Meeting of the Northern Health Board
February 12, 2024

The Northern Health Board did not host an in person Public Board meeting on February 12, 2024 as originally scheduled.

The Northern Health Board met virtually to address regular Board business. Part of the meeting included a review of the material in this package.

Northern Health Board: Public Agenda Package (February 2024)

Virtual

February 12, 2024 09:00 AM


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CEO Report – Northern Health Board
February 2024

Centre of Excellence for Children and Youth

- On January 16th, 2024, Premier David Eby traveled to Prince George to announce $675,385 to fund an engagement and consultation process for a regional Centre of Excellence for Children and Youth in the Northern Health region.
- Lheidli T'enneh First Nation will provide leadership support throughout the community engagement process, as well as project oversight in relation to all Provincial funding earmarked for consultation and engagement activities associated with the Centre of Excellence for Children and Youth.
- The vision for the Centre of Excellence is as follows:
  - Youth friendly and welcoming, with services taking a developmental and youth centered approach to providing comprehensive, integrated care that is holistic, culturally safe, with the ability to address multiple issues in a seamless way.
  - Provide a place to stay for families so "communities of support" can be built around the healing power of family and play. The residence will provide a home away from home for families traveling while their child is receiving health care.
  - Children, youth, and their families travelling to the regional Centre of Excellence will be able to receive specialized testing, assessments, and therapeutic services in a way that streamlines the care process and reduces the need for referrals.
  - Allow team-based care with medical specialists, nurses, and allied health professionals with space to accommodate visiting specialists from around the province including from BC Children's Hospital.

Centre of Excellence for Children and Youth

ReNew Canada Top 100 Projects - 2024

Northern Health has two capital projects noted in the ReNew Top 100 Canada's Biggest Infrastructure Projects Magazine, released in January 2024.

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HEALTHCARE

Mills Memorial Hospital Replacement Project

$633 MILLION

The new Mills Memorial Hospital is more than double the size of the current facility. This state-of-the-art facility was carefully designed to cater to the immediate and future healthcare needs of patients in Northwest BC. The hospital will offer trauma services, orthopedic surgeries, pathology, radiology, clinical support, and pharmacy services, as well as be a training ground for medical students in the Northern Medical Program. A new Seven Sisters mental health facility, almost double the size of the current facility, is also being constructed as part of the project. Along with an increase in bed capacity from 20 to 25, the new Seven Sisters will offer enhanced amenities. Both the new hospital and new Seven Sisters are set to open in 2024. Landscaping, parking and the demolition of the existing hospital will be the focus of the work in 2025 and 2026. ■

2023 Rank: 84
Location: Terrace, B.C.
Owner: Northern Health Authority
Design-Build: PCL Westcoast Constructors Inc.
Engineer: Morrison Hershfield (design/consulting/P3 team member)
Architect: HDR Architects (subcontracted by PCL)
Other Key Players: WSP (owner's engineering representative-mechanical & electrical); McElhanney (quality control); Victaulic (supplier); Colliers Project Leaders
Legal: Bennett Jones
Funding: Public
- Province of B.C.: $512.4 million
- North West Regional Hospital District: $120.2 million

Substantial Completion: 2026

ReNew Canada Top 100 Projects - 2024

ReNew TOP100
CANADA'S BIGGEST INFRASTRUCTURE PROJECTS

NEW

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HEALTHCARE

Dawson Creek and District Hospital Replacement Project

$590 MILLION

Location: Dawson Creek, B.C.
Owner: Northern Health Authority
Design-Builder: Graham Design Builders LP
Project Management Services: Colliers Project Leaders
Other Key Players: GeoVerra (early works); Entuitive
Supplier: Victaulic
Legal: Bennett Jones
Funding: Public
Provincial: $413 million
Peace River Regional Hospital District: $177 million
Substantial Completion: 2026

The Dawson Creek and District Hospital Replacement Project will result in a new state-of-the-art facility to address current and future health and patient care needs. The project will include the and construction of a new 24,400 ^{2}m hospital with 70 inpatient acute beds (providing medical surgical, maternity, high acuity, and mental health services) two operating rooms, one minor procedure room, 15 emergency department treatment spaces, academic and teaching space, LEED Gold certification, and over 300 surface parking stalls plus landscaping. ■

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Indigenous Procurement for Medical Gloves

- On January 7, 2024 an announcement was made that a health services contract would soon be awarded to Medical, Surgical and Safety Supplies (MSS) Ltd., which is an Indigenous-owned and operated Northwest Territories medical supply firm.
- The partnership, nearly two years in the making, is a deal between an Indigenous-owned business and the Provincial Health Services Authority to provide Indigenous-branded medical gloves to Northern and Interior health authorities in an agreement dubbed the “reconciliation glove project.”
- Indigenous-led health-care partnerships are crucial to improving access, care and outcomes, according to the Indigenous Physicians Association of Canada, and that includes strengthening community ownership, and building partnerships that lead to self-determination.
- A 2020 report, In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care, found that more than two-thirds of Indigenous respondents to the review’s Indigenous Peoples Survey said they had experienced discrimination based on their ancestry.
- Every box of these gloves has the Indigenous bear on it, a symbol that represents cultural awareness.
- MSS, a certified social enterprise, is committing 51 per cent of the net proceeds to Indigenous communities in the Northern and Interior Health regions, including the Lheidli T’enneh and Osoyoos Nations.

Regional Social Work Orientation Workshop

- Ciro Panessa had the opportunity to provide welcoming remarks at the first ever Regional Social Work Orientation Workshop which took place the week of January 8, 2024.
- Eighty participants joined the Workshop in person and virtually. Attendees included Social Work practicum students from UNBC/ UViC who were in varying levels of education (3rd year BSW, 4th year, BSW, MSW) and Northern Health staff who were either new hires, new grads, or seasoned practitioners who were interested in the orientation for refreshers.
- 84% of the attendees shared that having attended the regional social work orientation, they feel more equipped to practice in their role at NH. 100% of the attendees stated that they would recommend this orientation to future staff and students at NH. 100% of the attendees also stated that they would be interested in attending future workshops for social work education.
- Sessions Included:
  - Intro to Social Work in Healthcare
  - Consent, Screening, Assessments & Documentation
  - Social work in Mental Health & End of Life
  - Advance Care Planning, Adult Guardianship & Social Work in Long-Term Care
  - Programs Supporting Social Work in NH, Policy Reviews & Working with External Stakeholders

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Health Quality BC Awards: Winner Strengthening Health & Wellness

NH Lab Outpatient Improvement Program

- Northern Health (NH) launched the Lab Outpatient Improvement Project (LOIP) to address long wait times to access outpatient lab services in Northern BC.
- Through LOIP, they began offering a blended service model of scheduled and unscheduled lab appointments where patients could self-schedule either online using the HealthElife portal or by phone.
- Patients can also drop-in and avoid long line-ups using NH Check-In for queueing, and they have the flexibility to bring in a requisition or have it sent straight to the lab.
- In addition, lab staff and providers can focus on appropriate tasks thanks to the digitization of requisitions, modern processes and tools, expansion of clerical functions and support, standardization of the lab schedule, and improved patient flow management for drop-ins.
- In the words of one of NH's valued patient partners: "What we want is a more responsive system that gives patients control over when, where, and how we access services, while easing the burden on labs. Give us the opportunity to have greater control over access and it will improve our care and deliver efficiencies for lab staff."

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Health Quality BC Awards: Runner Up
Coping with Transition from Life
NH Palliative Care Consultation Team

- The Northern Health Palliative Care Consultation Team supports people in both palliative and end-of-life care. The team aims to make palliative care more consistent, accessible and equitable, filling gaps that previously existed. They value community-based care and, by engaging with primary care providers, their efforts prevent unnecessary hospital admissions. This innovative approach, rooted in collaboration and quality, has set a pioneering standard, prompting other health authorities to follow suit.
- Collaboration, engagement, and quality are the hallmarks of the team's work. They have worked with partners including the First Nations Health Authority (FNHA), Carrier Sekani Family Services, Pallium Canada, Life and Death Matters, Victoria Hospice, and the BC Cancer Centre for the North.

- In addition, they have expanded their support to First Nations and rural/remote communities using iPads purchased in partnership with the FNHA, and a cell booster purchased collaboratively with BC Cancer.
- In 2017, the team was honoured to support a team of health care providers to win an award for quality palliative care in the remote village of Lax Kwa'alams, accessible only by water.

Foundations & Auxiliaries

Foundations committed $2,146,516 to equipment and investments across Northern Health.

Northern Health	
Summary of Donations Committed	
For the Year Ending March 31, 2023	
Charity Name	**Total**
Auxiliary to GR Baker Memorial Hospital	5,890.00
Bulkley Valley & District Hospital Auxiliary	112,528.00
Bulkley Valley Health Care & Hospital Foundation	155,742.00
Burns Lake & District Health Care Auxiliary	47,260.00
Dawson Creek Hospital Foundation	195,966.00
Dr. REM Lee Foundation	202,499.00
Fort St. John Hospital Auxiliary	38,402.00
Fort St. John Hospital Foundation	167,919.00
Haida Gwaii Community Foundation	25,000.00
Kitimat Hospital Foundation	51,820.00
Mackenzie Hospital Auxiliary	20,003.00
McBride & District Hospital Auxiliary	620.00
Prince Rupert Hospital Auxiliary	9,599.00
Quesnel & District Hospice Palliative Care Association	14,446.00
Spirit of the North Healthcare Foundation	1,064,367.00
St. John Hospital Auxiliary Society	29,337.00
Wrinch Memorial Hospital Auxiliary	5,118.00
	2,146,516.00

Foundations & Auxiliaries

- REM Lee Hospital Foundation currently on target to exceed $3.5 M capital campaign towards the Tier 3 Neo-Natal unit in the new Mills Memorial Hospital Hospital in Terrace
- Dawson Creek & District Hospital Foundation is in the market sounding and CASE development stage for a potential capital campaign towards the Dawson Creek & District Hospital new build
- Spirit of the North Healthcare Foundation is in the market sounding and CASE development stage for a potential capital campaign towards the planned University Hospital of Northern British Columbia Tower project

CASE: *A case for support (sometimes called a case statement or donor prospectus) is simply a piece of communication collateral that helps prospective donors understand why they should give money to your organization.*


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NH Board Human Resources Report
David Williams, VP Human Resources
January 2024

The BIG Picture

10M Global Shortfall By 2030

Northern Health Context

21.15%
Baseline positions are unfilled

19.94%
Increase in workforce demand since 2020

7.82%
Increase in workforce supply since 2020

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

Served By

6% BC Nurses
5% BC Physios
3% BC OTs

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Difficult to fill Vacancies

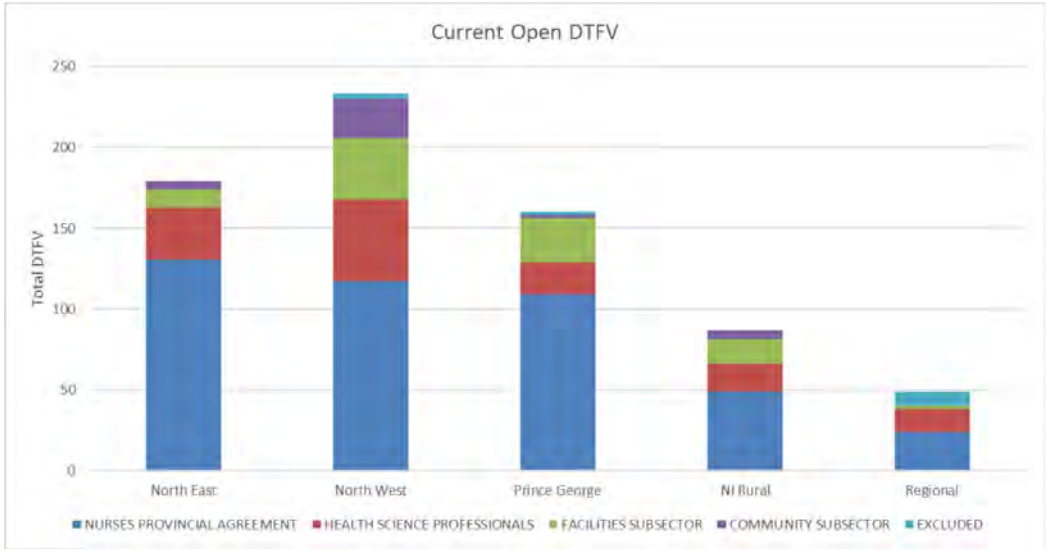
4723
Number of non-casual positions posted in FY 22/23

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

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

20%
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*

Provincial Health Human Resources Strategy

- Many actions in the Provincial Health Human Resource Plan (70-action plan) are being advanced by our Provincial Health Human Resources Coordination Center (PHHRCC) with membership from the Ministry of Health, regional health authorities, Providence Health Care, the Health Employers Association of British Columbia and the Frist Nations Health Authority
- PHHRCC, working with existing partners and tables, has focused on system-level transformation, and discipline to workforce planning and staffing
- PHHRCC has continued the commitment to two fundamental principles:
  - putting our people first,
  - and addressing Indigenous anti-racism, advancing reconciliation and cultural safety in healthcare.

BC's HHR Strategy

Provincial Priorities: Year One

Urgent Pressures

Responding to urgent pressures by building sustainable programs, enhancing, and expanding scopes of practice, and incentivizing regular work.

Priority Training

Expanding and modernizing priority education and training to keep pace with population growth and aging.

Workplace Supports

Adding more workplace supports for healthcare workers across all four cornerstones of the strategy: retain, redesign, recruit and train.

International Workers

Improving credential recognition, training and registration processes to get internationally educated healthcare workers onto the frontlines by eliminating financial and other barriers to practice.

Go-Forward: Year Two

- Sustaining momentum and focused on full implementation of all 70 actions in the PHHRP
- What's to come:
  - Provincial Peer Support and Mentoring (retain)
  - Clinical Management Capacity (retain)
  - Clinical Practice Capacity (retain)
  - Integrated Provincial Recruitment Supports (recruit)
  - GoHealth Expansion (redesign)
  - Health and Care Careers Promotion Program (recruit)
  - New graduate Transition Program (recruit)
  - Employed Allied Health and Student Nurse Program (train)
  - Bachelor of Science in Nursing – Speciality Nursing Learning Pathways – rural nursing (train)

Northern Impact: Workforce Highlights in 2023

Over 260 Health Career Access Program (HCAP) participants hired to date

44 relational security officers hired across acute care 3 sites, plus two violence prevention leads and support roles (e.g., educators and team leads)

13 Internationally Educated Nurses (IENs) hired with NH, and over 480 IE health care professionals contacted with support offering

1 physician associate hired, and more to come!

Multitude of new housing and childcare partnerships in various communities in the north.

Building Clinical Management Capacity – introduced three new clinical leaders and 29+ management extenders into our operations.

Introduced staff retention incentives to 11 communities.

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Northern Health: Supporting Our People

Supporting Our People Newsletter

- Supporting Our People (SOP) is a monthly, all-staff newsletter that rounds up NH's ongoing work to support you – our students, staff, and physicians – and to address our staffing shortages.

Supporting Our People: Sharing Information Form

- In addition to the SOP Newsletter, the Workforces Sustainability Team is supporting two-communication with the broader workforce through several mechanisms, including the SOP: Sharing Information Form.
- This is an opportunity for our people to share improvement ideas and information to facilitate action at a local and regional level on pressing contributors to health human resource challenges.
- Submissions are reviewed, triaged, and responded to through the Workforce Sustainability Strategic Initiative team.

Northern Health: Supporting Our People

Moral Empowerment Program

- MEP is an evidence-informed, practice-based, and organization-wide new model of providing Ethics support. This work is currently in a pilot phase with plans to expand.
- It has two main goals:
  - to equip every staff member with the essential knowledge, skills, and resources for effectively navigating morally challenging situations; and
  - to promote a shift in the organizational culture by utilizing the experience of moral distress to identify areas in need of improvement.

Support in the Right Place

- The Support in the Right Place (SitRP) project was initiated in May 2021 to gain insight into how management functions are distributed throughout the organization, to develop an understanding of what supports are currently available to assist managers and other leaders in the execution of these functions, and to identify opportunities to enhance the capacity of leaders.
- This work is entering a prototype phase whereby two aspects will be tested and then expanded regionally:
  - *Management Support Teams (MaSTs)* - Enhanced team wrapped around managers to provide better support in addressing high pressure challenges in leader and team capacity
  - *NH Daily Management Framework* – A structure approach to problem-solving, establishing routines, and aligning strategically that enables team success on a daily-basis

The Face of Northern Health

As at January 15, 2024

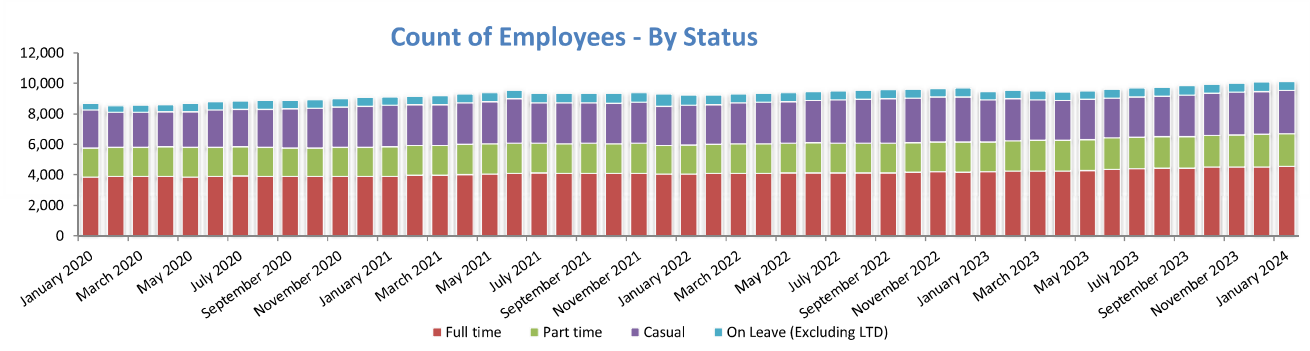
Summary of Employees by Status	Headcount	%	FTE
Active: Total	9,569	100%	6,036
Full-time	4,592	48%	
Part-time	2,151	22%	
Casual	2,826	30%	
Non-Active: Total	980	100%	774
Leave	574	59%	423
Long Term Disability (LTD)	406	41%	351

Active Employees by Region	Headcount	%
Active: Total	9,569	100%
North East	1,438	15%
North West	2,139	22%
Northern Interior: Prince George	2,850	30%
Northern Interior: Rural	1,211	13%
Regional	1,931	20%

Active Employees by Collective Agreement	Headcount	%
Active: Total	9,569	100%
Nurses	2,747	29%
Facilities	3,782	40%
Health Sciences	1,173	12%
Community	985	10%
Excluded	882	9%

Active Nursing	Headcount	%
Active: Total	2,747	100%
RN/RPN	2,064	75%
LPN	683	25%

Clinical vs. Support	Facilities	Community
Active: Total	3,782	985
Clinical	1,538	571
Non-Clinical	2,244	414



BOARD BRIEFING NOTE

Date:	January 29, 2024	
Agenda item:	2023-24 Period 9 – Operating Budget Update	
Purpose:	☐ **Information**	☒ **Decision**
Prepared for:	NH Board of Directors	
Prepared by:	Mark De Croos, VP Financial & Corporate Services/CFO	

YTD December 7, 2023 (Period 9)

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

Excluding extra-ordinary items, revenues are unfavourable to budget by $9.6 million or 1.0% and expenses are favourable to budget by $9.6 million or 1.0%.

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 $41.0 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 9 financial update as presented.

NORTHERN HEALTH
Statement of Operations
Year to date ending December 7, 2023
$ thousand

	Annual Budget	YTD December 7, 2023 (Period 9) Budget	Actual	Variance	%
REVENUE					
Ministry of Health Contributions	1,092,420	725,390	714,678	(10,712)	-1.5%
Other revenues	282,880	195,460	196,593	1,133	0.6%
TOTAL REVENUES	**1,375,300**	**920,850**	**911,271**	**(9,579)**	**-1.0%**
EXPENSES (BY PROGRAM)					
Acute	718,700	478,620	484,101	(5,481)	-1.1%
Community care	231,500	156,240	147,093	9,147	5.9%
Long term care	173,910	118,020	121,364	(3,344)	-2.8%
Mental health and substance use	98,190	64,200	55,131	9,069	14.1%
Population health and wellness	41,910	27,490	27,104	386	1.4%
Corporate	111,090	76,280	76,478	(198)	-0.3%
TOTAL EXPENSES	**1,375,300**	**920,850**	**911,271**	**9,579**	**1.0%**
Net operating deficit before extraordinary items	**-**	**-**	**-**		
Extraordinary items					
COVID-19 expenses	-	-	41,000		
Less COVID funding	-	-	(41,000)		
Net extraordinary items	-	-	-		
NET OPERATING DEFICIT	**-**	**-**	**-**		

BOARD BRIEFING NOTE

Date:	January 29, 2024	
Agenda item:	Capital Public Note	
Purpose:	☐ **Discussion**	☒ **Decision**
Prepared for:	NH Board of Directors	
Prepared by:	Deb Taylor, Regional Manager Capital Accounting	
Reviewed by:	Mark De Croos, VP Finance & Chief Financial Officer	

The Northern Health Board approved the 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 9 (ending December 7, 2023), $272.2M was spent towards the execution of the plan as summarized below:

$ million	**YTD**	**Plan**
Major Capital Projects (Priority Investment)	230.6	347.5
Major Capital Projects (Routine Capital)	12.8	62.7
Major Capital Equipment (> $100,000)	10.6	21.3
Equipment & Projects (< $100,000)	10.5	11.4
Information Technology	7.7	13.8
	272.2	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	Closing	FFGRHD, MOH
Mackenzie	MCK Nurse Call System Replacement	$0.15	Complete	FFGRHD, MOH
Prince George	Gateway Chiller Replacement	$0.75	In Progress	FFGRHD, MOH
Prince George	Legion Wing 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 Planning	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	Closing	SONHF, FFGRHD, MOH
Prince George	UHNBC Cardiac Services Department Renovation	N/A	Phase 2 In Procurement	FFGRHD, MOH, NH
Prince George	UHNBC DI Nuclear Medicine Waiting Area Renovation	$1.20	Closing	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 Procurement	FFGRHD, MOH, NH
Prince George	UHNBC Sterilizer Replacement	$0.16	In Progress	NH
Prince George	UHNBC OR Anesthesia Units Replacement	$0.44	Closing	FFGRHD, MOH, NH
Prince George	UHNBC OR Eye Microscope Replacement	$0.33	Complete	FFGRHD, MOH
Prince George	UHNBC OR Surgical Image System Replacement	$0.14	Complete	FFGRHD, MOH
Prince George	UHNBC FM Transformer Replacement	$2.13	Closing	FFGRHD, MOH, NH
Prince George	UHNBC Sim Man 3G Plus	$0.10	Complete	SONHF
Quesnel	DPL FM Heating Boilers Replacement (CNCP)	$0.59	Complete	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 OR Surgical Tower Replacement	$0.31	In Progress	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	Closing	SNRHD, MOH, NH
Vanderhoof	St. John Hospital OR Anesthetic Machine Replacement	$0.12	Complete	SNRHD, 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

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
Dawson Creek	DCH Phone System	$0.38	Complete	PRRHD, MOH
Dawson Creek	DCH DI CT Replacement	$2.55	Closing	PRRHD, MOH, NH
Dawson Creek	DCH DI X-Ray Replacement	$0.90	In Progress	MOH
Dawson Creek	DCH Lab Chemistry Analyzer Replacement	N/A	In Procurement	PRRHD, MOH, NH
Dawson Creek	DCH Patient Monitoring System Replacement	$0.43	In Progress	PRRHD, MOH
Dawson Creek	DCH Pharmacy Pyxis Replacement	$0.36	Closing	MOH
Fort Nelson	FNH FM Boiler Upgrade and Heat Recovery (CNCP)	$0.78	Complete	PRRHD, MOH
Fort Nelson	FNH DI CT Planning	N/A	Planning	NH
Fort Nelson	FNH DI X-Ray 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
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	$0.18	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

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
Daajing Giids	HGH DI CT Planning	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
Hazelton	Wrinch OR Anesthetic Machine	$0.18	Closing	NWRHD, MOH, NH
Houston	Houston D&T DI X-Ray Machine Replacement	$0.78	Complete	NWRHD, MOH
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	Complete	NWRHD, MOH
Kitimat	Kitimat DI CT Planning	N/A	In Planning	NH
Kitimat	Kitimat FM DDC Control & BOS Replacement	N/A	In Procurement	NWRHD, MOH
Kitimat	Kitimat LND Laundry Equipment Replacement	N/A	In Planning	NWRHD, MOH, NH
Kitimat	Kitimat OR Anesthetic Machine Replacement	$0.12	Complete	NWRHD, MOH
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	Closing	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

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
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 Procurement	NWRHD, MOH
Prince Rupert	PRRH FM Condensing Boilers, Controls & Recommissioning (CNCP)	N/A	In Procurement	NWRHD, MOH
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	$2.27	In Progress	NWRHD, MOH
Prince Rupert	PRRH Emergency Department Renovation	N/A	In Procurement	NWRHD, MOH
Smithers	BVDH Phone System	$0.21	Closing	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	$0.77	In Progress	BVHHF, NWRHD, MOH, NH
Smithers	BVH OR ENT Navigation System	$0.13	Closing	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

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
All	Computer Assisted Coding Software	$0.13	Closing	NH
All	Core Network Infrastructure	$0.95	Complete	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	EmergCare	$4.35	In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	FNHA Community Health Record EMR Collaboration	$1.13	In Progress	MOH
All	Home & Community Elder Care Clinical Systems Replacement	N/A	In Planning	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	Closing	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	MOH, NH
All	Sharepoint Upgrade	$0.31	In Progress	MOH, NH
All	SurgCare	$0.93	In Progress	MOH

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
All	Videoconferencing Infrastructure Replacement	$0.55	Closing	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Virtual Primary Care Clinic Leasehold Improvements	$1.28	In Progress	MOH

In addition to the above major capital projects, NH receives funding from the Ministry of Health, Regional Hospital Districts, Foundations, and Auxiliaries for minor equipment and projects (less than $100,000). For 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 9 update on the 2023-24 Capital Expenditure Plan.

Indigenous Health

Quarterly Update

January 2024

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Note from
Nicole Cross, VP of Indigenous Health

As 2024 begins, we celebrate the growth and successes of the work that Indigenous Health Northern Health has engaged in with staff, partners, communities and individuals. We are grateful for the opportunity to continue this work together.

The Northern Health Strategic Plan – Looking to 2025 was released in late December and includes Northern Health's commitment to reconciliation. This guides our journey to ensure we commit in all aspects of our work to reconciliation and cultural safety.

We have provided key learnings towards cultural safety with educational webinars and workshops with staff and physicians and are increasing capacity in being able to provide additional learning opportunities in 2024.

Indigenous Patient Experience has grown in capacity to work in collaboration with key internal and external partners in health care and in the broader community to develop, implement, and evaluate processes that address Indigenous peoples' experiences.

We are continuing work with creating cultural safety through policy development using HSO standards to guide development. A New Regional Clinical Practice Standard for Smudging in Northern Health Facilities is underway with more to come.

The Indigenous Patient Liaison Worker program provides a bridge between Indigenous communities, their culture and Northern Health care providers. The program will grow in 2024 as the next phase of the program is implemented.

Indigenous Partnerships and Collaboration have been working together with FNHA and MNBC to effectively highlight and engage with community leadership on our shared health partner work.

At the same time, we are refining opportunities for partnership and accountability between NH and Indigenous patients and families in order to reach our goal of bringing their guidance and input into the work of NH.

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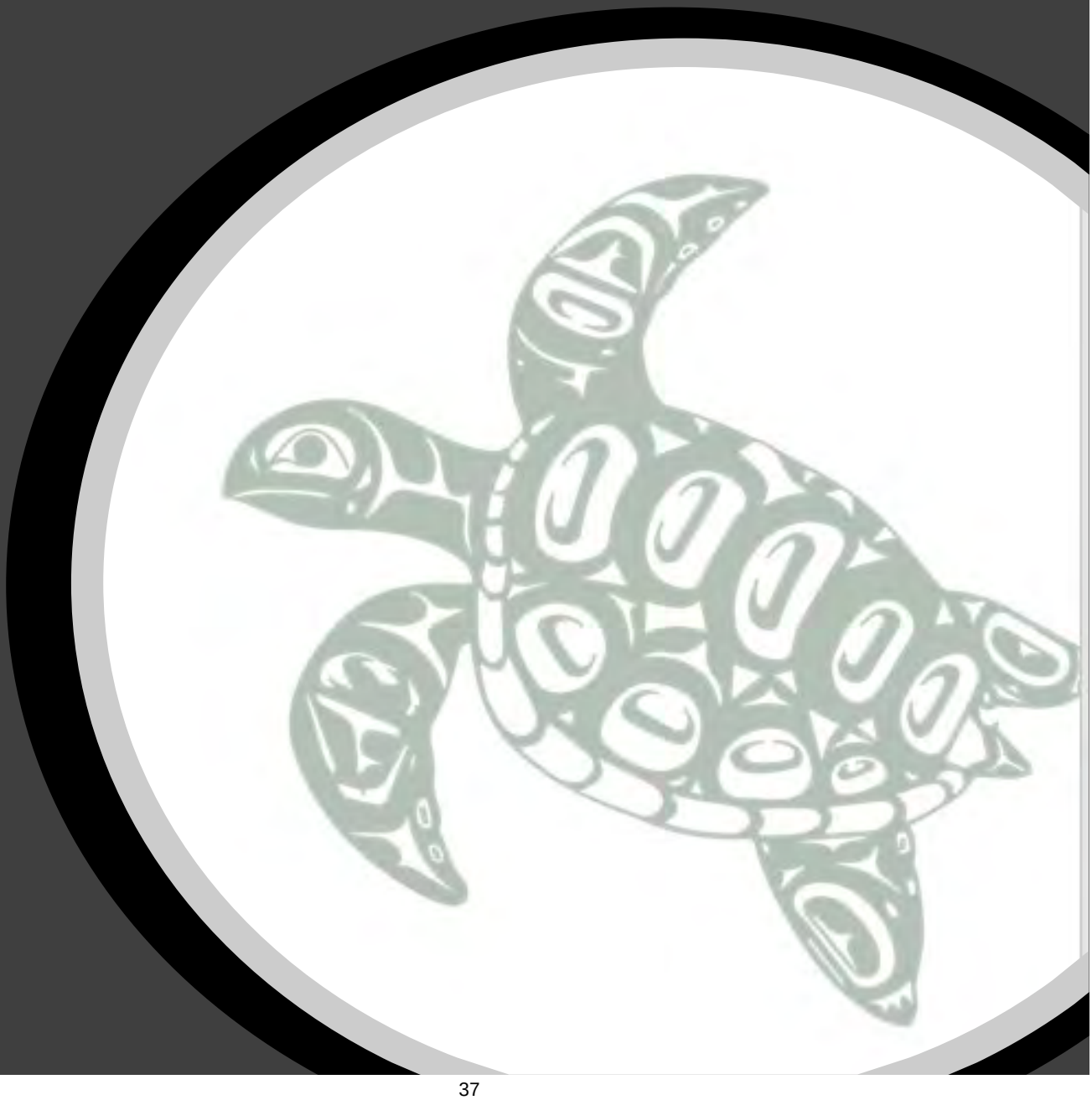
1. Healthy people in Healthy Communities



1. Healthy people in Healthy Communities

Engaging Indigenous people and communities and integrating Indigenous perspectives on wellness

First Nations Health Authority (FNHA)

Monthly coordination between NH and FNHA engagement teams provide clear pathways on approach and efforts to engage First Nation leadership effectively. FNHA has invited us to several events to contribute to and learn from such as the Regional Men's Gathering, the Provincial First Nations Mental Health & Wellness Summit, and the Regional Gathering of Future Leaders and Knowledge Keepers. Together, both engagement teams have been planning improvements to the ways to engage at the FNHA Subregional and Regional sessions that can highlight the shared work to important topics relevant to health governance representatives attending the sessions.

Health Directors (HD)

The Indigenous Health Monthly Health Director Meeting, intended to strategically build an effective relationship with community health leadership, covers topics of importance as it relates to the work of NH. Some of these include: the Complaint Process, improving communication to support patient care, the Indigenous Patient Liaison Program, suggestions and ideas around Indigenous recruitment and retention. We will be honoring the requests we have received from health directors to bring regional health program leads such as Elder Services, Primary Care, Specialized Mental Health and Substance Use, Child & Youth Mental Health and Perinatal Care in the new year.

Two components of the Collaboration Framework will be stood up in the coming months called: Indigenous Health Action Tables (IHATs), formerly known as IHICs, and HD/SLT meetings. Both are in response to guidance we received from First Nations and NH senior leadership requesting opportunities to meet exclusively to focus on strengthening and improving NH services. Indigenous Health will be providing capacity building opportunities as requested by our leadership to be supported in respectfully engaging communities in the work ahead.

1. Healthy people in Healthy Communities

Engaging Indigenous people and communities and integrating Indigenous perspectives on wellness

Métis Nation BC (MNBC)

A series of community engagement events were hosted in September to obtain feedback and validation on the Métis Nation BC-Northern Health Métis Health and Wellness Plan from Métis community members and representatives from Métis Chartered Communities in the north. Engagements included a virtual town hall meeting, an online survey and 3 in-person events. The Health and Wellness Plan is currently being finalized with edits to reflect what was heard in the community engagement gatherings. When the plan is finalized, effort will shift towards implementation of actions in early 2024.

The next phase of development will be connecting the Métis Health & Wellness Plan to community, shaping the work to concentrate efforts in realizing shared goals. Both Métis and First Nations community members have shared that they want to be involved where their unique perspectives and interest connect to Indigenous Health services.

Indigenous Health Action Tables (IHATS)

Engagement is focused on establishing Indigenous Health Action Tables (IHATs), formerly known as Indigenous Health Improvement Committees. This engagement will begin in 2024 for both Métis and First Nations. Indigenous Health is receiving guidance from both health directors and Métis Nation leads to ensure these tables are supported to achieve what they were intended for. Both sit in the service delivery area of the Indigenous Health Engagement Framework. The First Nations IHATs are intended to bring local NH operations together with local First Nations health leadership for health service planning and additional work as priority for both. The Métis Health Action Table is intended to support engagement opportunities that will advance the work of completing the Métis Health & Wellness Plan.

Provincial Child and Youth Wellness Framework

Indigenous Health staff participated on a First Nation, Métis, and Inuit Advisory Table to provide input into the Provincial Child and Youth Wellness Framework. The framework will set the strategic direction for ministries, health authorities, community agencies and others to implement a more responsive and integrated youth substance use system of prevention and care.

2. Coordinated and Accessible Services

2. Coordinated and Accessible Services

Improving equity and accessibility to culturally safe care

Indigenous Patient Liaison Worker (IPLW) Program:

The Indigenous Patient Liaisons Worker (IPLW) program provides a bridge between Indigenous communities, their culture and Northern Health care providers. The role of the IPLW is to help bridge the gap between western and traditional medicine to ensure a health system that honours diversity and provides services in a culturally relevant manner.

The primary goal for the 2022-2024 expansion of the program has been to add IPLW positions in acute care facilities across the north. These positions have been hired for their cultural knowledge, skills and connections within the community. To achieve an expansion of this size, a phased approach has been undertaken with evaluation measures after each phase:

- **Phase 1**: Pilot sites were chosen to pilot the implementation of the enhanced IPLW service. These communities included Fort St. John, Quesnel and Terrace.
- **Phase 2**: This phase consisted of the expansion to northern health sites that had vacant IPLW roles that could transition to the new model.
- **Phase 3**: Continued growth for additional Northern Health sites. Planning for this phase has begun and additional staff hiring is expected to start in early 2024. This phase includes further enhancements to UHNBC and expansion to sites that have historically never had IPLW services and supports including the most remote sites that serve a high population of Indigenous Peoples. Consideration for what roles may be needed in our smaller sites is also being developed.

A two-day Indigenous Patient Liaison Worker in-person gathering was held on November 21 and 22 in Prince George. The gathering offered an opportunity for these front-line workers from multiple facilities to meet face to face and network while learning about supports available to them by the Indigenous Health team. The group also got to partake in traditional healing sessions, learned about the current complaints process, as well as did a deep-dive into what the Indigenous Patient Experience is. Further conversations discussed how the IPE team can support the work of the IPLWs on-site and how to can collaborate on patient safety incidences.

2. Coordinated and Accessible Services

Improving equity and accessibility to culturally safe care

Culturally safe practice standards being developed

The development of a regional Clinical Practice Standard for Smudging in Northern Health Facilities is well underway. Current development work includes a review of the literature related to smudging and traditional practices in healthcare facilities, a provincial scan of existing smudging policies and procedures in the British Columbia health authorities. A recent engagement session with the regional Indigenous Patient Liaison team is being themed and will help to scope the Clinical Practice Standard.

Partnership between Indigenous Health and the Policy Office is leading to an innovative approach to integrating cultural safety into organizational policy development and review processes. An abstract to share this innovative work at Health Quality BC's Quality Forum in April of 2024 has been accepted. Specifically, the goals of the partnership are centered on:

- Developing supportive and responsive feedback loops between the portfolios of Indigenous Health and the work of the Policy Office (i.e.. Including cultural safety education into policy implementations, honouring trends in complaints through amendments in policies, etc)
- Building capacity of the Indigenous Health team to participate in policy development and review given their respective expertise and portfolios.
- Exploring ways to support policy authors to consider ways in which cultural safety can be upheld through policy-related activities. To achieve this, Indigenous Health will be co-facilitating the February 2024 Intermediate Policy Development Curriculum, which will include content related to cultural safety in policy development for the first time. Further, Indigenous Health will be developing education to support policy authors in understanding the role of policy as a system-level lever to improve cultural safety for Indigenous patients and families.
- Developing pathways for policy authors in Northern Health to seek the input and feedback from communities in the development and review of policies that affect their members.

3. Quality

3. Quality

Implementing the HSO (Health Standards Organization) organizational standard and promoting quality through improved experiences, self-identification, and development of tools and resources for reflection. Better understand affirming & supportive Indigenous patient experience

Patient Experience Team

Members of the Indigenous Patient Experience team attended a Restorative Leadership Symposium with a northern cohort including the Patient Care Quality Office, Carrier Sekani, and the Quality Care Safety Office. While at the symposium, the team found time in the evenings to strengthen the bond between organizations, identify areas of opportunity and frustration, and bond as humans who are in the work together. The symposium helped to identify other strong restorative frameworks and allow for networking across other health authorities.

The following documents have been identified as priorities to develop to support the resolution of active feedback from patients and families:

- Talking circle
- Debrief circle
- Case study processes
- Patient journey mapping
- Health director information package

These documents are anticipated to be finalized by next quarter.

We have had multiple conversations with the Patient Care Quality Office and FNHA's Quality Care and Safety Office to identify barriers in communication between our teams in receiving feedback from patients and families to create more streamline and standardized communication pathways. The hope is to decrease the emotional labour on Indigenous community members and their representatives/advocates. One tactic we are trialing, which is showing promise, is having joint intakes with a Patient Care Quality Officer and an Indigenous Patient Experience Advisor. A finalized version of those communication pathways is anticipated to be finalized in the next quarter.

In the upcoming year, we have an ongoing commitment to working alongside Indigenous community partners and community representatives, including Health Directors, to share updates and receive input on ongoing program developments.

We have also launched a jointly managed email to further streamline arising concerns being brought forward by Indigenous patients and families. We can be contacted by email at: IndigenousPatientExperience@NorthernHealth.ca.

4. Our People

4. Our People

Creating educational opportunities for staff and promoting environments for Indigenous staff

Northern Health's Respectful Relationships Course

Curriculum review – The Respectful Relationships review process began on November 20, 2023. The core team members are a wide range of Interested and affected parties that include: A Lheidli T'enneh Elder, Northern Health education, the National Collaborating Center for Indigenous Health (NCCIH), the University of Northern BC(UNBC), First Nations Health Authority (FNHA), Métis Nation BC(MNBC), Physician Quality and NH Indigenous Health Medical leads. The group will advise the work needed to support informing requirements in meeting the HSO BC Cultural Safety and Humility standard in the organization at all levels.

Respectful Relationships groups in the NE - The education team provided support to the NE Specialized Services to develop a plan for the entire staff to work together to complete the Respectful Relationships Curriculum. Groups of three will work together to complete the curriculum modules to ensure accountability and to support each other through the work. The plan will commence in January 2024.

Respectful Relationships post curriculum workshops - Members of the Indigenous health team have now completed the delivery of seven of the ten Respectful Relationships post curriculum workshops available to all staff and physicians who have completed the Respectful Relationships curriculum. Interactive discussions continue to be well received. To date, 577 NH staff/physicians have completed the curriculum with 852 currently in progress.

Indigenous Community of Practice (CoP)

The Indigenous Community of Practice is a group of Indigenous staff members at Northern Health who come together monthly to connect with and learn from each other; capture and share collective knowledge; and celebrate successes together.

It has developed, at the guidance of those participating, meaningful connection experienced by all those who attend. Those that attend have wholeheartedly welcomed Indigenous Health's invitation to bring forward areas of work for their feedback and input. Participants continue to show up in ways that demonstrate ownership in this space, and together are working to create supportive and positive work environments for Indigenous staff across the organization.

4. Our People

Creating educational opportunities for staff and promoting environments for Indigenous staff

Physician Co-leadership group

Though a collaboration with the Physician Co-leadership group at the University Hospital of Northern BC (UHNBC), Indigenous Health Team members partnered to deliver a Cultural safety education training day on October 20, 2023. The education supported a clear understanding of the work within the Indigenous health team and how the team interconnects with Northern Health's strategic Plan and the Northern Health Medical Advisory Committee (NHMAC) strategic plan around cultural safety and anti-racism. The Indigenous health team also took the group through cultural safety exercises to guide the leaders in understanding their fears around cultural safety work and how they can lead in this work with their own teams and move anti-racist approaches in care forward.

Substance Use and Cultural Safety

A tailored workshop was developed and presented on December 5th to the regional Substance Use Resource Nurses on embedding Cultural Safety within their practice. Participants were encouraged to complete the Respectful Relationships Curriculum

Decolonizing Nursing Pedagogy and Research

Northern Health Indigenous Health Regional Education Lead, who is also an Indigenous registered nurse is currently part of the University of Northern BC (UNBC) work on decolonizing nursing pedagogy and research. Working with Sheila Blackstock who is also a nurse and a Gitxsan Scholar and Associate Professor, Faculty of Human and Health Sciences, School of Nursing and academic lead of the NCCIH, as well as partnership with First Nations Health Authority, Métis Nation BC and through community knowledge gathering sessions.

4. Our People

Creating educational opportunities for staff and promoting environments for Indigenous staff

Taa Saantii Mamawapowuk

The Indigenous Health team along with sixty Northern Health staff were invited to attend a community–led health gathering and cultural day on September 15,2023 that was put on by Métis Nation BC the Taa Saantii Mamawapowuk. Northern Health staff learned about Métis history, culture, traditional medicines and were able to view the Métis health and wellness plan co-developed with Northern Health that was then to be shared for input with Métis citizens. The day was attended by Métis and Northern Health leadership. Attendees were able to share their learning from the day in an end of day large learning circle which highlighted the positive effects the gathering had.

Photo credit: Métis Nation BC

5. Communication, Technology and Infrastructure

5. Communications, Technology and Infrastructure

Implementing a refreshed communications framework. Improving physical and virtual spaces. Collaborating on improvement-driven technological innovations.

Communications

Communications has begun work on developing refreshed branding in conjunction with Northern Health's overall brand strategy refresh. This body of work has already guided a new look and feel to the Indigenous Health team's reports, presentations, display units and overall communications.

Enhanced communication activities include providing resources to Northern Health staff members to learn and engage in Indigenous awareness events:

- National Day for Truth and Reconciliation:
    - A calendar of things to do, things to see and things to read for the month of September
    - A virtual gathering was held to honour National Truth and Reconciliation with more than 200 participants from across the health authority.
- Louis Riel Day:
    - Social media awareness, staff digest information
    - A lunch and learn
- Desktop backgrounds with graphics and information on recognized days like Indigenous Aids Awareness Week, Ribbon Skirt Day and more

Technology

The team is utilizing technology tools in new and innovative ways to host meetings, gather information and provide internal and external audiences access to information that Indigenous Health is engaged in.

Infrastructure

Grants: Indigenous Health, Métis Community Wellness Awards have been established, and applications are currently under review. Some upcoming projects include creating traditional and cultural wellness, community food hampers, family gatherings, winter camps to promote family bonding and Metis culture and more.

In partnership with FNHA, the First Nations Community Wellness 2023/2024 applications are currently under review and will be finalized shortly. Some upcoming projects include traditional medicine programs, community feasts, youth wellness groups and youth empowerment days, and many other initiatives on wellness and healing.

5. Communications, Technology and Infrastructure

Implementing a refreshed communications framework. Improving physical and virtual spaces. Collaborating on improvement-driven technological innovations.

Indigenous Recruitment: Recruitment work has begun on an Indigenous recruitment strategy in conjunction with the communications and recruitment teams. Plans are underway to develop promotional materials for attending recruiting events.

Capital Infrastructure: The aim for Indigenous Health in Capital Infrastructure is to improve and enhance Indigenous Partnerships and processes with Northern Indigenous Nations.
Areas of focus will be with the following:

- All new capital infrastructure will have sacred space for privacy and cultural practices,
- Indigenous procurement process identified for capital infrastructure, supply chain and services,
- Recognition of title holders and hereditary systems, and
- Indigenous Art, Signage, Naming of facilities, and adequate funding.

Contact Us:

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Indigenous.Health@northernhealth.ca

About the art in this report: line drawings of a bear, dragonfly, hummingbird and turtle are by Indigenous artist Carla Joseph, who lives on Lheidli T’enneh territory

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Summary

September

- National Truth and Reconciliation Day activities encompassed the month of September with many opportunities to learn and discuss reconciliation
- Métis Nation BC hosted Taa Saantii Mamawapowuk event for NH staff
- Métis Nation BC Annual General Meeting

October

- Perinatal conference
- FNHA Regional Leaders (Youth) and Knowledge Keepers (Elders) Regional Gathering
- Physicians Co-leadership Forum
- IH Health Director Meeting – IPLW Program & Patient Care Resourcing

November

- FNHA Regional Men's Gathering
- BC Restorative Approaches Leadership Symposium in Vancouver
- Louis Riel Day celebrations included hosting a lunch and learn
- FNHA Regional Caucus attended by VP Indigenous Health, Engagement Lead, HSDA Advisors with also a presentation by the Northern Health CEO. The event was supported with an Indigenous Health information booth
- IH Health Director Meeting – IHAT (formerly IHICs) shaping & funding

December

- Indigenous Health Team All Staff team gathering in Prince George to collaborate, learn from and work together
- Northern Health Corporate strategy for 2024-2025 released

The Indigenous Health Team (left to right)

Cameron Stevens, Capital
Melissa Morin, Recruitment
Alexanne Dick, Métis Engagement
Logan Erickson, Summer Student
Jean Baptiste, Patient Experience
Teresa Bennett, Communications
Taylor Turgeon, Lead
Donna Porter, Education
Tami Van Kalsbeek, Executive Admin
Nicole Cross, Vice President
Connie Cunningham, Sr. HSDA Advisor, NE
Ryan Dirnback, Sr. HSDA Advisor, NI
Christa Meuter, Sr. HSDA Advisor, NW
Rachel Weller, Patient Experience
Coco Miller, Engagement
Shannon Hall, Project Implementation
Marlaine Joe, Administration
Patricia Hoard, Patient Experience

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DIRECTOR EXPOSURE AND LIABILITY BRD 510

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

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

Liability Coverage

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

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

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

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

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

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

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): February 13, 2023 (R)

Coverage is provided for a Director for all loss resulting from a claim for a wrongful act arising solely out of their duties. Examples of exclusions to this coverage include: any act, error or omission resulting from a Director failing to act honestly and in good faith in the best interest of Northern Health; any act, error or admission outside the course of the Director's duties with Northern Health; or any loss arising out of a dishonest, fraudulent, criminal or illegal act or omission of a Director. However, for the purposes of this exclusion, knowledge possessed by any one Director shall not be imputed to any other.

Accident Coverage

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

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): February 13, 2023 (R)

PROCESS FOR DIRECTORS TO RAISE PUBLIC CONCERNS BRD 530

Introduction

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

Process

A. Administrative Concerns & Complaints

a) From the Public

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

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

b) From Directors

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

If the Director has concerns about a fellow Director, they will follow the process set out in BRD 210 Code of Conduct and Conflict of Interest Guidelines for Directors. ~~or the CEO he/she shall first have a discussion with the Board Chair. If the concern is about the Board Chair the Director shall first have a discussion with the Board Deputy Chair and the CEO.~~

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

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
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the Director shall first raise their concern directly with the CEO either verbally or in writing. The same timely process for response as delineated under 'From the Public' shall be followed.

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

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

B. Clinical or Patient Care/Safety Concerns & Complaints

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

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

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

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

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

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

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

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ORGANIZATION AND PROCEDURE BYLAWS BRD 600

DEFINITIONS

1.1 In these bylaws

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ARTICLE 2 - NORTHERN HEALTH AUTHORITY

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

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

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

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

ARTICLE 3 - MEMBERS

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

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

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

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

ARTICLE 4 - OFFICERS

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

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

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

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

ARTICLE 5 - COMMITTEES OF THE BOARD

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

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

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

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

ARTICLE 6 – MEETINGS OF THE BOARD

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ARTICLE 7 – LIABILITY AND OBLIGATION OF MEMBERS/OFFICERS

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

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

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

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

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

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

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

ARTICLE 8 - CORPORATE ADDRESS

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

ARTICLE 9 - EXECUTION OF DOCUMENTS

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

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

ARTICLE 10 - GENERAL

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

ARTICLE 11 - ADOPTION OF BYLAWS AND AMENDMENTS

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

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

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

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DIRECTOR COMPENSATION AND EXPENSE GUIDELINES BRD 610

BOARD REMUNERATION

Introduction

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

Annual Retainers

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

- Chair $ 25,875
- Director $ 12,940
- Audit & Finance Committee Chair $ 5,750
- Other Committee Chairs $ 3,450

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

Payment for Attendance at Meetings

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

- For meetings in excess of 4 hours duration $720

[1] This document conforms to Treasury Board Directive 2/24 effective April 1, 2023

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- For meetings of 4 hours or less duration $360

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

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

Travel time shall be calculated from the Director's normal place of residence. In circumstances where a Director relocates, travel and expenses will continue to be paid from the new place of residence, unless there is an appreciable difference in cost. There situations will be assessed as exceptions by the Board Chair, Chief Executive Officer (CEO) and Corporate Secretary on a case by case basis, to determine if any pro-rating of travel expenses is required. ~~Exceptions will be handled on a case by case basis in consultation with the Corporate Secretary and/or Board Chair.~~

Maximum Daily Compensation
Compensation for Board and Board Committee meetings and associated travel time will not exceed $720 in total in a 24-hour day.

Annual Compensation Limits[2]

- Chair $69,075
- Director $34,540
- Audit & Finance committee chair $40,290
- Other board committee chairs $37,990

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

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

[2] The sum of retainer plus meeting fees and travel time

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Full Day Cap	$62.00
Breakfast	25.00
Lunch	25.00
Dinner	34.50
B&L	36.00
L&D	45.50
B&D	45.50
Incidental	15.00

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

Mileage for transportation using a private vehicle is paid at $0.61 per kilometre. Directors have the discretion to choose the method of transportation that is most appropriate, while considering cost, efficiency and availability.

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

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

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Payment

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

Reimbursement of expenses will be made to Directors upon submission of approved Board Member Expense Claim Forms. All claim forms are to be submitted to the Corporate Secretary for processing[3].

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

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

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

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