

# Northern Health Board: Public Session

Prince George Conference & Civic Centre - Rooms 205/206



December 09, 2024 09:45 AM - 11:45 AM

Agenda Topic	Presenter	Time	Page
<u>MOTIONS</u>			3
1. Call to Order, Welcome and Indigenous Land Acknowledgement	Chair Nyce	09:45 AM-09:55 AM	4
1.1 Conflict of Interest Declaration	Chair Nyce		
1.2 Approval of Agenda	Chair Nyce		
MOTION			
1.3 <a href="#">Approval of Minutes - June 24, 2024</a>	Chair Nyce		4
MOTION			
1.3.1 Business Arising from Previous Minutes	Chair Nyce		
2. <a href="#">CEO Report</a>	Ciro Panessa	09:55 AM-10:25 AM	10
2.1 <a href="#">Accreditation Survey</a>	Nicole Cross	10:25 AM-10:30 AM	51
2.2 <a href="#">Child &amp; Youth Program</a>	Aaron Bond	10:30 AM-10:35 AM	55
2.3 <a href="#">Rehabilitative Services Program</a>	Aaron Bond	10:35 AM-10:40 AM	61
2.4 <a href="#">Building NH Research Capacity &amp; Infrastructure</a>	Nicole Cross	10:40 AM-10:45 AM	66
2.5 <a href="#">Indigenous Health: Quarterly Update</a>	Nicole Cross	10:45 AM-10:50 AM	69
3. <a href="#">Human Resources Report</a>	David Williams	10:50 AM-11:00 AM	72
Information			
4. Audit & Finance Committee	Director Kurjata	11:00 AM-11:15 AM	85
4.1 <a href="#">Financial Statement - Period 7</a>	Mark De Croos		85
MOTION			
4.2 <a href="#">Capital Expenditure Plan Update - Period 7</a>	Mark De Croos		87
MOTION			

5.	Performance, Planning & Priorities Committee	Director Anderson	11:15 AM-11:35 AM	96
5.1	Strategic Priority: Healthy People in Healthy Communities			96
5.1.1	<a href="#">Communicable Diseases Control and Emerging Communicable Diseases</a>	Dr. Jong Kim		96
5.1.2	<a href="#">Office of Health Resource Development</a>	Dr. Jong Kim		102
6.	Governance & Management Relations Committee	Director Everitt	11:35 AM-11:40 AM	110
6.1	<a href="#">Board Policy Manual: BRD 400 Series</a>	Kirsten Thomson		110
	MOTION			



<b>Public Meeting Motions December 9, 2024</b>				
<b>Agenda Item</b>		<b>Motion</b>	<b>Approved</b>	<b>Not Approved</b>
1.1.	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?		
1.2	Approval of Agenda	The Northern Health Board approves the December 9, 2024 Public Agenda as presented	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Approval of Minutes – June 24, 2024	The Northern Health Board approves the June 24, 2024 minutes as presented	<input type="checkbox"/>	<input type="checkbox"/>
4.1	FY2024-25 Period 7 End Financial Statement	The Northern Health Board receives the 2024-25 Period 7 financial update as presented.	<input type="checkbox"/>	<input type="checkbox"/>
4.2	FY2024-25 Period 7 Capital Expenditure Plan Update	The Northern Health Board receives the Period 7 update on the 2024-25 Capital Expenditure Plan, as presented	<input type="checkbox"/>	<input type="checkbox"/>
6.1	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: June 24, 2024**

**Location: Prince Rupert, BC**

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- |                   |   |                  |  |
|-------------------|---|------------------|--|
| <b>Chair:</b>     | Colleen Nyce  | <b>Recorder:</b> | Desa Chipman   |
| <b>Board:</b>     | <ul style="list-style-type: none"><li>• Frank Everitt</li><li>• Shannon Anderson</li><li>• Russ Beerling</li><li>• Linda Locke</li><li>• Patricia Sterritt</li></ul>                  | <b>Regrets:</b>  | <ul style="list-style-type: none"><li>• Brian Kennelly</li><li>• Wilf Adam</li><li>• Shayna Dolan</li><li>• John Kurjata</li></ul>   |
| <b>Executive:</b> | <ul style="list-style-type: none"><li>• Ciro Panessa</li><li>• Mark De Croos</li><li>• David Williams</li><li>• Tanis Hampe</li><li>• Steve Raper</li><li>• Kirsten Thomson</li></ul> |                  | <ul style="list-style-type: none"><li>• Aaron Bond</li><li>• Jeff Hunter</li><li>• Nicole Cross</li><li>• Dr. Ronald Chapman</li><li>• Dr. Jong Kim</li><li>• Dr. Helene Smith</li></ul> |

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**Public Minutes**

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**1. Call to Order, Welcome and Indigenous Land Acknowledgement**

The Open Board session was called to order at 12:42pm and acknowledge with respect and gratitude the Tsimshian people of the Allied Tribes of Lax Kw'allams and Metlakwa on whose traditional territory the meeting is taking place on.

**1.1. 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 June 24, 2024, Public agenda.

**1.2. Approval of Agenda**

Moved by R Beerling seconded by P Sterritt

The Northern Health Board approves the June 24, 2024 public agenda as presented

**1.3. Approval of Board Minutes**

Moved by F Everitt seconded by P Sterritt

The Northern Health Board approves the April 15, 2024 minutes as presented

### 1.3.1. Business arising from previous Minutes

There was no business arising out of the previous minutes

## 2. CEO Report

- An overview of the CEO report was provided which included additional information and highlights on the following topics.
  - Unregulated drug crisis in Northern Health
    - Northern Health has the highest rate of unregulated drug deaths in the province. The highest rates ever for Northern Health were seen in 2024 and they continue to increase in the Northern Interior, while the rates in the Northwest and Northeast are showing signs of decline.
    - Rates for youth unregulated drug toxicity deaths by health authority of injury from 2019-2023 was provided.
    - Drivers of unregulated deaths upstream are early life experience, social and structural determinants of health and downstream drivers are toxic illicit drug supply, stigma and reduced or barriers to accessing services.
  - Northeast Wildfire Activity – Northern Health Response
    - Appreciation was expressed to staff and leadership in Fort Nelson and their response to the evacuation due to the Parker Lake fire where overnight patients, and multi-level care residents from Fort Nelson General Hospital were safely relocated to Fort St John Hospital and to Rotary Manor in Dawson Creek, and staff had to be evacuated. All staff and residents are now safely home.
  - Emergency Room Stabilization – Task Force Actions
    - Rapid engagement with medical staff (physicians and nurse practitioners) and key stakeholder groups including the Doctors of BC, the northern medical advisory committees, and medical staff associations.
    - Collaborating with BCEHS to mobilize additional ground ambulances and higher skilled paramedics to support the stabilization and transfer of patients.
    - Establishment of “turnkey” primary care clinics
      - Directors expressed appreciation to C Panessa and all Leadership members and staff who are continuing to implement as many options as possible.

### 2.1. Human Resources Report

An overview of the June Human Resources report was provided with additional information being shared on the following areas:

- Difficult to fill positions
- Strategic framework – Health Human Resources Plan
  - Cornerstones: retain, redesign, recruit and train
- Healthcare Worker Incentives – Northern, Rural, Remote
  - Rural and Remote Recruitment Incentive
  - Provincial Rural Retention Incentive
    - Directors would be interested to be provided the numbers of how many hires have happened as a result of the incentives.
- International Recruitment
- Health Career Access Program
- A Provincial sponsored training opportunity that was initially designed to provide paid education and on-the-job training to become a registered Health Care Assistant. Northern Health is working with Provincial Health Human Resources Coordination

Centre to expand HCAP to other required professions, such as Medical Lab Assistants and other hard to fill positions.

### 3. Audit and Finance Committee

#### 3.1. Year End Financial Statement

- Northern Health ended fiscal year 2023-24 on March 31, 2024. The annual financial statements are being audited by KPMG.
- Upon conclusion of the audit, the financial statements will be presented to Northern Health's Board of Directors for approval. Following Board approval, the audited financial statements will be submitted to the Ministry of Health for its review and approval to release to the public.
- Once Ministry approval is received, the audited financial statements will be posted on Northern Health's website.

#### 3.2. 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 13 (ending March 31, 2024), \$362.3M was spent towards the execution of the plan was summarized in the briefing note.
- In addition to the major capital projects outlined in the briefing note, 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 spent \$13.3M on such items.

Moved by B Kennelly seconded by W Adam

The Northern Health Board receives the Period 13 update on the 2023-24 Capital Expenditure Plan as presented.

### 4. Performance Planning and Priorities Committee

#### 4.1. Strategic Priority: Healthy People in Healthy Communities

##### 4.1.1. Partnering for Healthy Communities

- Information and details were provided on the following initiatives:
  - Indigenous Collaboration Framework
  - Community Granting
  - City of PR received imagine grants for:
    - upgrades to the pool
    - Road Safety program
    - Outdoor programs for a new skatepark and electric bikes
  - Partnering with Local Governments
  - Health Human Resources Partnerships
  - NH Community Partnership & Engagement Framework

#### 4.2. Strategic Priority: Coordinated and Accessible Services

##### 4.2.1. Integrated Primary & Community Care and Specialized Community Services

- The Northern Health coordinated system of primary care and specialized services program consists of three areas:
  - Primary Care Network

- Specialized Community Services Programs
- Primary & Community Care Interprofessional services
- Information was highlighted on the following:
  - Northern Health Regional Districts RCMP Partnerships
  - Foundry & Integrated Child and Youth Teams
  - Supporting Different Stages of Aging
  - Complex Medical and/or Frail Adults Community Services
  - NH Virtual Substance Use Clinic – perinatal service expansion
- Included in the presentation were details on the identified opportunities and challenges to overcome.

#### 4.3. Strategic Priority: Quality

##### 4.3.1. Mental Health & Substance Use

- An overview of the annual progress update on Mental Health & Substance use was provided with highlights being provided on the following;
  - Medical based treatment
  - MHSU Virtual Services
  - Substance Use Treatment Services
  - Substance Use and Addiction Management in Hospitals
  - Complex Care Housing
- The following issues and risk are being monitored:
  - Health human resources remain a concern as new roles are required to strengthen clinical service provision. We continue to work with the Ministry of Health on implementing retention, recruitment, training and redesign actions as part of the Provincial Health and Human Resource Strategy to stabilize the workforce, and the MMHA to consider integrated service models for our rural and remote context.
  - The province declared the opioid overdose epidemic a public health emergency in 2016. Drug-related overdoses and deaths remain a serious concern across the country, including NH. We will continue to build a robust system to care for those with substance use disorders, and to address the needs of those living with emotional and physical pain and the intergenerational trauma of colonialism.

##### 4.3.2. Infection Prevention Control

- The Infection Prevention and Control team provides on-site and virtual guidance, training, auditing/assessments, and surveillance to reduce the potential for healthcare acquired infections (within our facilities) for patients, family, and staff. The IPC team works with Public Health to prevent and manage communicable disease and clusters/outbreaks. The team also provides on-site, virtual guidance, education, and assessments for Medical Device Reprocessing (the department that sterilizes equipment for re-use).
- The priorities for 2024 / 2025 are:
  - Medical Device Reprocessing Department
  - Infection and prevention
- Accomplishments in 2023/2024 were:
  - MDRD Quality Improvement work
  - Infection Prevention facility assessments

## 5. Indigenous Health & Cultural Safety Committee

### 5.1. Investment in Indigenous Health

- Over the last year, Indigenous Health (IH), Northern Health (NH) has focused on strengthening relationships with our partners and evaluating current investments to better align with operations and existing programs. Through connection with partners, we identified areas of improvement and are working towards enhancing programs and services and investing in Indigenous people and communities.
- A major area of focus through these connections has been to highlight the successes of partners and the great work being done in community. By way of regular check ins, we have supported our partners, enhanced reporting and created processes to streamline the delivery of awards and grants, as well as identified areas of success.
- In the upcoming year, IH will showcase the great work that is being done in community by sharing stories and looking to host opportunities for connection.
- IH has invested in a variety of awards, grants and programs looking at learning from communities, supporting youth, and recruitment and retention of Indigenous staff.
- A detailed summary of current investments that flow through seven streams was outlined in the briefing note.

## 6. Governance and Management Relations Committee

### 6.1. Policy Manual BRD 200 Series

- The revised policy manual BRD 200 Series was presented to the Board for review and approval.

Moved by F Everitt seconded by P Sterritt

The Northern Health Board of Directors approves the revised BRD 200 series as presented.

### 6.2. Review Northern Health's Energy and Environmental Sustainability Portfolio

- Northern Health's energy initiatives, described more fully in the Strategic Energy Management Plan, encompass a series of actions designed to produce long term, sustainable reductions in our overall energy consumption. These efforts are led by the Energy & Environmental Sustainability team with the support of Facilities Maintenance, Capital Planning & Support Services.
- Northern Health's work towards Energy & Environmental Sustainability aligns with the Climate Change Accountability Act which includes legislated targets for reducing greenhouse gases, a climate change accountability framework, and requirements for the provincial public sector.
- Highlights were provided of the 2023/24 fiscal year (F2024) and plans for the 2024/25 fiscal year (F2025).

### 6.3. Review Northern Health's Climate Change Accountability Report

- The Northern Health Board received an overview of the Northern Health Climate Change Accountability Report which includes an annual update on the PSO progress towards carbon neutrality.
- In 2023, NH emitted 20,985 tonnes of carbon dioxide equivalents (tCO<sub>2e</sub>). To meet carbon neutrality obligations, \$525,175 in carbon offsets were purchased. New work to support carbon emission reductions within NH includes optimizing and recommissioning existing buildings, upgrading older and inefficient heating and hot water equipment, and continuing to design new construction projects to LEED Gold certification.



- In 2023, NH pursued three capital carbon reduction projects along with many more facility energy efficiency projects. Construction progressed to redevelop Mills Memorial Hospital in Terrace and Stuart Lake Hospital in Fort St. James. Both new hospitals will have lower emissions than the hospitals they are replacing and will achieve LEED Gold.
- The annual report included highlights from other work underway to help mitigate, and adapt to, the effects of climate change.

#### 6.4. Emergency Preparedness

- A report was provided to summarize Health Emergency Management BC, North's activities in emergency preparedness and response for Northern Health during 2023 within the context of NH staff education and training, seasonal preparedness, disaster response, and emergencies that impacted Northern Health operations and healthcare services.
- S Raper acknowledged and expressed gratitude for the professional and collaborative way Mary Charters, along with Health Emergency Management team, deal with the daily challenges and risks the north is faced with.
- Directors expressed appreciation for the ongoing commitment and hard work that continued with both the Health Emergency Management team and the Northern Health team.

Meeting was adjourned at 3:11pm  
Moved by L Locke

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Colleen Nyce, Chair

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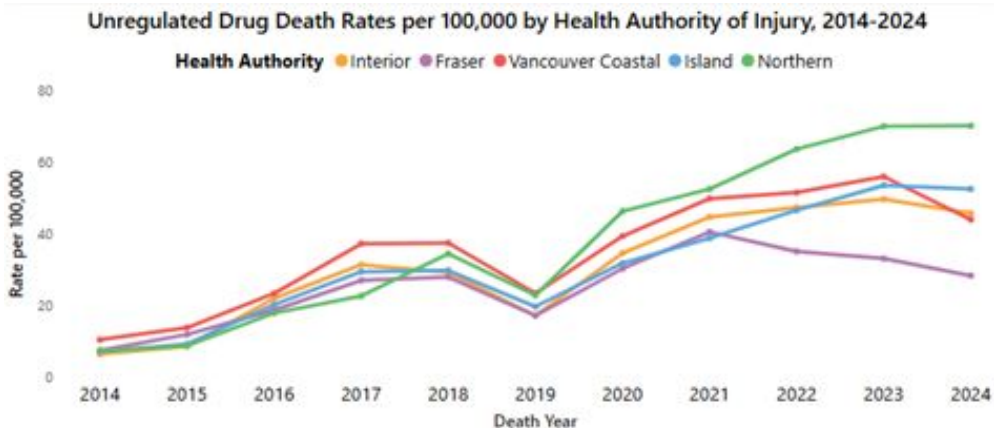
Desa Chipman, Recording Secretary



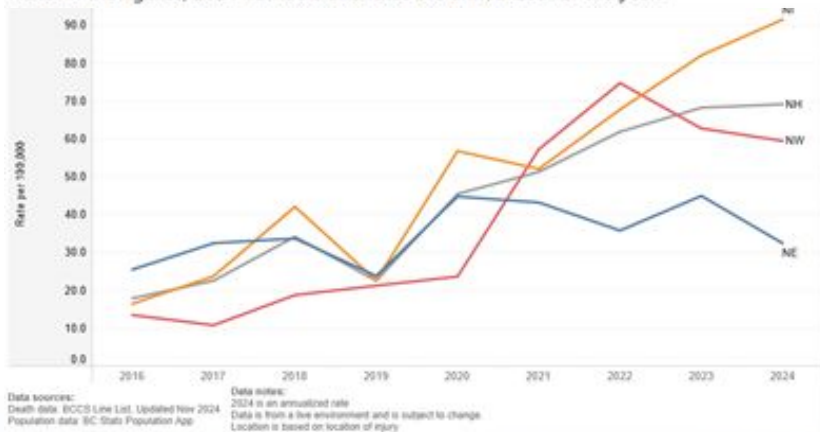
# CEO Report – Northern Health Board

December 2024

# Unregulated Drug Crisis in Northern Health



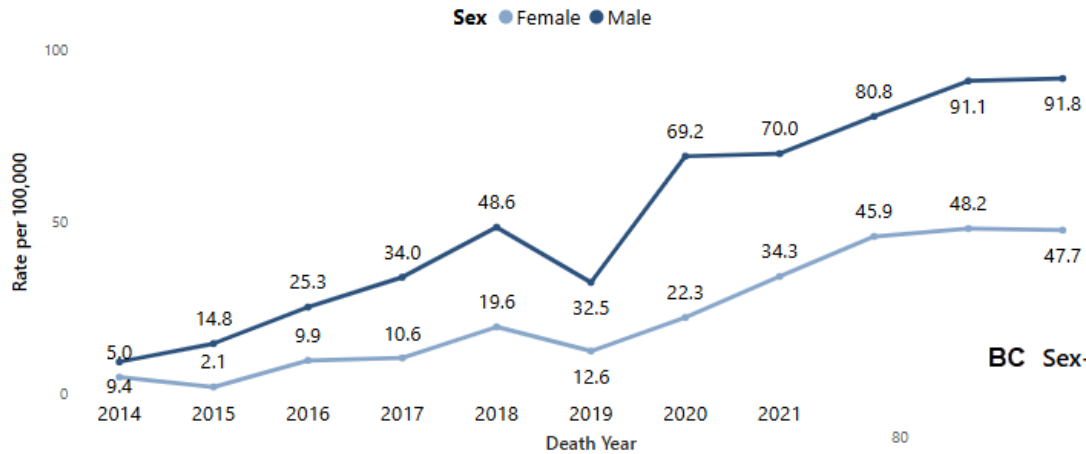
Note: In the figures, 2024 numbers and rates are annualized for the year.



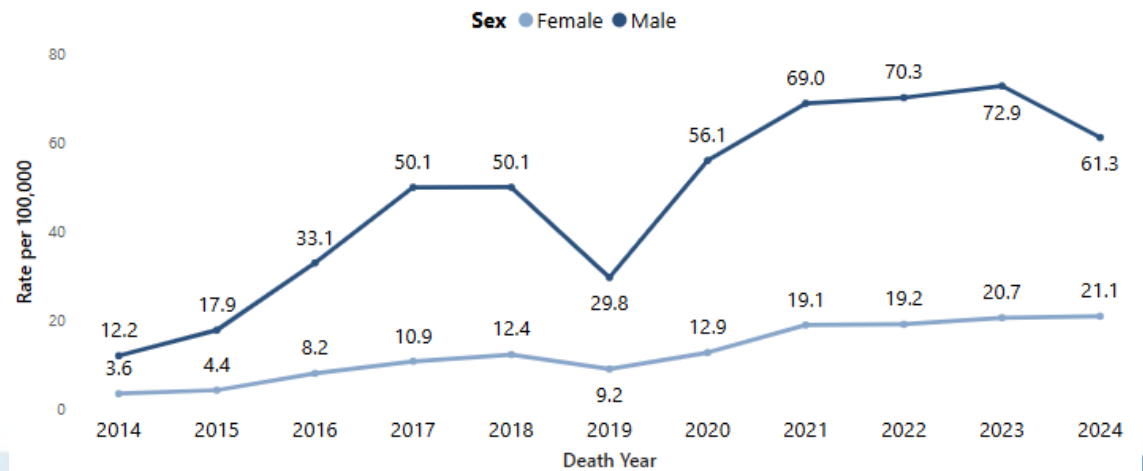
- Northern Health has the highest rate of unregulated drug deaths in the province
- 2024 seeing the highest rates ever for NH
- The rates continue to increase in the NI
- The rates in the NW and NE are showing signs of stabilization

# Unregulated Drug Death by Sex (Rate per 100,000)

NH Sex-Specific Unregulated Drug Death Rates per 100,000, 2014-2024

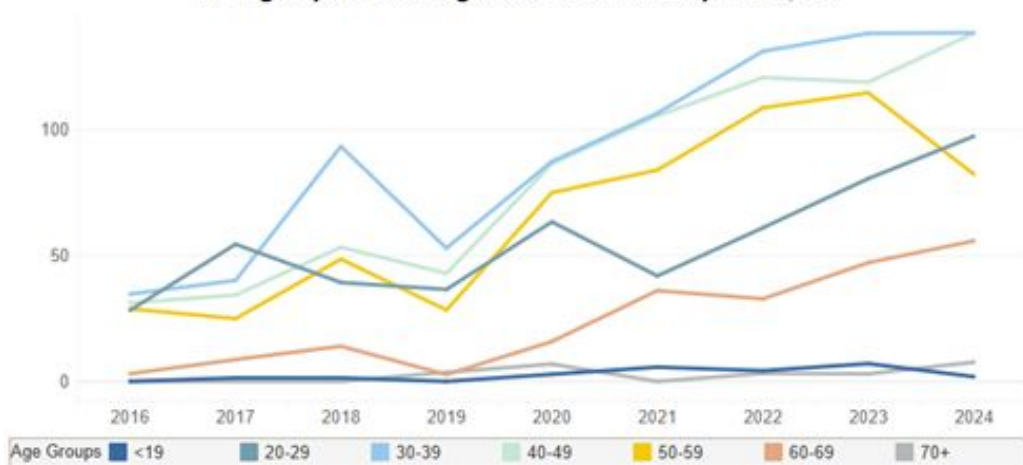


BC Sex-Specific Unregulated Drug Death Rates per 100,000, 2014-2024

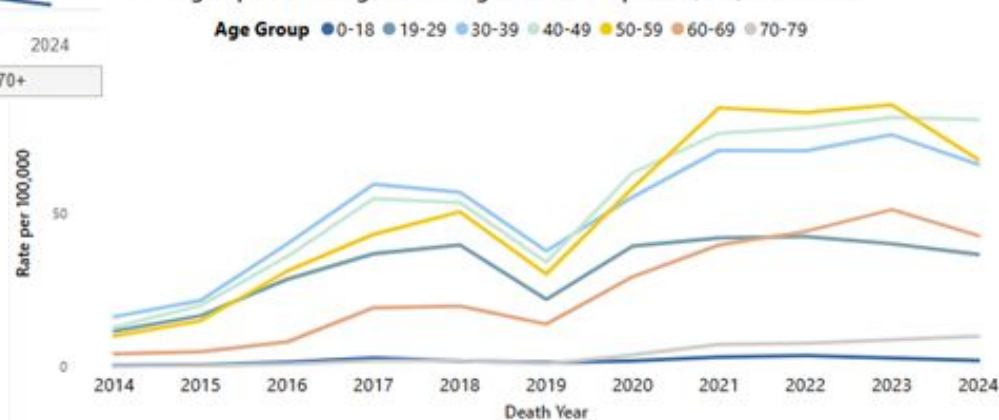


# Age-Specific Unregulated Death Rates per 100,000, 2016-2024

NH Age-Specific Unregulated Death Rates per 100,000



BC Age-Specific Unregulated Drug Death Rates per 100,000, 2014-2024



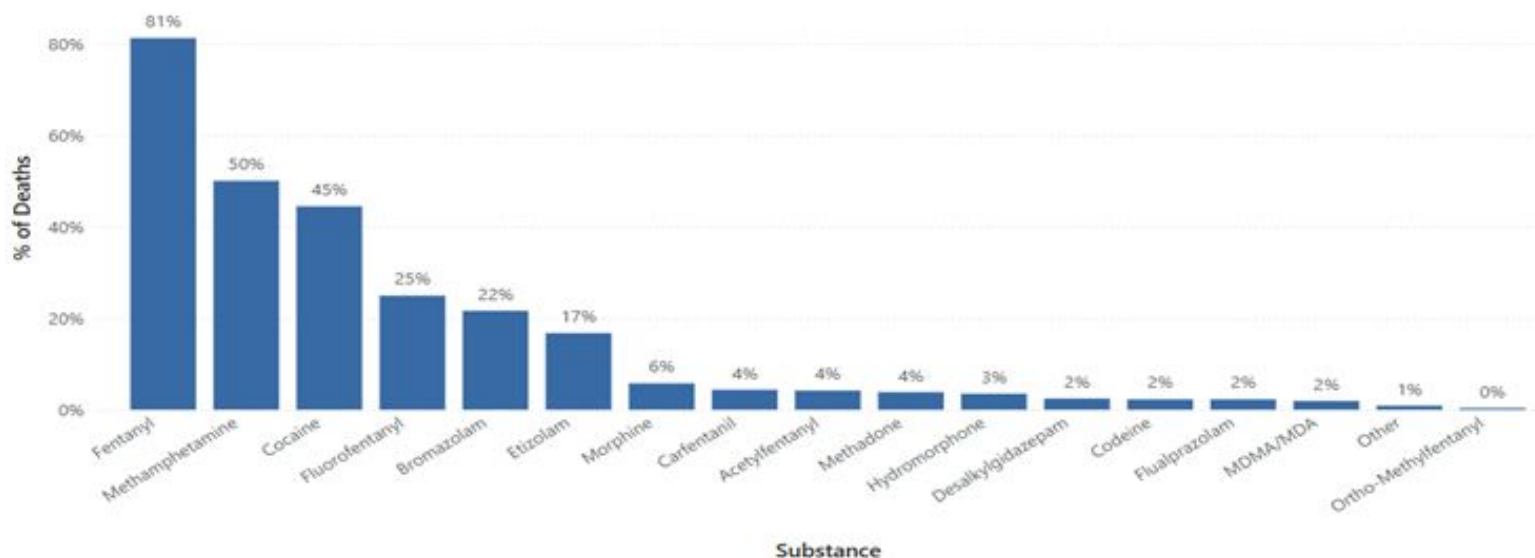
## Northern Health Location of Injury



- Where people are dying has not changed since the start of the PH Emergency
- Private Residences see the highest proportion of deaths across NH and BC

# Northern Health Expedited Toxicology Substances 2020 - 2024

Substances Detected in Expedited Toxicology Among Unregulated Drug Deaths



**Notes:**

As of July 1, 2020, the B.C. Coroners Service implemented a new expedited testing protocol that tests 21 drugs in a semi-quantitative manner and results are generated within a few days of samples being received. Samples from suspected drug toxicity deaths are sent for expedited testing and reported presumptively prior to completing confirmatory testing. The following substances are screened in expedited testing: fentanyl & analogues (acetylfentanyl, carfentanil, fentanyl, and norfentanyl), stimulants (cocaine (inc. cocaethylene, benzoylecgonine), methamphetamine/amphetamine, MDMA/MDA), other opioids (6-monoacetylmorphine, codeine, hydromorphone, methadone (inc. EDDP), morphine, oxycodone), and benzodiazepines & analogues (alprazolam, etizolam, flualprazolam). In 2023, detection of fluorofentanyl (fentanyl), bromazolam, and desalkylgizapam (benzodiazepines) were added. The data includes **only** unregulated drug toxicity deaths that have undergone expedited testing. The data is preliminary and subject to change as further toxicology results are received.











# Response to the Toxic Drug Supply

- Harm Reduction and Overdose Prevention
  - Drug Checking, Take Home Naloxone, Facility Overdose Response Boxes, Overdose Prevention Sites
- Toxic Drug and Overdose Alerting
- Safer Inhalation Services (real-time social media alerting to the public)
- Access to Opioid Agonist Therapy and Prescribed Safe Supply
- Complex Care Housing



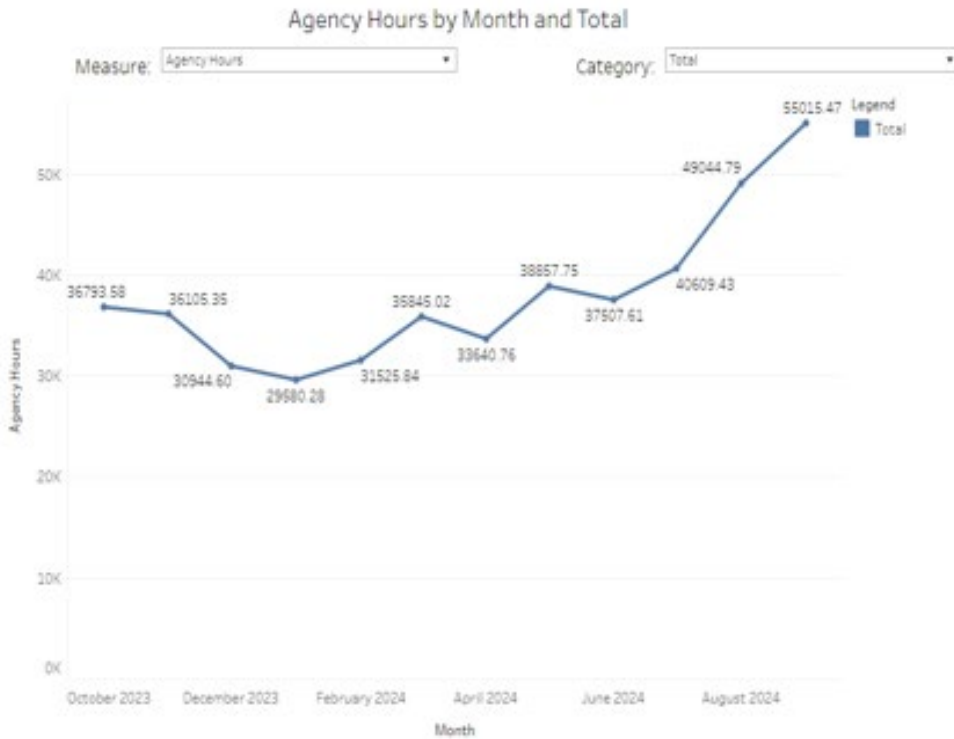


# Emergency Department Stabilization

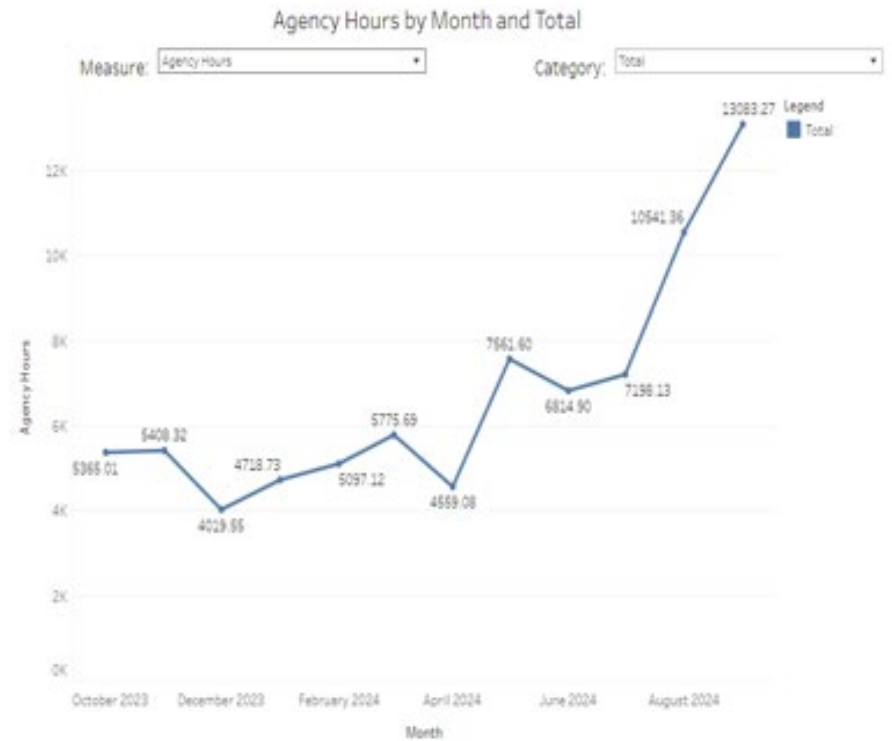
-  Focus on retention
-  Hiring more staff, benefiting from the Northern recruitment incentive
-  Expanding GoHealthBC
-  Enhancing ED teams with: LPNs, NPs, RTs, Allied Health, Relational Security and Associate Physicians
-  Improving access and flow and community care planning options
-  Exploring hybrid ERs with virtual physicians and/or clinical supports
-  Starting LPN HCAP to augment Care Aid HCAP program
-  Collaborating with BCEHS to improve timely response and/or access to emergency care
-  Strengthening the Provincial ED Physician Locum Program
-  Shifting compensation to support retention of physicians to the North

# Agency Deployment Office (ADO)

- All Nursing

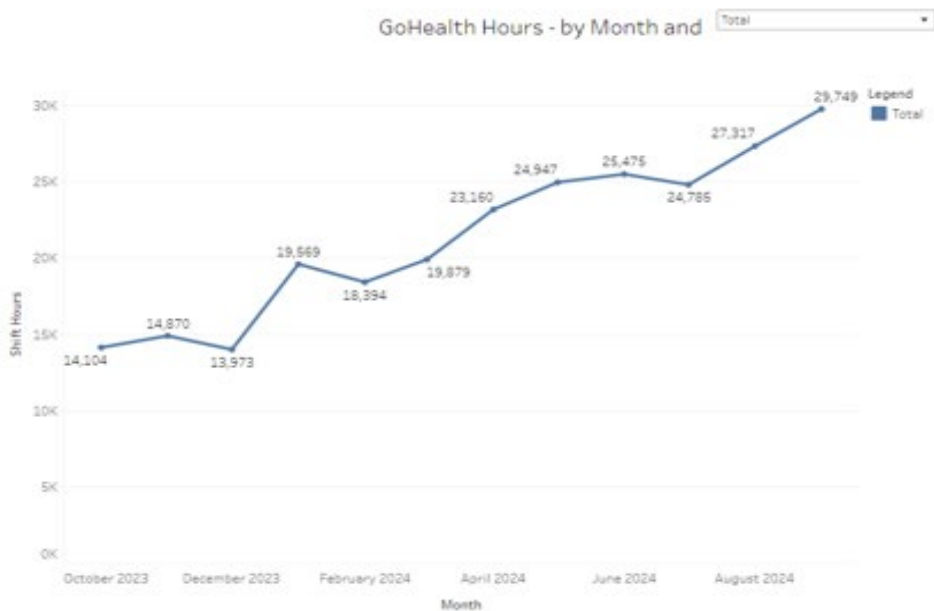


- ER Nursing

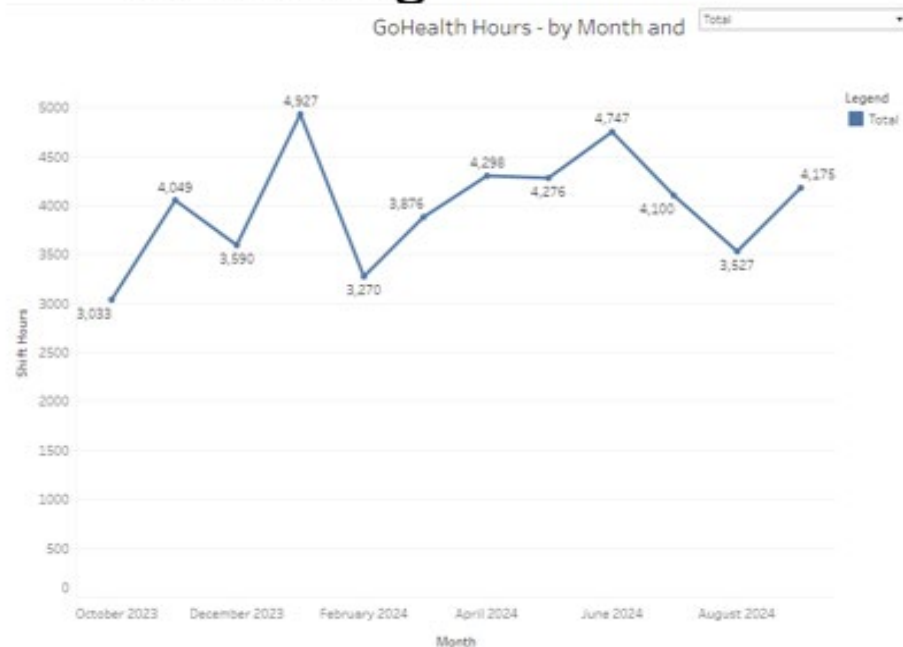


# GoHealth BC

- All Nursing



- ER Nursing



An ED education program has been initiated to upskill GoHealth BC Nurses.

# Virtual Health Emergency Department Supports

## Objectives:

- ❑ Increase access to emergency services, including mitigating service interruptions.
- ❑ Increase emergency physician capacity by leveraging available external and internal human resources.
- ❑ Provide pathways for physician and nurse peer-to-peer clinical mentorship, consultation, and advice for rural and remote emergency departments and health centres.

In partnership with the Rural Coordinating Centre of BC (RCCbc), the Real-Time Virtual Support (RTVS) pathways include:

- ❑ The Rural Urgent Doctor in-aid (RUDi)
- ❑ The Rural Outreach in Critical Care and Internal Medicine (ROCCi)
- ❑ The Virtual Emergency Room Rural Assistant (VERRa)

# Virtual Health Emergency Department Supports

- The Rural Urgent Doctor in-aid (RUDi) pathway:
  - Provides 24/7 instant access emergency medicine peer support service
  - RUDi is actively used across all 28 Northern Health sites and many Indigenous communities in the northern region
  - iPads placed in emergency departments provide clinical teams instant access to virtual consultation and advice
- The Rural Outreach in Critical Care and Internal Medicine (ROCCi) pathway:
  - Provides rural healthcare providers access to rural internists and intensivists.
  - The pathway was implemented in October 2024 and provides support to assess and stabilize critically ill patients, help with less familiar procedures, and provide consultation and advice.

# Virtual Health Emergency Department Supports

- The Virtual Emergency Room Rural Assistant (VERRa) pathway:
  - Provides virtual most responsible provider (MRP) overnight coverage for rural emergency departments, prioritizing communities with less than seven physicians and helps prevent closures through scheduled overnight virtual physician coverage.
  - The VERRa pathway was formally implemented in October 2024, providing scheduled overnight coverage 1-2 nights a week for Masset, Mackenzie, Chetwynd, and Fort Nelson communities.
  - Planned expansion is underway of the VERRa pathway to build capacity to support more rural emergency departments.

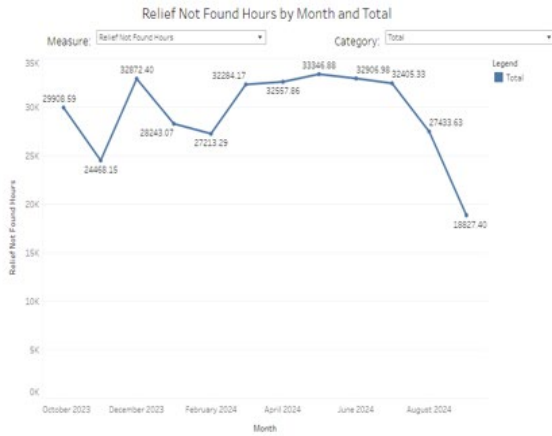
# Virtual Health Emergency Department Supports

## Planned Service Enhancement

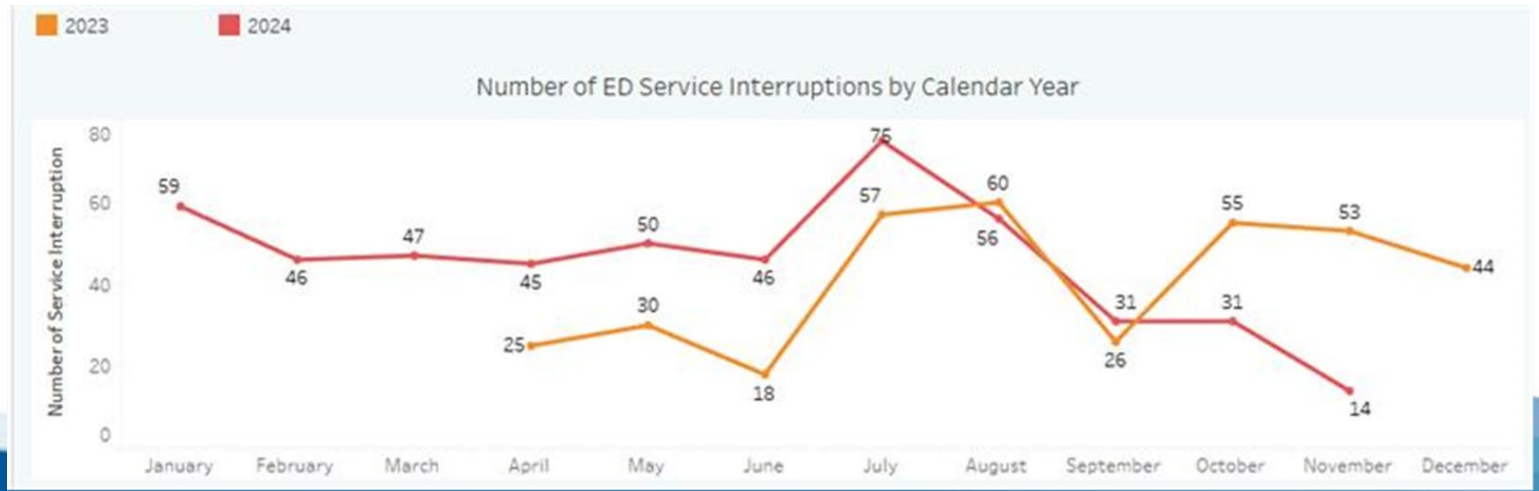
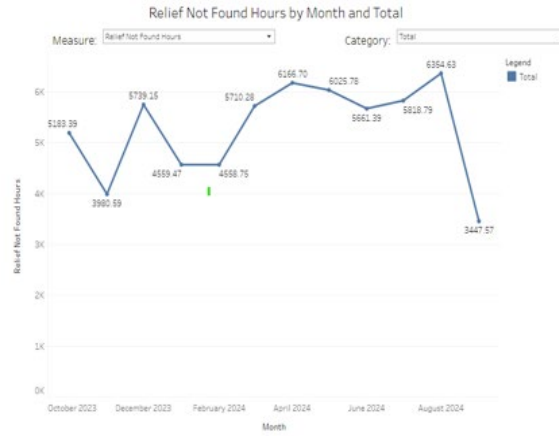
- Virtual Emergency Services through Teladoc Health:
  - Utilizes BC-licensed physicians and technology to provide virtual emergency room services working together with on-site clinical teams
  - Implementations begin in early December 2024 at Fraser Lake Regional Hospital and Prince Rupert Regional Hospital
  
- Nurse to Nurse Emergency Department Virtual Peer Support through the Northern Emergency Response Team (NERT):
  - Virtual nurse peer support that works in conjunction with the RTVS physician peer pathways
  - Provision of in-the-moment comprehensive nurse mentorship to increase confidence and reduce isolation for nurses working in rural, remote, and First Nations communities and rural emergency departments
  - Assistance with patient transports and patient stabilization
  - Hiring and training underway, implementation scheduled for early 2025

# Impact

- All Nursing



- ER Nursing





## Fall Surge - Capacity

- NH Capacity & Bookings (as of Nov 17)
- Based on appointment availability and bookings recorded within ImmsBC
- BC Totals in parentheses

	Capacity			Bookings			Utilization		
Age	NH Clinic	Pharmacy	Total	NH Clinic	Pharmacy	Total	NH Clinic	Pharmacy	Total
12+	1,849	15,450	<b>17,299</b>	774	2,002	<b>2,776</b>	41.9%	13.0%	<b>16.0%</b> <b>(13.2%)</b>
<12	2,256	-	<b>2,256</b>	815	-	<b>815</b>	36.1%	0.0%	<b>36.1%</b> <b>(37.4%)</b>

# Fall Surge - Vaccinated Individuals (as of Nov 17)

COVID-19 Admins	Influenza Admins
29,916	39,258

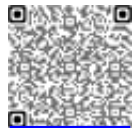
- NH Total Vaccinations

COVID-19	% Pop	Influenza	% Pop
3,515	1.2% (1.8%)	4,434	1.5% (2.3%)

- NH Vaccinations last week
- BC Totals in parentheses
- LTC facilities are currently partway through their immunization campaign

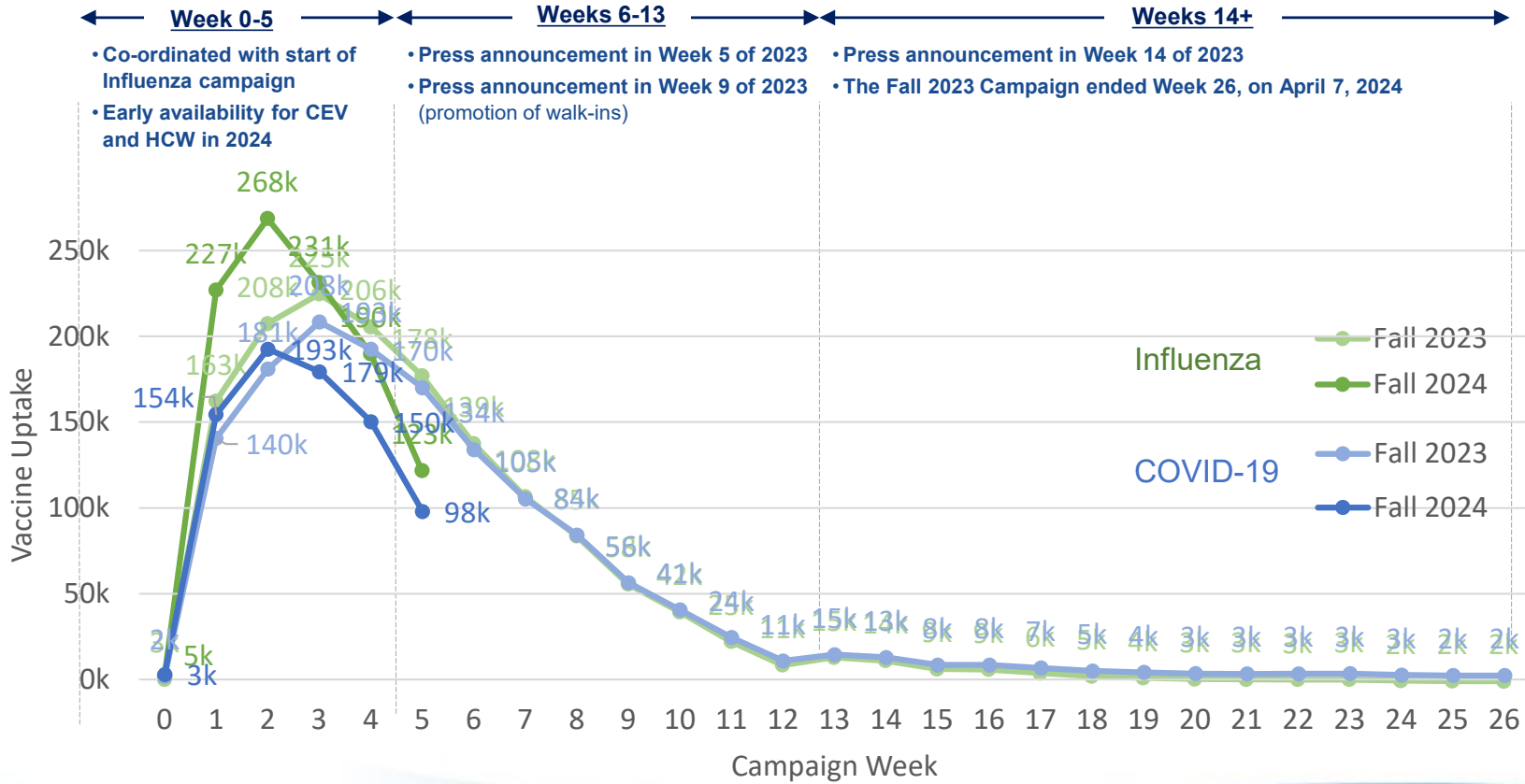
# Fall Surge - Uptake by Priority and Age Groups

Influenza					COVID-19					
	CEV 1&2	CEV3	HCW	65 + Years	50-64 Years	18-49 Years	12-17 Years	5-11 Years	6-59 Months	Total
<b>NH</b>	1,858 (28%)	2,214 (23%)	3,433 (33%)	16,499 (33%)	6,994 (13%)	5,329 (5%)	1,021 (5%)	1,327 (5%)	583 (6%)	39,258 (13%)
<b>BC</b>	(37%)	(32%)	(39%)	(41%)	(19%)	(8%)	(9%)	(11%)	(12%)	<b>(19%)</b>
<b>NH</b>	1,376 (21%)	1,655 (17%)	2,524 (24%)	12,261 (25%)	6,126 (12%)	4,089 (3%)	769 (3%)	777 (3%)	339 (3%)	29,916 (10%)
<b>BC</b>	(27%)	(24%)	(28%)	(29%)	(16%)	(6%)	(7%)	(7%)	(8%)	<b>(14%)</b>



- **CEV:** Clinically Extremely Vulnerable (risk factors for severe COVID-19 disease - based on age, conditions, and other factors)
- **HCW:** Health Care Workers

# Fall Surge – Provincial Trends 2024 vs. 2023



## Fall Surge - Nirsevimab

- New program - HAs partnering with BC Children's Hospital
- Monoclonal antibody protects against Respiratory Syncytial Virus (RSV)
  - Infants born since March are respiratory season “naïve”
  - Higher risk of negative outcomes for newborns in remote communities
- Eligible newborns are now receiving Nirsevimab at birth
- Approximately 130 eligible infants born since March have been identified
  - Partnering with FNHA to offer this monoclonal antibody in community

# Viral Respiratory Illness (VRI) – Epidemiology

- In the week of November 20 wastewater testing indicated
  - COVID activity is higher than previous year
  - Influenza B activity is low
  - RSV and Influenza A are showing minimal activity
- Adverse outcomes for COVID:
  - Hospitalizations and ICU admission are similar to last year

# Acute Care

## Access and Flow Winter Surge Planning

- Implementing and refining a number of practices and protocols to improve care coordination, communication and planning in hospitals
- Increasing capacity in Adult Day Programing, Long Term Care and Short Stay Beds to support discharge planning and community rehabilitation
- Creating as much urgent primary care and virtual primary care capacity as possible

## Fort St John Hospital ICU Restart

- The ICU Department in the Fort St John Hospital temporarily closed in 2023
- Recruitment efforts have successfully filled 90% of nursing positions, with a 10% vacancy rate supported by Go Health and agency nurses. Two of five internal medicine physician positions have also been filled, with 2 more expected to be filled by the end of 2026.
- A plan to transition ICU services back into operation began on October 21, 2024. All four beds are not yet open 24/7 but work continues to achieve this goal. The start of readmissions to the ICU is a significant milestone for the Fort St John Hospital and community.
- Northern Health greatly appreciates the patience and understanding from the community during this challenging period.



# University Hospital of Northern British Columbia Business Plan

- Ministry of Health announced on August 8, 2024 that the business plan for a new patient-care tower at the University Hospital of Northern British Columbia was approved.
  - Double the number of beds for surgical, mental-health and cardiac services from 102 to 211
  - Cardiac care will be centralized in the 11-storey acute-care tower with a new six-bed cardiac-care unit and a new 20-bed cardiac step-down unit along with interventional cardiac services
  - The tower will also house a state-of-the-art surgical unit with 12 operating rooms



# University Hospital of Northern British Columbia Business Plan

- To meet the need for mental-health and substance-use services, the number of treatment beds will increase by 36 to a total of 83, including 11 youth psychiatric-assessment beds, four brief-intervention beds, 36 adult psychiatric beds and 32 withdrawal-management beds.
- The tower will be located on the southeast corner of the UHNBC campus on the site of the health unit building between Edmonton and Winnipeg streets. Early work has begun with the start of construction on a 471-space parkade next to the BC Cancer Centre for the North.
- The next stage in the building of the patient-care tower is the procurement process. Construction is expected to begin in fall 2026 and be completed in summer 2031.
- Northern Health is grateful for the significant contribution from the Fraser-Fort George Regional Hospital District.

## New Long-Term Care Homes

- On August 20, 2024, the Ministry of Health announced funding approval of new long-term care homes for the north in both Quesnel and Smithers BC.



## New Long-Term Care Homes

- **Quesnel:**

- Will add 221 new beds and replace 67 beds from Dunrovin Park Lodge, for a total of 288 beds. The home will be located on land provided by the City of Quesnel. It will be built and operated by Providence Living in partnership with Northern Health under a project development agreement.
- Construction of the new facility is expected to begin in fall 2026 following the design phase and is expected to be ready for residents in late 2028.

- **Smithers**

- Will bring 160 new publicly funded beds to the community.
- In addition to the new beds, the home will replace 56 beds at Bulkley Valley Lodge, for a total of 216 beds. The new home will be built and operated by Providence Living in partnership with Northern Health under a project development agreement. It will be located on land provided by the Town of Smithers. Construction is expected to begin in spring 2028, with the home expected to be open for residents in 2030.

## New Fort St James Health Facility

- The new hospital and health centre will replace the outdated hospital, combining primary, acute and long-term care in one location.
  - It will house 27 beds, with 18 long-term care and nine acute care beds.
  - Has an expanded emergency department with two treatment rooms, a trauma bay and an ambulance bay, a larger laboratory and diagnostic imaging (X-ray) and palliative-care spaces
  - The primary-care centre is integrated with the hospital and long-term care services.
- Patients will start receiving care in the new facility when it opens at the beginning of 2025. Demolition of the current hospital is anticipated to begin early in 2025, with full completion of the project expected in September 2025.

## New Terrace Hospital Gifted Tsimshian Name

- The new state-of-the-art hospital in Terrace reached another important milestone having been gifted a Tsimshian name, Ksyen Regional Hospital, Terrace.
  - The name recognizes the territory in which the hospital was built and the region it serves.
- Ksyen (KUH-see-yen) is the Sm'algyax name for the Skeena River. Sm'algyax is the language spoken by the Ts'msyen (Tsimshian) people, who have lived for thousands of years on the North Coast of British Columbia. Northern Health will be collaborating with Kitsumkalum and Kitselas on a name gifting ceremony soon.
- Ksyen Regional Hospital, Terrace, will also recognize the history and important contributions that Dr. Stanley Mills and others have made to health care in the region -- including Dr. Mills' role in bringing the current hospital to the community. Dr. Mills will be recognized in the new facility with a history wall and will have the ambulatory care unit named in his honour.

## Patient Move Day: Mills Memorial to Kysen Regional Hospital

- Sunday November 24, 2024, was a busy day for Northern Health staff, transporting patients from Mills Memorial Hospital to Kysen Regional Hospital. Patients were transported using BC Ambulances, a bus and a Northern Health Connections van.



# The team at Mills Memorial Hospital





## Patient Move

- Liz Williamson, 88, a patient from the 2<sup>nd</sup> floor of the Mills Memorial Hospital enjoyed her move to the new hospital.



Sender team waves goodbye to Liz as the elevator doors close.



Start of the journey for Liz!

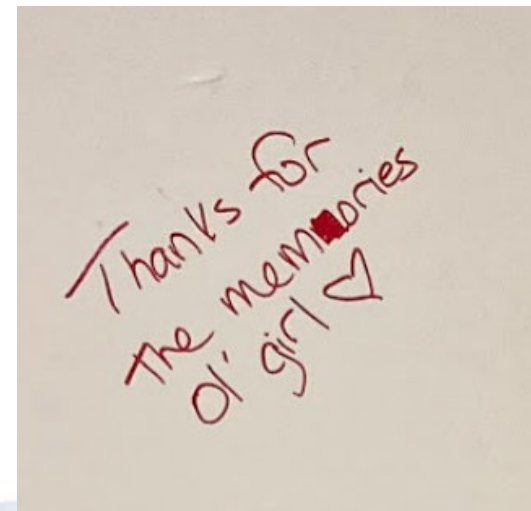
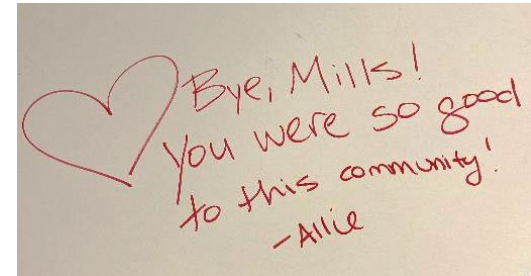


Welcome to Ksyen Hospital !

Settled into her new room with a cup of tea. *“it’s like a hotel,”* said Liz.



# All over the old hospital, staff had been writing farewell messages on the walls



# We did it!



## 2024 Healthcare Employee Relations Awards of British Columbia

- Northern Health's GoHealth BC's Occupational Health and Safety Team was the recipient of the 2024 **Leading Workplace Health & Safety Practices award** for setting a new standard of occupational health and safety for nurses working in remote and rural areas.
  - Sherman Lau, GoHealth BC (Travel Resource Program)
  - Christine Lewis, Coordinator, Health & Safety Travel Resource Program.



## Northern Health's GoHealth BC's Occupational Health and Safety Team

- The Workplace Health and Safety team in Northern Health created an inter-health authority program of occupational health and safety practices for GoHealth BC nurses.
- The program adapted existing OHS protocols to meet the specific needs of rural and remote communities that the GoHealth BC nurses served, addressing challenges such as long-distance travel, multi-employer workplaces, and site-specific safety requirements.
- Having a site-specific OHS orientation has allowed nurses to return seamlessly to the same worksite on repeat deployments. Site-specific safety information is shared with them upon arrival, equipping them with tools and resources to work safely in any environment they are placed in.
- Prioritizing both safety and the well-being of nurses has paid off and has contributed to the growth of the GoHealthBC program.

# Ministry of Health Leadership Changes

- Josie Osborne has been appointed as the new Minister of Health. Minister Osborne previously served as Minister of Municipal Affairs, Minister of Land, Water and Resource Stewardship and Minister Responsible for Fisheries, and most recently as Minister of Energy, Mines and Low Carbon Innovation.
- Deputy Minister of Health Stephen Brown retired in November after holding the position since 2013. Associate Deputy Minister Tiffany Ma and Associate Deputy Minister Mark Armitage will alternate acting as Deputy Minister for the ministry until a permanent deputy is appointed.

# CEO Presentation

## Nurse Practitioners Provincial Grand Rounds

**Provincial Nurse Practitioner Grand Rounds**

**Wednesday, July 31, 2024**  
12:30pm – 1:30pm

Please click here (or copy and paste this link into your browser) to register for this session: <https://events.teams.microsoft.com/event/265e34ca-d82b-4f7a-7869-0c9722b01f9a@2116a043-192a-4db2-92ba-c0a424f1b259>

**CIRO PANESSA**  
President and Chief Executive Officer for the Northern Health Authority

Vision for the Nurse Practitioner's Profession

Brought to you in partnership by:

First Nations Health Authority  
fraserhealth  
Interior Health  
island health  
northern health  
Providence  
Provincial Health Services Authority  
Vancouver Coastal Health

- The Nurse Practitioner Provincial Grand Rounds presentations are held monthly over the lunch hour with presentations focusing on a variety of issues that affect, or are significant to, Nurse Practitioners provincially.



# Northern Regional Fall Caucus

- The Northern Regional Fall Caucus occurred in Prince George from November 5-7, 2024 with representatives from First Nations Health Authority, Northern Health and the First Nations Health Council.
- The opportunity was also taken to recognize First Nations Health Authority President & CEO, Richard Jock who recently announced his upcoming retirement.

## Métis Nation BC & Northern Health Leadership Committee Meeting

- An in-person leadership committee meeting was held on Monday December 2, 2024 where discussion focused on the following topics:
  - MNBC-NH Health and Wellness Plan – review for final endorsement and publication.
  - Métis Nation Health and Wellness Plan Report and updates
  - Northern Health Updates
  - Review Letter of Understanding for re-signing and identifying milestones to be accomplished
- Following the meeting attendees were provided the opportunity to visit and tour the Métis Nation BC Museum.



# Accreditation & Northern Health

# Accreditation & Northern Health

**What is Accreditation (AC)?** It is a voluntary process to evaluate the existence of a consistent approach to required organizational practices to ensure safe, quality care for those Northern Health (HH) serves.

**What is NH's AC status?** We are in Year 2 of a 4-year Accreditation cycle (2022-2026). All results will be combined following on-site survey in 2026, awarding NH with a new status.

Year	Focus	Outcome
2023	Governance, Leadership and Emergency Management	Accredited
2024	Acute Care Services	Accredited
2025	Long Term Care Services	In Progress: Planning and prep
2026	Primary & Community Care and Population & Public Health	In Progress: Planning and prep

# Accreditation Results from 2024

## Dimensions Assessed

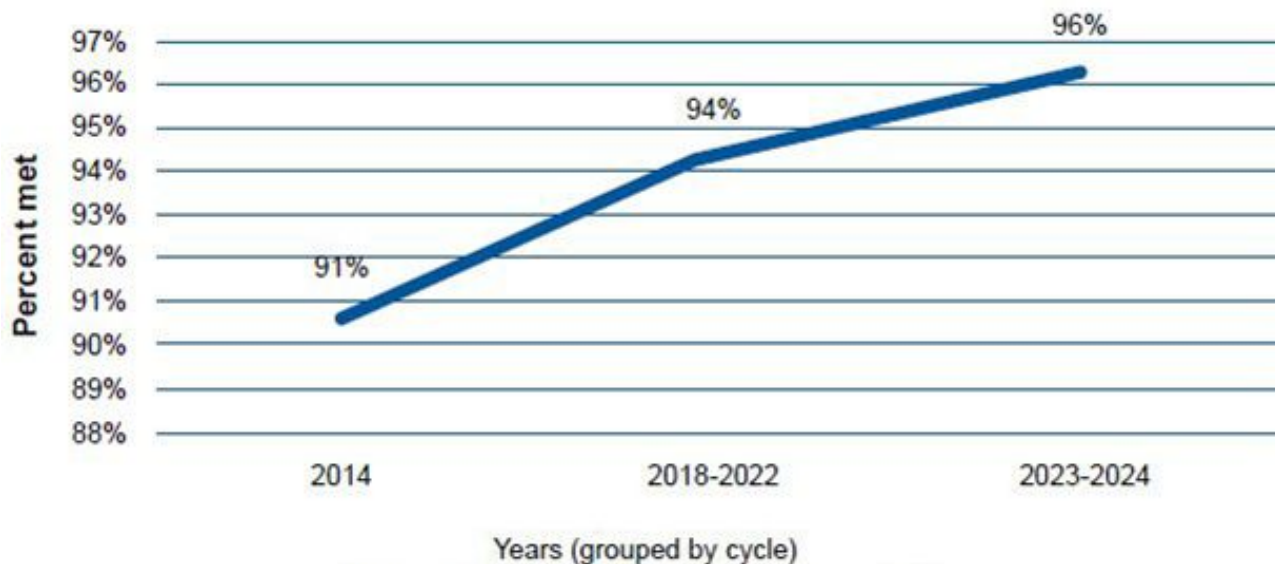
Standards
Cancer Care
Critical Care
Emergency Department
Infection Prevention & Control
Inpatient
Medication Management
Mental Health & Substance Abuse
Obstetrics
Perioperative Service
Reprocessing
Service Excellence

<b>Population Focus</b>	Work with my community to anticipate and meet our needs
<b>Accessibility</b>	Give me timely and equitable services
<b>Safety</b>	Keep me safe
<b>Work life</b>	Take care of those who take care of me
<b>Client-centred services</b>	Partner with me and my family in our care
<b>Continuity of services</b>	Coordinate my care across the continuum
<b>Appropriateness</b>	Do the right thing to achieve the best results
<b>Efficiency</b>	Make the best use of resources

# Accreditation Results Over Time

Accreditation Survey Results 2014-2024:

Total % met of all criteria assessed, grouped by cycle



Note: Only half of the services assessed in 2024.

**What does this mean?**  
NH is halfway done our site visits for the current cycle and continuing to demonstrate improvement in the number of criteria met with each survey.



# Beyond Beds: Youth MHSU Service Model

Revising program mandate to reach optimal clinical care standards and a full continuum of psychiatric care

Project 1 (implementing)	Project 2 (Planning)	Project 3 (Planning)
<p><b>Youth Short Term Assessment Response (Y-STAR)</b></p>	<p><b>Adolescent Assessment Psychiatry unit (APAU) Re-design</b></p>	<p><b>Concurrent Disorders Assessment Model</b></p>
<p>Develop a regional service for child and youth who require mental health substance use inpatient and community services to enhance delivery of quality care:</p> <ul style="list-style-type: none"> <li>• “Distributed Model”</li> <li>• 25 new FTE’s creating 8 community-based teams with access to clinical supervision from the regional hub</li> <li>• Request for Proposal (RFP) bed-based services</li> </ul>	<p>Consider shifting current model to a crisis stabilization unit with a secure room based:</p> <ul style="list-style-type: none"> <li>• Clear program pathways and eligibility criteria</li> <li>• Short stabilization admissions of 2-7 days</li> <li>• Evidence based interventions and post-discharge follow up</li> </ul>	<p>Develop an interdisciplinary team of specialized professionals to support a whole person treatment approach that includes comprehensive assessments and diagnoses for concurrent disorders</p> <ul style="list-style-type: none"> <li>• Integrating Assessment &amp; Substance use services will increase number of beds available</li> <li>• Allows for more comprehensive assessment and treatment services over 2-6 weeks</li> </ul>



The Public Health Agency of Canada through its **Youth Substance Use Prevention Program Stream 1: Incubator and Capacity Building Funding** awarded NH \$125,000 to implement the Icelandic Prevention Model (IPM) in northern BC.

### What is Planet Youth?

- International evidence based primary prevention program
- Whole population approach that focuses on all young people
- Requires transformative change in policies, practice and resources using robust local data
- Socioecological model utilizes the individual, relationship, community, and societal levels to foster positive youth development



PARTNER Northern BC



Connecting youth with **people** who care.



Fostering youth belonging, learning, and growing in safe **places**.



Defining youth **purpose** through meaningful experiences.



Unleashing the **power** of youth voices.

## Pathway to Hope Initiatives

### Foundry

- Integrated primary care, MHSU, & social services for youth
- Terrace & Prince George are operational
- Burns Lake & FSJ under development
- **New Centre's 2024 Quesnel & Vanderhoof (in development)**

### Integrated Child and Youth Teams

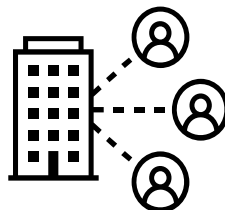
- Community-based interprofessional teams (MCFD CYMH + HA SU providers + SD #82 Clinical Counsellors)
- Two teams for the Coast Mountain School District 82 (Terrace and Hazelton)
- **New 2024 South Peace – ICY Dawson Creek (in development)**

## Human Resources: Pediatrics

- Recruitment underway for three full-time pediatrician positions in Fort St. John with a goal of establishing 24/7 pediatric coverage for the hospital.
- Pediatric Locums are currently providing on-call support for Fort St. John Hospital and outpatient pediatric clinics at the Fort St. John Medical Clinic (first clinic occurred mid-November).
- On-going communication with medical staff, clinical teams, and the community.
- International Medical Graduates (IMG): One Pediatric IMG expected in 2026 and two in 2027 (3-year Return of Service Agreements).

# Regional Pediatric Collaborative

- The NH pediatricians had the opportunity to meet to discuss challenges related to patient clinical care.
- Those from smaller communities were given a voice in planning for pediatric service across the region and were given the opportunity to share challenges that may be unique to smaller sites.
- The pediatricians reviewed best practice guidelines and standards with experts (from specialized service providers from BC Children’s Hospital and other sites)



<b>Meeting:</b>	Northern Health Pediatric Collaboration Meeting	<b>Date &amp; Time:</b>	April 25, 2024 8:30 AM – 1:00 PM
<b>Chair:</b>	Dr. Kirsten Miller & Chantelle Wilson	<b>Recorder:</b>	Caitlin Lloyd
<b>Location:</b>	Brunswick Corporate Boardroom - 1411 3 <sup>rd</sup> Avenue, Prince George, BC		
<b>Invited Attendees:</b>	<input checked="" type="checkbox"/> Dr. Anita Adlam <input checked="" type="checkbox"/> Dr. Emilie Jean-St-Michel <input checked="" type="checkbox"/> Dr. James Toft <input checked="" type="checkbox"/> Dr. Kaie Rosborough <input checked="" type="checkbox"/> Dr. Kirsten Miller <input type="checkbox"/> Dr. Lara Malks-Jumba	<input checked="" type="checkbox"/> Dr. Liz Rocha <input checked="" type="checkbox"/> Dr. Michele Harvey-Blankenship <input checked="" type="checkbox"/> Dr. Michelle Roos <input type="checkbox"/> Dr. Olusegun Oyedeji <input checked="" type="checkbox"/> Dr. Simon Earl <input checked="" type="checkbox"/> Dr. Tahir Chaudhry	<input checked="" type="checkbox"/> Caitlin Lloyd <input checked="" type="checkbox"/> Chantelle Wilson <input checked="" type="checkbox"/> Krystal McKinnon <input checked="" type="checkbox"/> Muireena McArthur <input checked="" type="checkbox"/> Samantha Hannan <input checked="" type="checkbox"/> Sandi DeWolf
<b>Guest Speakers:</b>	<input checked="" type="checkbox"/> Dr. Mia Franci <input checked="" type="checkbox"/> Nandy Fajardo <input checked="" type="checkbox"/> Carol Lai <input checked="" type="checkbox"/> Keith O'Connor	<input checked="" type="checkbox"/> Dr. Tom McLaughlin <input type="checkbox"/> Clarissa Brennan <input checked="" type="checkbox"/> Lorena Caballo <input checked="" type="checkbox"/> Amanda Doucette	<input checked="" type="checkbox"/> Dr. Angie Ip <input checked="" type="checkbox"/> Dr. Preeti Salh <input type="checkbox"/> Ceira Hutchison <input checked="" type="checkbox"/> Crystal Martin
<b>Regrets:</b>	Dr. William Abelson, Dr. Mor Cohen Eilig, Dr. Ram Mishaal		

Time	Discussion Item	Designate
8:30 – 9:00 AM	1. <b>Welcome &amp; Land Acknowledgement with Krystal McKinnon (Indigenous Wellness Canada)</b>	Dr. Kirsten Miller, <i>Chair</i>
9:00 – 9:45 AM	2. <b>Presentation: Early Motor Screening Program</b>	Dr. Mia Franci & Keith O'Connor, <i>Sunny Hill</i>
9:45 – 10:15 AM	3. <b>Presentation: BCCH Pediatric IV Outpatient Therapy Program (PIVOT)</b>	Dr. Tom McLaughlin, Clarissa Brennan & PIVOT Team, <i>BCCH</i>
10:15 – 10:30 AM	<b>BREAK</b>	
10:30 – 11:30 AM	4. <b>Presentation: Autism Assessments &amp; BCAAN Update</b>	Dr. Angie Ip, Dr. Preeti Salh, Crystal Martin & Ceira Hutchison, <i>BCAAN</i>
11:30 AM – 12:00 PM	5. <b>CYMHSU Update – Planet Youth &amp; Acute MH Services</b>	Erica Koopmans, <i>Child Health BC</i>
12:00 – 12:30 PM	<b>LUNCH</b>	
12:30 – 12:45 PM	6. <b>Wrap Up &amp; Closing</b>	Dr. Kirsten Miller, <i>Chair</i>
1:00 PM	<b>ADJOURN</b>	





# PG Student-led Neuro Rehab Clinic



## Partnership with UBC/UNBC

### OT/PT Student-led Outpatient Rehab Clinic

- Focus on Neurological Conditions Including:
  - Stroke
  - Traumatic Brain Injury
  - Spinal Cord Injury
  - Parkinson's Disease
  
- Helps Address Historical Access Gaps in Specialized Neurorehabilitation Services & Student Placements in Northern BC
  - Target of 4-6 Students per Placement
  
- Steering Committee Formed in Summer 2024
  - Suitable Spaces Being Explored

# NH Sponsored Rehab Assistant Cohorts

## Inaugural Capilano University Cohort

- 15 Month HCAP Style Education Sponsorship
  - 6 Staff Hired Into Permanent RA Roles (2xPG, Ques, DC, Ter, PR)
  - Overall Positive Feedback (All Would Recommend Opportunity to Peers)
  - Refinement Based on Feedback Underway
- Next Steps
  - Capilano has Offered 8-10 Seats for a Second Cohort in Spring 2025
  - Strong Demand for Seats Continues Across the Region



# Primary Care Network Certified Exercise Physiologists

## Northwest PCN Certified Exercise Physiologists (CEP)

- Terrace CEP Introduced in July 2023
  - Primarily Supports Change BC with Individualized Physical Activity Programs and Education (Clients with Metabolic Disorder)
- Houston CEP Introduced in March 2024
  - Supports CDM (Including Metabolic Disorder, Respiratory Conditions, Chronic Pain)
  - Combination of Individual, Group, and Home-Based Services

## NH Is the First Health Authority to Employ CEPs in Primary Care





# Virtually Enabled Rehabilitation Services

## Virtually Enabled Rehab Services Continues to Expand in Support of Rural Teams

- Virtual Clinicians Primarily Hired Casually to Support Teams with Longstanding Vacancies

### ● Physical Therapy

- Hazelton Interprofessional Team
- NH Virtual Clinic
- Fort St. James Interprofessional Team
- Fort Nelson (0.5 FTE)
- GR Baker
- Fraser Lake

### ● Occupational Therapy

- Dawson Creek
- Quesnel
- Mackenzie
- Robson Valley
- NH Virtual Clinic





# Building NH Research Capacity & Infrastructure

# Building NH Research and Evaluation Capacity and Infrastructure

A thriving health research system:

- Associated with a **higher performing health system** and improved patient outcomes;<sup>1</sup>
- Positively impact **health equity in the north** (e.g., ensuring investigational therapeutics are available/accessible to northern BC residents);
- Contributes to **workforce sustainability**, allowing us to attract and retain clinicians who are interested in pursuing research interests;
- Supports evidence-based and **data-informed decision making**.

<sup>1</sup>Boaz *et al.* 2024. If organizations and staff engage in research, does healthcare improve? Strengthening the evidence base through systematic reviews. *Health Research Policy and Systems* 22:113.

## Key Actions and Progress

- **NH-UNBC Memorandum of Understanding** – Education and Training Day (November 7, 2024)
- **Northern Centre for Clinical Research (NCCR)** – 3-Year Strategic Plan finalized
- **Northern Health-PHSA-UNBC Seed Grant** – 2 projects funded this past year (moral empowerment program; decentralized clinical trials)
- **Canadian Foundation for Innovation (CFI) grant proposal** – in collaboration with UNBC and the NCCR, preparing a large grant proposal to significantly expand life sciences infrastructure in the north
- **Expansion of Evaluation capacity** in NH - comprehensive services for teams across NH (e.g., environmental scans/literature reviews, data collection and analysis, compiling results, recommendations through written reports and infographics)



# Indigenous Health Update

# Indigenous Health Update

- **Partnering to Improve Care:**

- Launched Indigenous Health Action Tables (IHAT)
- Leader-to-Leader connections across the North
- Purpose(s)
  - Build relationship
  - Identify issues
  - Work toward solutions in partnership
  - Coordinate care

- **Increasing Indigenous Patient Liaisons:**

- Significant improvements in the number of Indigenous Patient Liaisons
  - University Hospital of Northern BC (Prince George)
  - Lakes District Hospital & Health Centre (Burns Lake)
- Partnered with Indigenous communities to recruit, select, train
- Improved supports that are easier to access

# Indigenous Health Update

- **Focusing on Indigenous Recruitment:**
  - Including cultural safety in interviews
  - Attending Indigenous community recruitment events
  - Promoting health care careers



**NH Public Board Report  
Recruitment/Retention and Workforce Planning  
David Williams, VP Human Resources  
November 2024**

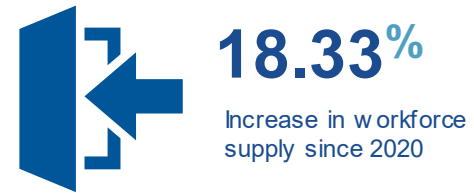


# The BIG Picture

## 10M Global Shortfall By 2030



## Northern Health Context



# Vacancy Trending



**Workforce Demand**

Total Regular Positions Start	Total Regular Positions End	Percentage Change
6,430	8,476	31.82%

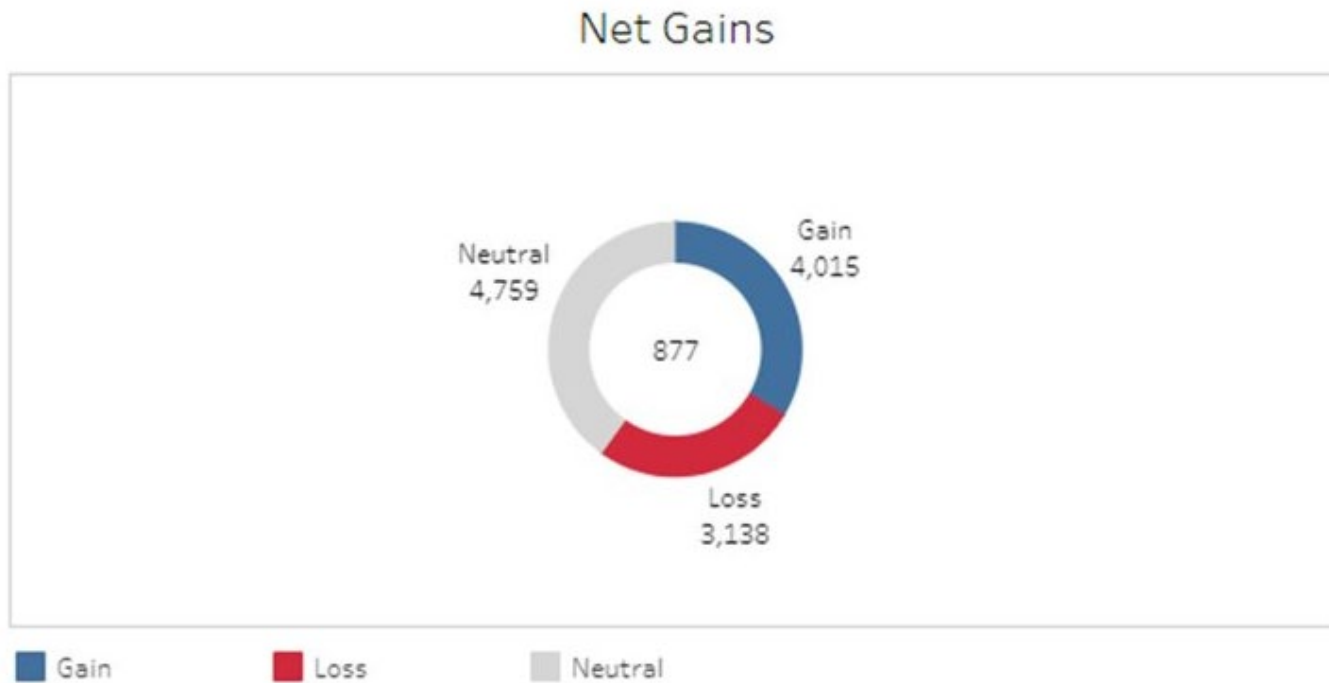
**Workforce Supply**

Regular Headcount Start	Regular Headcount End	Percentage Change
5,626	6,657	18.33%



# Net Gains

## November 2023 to November 2024



# Net Gains – Priority Professions

## November 2023 to November 2024

Profession	Net Gains (Overall)	Net Gains (Into Regular Positions Only)
Registered Nurse	254	281
LPN	132	98
Health Care Assistant	-44	183
Occupational Therapist	7	3
Physiotherapist	3	1
Social Worker	13	12
Sonography	3	1
Med Lab Tech	2	6
MRI Tech	-1	2
Pharmacy Tech	1	-1
Rehab Assistant	5	12
<b>NH Overall</b>	<b>877</b>	<b>1347</b>

# NH's Our People Plan – Aligning with the Four Pillars of BC's HHR Strategy



## Retain

Foster healthy, safe, and inspired workplaces, support workforce health and wellness, embed reconciliation, diversity, inclusion and cultural safety and better support and retain workers in high-need areas, build clinical leadership capacity and increase engagement.

## Redesign

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

## Recruit

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

## Train

Strengthen employer supported training models; enhance earn and learn programs to support staff to advance the skills and qualifications; expand the use of bursaries, expand education seats for new and existing employees.

# Centralized New Graduate Registered Nurse (RN), Registered Psychiatric Nurse (RPN) and Licensed Practical Nurse (LPN) Recruitment

Year	New Grads RN/RPN's Hired
2020	132
2021	112
2022	84
2023	110
2024	124

- Initiative Launch: Started in 2022, expanded to LPNs in 2024.
- Requirement: New graduates must work a minimum of .70 FTE for the first six months.
- Benefits:
  - Consolidate skills
  - Stabilize workforce
  - Enhance transition support
  - Increase retention
- Centralized hiring Team Composition: Recruiter and Clinical Lead SPE team member.

# Employed Student Nurse (ESN)/Employed Student Psychiatric Nurse (ESPN) Program

- Provides opportunities for student nurses finishing their second or third year (or equivalent) of an RN or RPN program to participate in paid employment opportunities in various areas of health care that help build confidence, competence, and awareness.

2022/2023	2023/2024
190 Positions	214 Applicants
195 Applicants	175 Successful Hires
168 Successful Hires	~60 Returning ESN's
Number Hired as RN: 58	Number hired as RN: 76

Year	ESN Hires	Total ESN Hours
2020	94	32655
2021	137	52254
2022	167	71816
2023	168	75642
2024 YTD*	176	71275

## GROWTH STATS:

- ✓ 2010-2020: 100 ESNs hired
- ✓ 2021/22: 137 ESNs hired 2022/23: 167 ESNs hired (400 + hours, summer & year-round)
- ✓ 2023/24: 175 ESNs hired (600 + hours, summer & year-round)

# Health Career Access Program (HCAP)

- The Health Career Access Program (HCAP), has been enhancing the workforce across Northern Health and BC since 2021.
  - Northern Health continues to partner with Indigenous communities to seek partnerships in HCAP opportunities
- Similar “earn and learn” programs have been developed for Combined X-Ray/Lab, Community Mental Health Worker and Rehabilitation Assistant
- In discussion with Northern Post Secondary Institutions and Ministry on expanding HCAP/Earn and Learn to other difficult-to- fill professions.
- Exploring Access to Practical Nursing pathway (Health Care Assistants to Licenced Practical Nurse):
  - Practical Nurse Programs are offered by all 3 northern colleges approximately 24 months long
  - Reasonable aim to develop an APN program 13 -14 months in length
  - Increase the number of LPN new graduates by 30 over the next 18-20 months
  - Provide internal pathways for career laddering for HCAs and increase access for indigenous internal candidates



# International Educated Health Care Professional (IEHP) Program

## International Educated Nurses

- Ministry implemented an expedited pathway for Internationally Educated Nurses (IENs)
  - 2023 Initiative: BC College of Nurses and Midwives introduced an expedited licensure pathway for IENs from the UK, US, Australia, and New Zealand.
  - 250-Hour Transition Practice Experience (TPE) to fast-track licensing process.
- Health Match BC:
  - Role: Largest source of IEN referrals to Northern Health.
  - Support: Assists with licensure, registration, and immigration processes.
- Hiring Data (Jan 1 - Sep 30, 2024):
  - Referrals: 63
  - Hired: 22 (8 started working)

## International Educated Health Care Professionals

- NH has been supporting for Internationally Educated Health Professionals (IEHPs) that are already in Northern BC.

# Rural and Remote Recruitment Incentive (RRRI)

- The Rural Remote Recruitment Incentive (RRRI) was rolled out by the Province in March, offering \$30,000 to eligible new staff for a two-year return of service. Positive trending:
  - Approved 209 hires (30 part-time and 179 full-time) across NH.
  - The RRRI has supported 129 Nurse recruits in targeted communities/positions.
  - Significant increase in recruitment inquiries and applications in response to advertising.
  - Filled difficult-to-fill positions across the regions, some of which have been posted for over 250 days
  - Ability to attract RNs to remote areas such as Atlin, Stewart, and Kitimat.

**Data:**

(Position Break Down of Approved RRRI's)

Collective Agreement	Profession	# of Approved Incentives
CBA	Rehabilitation assistants	2
	Lifeskills Workers	3
	Community Health Workers	1
<b>CBA Total</b>		<b>6</b>
FBA	Medical laboratory assistants	9
	Rehabilitation assistants	3
<b>FBA Total</b>		<b>12</b>
HSPBA	Cardiac Technologist	1
	Dietitian	7
	Environmental Health Officer	5
	Medical Laboratory Technologist	10
	Medical Radiation Technologist	7
	Occupational Therapist	6
	Pharmacist	3
	Pharmacy technicians	1
	Respiratory Therapist	7
	Social Worker	7
	Sonographer	2
	Speech Language Pathologist	4
	CLXT	1
<b>HSPBA Total</b>		<b>61</b>
NBA	LPN	16
	Pharmacist	1
	RN	108
	RPN	5
<b>NBA Total</b>		<b>130</b>
<b>Grand Total</b>		<b>209</b>

(Total Number of specialty hires receiving the RRRI from May 2024 – October 11, 2024)

# Prototype Rural Retention Incentive (PRRI)

## Provincial incentives to keep staff in the North

- Keeping the highly skilled and trained staff is just as important as attracting new talent.
- The Provincial Rural Retention Incentive (PRRI) has expanded eligibility to all Northern BC communities (with the exception of Prince George).
  - Eligible staff are entitled to up to \$2,000 quarterly to a max of \$8,000 for the year.
  - Eligibility based on regular full-time and regular part time employees covered by the Nurses Bargaining Association (NBA), Health Sciences Professional Bargaining Association (HSPBA), Facilities Bargaining Association (FBA), and Community Bargaining Association (CBA).

Count of Employees that Received PRRI by Community

Community	July - Sept 2024 Payment
Terrace	655
Fort St. John	639
Quesnel	488
Dawson Creek	477
Smithers	281
Prince Rupert	277
Kitimat	180
Go Health	175
Vanderhoof	159
Burns Lake	123
Hazelton	107
Daajing Giids	71
Chetwynd	55
Fort St. James	54
Fort Nelson	54
Houston	49
Masset	48
Mackenzie	46
Mcbride	37
Fraser Lake	27
Valemount	22
Tumbler Ridge	19
Stewart	5
Hudson'S Hope	4
Atlin	4
Dease Lake	3
Granisle	2
<b>Grand Total</b>	<b>4061</b>

Count of Employees that Received PRRI by Collective Agreement

Collective Agreement	July - Sept 2024 Payment
FACILITIES	1458
NURSING	1320
COMMUNITY	523
PARAMEDICAL	492
Excluded	268
<b>Grand Total</b>	<b>4061</b>

## The Face of Northern Health

As at November 15, 2024

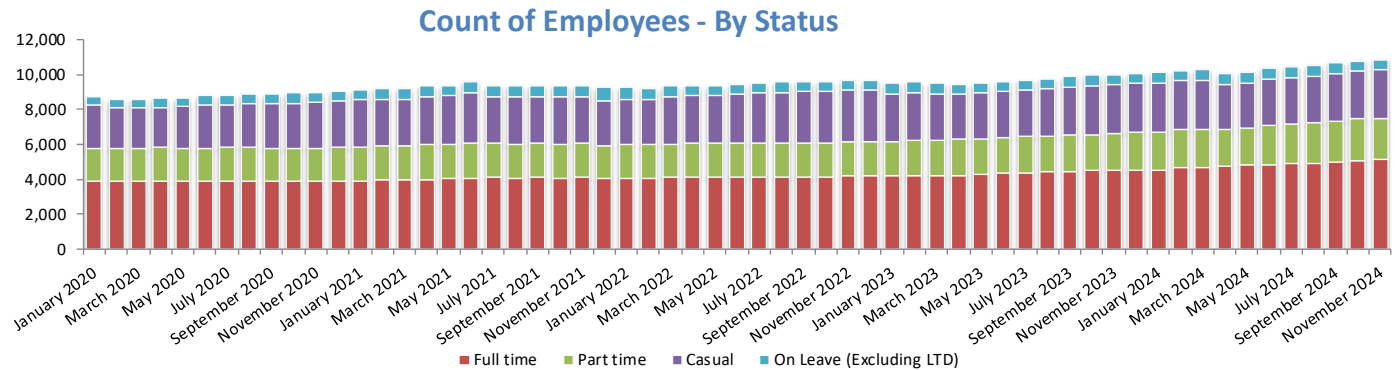
Summary of Employees by Status	Headcount	%	FTE
<b>Active: Total</b>	<b>10,362</b>	<b>100%</b>	<b>6,760</b>
Full-time	5,139	50%	
Part-time	2,417	23%	
Casual	2,806	27%	
<b>Non-Active: Total</b>	<b>973</b>	<b>100%</b>	<b>790</b>
Leave	589	61%	460
Long Term Disability (LTD)	384	39%	330

Active Employees by Region	Headcount	%
<b>Active: Total</b>	<b>10,362</b>	<b>100%</b>
North East	1,667	16%
North West	2,337	23%
Northern Interior: Prince George	3,239	31%
Northern Interior: Rural	1,284	12%
Regional	1,835	18%

Active Employees by Collective Agreement	Headcount	%
<b>Active: Total</b>	<b>10,362</b>	<b>100%</b>
Nurses	3,108	30%
Facilities	3,889	38%
Health Sciences	1,247	12%
Community	1,096	11%
Excluded	1,022	10%

Active Nursing	Headcount	%
<b>Active: Total</b>	<b>3,108</b>	<b>100%</b>
RN/RPN	2,315	74%
LPN	793	26%

Clinical vs. Support	Facilities	Community
<b>Active: Total</b>	<b>3,889</b>	<b>1,096</b>
Clinical	1,788	639
Non-Clinical	2,101	457






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## BOARD BRIEFING NOTE

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Date:	November 20, 2024	
Agenda item:	2024-25 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 10, 2024 (Period 7)**

Year to date Period 7, Northern Health (NH) has a net deficit of \$26.9 million.

The unfavourable variance in Ministry of Health Contributions is year to date actual funding received being less than expected.

The unfavourable variance in Acute is due to higher-than-expected patient volumes and overage in labour costs due to high instances of overtime and agency staff.

The favourable variance in Community Care and Mental Health and Substance Use 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.

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### **Recommendation:**

The Northern Health Board receives the 2024-25 Period 7 financial update as presented.

**NORTHERN HEALTH**  
**Statement of Operations**

Year to date ending October 10, 2024

*\$ thousand*

	Annual Budget	YTD October 10, 2024 (Period 7)			
		Budget	Actual	Variance	%
<b>REVENUES</b>					
Ministry of Health Contributions	1,359,460	696,630	645,770	(50,860)	-7.3%
Other revenues	309,120	158,390	174,247	15,857	10.0%
<b>TOTAL REVENUES</b>	<b>1,668,580</b>	<b>855,020</b>	<b>820,017</b>	<b>(35,003)</b>	<b>-4.1%</b>
<b>EXPENSES (BY PROGRAM)</b>					
Acute	898,240	460,320	467,580	(7,260)	-1.6%
Community care	270,400	139,160	126,651	12,509	9.0%
Long term care	189,620	98,450	103,160	(4,710)	-4.8%
Mental health and substance use	120,580	57,320	47,189	10,131	17.7%
Population health and wellness	48,130	25,900	26,487	(587)	-2.3%
Corporate	141,610	73,870	75,864	(1,994)	-2.7%
<b>TOTAL EXPENSES</b>	<b>1,668,580</b>	<b>855,020</b>	<b>846,931</b>	<b>8,089</b>	<b>0.9%</b>
<b>NET OPERATING DEFICIT</b>	<b>-</b>	<b>-</b>	<b>(26,914)</b>		



## BOARD BRIEFING NOTE

Date:	November 20, 2024	
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 2024-25 capital expenditure plan in February 2024, with amendments in April 2024 and July 2024. The plan approves total expenditures of \$432.5M, with funding support from the Ministry of Health (\$349.9M, 81%), Six Regional Hospital Districts (\$54.7M, 13%), Foundations, Auxiliaries and Other Entities (\$4.5M, 1%), and Northern Health (\$23.4M, 5%).

Year to date Period 7 (ending October 10, 2024), \$170.9M 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)	146.7	322.3
Major Capital Projects (Routine Capital)	10.4	77.4
Major Capital Equipment (> \$100,000)	5.5	16.0
Equipment & Projects (< \$100,000)	6.1	11.7
Information Technology	2.2	6.2
	<u>170.9</u>	<u>433.6</u>

Significant capital projects currently underway and/or completed in 2024-25 are as follows:

### **Northern Interior Service Delivery Area (NI-HSDA)**

Community	Project	Budget \$M ( <i>note 1</i> )	Status	Funding partner ( <i>note 2</i> )
Burns Lake	BLH DI Ultrasound Replacement	\$0.22	In Progress	Burns Lake Auxiliary, MOH
Burns Lake	BLH FM Hot Water Decoupling (CNCP)	\$0.22	Closing	SNRHD, MOH

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
Burns Lake	PIN FM Cooling and DHW Upgrade (CNCP)	N/A	In Procurement	SNRHD, MOH
Fort St. James	Stuart Lake Hospital Replacement	\$158.34	In Progress	SNRHD, MOH
Mackenzie	MCK Medical Clinic Renovation	\$1.79	In Progress	FFGRHD, MOH, Division of Family Practice
Prince George	Alward Place Boiler Upgrade	\$0.33	In progress	MOH, BC Housing
Prince George	Gateway Chiller Replacement	\$0.75	Closing	FFGRHD, MOH
Prince George	Prince George Diabetes and Renal Clinic Space Renovation	N/A	In Procurement	FFGRHD, MOH, NH
Prince George	UHNBC Cardiac Care Unit	\$1.58	Closing	SONHF, FFGRHD, MOH, NH
Prince George	UHNBC Cardiac Services Department Renovation	N/A	Phase 3 In Planning	FFGRHD, MOH
Prince George	UHNBC DCS Topcon Optical Coherence Tomo	\$0.2	In Progress	MOH
Prince George	UHNBC DI D670 SPECT Upgrade	\$0.31	In Progress	FFGRHD, MOH
Prince George	UHNBC DI Hawkeye Replacement	\$3.51	In Progress	FFGRHD, MOH
Prince George	UHNBC DI Nuclear Medicine Waiting Area Renovation	\$1.20	Closing	FFGRHD, MOH
Prince George	UHN DI Ultrasound Interventional Radiology	\$0.17	Complete	SONHF
Prince George	UHN DI Ultrasound N0035886 Replacement	\$0.22	In Progress	FFGRHD, MOH
Prince George	UHN DI Ultrasound N0035887 Replacement	\$0.22	In Progress	FFGRHD, MOH
Prince George	UHNBC FM Fire Alarm System Replacement	\$6.4	In Progress	FFGRHD, MOH, NH



Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
Prince George	UHNBC FM DHW Decoupling and Condensing Boilers	\$1.46	Closing	FFGRHD, MOH
Prince George	UHNBC FM Elevator Cars Upgrade	\$1.2	In Progress	MOH
Prince George	UHNBC FM Energy Efficient Preheat of DHW Storage Upgrade (CNCP)	\$0.68	In Progress	FFGRHD, MOH
Prince George	UHNBC Lighting Upgrade	N/A	In Procurement	BC Hydro
Prince George	UHNBC FMU Telemetry and Monitoring System Upgrade	\$1.23	In Progress	FFGRHD, MOH
Prince George	UHNBC FS Trayline Assembly System Replacement	\$2.44	Closing	FFGRHD, MOH, NH
Prince George	UHNBC Lab Chemistry Automation	\$9.61	Closing	FFGRHD, MOH
Prince George	UHNBC Maternity and Fetal Monitoring System	\$0.32	In Progress	FFGRHD, MOH
Prince George	UHNBC Maternity Ultrasound Machine	N/A	In Procurement	SONHF, MOH
Prince George	UHNBC IT Server Refresh	\$0.69	In Progress	FFGRHD, MOH
Prince George	UHNBC New Acute Tower Business Plan	\$5.00	Closing	FFGRHD
Prince George	UHNBC New Acute Care Tower	N/A	In Planning	FFGRHD, MOH
Prince George	UHNBC New Acute Tower Early Works	\$103.22	In Progress	FFGRHD, MOH
Prince George	UHNBC Reverse Osmosis Replacement	N/A	In Procurement	MOH
Prince George	UHNBC Sterile Compounding Room Upgrade	\$5.70	In Progress	FFGRHD, MOH, NH
Prince George	UHNBC OR Anesthesia Units Replacement	\$0.48	In Progress	MOH, NH

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
Prince George	UHNBC OR Microscope OPMI Lumera 700	\$0.43	In Progress	FFGRHD, NH
Quesnel	GRB DI EPIQ Elite Ultrasound	\$0.21	In Progress	SONHF, MOH
Quesnel	GRB ER & ICU Addition	\$27.0	Closing	CCRHD, MOH
Quesnel	GRB IT Network Replacement	N/A	In Planning	CCRHD, MOH
Quesnel	GRB Lab Chemistry Analyzer Replacement	\$0.69	Closing	CCRHD, MOH, NH
Quesnel	GRB OR Surgical Tower Replacement	\$0.31	Complete	CCRHD, MOH
Quesnel	GRB Phone System	\$0.67	Complete	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
Vanderhoof	St. John Hospital DI X-Ray and Portable Replacement	\$1.2	Closing	SNRHD, MOH, NH
Vanderhoof	St. John Hospital Domestic Hot Water Upgrade (CNCP)	\$0.47	In Progress	SNRHD, MOH
Vanderhoof	St. John Hospital Lab Chemistry Analyzer	N/A	In Planning	SNRHD, MOH, NH
Vanderhoof	Stuart Nechako Manor Roof Replacement	\$7.7	Complete	SNRHD, MOH
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 Nurse Call Replacement	\$0.27	Closing	PRRHD, MOH, NH
Dawson Creek	DCDH Hospital Replacement	\$589.61	In Progress	PRRHD, MOH
Dawson Creek	DCH DI X-Ray Replacement	\$0.90	In Progress	PRRHD, MOH
Dawson Creek	DCH Lab Chemistry Analyzer Replacement	\$0.88	In Progress	PRRHD, MOH, NH
Dawson Creek	DCH Patient Monitoring System Replacement	\$0.43	In Progress	PRRHD, MOH
Fort Nelson	FNH DI CT Planning	N/A	Planning Only	NH
Fort Nelson	FNH FM Elevator Upgrade	\$0.32	In Progress	NRRHD, MOH
Fort St. John	Fort St. John DI Bone Densitometer Replacement	\$0.13	In Progress	FSJHF, MOH
Fort St. John	Fort St. John IT Network Replacement	N/A	In Planning	PRRHD, MOH
Fort St. John	Fort St. John IT Phone System Replacement	\$0.51	In Progress	PRRHD, MOH
Fort St. John	Fort St. John Lab Chemistry Analyzer Replacement	\$1.31	Closing	PRRHD, MOH, NH
Fort St. John	Fort St. John Lab Vitek MS Prime System	\$0.30	In Progress	FSJHF, SONHF
Fort St. John	FSO Specialized Community Services Centre Leasehold Improvement	\$5.11	In Progress	MOH
Fort St. John	Fort St. John Long Term Care Business Plan	\$0.46	Complete	PRRHD
Fort St. John	Peace Villa Air Conditioning Upgrade	\$1.7	Closing	PRRHD, MOH
Fort St. John	Peace Villa Long Term Care House C	N/A	Planning	PRRHD, 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 Procurement	MOH
Daajing Giids	HGH DI CT Planning	N/A	Planning Only	NH
Daajing Giids	HGH PHA Sterile Compounding Room Upgrade	N/A	In Planning	MOH, NH
Hazelton	Hazelton Long Term Care Business Plan	\$0.60	Closing	NWRHD
Houston	Houston Health Services Wheelchair Accessible Van	\$0.13	In Progress	SONHF
Houston	Houston D&T FM AHU Replacement (CNCP)	\$0.81	Complete	NWRHD, MOH
Houston	Houston D&T FM Roof Drain System Replacement	\$0.37	In Progress	NWRHD, MOH
Houston	Houston D&T Primary Care Renovation	N/A	On Hold	MOH
Kitimat	Kitimat Dementia Care Housing	N/A	In Planning	NWRHD, Kitimat Valley Housing Society, MOH
Kitimat	Kitimat DI CT Suite	N/A	In Planning	Kitimat Hospital Foundation, NWRHD, NH
Kitimat	Kitimat FM DDC Control & BOS Replacement	N/A	In Procurement	NWRHD, MOH
Kitimat	Kitimat LND Laundry Equipment Replacement	N/A	In Procurement	NWRHD, MOH, NH
Terrace	MMH Hospital Replacement	\$634.6	In Progress	Dr. REM Lee Foundation, NWRHD, MOH
Terrace	SVN Withdrawal Management Beds Planning	N/A	In Planning	MOH
Terrace	TEO Withdrawal Management Facility Planning	N/A	In Planning	MOH
Terrace	TEO Specialist Clinic Leasehold Improvement	\$6.03	In Progress	NWRHD, MOH, NH
Terrace	TVL FM Boiler Upgrade and HVAC Recommissioning (CNCP)	\$0.55	Closing	NWRHD, 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 4K Surgical Tower	\$0.31	In Progress	NCHIS
Prince Rupert	PRRH Sterile Compounding Room Renovation	\$8.1	In Progress	NWRHD, MOH
Prince Rupert	PRRH FM Condensing Boilers, Controls & Recommissioning (CNCP)	\$0.94	In Progress	NWRHD, MOH
Prince Rupert	PRRH FM Domestic Hot Water Upgrade (CNCP)	\$1.09	Complete	NWRHD, MOH
Prince Rupert	PRRH FM Source Water Treatment Single Plant and Piping	\$2.27	Closing	NWRHD, MOH
Prince Rupert	PRRH Emergency Department Renovation	\$16.5	In Progress	NWRHD, MOH
Smithers	Bulkley Lodge FM Cooling and Radiant Heating Upgrade (CNCP)	N/A	In Planning	NWRHD, MOH
Smithers	BVDH Sterile Compounding Room Upgrade	N/A	In Planning	NWRHD, MOH
Smithers	BVDH DI CT True Fidelity Software Upgrade	\$0.18	Closing	BVHHF, MOH
Smithers	BVDH FM Cooling and Heat Recovery Upgrade (CNCP)	N/A	In Procurement	NWRHD, MOH
Smithers	BVDH FM Electrical Upgrade	\$3.9	In Progress	MOH
Smithers	BVDH LAB Chemistry Analyzers Replacement	\$0.77	Closing	BVHHF, NWRHD
Smithers	Smithers Health Services Wheelchair Accessible Van	\$0.10	In Progress	SONHF
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	Data Storage Devices Replacement	\$0.77	In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	EmergCare	\$4.35	Complete	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	InCare Phase 2	\$9.9	Complete	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Lab Pathology Service Enhancement	\$3.06	In Progress	MOH, NWRHD, PRRHD, NH
All	Network SDWAN	\$0.9	Closing	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	Videoconferencing Infrastructure Replacement	\$0.55	Complete	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	Virtual Primary Care Clinic Leasehold Improvements	\$1.28	Closing	MOH
Prince George	Corporate Office 4 <sup>th</sup> Floor Leasehold Improvements	\$0.66	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 2024-25, NH is expecting to spend \$11.4M 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

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**Recommendation:**

The Audit & Finance Committee recommends the following motion to the Board:

The Northern Health Board receives the Period 7 update on the 2024-25 Capital Expenditure Plan, as presented.



## BOARD BRIEFING NOTE

Date:	December 9, 2024	
Topic:	Communicable Disease Update: Sexually transmitted and blood-borne infections (STI/BBIs)	
Purpose:	<input checked="" type="checkbox"/> Discussion	<input type="checkbox"/> Decision
Prepared for:	Northern Health Board of Directors	
Prepared by:	Dr. Kari Harder, Lead Epidemiologist Andrew Kurc, Epidemiologist Rosetta Mitchell, Regional Nursing Lead, Communicable Disease Mike Gagel, Regional Manager, Communicable Disease Shellie O'Brien, Regional Nursing Lead, Sexual & Reproductive Health Lara Frederick, Regional Manager, Public Health Practice Dr. Rakel Kling, Medical Health Officer Jessica McGregor, Executive Lead, Regional Chronic Diseases Farzana Amin, Lead - HIV & HCV Care and Chronic Pain Care	
Reviewed by:	Dr. Jong Kim, Chief Medical Health Officer Tanis Hampe, VP Population and Public Health Ciro Panessa, President and CEO	

### **Issue & Purpose:**

This briefing note provides an overview of Northern Health's (NH's) annual sexually transmitted and blood-borne infections (STI/BBIs). A deeper look at congenital syphilis cases is provided, as well as NH's Sexual and Reproductive Health Service Plan and a summary of the organization's response to Human immunodeficiency virus (HIV) and Hepatitis C (HCV).

### **Key Actions, Changes & Progress:**

#### **STI/BBi Epidemiology Summary**

In 2023, there were 1,418 STI/BBi cases in NH. STI rates are comparable to BC, except for gonorrhea and syphilis where NH has a higher rate than BC (see Appendix).

- Genital Chlamydia accounted for 57.6% of all cases (n= 815)
  - Case counts have increased to near pre-pandemic numbers.
- Syphilis accounted for 20.3% (n= 288) of cases, which is a twelve-fold increase between 2021 and 2023.
- Gonorrhea is the third most common STI/BBi with 223 cases (15.8%).
- Cases of Chronic Hepatitis C virus infections (HCV) have generally been declining since 2018.



- The number of new HIV cases per has been consistent during the observed period.

### **Congenital Syphilis**

- Congenital syphilis can lead to long lasting and permanent impacts including death and is 100% preventable.
- Prior to 2022, the last case was in 2008. The target is zero cases.
- Due to the increase in syphilis in females, NH is seeing a large increase in cases of congenital syphilis.
- Based on a review of all cases of congenital syphilis, opportunities for prevention include:
  - Frontline and outreach teams who can address complex needs of clients
  - Focused STI and syphilis follow-up
  - Strategies to promote timely screening, especially in pregnancy and vulnerable populations <sup>1</sup>
  - Finalization and implementation of the *Sexual and Reproductive Health Service Plan*

### **Sexual and Reproductive Health (SRH) Service Plan**

- The draft service plan provides an evidence-based framework for prioritizing, organizing, and delivering high quality sexual health services that support people to live well.
- Priorities include:
  - Working collaboratively to better support Indigenous people
  - Advancing a collaborative SRH service model to combine resources and address gaps
  - Increasing access to SRH services for all populations
  - Improving services for vulnerable and underserved populations
  - Developing robust supports to grow and sustain SRH services and practice competencies
  - Strengthening and expanding SRH promotion, prevention, and education efforts within communities
  - Taping into organizational resources and supports to advance SRH priorities

### **HIV/HCV Response**

The following initiatives and actions are underway to improve HIV/HCV prevention and management services and achieve provincial goals.

- Dried Blood Spot (DBS) Testing:
  - Low barrier testing modality with testing guide, online training course, and application process.
  - An evaluation of DBS testing indicates:
    - 128 samples were collected, the majority of newly diagnosed cases of HCV started treatment, and 14 people were diagnosed, treated, and cured for Syphilis.
    - 92% of clients who had DBS tested reported being very satisfied or satisfied with DBST.
- Community-Based Services:
  - The Regional Chronic Diseases (RCD) program contracts with 8 community-based organizations to deliver services related to HIV and HCV across the region.

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<sup>1</sup> Clients with no fixed address or underhoused

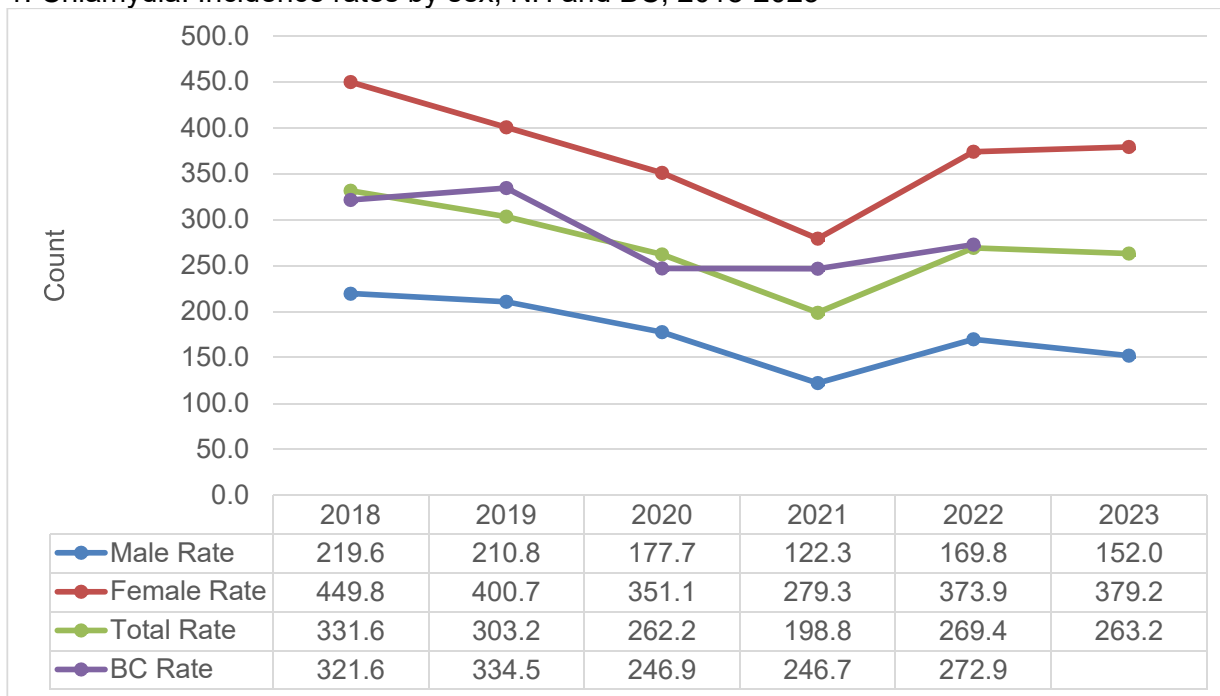
- Central Interior Native Health Society (CINHS) supports over 700 client encounters per month for harm reduction supplies and education and achieved 95% viral suppression for clients with HIV.
- Specialized Clinical Services:
  - The Specialized Support Team for HIV/HCV (SST) continues to provide education, support, and recommendations around HIV and HCV medications and psycho-social health services to patients and providers.
  - Over the last five-year period (Jan 2019-Dec 2023), the SST averaged 1,292 encounters per year.
- Pre-exposure prophylaxis (PrEP) & Tele-Prep Services:
  - PrEP usage in Northern Health is steadily rising, having almost doubled from 39 clients in Q1 2022 to 63 clients in Q4 2024; however, NH still has the lowest uptake compared to other Health Authorities.
  - TelePrEP, an additional point of access to PrEP now available in NH, supports access for patients whose providers do not prescribe PrEP, those who are uncomfortable discussing their need for PrEP with their providers, and those who are unattached.
- HIV/HCV Action Plan
  - A Northern Health HIV/HCV Action Plan is in development to align with the SRH Service Plan. Objectives include reducing new infections, expanding harm reduction services, increasing access to opioid substitution therapy, and enhancing clinical and community-based support.

**Recommendation**

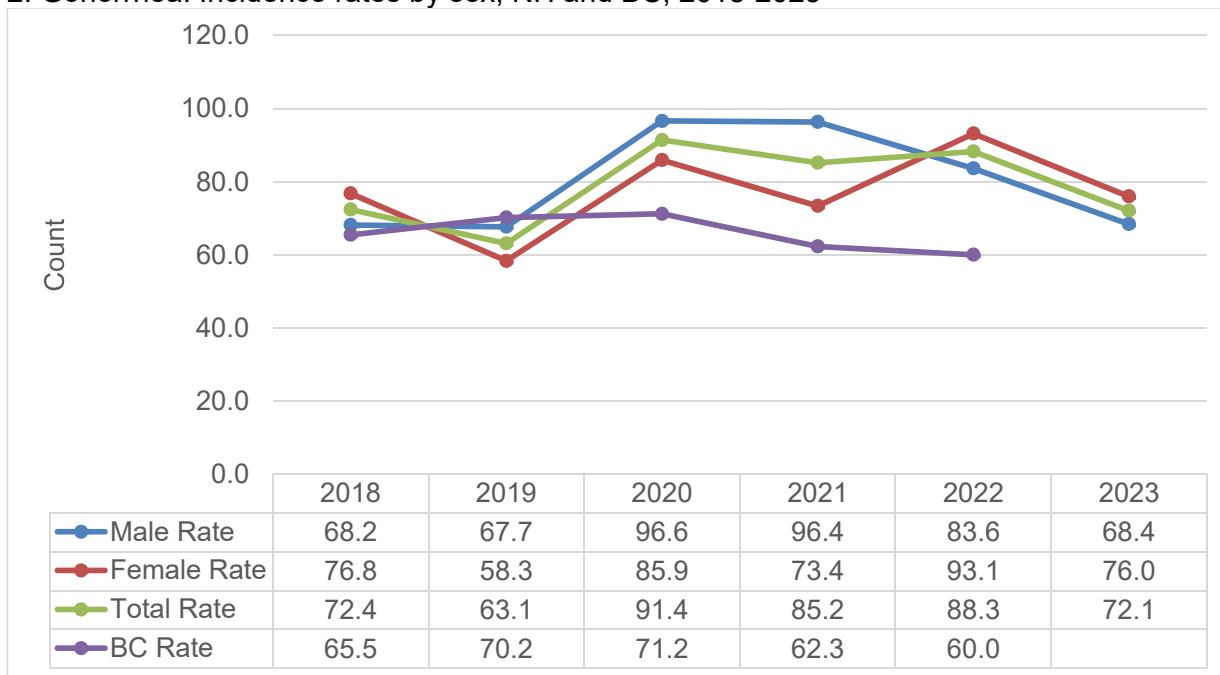
The Northern Health Board receives for information.

### Appendix: Incidence rates of selected STBBIs in NH and BC

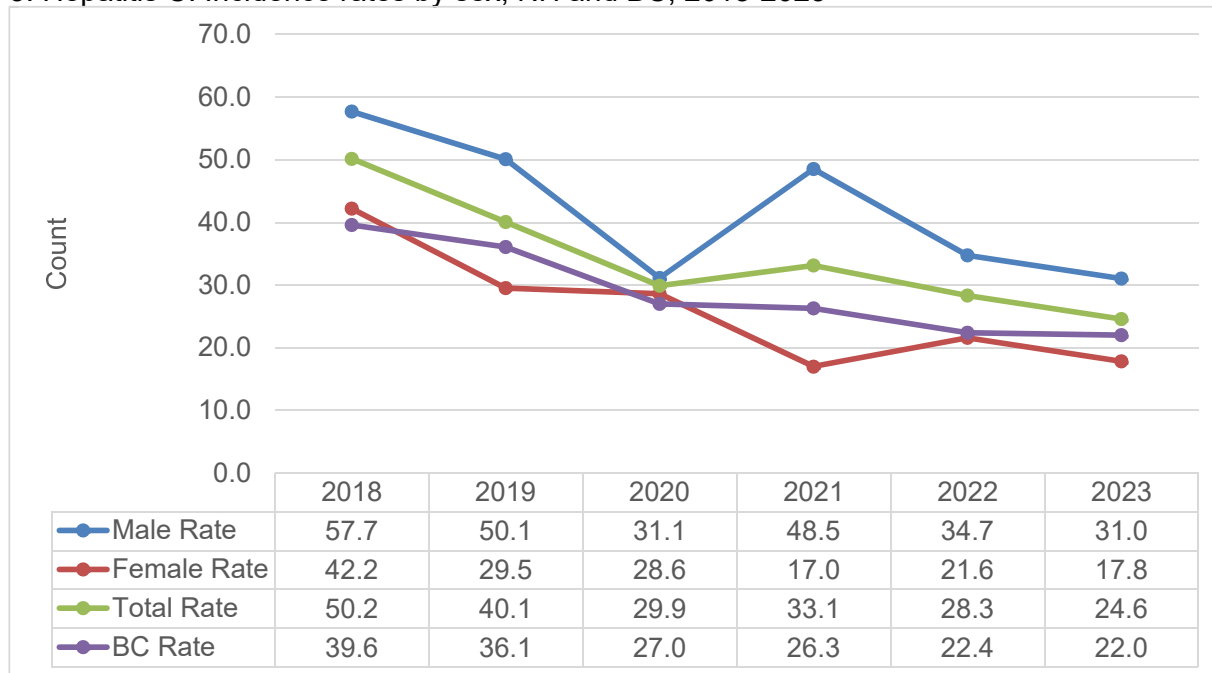
#### 1. Chlamydia: Incidence rates by sex, NH and BC; 2018-2023



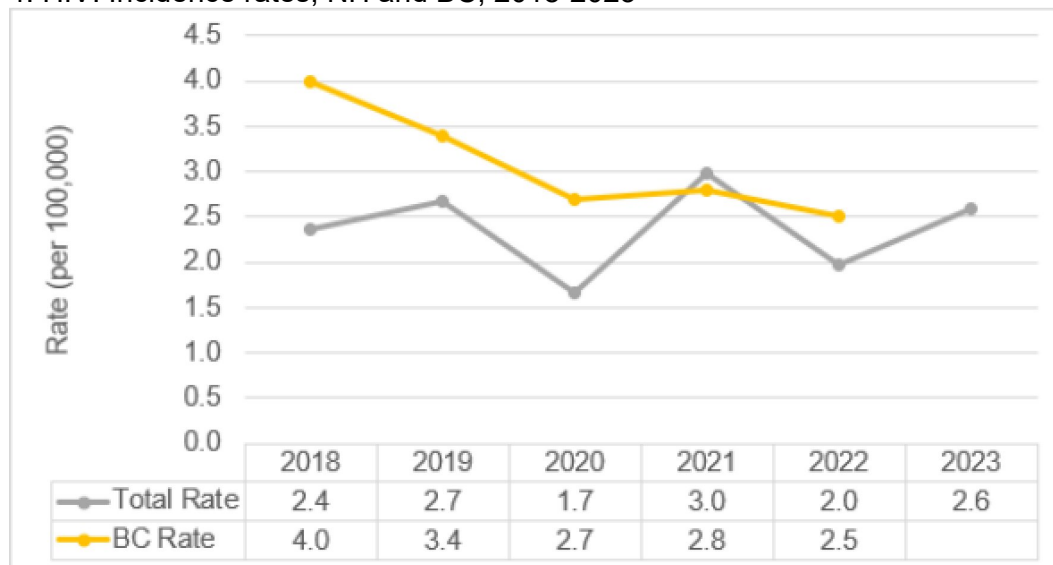
#### 2. Gonorrhoea: Incidence rates by sex, NH and BC; 2018-2023



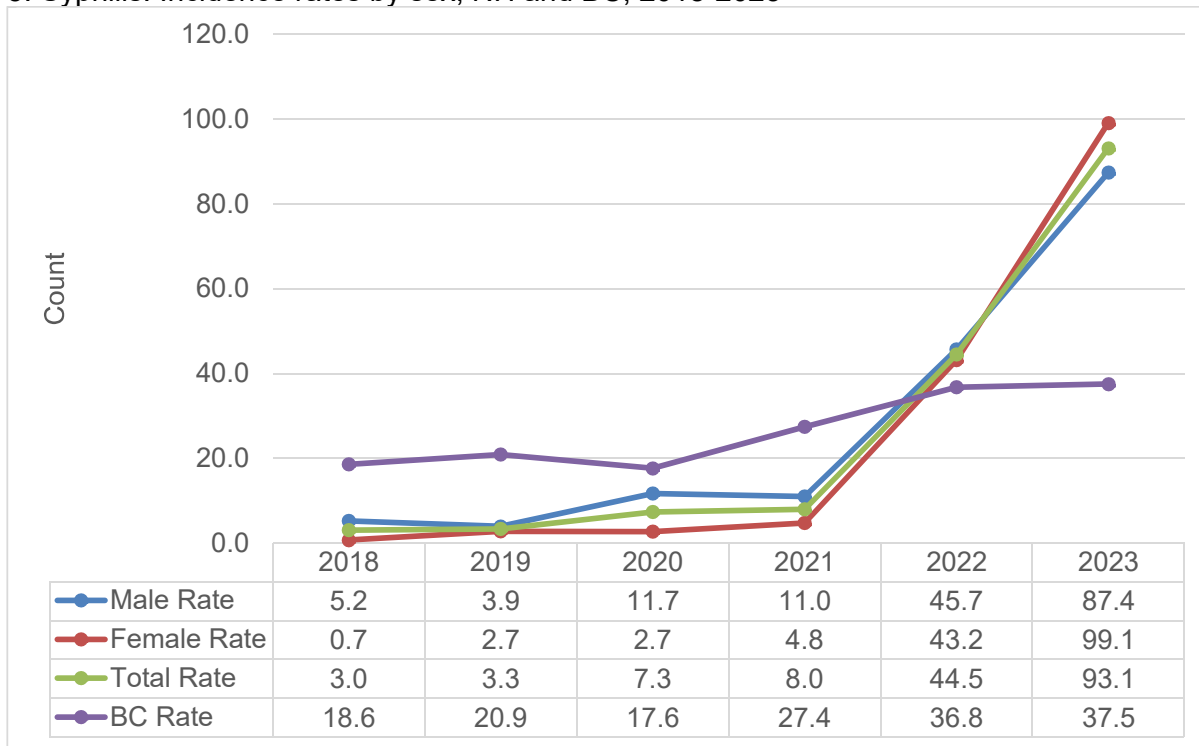
3. Hepatitis C: Incidence rates by sex, NH and BC; 2018-2023



4. HIV: Incidence rates, NH and BC; 2018-2023



5. Syphilis: Incidence rates by sex, NH and BC; 2018-2023





## BOARD BRIEFING NOTE

Date:	December 9, 2024	
Agenda item	NH Office of Health and Resource Development Update	
Purpose:	<input checked="" type="checkbox"/> Discussion	<input type="checkbox"/> Decision
Prepared for:	Northern Health Board of Directors	
Prepared by:	Chelan Zirul, Regional Manager, Office of Health and Resource Development	
Reviewed by:	Dr. Raina Fumerton, Medical Health Officer (NW) Dr. Jong Kim, Chief Medical Health Officer Tanis Hampe, Vice President, Population and Public Health	

### **Issue & Purpose**

To provide an update from the Northern Health (NH) Office of Health and Resource Development (“the Office”) regarding its involvement with major resource development projects<sup>1</sup>.

### **Background:**

By the very nature of modern economic development in BC, northern communities are closely connected to extractive natural resource development. Connections span multiple domains, including employment, infrastructure, community development and environmental health. NH’s Office of Health and Resource Development (“the Office”) is involved in the regulatory process on behalf of NH to assess impacts to human health including human health risk assessment and assessment of impacts to socio-cultural determinants of health, including health service planning and emergency response.

The Office is the only one of its kind in the province and leads a variety of innovative work and best practice with respect to health, impact assessment, and operational collaboration in BC, Canada and internationally.<sup>2</sup> It was created in 2014 and supports a broad range of resource extractive industries, including mining, LNG, and oil and gas.

<sup>1</sup> Northern Health (NH) has many touchpoints with major industry in the NH region, and the Office of Health and Resource Development is only one of multiple touchpoints. Touchpoints span regulatory requirements, service requirements, and relationships.

<sup>2</sup> Hoogeveen, D. 2022. Assessing Health Impacts of Industrial Development in Canadian Environmental Assessment: a preliminary review to inform a jurisdictional scan. Simon Fraser University.

The team has historically also supported other land use applications which may have local environmental or human health impacts, including landfills, water projects, and solid waste planning. Where there is intersection between health and industry, the Office supports NH to understand industry and related regulatory processes. The Office also maintains situational awareness of the broader economic development landscape to support awareness of the setting and population nuances into NH planning.

**Key actions, changes and progress:**

Project-based work

The Office continues to engage in almost every major project<sup>3</sup> in the NH region that triggers an environmental assessment, per the *BC Reviewable Projects Regulation* (Appendix A). NH advises the Environmental Assessment Office (EAO) on health impacts of the proposed project. If the risk is deemed significant, a condition is placed upon the project to manage for specific impacts identified in the assessment. Table 1 summarizes project numbers at notable milestones.

**TABLE 1: OFFICE OF HRD AND ENGAGEMENT WITH MAJOR PROJECTS**

Total # of major projects – currently engaged in any form	34
Total # of major projects – NH has at least one condition in the certificate	22
Total # of conditions that mention NH	68
Attained NH conditions in 2023/24 - # projects (# conditions)	6 (25) <sup>4</sup>
Expect to attain NH conditions by Dec 2025 - # projects (# conditions)	3 (8)

Of the 34 projects (Table 1), some of the largest projects achieved significant completion milestones in 2023/24.<sup>5</sup> Primary completion of these projects marks that thousands of people who temporarily reside in the NH region for work should be returning to their home communities (within and outside of the NH region). Given the Conditions in place which hold projects accountable to socioeconomic impacts, the Office continues to observe for effects that result from construction workforce outmigration. Research indicates that project downturn is a period that can have significant socioeconomic impacts within communities. Further, both LNG Canada (LNGC) and Coastal Gas Link (CGL) are approved for second phases of their projects under the existing Certificate, and thus an upturn in their project workforces can be predicted when final investment decisions are made. Management will continue to prepare for an anticipated upturn in project workforce (albeit to a lesser degree).

The largest major projects with recent completion milestones were, overall, very well managed with respect to the conditions and issues that NH was monitoring. To manage substantial peak workforces (approximately 6,000 workers for each LNG Canada, CGL, and – to a lesser degree – Site C), projects developed and implemented robust workforce management controls. This included stringent workforce accommodation strategies, onsite medical clinics, and other essential services designed

<sup>3</sup> We do not engage with wind projects or amendments, as they tend to be smaller with less impact.

<sup>4</sup> Brucejack, Red Chris, Cariboo Gold, Red Mountain, Cedar LNG, Ridley Energy Export Facility [REEF]).

<sup>5</sup> CGL, Site C, LNGC, and Transmountain Expansion Project.

to proactively mitigate potential socioeconomic impacts on surrounding communities such as unnecessary housing price increases, food and labor shortages, and strains on health services.

Non-project based work

Extrapolating experiences from project-based work to region- and sector-wide lessons learned is the value-add of the work. Updates from 2023/24 include:

- Evaluation – the Office engages in evaluations in some communities that experience significant construction workforce to document and assess impacts with the goal of improving conditions upon subsequent projects.
- Supporting community development – working with external partners, the Office supports exploration of impacts at a variety of scales that result from “camp work” to deepen understanding of socioeconomic impacts upon families and communities where labour commuting is common.
- Practitioner support – the Office supports a community of practice (COP) that brings together health impact/human health risk assessment practitioners. The goal is to share lessons and support in this rapidly emerging area of practice.
- Internal quality improvement – the Office was created 10 years ago and has matured through the process of attaining conditions and subsequently managing those conditions in practice. The Office is currently articulating the processes by which this work is undertaken and assessing efficacy across the span of work.

**Recommendations:**

The Northern Health Board receives for information.



Appendix A: All major projects in the NH region that are currently in the environmental assessment process, and the ways in which NH is engaged:

	<b>Project Name</b>	<b>EA Certificate (EAC) Issued</b> <i>listed in descending order</i>	<b>Conditions attached to BC EAC where NH is listed</b>	<b>Current Project Phase</b>
1	Brucejack Mine	Amend: May 2024 March 2015	-Health Services Monitoring Plan	Post decision – operation
2	Red Chris Porphyry Copper-Gold Mine	Amend: Nov 2024 June 2015	-Health and Medical Services Plan	Post decision – operation
3	Cariboo Gold Project	Oct 2023	-Construction Environmental Management Plan -Care and Maintenance Plan -Community Effects Management Plan -Health and Medical Services Plan -Drinking Water and Water Treatment Plan -Human Health Monitoring and Management Plan -End Land Use	Post decision – pre-construction
4	Red Mountain Underground Gold	Extend: Sept 2023 Oct 2018	-Document Submission Plan -Health and Medical Services Plan -Housing Strategy -Social Effects Management Plan -Social Effects Monitor -Human Health Monitoring and Management Plan -Air Quality and Dust Management Plan	Post decision – pre-construction
5	Cedar LNG	March 2023	-Construction Environmental Management Plan -Community Feedback Process report -Health and Medical Services Plan -Socioeconomic Management Plan -Baseline Soil Condition report -Accident, Malfunctions, and Communications Plan	Post decision – pre-construction

6	Ridley Island Energy Export Facility (formerly Vopak)	Amend: June 2024 April 2022	-Community Services and Infrastructure Committee -Health and Safety Management Plan* -Health and Medical Services Plan*	Post decision - construction
7	Kerr-Sulpheretes-Mitchell (KSM)	SS: July 2024 Extend: Nov 2021 July 2014	-Health and Medical Services Plan -Community Effects Management Plan	Post decision – pre-construction
8	Wolverine-Hermann Mine	Amend: Feb 2021 June 2019	-Air Quality and Emissions Management Plan -Aquatic Resources Monitoring Plan -Country Foods Monitoring Plan	Post decision - operations
9	Giscome Quarry and Lime Plant	Extend: Oct 2021 Dec 2016	-Air Quality Management Plan	Post decision – EAC extension
10	Silverberry Secure Landfill	Amend: Aug 2020 2002	-Construction Environmental Management Plan -Operations Environmental Management Plan -Contaminants Management Plan -Country Foods Monitoring Plan	Post decision – operation
11	Murry River Coal	Extend: July 2020 Oct 2015	-Economic and Social Effects Management Plan -Health and Medical Services Plan -Air Quality and Dust Control Management Plan -Noise Management Plan	Post decision – EAC extension
12	Blackwater Gold	June 2019	-Air Quality and Dust Management Plan -Noise and Vibration Effects Monitoring and Mitigation Plan -Accidents and Malfunctions Administration and Communication Plan -Community Liaison Committee and Community Effects Monitoring and Management Plan -Health and Medical Services Plan -Country Foods Monitoring Plan	Post decision – pre-construction
13	Transmountain Expansion	June 2019	-Worker Accommodation Strategy (incl. plan for medical and health services)	Operating

14	Kemess Underground	SS: Jan 2022 March 2017	-Accidents and Malfunctions Communication Plan -Air Quality Management Plan -Groundwater Quality Information -Health and Medical Services Plan -Socio-Community and Economic Effects Management Plan	Post decision - construction
15	Towerbirch Expansion Pipeline	Feb 2017	-Health and Medical Services (construction only)	Post decision – operation
16	North Montney Mainline Pipeline	Jan 2017	-Medical and Health Services (construction only)	Post decision – operation
17	Terminal A Extension	Dec 2016	-Marine Water Quality Management and Monitoring Plan (construction only) -Alternate Disposal Management and Monitoring Plan -Maintenance Dredge Management and Monitoring Plan	Post decision – operation
18	LNG Canada	June 2015	-Health and Medical Services -Community Services and Infrastructure -Air Quality Monitoring and Management Plan -Workforce Air Quality and Health Plan -BCER Waste Discharge Authorization: Detailed Air Quality Management Plan	Post decision - construction
19	Prince Rupert Gas Transmission	Nov 2014 *	-Social and Economic Effects Management Plan	Post decision – pre-construction
20	Westcoast Connector Gas Transmission	Nov 2014 *	-Social and Economic Effects Management Plan	Post decision – pre-construction
21	Site C	Amend: Jun 2022 Oct 2014	-Healthcare Services Plan -Methylmercury Monitoring Plan -Construction Environmental Management Plan 85th Avenue Contingency Truck Hauling	Management Plan Post decision - construction

22	Coastal Gas Link	Oct 2014	-Socio and Economic Effects Management Plan -Health and Safety Management Plan	Post decision - construction
23	Ksi Lisims LNG	In progress	-Health and Medical Services Plan (expected) -Socioeconomic Effects Management Plan (expected) -Construction Environmental Management Plan (expected)	Assessment in progress
24	Tenas Coal mine	In progress	-Health and Medical Services Plan (expected) -Socioeconomic Effects Management Plan (expected) -Air Quality and/or Environmental Management Plan (expected)	Assessment in progress
25	Galore Creek Copper-Gold-Silver	Amend: in progress Feb 2007	-Socioeconomic Effects Management Plan (expected part of amendment) -Health and Medical Services Plan (expected as part of amendment)	Post decision – care & maintenance
26	Eskay Creek Revitalization	EAO decision/certificate not yet issued		Application development & review
27	Angus	EAO decision/certificate not yet issued		Application development & review
28	Mt Milligan Copper-Gold	Amend: in progress March 2009		Post decision – operation
29	New Polaris Gold	EAO decision/certificate not yet issued		EA process planning
30	Summit Lake PG LNG	EAO decision/certificate not yet issued		Early engagement
31	Rocky Creek Metallurgical Coal	EAO decision/certificate not yet issued		Early engagement

\* requires “substantial start” designation to retain certificate; certificate was set to expire in Nov 2024.

SS = substantial start was attained, and the certificate remains effective for the lifetime of the project

**Other notable projects**

	<b>Project Name</b>	<b>Current project phase</b>
1	Coyote Hydrogen Project	Withdrawn from BC EA process – September 2024
2	North Coast Transmission Line	Not yet deemed to be a reviewable project
3	Premier Gold Mine	EA not required

**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*<sup>i</sup>
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 assessment<sup>1</sup> 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 assessments<sup>2</sup> 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

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

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

<sup>2</sup> 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 evaluation<sup>1</sup>

<sup>1</sup> 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 competencies<sup>1</sup>:

1. Accounting/finance qualifications
2. Legal qualifications

<sup>1</sup> 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

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<sup>2</sup> Items marked with a double asterisk \*\* are considered critical

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### **Identifying Vacancies and Sourcing Qualified Candidates**

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

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candidate or candidates and the needs of the organization. While care will be taken in identifying candidates who can effectively represent the regional, 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

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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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## **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:

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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

<b>Activity</b>	<b>Who</b>	<b>When</b>
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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