

Northern Health Public Board Agenda Package: December 11, 2023



Northern Health Brunswick Boardroom - 1411-3rd Avenue, Prince George

December 11, 2023 10:30 AM - 12:30 PM

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2.3.1 Business Arising from Previous Minutes	Chair Nyce		
3. CEO Report	Ciro Panessa	10:40 AM-11:00 AM	11
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Public Meeting Motions				
<i>December 11, 2023</i>				
Agenda Item		Motion	Approved	Not Approved
2.1	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?		
2.2	Approval of Agenda	The Northern Health Board approves the December 11, 2023 Public Agenda as presented	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Approval of Minutes	The Northern Health Board approves the October 18, 2023 minutes as presented	<input type="checkbox"/>	<input type="checkbox"/>
4.1	Period 7 Financial Statement	The Northern Health Board receives the 2022-23 Period 7 financial update as presented.	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Capital Expenditure Plan Update	The Northern Health Board receives the Period 7 update on the 2022-23 Capital Expenditure Plan.	<input type="checkbox"/>	<input type="checkbox"/>
7.1	BRD 400 Policy Series	The Northern Health Board approves the BRD 400 Policy Series as presented.	<input type="checkbox"/>	<input type="checkbox"/>



Board Meeting

Date: October 18, 2023

Location: Prince George, BC

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

Public Minutes

1. Call to Order Public Session

The Open Board session was called to order at 2:21pm

2. Opening Remarks

Chair Nyce acknowledged with respect and gratitude that the meeting was taking place on the traditional territory of the Lheidli T'enneh, which part of the Dakelh (Carrier) Peoples' territory.

3. Conflict of Interest Declaration

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

- There were no conflict of interest declarations made related to the October 18, 2023 Public agenda.

4. Approval of Agenda

Moved by J Kurjata seconded by R Beerling

The Northern Health Board approves the October 18, 2023 public agenda as presented

5. Approval of Board Minutes

Moved by F Everitt seconded by B Kennelly

The Northern Health Board approves the June 11, 2023 minutes as presented

6. Business arising from previous Minutes

There was no business arising out of the previous minutes

7. CEO Report

- An overview of the CEO Report was provided with additional details and highlights being provided on the following topics:
 - Toxic Drug Crisis trend: In 2023 NH has the highest rate of unregulated drug deaths in the province with a rate of 58.2 deaths per 100,000 individuals. Initially the burden of the toxic drug crisis was mostly on the younger population however the trend has been shifting to those among the middle age. The majority of deaths occur in private and other residence. Fentanyl remains the most common unregulated drug related to death in Northern Health.
 - Decriminalization update: Health Canada has amended the province's s.56 exemption on decriminalization to add child-focused locations where the exemption does not apply, specifically public outdoor playgrounds, spray pools and wading pools and skate parks, including within 15 metre of these defined locations. The effective date of this change was September 18, 2023.
 - Appreciation was expressed by Directors to the clinician teams who work tirelessly to assist those individuals who are struggling. Information was shared about programs that are in place to continue to reduce the stigma to ensure individuals know about options for support such as the Lifeguard App and Peer Programs.
 - Management advised that drug toxicity alerts are shared through the NH Communication team via social media along with partnering with community networks of social agencies.
 - Respiratory Season: Covid-19 2023/24 BC is seeing an increase in COVID-19 positive patients and critical care. Northern Health has seen a slight increase in positive cases. The testing rate has increased in all health authorities and the percent of positivity has also increased in all health authorities except Northern Health. Health authorities are bringing back enhanced measures to reduce the spread of illness such as masking, screening, signage, immunization, hand hygiene and enhanced cleaning and disinfection. The Fall 2023 Influenza and Covid-19 Vaccination Campaign is underway across the province.
 - Seniors Advocate Report: Following a comprehensive review for the province's assisted living services, the BC Seniors Advocate has released a report "It's Time to Act – A review of Assisted Living in B.C." The report highlights the current legislative landscape to protect seniors from significant rent and service fee increases, improve oversight and reporting, and address affordability challenges by increasing the number of publicly subsidized assisted living units. In addition to addressing issues related to tenancy protection and access, the report also addresses gaps in quality assurance.
 - Ta Saanti Mamawapowuk Metis Gathering: opportunity was provided for Northern Health Staff to increase knowledge and understanding of the Métis in BC and to increase connections to MNBC staff and Métis Chartered Community members. Attendees participated in Metis-specific cultural safety education and training and had the opportunity to discuss key health and wellness priorities for Métis in the region.
 - National Day for Truth and Reconciliation Virtual Gathering: More than over 220 Northern Health sites participated in the Virtual Gathering which was coordinated by

the Indigenous Health Team. Sites across the organization coordinated watch parties for staff and patients so people could join and have meaningful dialogue before and after the virtual gathering. Three elders/leaders shared their experiences and discussed what the day means to them.

7.1. Human Resources Report

An overview of the Human Resources Report was provided for information.

- Program Updates:
 - New Grad Hiring Process: the project eliminates a number of steps that create significant lag between application and completion of hire. While additional efficiency will be realized through ongoing process improvement and familiarity/comfort of involved team, overall cycle time has already been reduced.
 - Employed Student Nurses (ESN): Process efficiencies have been positively received by operations management. Northern Health currently has 161 active Employed Student Nurses and continues to look for ways to improve the program with students, nurses, leadership and post secondary institutions.
 - Internationally Educated Nurses (Ens): Locally, Northern Health is actively supporting twelve Internationally Education Nurses that are currently living in Northern communities through the process.
 - Health Career Access Plan (HCAP) – Earn as you learn program: The College of New Caledonia recently graduated 38 Care Aides who will be employed in Prince George, Quesnel, Vanderhoof, Burns Lake and Mackenzie.

8. Audit and Finance Committee

8.1. Period 5 Financial Statements

- Year to date Period 5, Northern Health (NH) has a net operating deficit of \$8.4 million (1.7% of YTD budgeted expenditures). Excluding extra-ordinary items, revenues are unfavourable to budget by \$24.9 million or 4.9% and expenses are favourable to budget by \$16.4 million or 3.3%.
- The unfavourable variance in Ministry of Health Contributions is primarily due to delays in recognition of targeted funded programs. Targeted funding is only recognized when the related expenditure has been incurred. Unfortunately, hiring lags in target funded programs, particularly Mental Health and Substance Use, has resulted in less expenditure than budgeted. Therefore, following the matching principle, less revenue is recognized as earned.
- 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 and transition to endemic phase, NH has incurred \$20.4 million in incremental expenditures in the current fiscal year. The Ministry of Health is providing supplemental funding to offset pandemic related expenditures.

Moved by J Kurjata seconded by B Kennelly

The Northern Health Board receives the 2023-24 Period 5 financial update as presented.

8.2. Reappointment of External Auditor

- Board approval is required for the reappointment of KPMG LLP (“KPMG”) as Northern Health’s external auditor for the fiscal year ending March 31, 2024, representing Year 2 of a five-year term of engagement.
- In October 2022, the NH Board of Directors awarded a five-year contract to KPMG LLP for the provision of external audit services commencing with the 2022-23 financial statement audit. Board approval is required annually for the reappointment of KPMG for the remaining years of this contract.
- The audit of Northern Health’s 2022-23 financial statements was completed in accordance with the audit plan that was presented to the Committee. Year 1 of the engagement required additional effort from both parties but KPMG’s prior experience as NH’s auditors aided in the transition. The audit was performed under a hybrid model, enabling KPMG to utilize a geographically disbursed team to ensure all key milestones and deliverables were met.

Moved by J Kurjata seconded by W Adam

The Northern Health Board approves the reappointment of KPMG LLP as the external auditor to Northern Health for the fiscal year ending March 31, 2024, representing the second year of a five-year term of engagement.

8.3. Capital Expenditure Plan Update

- The Northern Health Board approved the 2023-24 capital expenditure plan in April 2023. The plan approves total expenditures of \$456.7M, with funding support from the Ministry of Health (\$344M, 75%), Six Regional Hospital Districts (\$86M, 19%), Foundations, Auxiliaries and Other Entities (\$3.3M, 1%), and Northern Health (\$23.4M, 5%).
- Year to date Period 5 (ending August 17, 2023), \$142.5M was spent towards the execution of the plan was summarized in the briefing note.

Moved by J Kurjata seconded by R Beerling

The Northern Health Board receives the Period 5 update on the 2022-23 Capital Expenditure Plan.

9. Performance Planning and Priorities Committee

9.1. Elder Services Program

- The Elder Service Network has a critical role to ensure broad, inter-professional collaboration on the prioritization, planning, and advancement of improvements to healthcare services for seniors in all care settings (long term care; community-based care; acute care). An overview was provided on the key actions, changes and progress.
- The structure for the network is evolving to support quality improvements across Northern Health and has established a Consensus Group to assess and advise on regional performance and key improvement priorities. Service specific Advisory Groups (e.g., Home Support Advisory Group) have also been implemented and are comprised of subject matter experts and stakeholders. Advisory Groups inform the development of regionally consistent service plans and quality improvement in the service area.
- Northern Health is developing a suite of family education resources and implementing new approaches to help families anticipate and prepare for the expected transitions and/or changes in their loved one’s health status as they near the end of life.

9.2. Perinatal Program

- An overview of the priority work in the perinatal program was provided for information and discussion which included strengthening rural maternity care strategy which focuses on four areas:
 - Increasing recruitment, retention and support for physicians and midwives
 - Creative new roles and supports for nursing
 - Strengthening a Team Based approach to Care
 - New Models of Care
- Quality Improvement continues to be the focus for the program by offering rural maternity support programs, providing evidence based clinical guidance, promoting positive team culture and bringing staff and physicians together to learn.

9.3. Quality Program

- An update was provided on the key initiatives in the Quality Program. Detailed information was included in the briefing note on the following topics:
 1. Supporting Workforce Sustainability
 2. Enhancing Quality Improvement Capacity
 3. Person- & Family-Centred Care (PFCC)
 4. Accreditation
 5. Quality Framework
- To sustain continuous Quality Improvement and a Culture of Quality across the organization, the Quality Program will foster and support the maturing of Northern Health as a Learning Health System.
- The Quality Program continues to support the development and implementation of Services Networks, which is a framework that connects patients, community partners, service providers, administrators, and local leadership to drive meaningful change in the health system.

9.4. 2023 Accreditation Survey Results

- Management was pleased to inform the Northern Health Board that the organization met 100% of the Required Organizational Practices in the recent onsite Accreditation survey which focused on Governance, Leadership, Emergency and Disaster Management, corporate criteria for Medication Management and corporate criteria for Infection Prevention and Control which are important processes to ensure safe quality patient care.
- Overall Northern Health met 481 of 483 criteria assessed across the 5 standard sets evaluated, with the following percent “met” of applicable assessed criteria:
 - Governance 100%
 - Leadership 99.5%
 - Emergency and Disaster Management 100%
 - Corporate criteria for Infection Prevention and Control 100%
 - Corporate criteria for Medication Management 99%
- Directors commended staff and leadership on the work that occurs regularly across the organization to achieve these results.

10. Indigenous Health & Cultural Safety Committee

10.1. Indigenous Health Summer Student Experience

- The Indigenous Student Summer Internship at Northern Health offers the opportunity for post-secondary students to explore their health career interests while developing a wide range of skills and learning firsthand about working within the Indigenous Health department of Northern Health. Students will work with a small dynamic team and have opportunities to:
 - Make connections with First Nations/ Métis communities across northern British Columbia (BC)
 - Attend and observe a variety of committee and working group meetings.
 - Support research projects.
 - Develop communications tools and documents.
- The Summer Internship is a four-month placement from June to August 2023 but will extend to Dec. 29th. The students actively participated in the Indigenous Health daily team huddles, offering ideas and perspective on the team's strategic work, and supporting review with the rest of the team. Students also participated in our strategic planning session as a team and helped the team's strategy for the ensuing years.

10.2. Indigenous Community Collaboration Partnership

- An overview and update was provided on Northern Health's commitment to improving collaboration with First Nations and Métis communities and families in the North.
- Meetings have been initiated in each Health Service Delivery Areas that include participation from First Nations and Northern Health senior leaders. This was in response to guidance of First Nations and NH senior health leaders for the purpose to increase the level of partnership related to NH operations.
- Indigenous Health Action Tables (engagement tables) will resume or be established in communities in each of the Health Service Delivery Areas this fall.
- Next Steps include the following:
 - Efforts will continue to support a successful restart of the engagement tables
 - Continued connection with Métis Nation BC staff to ensure progress on shared health and engagement priorities.
 - Addressing identified barriers to effective engagement between First Nations, Métis and NH which includes resources and spaces for dialogue to build understanding and capacity.
 - Indigenous Health Community Collaboration & Indigenous Partnerships will continue to host Monthly Health Director Meetings as an effective pathway to engage on community health issues and priorities from Health Directors.

11. Governance and Management Relations Committee

11.1. Policy Manual BRD 300 Series

- The revised policy manual BRD 300 Series was presented to the Board for review and approval.

Moved by F Everitt seconded by J Kurjata

The Northern Health Board of Directors approves the revised BRD 300 series

11.2. Board Policy Manual BRD 610

- The revised policy BRD 610 was presented to the Board for review and approval.

Moved by F Everitt seconded by S Dolan

The Northern Health Board of Directors approves the revised BRD 300 series

Meeting was adjourned at 4:10pm

Moved by R Beerling

Colleen Nyce, Chair

Desa Chipman, Recording
Secretary



CEO Report – Northern Health Board

December 11, 2023

Minister Dix Visit - Vanderhoof

- On Monday November 13 Minister Dix traveled to Vanderhoof to tour the St John Hospital and meet (informally) with staff and physicians along the tour.
- While in Vanderhoof Minister Dix took the opportunity to formally announce the Integrated Primary & Community Care project. The event was attended by Northern Health staff, medical staff and leadership along with representatives from the District of Vanderhoof and the Regional District.





Minister Dix Visit - Prince George

- On the morning of Tuesday November 14 Minister Dix participated in meetings with physicians from the University Hospital of Northern British Columbia (UHNBC) and Prince George along with various UHNBC nurses and allied health staff.
- While in Prince George Minister Dix announced the partnership with Northern Health and Providence Living to develop a 200-bed long-term care facility in Prince George.
- This is the first long-term care facility to be built in Prince George in 15 years.



Minister Dix Visit - Prince George

- Providence will build and operate the long-term care home in partnership with Northern Health. The first step will be the design phase followed by the procurement phase that will identify contractors for the design and construction, which is expected to start in the fall of 2024.
- The main features of the new care home are expected to include:
 - single-bed rooms with private washrooms;
 - units designed in a resident household concept consisting of groupings of 12 rooms with social and recreational spaces found in a typical home, such as shared living and dining rooms;
 - indoor and outdoor spaces for social and leisure activities for residents and family, as well as quiet rooms and private spaces;
 - amenities for cooking meals on site;
 - non-denominational space for worship, reflection and spiritual practice, including Indigenous ceremonial practices; and
 - a staffing model that supports person-centred care and values seniors in care.

Cardiac Services BC Visit

- On November 20, 2023, senior leaders from Cardiac Services BC (CSBC) and Stroke Services BC (SSBC) spent the day in Prince George.
- Attendees participated in the following:
 - Touring the University Hospital of Northern British Columbia;
 - Meeting Northern Health leaders;
 - Learning about Northern Health’s unique geography and population; and,
 - Exploring opportunities to support Northern Health.
- CSBC and SSBC were impressed with the work that Northern Health has accomplished, and are enthusiastic about supporting Northern Health to continue to expand and improve services in the North.

UNBC Family Nurse Practitioner Program

- On November 2 the University of Northern BC announced that with support from the Province of British Columbia, the Master of Science in Nursing: Family Nurse Practitioner (FNP) Program at UNBC was expanded, doubling in size from 20 to 40 seats. The increase provides more opportunities for nurses interested in pursuing advanced education in northern B.C., an area rich with opportunity for health-care professionals.
- The expansion in the UNBC Master of Science in Nursing: Family Nurse Practitioner (FNP) Program is part of B.C.'s Health Human Resources Strategy, announced in September 2022, which builds on previous investments in nurse practitioner training capacity to increase the number of seats from 45 in 2017 to 120 seats around B.C., including the new expansion at UNBC.
- Family nurse practitioners are advanced practice nurses who have completed a clinically-focused master's education. They provide patient- and family-centred care to all ages of people in primary health care, acute care, residential care or specialty settings.

Stronger BC for Everyone

Northern Health Implications & Highlights

On September 22, 2023 the B.C. government released *StrongerBC: Good Lives in Strong Communities*, a new vision that outlines investments to help build a brighter future for rural communities and the people who call them home.

- The vision focuses on concrete actions to make life better for rural British Columbians – including delivering high-speed internet to every community, helping goods and people move, and bringing more rural expertise and perspectives to government. Highlights from the report are as follows:
 - **Social & Health Services**
 - Expanded Pharmacist services
 - Virtual Primary Care, First Nation Doctor of the Day, and Specialist Virtual Support programs
 - Expanded Healthlink BC and 811 services
 - Expanding peer assisted mental health care teams
 - Expanding Foundry services by adding seven new centres to the 16 currently – 35 by 2025/26
 - Simplifying entrance to BC professions from international candidates

Stronger BC for Everyone

Northern Health Implications & Highlights

- **Technology & Highway Infrastructure**

- Investments in cellular coverage at rest areas, ferry terminals and campgrounds
- By 2027 high speed internet in every BC community - \$830m
- By 2027 550 additional KM cellular coverage - \$75m
- \$1.5b over next three years on highway upgrades
- \$15m to upgrade and maintain forest service roads
- \$13m to NDIT to support BC Bus North and community transportation solutions
- \$100m over next three years for active transportation grants
- \$20m to Canadian Cancer Society to support medical travel

Stronger BC for Everyone

Northern Health Implications & Highlights

- **Capital & Human Investments**

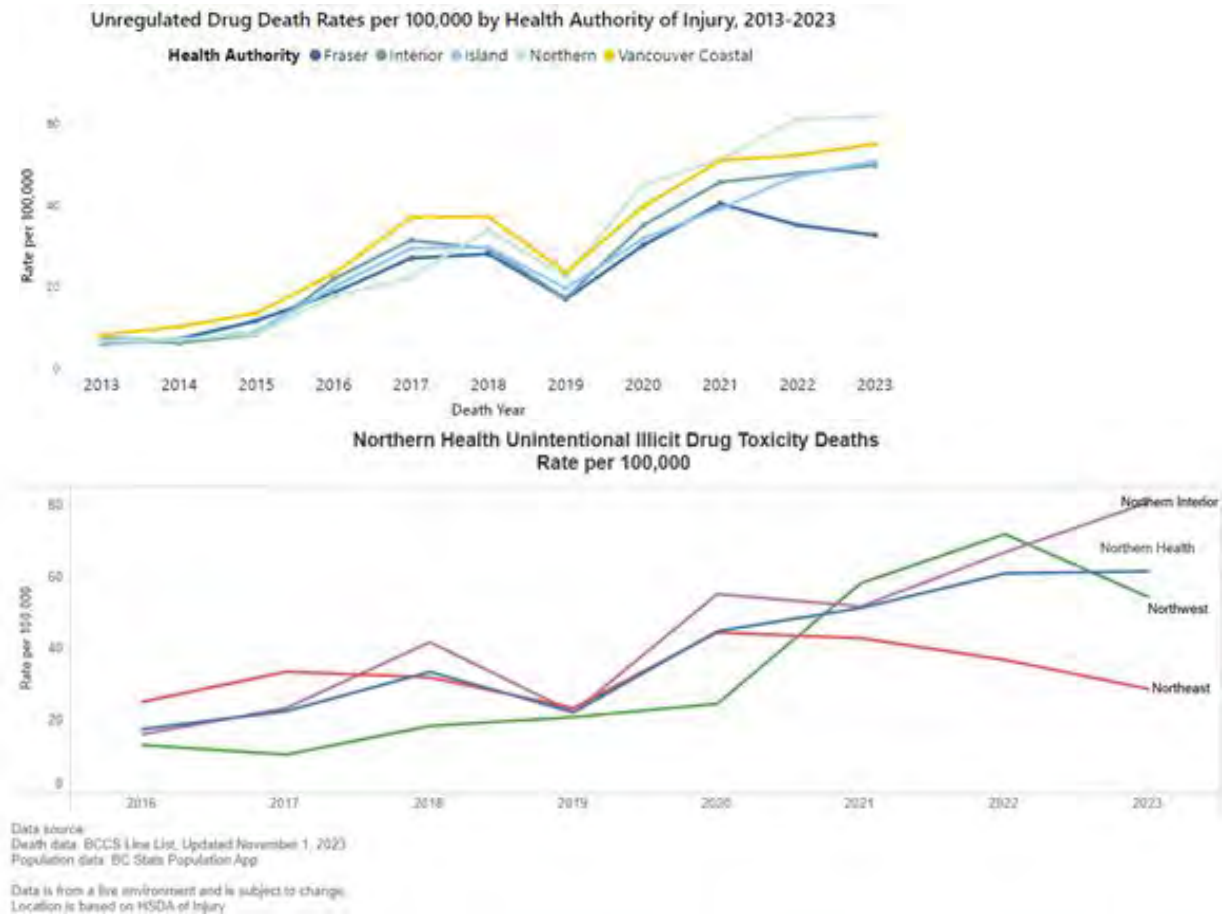
- New Hospitals in Terrace, Ft St James, Dawson Creek
- Emergency room expansion in Quesnel
- UPCC in Quesnel and Prince George
- LTC in Prince George
- Introduction of expanded rural retention incentives
- Increases in post-secondary seats for most health professions
- \$586m for improved bed and service access for MHSU
- \$1.4b ‘Homes for People’ program investment in housing
- Funding Investments in community climate programs & preparation

Update

POPULATION AND PUBLIC HEALTH

Unregulated Drug Deaths in Northern Health

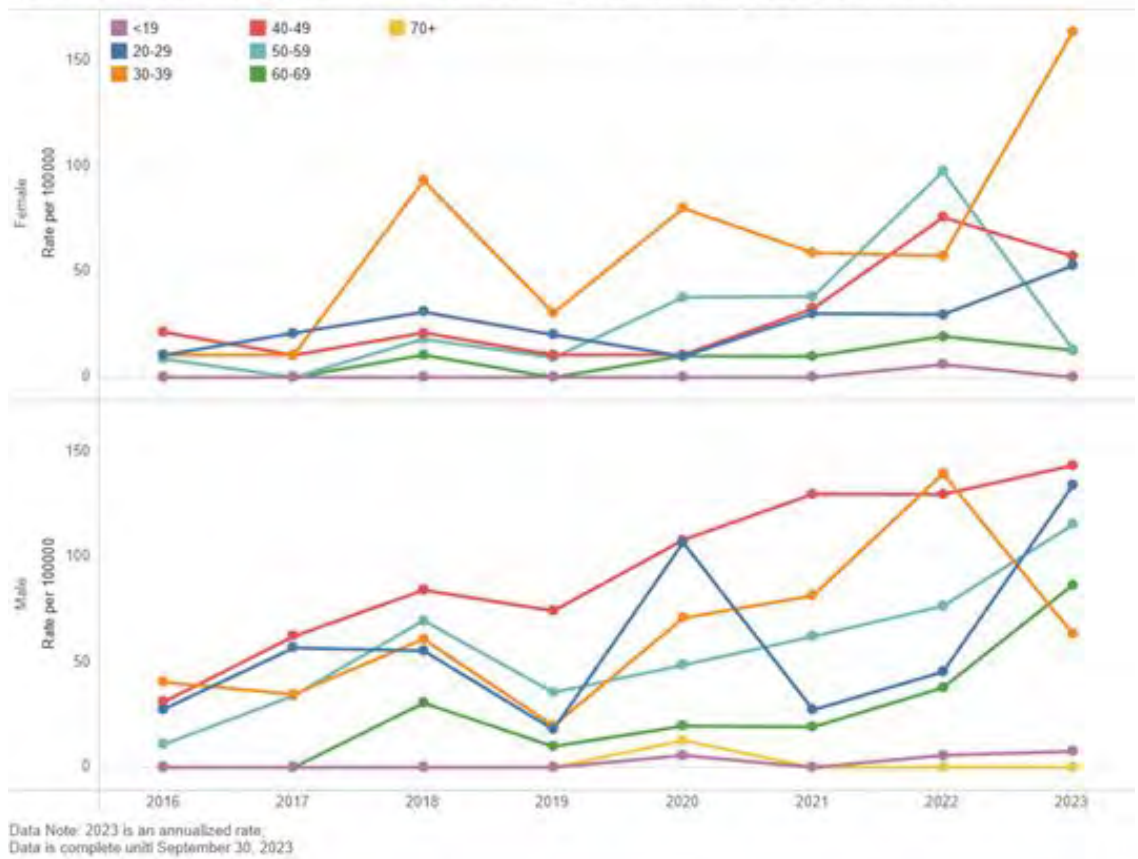
- Northern Health has the highest rate of unregulated drug deaths in BC
- Northern Interior HSDA is seeing a steady increase in the number of deaths since 2021
- The Northeast HSDA is showing a slight decline in the rate of deaths since 2021
- The Northwest is also trending to a decrease in unregulated drug deaths in 2023 as of September 30, 2023



Unregulated Drug Death Rate by Age Group and Sex for Prince George LHA

- There is a difference between males and females for the age groups at risk
 - Since 2020, there has been an increase in the rate of deaths for males between 20 and 69
 - Females have remained stable however in 2023 there has been an increase in the rate of deaths for the 30-39 age group

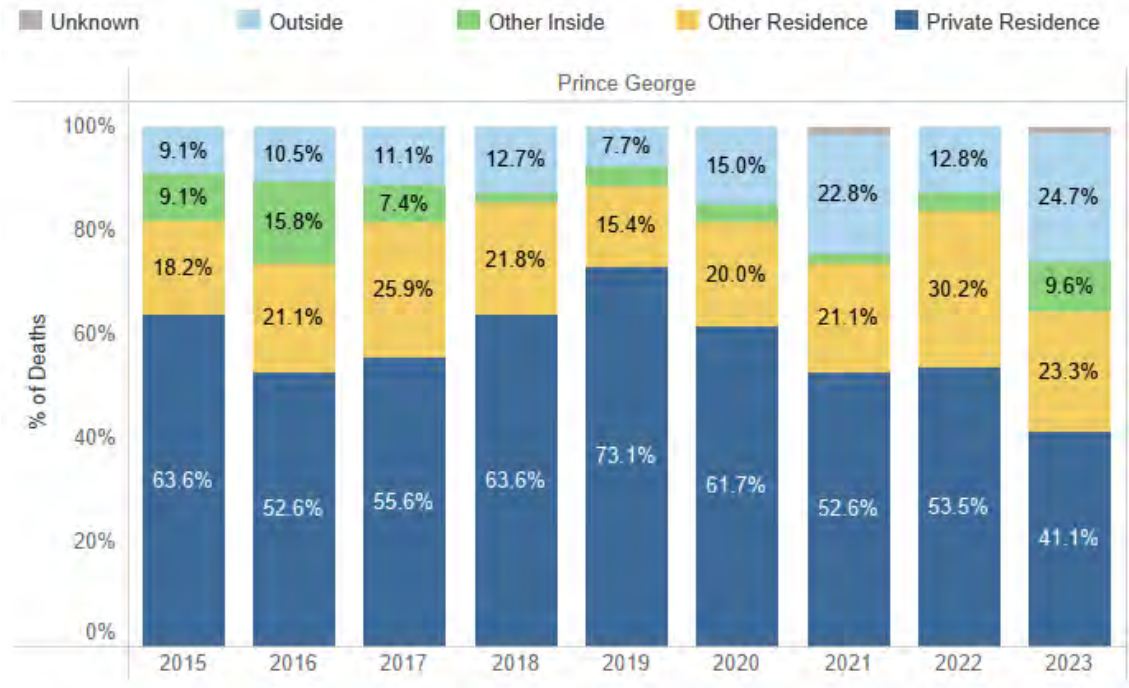
Rate of Unregulated Drug Deaths per 100,000 for Prince George LHA by Age Group and Sex



Unregulated Drug Deaths Place of Injury

- In the Prince George LHA there have been shifts in where deaths have occurred
 - Higher proportion of people are dying outside compared to the start of the emergency declaration
- Although, the vast majority are still dying inside, in residence

Unregulated Drug Deaths by Place of Injury and Prince George LHA by Year

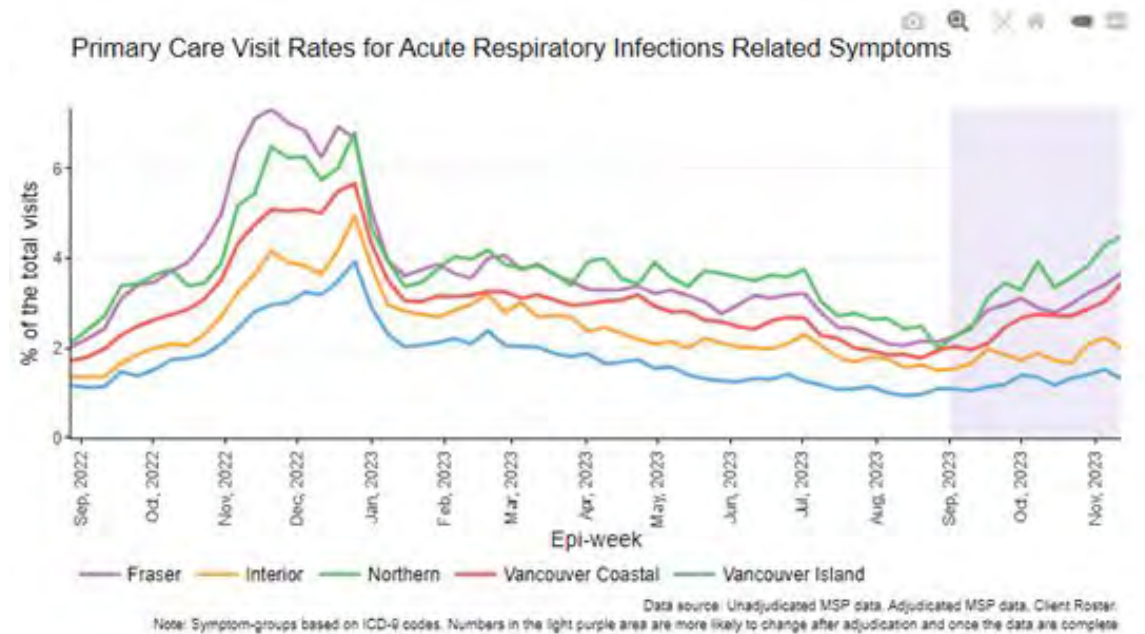


Update

RESPIRATORY SEASON

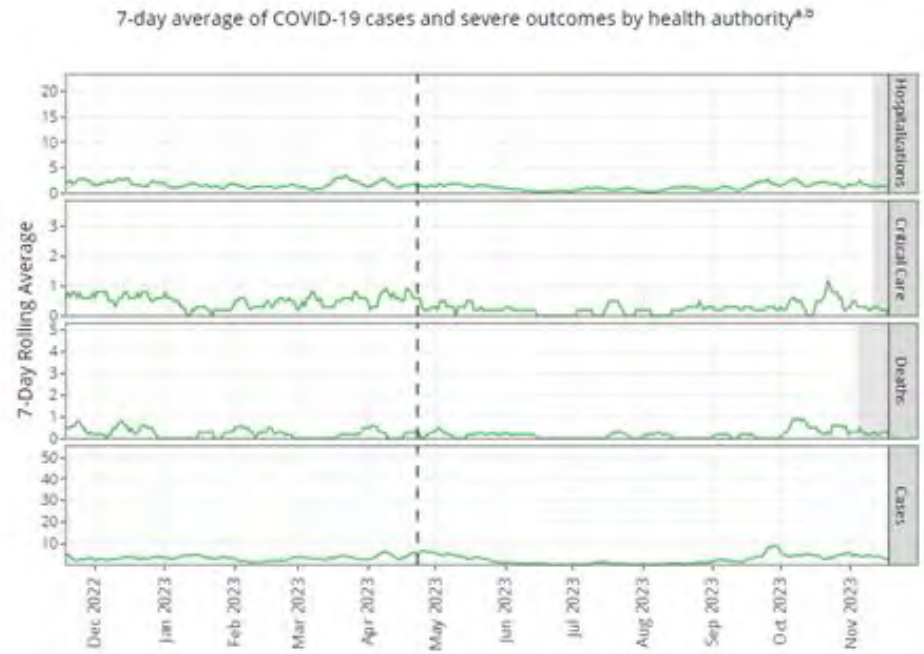
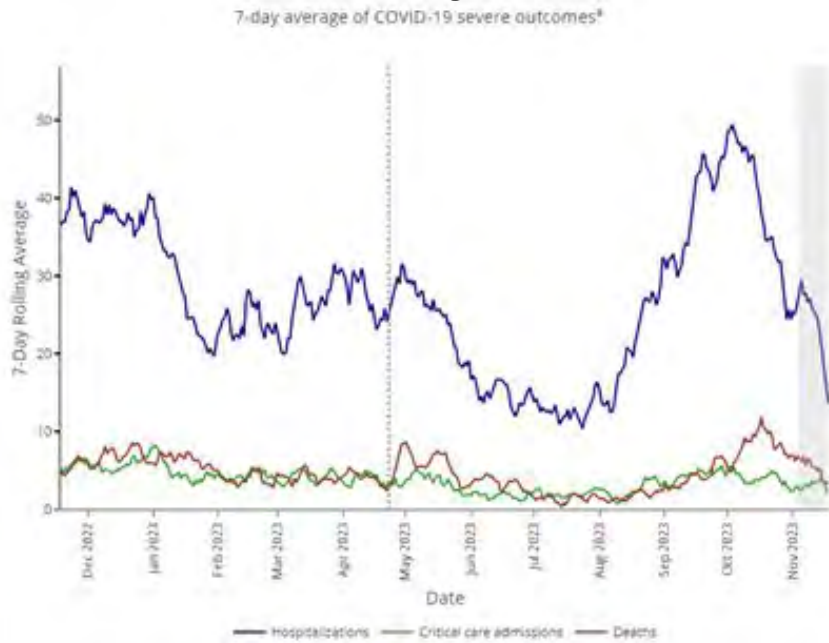
Primary Care Visits For Respiratory Illness

- Proportion of community visits to health care practitioners for respiratory symptoms has been increasing
- Northern Health has the highest proportion of visits related to respiratory infections



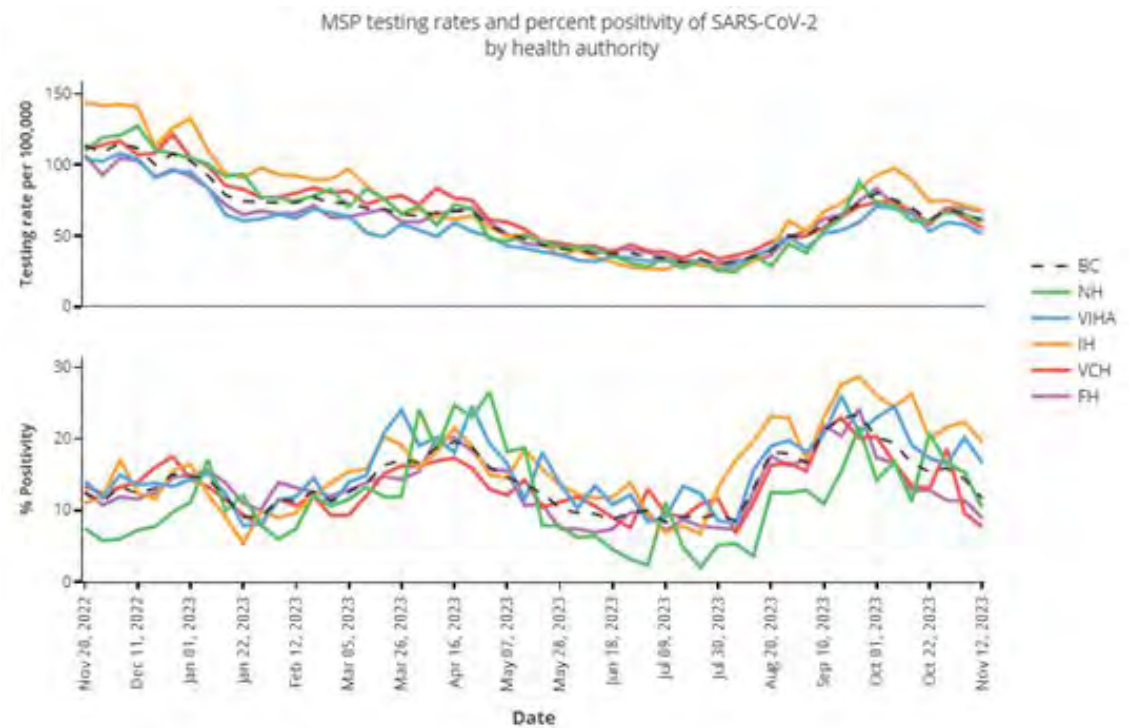
COVID Severe Outcomes

Severe outcomes, hospitalization, critical care admissions and death, have started showing a decline



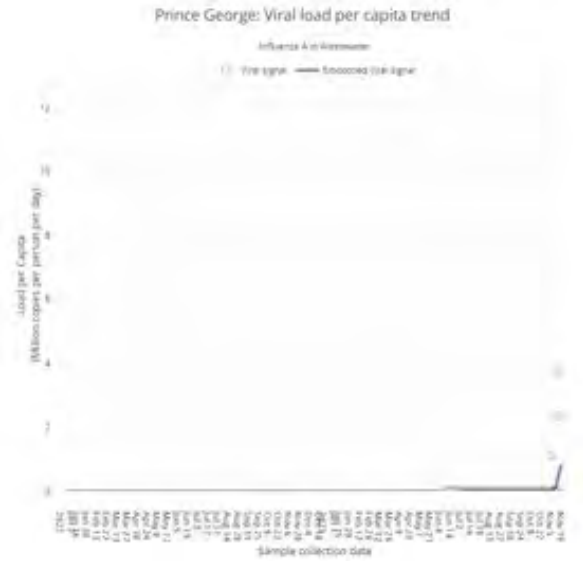
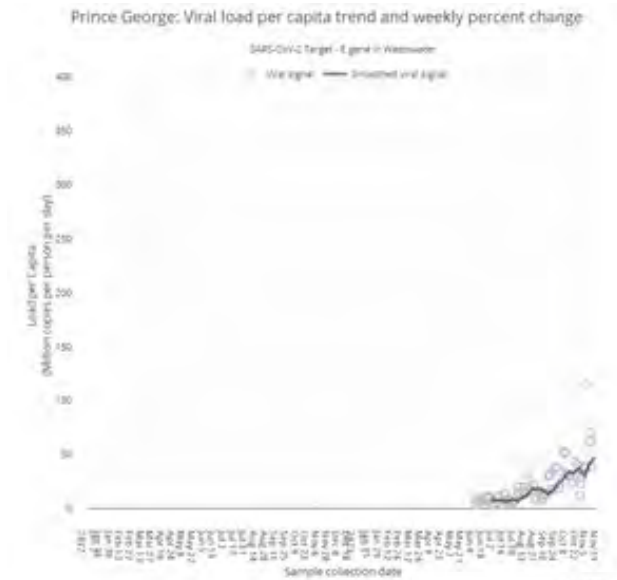
COVID Testing Rates and percent positivity

- Testing rate for all Health Authorities has declined in November
- Percent positive has also declined in November for all HAs



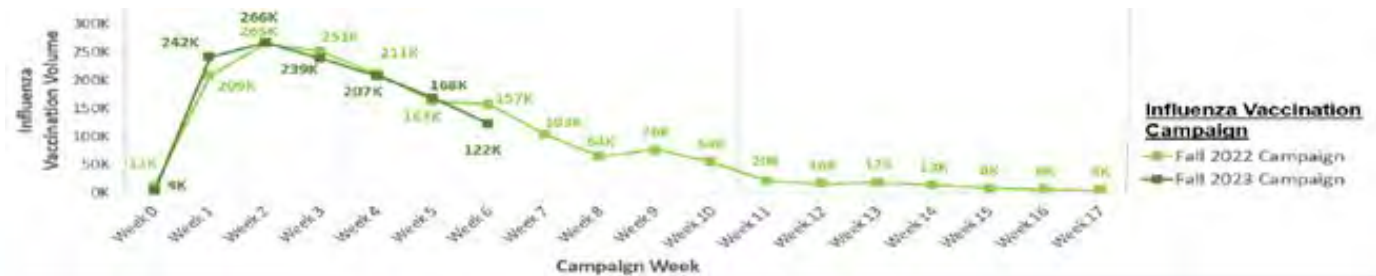
Prince George Wastewater Testing

- Influenza A has begun to increase in November
- Influenza B and RSV remain low with sporadic detection
- COVID-19 continues to increase in November



Fall Influenza and COVID-19 Immunization

- Over 4.4 million British Columbians have received their Get Vaccinated invitation
- The campaign began October 10, 2023
- As of November 19, 2023:
 - 2,351,771 vaccines have been administered to date (1.28M influenza, 1.07M COVID-19)
 - 88,211 in the Northern Health region
 - Consistent with previous years, the highest demand was in the first few weeks





NH Board Human Resources Report

David Williams, VP Human Resources

November 2023

The BIG Picture

10M Global Shortfall By 2030

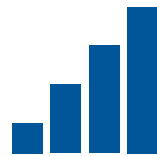


Northern Health Context



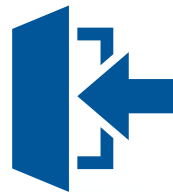
20.04%

Baseline positions are unfilled



21.71%

Increase in workforce demand since 2019



9.97%

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 OTs



Difficult to fill Vacancies

4729

Number of non-casual positions posted in FY 22/23

65%

Filled by internal staff (existing regular and casual)

11%

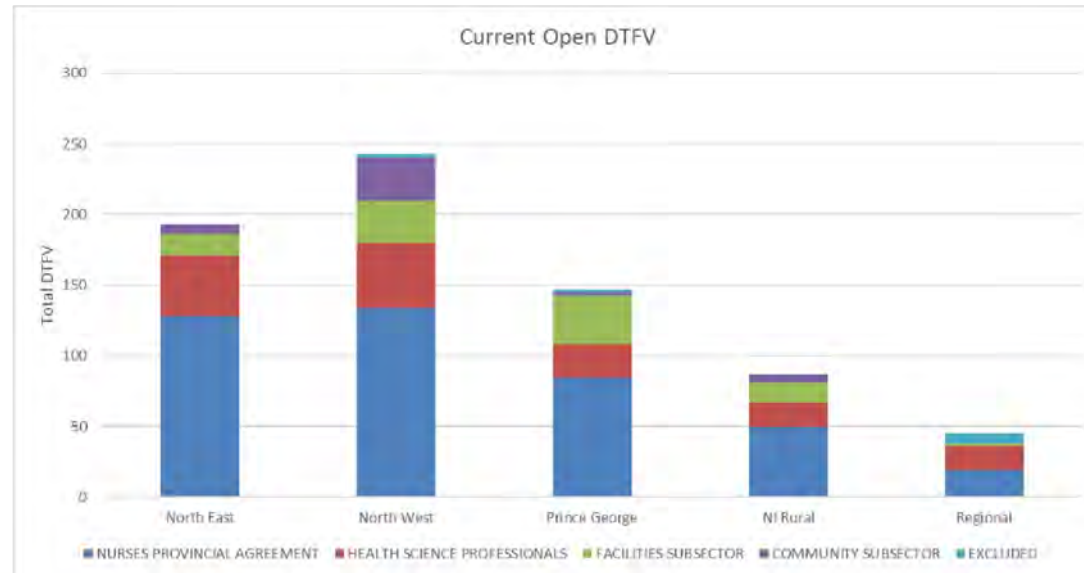
Filled by external (qualified applicants from outside NH) within 90 days

19%

Filled externally or closed after 90 days

5%

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



New Grad RN/RPN Recruitment

- New Graduate RN/RPNs hired to regular ongoing or six-month term positions
- Promotes consistent onboarding and orientation, flexibility, and regular work allow new grad nurses to consolidate skills as they enter nursing profession.
- NH implemented a centralized hiring team to ensure an expedited hiring process, assess regional staffing needs, and support a reduction in transactional work for operational leaders to increase capacity for onboarding and orientation support.
- Launched a new graduate webpage with resources to aid in the application process such as:
 - ✓ Step by step New Graduate Application guide
 - ✓ How to apply guide
 - ✓ Resume Tips and Tricks
- Under this new program in 2023 we hired a total of 117 (83 full time, 24 part time) New Grads.

northern health
the northern way of caring

JOIN US TODAY!

Competition no. 5606519

Connect with a Recruiter:
nhjobs@northernhealth.ca

SUBMIT YOUR APPLICATION
TODAY!

Launch your
Nursing Career with
Northern Health!

Northern Health provides new graduate nurses with exciting rural and urban employment opportunities. Our New Graduate Transition Program provides targeted supports, including funding, education, and mentorship to enhance your skills and build your confidence as a new nurse.

Looking for more information? Scan the QR code above to visit Northern Health Careers or email nhjobs@northernhealth.ca

Health Career Access Plan (HCAP) - Earn as you Learn

Health Career Access Program (HCAP)

- The Health Career Access Program (HCAP) was originally designed to increase the Health Care Assistant workforce in BC. The HCAP program includes education, training and work experiences. HCAP is employer-sponsored training leading to a provincially recognized health care worker credentials. Northern Health has hired more that 260 staff through this program, and there are currently 114 more students in process.

NEW Expansion: Medical Lab Assistants

- Northern Health has partnered with Thompson Rivers University to seat seven employees in the Medical Laboratory Assistant program (33 weeks).

NEW Expansion: Combined Laboratory –Xray Technician

- Northern Health has partnered with Northern Alberta Institute of Technology to sponsor 5 seats in the Combined Lab-Xray Technician Program.
- Two-year sponsored program.
- Students complete the first year of school in person at Northern Alberta Institute of Technology in Edmonton, then relocate back to selected communities in Northern Health to complete the second-year clinical practicums.

NEW Expansion: Community Mental Health Worker Certificate Program

- In 2024, NH aims to include Community Mental Health Worker seats to the "earn and Learn" training opportunities

Provincial Support: International Educated Health Care Professionals (IEHPs)

Internationally Educated Nurses (IENs)

- In April 2022, the BC government announced funding to support the recruitment of Internationally Educated Nurses (IENs). The funding is utilized for:
 - ✓ IEN bursaries
 - ✓ A robust marketing campaign to recruit IENs
 - ✓ Navigational supports for IENs through HealthMatch BC (a provincially coordinated recruitment team)
 - ✓ Consolidated assessment approach
 - ✓ Additional education for nurses returning to practice
- Northern Health has successfully recruited 13 IENs since the announcement of provincial initiatives to remove barriers for internationally trained nurses.
- Provincial work is expanding to include other internationally educated health care professionals.

Position	Location	Start Date
General Duty Nurse-Psychiatry	Dawson Creek	July 15, 2023
Staff Nurse Internal Medicine	Prince George	August 21, 2023
Patient Care Coordinator	Kitimat	September 5, 2023
General Duty RN	Chetwynd	September 18, 2023
Specialty Education RN-ICU	Prince George	Upcoming
RN-Med/Surg	Fort Nelson	Upcoming
RN- Critical Care	Fort St. John	Upcoming
General Duty RN	Terrace	Upcoming
RN-ICU	Terrace	Upcoming
General Duty RN	Terrace	Upcoming
Primary Care Nurse	Fort St. John	Upcoming
Primary Care Nurse	Fort St. John	Upcoming
General Duty Nurse Psychiatry	Dawson Creek	Upcoming

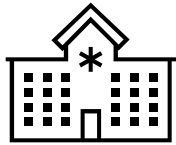
Local Support: Internationally Educated Health Professionals (IEHPs)

- NH has a IEHP Coordinator who focuses on:
 - ✓ facilitating dialogue with the IEHPs;
 - ✓ guiding them through the registration process;
 - ✓ providing information on funding sources and;
 - ✓ exploring opportunities to onboard to NH in a suitable role.
- Initial focus was on IEHPs living in Dawson Creek area, but has expanded:
 - 485 IEHPs have been contacted; and of these 226 or 47% live in a Northern BC community.
 - Of the 226 IEHPs living in a Northern BC community; 142 or 63% are IENs
 - Of the 142 IENs: twenty-two (22) or 15% have reached a major milestone in the registration process including seven (7) who are registered with the BC College of Nurses & Midwives and two (2) who are registered with the BC Care Aide & Health Care Worker Registry
- In collaboration with NH leaders and Regulatory Bodies, a NH Internal Support and Hiring Pathway has been developed for Internationally Educated Physiotherapists and for Internationally Educated Medical Lab Technologists.
- In collaboration with Health Match BC, Career Paths for Skilled Immigrants, and the Regulatory Bodies for Nurses, Care Aides, Pharmacists, Physiotherapists, Medical Lab Techs, Social Workers, Occupational Therapists and Dietitians developed key messages, support materials and key links to ensure IEHPs receive accurate timely and consistent information.
- In collaboration with University of Northern BC (UNBC) and Provincial Health Services Authority (PHSA), conducting a small research study to better understand the needs of Internationally Educated Nurses (IENs) living in a BC northern community.

Highlighted Recruitment Successes

May-October 2023

Highlighted Recruitment Successes



3 Mental Health and Addictions Clinicians



5 Social Workers



185 Registered Nurses

Highlighted Upcoming Hires

Position	Location
RN- Critical Care	Terrace
Registered Nurse	Terrace
Occupational Therapist	Vanderhoof
Specialized Mental Health Substance Use Outreach Clinician	Fort St. John
Primary Care Nurse	Fort St. John
Clinic Coordinator	Burns Lake

Human Resources Software Improvements

Work Tango

- In July 2023, NH Recruitment implemented Phase One of WorkTango which is a platform designed to streamline exit survey process and provide timely reporting enabling us to review employee feedback.
- During this initial phase, NH recruitment has been monitoring implementation.
- With Phase Two: NH leaders will have access to information to identify and inform opportunities to improve retention and engagement, with a goal of improving overall organizational performance.

Vitay

In January 2024, NH Recruitment will be implementing Vitay, which is a simple and effective software tool to conduct reference checks. Vitay has the following capabilities:

- Email and text message-based process with cloud storage
- Track record of 80-90% of references completed within 24 hours (leads to a decreased time to hire)
- Customizable automated questions, reminders, and notifications
- Web and mobile friendly



Northern Health: Our People

- 9481 Active Employees
- The following charts show the distribution of employees by:

EMPLOYEE TYPE
■ CASUAL ■ FULL TIME ■ PART TIME



REGION
■ NI Rural ■ North East ■ North West ■ Prince George ■ Regional



COLLECTIVE AGREEMENT

■ COMMUNITY ■ EXCLUDED ■ FACILITIES ■ HEALTH SCIENCES ■ NURSES





BOARD BRIEFING NOTE

Date:	November 27, 2023	
Agenda item:	2023-24 Period 7 – Operating Budget Update	
Purpose:	<input type="checkbox"/> Information	<input checked="" type="checkbox"/> Decision
Prepared for:	NH Board of Directors	
Prepared by:	Mark De Croos, VP Financial & Corporate Services/CFO	

YTD October 12, 2023 (Period 7)

Year to date Period 7, Northern Health (NH) has a net operating deficit of \$14.4 million (2.0% of YTD budgeted expenditures).

Excluding extra-ordinary items, revenues are unfavourable to budget by \$26.1 million or 3.7% and expenses are favourable to budget by \$11.8 million or 1.7%.

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 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 and transition to endemic phase, NH has incurred \$33.9 million in incremental expenditures in the current fiscal year. The Ministry of Health is providing supplemental funding to offset pandemic related expenditures.

Recommendation:

The following motion is recommended:

The Northern Health Board receives the 2023-24 Period 7 financial update as presented.

NORTHERN HEALTH
Statement of Operations

Year to date ending October 12, 2023

\$ thousand

	Annual Budget	YTD October 12, 2023 (Period 7)			
		Budget	Actual	Variance	%
REVENUE					
Ministry of Health Contributions	1,102,290	556,210	528,184	(28,026)	-5.0%
Other revenues	282,660	150,700	152,586	1,886	1.3%
TOTAL REVENUES	1,384,950	706,910	680,770	(26,140)	-3.7%
EXPENSES (BY PROGRAM)					
Acute	732,720	373,020	368,239	4,781	1.3%
Community care	231,830	118,550	111,242	7,308	6.2%
Long term care	173,980	90,030	93,942	(3,912)	-4.3%
Mental health and substance use	102,760	46,560	42,283	4,277	9.2%
Population health and wellness	41,270	21,200	20,825	375	1.8%
Corporate	102,390	57,550	58,587	(1,037)	-1.8%
TOTAL EXPENSES	1,384,950	706,910	695,118	11,792	1.7%
Net operating deficit before extraordinary items	-	-	(14,348)		
Extraordinary items					
COVID-19 expenses	-	-	33,945		
Less anticipated COVID funding	-	-	(33,945)		
Net extraordinary items	-	-	-		
NET OPERATING DEFICIT	-	-	(14,348)		



BOARD BRIEFING NOTE

Date:	November 27, 2023	
Agenda item:	Capital Public Note	
Purpose:	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> 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 2023-24 capital expenditure plan in April 2023. The plan approves total expenditures of \$456.7M, with funding support from the Ministry of Health (\$344M, 75%), Six Regional Hospital Districts (\$86M, 19%), Foundations, Auxiliaries and Other Entities (\$3.3M, 1%), and Northern Health (\$23.4M, 5%).

Year to date Period 7 (ending October 12, 2023), \$209.1M was spent towards the execution of the plan as summarized below:

<i>\$ million</i>	<u>YTD</u>	<u>Plan</u>
Major Capital Projects (Priority Investment)	178.4	347.5
Major Capital Projects (Routine Capital)	9.2	62.7
Major Capital Equipment (> \$100,000)	7.7	21.3
Equipment & Projects (< \$100,000)	7.9	11.4
Information Technology	5.9	13.8
	209.1	456.7

Significant capital projects currently underway and/or completed in 2023-24 are as follows:

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	Complete	Burns Lake Auxiliary
Fort St. James	Stuart Lake Hospital Replacement	\$158.34	In Progress	SNRHD, MOH

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
McBride	MCB Nursing Station Renovation	\$1.01	In Progress	FFGRHD, NH
Mackenzie	MCK Nurse Call System Replacement	\$0.15	Complete	FFGRHD, MOH
Prince George	Gateway Chiller Replacement	N/A	In Procurement	FFGRHD, MOH
Prince George	Legion Wing PSY Repetitive TCMS	\$0.22	Closing	SONHF, FFGRHD
Prince George	Prince George Long Term Care Business Plan	\$1.4	In Progress	FFGRHD
Prince George	Prince George Diabetes and Renal Clinic Space Renovation	N/A	In Procurement	FFGRHD, NH
Prince George	UHNBC 3rd Floor Stores Area Fire Protection Upgrade	\$0.72	Closing	FFGRHD, MOH
Prince George	UHNBC Cardiac Care Unit	\$1.58	In Progress	SONHF, FFGRHD, MOH
Prince George	UHNBC Cardiac Services Department Renovation	N/A	In Procurement	FFGRHD, MOH, NH
Prince George	UHNBC DI Nuclear Medicine Waiting Area Renovation	\$1.20	In Progress	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	\$1.46	In Progress	FFGRHD, MOH
Prince George	UHNBC FM Energy Efficient Preheat of DHW Storage Upgrade (CNCP)	N/A	In Procurement	FFGRHD, MOH
Prince George	UHNBC FMU Telemetry and Monitoring System Upgrade	N/A	In Procurement	FFGRHD, MOH, NH

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
Prince George	UHNBC FS Trayline Assembly System Replacement	\$2.44	In Progress	FFGRHD, MOH
Prince George	UHNBC FS Tray Distribution System	\$0.89	In Progress	FFGRHD, MOH
Prince George	UHNBC Lab Chemistry Automation	\$9.61	In Progress	FFGRHD, MOH
Prince George	UHNBC Lab Sysmex Machines Replacement	\$0.51	Closing	FFGRHD, MOH
Prince George	UHNBC Maternity and Fetal Monitoring System	N/A	In Procurement	FFGRHD, MOH
Prince George	UHNBC Phone System Replacement Phase 2	\$0.90	Complete	FFGRHD, MOH
Prince George	UHNBC New Acute Tower Business Plan	\$5.00	In Progress	FFGRHD
Prince George	UHNBC New Acute Tower Early Works	N/A	In Procurement	MOH
Prince George	UHNBC Sterile Compounding Room Upgrade	N/A	In Planning	FFGRHD, MOH, NH
Prince George	UHNBC Sterilizer Replacement	N/A	In Procurement	NH
Prince George	UHNBC OR Anesthesia Units Replacement	\$0.44	In Progress	FFGRHD, MOH, NH
Prince George	UHNBC OR Eye Microscope Replacement	\$0.39	Closing	FFGRHD, MOH
Prince George	UHNBC OR Surgical Image System Replacement	\$0.23	Closing	FFGRHD, MOH
Prince George	UHNBC FM Transformer Replacement	\$2.13	In Progress	FFGRHD, MOH
Prince George	UHNBC Sim Man 3G Plus	\$0.10	Complete	SONHF
Quesnel	DPL FM Heating Boilers Replacement (CNCP)	\$0.63	Closing	CCRHD, MOH
Quesnel	DPL Bus Replacement	\$0.21	Complete	SONHF, MOH

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
Quesnel	GRB DI Ultrasound Replacement	\$0.20	Complete	CCRHD, MOH
Quesnel	GRB ER & ICU Addition	\$27.0	Closing	CCRHD, MOH
Quesnel	GRB Lab Chemistry Analyzer Replacement	\$0.69	Closing	CCRHD, MOH
Quesnel	GRB Phone System	\$0.67	In Progress	CCRHD, MOH
Quesnel	Quesnel Long Term Care Business Plan	\$0.90	Closing	CCRHD
Quesnel	Quesnel Substance Abuse Club Leasehold Improvement	\$1.69	Closing	CCRHD, MOH, NH
Vanderhoof	St. John Hospital DI X-Ray and Portable Replacement	\$1.2	In Progress	SNRHD, MOH, NH
Vanderhoof	St. John Hospital OR Anesthetic Machine Replacement	\$0.12	Complete	MOH, NH
Vanderhoof	Stuart Nechako Manor Roof Replacement	\$9.0	In Progress	SNRHD, MOH
Vanderhoof	Stuart Nechako Manor Bus Replacement	\$0.2	Complete	St. John Hospital Auxiliary
Vanderhoof	Vanderhoof Primary Care Clinic	N/A	In Planning	SNRHD, MOH

Northeast Health Service Delivery Area (NE-HSDA)

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
Chetwynd	CGH FM Heating Boilers Replacement (CNCP)	\$0.56	Complete	PRRHD, MOH
Chetwynd	CGH FM Nurse Call Replacement	\$0.27	In Progress	PRRHD, MOH
Chetwynd	CGH NUR Seclusion Room	\$0.02	Cancelled	PRRHD, NH
Dawson Creek	DCDH Hospital Replacement	\$589.61	In Progress	PRRHD, MOH
Dawson Creek	DCH Phone System	\$0.45	Closing	PRRHD, MOH

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
Dawson Creek	DCH DI CT Replacement	\$2.55	Closing	PRRHD, MOH
Dawson Creek	DCH DI X-Ray Replacement	N/A	In Procurement	NH
Dawson Creek	DCH Patient Monitoring System Replacement	N/A	In Procurement	PRRHD, MOH
Dawson Creek	DCH Pharmacy Pyxis Replacement	\$0.36	Closing	MOH, NH
Fort Nelson	FNH FM Boiler Upgrade and Heat Recovery (CNCP)	\$0.82	Closing	PRRHD, MOH
Fort Nelson	FNH DI CT Planning	N/A	Planning	NH
Fort St. John	Fort St. John DI Ultrasound Machine	\$0.18	Closing	FSJHF
Fort St. John	Fort St. John DI Mobile X-Ray	\$0.23	Complete	MOH
Fort St. John	Fort St. John Lab Chemistry Analyzer Replacement	\$1.31	Closing	PRRHD, MOH
Fort St. John	Fort St. John Hospital NUR Patient Monitoring System Replacement	\$0.66	Closing	FSJHF, PRRHD, MOH
Fort St. John	Fort St. John Hospital Pharmacy Pyxis Replacement	\$0.75	Closing	MOH, NH
Fort St. John	FSO OD Prevention Site Leasehold Improvement	N/A	In Procurement	MOH
Fort St. John	Fort St. John Long Term Care Business Plan	\$1.2	Closing	PRRHD
North East Region	NE Laundry Truck Replacement	\$0.19	Complete	MOH

Northwest Health Service Delivery Area (NW-HSDA)

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
Atlin	ATL NUR Exam Room Renovation	N/A	In Planning	NH
Daajing Giids	HGH PHA Sterile Compounding Room Upgrade	N/A	In Planning	MOH, NWRHD
Hazelton	Hazelton Long Term Care Business Plan	\$0.60	Closing	NWRHD

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
Hazelton	Wrinch OR Anesthetic Machine	\$0.18	In Progress	NWRHD, MOH, NH
Houston	Houston D&T DI X-Ray Machine Replacement	\$0.78	Closing	NWRHD, MOH, NH
Houston	Houston D&T FM AHU Replacement (CNCP)	\$0.87	Closing	NWRHD, MOH
Houston	Houston D&T Primary Care Renovation	N/A	In Procurement	MOH
Kitimat	Kitimat Dementia Care Housing	N/A	In Planning	NWRHD, MOH
Kitimat	Kitimat DI Bone Densitometer Replacement	\$0.23	Closing	NWRHD, MOH
Kitimat	Kitimat FM DDC Control & BOS Replacement	\$0.65	In Progress	NWRHD, MOH
Kitimat	Kitimat LND Laundry Equipment Replacement	N/A	In Planning	NWRHD, MOH, NH
Kitimat	Kitimat OR Anesthetic Machine Replacement	\$0.12	Closing	NWRHD, MOH, NH
Terrace	MMH Hospital Replacement	\$634.6	In Progress	Dr. REM Lee Foundation, NWRHD, MOH
Terrace	MMH NUR Vocera	\$0.47	In Progress	6 Sites Funding
Terrace	MMH OR ENT Navigation System	\$0.13	In Progress	Dr. REM Lee Foundation, MOH
Terrace	TEO Terrace NW ICMT Leasehold Improvement	\$0.42	Closing	NH
Terrace	TEO Specialist Clinic Leasehold Improvement	N/A	In Planning	NWRHD, NH
Terrace	TVL FM Boiler Upgrade and HVAC Recommissioning (CNCP)	\$0.55	In Progress	NWRHD, MOH
Masset	NHG NUR Vocera	\$0.19	In Progress	Gwaii Trust, MOH
Prince Rupert	PRRH OR Urology Suite	N/A	In Planning	MOH
Prince Rupert	PRRH OR Surgical Tower Replacement	\$0.31	Closing	PRPA, MOH, NH
Prince Rupert	PRRH Sterile Compounding Room Upgrade	N/A	In Planning	NWRHD, MOH
Prince Rupert	PRRH FM Condensing Boilers, Controls &	N/A	In Procurement	NWRHD, MOH

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
	Recommissioning (CNCP)			
Prince Rupert	PRRH FM Domestic Hot Water Upgrade (CNCP)	\$1.09	In Progress	NWRHD, MOH
Prince Rupert	PRRH FM Source Water Treatment Single Plant and Piping	N/A	In Procurement	NWRHD, MOH
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	On hold	NWRHD, MOH
Smithers	BVDH FM Electrical Upgrade	N/A	In Planning	MOH
Smithers	BVH LAB Chemistry Analyzers Replacement	N/A	Planning	BVHHF, NWRHD, MOH, NH
Smithers	BVH OR ENT Navigation System	N/A	In Procurement	BVHHF
Smithers	Smithers Long Term Care Business Plan	\$0.90	Closing	NWRHD
Stewart	STE FM Boiler Upgrade (CNCP)	\$0.85	In Progress	NWRHD, MOH

Regional Projects

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
All	Business ERP Systems Replacement (NEXt)	N/A	Planning	MOH, NH
All	Clinical Data Repository (CeDaR)	\$0.56	Complete	MOH
All	Scheduling System Replacement (NEXt)	N/A	In Procurement	MOH
All	Computer Assisted Coding Software	\$0.13	In Progress	NH
All	Core Network Infrastructure	\$0.95	In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	EmergCare	\$4.35	In Progress	MOH, CCRHD, FFGRHD,

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
				NRRHD, NWRHD, PRRHD, SNRHD, NH
All	FNHA Community Health Record EMR Collaboration	\$1.13	In Progress	MOH
All	Home Care Redesign	N/A	On Hold	MOH
All	InCare Phase 2	\$9.9	In Progress	MOH, CCRHD, FFGRHD,NRRHD, NWRHD, PRRHD, SNRHD
All	Lab Pathology Service Enhancement	N/A	Planning	MOH, CCRHD, FFGRHD,NRRHD, NWRHD, PRRHD, SNRHD, NH
All	MOIS/Momentum Interop	\$0.21	In Progress	MOH, NH
All	Network SDWAN	\$0.9	In Progress	MOH, CCRHD, FFGRHD,NRRHD, NWRHD, PRRHD, SNRHD, NH
All	Patient Transfer Tool	N/A	On Hold	CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	Pharmacy Medication Safety Solution	N/A	Planning	MOH
All	Provincial Lung Screening Program	\$0.27	Completed	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 Primary Care Clinic Leasehold Improvements	N/A	In Procurement	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 2023-24, NH is projecting to spend \$14.9M 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 7 update on the 2023-24 Capital Expenditure Plan.



BOARD BRIEFING NOTE

Date:	December 11, 2023	
Agenda item	Health Promotion & Prevention and Disease & Injury Prevention: Falls Prevention Project	
Purpose:	<input checked="" type="checkbox"/> Discussion	<input type="checkbox"/> Decision
Prepared for:	NH Board of Directors	
Prepared by:	<u>Falls Prevention Project Working Group:</u> <ul style="list-style-type: none"> • Natasha Thorne, Regional Nursing Lead – Injury Prevention (Project Lead) • Dr. Rakel Kling – Medical Health Officer • Natasha McGreish, Regional Nursing Lead – Injury Prevention • Jeanette Foreman, BCCDC/NH Lead – Injury Prevention and Safety Promotion • Gloria Fox, Regional Lead – Physical Activity • Lana Pestaluky, Healthy Settings Advisor – Northwest • Aaron Bond, Executive Lead – Elder Program • Tysen Leblond, Executive Lead – Rehabilitation Services Program • Sabrina Dosanjh-Gantner, Regional Manager – Healthy Living & Chronic Disease Prevention 	
Reviewed by:	Tanis Hampe, Vice President, Population & Public Health Dr. Jong Kim, Chief Medical Health Officer Ciro Panessa, President and CEO	

Issue & Purpose

This briefing note provides the NH Board of Directors with an update regarding the Falls Prevention Project, which is an innovative project funded by a grant from the BC Centre for Disease Control (BCCDC) Foundation for Public Health, aligning with Northern Health's strategic plan, particularly Priority 1: Healthy people in healthy communities. The project aims to understand falls prevention awareness, lived experience and efforts in community, and learn whether and how the COVID-19 pandemic has impacted efforts to prevent falls. Overall, the goal of this project is to ignite and focus northern community and Northern Health (NH) action towards strategies that promote healthy aging in place and reduce the incidence of preventable falls among older adults (65+).

Background:

Falls are a longstanding public health issue and represent the number one cause of injury-related hospitalizations in NH. One in three adults over 65 fall each year and of those who are injured from a fall, half (50%) do not re-gain pre-fall functioning. Between 2002 and 2019, the total falls related hospitalizations in NH for those aged 65 years and older was 10,976 (with a

rate of 19.4 per 1,000 people, compared to a rate of 17.5 per 1,000 people in BC), and resulted in a total length of stay in hospital of 181,862 days.

The most common place for a senior to fall is in the home. With COVID-19 restrictions and the risk of exposure to COVID-19, seniors spent more time at home since the start of the pandemic. This may have resulted in deconditioning, loss of social networks, reduced availability of and/or increased reluctance to participate in fall preventing initiatives such as strength and balance exercise classes. This may be particularly amplified in rural and remote communities.

As a method to better understand falls prevention efforts in communities, including understanding impacts of the COVID-19 pandemic on falls prevention, the Population and Public Health Injury Prevention team submitted a project proposal to the BCCDC Foundation for Public Health. The Injury Prevention team was awarded \$60,951 from the Societal Consequences of COVID-19 granting stream and mobilized a Falls Prevention Project.

Key Actions, Changes & Progress:

The following outlines key actions within the Falls Prevention Project, as well as their progression.

1. Engaging communities and partners in falls prevention discussions. To understand community falls prevention efforts and the impacts of the COVID-19 pandemic, communities and partners were engaged through targeted focus groups with adults 65+ and their families, as well as key informant interviews with partners in community who provide services to older adults. A total of 15 communities across NH (see Appendix B) were visited. Communities were selected based on size and geographic location, percent of adults aged 65 and over, type of health care centre available, and whether the community has received an age friendly grant. Additionally, First Nations (FN) communities were engaged through existing relationships and, in partnership with NH Indigenous Health, through communications shared with FN community Health Directors. The project team was invited to visit and facilitate focus groups in the communities of Tachet and Metlakatla.

Two hundred and twenty-one (221) people participated in the community focus groups. Appendix A lists the communities visited. Analysis is currently underway, but a preliminary look at the data collected in the Northern Interior sessions surfaced the following themes:

- Falls were common among participants
- Community programs and resources have significant strengths and unique challenges when supporting healthy aging
- Commonly used communication channels are typically unique to the community and often rely on word of mouth.
- Winter climate increases risk of falls in community
- The COVID-19 pandemic had a negative impact on falls prevention efforts
- Transportation is a challenge and some communities have come up with innovative solutions
- Homes and community spaces can increase risk of falls and making improvements are a challenge

- Older adults enjoy outdoor physical activities along with structured programming
- 2. Development and implementation of a telephone survey.** As an additional method of gathering information, a regional telephone survey of up to 300 adults aged 65 and over will be implemented. The survey questions have been refined and vetted by the Falls Prevention Working Group, and the survey is due for implementation in the coming weeks.
 - 3. Knowledge translation (KT) and reporting.** A knowledge translation (KT) plan will be developed to inform the creation of KT resources supporting falls prevention efforts within NH and communities. The Population and Public Health team will share these KT resources and leverage new relationships built during community consultations to enhance collaboration and stimulate actions towards reducing the incidence of seniors' falls. In addition to the KT resources, the findings from the focus groups will be shared with a variety of audiences through community, health service delivery area, and regional reporting.

The project has completed all community focus groups and is in the process of implementing the telephone survey. Risks related to low engagement and the identification of overwhelming community needs beyond the scope of the project were identified in project planning and were realized and successfully mitigated through strategies like flexibility in scheduling/rescheduling, virtual options for participation, and development of a script for facilitators to use when the focus group discussion strays beyond the scope of this project.

Learnings and recommendations gathered from this project will inform future elder services improvements such as strength and balance programming and processes to improve identification of those at high risk of falls in community.

Recommendation(s):

This report is submitted for information and discussion purposes.

Appendix A: Community Focus Group Sessions

Communities with Completed Focus Groups	Date Completed
Granisle	April 18
Quesnel	April 20
Mackenzie	April 21
Valemount	May 2
Tachet – Lake Babine Nation	June 14
Terrace	June 20
Houston	June 21
Stewart	June 23
Prince George	September 11
Dawson Creek	September 19
Chetwynd	September 20
Hudson's Hope	September 21
Fort Nelson	September 27
Metlakatla	October 3
Prince Rupert	October 5



Child and Youth Service Network Update

Chantelle Wilson, Executive Lead Child and Youth Health
Dr. Matthew Burkey, Medical Lead Child and Youth Mental Health
Dr. Kirsten Miller, Medical Lead Child and Youth Health

Priority Work

Pediatrics

- 1) Identification, development and implementation of clinical practice guidelines, tools, resources, and education supporting the care of children and youth.
- 2) Specialized Pediatric Regional Clinics
- 3) Ongoing Support for Pediatric Recruitment and Retention

Mental Health and Substance Use

- 1) Acute Care Service Models
- 2) Virtual Supports
- 3) Pathway to Hope Initiatives

Acute Care Services: Quality Improvements

1) Revise the care model of Adolescent Psychiatry Assessment Unit

- Improve Crisis Stabilization and Inpatient Mental Health Assessments

2) Tier 3 improvements with Mills Memorial, Dawson Creek Hospital and GR Baker

- Education and training for staff
- Identify safe bed location for youth admission

3) Development and implementation of standardized care processes

- Inpatient order sets & Clinical Practice Standards
- Least Restraints Guidelines
- Provincial Child Youth Substance Use Intoxication and Withdrawal Guideline

Virtual Supports: Child & Youth Mental Health Substance Use Regional Support Team

Level 1- Provide Clinical Expertise and Support Crisis Stabilization

- Safety planning
- Risk assessments
- Least restraints
- Screen, assesses and refers to community, regional and provincial services
- Support transfer to higher level of care
- Support ED Protocol implementation

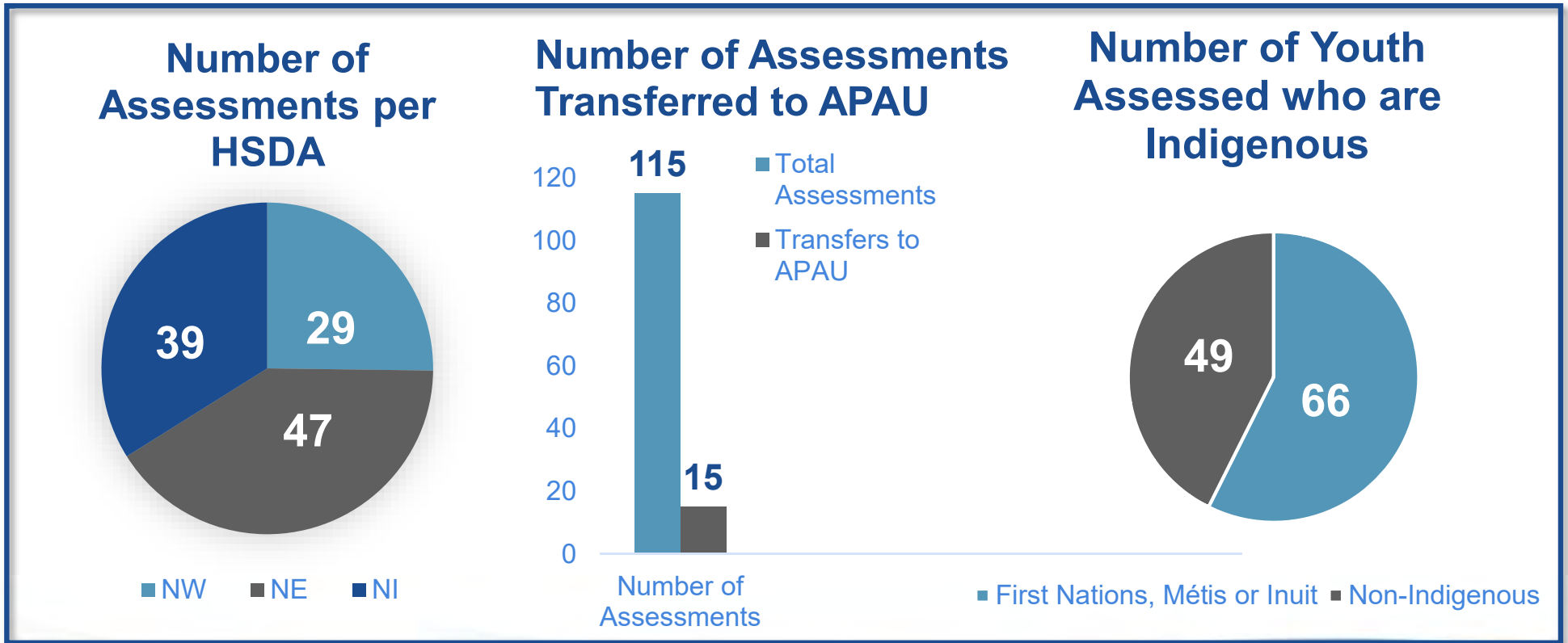
Level 2/3- Care Coordination and Discharge Planning

- Waitlist management and coordination to higher levels of care
- Consistent consultation and collaboration with care team
- Develop care and treatment plans
- Transition planning
- Patient/family follow up at set intervals (reminders to MRP)

Level 4/5 Capacity Building

- Develop and maintain admission criteria for inpatient admissions
- Input into policies, procedures, quality improvement and operational requirements
- Clinical and education support for ED's, specialized services teams, IPTs and physician partners

Acute Inpatient Virtual Assessments September 2021 – September 2023



Pathway to Hope Initiatives

Foundry

- Integrated primary care, MHSU, & social services for youth
- Terrace & Prince George are operationally
- Burns Lake & Fort St John under development

Integrated Child and Youth Teams

- Community-based interprofessional teams (MCFD CYMH + HA SU providers & SD #82 Clinical Counsellors)
- Two teams for the Coast Mountain School District 82 (Terrace and Hazelton)

Youth Substance Use

- 28 community-based treatment beds (2021)
- 5 community-based withdrawal management beds (2021)
- Youth Community transitions, treatment and wraparound services. (2023)

PreVenture Program

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

Current School District Partners:

SD 57- Prince George, Robson Valley, Mackenzie (NH Sponsored)
SD 54- Smithers (Foundry Sponsored)

2023-2024 Spread:

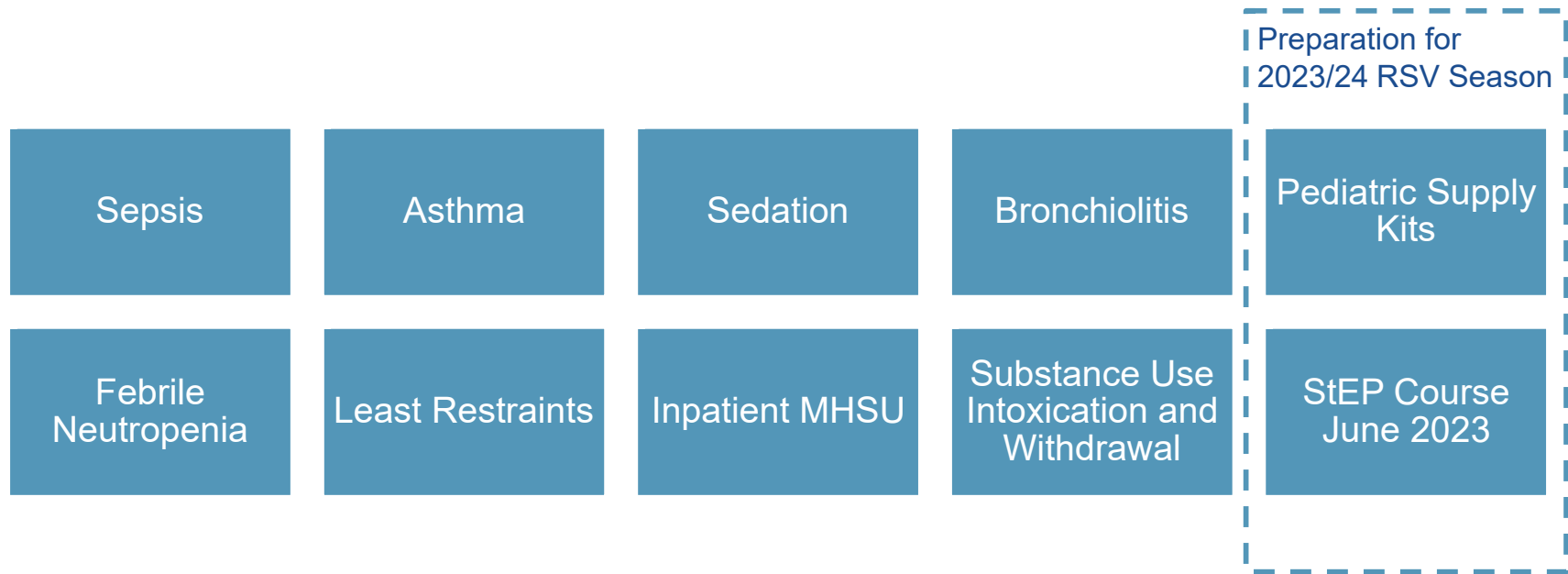
SD 29 Quesnel
SD 59 Peace River South
SD 50 Haida Gwaii
SD 52 Prince Rupert
SD 60 Peace River North
SD 81 Fort Nelson
SD 82 Coast Mountain

Reduced Anxiety and Depression

50% Reduction in Drug & Alcohol Use

Reduction in Tobacco Use

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



Ongoing Support for Pediatric Recruitment and Retention

Establishing Pediatric Outreach Services and Locum Support for NH Communities

- Pediatrician teams offering visiting pediatric specialist clinics in Smithers, Hazelton, Prince Rupert and Dawson Creek
- Recruitment support for pediatric positions in the Northwest
- Engagement with Northeast HSDA Medical Directors to focus on bolstering pediatrician coverage
- Engagement with UBC Pediatrics Residency training program to connect with IMGs return of service in the north
- Development of Allergy Outreach Clinic which will include skills enhancement opportunities for staff (Pediatricians & Nursing).
- Enhancement of Pediatric Diabetes services in NH using the regional pediatric diabetes service review

Connection to SPRUCe (Sustaining Pediatrics in Rural and Underserved Communities)

- Provides a forum for pediatric providers with interest in supporting and sustaining excellence in pediatric care in rural and remote communities
- Provides opportunities for education, training, mentorship, quality improvement and research

Northern Regional Pediatric Collaboration

- September 29th session held at UHNBC
- Provides opportunity for networking, case reviews, and specialty service planning
- Supports regional specialty community of practice



Northern Health Rehabilitation Service Network Update for 3P Committee

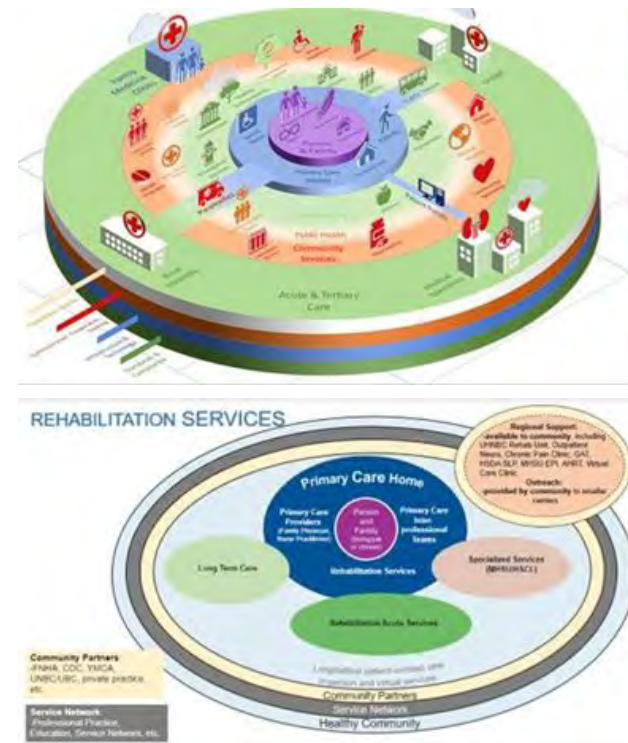
Tysen LeBlond, Executive Lead
Dr. Garry Palak, Medical Lead
December 11, 2023

Key Points

- Rehabilitation Services Delivery Model
- Unregulated Healthcare Providers
- Virtually enabled rehabilitation services
- University of British Columbia (UBC)-
Northern Cohort Partnerships
- Student-led clinics

NH Rehabilitation Services Delivery Model

- Highlights current rehabilitation services and how they work together to respond to the care needs of people locally, or as close to home as possible.
- Clarifies service development opportunities including the addition of new types of roles and the expansion of student placements in clinical settings such as:
 - Primary Care
 - Orthopedics
 - Mental Health and Substance Use
 - Critical Care



Unregulated Healthcare Providers (UCPs)

Rehabilitation Assistants and Certified Exercise Physiologists play an important role to augment the care contributions of professional rehabilitation providers such as physical or occupational therapists. We are adding these unregulated healthcare providers to our interprofessional and more specialized rehabilitation teams.

- Northern Health Rehabilitation Assistant sponsorship
 - 7 Northern Health staff enrolled in Capilano University Rehab Assistant Diploma Program
 - 15 month Hybrid Program concludes in Spring 2024
 - Health Career Access Program (HCAP) style expression of interest had 120 internal Northern Health applicants
 - The hybrid program was not renewed for 2024
 - An ongoing need for a Northern Rehabilitation Assistant education programs ‘in the north and for the north’
- Certified Exercise Physiologists (CEPs)
 - Advanced Kinesiology Competency Certification
 - Provincial work in progress to develop standard certified exercise physiology roles within primary care teams
 - Adding these positions in Terrace & Houston as part of a Primary Network Service Plan with opportunity to offer exercise “prescriptions” and to focus on health promotion and secondary prevention programs



Virtually Enabled Rehabilitation Services

A powerful tool to bridge gaps and distances for rural communities

- bridging vacancy gaps
- expanding services to rural sites
- enhancing orientation for staff

Communities currently using virtually enabled Rehabilitation Services

- Hazelton Interprofessional Team (Physical Therapist)
 - Dawson Creek Interprofessional Team (Occupational Therapist)
 - Fort St. James Interprofessional Team (Physical Therapist)
 - Mackenzie Interprofessional Team (Occupational Therapist)
- Ongoing collaboration with Northern Interior Rural Division of Family Practice (NIRD) and the Northern Health Virtual Clinic to expand rehabilitation service offerings.





UBC Partnerships



Northern Cohorts

- UBC Physical Therapy & Occupational Therapy Cohorts are Located at UNBC
 - Currently 20 first year / 20 second year Physical Therapy Students in Prince George
 - 16 first year / 16 second year Occupational Therapy Students. The first cohort will graduate in the Fall, 2024
 - UHNBC is supporting high placement volumes for Occupational Therapy & Physical Therapy students
 - We are focusing on adding placements in primary care & rural sites
 - Northeast & Northwest student placements trending upwards

Student-led / Enhanced Clinic

- Prince Rupert Interprofessional Student-led Clinic (PRISM)
 - Resumed clinic operations in Fall 2023
 - Recently hired an Occupational Therapy clinical instructor and secured locum Physical Therapy instructors for the clinic = increased community/outpatient service provision.

Thank You, Questions?



I THINK MY WORK HERE IS DONE.

Meet the Indigenous Health Team

Indigenous Health & Cultural Safety Committee
November 17, 2023

Indigenous Health



Our Destination

A healthcare system of excellence informed by Indigenous peoples' ways of being and knowing.

Our Path Forward

IH walks alongside Indigenous peoples (First Nations, Métis and Inuit) and communities we serve, as well as organizations, staff and physicians in the North to strive for excellence and culturally safe care to uphold Indigenous people's rights to self-determined health and wellness.





Our Strategic Priorities

Healthy People in Healthy Communities	Coordinated & Accessible Care	Quality	Our People	Communications, Technology & Infrastructure
<ul style="list-style-type: none"> • Meaningful Participation of Indigenous People in Health Service Planning, Delivery & Evaluation • Support a Social Determinants Approach & Integration of Indigenous Perspectives on wellness 	<ul style="list-style-type: none"> • Improve Indigenous Health Equity within a Northern Context • Increase accessibility to culturally safe (identify affirming) health care services for Indigenous individuals & families 	<ul style="list-style-type: none"> • Gather & utilize data to contribute to health system performance • Better understand Indigenous patient experience • Develop tools to support consistent reflection and improvement for reconciliation as individuals and organizations • Implement the HSO organizational standard 	<ul style="list-style-type: none"> • Support organizational learning through Indigenous cultural safety education, workshops, tools, and land-based activities • Create a safe and affirming, equitable environment for Indigenous staff 	<ul style="list-style-type: none"> • Implement and Refresh Indigenous Communications Framework • Improve cultural safety in spaces • Collaborate on tech innovation to increase accessibility, safety, effectiveness of services with Indigenous communities

Indigenous Health Team

Administration



Tami van Kalsbeek
Executive Assistant



Marlane Joe
Administrative
Assistant



Nicole Cross
Vice President

Medical Leads



Dr. Todd Alec
Medical Lead



Dr. Sheona Mitchell-
Foster
Medical Lead

HSDA



Christa Meuter
Sr. HSDA Advisor,
NW



Connie
Cunningham
Sr. HSDA Advisor,
NE



Ryan Dirnback
Sr. HSDA Advisor,
NI

Indigenous Health

Indigenous Health Team

Engagement



Coco Miller
Regional Lead, Health
Engagement & Integration



Alexanne Dick
Métis Liaison Advisor

Indigenous Patient Experience



Jean Baptiste
Regional Lead, Indigenous Patient
Experience, Quality Care



Patricia Hoard
Indigenous Patient
Experience Advisor



Rachel Weller
Indigenous Patient
Experience Advisor

Education



Donna Porter
Regional Lead, Cultural Safety & Anti-Indigenous
Racism Education



TBD x 3
Indigenous Education Coordinators

Indigenous Health

Indigenous Health Team



Teresa Bennett
Lead, Indigenous
Health
Communications



Shannon Hall
Lead, Indigenous
Health Strategic
Projects



Melissa Morin
Lead, Indigenous
Health
Recruitment



Cameron Stevens
Advisor,
Indigenous
Partnerships &
Procurement-
Capital Projects



Taylor Turgeon
Lead, Knowledge
Broker

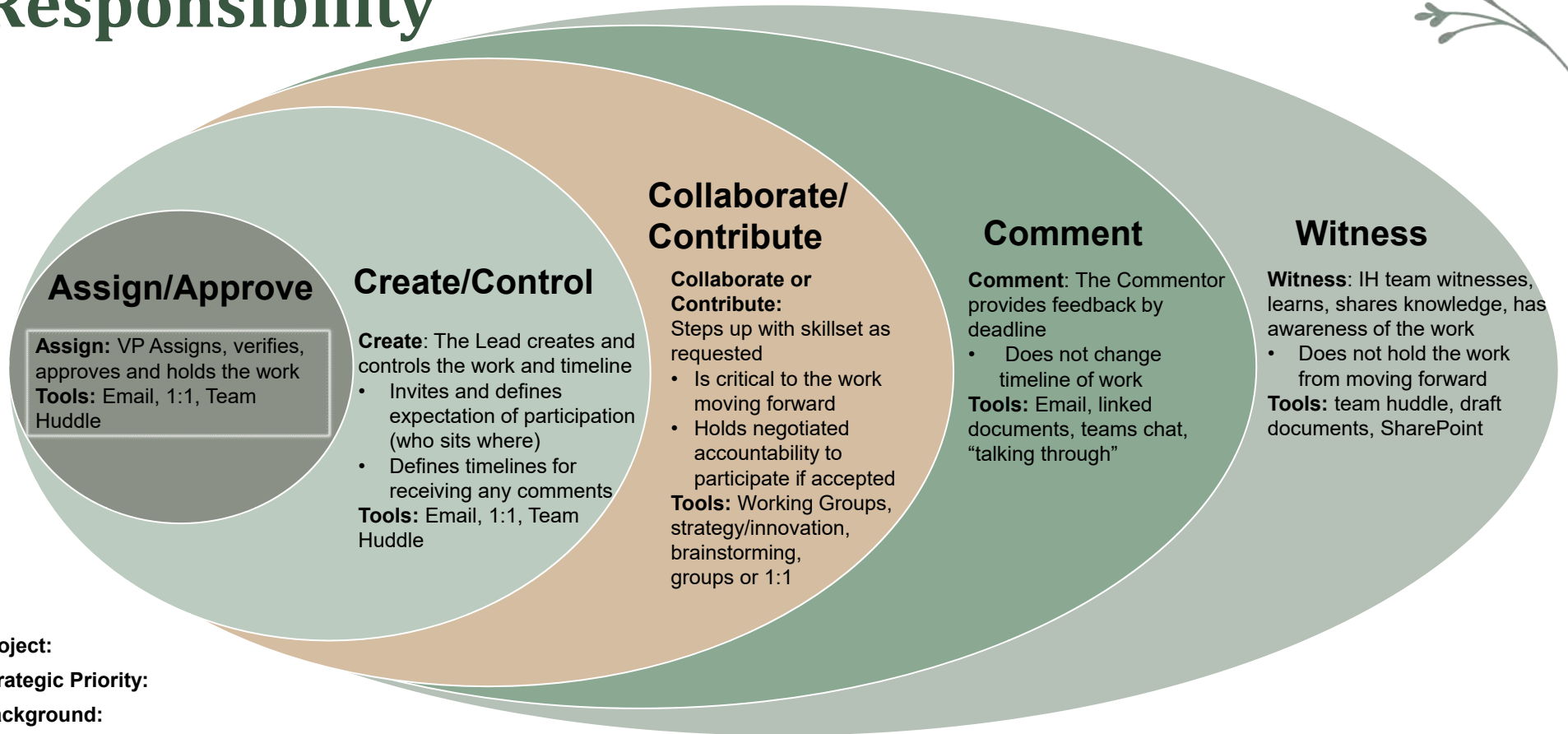
Indigenous Health

Building safe and supportive workplaces for Indigenous Staff

Purpose, safety, creativity and action



Clarity in our shared work: Rings of Responsibility



Project:
Strategic Priority:
Background:
Audience:

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

Introduction

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

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

Key Result Areas

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

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

The Process

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

Author(s): Governance & Management Relations Committee

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- a. Board Assessment
 - b. Senior Management Staff Assessment
 - c. Key External Stakeholder Assessment
 - d. CEO Self-Assessment
 - e. A full 360° assessment
5. The results are collated and are viewed in a Board-only session without the CEO in a discussion led by the Chair of the GMR Committee and the Board Chair. Agreement is sought on the feedback to be provided to the CEO.
 6. The Board Chair and GMR Committee Chair meet with the CEO to provide the CEO with the feedback from the evaluation process.

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Timing and Responsibilities

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

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BOARD, COMMITTEE AND CHAIR EVALUATION PROCESS**BRD 410****POLICY**

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

- a) Individual Directors against the Terms of Reference for a Director (BRD140)
- b) Each of its committees against their respective terms of reference (BRD310, 320,330, and 350)
- c) The Board Chair against the Terms of Reference for the Board Chair (BRD120)

GENERAL GUIDELINES

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

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5. Consolidation of evaluations and assessments, and relevant report preparation is the responsibility of the Chair of the GMR Committee with support from the Corporate Secretary
6. The results of the Board assessment will be reviewed with the Board Chair and reported to the Board at a Board-only session
7. The results of the individual Director assessment will be provided to the Board Chair who will discuss the results with each Director individually
8. The results of the Board Chair assessment¹ will be discussed with the Chair of the GMR Committee and the Board Chair, and will be shared with the Board at a Board-only session
9. The results of the committee assessments² will be discussed with the Board Chair and the Chair of the each Board Committee, and will be shared with the committee members
10. Should an opportunity to modify performance arise, the issues will be identified, agreed on and committed to in writing, and shall comprise a component of the relevant final assessment report

ⁱ See <https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/services-policies-for-government/public-sector-management/cabro/ps0-good-governance-checklist.pdf>

¹ The Board Chair is evaluated as a component of the Board evaluation and the Accreditation Governance Functioning Tool

² Committees are evaluated as a component of the Board evaluation and the Accreditation Governance Functioning Tool

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STRATEGIC PLANNING PROCESS**BRD 420****POLICY**

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

PROCEDURE

1. The annual strategic planning session is a dedicated 1 to 2 day session normally scheduled in October or November. Participation will include Directors of the Board of Northern Health, the President and Chief Executive Officer (the “CEO”) and other members of senior management as determined by the CEO with the Board Chair’s agreement. In addition, special guests, either internal or external to Northern Health, may be invited to a portion of the meeting to contribute to discussions for specific subject matter input. A facilitator may lead the discussion to allow Board members and management to participate fully in the deliberations.
2. Management will prepare background material for the planning process which may include but is not limited to:
 - an environmental scan that outlines the Ministry of Health’s priorities for the BC health system, and the economic, political, social, labour and other relevant issues that could impact the delivery of quality health care to the region
 - a summary of outcomes and issues from community consultations
 - other government directives
 - mid-year progress against current Strategic Plan in terms of financial results and progress against agreed objectives
 - other relevant material that reflects the assumptions, risks, opportunities and strategic options for consideration.
3. The Board may align the strategic planning session with the fall meeting of the northern Regional Hospital Districts (RHDs), when feasible, to enable the Board to meet with key municipal and RHD leaders, and receive their input.
4. The primary outcomes from the annual strategic planning process will be to:
 - a. endorse or revise the Strategic Plan
 - b. review the governance structure in relation to the Strategic Plan
 - c. review the results of the annual Board evaluation¹

¹ See BRD410: General Guidelines #3

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- d. set the annual direction for Northern Health
 - e. ensure that Northern Health's Strategic Plan and organizational priorities are derived from the priorities of Government and the Ministry of Health's priorities for the BC health system
 - f. provide the basis for the development of the annual capital and operating plans.
5. Following the annual strategic planning session, management will prepare the capital and operating plans, including budgets, for the next fiscal year.
 6. The CEO and Board Chair will liaise during the development of the capital and operating plans to ensure alignment between the Board and management and to facilitate timely communication with the Ministry of Health and other government officials.
 7. The capital and operating plans for the next fiscal year will normally be presented for approval at the April meeting of the Board.

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BOARD SUCCESSION PLANNING AND RENEWAL PROCESS**BRD 430****INTRODUCTION**

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

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

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

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

OBJECTIVE OF BOARD SUCCESSION AND RENEWAL PLAN

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

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

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

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

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BOARD SELECTION CRITERIA PROFILE

General Profile for Potential Directors

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

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

Key Qualifications and Core Competencies

To fulfill the Board's complex roles, the Board is strongest and most effective when key qualifications and core competencies are represented on the Board as a whole. In addition to the general profile requirements, each Director should contribute knowledge, experience and skills in at least one or two areas of expertise/critical competencies¹:

1. Accounting/finance qualifications
2. Legal qualifications

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

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

Commitment and Capacity to Contribute

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

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

Identifying Vacancies and Sourcing Qualified Candidates

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

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

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

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

See also:

BRD140 – Terms of Reference - Director

BRD200 - Board Role and Governance Overview

BRD210 - Code of Conduct and Conflict of Interest Guidelines for Directors

Author(s): Governance & Management Relations Committee

Issuing Authority: Northern Health Board

Date Issued (I), REVISED (R), reviewed (r): December 5, 2022 (R)

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PRESIDENT & CHIEF EXECUTIVE OFFICER SUCCESSION PLANNING PROCESS

BRD 435

INTRODUCTION

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

PROCESS

There are three components to CEO succession and coverage planning:

1. Vacation and other short term coverage.

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

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

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

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

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

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

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

3. Executive Search for a Permanent CEO

When the Chair determines a permanent replacement for the CEO is required, the Chair will convene a meeting of the Board to establish a task force to direct the recruitment process and will normally assign to the Vice President - Human Resources the task of preparing recommendations for the search process for consideration by the Board, including the potential use of an executive search firm.

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

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

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BOARD BRIEFING NOTE

Date:	December 11, 2023	
Agenda item	Research Partnerships and MOU with UNBC	
Purpose:	<input checked="" type="checkbox"/> Discussion	<input type="checkbox"/> Decision
Prepared for:	NH Board of Directors	
Prepared by:	Julia Bickford, Regional Director, Research, Evaluation & Analytics	
Reviewed by:	Fraser Bell, VP, Planning, Quality & Information Management Ciro Panessa, President & CEO	

The Briefing Note will provide the Board with an overview of activities that NH is currently engaged in to support research, including our MOU with UNBC.

Issue & Purpose:

Northern Health works with a variety of partners to advance our organizational research and innovation capacity to support Northern Health in becoming a learning health system. A learning health system systematically gathers and creates evidence and applies the most promising evidence to improve care. The journey to becoming a learning health system is directly tied to our NH strategic priority of Quality. In particular, becoming a learning health system supports our commitment to partnering to promote innovation and continuous learning, and implementing and maintaining evidence-informed standards. This includes actively identifying and cultivating public and private partnerships, designing and building the right enabling infrastructure, and establishing collaborative mechanisms to fuel research and innovation across the region. This briefing note provides an update on significant research partnerships that are stimulating research across our region.

Background:

In 2010, Northern Health and UNBC signed a Memorandum of Understanding (MOU) to formally recognize the long-standing historic partnership between the two organizations. This MOU also outlined a commitment to collaboratively:

- Stimulate innovation and transformation in both organizations and foster innovation in health services and policy, health provider and professional education, and health research.

- Improve the health outcomes of the people living in Northern BC
- Improve the quality of health care delivery and health provider and professional education.
- Create an environment that is successful in recruiting and retaining skilled personnel.
- Create opportunities for collaborative research and attract related funding.

Northern Health has committed financial and in-kind resources to support this commitment, with the MOU being reviewed and renewed annually.

In 2021, the commitment was reinforced through a new NH-UNBC MOU.

Provincially, the Ministry of Health also established the Strategy and Innovation Division¹ and the Health Innovation Advisory Group. The Health Innovation Advisory Group, with representation from NH via the VP Planning & Quality aims to identify approaches and opportunities to advance health system innovation across the province.

Key Actions, Changes & Progress:

NH-UNBC MOU

To support the current MOU, four Working Groups were formed to define the key objectives for partnered activities, as well as a three-year action plan, and a three-year resource plan (2022-2025). The shared priorities include a commitment to:

1. Partner with post-secondary institutions to address the critical health human resources needs of the north,
2. Improve quality based on effective knowledge creation and mobilization of research evidence,
3. Enhance communication and collaboration supports for improvements in care, research, knowledge translation, education, cultural safety, and humility,
4. Enhance cultural safety and humility and reduce Indigenous-specific racism.

Over the last year, NH and UNBC have continued to advance the workplan. Key activities have included:

- 2023 Northern Research and Quality Conference (November 7-9, 2023) was a success with over 200 registrants, over 100 presenters, nine workshops, 37 oral presentations, and 39 poster presentations.
- Workshop and report on post-secondary institution (PSI) admissions practices, opportunities for recruiting northern residents.
- Cultural Safety and Anti-Indigenous Racism Education – curriculum, workshops, and professional development.
- Two (2) knowledge synthesis projects.

¹ Under the direction of Assistant Deputy Ministry, Ian Rongve, the Ministry has established a Strategy and Innovation Division, which has established an intake process to consider new innovations and approaches for additional supports and possible spread within B.C.'s health authorities.

- Model predicting the demand for RNs based on patient population growth and new facility builds in the future. Had various supply (positions) scenarios built in such as increased education seats and increased hire rates.
- Through this partnership, NH and UNBC have been working to identify and pursue opportunities through funding agencies for capital funding in support of the development of collaborative research infrastructure.

NH-UNBC-UBC Northern Centre for Clinical Research

On March 21, 2022, the new Northern Centre for Clinical Research (NCCR) officially opened its doors. With physical space located in the Learning & Development Centre at UHNBC, the NCCR is a tripartite partnership among Northern Health, the University of British Columbia, and the University of Northern British Columbia. Notable achievements over the last year include:

- Establishment of a governance model and Steering Committee.
- Capacity Building: a clinical research nurse coordinator was hired in March 2023 through NH to support NCCR clinical research activities; a research assistant was hired through UNBC to support community engagement activities.
- Implementation of the RealTime Clinical Trials Management System (CTMS)
- 8 clinical research studies are currently in progress, and another 8 clinical studies are currently being considered.
- A clinical investigator training event was held on November 2nd, 2022, in partnership with Clinical Trials BC, enabling potential investigators and research staff to gain their Good Clinical Practice (GCP) certificate.

Centre for Technology Adoption for Aging in the North (CTAAN)

CTAAN, led by Dr. Shannon Freeman and Dr. Richard McAloney, is a collaborating center for innovations in technology development and implementation to support older adults in rural and northern communities. A collaboration between NH, UNBC, and AGE-WELL, CTAAN is stimulating thinking differently about how to support older persons to remain independent for longer, and delay need for long-term care services. Some current projects include:

- Exploring the impact of an ebook club on apathy among residents in LTC facilities in northern BC.
- Assessing the effects of implementing AgeTech to support dementia care in a rural setting in northern BC.
- Dementia resources for eating, activity, and meaningful inclusion.

Northern Biobank

The Northern Biobank, led by Dr. Nadine Caron, is the first biobank of its kind in British Columbia. It will enable Northern BC to better contribute to large-scale provincial and national research by helping to understand the demographic and genetic makeup of different populations throughout the province. Over the last year, Northern Health was awarded a \$60,000 grant from the Marathon of Hope through the Terry Fox Research Institute to buy essential equipment for the biobank. This included the purchase of two ultra-low freezers and associated equipment (pipettors, tubes, thermometers, etc.) and

a centrifuge. When not being used for research, this equipment is also used for non-research clinical operations in the laboratory at UHNBC.

Provincial Innovation Collaborative

NH collaborated with the other regional Health Authorities in BC and the MOH to plan a Health Innovation Symposium on November 17, 2023. Key objectives of the Symposium included, recognizing Health Authority employees for their exemplary innovation work, enabling knowledge exchange, connection, and networking. The innovation project that NH highlighted at the Symposium was the Drone Transport Initiative (DTI). The first phase of the DTI was a demonstration project on implementing drones to close health access gaps in First Nation and non-First Nation remote communities.

Continued Partnership and Collaboration with Michael Smith Health Research BC (MSHRBC), PHSA, and Universities

NH is working together in partnership with MSHRBC on many initiatives. For example:

- NH has been involved in several provincial initiatives this year, including participation in a Michael Smith Health Research BC pilot project which supports research and quality improvement in Long-Term Care.
- NH and PHSA have jointly funded a seed fund, in partnership with UNBC to support research projects in the north. The two projects that were funded this year both address high-priority strategic issues related to workforce sustainability, including:
 - Developing a Moral Empowerment Program to address moral determinants of providers' wellbeing and contribute to healthcare effectiveness and sustainability (NH Lead: Dr Esther Alonso-Prieto).
 - Examining how a partnership between health and post-secondary education providers can facilitate the return of domestic internationally educated nurses (d-IENs) to the nursing workforce (NH Lead: Joanne Cozac).

Recommendation:

That this briefing note be accepted for information and discussion.