilities, and fill positions as appropriate. Northern Health is actively exploring further capacity needs in this portfolio as well as drawing on support other teams can provide along with student involvement (e.g., Masters in Public Health or UNBC Health Sciences) and other partners.

Building a climate resilient health system and region is work that extends well beyond the health system and will rely heavily on partnership and collaboration across Northern Health, sectors, and communities. Northern Health's ability to advance climate change work will rely heavily on partner interest and capacity, as a result, the Northern Health climate resilience team's focus for 2023/24 is primarily on laying a solid foundation for the work to proceed in a good way while identifying climate change and health actions we can implement while alongside this work, and with the intent of weaving this into future work plans that will be more focused on completing work to develop a resilient health system.

5.2 NORTHERN HEALTH IS ENGAGED ON AN ONGOING BASIS IN THE FOLLOWING CLIMATE ACTION TABLES:

- Northeast Climate Resilience Network
- Five air quality improvement roundtables across the Northern Health Region
- Climate Resilience Guidelines for Health Facility Planning/Design
- Provincial Environmental Technical Team (PETT)
- Community Energy Association's Northern BC Climate Action Network (NorthCAN)
- Environment, Community, Health Observatory Network (UNBC-NH Partnership; ongoing)
- Environmental Health Surveillance Working Group
- Health Authority Climate Change Council
- BC Health and Smoke Exposure Committee (BC HASE)
- BC Health Effects of Analogous Temperatures Committee (BC HEAT)

5.3 NH CLIMATE ADAPTATION AND RESILIENCE WORK TO DATE INCLUDES THE FOLLOWING KEY ACTIONS:

- Development of Climate Preparedness and Adaptation Strategy workplan
- Establishment of Population and Public Health (PPH) Climate Resilience Team
- Established a full-time role titled 'Lead, Health and Climate Change' to oversee PPH's contributions to Northern Health's climate change resilience work
- Collaboration and coordination with HEMBC and other PPH teams on seasonal readiness and emergency preparedness
- Active recruitment of interns or practicum students to work on climate change portfolio within Northern Health
- Collaborated with UNBC on Health Promotion student projects, including:
    - Heat Response Strategies for Rural and Remote Communities: implemented a pilot survey with northern municipalities to assess community wildfire and extreme heat preparedness planning (2022)
    - A review of best practices regarding online website climate change communication by health organizations (2022)
- UNBC research seed grant – collaborative effort between Northern Health and PHSA – focusing on climate change adaptation in Northern BC communities.

Photo credit: Tanya Adler, Fort St. John.

5.4 SUCCESS STORIES

Food security is a key determinant of human health to which climate change poses serious risk. In rural remote and Indigenous communities, access to affordable, acceptable, and culturally significant foods has been impacted in unique ways by the COVID-19 pandemic, climate change and climate-related events. In early 2022, Northern Health, in collaboration with the First Nations Health Authority, launched an annual Rural, Remote and Indigenous Food Action Grant cycle. Supported projects that build toward community food security and Indigenous food sovereignty can positively impact community health and wellbeing and can help communities mitigate and adapt to the effects of climate change through a more self-determined food system. Six projects across the Northern Health region were awarded grants in 2022 to fund their food security and Indigenous food sovereignty projects.

For more information about the funded projects and impacts, see here Rural, Remote, and Indigenous Food Action Grant open for applications | Stories (northernhealth.ca).

Photo credit: Varenka Kim, Terrace River.

RESOURCES

Ministry of Environment and Climate Change Strategy. “Climate Preparedness and Adaptation Strategy: Actions for 2022-25,” 2021. https://www2.gov.bc.ca/gov/content/environment/climate-change/adaptation#CPAS.

Queen’s Printer. (2008). ***Carbon Neutral Government Regulation***. Retrieved from BC Laws: https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/392_2008#section7

Queen’s Printer. (2007). ***Climate Change Accountability Act***. Retrieved from BC Laws: https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/07042_01

#HealthyNorth

northernhealth.ca