

Northern Health

**2013/14 - 2015/16  
SERVICE PLAN**

2013

For more information on  
Northern Health, see Contact Information (page 20)

Northern Health  
#600 299 Victoria Street  
Prince George, British Columbia  
V2L 5B8

[www.northernhealth.ca](http://www.northernhealth.ca)

# Message from the Board Chair *and* Accountability Statement



Dr. Charles Jago, C.M., Board Chair

On behalf of the Board of Northern Health, I am pleased to present to you Northern Health's Service Plan for 2013/14 - 2015/16.

2012/13 has seen an unusual number of critical events that have challenged a number of northern communities. Fire, mill explosions and earthquakes have touched communities here in the North and our hearts go out to those who have been directly affected by these events. In each case, Northern Health has had a role to play and the members of the Board and Executive continue to be struck by the positive response and resiliency demonstrated by our staff and physicians. Similarly, the year has challenged the organization with industry-wide critical events including a significant pharmaceutical supply shortage and a recall of essential surgical supplies. Again, Northern Health staff and physicians rose in response; minimizing the impact of the events themselves and capturing learning for future preparation.

Northern Health continues to strengthen its focus on quality improvement and there are many positive signs that quality improvement is becoming a more integral aspect of the organization's culture. The Executive and Board monitor a variety of quality indicators and movement has, on the whole, been positive. Key measures such as Hospital Standardized Mortality Ratio), Patient Satisfaction and Hand Hygiene have all trended positively through 2012/13. The Executive and Board keep a close eye on hospital acquired infections (e.g., *C-difficile*; and Methicillin resistant *Staphylococcus aureus*) given the impact they have had on other health organizations across the country. The work that has been done to improve hand hygiene performance, housekeeping (as demonstrated by positive housekeeping audit results reported in 2012) and other precautionary activities has been terrific and the Board encourages continued diligence in these areas. Based on Northern Health's 2011 survey, Accreditation Canada continues to seek focused improvement efforts specific to practices considered to be Required Organizational Practices (ROP's) so the Executive and Board will look to pay further attention to these in the upcoming years.

Northern Health has worked with the six Regional Hospital Districts, Foundations and Auxiliaries to implement significant capital development projects across the region. In Fort St. John, we opened a new state of the art hospital and residential care facility at a total cost of \$301.7 million. In Prince George, as major components of the Northern Cancer Strategy, Northern Health completed diagnostic service upgrades and infrastructure improvements at the University Hospital of Northern British Columbia (UHNBC) totalling \$6.4 million. The Northern Cancer Control Strategy continues to unfold and there has been tremendous success in recruitment of critical medical positions working up to the recent opening of the new BC Cancer Agency Northern Cancer Centre. Further UHNBC renovations will begin in the spring to complete the Cancer Strategy. Further capital projects to keep our facilities running efficiently have been undertaken across the

region. Of particular note: Northern Health now has approval to proceed with planning for replacement hospitals in Burns Lake and the Haida Gwaii. Planning work to build a Learning and Development Centre at UHNBC is well underway, with a planned opening in the fall of 2014.

Consistent with the Board's expectation, the 2012/13 fiscal year ended with a modest surplus. The Board and Executive did so intentionally - to enable the organization to strengthen its working capital position in the face of limited capital funding. The Board continues to applaud the organization's operational leadership and staff for the strong and ongoing work to achieve efficiencies while maintaining or growing service delivery.

In 2013/14, Northern Health will continue to enact and direct resources toward its strategic plan and priorities. Northern Health will continue to accelerate work in partnership with physicians to establish integrated, multidisciplinary "primary health care homes" as they are seen as foundational to improvements in health. At the same time, a variety of steps will be taken to engage with staff and physicians with the purpose of continuously improving the quality of services provided to the residents of northern British Columbia.

As always, Northern Health will continue to develop and deliver balanced budgets for 2013/14 through to 2015/16. While, overall, the economic picture is improving, the improvements and prospects are not necessarily consistent across the region. In upcoming years, Northern Health will face some challenges as the organization seeks to ensure levels of service that align well with need as community size, demographics and socio-economic condition change. The Board and Executive are confident in the future of Northern Health, in our staff, physicians and volunteers, and in their ability to rise to these challenges. Northern Health will respond to the people it serves, provide quality health services and continue to seek innovation in order to make Northern Health the model for outstanding rural health care delivery.

The 2013/14 - 2015/16 Northern Health Service Plan was prepared under the Board's direction in accordance with the *Health Authorities Act* and the British Columbia Reporting Principles. The Plan is consistent with Government's strategic priorities and Strategic Plan, and the Ministry of Health goals, objectives and strategies.

On behalf of the Board,



Dr. Charles Jago

Board Chair, Northern Health

May 2013

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# Overview of Northern Health

Northern Health provides a full range of health care services to the 289,974<sup>1</sup> residents of Northern British Columbia. Serving an area of 592,116 square kilometers<sup>2</sup>, it is the largest health region in the province, covering over two-thirds of British Columbia and comprising largely rural and remote communities.

The *Health Authorities Act*<sup>3</sup> gives Northern Health the legislative authority to develop policies, set priorities, prepare budgets and allocate resources for the delivery of health services under a regional health plan that includes: (i) health services provided in the region, or in a part of the region, (ii) type, size and location of facilities in the region, (iii) programs for delivering health services in the region and (iv) human resources requirements under the regional health plan. Northern Health provides the following health services:

- Acute care services at 18 hospitals<sup>4</sup> and nine diagnostic and treatment centers;
- Residential long term care at 13 complex care facilities, and in 10 acute care facilities;<sup>5</sup>
- Home support services and home care nursing visits to clients in their homes;
- Mental health and substance use services, including an extensive network of inpatient, clinic and community services; and
- Population and public health services focusing on health promotion and injury prevention toward the improvement of health for people across the North.

Northern Health works collaboratively with a medical staff comprising 241 family physicians and 125 medical and surgical specialists. Northern Health is organized into three Health Service Delivery Areas (HSDAs): the Northeast, the Northwest, and the Northern Interior. Each HSDA is led by a Chief Operating Officer, who has overall responsibility for the operations of his or her HSDA. Reporting to each Chief Operating Officer are Health Service Administrators, senior managers who handle the day-to-day provision of services in their community cluster. There are currently ten Health Service Administrators in Northern Health.

Northern Health is moving to an organizational structure that is highly integrated at the community and HSDA levels. Services including mental health and substance use and home and community care will be managed within the HSDA, with regional coordination and quality improvement through program councils that are supported clinically and administratively. Population and public health is coordinated on a regional basis. Aboriginal Health is centrally led by an executive director providing expert advice, guidance and oversight. Much of the improvement activity in this area is coordinated by local Aboriginal Health Improvement Councils, collaborative groups designed to enhance relationship-building with Aboriginal communities and guide Northern Health in the culturally competent delivery of appropriate services.

Corporate services, including finance, human resources, materials management and others, are based in Prince George. Northern Health is an active partner in the province's Health Shared Services BC.

Northern Health is committed to primary care renewal: working through physicians and community programs to keep people healthy, prevent hospital admissions and actively manage chronic health conditions such as diabetes or high blood pressure. The vast majority of northern physicians practice within Northern Health facilities. They recognize the need for focusing on quality in primary health care and are actively participating with Northern Health to improve service delivery.

Residential complex care facilities in the North are operated by Northern Health, with the exception of two<sup>6</sup> operated under contract. Most northern assisted living facilities are operated by non-profit societies, with Northern Health providing personal care support services and nursing care in most of these settings.

Northern Health is governed by a Board of Directors following the best practices outlined in Part 3 of the Board Resourcing and Development Office's *Best Practice Guidelines Governance and Disclosure Guidelines for Governing Boards of British Columbia Public Sector Organizations*.

# Strategic Context

The context for providing health services in British Columbia, and across northern British Columbia, is complex and ever-changing. Planning for the next three years required accounting for both environmental factors and strategic advantages, as presented below.

## Environmental Factors

### Rural/Remote Nature of Northern British Columbia

Northern Health seeks to promote good health and provide health services to approximately 7 per cent of the province's population over a vast geographic area (approximately 2/3 of the province geographically). Small clustered populations (less than 0.4 persons per sq. km)<sup>7</sup> scattered across large areas mean that economies of scale are difficult to achieve. The vast geography makes accessing services difficult for patients and it complicates the referrals and relationships that exist between practitioners.<sup>8</sup> Additionally, many communities exist on the other side of the digital divide and lack other supporting infrastructures such as low cost public transit.<sup>9 10</sup> As well, a number of reports outline the significant challenges and opportunities involved with the provision of rural healthcare services. These reports can be found on the "What is Rural" page of the Community Health Information Portal, a public resource that is maintained by Northern Health.<sup>11</sup>

Northern Health knows the rural landscape and is committed to further developing its system of high-quality, integrated health care services.

### Human Resources and Health System Infrastructure

Despite expanded education and training programs for health professionals and health workers in British Columbia, ensuring the availability of human resources remains a challenge for the health care system.<sup>12</sup> As the population ages, so too does the health care workforce. Looming retirements in the health workforce combined with the rising demand for services and increased national and international competition for health professionals impact the province's ability to maintain an adequate supply and mix of health professionals and workers for British Columbia's health system

Given Northern Health's unique rural context and service mix, there will continue to be a need for ongoing development of northern education for northern students in partnership with community colleges and University of Northern British Columbia (UNBC).

Another challenge in delivering health services is the need to maintain and improve the health system's physical infrastructure. The health system is faced with the continuous need to update or expand health facilities, medical equipment and information technology to ensure it provides high quality and safe health care to British Columbians. A number of capital projects are complete or near completion including renovations to the University Hospital of Northern British Columbia (UHNBC) and replacement of the Fort St. John Hospital and Peace Villa to support the provision of quality care in these communities. While these projects are positive there are other facilities and information technology systems that require improvements.

### Socio-Economic Context

The northern rural economy is significantly a resource based economy. It has and continues to generate much of this province's revenue and wealth.<sup>13</sup> Despite this contribution, some of the least diversified and vulnerable local economies in the province are found in the North.<sup>14</sup>

Other dimensions of our uniquely rural and resource based economy are reflected in the Socio-economic Indices (SEI) that are produced by BC Stats. For example, during 2011, the SEI reported that there were no Local Health Areas (LHAs) in the North that performed above average on the composite index. The SEI also indicated that northern LHAs consistently ranked amongst the worst in British Columbia on the Education Risk Index, the Children at Risk Index and Youth at Risk Index.<sup>15</sup>

### Transient Resource Sector Populations

The resource sectors have contributed greatly to the health and prosperity of communities in northern British Columbia and to British Columbia as a whole.<sup>16</sup>

Underlying this growth is a fluid or transient workforce: men and women, many of whom have permanent homes elsewhere in BC and Canada. Northern communities, mayors and councils and others have raised concerns regarding the impact of resource sector projects on communities. Northern health recognizes these concerns and views them as important considerations that merit attention and health resources, especially as these relate to ensuring the health of people and communities across the North.<sup>17</sup>

### Variations in Health Status

Residents of northern British Columbia have significantly poorer health than residents of British Columbia as a whole. This burden of poorer health is broadly distributed throughout the population and is not, as is commonly presumed, to be only associated with poorer health status amongst Aboriginal people.

This poorer level of health in northerners is reflected across all health status indicators including the internationally recognized Standardized Mortality Ratio (SMR). The SMR compares the actual number of deaths in a population to the number of deaths that are expected to occur. This measure is also consistently correlated with higher burdens of population illness, higher unmet health needs and, correspondingly, with higher health service utilization.

During the five year period of 2007 - 2011, based on national averages, we would have expected to see 6,981 deaths within the population of northern BC. In reality, there were 8,910 deaths. In other words, we experienced almost 2,000 more deaths in this five year period than would have been expected based on the national average.<sup>18 19 20</sup>

### Aboriginal Peoples and Communities

While the health status of Aboriginal people has improved in several respects over the past few decades, the Aboriginal population in British Columbia continues to experience poorer health and a disproportionate rate of chronic diseases and injuries compared to other British Columbia residents.<sup>21 22</sup> Northern Health continues to work with Aboriginal people and communities on approaches that better address their health needs and to provide services in a culturally sensitive manner.

### Population Change

While the British Columbia population is experiencing significant growth overall, the total population of northern British Columbia is not expected to increase dramatically over the next 15 years. Between 2013 and 2027 the total population is expected to increase by just 6.4 per cent (from 294,188 to 313,121), averaging to 0.4 per cent per year. An aggregate analysis, however, masks two challenges facing Northern Health:

- A rapidly aging population, bringing with it a variety of health challenges including frailty, chronic disease and dementia; and
- Proportionately more children and youth, many of whom are considered "at risk."

## A Rising Burden of Chronic Disease

Chronic diseases are prolonged conditions such as diabetes, depression, hypertension, congestive heart failure, chronic obstructive pulmonary disease, arthritis and asthma. People with chronic conditions represent approximately 34 per cent of the BC population and consume approximately 80 per cent of the combined physician payment, PharmaCare and acute (hospital) care budgets.<sup>23</sup>

The evidence shows there are opportunities to prevent these diseases and that many deaths, hospitalizations and costs can be attributed to a handful of risk factors: smoking, obesity, physical inactivity, and poor nutrition. It is known that addressing these risk factors can prevent or delay the onset of many chronic conditions.<sup>24</sup> The evidence also shows that there are opportunities to better manage these conditions and to improve outcomes through integrated approaches that include patient self-management strategies.<sup>25 26 27</sup>

During 2010 /11 there were an estimated 15,995 newly diagnosed cases related to chronic illness among northern residents.<sup>28</sup>

With the recent advances in health, we might consider the impact of expanding the existing definition of chronic diseases to include certain cancers, mental illnesses, HIV, and Hepatitis C, as people with these conditions can often live long, productive and rewarding lives if their care is well managed.<sup>29 30 31</sup>

## Mental Health and Substance Use Disorders

In addition to the pressures arising from the upcoming demographic changes, mental health and substance use issues continue as endemic factors in northern rural communities. While some Aboriginal communities face particularly severe challenges, as demonstrated by evidence of higher rates of addiction and suicide, non-Aboriginal communities face significant pressures as well. Mental health and substance use issues pose a significant challenge to the health care system. They are, in and of themselves, difficult to address and recidivism rates are high, especially where affected individuals cannot easily leave a high risk environment. Homelessness or unreliable low standard housing and minimal positive family/social networks continually expose individuals to risk and offer little in the way of reliable support. Mental health and substance use issues also present as difficult underlying complications in other clinical/physical problems, preventing or significantly impeding successful treatment and management.

## Strategic Advantages

Northern Health clearly faces a variety of challenges given the dispersed population and the higher incidence of illness and risk across northern British Columbia. But a number of unique “strategic advantages” also exist that will be helpful as Northern Health works with physicians, staff and other organizations to address the health needs of the region.

### Motivated Communities and Staff and Physicians

Northern British Columbia is comprised of a large number of relatively geographically defined communities. While there are certainly residents spread across a vast geographic area, it is possible to identify travel patterns and “catchment” relationships. Northern residents hold a strong sense of community and are highly motivated to sustain and enrich their communities.

This presents opportunities for Northern Health to enter into an ongoing dialogue with communities about health in order to work in partnership to promote healthier lifestyles and to plan and support high quality sustainable health services.

The sense of community translates at the level of Northern Health’s staff and the physicians of northern British Columbia as well. Rural community living brings a spirit of common interest and creativity to staff

and physicians. New approaches, new roles and team approaches are often established by local groups as a way to overcome challenges.

### **Established Foundation of Primary Health Care**

Northern British Columbia is unique in British Columbia in the degree to which primary health care has evolved as the foundation of its health care delivery system. In general, physicians across the North are committed to quality improvement in their primary care practices and to ensuring service comprehensiveness and continuity after hours. Approximately 98 per cent of the physicians practicing in northern British Columbia have a relationship with Northern Health, usually holding hospital privileges and often providing emergency care, obstetrical care and service to residents in residential care facilities. In some of northern British Columbia's larger communities, Divisions of Family Practice are developing and are establishing processes for joint planning, improvement and communication.

Northern British Columbia physicians have also taken advantage of electronic medical records (EMRs) at a higher rate than other jurisdictions and have availed themselves of opportunities to integrate with Northern Health information systems. Recent indications suggest that approximately 75 per cent of the physicians practicing in northern British Columbia are making meaningful use of EMRs through such processes as drawing laboratory test results from Northern Health's information system into their electronic records. Many of these physicians are also actively using information from the EMR to monitor quality of care and outcomes for patients.

### **A Spirit of Partnership**

While the vast majority of health issues faced by residents of Northern British Columbia can be addressed within the North, Northern Health is unable to provide specialized tertiary and quaternary services. Neurosurgical services, cardiac surgery and transplant services are some examples where Northern Health lacks the professionals and infrastructure to offer full service and does not currently have the volumes that would warrant program development in the near future. For such services, Northern Health works in partnership with other Health Authorities, particularly the Provincial Health Services Authority and Vancouver Coastal Health Authority, to plan and ensure a strong continuum of care. It is with this spirit of partnership that Northern Health is able to provide quality services in the areas of cancer care, renal care, maternal and neonatal care, trauma care and HIV management.

## **Goals, Objectives and Performance Measures**

Northern Health is responsible for providing health services within the context of government priorities and directions. The Ministry of Health has established four overarching goals that set the context for Northern Health:

- Effective health promotion, prevention and self-management to improve the health and wellness of British Columbians;
- British Columbians have the majority of their health needs met by high-quality primary and community-based health care and support services;
- British Columbians have access to high-quality hospital services when needed; and
- Improved innovation, productivity and efficiency in the delivery of health services.

## Strategic Plan

On February 23, 2009, the Northern Health Board publicly announced a new Strategic Plan for 2009 to 2015. The Strategic Plan was developed following extensive consultation with key stakeholders across the region. The Strategic Plan's Mission, Vision and Values provide the framework for oversight and management over the next four to five years.

### *Mission*

Through the efforts of our dedicated staff and physicians, in partnership with communities and organizations, we provide exceptional health services for northerners.

### *Vision*

Northern Health leads the way in promoting health and providing health services for northern and rural populations

- Northern Health is known for our strong primary health care system. People experience seamless and coordinated service. The Primary Health Care Home is the foundation for multidisciplinary health care and helps people navigate across services
- Northern Health involves people and their families in their own health and health care. Individuals and families feel respected and are treated compassionately
- Northern Health provides high quality health services, using evidence and innovation, to meet the needs of our northern and rural populations. We are known for the creativity of our staff and physicians and for our innovative use of technology to care for people as close to home as possible
- Northern Health is recognized as an outstanding place to work, learn and grow. We foster a safe and healthy work environment. Education and development of people in the north and for the north attracts and retains staff and physicians
- Northern Health works with communities and organizations to support northern people to live well and prevent injury and illness. The health status of northern people is improving faster than the rest of British Columbia.

### *Values*

We treat people with:

- Respect: honoring diversity and treating people fairly
- Compassion: caring genuinely
- Empathy: understanding and earning trust

We demonstrate:

- Integrity: ensuring open, honest, ethical behavior
- Stewardship: showing transparent, responsible and effective use of resources
- Quality: providing exceptional service guided by evidence

We work in a spirit of:

- Collaboration: working together to better serve the people of northern British Columbia
- Innovation: learning and finding better ways to deliver health care

## Goals and Objectives

In addition to the Mission, Vision and Values, the Northern Health Board has established four focused strategic priorities. The following table presents Northern Health's strategic priorities within the context of the government's goals.

Ministry of Health Goals	Northern Health Strategic Direction
<i>Effective health promotion, prevention and self-management to improve the health and wellness of British Columbians</i>	<b>A Population Health Approach</b> <i>Northern Health will lead initiatives that improve the health of the people we serve.</i>
<i>British Columbians have the majority of their health needs met by high-quality primary and community based health care and support services.</i>	<b>Integrated Accessible Health Services</b> <i>Northern people will have access to integrated health services, built on a foundation of primary health care.</i>
<i>British Columbians have access to high-quality hospital services when needed.</i>	<b>High-Quality Services</b> <i>Northern Health will ensure quality in all aspects of the organization.</i>
<i>Improved innovation, productivity and efficiency in the delivery of health services.</i>	<b>A Focus on Our People</b> <i>Northern Health will create a dynamic work environment that engages, retains and attracts staff and physicians.</i>

To ensure focused activity toward achievement of the Strategic Plan, the Northern Health Board and Executive have established four clear objectives for 2013/14 to 2015/16:

1. Structure Northern Health services to provide support to inter-professional primary health care homes;
2. Enhance engagement of staff, physicians and communities;
3. Use a comprehensive approach (Ottawa Charter) to affect upstream risk factors that will have a positive impact on the health of the population;
4. Strengthen Northern Health's safety and quality culture.

These objectives lead to a number of concrete tactics to be undertaken by Northern Health over the next three years. The following section describes each of these initiatives under its overarching Ministry of Health goal.

## **Goal 1: Effective health promotion, prevention and self-management to improve the health and wellness of British Columbians**

### **Objective: Use a comprehensive approach to affect upstream risk factors that will have a positive impact on the health of the population**

Northern Health will base public and population health improvement efforts on the five population health approaches described in the Ottawa Charter (a seminal consensus document on effective approaches for improving the health of populations). To ensure focus, Northern Health will establish position papers to initiate discussion and improvement work on a few priority areas: physical inactivity, unhealthy eating and tobacco use. Following are specific initiatives related to this important objective.

1. Enhance awareness of population health concepts (based on the conclusions of the Ottawa Charter);
2. Partner with communities and support community leadership in aspects affecting the health of populations;

- Partner with the developing First Nations Health Council and draw on the wisdom of the local Aboriginal Health Improvement Committees (AHICs) to improve the health of Aboriginal people.

**Performance Measure 1: Percent of Communities that have Completed Healthy Living Strategic Plans**

Performance Measure	2010/11 Baseline	2013/14 Target	2014/15 Target	2015/16 Target
Percent of communities that have completed healthy living strategic plans	0%	30%	38%	44%

Data Source: Population and Public Health Division, Ministry of Health

**Discussion**

Community efforts to support healthy living through planning, policy, built environments and other mechanisms are critical to engaging individuals where they live, work and play. Sustained community level actions will decrease the number of British Columbians who develop chronic diseases. The Ministry is advising communities on comprehensive healthy living plans and local governments and their regional health authorities are building closer working structures to facilitate health promotion at the community level.

**Goal 2: British Columbians have the majority of their health needs met by high quality primary and community-based health care and support services**

**Objective: Realign Northern Health community services to create and support multidisciplinary primary health care homes in communities across the North**

Northern Health will work with physicians to continually improve and better align primary health care and community services so all residents of northern British Columbia are served better. It is believed that frail elderly, people with mental health and substance use issues, and people with chronic conditions will benefit most from such improvements so these populations will be the focus of much of the work. Following are four streams of work that comprise this critical strategic objective for Northern Health.

- Understand and improve functions/processes supporting community and primary health care
- Realign and integrate primary health care and community service system functions based on understanding of community needs, understanding of our system and patient experience
- Promote and support ongoing collaborative quality improvement in/with primary care practices
- Partner with communities and support community leadership in aspects affecting the health of populations (this initiative is common to a number of objectives).

**Performance Measure 2: Managing Chronic Disease in the Community**

Performance Measure	2009/10 Baseline	2013/14 Target	2014/15 Target	2015/16 Target

Number of people with a chronic disease admitted to a hospital (per 100,000 people aged less than 75 years)	460	414	396	378
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**Data Source:** Discharge Abstract Database, Management Information Branch, Planning and Innovation Division, Ministry of Health

### Discussion

This performance measure tracks the number of people with selected chronic diseases, such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. People with chronic diseases need the expertise and support of family doctors and other health care providers to manage their disease in the community in order to maintain their functioning and reduce complications that will require more medical care. Proactive disease management reduces hospitalizations, emergency department visits, some surgeries and repeated diagnostic testing, all of which help to control the costs of health care. As part of a larger initiative of strengthening community based health care and support services, family doctors, home health care providers and other health care professionals are working to provide better care in the community and at home to help people with chronic disease to remain as healthy as possible.

### Performance Measure 3: Home Health Care and Support for Seniors

Performance Measure	2009/10 Baseline	2013/14 Target	2014/15 Target	2015/16 Target
Per cent of people aged 75+ receiving home health care and support	14.9%	15.2%	15.4%	15.6%

**Data Source:** P.E.O.P.L.E. 35, population estimates, British Columbia Stats 2. Continuing Care Data Warehouse, Management Information Branch, Health System Planning Division, Ministry of Health. A small amount of baseline data is currently unavailable due to the transition to new reporting mechanisms. 3. Home and Community Care Minimum Reporting Requirements (HCCMRR) Data Warehouse, Management Information Branch, Planning and Innovation Division, Ministry of Health.

**Note:** The data for this measure may be restated at a later time when the new data reporting system is fully implemented. Targets may be revised accordingly.

### Discussion

This performance measure tracks the percent of seniors (aged 75+ yrs.) who receive home health care such as home nursing and rehabilitative care, clinical social work, light housekeeping, assisted living and adult day programs. While the majority of seniors experience healthy aging at home, there is growing need for community care options to support those who can no longer live independently. This support helps people manage chronic disease and frailty, and may prevent falls or other incidents that can potentially result in hospital care or require a move to a residential care setting. As part of a larger initiative of strengthening community-based health care and support services, the health authorities are expanding home health care services and ensuring that high risk seniors are made a priority in the provision of care. This focus, combined with the use of technology, can significantly improve health outcomes for seniors.

### Goal 3: British Columbians have access to high-quality hospital services when needed

#### Objective: Strengthen Northern Health's safety and quality culture

By establishing clinical programs, Northern Health has put in place the expertise and capacity to identify and follow up on opportunities to improve clinical care across the organization. Northern Health will continue to strengthen clinical programs and support them in their work through enhanced quality training and tools and strong alignment with research and education. Following are the specific elements of this important objective.

1. Develop and implement quality education/training initiatives for staff and physicians;
2. Work with the University of Northern British Columbia where applicable to further align education, research and health service in northern British Columbia;
3. Support quality improvement activities with evidence, data and tools/methodologies;
4. Support clinical programs in the identification and achievement of targeted improvements; and
5. Undertake focused initiatives to improve safety by promoting leading practice in:
  - a. Hand hygiene
  - b. Medication reconciliation
  - c. Influenza protection.

Specific priority improvement areas for 2013/14 - 2015/16 will include:

- Implement a consistent surgical checklist across Northern Health surgical sites;
- Implement a strategy to improve community follow-up upon discharge from acute care for people with mental health problems;
- Examine and address factors leading to arbitrary variation in the use of C-section in Northern Health facilities; and
- Implement a falls prevention strategy to reduce falls in Northern Health facilities.

Surgical Services has been identified as an area where focused improvement work will take place. Particularly, effort will continue to be made to improve surgical wait times for residents of northern British Columbia. In addition to the above improvement priority, process improvement work will be undertaken as follows:

- Use Lean methodology to examine, prioritize and improve key surgical processes.
- Examine requirements for automation of OR booking and plan/implement system enhancement to support these requirements.

**Performance Measure 4: Access to Surgery**

Performance Measure	2011/12 Baseline	2013/14 Target	2014/15 Target	2015/16 Target
Per cent of non-emergency surgeries completed within the benchmark wait time	76%	79%	80%	87%

**Data Source:** Surgical Wait Times Production (SWTP), Management Information Branch, Health System Planning Division, Ministry of Health. Notes:

1. The total wait time is the difference between the date the booking form is received at the hospital and the report date (end of the month). The day the booking form is received at the hospital is NOT counted.
2. This measure uses adjusted wait times that are calculated by excluding periods when the patient is unavailable from the total wait time.

**Discussion**

In the last several years, British Columbia’s health system has successfully reduced wait times for cataract, hip and knee replacement, hip fracture and cardiac surgeries. Expanded surgical activity and patient-focused funding, combined with continuous effort to foster innovation and efficiency in British Columbia’s hospitals, will improve the timeliness of patients’ access to an expanding range of surgical procedures. This performance measure will track whether non-emergency surgeries are completed within established benchmark wait times. These benchmark wait times are new and give a priority rating for each surgical patient, based on individual need. Because of the need to ‘catch up’ on surgeries for patients without a priority rating who have already been waiting, surgery for some patients with the new priority rating may be delayed.

**Goal 4: Improved innovation, productivity and efficiency in the delivery of health services**

**Objective: Enhance engagement of staff, physicians and communities**

Northern Health aspires to create a dynamic work environment that engages, retains and attracts staff and physicians. The level of engagement of staff (and ultimately of physicians working in/with Northern Health) is measurable and can be tied to recruitment, retention and other organizational outcomes (including sick and overtime rates). Specifically, Northern Health will undertake the following initiatives toward this objective:

1. Enhance staff engagement through focused measurement, planning and improvement.
2. Initiate a physician engagement measurement and improvement framework.
3. Partner with communities and support community leadership in aspects affecting the health of populations (this initiative is common to a number of objectives).

Northern Health continues to build and support partnerships with communities and organizations. Such partnerships are highly beneficial as they greatly enhance the leverage with which change can be affected while enhancing relationships and engagement. Northern Health’s valued partnership with the University of Northern British Columbia is a specific example. Through this partnership both organizations can gain strength and capacity while achieving the mutually beneficial goal of alignment among health research, education and clinical care.

**Performance Measure 5: Nursing Overtime**

Performance Measure	2010 Calendar Year Baseline	2013/14 Target	2014/15 Target	2015/16 Target
Nursing overtime hours as a per cent of productive nursing hours	4.9%	No more than 4.2%	No more than 4.0%	No more than 4.0%

**Data Source:** Based on calendar year. Health Sector Compensation Information System (HSCIS). Health Employers Association of British Columbia (HEABC).

### Discussion

This performance measure compares the amount of overtime worked by nurses to the overall amount of time nurses work. Overtime is a key indicator of the overall health of a workplace. High rates of overtime may reflect inadequate staffing or high levels of absenteeism, resulting in workload issues and increased costs. Reducing overtime rates by addressing the underlying causes not only assists in reducing direct (e.g. labor) and indirect (e.g. unengaged staff) costs to the health system, it also helps promote both patient and caregiver safety.

# Financial Summary

Following is a summary of Northern Health's 2012/13 closing financial status and budgets/plans for 2013/14 through to 2015/16.

(\$ millions)	2012/13 Actual	2013/14 Budget	2014/15 Plan	2015/16 Plan
<b>Operating Summary</b>				
<b>Provincial government sources</b>	667.132	679.125	688.777	696.632
<b>Non-provincial government sources</b>	66.691	59.048	62.304	62.096
<b>Total Revenue:</b>	<b>733.823</b>	<b>738.173</b>	<b>751.081</b>	<b>758.728</b>
<b>Acute Care</b>	430.842	432.871	439.816	445.488
<b>Residential Care</b>	95.852	95.706	98.486	99.846
<b>Community Care</b>	49.201	56.447	58.308	58.495
<b>Mental Health &amp; Substance Use</b>	50.574	53.990	55.434	56.177
<b>Population Health &amp; Wellness</b>	37.205	38.414	37.299	36.620
<b>Corporate</b>	61.364	60.745	61.738	62.102
<b>Total Expenditures:</b>	<b>725.038</b>	<b>738.173</b>	<b>751.081</b>	<b>758.728</b>
<b>Surplus (Deficit)</b>	<b>8.785</b>	-	-	-
<b>Funded by Provincial Government</b>	31.8	59.6	33.0	11.4
<b>Funded by Foundations, Regional Hospital Districts, and other non-government sources</b>	19.1	49.1	17.6	10.1
<b>Total Capital Spending</b>	50.9	108.7	50.6	21.5

a) Includes information technology infrastructure, corporate expenditures, human resources, financial services, capital planning, workplace health and safety, internal/external communications and administration

**Note:** Health authorities were required to implement Public Sector Accounting Standards for fiscal 2012/13 which included expenditure reporting by sector. Refinements to sector expenditure reporting have been made since then to improve consistency, transparency and comparability.

# Capital Projects

Northern Health's Capital Asset Management Plan consists of three major avenues of spending to maintain and improve the asset base consisting of human resources, technology, facilities and equipment. These resources are applied strategically in order to provide the breadth of services Northern Health is responsible for across its geography. Funding is received from the Ministry of Health, Regional Hospital Districts and through donations from Foundations and Auxiliaries. Maintenance and enhancement of capital and information infrastructure improves Northern Health's capacity to fulfill its strategic plan and to continue to operate in an efficient, effective manner.

Following is a list of approved capital projects (those with a total project cost of greater than \$2 million) currently under way.

Facility Location	Project Name	Total Project Cost (\$millions)
<i>Projects underway:</i>		
St. John Hospital	Outpatient Services Renovation	5.0
UHNBC	Northern Cancer Control Renovation	8.6
Burns Lake Hospital	Hospital Replacement	55.0
QCI Hospital	Hospital Replacement	50.0
UHNBC	Surgi-Net (OR Booking & Care Documentation)	4.1
UHNBC	Learning & Development Centre	9.86
Regional	Data Centre Transition	2.7

## Contact Information

For more information on Northern Health, please visit [www.northernhealth.ca](http://www.northernhealth.ca), send an email to [hello@northernhealth.ca](mailto:hello@northernhealth.ca) or call 250-565-2649.

For information specific to this service plan or other Northern Health plans, please contact:

Fraser Bell  
Vice President, Quality and Planning, Northern Health  
#600-299 Victoria Street  
Prince George, British Columbia  
V2L 5B8

250-565-2724

[Fraser.Bell@northernhealth.ca](mailto:Fraser.Bell@northernhealth.ca)

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- <sup>4</sup> As at April 1, 2012 there are 525 acute care beds open and in operation
- <sup>5</sup> As at April 1, 2012 there are: 1,062 complex care beds and 35 respite care beds provided in the 23 noted facilities. Also allocated across northern British Columbia are 307 assisted living units
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