



**ACCREDITATION
AGRÉMENT**
CANADA

Accreditation Report
Qmentum Global™ Program
Northern Health Authority

Report Issued: 10/08/2023

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About Accreditation Canada

Accreditation Canada (AC) is a global, not-for-profit organization with a vision of safer care and a healthier world. Together with our affiliate, Health Standards Organization (HSO), our people-centred programs and services have been setting the bar for quality across the health ecosystem for more than 60 years, and we continue to grow in our reach and impact. HSO develops standards, assessment programs and quality improvement solutions that have been adopted in over 12,000 locations across five continents. It is the only Standards Development Organization dedicated to health and social services. AC empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Our assessment programs and services support the delivery of safe, high-quality care across the health ecosystem.

About the Accreditation Report

The Organization identified in this Accreditation Report is participating in Accreditation Canada's Qmentum Global™ accreditation program.

As part of this ongoing process of quality improvement, the organization participated in continuous quality improvement activities and assessments, including an on-site survey from 25/06/2023 to 30/06/2023.

Information from the cycle assessments, as well as other data obtained from the Organization, was used to produce this Report. Accreditation Canada is reliant on the correctness and accuracy of the information provided by the Organization to plan and conduct the on-site assessment and produce this Report. It is the Organization's responsibility to promptly disclose any and all incidents to Accreditation Canada that could impact its accreditation decision for the Organization.

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Executive Summary

About the Organization

Northern Health is a regional Health Authority located in Northern British Columbia. It is the largest rural health region in the province of British Columbia. It serves a population of approximately 300,000 people across two-thirds of British Columbia's land mass. Seventeen percent of the population is Indigenous. There are 55 First Nations Communities, nine Tribal Councils, seventeen distinct linguistic groups, and eleven Métis Nation of BC Charter Communities.

Northern Health has a proud history of providing health services in the north. It is governed by a ten-member board with representation throughout the north. Health care is delivered across 32 communities and 55 First Nations communities in 6 regional districts in northern British Columbia. A comprehensive array of services is offered including acute care, long-term care, public health, and primary and community care. The facilities include 18 hospitals, 25 long-term-care facilities, many primary and community health centres, and many offices providing specialized services. There are over 9,000 people providing quality care to the people of northern British Columbia.

The organization is divided into three operational Health Service Delivery Areas: The Northeast, the Northern Interior, and the Northwest. This structure provides a greater degree of local operation and decision-making for health facilities across Northern British Columbia.

Northern Health's vision statement is "Through the efforts of our dedicated staff and physicians, in partnership with communities and organizations, we provide exceptional health services for Northerners."

Surveyor Overview of Team Observations

The staff, physicians, Board of Directors, and leaders of Northern Health are acknowledged for preparing for and participating in the accreditation program. Innovation and passion for quality were at the forefront as they embraced the accreditation journey. They welcomed the accreditation process and were extremely proud of the programs and services offered at Northern Health.

There is a strong commitment to the vision, mission and values of Northern Health. The staff, physicians, and leaders live the values which include, empathy, respect, collaboration, and innovation. The mission is, Through the efforts of dedicated staff and physicians, in partnership with communities and organizations, we provide exceptional health services for Northerners. The mission forms the foundation for quality of care. Furthermore, it is used to develop and implement exceptional health services. The vision states, Northern Health leads the way in promoting health and providing health services for northern and rural populations.

Northern Health received a number of awards including: the Salus Global Recognition Award 2021 for Quesnel Maternity Services, multiple BC Quality Awards in 2023, Haida Gwaii Hospital and Health Centre - Xaayda GwaayNgaaysdII Naay received the Managing Obstetrical Risk Efficiently (moreOB™) award in 2021, Provincial awards for Northern Health's innovative program to redistribute blood products, COVID-19 Data and Analytics teams made top three for the Partnership Premier's Award, and the Award of Merit in the Top Innovation Category for the NH Trauma Dashboard in 2019. Additionally, there were a number of individual awards of which the organization can be quite proud.

Northern Health provides programs and services at 18 hospitals, 25 long-term care facilities, many primary and community health units, and many offices providing specialized services. There are exciting infrastructure projects throughout Northern Health. There is a commitment to environmental stewardship.

There is a commitment to people and family-centered care. The staff, physicians and leaders are acknowledged for their commitment to co-design programs and services with clients, families and partners. One example is the participation of clients and families in the planning of new infrastructure projects. Clients and families are engaged to ensure that their valuable feedback and experiences are embedded in programs and services.

The CEO and leadership team are visible and engaged with staff, physicians, partners, clients and families. A just culture is nurtured and fostered. There is a solid commitment to supporting the education and training needs of the team.

Northern Health has a strong culture of fostering relationships and partnerships. This is demonstrated in so many ways. This includes the relationship with the Indigenous Health Authority, Provincial Health Services, Health Emergency Services BC, Emergency Social Service, local industries, the educational sector, and municipalities. The leaders are committed to fostering strategic partnerships to further the reach of programs and services. Community partners participated in the onsite survey focus group. They were engaged and provided important feedback. The partnership with Northern Health was described as, meaningful, necessary, important, and collaborative. They noted that they felt their input was appreciated. A partner noted, "It is so important to maintain partnerships. It is important to have an external focus. The key is partnership and what the partners bring to the table."

There is a strong culture of safety, quality and innovation. The desire to try new things is noted and as examples, Northern Health was the first in British Columbia to be assessed against the new Emergency and Disaster Management standard, their award-winning checklist for relocation during a disaster to both send and receive patients, and the seeking out of new technology to support continuity of care such as Starlink communications. The Strategic Plan 2020-2023 is implemented, with robust engagement processes used in the development of the plan. There is a focus on innovation at Northern Health to meet the needs of northern and rural communities; current and future opportunities. The leaders seek opportunities to enhance access and reduce barriers for clients and families. The strength of Northern Health is the passion and commitment of staff, physicians, and leaders. They are committed to the vision, mission and values.

It has been an honour and privilege for the survey team to work with the staff, physicians, board directors, and leaders. They are acknowledged for their strong commitment to improving health services for the people of northern British Columbia. Quality and innovation were at the forefront of programs and services.

Key Opportunities and Areas of Excellence

Areas of Excellence

The staff, physicians, leaders and board directors are the cornerstone of excellence within Northern Health. They have a can-do attitude and are very willing to work together to provide safe, quality and innovative programs and services, and are acknowledged for their commitment to innovation. They have described being innovative and creative in providing care to people across a vast geographical region. They are very proud of being perceived as a health region that is willing to partner on creative programs. This includes important work such as an inclusion, diversity, equity, and accessibility strategy, embedding cultural safety and humility, and emergency preparedness. The teams spoke of being, “resilient, creative, engaged, passionate, caring, and collaborative.” The staff, physicians and leaders were very proud to showcase their programs and highlight their successes. There have been many examples witnessed during the on-site survey of the commitment to excellence and innovation. The staff, physicians and leaders are caring and compassionate with a commitment to providing care to vulnerable people. It was truly a pleasure to work with the staff, physicians, leaders, and directors as they, “lead the way in promoting health and providing health services for northern and rural populations.”

There is an unwavering commitment to strategic and collaborative partnerships. This ranges from the day-to-day interactions at the local level to larger strategic initiatives. There are partnerships with foundations, auxiliaries, First Nations Health Authority, First Nations communities, the University of Northern British Columbia, industry, municipalities, Regional Hospital Districts, Health Emergency Management BC, police and fire departments, and community organizations, to name just a few. There were many examples provided by the staff of the difference the community partnerships make in improving health care for clients and families. A staff member stated, “We have excellent support from our community.” The partnerships with Northern Health were described as, successful, inclusive, supportive, collaborative, and safe. A partner described the benefit of partnering with Northern Health, “It helps fulfill the mission and impacts the region and the people we serve.” Another partner noted, “The staff are so patient. They answer a lot of questions and explain processes. They listen to opinions and thoughts.” The leaders and team members are acknowledged for their commitment to supporting partnerships. This includes the engagement of partners and communities through surveys, consultation processes, and in evaluations. Northern Health is viewed as a partner that other organizations and groups want to partner with. Therefore, this is an opportunity to formalize an engagement framework that can be used to identify and work with partners. This will assist Northern Health in determining when, how, and with whom it will engage in its decision-making processes. Northern Health is commended for its commitment to fostering partnerships to meet the needs of the people they serve.

Key Opportunities

The recruitment and retention of staff, physicians, and leaders is challenging for many healthcare organizations, including Northern Health. Approximately 20.71 percent of baseline positions are unfilled. At the same time, there is an increase in workload demands of approximately 17.66 percent.

Although the team members and leaders identified that Northern Health is a great place to work, there is a global competition for healthcare professionals. This has resulted in staff shortages, particularly in some critical areas. For example, the vacancy of one health professional in a small rural facility may have a great impact on the services provided to clients. There are strong partnerships with educational institutions and the Ministry of Health, to work collaboratively to address recruitment and retention.

Northern Health is acknowledged for its approach to the health human resource challenges by implementing a Workforce Sustainability Initiative. The objective of this plan is to identify, implement, and address sustainable strategies that foster workforce satisfaction, increase workforce engagement, stimulate innovation, remove barriers to productivity, and increase diversity and inclusion to ensure continuity of services to northerners. Northern Health has been creative in addressing human resources issues. The leaders are encouraged to continue to implement the Workforce Sustainability Initiative and to continue with innovative approaches in the recruitment and retention of staff and physicians.

Northern Health is committed to person and family-centred care. There is also a strong direction to realize reconciliation and enhance cultural safety. The organization is committed to building relationships relevant to the local context across Northern Health and to developing Indigenous Health improvement committees. There is a strategy map for Northern Health Person and Family-Centered Care. At present recruitment is ongoing for a Regional Quality Improvement Advisor for Person and Family-Centered Care. An Engagement Advisory Council is also being established. Northern Health works in collaboration with the Patient Voices Network. This network is a community of patients, families and caregivers working together with healthcare partners to improve BC's healthcare system. However, there is an opportunity to continue to seek ways to further engage clients, patients and families in organizational decisions at both the leadership and the unit, program, and service levels. Clients and families have identified the importance and value of participating in quality improvement initiatives. The staff, physicians and leaders live the values of Northern Health and that will be valuable attributes as they continue to engage clients, families and communities. The strong commitment to Indigenous health and inclusion, diversity, equity and access will also help inform the patient journey and further people-centred care. Northern Health is positioned well in continuing the people-centred care journey.

Program Overview

The Qmentum Global™ program was derived from an intensive cross-country co-design process, involving over 700 healthcare and social services providers, patients and family members, policy makers, surveyors, clinical, subject matters experts, Health Standards Organization and Accreditation Canada. The program is an embodiment of People Powered Health™ that guides and supports the organization's continuous quality improvement journey to deliver safe, high-quality, and reliable care.

Key features of this program include new and revised evidence based, and outcomes focused assessment standards, which form the foundation of the organization's quality improvement journey; new assessment methods, and a new digital platform OnboardQi to support the organization's assessment activities.

The organization will action the new Qmentum Global™ program through the four-year accreditation cycle the organization is familiar with. As a driver for continuous quality improvement, the action planning feature has been introduced to support the identification and actioning of areas for improvement, from Steps 2. to 6., of the cycle.

To promote alignment with our standards, assessments results have been organized by core and specific service standards within this report. Additional report contents include, the comprehensive executive summary, the organization's accreditation decision, locations assessed during the on-site assessment, required organizational practices results and conclusively a Quality Improvement Overview.

Accreditation Decision

Northern Health Authority's accreditation decision continues to be:

Accredited

The organization has succeeded in meeting the fundamental requirements of the accreditation program.

Locations Assessed in Accreditation Cycle

This organization has 103 locations.

The following table provides a summary of locations¹ assessed during the organization's on-site assessment.

Table 1: Locations Assessed During On-Site Assessment

Site	On-Site
Acropolis Manor	<input type="checkbox"/>
Alward Place	<input type="checkbox"/>
Aspen 1	<input type="checkbox"/>
Aspen 2	<input type="checkbox"/>
Atlin Health Centre and Primary Care Clinic	<input type="checkbox"/>
Birchwood Place Adult Mental Health	<input type="checkbox"/>
Brunswick Building-Pr. Geo. (IT, HIMS, etc.)	<input type="checkbox"/>
Bulkley Lodge	<input type="checkbox"/>
Bulkley Valley District Hospital	<input type="checkbox"/>
Burns Lake Primary Care Clinic	<input type="checkbox"/>

Site	On-Site
Centre for Healthy Living	<input type="checkbox"/>
Chetwynd General Hospital and Health Centre	<input type="checkbox"/>
Chetwynd Primary Care Clinic	<input type="checkbox"/>
Davis House	<input type="checkbox"/>
Dawson Creek and District Hospital	<input type="checkbox"/>
Dawson Creek Health Unit	<input checked="" type="checkbox"/>
Delta King Place	<input type="checkbox"/>
Dunrovin Park Lodge	<input type="checkbox"/>
Duplex Cottage	<input type="checkbox"/>
Fort Nelson General Hospital	<input type="checkbox"/>
Fort Nelson Health Unit	<input type="checkbox"/>
Fort St James Health Centre	<input type="checkbox"/>
Fort St. James Medical Clinic	<input type="checkbox"/>
Fort St. John Health Unit	<input type="checkbox"/>
Fort St. John Hospital	<input type="checkbox"/>
Fort St. John Medical Clinic	<input type="checkbox"/>
Fort St. John Mental Health and Addictions	<input type="checkbox"/>
Fort St. John Prenatal Clinic	<input type="checkbox"/>
Fraser Lake Community Health Centre	<input type="checkbox"/>

Site	On-Site
G.R. Baker Memorial Hospital	<input type="checkbox"/>
Gateway Lodge and Assisted Living	<input checked="" type="checkbox"/>
Granisle Health Centre and Medical Clinic	<input type="checkbox"/>
Haida Gwaii Hospital and Health Centre - Xaayda Gwaay NgaaysdII Naay	<input type="checkbox"/>
Hazelton Community Health	<input type="checkbox"/>
Highland Community Centre	<input type="checkbox"/>
HIV/AIDS Prevention Program (Needle Exchange)	<input type="checkbox"/>
Houston Health Centre and Primary Care Clinic	<input type="checkbox"/>
Hudson's Hope Health Centre & PCC	<input type="checkbox"/>
ICM/ACT/Car 60 Teams - Prof. Bldg - Prince George	<input type="checkbox"/>
Iris House - Prince George	<input type="checkbox"/>
Jubilee Lodge	<input type="checkbox"/>
Kitimat General Hospital & Health Centre	<input type="checkbox"/>
Lakes District Hospital and Health Centre	<input checked="" type="checkbox"/>
Laurier Manor	<input type="checkbox"/>
Legion Wing - Seniors Housing, Prince George	<input type="checkbox"/>
Mackenzie and District Hospital and Health Centre	<input type="checkbox"/>
Mackenzie Family Health Clinic	<input type="checkbox"/>

Site	On-Site
McBride and District Hospital and Health Centre	<input type="checkbox"/>
McBride Medical Clinic	<input type="checkbox"/>
McConnell Estates	<input type="checkbox"/>
Mills Memorial Hospital	<input checked="" type="checkbox"/>
Mountainview Lodge Care Facility	<input checked="" type="checkbox"/>
Native Friendship Centre Prince George	<input type="checkbox"/>
Nechako Centre - Prince George	<input type="checkbox"/>
Northeast Corporate Office	<input type="checkbox"/>
Northern Haida Gwaii Hospital and Health Clinic - Masset	<input type="checkbox"/>
Northern Health Authority Corporate Office	<input checked="" type="checkbox"/>
Northern Health Interior - Community Acute Stabilization Team	<input type="checkbox"/>
Northern Interior Corporate Office	<input type="checkbox"/>
Northern Interior Health Unit - Prince George	<input type="checkbox"/>
Northwest Corporate Office	<input type="checkbox"/>
Park Avenue Medical	<input type="checkbox"/>
Parkside Care Facility	<input type="checkbox"/>
Parkwood Mall	<input type="checkbox"/>
Peace Villa Residential Care	<input type="checkbox"/>
Port Clements Medical Clinic	<input type="checkbox"/>

Site	On-Site
Prince George Family Resource Centre	<input type="checkbox"/>
Prince Rupert Community Health Centre	<input type="checkbox"/>
Prince Rupert Regional Hospital	<input type="checkbox"/>
Quesnel (Eileen Ramsey) Health Centre	<input type="checkbox"/>
Quesnel Community Health Services	<input type="checkbox"/>
Quesnel Mental Health/QUESST Unit	<input type="checkbox"/>
Quesnel Primary Care Clinic	<input type="checkbox"/>
Quesnel Urgent and Primary Care Clinic	<input type="checkbox"/>
Rainbow Care Facility - Pr. George	<input type="checkbox"/>
Regional Cancer Care	<input type="checkbox"/>
Rotary Manor	<input type="checkbox"/>
SCAN Clinic	<input type="checkbox"/>
Seven Sisters Centre - Terrace	<input type="checkbox"/>
Sleeping Beauty Medical Clinic	<input type="checkbox"/>
Smithers Community Health Centre	<input type="checkbox"/>
Southside Health and Wellness Centre	<input type="checkbox"/>
Spruceland Seniors Housing	<input type="checkbox"/>
St. John Hospital	<input type="checkbox"/>
Stewart Health Centre and Primary Care Clinic	<input type="checkbox"/>

Site	On-Site
Stikine Health Centre and Primary Care Clinic	<input type="checkbox"/>
Stuart Lake Hospital	<input type="checkbox"/>
Stuart Nechako Manor	<input type="checkbox"/>
Summit Residences	<input type="checkbox"/>
Surgery Centre	<input type="checkbox"/>
Terrace (Skeena) Health Unit	<input type="checkbox"/>
Terraceview Lodge	<input checked="" type="checkbox"/>
The Pines Care Home	<input type="checkbox"/>
Tumbler Ridge Health Centre	<input checked="" type="checkbox"/>
University Hospital of Northern British Columbia	<input checked="" type="checkbox"/>
Urgent Primary and Community Care	<input type="checkbox"/>
Urquhart House - Prince George	<input type="checkbox"/>
Valemount Health Centre	<input type="checkbox"/>
Vanderhoof Health Centre	<input type="checkbox"/>
Victoria Medical	<input type="checkbox"/>
Westside (Grace Young Wellness Centre)	<input type="checkbox"/>
Wrinch Memorial Hospital	<input type="checkbox"/>

¹Location sampling was applied to multi-site single-service and multi-location multi-service organizations.

Required Organizational Practices

ROPs contain multiple criteria, which are called Tests for Compliance (TFC). ADC guidelines require 75% and above of ROP's TFC to be met.

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Accountability for Quality of Care	Governance	6 / 6	100.0%
Hand-hygiene Compliance	Infection Prevention and Control	3 / 3	100.0%
Client Flow	Leadership	5 / 5	100.0%
Workplace Violence Prevention	Leadership	8 / 8	100.0%
Medication Reconciliation as a Strategic Priority	Leadership	5 / 5	100.0%
Patient Safety Education and Training	Leadership	1 / 1	100.0%
Patient Safety Incident Disclosure	Leadership	6 / 6	100.0%
Patient Safety Incident Management	Leadership	7 / 7	100.0%
Preventive Maintenance Program	Leadership	4 / 4	100.0%
High-alert Medications	Medication Management	8 / 8	100.0%
The 'Do Not Use' List of Abbreviations	Medication Management	7 / 7	100.0%

Assessment Results by Standard

Core Standards

The Qmentum Global™ program has a set of core assessment standards that are foundational to the program and are required for the organization undergoing accreditation. The core assessment standards are critical given the foundational functions they cover in achieving safe and quality care and services. The core standards are always part of the assessment, except in specific circumstances where they are not applicable.

Emergency and Disaster Management

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

Northern Health is commended for being the first Health Authority to be assessed against the new Emergency and Disaster Management Standard. There had been little need for preparing, as they just did what they do, and made it happen.

During the past four years, Northern Health (NH) has had its share, as the province has, of emergencies on a large scale, not to mention the ones at each individual site. To complicate this NH has vast rural and thinly populated areas to serve. The authority has a strong relationship with Health Emergency Management BC, (HEMBC), which works with NH in these critical events to ensure preparedness, support through recovery, and support following each emergent critical event. The past four years have strengthened this partnership. Through each event, HEMBC support has been available in the direst of circumstances. Provincial Health Services Authority (PHSA) also offers strong links with support of the ambulance, pharmacy and supply chain services. The organization is congratulated on embracing these external resources to assist with emergency preparation and planning.

There seems to have been no type of emergency event the team has not had to deal with in the past few years. To quote a phrase from one of the leaders, "There are lost years in the number of disasters; we expect two a year now". While working through the criteria it was impossible to discern the difference between planning for an emergency or disaster or the recovery phase. The team seems to shift in the middle of things to make things better and to learn from not only their mistakes but from their partners and communities.

A great example of this was during the pandemic there was a shortage of mortuary beds, so the organization with the help of HEMBC developed temporary morgues so the deceased could continue to stay in their community to meet the cultural needs of their families. They were the first in BC to do this. Because of this there are now three meetings a week with the BC Coroners Service to monitor the morgue space in the province.

When speaking about transporting patients with their charts the team spoke of implementation of the Starlink communication systems so charts are available for linked sites electronically, despite the availability of hard-wired communication methods. When transporting patients, the team quickly noted gaps and designed checklists to both send and receive patients. This has now grown into a process that is used within the province for all patient transports and has won national awards.

Evolving has not stopped and when dealing with the potential to move LTC clients from Fort St. John due to wildfires they knew they would need beds for residents, so they worked with transport companies to have help to perform this if it was needed. During the recovery phase they learned very quickly the Health Authority cannot do everything, so they have learned to ensure there are tight levels of accountability and responsibility, and that everyone stays in their own lane.

The organization has support from local industry including medical staff, busses, planes, and transport carriers. There is work done with the Office of Health and Resource Development to ensure connections are clear. Following the floods in Williams Lake where clients were evacuated to Prince George, the team learned to trust Emergency Social Services to assist people to reunite with their families. St. John's Ambulance assisted at one time to set up a primary care unit so all people with non-life-threatening concerns could receive help.

Located in northern British Columbia, NH is seen as not only a rural but a remote Health Authority. They have created a Rural and Remote Framework to support connections with individuals. They have learned the best way to communicate with the outlying communities is with social media such as Facebook. They are currently reviewing alternative ways to improve access to things such as housing, and fixed-wing transport so when an emergency or disaster does occur there are options. They do not think of emergencies and disasters as an IF, but a WHEN.

The biggest struggle currently is the shortage and management of transient staff. Many staff are short term, or only stay for a little while. Various forms of education and information have been developed to ensure that while these staff are here, they have what they need to function in an event. The department leaders are encouraged to perform and track five-minute drills. During these practice runs the staff are taught what they need to know should an event happen. HEMBC has been engaged in providing education for rostered staff learning about disaster management. This enables there to be local champions to play an active role during an event.

The rollout in BC for the new Code Silver - active attacker, is currently being led by HEMBC. Not surprising, NH was the first to put up their hand to learn what to do. The education and planning continue to happen with the small group of HEMBC delegates. All sites are commended for being excited to receive the training and create a plan. The staff and leaders are all clear on the roles they would play in the event of an emergency and or disaster. A recent matrix has been developed for deployment of roles and responsibilities for workplace health and safety. There are hard copies of the code management available for staff on each unit.

Underpinning all these great things are the relationships and partnerships built by these tireless individuals. HEMBC has hired an Indigenous liaison to help support the Indigenous Peoples; community events are seen as a time to build relationships and trust. There is integration into multiple community activities. This all builds supports for when they are needed.

What keeps Northern Health up at night? Workforce sustainability, the number of emergencies and disasters in recent years, the moral distress of the staff while they try to deliver quality care, and consideration of the marginalized populations. Many of these things are out of Northern Health Authority's control, and indeed threatening the world. The only consolation to offer is your complete and strong preparation and your strong responsiveness.

One opportunity to consider is how to continue to engage the clients and patients and their families who are impacted by NH care during an event. While this is done at high levels in various organizations, formalization of this process would provide additional information and partnerships for an already strong team.

Table 3: Unmet Criteria for Emergency and Disaster Management

There are no unmet criteria for this section.

Governance

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

Northern Health is governed by a talented, compassionate and committed volunteer Board of Directors. The board directors are forward-thinking and have the skills, knowledge, and experience to govern Northern Health. They are very proud of Northern Health and the programs and services provided. A board director stated, "We are always looking at ways to be more effective for the people we serve." Another described the commitment and passion to improve Northern Health, stating, "It is incredible how responsive people [board directors] are in bringing their minds and skill sets to improve health care in the north." The board was described as committed, thorough, fluid, competent, respectful, connected, and quality.

There are ten members of the Board of Directors, who represent three geographical areas of Northern Health. They are appointed by the Minister of Health by an Order in Council. The directors provide input into the skills and competencies required for new board directors to ensure the effective functioning of the board. There is a robust orientation process including an orientation manual, meeting with the board chair and CEO, and educational and resource materials. Educational and training opportunities are provided including such events as the Quality Forum - Health Quality BC and Governing in the Public Interest. There is a comprehensive Board Workplan. The board meetings are held at communities throughout Northern Health, with the public invited to attend. Additionally, the board directors have Community Round Table sessions and meet with the Regional Hospital Districts prior to the board meetings. The directors are encouraged to continue to support diversity on the board.

There are four committees that support the work of the board including Audit and Finance; Performance, Planning and Priorities; Indigenous Health and Cultural Safety; and Governance and Management Relations. There is a collaborative working relationship among the board, the CEO, and the executive teams. There is strong support from the Foundations and Auxiliaries.

There is a strong commitment to quality and safety. These initiatives are standing agenda items at board meetings. Patient safety and risk management reports are monitored. The board of directors approves the ethics plan. Ethics is a major component of board meetings and resource allocation decision-making. There are fiscal accountability processes in place including budget monitoring and auditing.

The Strategic Plan, Looking to 2023 was approved by the board. This plan was developed with the robust and comprehensive engagement of partners, communities, team members, and physicians. In keeping with the priorities and direction of the organization there will be a refresh of the current strategic plan to 2025. Following this, a strategic plan will be developed with the active engagement and input of partners, communities, team members and physicians. The board monitors the progress of the strategic plan with a balanced scorecard and is excited about the opportunity to align the future direction of the board with the Strategic Plan.

There is a commitment to engage clients, families, and partners. This includes working in partnership with the First Nations Health Council, Northern Regional Caucus, and the First Nations Health Authority. This partnership is committed to improving the health outcomes of First Nations residing in the northern region. Patient stories are also an important initiative used by the board to ensure the voices of the people that they serve are heard. The board shares its accomplishments with internal and external partners. The board is proud of the partnerships that they have established. Work is ongoing to develop a Patient and Family Advisory Council. The Board of Directors is encouraged to continue to foster an environment that supports the engagement of clients, families, partners and communities.

Table 4: Unmet Criteria for Governance

There are no unmet criteria for this section.

Infection Prevention and Control

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

The Infection Prevention and Control (IPC) program has a dynamic team led by an IPC physician, a director, and manager. There are seven IPC practitioners dedicated to acute care and seven to long-term care; all are trained in both areas. The NH IPC program is robust and was pivotal during the pandemic with its knowledgeable people. The program is an integral part of health care and in both acquisition of medical devices and all renovations. All cleaning and reprocessing of equipment are completed by NH staff.

The team has prepared well with substantial and current policies and processes derived from learnings that are reflective of best practices. The policies are written under the guidelines of the policy mandate for NH, are quite long, and are filled with embedded links to supporting documentation. To the credit of the IPC team, they have worked in the past year to ensure the language is easy to understand and not filled with medical jargon. In LTC staff are provided updates from IPC at Coffee Breaks, and in short one page updates with current processes for specific disease management.

Much data is captured and generated on reports of risk and recurrence. Volunteers, patients and families are able to access these reports in the annual report. Outbreaks are monitored, and there is monitoring of the AMO, C. Difficile, and Surgical Site Infections. These statistics are shared with the board, provincially and with CNISP (Canadian Nosocomial Infection Surveillance Program). In LTC they are reenergizing UTI monitoring.

Since the last accreditation survey, the team has updated its outbreak management, and the processes for participating in construction including capital planning, support services and facilities maintenance.

Northern Health Authority was informed this week that they would be granted a new hospital in Dawson Creek. Prince George is waiting for the new surgical tower at UHNBC, and the completion of the new LTC building to replace the old ones. There are two sites undergoing major capital builds, one in Terrace and another in Fort St. James, to be completed in 2024. This is certainly a needed improvement for the older infrastructure.

The team is encouraged to continue to find innovative ways to engage, collaborate and communicate with frontline staff in this vast rural remote Health Authority.

Medical Device Reprocessing:

This team falls under the umbrella of the IPC director. Since the last survey there has been focused work to coordinate the work with the Provincial Health Services Authority (PHSA) to meet the demands of NH. Stringent processes to purchase capital equipment have been implemented to ensure IMIT, IPC, and Biomed have the resources to ensure the equipment can be operated safely within the organization, and that there are the supplies available with training to ensure maintenance and cleaning processes. As well since the last survey there has been major capital equipment acquisitions for medical reprocessing of washers and sterilizers and a renovation of one MDRD. Preventative maintenance and repairs are contracted for these devices. Biomed maintains the Olympus scope washers.

Clear and precise standardized operating processes are developed for the cleaning of all new equipment.

The equipment is not used until the staff have had education not only in operating the equipment but in maintaining and cleaning it. Biomed receives training from the vendor directly to have access to order parts needed for maintenance. NH has worked with the Provincial Health Services Authority (PHSA) supply chain to limit the cleaning solutions available. All solutions deviating from manufacturers' recommendations must be approved by the manufacturer.

MDRD staff are all trained with appropriate education. Due to the rural and remote circumstances of the staff there has been development of training with virtual software. Once the staff have the didactic work successfully completed, they will do their preceptorship at the University Hospital of Northern Health. If this is not feasible there are alternate hybrid options available. The manager monitors the competencies in person yearly.

It is a great comfort to know the new MDRD sites will have updated units that meet the flow of soiled to clean, and that they will reuse many of the items purchased for past renovations.

There is a formal process of acquisition of equipment with a multidisciplinary team. Prior to selection, equipment to interface with IMIT will be assessed by an Architecture Committee. All equipment is inspected upon arrival at NH. Each is allotted an ECR number and entered into the TMS database. This is the software used provincially for tracking maintenance, acquisition, and the life cycle of the equipment.

There is a multi-year plan to implement electronic documentation. In this fast-changing technological world, some of the software and hardware may be outdated by the time implementation is completed. There may be an opportunity to continue to remind staff and physicians of the acquisition process for all equipment, even the low-cost ones.

Table 5: Unmet Criteria for Infection Prevention and Control

There are no unmet criteria for this section.

Leadership

Standard Rating: 99.5% Met Criteria

0.5% of criteria were unmet. For further details please review the following table.

Assessment Results

The leaders and physician leaders of Northern Health are committed to quality, safety, people-centred, and culturally safe and competent care. They are passionate about providing quality health care to people living in northern British Columbia. The leadership processes assessed during the on-site survey include; integrated quality management, resource management, communications, principal-based care and decision-making, planning and service design, human capital, and people-centred care.

Communication

Effective communication processes are a priority for Northern Health. There is a strong collaborative team who work tirelessly to promote the success of the organization and to support clients, families, and communities with effective and accurate information. The staff and leaders are proud of their work in implementing SaferCare, which is Northern Health's 10-year clinical quality improvement and digital transformation initiative. The communication team members and leaders are commended for ensuring responsive and effective communications with partners. A communication plan is developed. The team advised that the communications plan will be revised. The congruence with the refresh of the strategic plan was identified by the leaders as being important. The leaders are encouraged to continue to review and revise the communications plan. Additionally, there is a crisis communication plan, which was developed based on best practices and used to support Northern Health's response to a crisis. This was especially important during the COVID-19 pandemic. Social media including Facebook, LinkedIn, and Twitter are used to share success and engage clients, families, communities, and partners. Trending and evaluation of the use of various communication methods occur. The staff and leaders are acknowledged for their work in implementing self-identification. The privacy and confidentiality of information is protected. Policies, procedures and processes are implemented to protect the privacy and confidentiality of client information. Privacy education is provided to staff, leaders, physicians and volunteers. Privacy auditing is completed with follow-up on issues and concerns.

Human Capital

There is a strong commitment to ensuring effective human resource programs and services to support staff, physicians, and leaders. The leaders are commended for the development of the Workforce Sustainability initiative which enables a resilient and supported workforce. The objective of the initiative is to identify, implement, and assess sustainable strategies that foster workplace satisfaction, increase workforce engagement, stimulate innovation, remove barriers to productivity, and increase diversity and inclusion to ensure continuity of services to Northerners. Additionally, there is work ongoing on the development and implementation of an Indigenous recruitment strategy. Cultural competency and safety are priorities for the team. The San'yas Indigenous Cultural Safety Training Program is provided. There are comprehensive programs and services provided for staff with a focus on safety and psychological well-being. Education and training opportunities are provided for staff. There is an increase in new staff and managers therefore, the leaders are encouraged to continue to support the learning needs of this group. Additionally, the leaders are encouraged to ensure the input of clients and families in the co-design of programs and services.

The leaders and physicians are acknowledged for their work in ensuring a healthy and safe work environment. This includes working in partnership with occupational health and safety and other partners.

There is a strong commitment to violence prevention in the workplace. A program is implemented with education and training provided to team members.

Patient Flow

Since the last accreditation survey, the team has been very busy working on new initiatives. They have been able to incorporate a project manager for these. Training has been done for the ADKAR change management process. The team is proud to report they have gone from a 10-day wait for the repatriation of their patients to 48 hours. Much of this success is due to nine flow initiatives to increase the quality of patient care.

The biggest initiative is capacity management as a deliverable under the SaferCare initiative. It is part of Northern Health's (NH) ten-year clinical improvement and digital transformation initiative to digitally enable clinical processes, practices and documentation. Capacity management software will transition NH to a more consistent patient flow and transition across the network of 26 sites. It includes the initiation of standardized processes of admission, discharge, transfer, cleaning and transport in a vast rural Health Authority. There will be improved visibility of flow opportunities for new efficiencies between departments and sites. At this time, the initiative is in its initial rollout for flow and is installed in UHNBC.

Another improvement has been the addition of the patient transfer and flow team. This team is responsible for managing patient movement to and from community sites and to ensure the lateral transfer policy is adhered to. This policy states patients should only be moved to an alternate Health Authority for life - limb or donor. Prior to this many transitions simply went to the southern BC or Alberta Authorities. Now there is improved transition planning to keep patients within their own Health Authority.

Acute Care Coordination has been implemented to allow for the escalation of care; for the most acute patients to be in the tertiary sites. Surgical clients have benefited from the implementation of the Hospital at Home, by having home care services to monitor and assist clients without a direct hospital stay and to continue to have access to a hospitalist. Work has been done to reduce the number of ALC patients by improving the scope and rigour of home care to support them while they wait for their LTC home. Finally, but certainly not least, is the work done to move diagnostic testing to an appointment rather than a drop-in time. This has improved compliance in pre-operative testing and therefore there are fewer missed surgery times.

NH continues to see a high staff vacancy rate, and high staff stress due to concern for the vulnerable population in the communities. Surgical waitlists seem to be due to anesthesia vacancies. It may be a consideration for the Health Authority to consider the why in the waitlists, as it could be from lack of surgeons, lack of anesthesia, or a lack of operating time.

People-Centred Care

Northern Health is committed to people-centred care. There is significant work being completed to enhance people-centred care within Northern Health. This includes the addition of staff and other resources. A Regional Quality Improvement Advisor, Person and Family Centered Care is being recruited. A Person and Family Centered Care Engagement Advisory Council is being established with a draft term of reference developed. Indigenous Health supports Northern Health in building a health system that honours diversity and provides culturally safe health services. The leaders are encouraged to continue to support the co-design of programs and services with clients and families. Additionally, they are encouraged to continue to work with Indigenous Health to strengthen culturally competent and safe health services.

A client and family focus group was held during the on-site survey. The clients and families stated that they were treated with care, dignity and respect. The clients and families noted that they enjoy working with Northern Health as a patient partner. They stated that they received orientation and training through the Patient Voices Network. They were provided with opportunities to attend training and educational events. The clients and families stated that they are receptive to participating in quality improvement initiatives.

Physical Environment

NH has a program set to monitor and reduce carbon emissions from each individual site. They have taken responsibility for their part in climate change and have taken concerted efforts to demonstrate this reduction. NH is working with the BC health supply chain to source out a sustainable supply of equipment and supplies. Their philosophy is Healthy People, Health Communities. There are multiple plans for new site builds throughout the authority.

Planning and Service Design

The leaders are acknowledged for their strong commitment to planning and service design. They are proud of innovative programs to meet the needs of the people of northern British Columbia. Enhancing equity, diversity, inclusion and accessibility (IDEA) is a strong focus of the team. The team is acknowledged for their commitment to Indigenous health and enhancing culturally competent and safe care. They are encouraged to continue this important work.

Change management is a strong focus of planning and service design. There have been changes to programs and services, including new infrastructure. The leaders are encouraged to continue to ensure that change management is a component of program planning and service design.

The Strategic Plan, Looking to 2023 is implemented. There was a robust and comprehensive engagement process used to inform the strategic plan. Five strategic priorities were identified: healthy people in healthy communities; coordinated and accessible services; quality; our people; and communications, technology, and infrastructure. There is comprehensive monitoring and tracking of the strategic plan. There are plans to refresh the strategic plan for 2025. The leaders are encouraged to continue with this important work.

Principle-Based Decision-Making

Since the last accreditation survey, the organization is proud to have hired a full-time ethicist within the past two years. The framework is a pluralistic approach to be able to meet the needs of clinical, organizational, research and education. The decision method used is to Identify, Consider, Analyze, and Implement. There are well-established documents to support this framework. The theoretical models are balance of simplicity with comprehensiveness. There is a firm commitment to promoting Indigenous health and social equity. This is highlighted in the recent implementation of IDEA.

The ethicist is very involved in the organization and has worked diligently to let staff and leadership know there is ethical support. In the fall an eight-month program for staff is starting to provide tools to work through moral distress. This program is called Moral Empowerment. This has been well supported by leadership and is funded with two grants to allow both staff and physicians to be involved.

Resource Management

The staff, leaders and physicians are deeply committed to ensuring robust resource management processes. A Budget Management Plan 2022-2023 is developed and implemented. There is a comprehensive budget planning cycle. Education and training are provided to managers in financial management. Strong partnerships are established to support resource management. There are robust auditing and accountability processes implemented. This includes providing reports to the Audit and Finance Committee of the board. The operating and capital budgets and audited financial statements are approved by the board. There is a requirement to achieve a balanced budget. Northern Health has achieved unqualified financial audits. The staff, physicians, and leaders are commended for their work in ensuring the financial health of Northern Health. The leaders are encouraged to continue to explore the implementation of a new financial management system.

Table 6: Unmet Criteria for Leadership

Criteria Number	Criteria Text	Criteria Type
2.4.9	The organization engages with staff, clients, and families to develop, implement, regularly review, and update as needed an integrated quality improvement plan, to coordinate quality improvement activities throughout the organization.	HIGH

Service Specific Assessment Standards

The Qmentum Global™ program has a set of service specific assessment standards that are tailored to the organization undergoing accreditation. Accreditation Canada works with the organization to identify the service specific assessment standards and criteria that are relevant to the organization's service delivery.

Medication Management

Standard Rating: 98.7% Met Criteria

1.3% of criteria were unmet. For further details please review the following table.

Assessment Results

The staff and leaders are acknowledged for their strong commitment to quality and safe medication management processes. There is a strong collaborative interdisciplinary team supporting medication management. The staff and leaders described medication management within Northern Health as strong, organized, knowledgeable, collaborative, process, adaptable, efficient, robust, accurate, evolving, resilient, comprehensive, and thoughtful.

There are a number of teams that support quality medication management processes. This includes both regional and provincial committees, including Medication Safety and Quality Committee, Care Orders Approval Team, Provincial Pharmacy and Therapeutics, and Pharmacy Operations Team. The teams meet on a regular basis with learnings shared.

There is a strong culture of safety and quality improvement. This includes using robust auditing to implement quality improvement. The medication management team has worked diligently to improve the medication reconciliation process. The team and leaders have audited the medication management process and identified priority areas for improvement. The leaders are encouraged to continue to assess the quality of the medication reconciliation process and to make changes accordingly. A component of the client safety improvement includes the priority to reduce polypharmacy with frail and vulnerable clients in long-term care. The team reports positive feedback on this initiative with a reduction in the use of antipsychotic medication. The team members are encouraged to continue this important work and spread the learnings across Northern Health.

The Medication Management team works hard to ensure that appropriate pharmacy services are provided throughout Northern Health. This includes identifying tiers of service depending on the needs of the client, service volumes, and site location. Additionally, staffing is a consideration with the appropriate level of staffing provided. This may vary from a pharmacist, pharmacy technician, or pharmacy assistant. Furthermore, this includes providing appropriate medications and resources. Automated dispensing cabinets are available at many sites within Northern Health with a plan for further implementation. There is also a plan to implement CPOE with work ongoing on this important initiative. Established dosing limits are not reviewed every six months. The leaders are encouraged to ensure that established dosing limits are reviewed, and changes made as required.

Table 7: Unmet Criteria for Medication Management

Criteria Number	Criteria Text	Criteria Type
4.3.5	Established dosing limits are reviewed every six months and changes are made as required.	NORMAL

Quality Improvement Overview

The staff, physicians and leaders are acknowledged for their strong commitment to integrated quality management. They are passionate about ensuring a safe and quality environment for clients, families and staff. There is a strong focus on supporting, leading, monitoring and reporting on quality improvement initiatives within Northern Health. The staff, physicians and leaders are proud of their work in quality improvement. A leader stated, "People who work in the north are dedicated and committed. I am proud of the team and their commitment to the people we serve." Other leaders commented on the value of integrating ethics into quality activities. Additionally, a leader noted, "The team is positive and supportive of quality improvement across the organization. There is an appetite to learn more and change the ways that things are done." The Physician Quality Improvement Program was highlighted as an important quality improvement initiative. Furthermore, a leader stated, "Partnerships are very important. Research is embedded in our culture."

The leaders are acknowledged for their commitment to providing culturally competent and safe care. The importance of engaging with and ensuring that the voices of clients and families are embedded in the programs of Northern Health was articulated. Clients and families are engaged in patient-oriented research and quality initiatives. A client noted the value of participating in quality improvement initiatives. Additionally, a client stated that there may be an opportunity to increase the participation of clients and families in quality improvement activities. The leaders are encouraged to continue to engage clients and families in the co-design of programs and services.

There is a strong commitment to quality, integrated risk management, and safety. There is a Quality Framework, Physician Quality Improvement Plan, a Northern Health Integrated Risk Management Plan, and a Patient Safety Plan. There is congruence with the strategic plan and priorities of Northern Health. There are robust partnerships developed with partners such as the University of Northern British Columbia, including the Northern Centre for Clinical Research, a collaboration between UNBC, UBC, and Northern Health located at UHNBC. The leaders are encouraged to review and update the Quality Framework.

The leaders are acknowledged for their commitment to monitoring quality, safety and risk. This is a strong focus of the Service Networks and the board Audit and Finance Committee. Balanced scorecards are developed and monitored. Performance measures are tracked. Robust risk management processes are implemented. Patient safety, quality and risk reports are provided to senior executives and the Board of Directors. There is a proactive approach to risk using an integrated risk management approach. There is comprehensive follow-up on safety incidents, with action plans developed as required. There are auditing processes established. The leaders are encouraged to continue to support robust auditing processes.