



northern health

UNDERSTANDING

Northern Health

CURRENT AS OF JULY 2025



WWW.NORTHERNHEALTH.CA

Yawc', sas wela?

**Dii guudang.ngaay 'laa ga,
dan hll kings g aaganah**

T'ooyaksim' niin wil w'itgwin

**'Niit, nda Hadī So'endzin
wila waan 'nit amhl wilawina?**

**Denēs Tunngasugit
Hoti'e! Welcome**

**Dan'che'a Yak'ei haat
yigoodée**

Hadih

kischi baen rseu tānisi

Aam wilaa wilina

Luu-aamhl goodiy' wil w'itgwin

je aa haanach'e

Land Acknowledgement

Northern Health acknowledges with gratitude that our work takes place on the territories of the Tlingit, Tahltan, Nisga'a, Gitksan, Tsimshian, Haisla, Haida, Wet'suwet'en, Carrier (Dakelh), Sekani (Tse'khene), Dane-zaa, Cree, Sauteau and Dene Peoples.

Commitment to Truth and Reconciliation

Northern Health is committed to Truth and Reconciliation, aiming to build a health system that aligns with Indigenous values and knowledge. This commitment involves equipping those who have experienced documented harms in our health care system (as highlighted in the In Plain Sight Report, 2020) to influence and change our services, strategies, plans, and people. The goal is not just to remove harm but to become a responsive and innovative health care system of excellence, achieved through ongoing relationships and partnerships.

Northern Health is dedicated to building a health system that honours diversity and provides culturally safe services. We work closely with the First Nations Health Authority, Métis Nation BC, and Indigenous communities across the North to advance reconciliation and enhance cultural safety.

NH commits to:



Striving to ensure that all Indigenous peoples have access to high quality, culturally safe, and respectful services.



Narrowing health disparities experienced by Indigenous peoples.



Implementing changes to address cultural safety, and to confront racism and stigmatization of Indigenous peoples.



Building a health system that aligns with the values and knowledge of the people we serve.



Centering Indigenous ways of being and knowing in the health services we provide.

Left page: Welcome greetings in Indigenous languages of Northern BC including: Cree (Saulteau First Nation), Dakelh, Dane-Zaa, Gitksan, Haida, Haisla (x̱enaḵsialaḵala), Inuit, Métis (Michif), Nisga'a, Tahltan, Tlingit, Tse'khene, Tsimshian (Sm'algyax), Wet'suwet'en.

Northern Health governance and administration

Northern Health Board of Directors

Northern Health is governed by a [ten-member board](#) with representation from throughout the North.

The Board of Directors is responsible for the strategic direction of the organization and, through the President and Chief Executive Officer, ensures that appropriate management processes are established to realize the strategic direction. Board Directors are expected to utilize their individual expertise to contribute to decision making that is in the best interest of Northern Health.

Key responsibilities of the Board include:

- Establishing and maintaining the strategic planning process, including the setting of strategic priorities for the organization, in alignment with the Minister of Health's mandate to the Board. This is provided through an annual mandate letter which is posted to Northern Health's website.
- Communicating the Board's governance accountabilities through a Northern Health service plan and annual report, which are also posted online.
- Hiring and performance planning review of the President & CEO.
- Understanding the material risks associated with the organization's objectives.
- Oversees the external financial audit and financial statements.
- Maintaining open communications with through the Northern Health Medical Advisory Committee.
- Overseeing the organization's financial planning and performance.
- Overseeing the quality and patient safety review processes.
- Ensuring effective governance of the organization.

The Northern Health Board meets approximately every two months in regular session, with an open board meeting at all regular meetings. All public board [meeting agendas, reports and presentations](#) can be found on the NH website. The Board ensures that one Northeast community and one Northwest community, and one Northern Interior community outside of Prince George host one meeting each year, with the October and December meetings held in Prince George.

Engaging with the NH Board

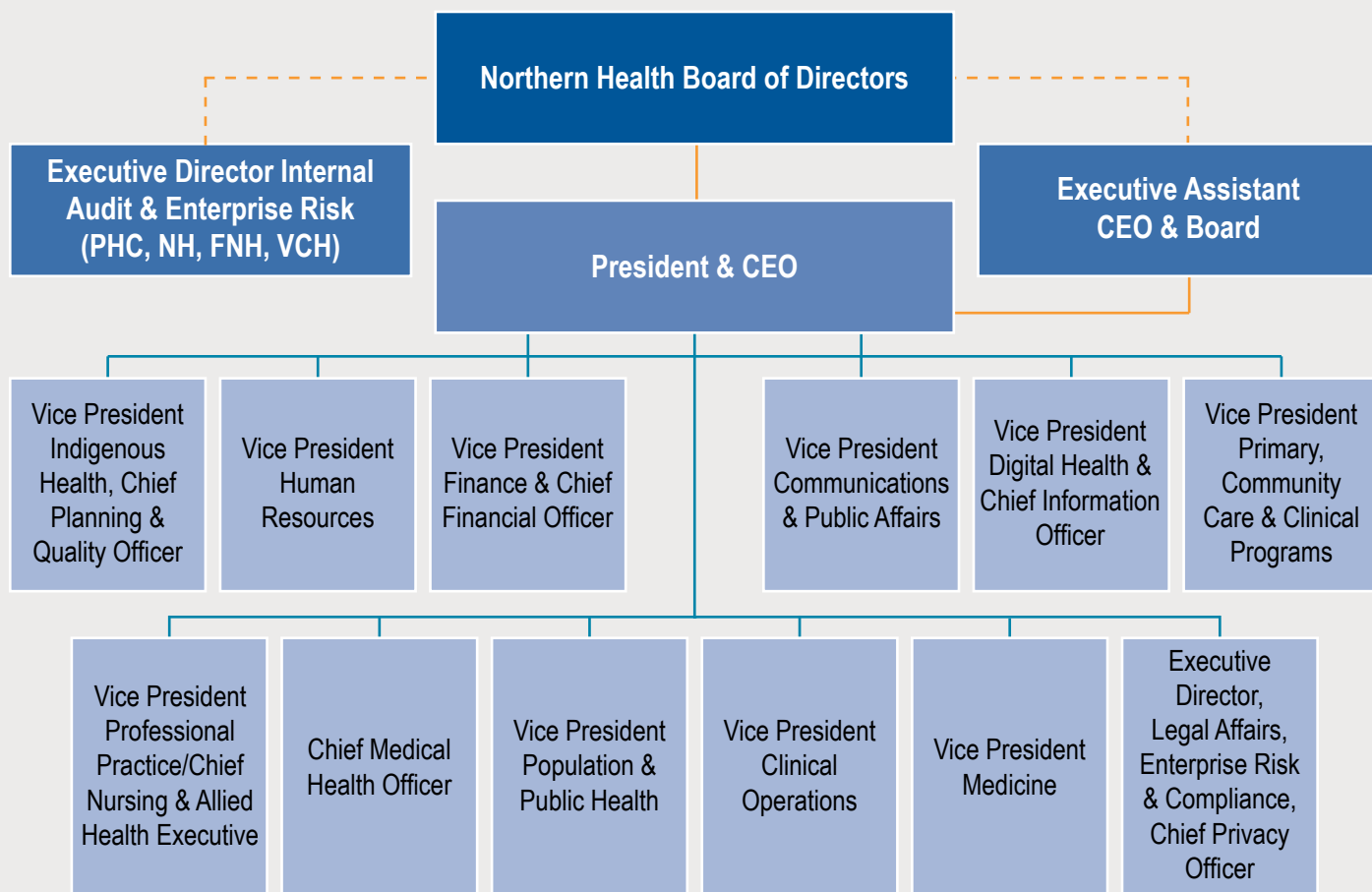
The Northern Health Board Chair and CEO are available to meet individually with local government representatives at North Central Local Government Association and Union of BC Municipalities conventions. The Executive Assistant to the Board and CEO will reach out with invitations to arrange a meeting, approximately one month ahead of convention dates.



The Northern Health Board is committed to consulting with the public on the provision of health services. The Board holds regular consultations within Health Service Delivery Areas, meetings with Regional Hospital Districts, and representatives of municipal governments. These include Community Round Table sessions, particularly when Board meetings are conducted in communities across the region, which offer community partners an update on Northern Health services and initiatives and provide an opportunity for partners to ask questions about local health issues.

The Board also provides time for public presentations within the agenda of its open meetings. Requests to address the Board, or for groups wishing to make presentations to the Board, must be submitted in writing to the Executive Assistant to the Board via a “Request to Address the Board” form. Requests must be received at least ten (10) business days in advance of the meeting date and the time allotted for each presentation is ten (10) minutes.

Any other questions, concerns or correspondence regarding upcoming board meetings can be directed to nhadministration@northernhealth.ca or the the NH media line at 250-961-7724.



Northern Health Executive Team

At the regional management level, Northern Health's operations are the responsibility of an executive team, led by the President and CEO, which includes the following major functions:

- Developing, implementing, and evaluating operational plans that enable achievement of the Strategic Plan set out by the Board;
- The operational budget, capital plan, and human resources plans;
- Establishing consistent regional standards for programs and services; and
- Establishing regional policies for the organization.

Most of Northern Health's services operate within the three geographic divisions: the Northeast, Northern Interior, and Northwest. These are called health service delivery areas (HSDAs). A senior operating officer (SOO) manages the services in each HSDA and reports to the CEO through the Vice President, Clinical Operations.

Accountability

Quality is a key element of Northern Health's Strategic Plan and outlines the commitment to maintaining a culture of continuous quality improvement.

BC Health Authorities communicate their governance and accountabilities through their biennial reports, which are updated and [posted online](#).

The Northern Health Executive Team oversees the development of an annual operational, capital and budget plan.

Northern Health works with Accreditation Canada to participate in an annual sequence of assessments and onsite surveys conducted by an external survey team focused on Accreditation Canada's quality standards and required organizational practices. Northern Health's diagnostic services, medical imaging and laboratory services are audited and assessed through the provincial Diagnostic Accreditation Program.

Finally, Northern Health engages with post secondary institutions, health education programs and their accreditation processes for NH's contribution to the education of health professionals (e.g. pharmacy residency program, nursing education programs, and medical education programs).

Addressing your concerns

Northern Health's Communications department is available as a point of contact when health information is needed. Communications team members can assist with connecting you or your constituents to the appropriate local or regional administrators, and with leadership for specific programs.

Local government representatives are also welcome to contact staff in those program areas with whom they already have established relationships, or to contact a local health services administrator who can point you in the right direction. Regardless of the point of contact you choose, here are a few recommendations for helping the process of finding information, or having concerns addressed, run more effectively. For more information on how individual health care concerns are addressed, please see "Processes" on [page 12 of this resource](#).



Place your request with just one person

This helps us track and ensure follow-up on your request. If the same request is placed with several people or departments, it can slow the response.



Provide as much detail as possible

The background/detail you provide is very helpful in ensuring we get you all the information you need, and in providing answers to your questions.



Keep an open mind

We understand that some concerns or issues that come to your attention may be heated or emotional, and can appear to reflect poorly on the quality of care that a patient believes they have received. We are often able to provide information, background, and context that can effectively explain an issue or provide a basis for further discussion.



Patience and understanding is appreciated

Patient privacy and confidentiality requirements can affect the amount of detail we can share about specific situations. Given the volume of requests we receive, please understand that we will work hard to respond to your request in a timely manner. Some requests can be answered within a phone call, but others may take longer. If your issue is particularly time sensitive, please let us know.

Northern Health is a large organization with many complex services and operations. Mistakes may happen. We want to address any issues as quickly as possible, and appreciate those issues being brought to our attention for investigation and resolution.

Hospital foundations and auxiliaries

The health care foundations and auxiliaries in the Northern Health region play a key role supporting the needs of our hospitals, health care centres, and health services. Each foundation, society, and auxiliary is made up of a board of community leaders, countless volunteers, and in some cases a professional staff of fund raisers and support services.

The foundations and auxiliaries support patient programs and services in their communities by raising funds to purchase vital medical, diagnostic, and surgical equipment. They work tirelessly to meet the challenge of limited health care budgets and increasing demands for services. Thanks to the generosity of community members, businesses and service clubs, health care experiences are enhanced for patients and their families.

Northern Health quick facts

NH covers an area of nearly 600,000 square kilometres and offers health services in over two dozen communities through our facilities. The population of our communities ranges from a few hundred people to over 80,000 people, for a total regional population of approximately 300,000 people.

Our services include:



Integrated primary and community care



Hospital care



Long-term care



Specialized services



And more

Currently, 10,230 people work for NH, in over two dozen hospitals, 14 long-term care facilities, two urgent and primary care centres, and many offices providing specialized services.

We’re divided into three Health Service Delivery Areas (HSDAs)



Northeast




Northern Interior



Northwest

Each HSDA is unique, with its own geography, cultures, variety of communities, NH facilities and services, and each with its unique attributes and challenges. We are privileged to deliver health care here and to connect people with our services and service providers. It’s through the efforts of dedicated staff and medical staff, in partnership with communities, organizations, and Indigenous peoples, that we provide exceptional health services for Northerners.



Notification

On the following pages, you will find regional details about Northern Health’s processes, programs, and services. We hope you find this information helpful.

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Processes

Health care concerns


Quality health care is important to Northern Health. All patients in BC have the opportunity to bring forward care and service delivery concerns for resolution, and feedback from patients and their families enables Northern Health to further improve the quality of the health care system.


If you have a complaint, Northern Health recommends you first speak with the person who provided the service, or to the manager of the area. Complaints are best addressed and resolved at the time and place they occur.


If we have not met your expectations, we are committed to working with you to find a reasonable solution.


What if my complaint is not resolved?


If your complaint remains unresolved after discussing the issue with the service area, we encourage you to contact our Patient Care Quality Office:

**Patient Care Quality Office**

 **Address:** 6th floor, 299 Victoria Street, Prince George, BC, V2L 5B8

 **Toll-free:** 1-877-677-7715

 **Email:** patientcarequalityoffice@northernhealth.ca

 **Hours:** The Patient Care Quality Office is open Monday to Friday (except statutory holidays) from 8:30 am to 4:30 pm.

What can I expect if I complain to the Patient Care Quality Office?

You can expect your complaint to be dealt with promptly and fairly. The Patient Care Quality Office will:

- Formally register your complaint
- Work with you to identify a reasonable resolution to your concern
- Provide you with a response to your complaint and an explanation about any decisions and actions taken as a result of your complaint

What if I am still not satisfied?

If you feel that the response from the Patient Care Quality Office has not addressed your concern, you may contact the Patient Care Quality Review Board for an independent review. The Patient Care Quality Review Board is independent of Northern Health.

Safe Reporting

Northern Health's Safe Reporting office receives and investigates reports of possible wrongdoing by individuals associated with Northern Health (e.g. employee or contractor), in good faith and without fear of reprisal. This includes disclosures from employees covered under the Public Interest Disclosure Act.



Phone: 1-844-649-7545



Email: Safe.Reporting@northernhealth.ca



Website: www.northernhealth.ca/about-us/accountability/safe-reporting



Patient Care Quality Review Board



Address: PO BOX 9643, Victoria, BC, V8W 9P1



Phone: 1-866-952-2448



Email: contact@patientcarequalityreviewboard.ca



Website: patientcarequalityreviewboard.ca



Relational Security Officers

In 2023, as part of the provincial Health Human Resources (HHR) strategy, The Ministry of Health (MoH) introduced a new in-house security model called Relational Security (RSO) under the program of Protection Services to build safer workplaces in acute care facilities. This innovative model aims to reduce violence and psychological injury among the health sector workforce by integrating security services within a team-based system of care.

The program was initially piloted at Mills Memorial Hospital (now Ksyen Regional Hospital) in Terrace, University Hospital of Northern British Columbia in Prince George, Prince Rupert Regional Hospital, and then extended into GR Baker Memorial Hospital in Quesnel, Dawson Creek & District Hospital, Fort St. John Hospital and Kitimat Hospital. Recently, this program was surveyed across all of the health authorities which has provided valuable insights and feedback into its successes.

Relational Security leverages the knowledge and understanding we have of a patient and the environment and translates that information into appropriate response and care. As a foundation to this model's principles, RSOs are trained to have acute awareness of patients and their surroundings, as well as how to anticipate, de-escalate, and ultimately reduce violence and aggression in partnership with the patient care team. RSOs receive education and training in violence prevention, cultural humility, trauma informed practice, and advanced security techniques.



**You're important.
So our our health care workers.
Please treat them with respect**

Violence prevention and training

NH recognizes that violence in the workplace is an occupational hazard in health care and is committed to providing a safe environment for workers, clients, and the public.

NH supports this commitment through a comprehensive Violence Prevention Program, and developing, implementing, monitoring, and evaluating initiatives as part of the NH Occupational Health and Safety (OHS) Program.

All new workers receive education and training on the NH Violence Prevention Program as part of their orientation, including Provincial Violence Prevention Curriculum training that is required for all workers, and tailored to the level of risk and occupation.

NH's regional Violence Prevention Program is reviewed annually by Workplace Health and Safety (WHS) in consultation with stakeholders, and each site, in collaboration with their Joint Occupational Health and Safety Committee, reviews its site-specific Violence Prevention Program annually.

The Regional Violence Prevention Committee consisting of union, operational, and WHS representatives meets quarterly to provide guidance for the program.



Specific elements of NH's Violence Prevention Program to ensure worker safety include (but are not limited to):

EDUCATION AND TRAINING RESOURCES



Education and training resources to assess, identify and sustain education and training requirements for workers and local trainers.

VIOLENCE RISK ASSESSMENTS PROCESS



A Violence Risk Assessments Process to proactively identify and address hazards and assess risks in the work environment in order to eliminate or minimize the risk of worker exposure to violence.

VIOLENT BEHAVIOUR ALERTS POLICY



A Violent Behaviour Alerts Policy, procedure, and tools necessary for screening and creating alerts when risk of violent behaviour is identified.

CODE WHITE RESPONSE



Code White Response plans to respond to violent or aggressive behaviour encountered in a health care workplace.

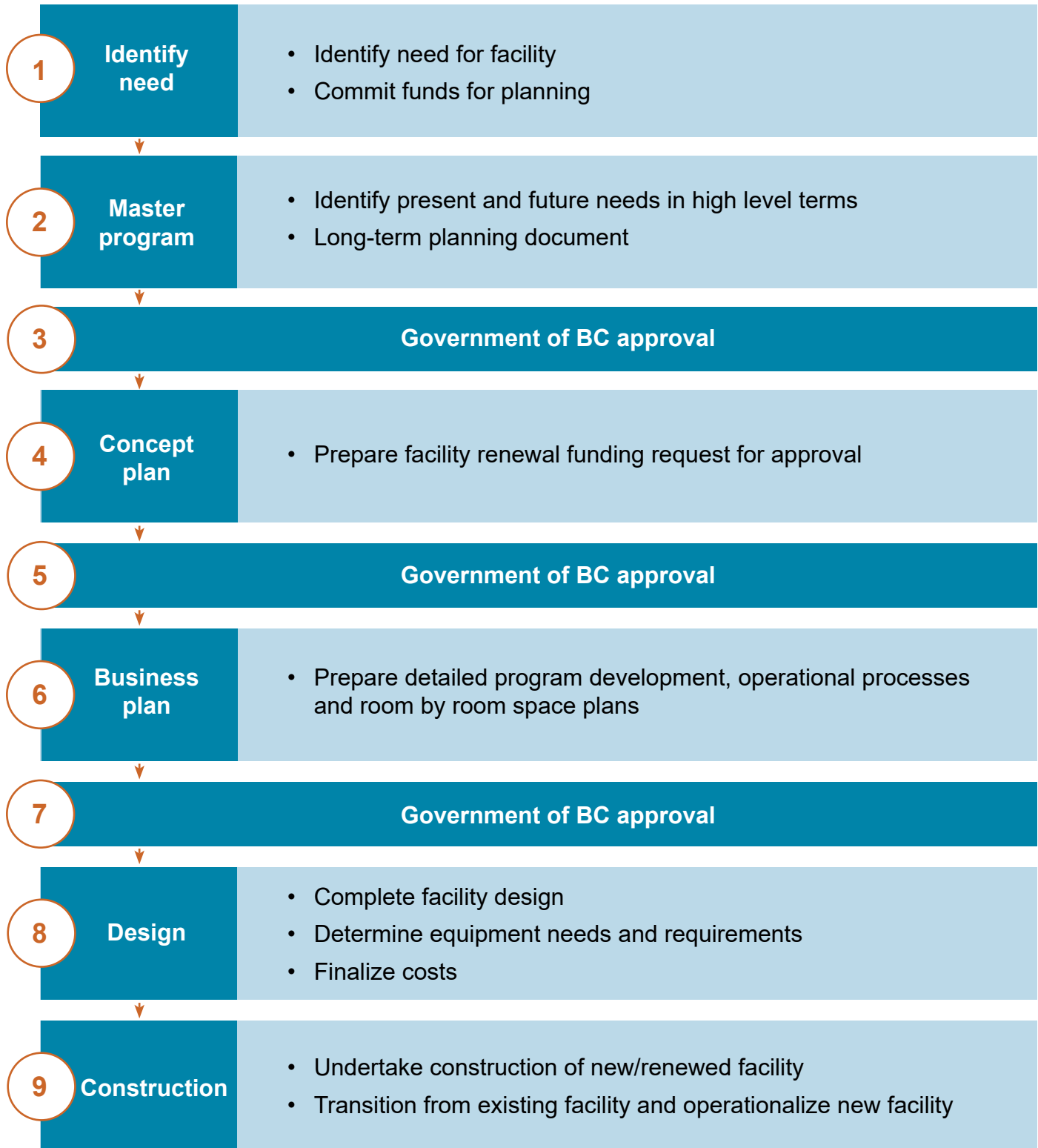
REPORTING AND INCIDENT INVESTIGATION PROCESSES



Robust reporting and incident investigation processes to identify and implement corrective measures.

Capital planning in Northern Health

Capital planning at Northern Health follows a standardized and consistent series of phases. These phases are necessary for most major capital investments.



Let's Talk



Master Program

Identifies goals and objectives, service areas, demographic impacts, current and future services. With approval, we proceed to the Concept Plan phase.



Concept Plan

Identifies the need for the project and presents a proposed solution. The uses the Concept Plan to inform approvals to proceed to a Business Plan.



Business Plan

Presents a detailed analysis of the project including service demands and delivery, operational needs, financials, procurement, vehicles, space needs, site requirements, and any other details will need to enable an informed funding decision.



Procurement

Following business plan approval, this phase involves developing the approach to procurement and identifying a preferred proponent for the project. Once a preferred proponent has been identified, Northern Health works with the preferred proponent on a design/technical submission that meets the operational and financial needs of the project. Once we have received an approved submission, construction can begin.



Government of BC approval

Government approval goes through the Gouvernement of BC, Capital Services via Treasury Board approval.



Funding

Capital projects are funded through a combination of provincial Government funding and Regional Hospital District (RHD) funding, with RHDs typically contributing up to 40% and the provincial Government, funding the rest.



Minor Capital Projects

Minor Capital Projects are projects with budgets of \$100,000 or less, and include things like the purchase of diagnostic or other equipment - from beds and stretchers, to patient monitoring equipment. Minor Capital Projects can be funded by a variety of sources such as donations to Hospital Foundations, NH Capital Grants, and Regional Hospital District funds. Northern Health plans these projects as part of the overall NH Capital Plan.

For more information

To facilitate engagement and communicate information about current capital projects at Northern Health, a platform called Let's Talk is used. This platform has a separate page for each of our major capital projects and serves as a source of information, as well as providing contact and engagement opportunities for the projects underway.

Current Let's Talk pages:

- Ksyen Regional Hospital
- Stuart Lake Hospital replacement
- Dawson Creek and District Hospital
- UHNBC Acute Care Tower

Services

Primary & community care

Primary and community care includes the basic health care services that people access through primary care providers like family doctors, nurse practitioners, and other members of the health care team – including access to community specialists and pharmacists. Northern Health continues to work with the [Divisions of Family Practice](#), the First Nations Health Authority, First Nations and other community partners to implement a model of primary and community health care that is centred on the person and their family.

This approach involves creating health care teams, which include your doctor or nurse practitioner and other health care professionals, to provide a range of health care services. This improves and provides continuity of care over time and across settings, resulting in better long-term health outcomes. Primary Care Networks (PCNs) are partnerships between the Ministry of Health, Northern Health and the First Nations Health Authority, Divisions of Family Practice, and other Indigenous and community partners – working together to ensure patients have access to a full range of team-based primary care services for all of their day to day health care needs, from maternity to end of life.

As of May 2025, there are 11 Primary Care Networks (Coast Mountain, Bulkley Valley-Witset, Haida Gwaii, Hazelton, Kitimat, Prince Rupert, Northern Interior, Fort Nelson, North Peace, South Peace, and Prince George) organized under five Divisions of Family Practice (Prince George, Northern Interior Rural, South Peace, North Peace, Pacific Northwest, and Rural & Remote). Northern Health continues to work with the Ministry of Health, Divisions of Family Practice, and Indigenous partners to establish additional primary care networks, and to improve existing PCN partnerships.

Accessing primary care

Northern Health operates two Urgent Primary Care Centres (UPCC) in the North, in Prince George and Quesnel plus a Northern Health Virtual Primary and Community Care Clinic to ensure timely access to after-hours primary care for all communities in the region. In addition, there are 16 NH owned and operated [Primary Care Clinics across the region](#), including three nurse-led clinics (in Stewart, Atlin, and Dease Lake) with Primary Care Provider, and one Primary Care Society partnership (in Fort St. James).

While Northern Health does not maintain a list of doctors or nurse practitioners accepting new patients, we do offer the following options for accessing primary care, and advice for finding a primary care provider:

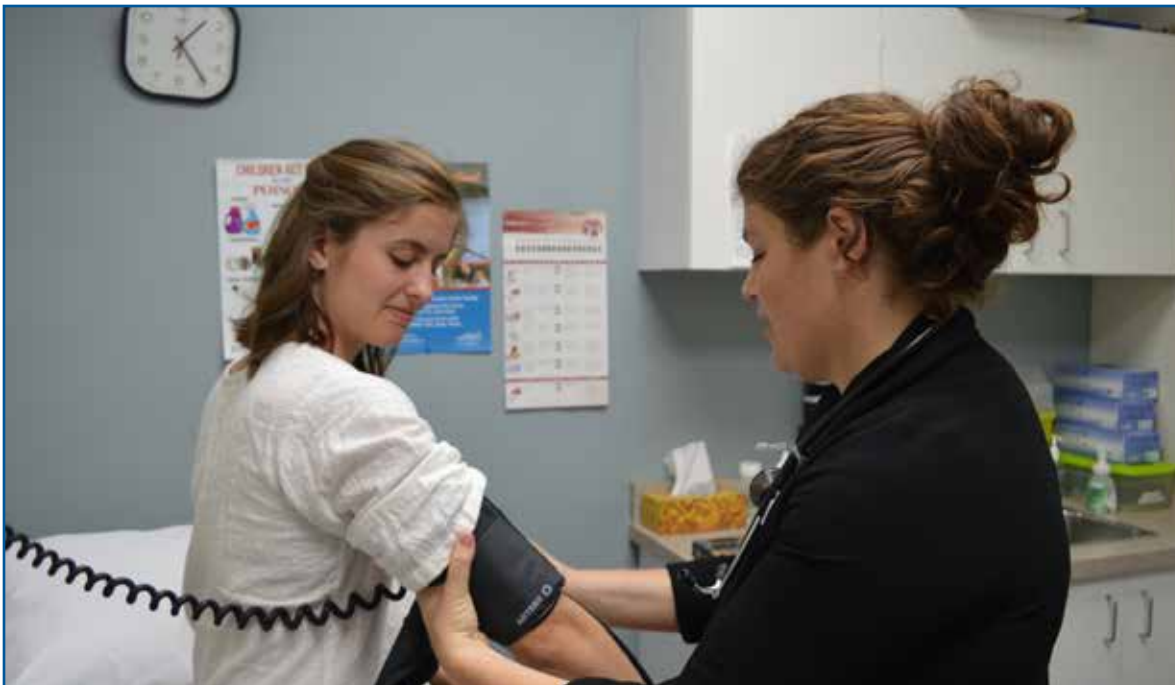
- Urgent Primary Care Centres are available in [Prince George](#) and [Quesnel](#). UPCCs provide care to people with an illness or injury where care is needed within 12 to 24 hours, but isn't an emergency. UPCCs support people that have a hard time getting an appointment at their family doctor's or nurse practitioner's office in a timely manner, as well as those who don't have a regular family doctor or nurse practitioner.

- Call the [Northern Health Virtual Primary and Community Care Clinic](#). The Virtual Clinic is focused on providing timely care for patients in the Northern Health region who do not have a primary care provider, particularly those in rural and remote areas with chronic or complex care needs. It is supported by a compassionate team of health care professionals including doctors, nurse practitioners, nurses, mental health clinicians, a social worker, and a physiotherapist. The Virtual Clinic also provides support for mental health and substance use, including connecting patients with a substance use clinic coordinator who will work with you to book an appointment with a family doctor or nurse practitioner.
- The First Nations Health Authority also offers a [First Nations Doctor of the Day](#), for First Nations people in BC with limited or no access to their own doctors to make virtual appointments. Call 1-855-344-3800 to book an appointment (seven days per week from 8:30 am to 4:30 pm)
- [8-1-1 is a free-of-charge provincial health information and advice phone line](#) available in British Columbia. 8-1-1 is operated by HealthLink BC, which is part of the Ministry of Health. By calling 8-1-1, you can speak to a health service navigator who can help you find health information and services; or they can connect you directly with a registered nurse, a registered dietitian, a qualified exercise professional, or a pharmacist. Any one of these healthcare professionals will help you get the information you need to manage your health concerns, or those of your family.
- [Join the Health Connect Registry](#). If you live in British Columbia and need a family doctor or [nurse practitioner](#), register for the Health Connect Registry. When you register, you are added to a list of people in need of a family doctor or nurse practitioner in your community. You can register yourself and your family members.
 - When a family doctor or nurse practitioner in your area becomes available, the team in your community will contact you. They may also contact you by phone or email for more information or to offer health care support while you wait to be matched.
- [Some communities are using Pathways](#); you can search your community to see if there's any doctors accepting patients.

Physicians and nurse practitioners

Many family physicians and some nurse practitioners operate their private practices independent of the health authority. Northern Health does not have a role in how these physicians and nurse practitioners structure their practices (for example, how appointments are booked, or doctors' offices' hours of operation).

The Physician Master Agreement is the negotiated agreement that outlines the relationship and economic arrangements between the Ministry of Health and the Doctors of BC. There are two main physician compensation models within the Physician Master Agreement: fee-for-service (FFS) and the Alternative Payment Program (APP). There is an additional compensation model outside of the master agreement as an alternative to FFS: the Longitudinal Family Physician (LFP) model, which is a blended model to support physicians in family practice.



Physicians in rural and Northern areas are eligible to receive additional funding and supports through the Rural Subsidiary Agreement overseen by the Joint Standing Committee on Rural Issues. There are a variety of other programs that physicians can access to support their practices such as the Medical On-Call Availability program, which compensates physicians for being on call.

In the North, the majority of nurse practitioners work directly for the health authority providing primary care services in different clinical settings across the region including NH owned and operated primary care clinics, while others work as independent primary care providers under a Service Contract with the Ministry of Health (administered by Northern Health).

Primary care provider recruitment

Northern Health collaborates with care providers, Divisions of Family Practice, First Nations Health Authority and other community partners in the recruitment and retention of physicians and nurse practitioners for primary care provider roles in communities across the region.

Working in partnership with local governments and community partners is vital to our recruitment and retention efforts. For more information on ways to support recruitment in your community, email Medicalstaffrecruitment@northernhealth.ca.

For more information

- Divisions of Family Practice – [Primary Care Networks & Patient Medical](#)
- Ministry of Health – [BC's Primary Care System](#)

Community services

One area of focus for the Primary and Community Care teams in each community is home health services, which provide a range of integrated home and community-based professional and caregiver services to help people remain independent at home for as long as possible. These services also help coordinate and connect people to programs and services as needed, including other health services and community resources. Services are designed to complement and supplement, but not replace, the efforts of individuals to care for themselves with the assistance of family and friends.



Home support services

Home support services are intended to help eligible clients remain independent and in their own home as long as possible. Home support provides personal assistance with activities of daily living, such as mobility, nutrition, lifts and transfers, bathing and dressing, cueing (providing prompts to assist with the completion of tasks), and grooming and toileting.

Services may also include safety maintenance activities as a supplement to personal assistance when appropriate, such as cleanup, laundry of soiled bedding or clothing, and meal preparation.

Home support services can provide caregivers with temporary (respite) relief from the demands of providing care, and while they are usually provided over a longer period of time, they can also be short-term in nature (such as after a discharge from hospital or as part of end-of-life care).



Adult Day Programs (ADPs)

ADPs provide social connection, fun activities, exercise, and health checks for seniors who have health challenges and want to keep living as independently as possible. ADPs also provide respite and health and wellness support for caregivers.



Respite services

Respite services can give caregivers temporary relief from the emotional and physical demands of caring for a friend or family member. Respite services may be provided at home through home support services, in community through adult day programs, or on a short-term basis in a long-term care home, hospice or other community care setting.



Interprofessional Teams

In Northern Health, community nursing, community nutrition and dietitian services, social work, mental health counselling, as well as community rehabilitation services such as occupational and physical therapy are delivered as part of an interprofessional team (IPT).



Nurses

Nurses provide a range of services in peoples' homes or at community clinic locations. Their main goal is to teach individuals and their caregivers how to manage their own health care so that they can live as independently as possible in the community setting.



Palliative services

Palliative services are provided in the home, hospital, in a long-term care facility and/or at hospice. The Northern Health Palliative Care Consultation Team provides nurse consultant support. A Palliative Care Pharmacy Lead and Physician Lead are available to provide consultative services to all health service delivery areas. Services include grief and bereavement counselling, prescribing and supporting the use of equipment, access to pain management services, and support for loved ones and/or family members. Nursing care is available on a non-emergency basis for British Columbians requiring acute, chronic, palliative or rehabilitative support.

When health care needs become more complex, a person may move to a facility that provides a higher level of care than is possible to provide in the home. Nurses and social workers are responsible for the assessments that determine whether the individual requires, and is eligible to move to, either a publicly subsidized assisted living residence or a long-term care facility.

Assisted living

Assisted living services are for adults who can no longer live safely in their home, and meet the criteria for care. Assisted living emphasizes the principles of individuality, choice, dignity, privacy, and independence for individuals.

Assisted living residences provide housing, hospitality and personalized assistance services for adults who can live independently but require regular assistance with daily activities, usually because of age, illness or disabilities. Support services promote occupants' independence, while involving family and friends in their care.

Eligible individuals are offered placement in an assisted living residence in their community when a vacancy is available. If a unit is not immediately available, they will be placed on a wait list. Eligibility does not guarantee occupancy.



Long-term care

Long-term care homes provide 24-hour professional care and supervision in a protective, supportive environment for people who have complex care needs and can no longer be cared for in their own homes.

Community service professionals including nurses and social workers are also responsible for helping to determine whether it's the right time to move to a long-term care home. This decision is supported by a comprehensive assessment and exploration of all care options.

If moving into a care home is the best choice, the individual can choose up to three preferred homes anywhere in the province, as long as those homes can meet their needs. An offer of an interim care home may happen while waiting for your preferred care home. The options will be outlined to help the individual make their decision.

Northern Health long-term care homes strive to adhere to a person-and-family-centred care model. It is a partnership between the person we serve, the health care system, their family and their care providers.

Costs of help at home or facility care

Some services provided in the community are subject to a client rate, which may be partially or fully subsidized depending on a person's income. The structure of client charges is set by the Ministry of Health.

A financial assessment determines which client rates are applicable. If someone is unable to afford the fee for services, financial situations can be assessed to see if they qualify for a temporary reduction in fees.

The cost for long-term care services are also income-based, and reviewed annually. The monthly cost for publicly subsidized long-term care is based on 80% of after tax income, with set minimum and maximum rates. The rate schedule is determined by the province, and there are some services that may have an additional charge.

Accessing home health services

Individuals who may need health care or personal support services can be referred to a primary and community care interprofessional team in their community for an assessment, and a referral can come from any number of sources including the individual themselves, a family member, friend or community group, or care providers (such as a family doctor, or a hospital where the individual is receiving care).

When someone contacts or is referred to Community Services, a professional staff member will assess their situation, need and eligibility. The needs of seniors and people with disabilities are unique. If an individual needs a community service, we recommend contacting your local [Northern Health Community Services office](#).

For more information:

- Ministry of Health – [Home & Community Care](#)
- [SeniorsBC.ca](#)
- [Office of the BC Seniors Advocate](#)



Mental health & substance use

Northern Health provides a wide range of programs and services to assist persons and their family experiencing difficulties with mental health and/or substance use. Services vary from short-term assessment and treatment to long-term programs for those with serious and persistent mental illness and/ or substance use problems.

These services are offered in different settings, depending on the intensity of the care that is needed:



Acute care services

Acute care services are offered in hospitals for people who require hospital-based mental health or substance use care. Examples would include: treatment for psychosis, suicidality, support around acute withdrawal from substances, and reversal of substance overdose.



Tertiary care services

Tertiary care services are rehabilitation and recovery services for people with severe or persistent mental health care needs. These programs work within a framework of Recovery Oriented Practice and Psychosocial Rehabilitation.



Bed-based substance use services

Bed-based substance use services includes residential treatment programs as well as programs referred to as “supportive recovery” wherein a person accesses community-based substance use care while being provided with a place to stay. Residential treatment programs occur in a centre or a facility that offers a specific treatment program and residential accommodation. These programs are not operated by Northern Health but are partnered and/or contracted for service in various Northern communities and other parts of the province. Programs for youth in the North operate in Prince George at the Nechako Youth Treatment Centre.



Withdrawal management services

Withdrawal management services provide a range of medical and support services in safe environments that allow for the physical withdrawal from specific drugs and alcohol. Medically supervised withdrawal in hospital is available in various Northern Health hospitals across the region, and the regional adult withdrawal management unit in Prince George. There are also youth withdrawal management services available through the Nechako Youth Treatment Program in Prince George.



Community services

Community services include addictions counselling, assessment and treatment, assertive community treatment, crisis response, day treatment, group treatment, intensive case management, and opioid agonist therapy. Consultative regional services are available for early psychosis intervention and eating disorders.

Accessing mental health & substance use programs and supports

If you or someone you know needs help, call one of these numbers to **get help immediately**:

9-8-8 Suicide Crisis Helpline

Call or text **9-8-8** if you are experiencing feelings of distress or despair, including thoughts of suicide

KUU-US Crisis Response Service

Call **1-800-588-8717** for culturally-aware crisis support for Indigenous peoples in BC

Mental Health Support Line

Call **310-6789** for emotional support, information and resources specific to mental health

Alcohol and Drug Information and Referral Service

Call **1-800-663-1441** to find resources and support



Talk to your primary care provider about mental health and substance use concerns

Your family doctor or nurse practitioner can refer you to the appropriate programs and supports. For those who currently don't have a primary care provider, the Northern Health Virtual Primary & Community Care Clinic (1-844-645- 7811) also provides support for mental health and substance use, including connecting patients with a substance use clinic coordinator who will work with you to book an appointment with a family doctor or nurse practitioner.

The (FNHA) First Nations Virtual Substance Use and Psychiatry Service provides individuals with access to specialists in addictions medicine and psychiatry as well as mental health and wellness care coordinators. To get a referral to this service, please contact your health and wellness provider or (the [FNHA First Nations Virtual Doctor of the Day](#)).



For general information

For general information about Northern Health Mental Health & Substance Use programs, contact MHSU.Communications@northernhealth.ca

For more information:

- [First Nations Health Authority - Mental Health and Wellness Supports](#)
- [HealthLink BC - Mental Health](#)
- [Canadian Mental Health Association](#)
- [Kelty Mental Health Resource Centre](#)

Response to unregulated drug poisoning emergency

The response to BC's unregulated drug poisoning emergency, also referred to as the toxic drug crisis, includes partnered work with local governments and other stakeholders as unprecedented rates of overdose-related harms continue, due to an unregulated drug supply that is unpredictable and highly-toxic.

This work brings together local and provincial partners and involves engagement with people with lived experience, increased access to evidence-based treatment for opioid use disorder, rapid distribution of publicly funded naloxone to reverse overdoses, the establishment of overdose prevention services, and the provision of drug-checking services. Many lives have been saved through these efforts, but much more work is still needed.

Key components of Northern Health's response include:



Treatment

Opioid agonist therapy (OAT) is medication-based treatment for people who are dependent on opioid drugs such as heroin, oxycodone, hydromorphone, fentanyl, etc. Common OAT medications include methadone suboxone, sublocade, and slow release oral morphine (SROM).

There are dedicated NH OAT clinics in: Prince Rupert, Terrace, Smithers, Dawson Creek, Fort St. John, Prince George, and Quesnel, and approximately 105 prescribers providing OAT treatment including physicians and nurse practitioners.

Other treatment includes youth and adult day treatment programs, community-based outpatient support, and mobile team support. There are 78 supportive recovery beds (NE 6 beds, NI 46 beds, NW 26 beds) for individuals receiving addictions treatment across NH.



Harm reduction

Evidence based health care service that seeks to reduce the health and social harms associated with substance use.



Take Home Naloxone

A program that provides naloxone (a medication that reverses opioid overdose) kits to those at risk of an overdose or witnessing one. Use the [Toward the Heart sitefinder](#) to find naloxone near you.



Overdose prevention sites (OPS)

A harm reduction service providing a safe and supportive environment for people to consume their substances under the supervision of staff who are trained to respond in case of overdose. Sites offer drug checking, harm reduction supplies, nursing, social work and referral services.



Prescribed Safer Supply

Prescribed alternatives are provided in a supervised setting as of March 2025.



Harm reduction and overdose prevention

Harm reduction supply distribution and disposal includes:

- Harm reduction supply distribution and recovery is available within all communities across Northern Health.
- Safer inhalation supplies such as tube glass, bowl pipes, and foil.
- Safer sex supplies such as condoms.

Overdose prevention services include:

- Facility Overdose Response Box (larger naloxone kit for community based organizations and non-profits).
- Safe, supportive environments where people can use substances under the supervision of staff.
- Take home naloxone kits.
- Drug checking (Fourier Transform Infrared Spectroscopy, and take-home fentanyl test strips).
- Drug alerts.
- The [Lifeguard app](#) reduces harm and prevents unintentional deaths through a use alone timer, 24/7 remote monitoring, and connecting people to emergency services.

Accessing overdose prevention and response services

If you or someone you know needs help, call one of these numbers to **get help immediately**:

NH Virtual Clinic

Call **1-844-645-7811** to access substance use prescribing support, and other resources

Alcohol and Drug Information and Referral Service

Call **1-800-663-1441** to find resources and support

NH Overdose Prevention webpage:

To sign up for text-based drug alerts for Northern Health and other health regions, text JOIN to 253787

For more information about Northern Health's response contact Harm Reduction:

harm.reduction@northernhealth.ca

For more information:

First Nations Health Authority (FNHA)

Overdose Prevention and Harm Reduction

BC Centre for Disease Control

Overdose Response

Toward the Heart

A project of the provincial Harm Reduction Program

Acute care

Northern Health operates 18 hospitals and nine Diagnostic & Treatment Centres, or Health Centres, in smaller communities across Northern BC offering emergency care, various inpatient care units, surgical services (at ten facilities), and Laboratory and Diagnostic Imaging departments. NH acute care facilities are also part of the provincial network of facilities, which means patients may be transferred within or outside of the region depending on the type, or level, of care they require – for example, if a patient requires trauma or critical (intensive) care, surgical services, or specialized psychiatric care.

Emergency care

Northern Health's Emergency Departments care for patients who have experienced a sudden and/or unusual change in their health, including (but not limited to) breathing difficulties, severe bleeding or pain, chest pain, suspected overdoses, broken bones, and eye injuries.

All of Northern Health's Emergency Departments follow a triage system to make sure patients are seen according to how sick they are, and so patients with the most serious injury or illness are seen first. Emergency rooms do not see patients according to their time of arrival, but by the seriousness of their condition. Those with non-urgent care needs may need to wait or be asked to see a primary care provider in a non-emergency environment.

Patient transfer and transport

Northern Health acute care facilities are part of a provincial system that enables access to quality care for patients, working in partnership with other health authorities, and the Ministry of Health. Northern Health also works in close collaboration with the Patient Transfer Network and BC Emergency Health Services (or BCEHS, which provides patient transportation across the province), whenever a patient is transferred for their care needs and requires medical attention during transport. The Patient Transfer Network and BC Emergency Health Services are part of the Provincial Health Services Authority.

There are several factors involved in patient transfers to other facilities, including the level of care they need, the availability of an appropriate bed, the patient's condition and whether it could be impacted by a transfer. Transfer status is determined by physicians, based on the patient's clinical presentation and condition, and these clinical decisions also determine transfer priority in collaboration with BCEHS.

Once a transfer plan has been agreed to by sending and receiving physicians, BCEHS then arranges for transportation via air or ground ambulance, based on transfer prioritization and available resources. Patients awaiting transfer continue to receive care throughout the transfer process.

Northern Emergency Response Team (NERT)

NERT is a high acuity response team, providing transfer to any seriously injured or ill patient who requires advanced monitoring and care during inter-facility transport which operates out of UHNBC in Prince George. NERT actively supports the emergency department and intensive care unit while being readily available for ground ambulance transfers alongside BCEHS.



Accessing emergency care:

Call 9-1-1 if you have a life-threatening health emergency, for transport to the nearest available and appropriate facility for your care needs.

For more information:

- BC Emergency Health Services - [Emergency medical care & patient transfer services](#)

Surgical services

While the experience of receiving scheduled surgery is unique for every patient, the process can generally be understood in three parts: seeing your doctor, seeing your surgeon, and waiting for surgery.

After visiting your doctor or another specialist to address a health issue or concern, you and your doctor may decide that an appointment with a surgeon is necessary. If so, the doctor will refer you to a surgeon. Once the surgeon's office receives your referral, they will contact you to schedule an appointment. Once you are ready for surgery, your surgeon's office will send a booking package to Northern Health and indicate your priority for the procedure. Once this package is received, the Operating Room Booking office at the relevant facility will place you on your surgeon's waitlist. Once you're added to an NH waitlist, you should receive a confirmation letter stating that you are now on a surgical waitlist. The letter will include the estimated wait times for your surgeon and procedure.

Surgical wait times

In BC, two parts of the patient's journey to scheduled surgery make up the total time a patient may wait for a scheduled surgical procedure: the time that starts when a patient is referred to a surgeon, and ends when they see their surgeon for the first time, and; the time that starts when a booking form is received by the health authority, and ends when the patient receives scheduled surgery.

A patient's waiting time for surgery is directly linked to the priority their surgeon assigns to their procedure, according to provincially standardized levels of priority. Your surgeon's office can advise you of your classification. Surgeries are booked based on a number of factors, including your priority as determined by your surgeon using the standardized provincial tool; the order you were added to the wait list; and the availability of the necessary resources to complete your surgery.

It has been our experience that surgeons' offices are not able to give more than an estimate of months a patient may wait, due to the fluidity of their waiting lists.

Surgeons' offices have cancellation lists, to which patients can ask to be added. If you feel your surgical condition has deteriorated, it is important to bring these concerns to the attention of your surgeon.

Increasing levels of pain should be brought to the attention of your family doctor so this can be addressed.

For more information:

- [BC Surgery Wait Times website](#)

Service interruptions

Service interruptions occur when there is an unexpected or unavoidable impact on Northern Health's ability to maintain or offer certain services, and the reasons why they occur, can vary. Northern Health makes every effort to prevent service interruptions in advance, and to limit the impact on patient care when they do unfortunately occur.

What is a service interruption, and why do they happen?

Examples of interruptions include an emergency department, or maternity unit needing to temporarily redirect patients to another facility (sometimes referred to as 'diversion'), or changes to a laboratory, medical imaging department, or medical clinic's hours of operation.

Maternity units may also temporarily redirect patients to other facilities for birthing, when there are challenges with the availability of the nursing staff needed for safe deliveries – either maternity or operating room nurses – or with the availability of family physicians, midwives, obstetrician/gynecologist specialists and anaesthesia services needed for emergency situations.

While service interruptions can be due to ongoing shortages of skilled staff across the health care sector, they can also have other causes; from unexpected or unavoidable staff absences, to supply chain issues, to (especially in the case of emergency departments) a sudden increase in patients with emergency care needs that temporarily puts a facility and its staff at maximum capacity.

How are communities informed about service disruptions?

We make every effort to keep communities informed about changes to regular services, and when we know in advance of the potential for intermittent service interruptions.

When the cause of a service interruption is sudden or unexpected, or it occurs after hours, it is challenging to provide notifications in real time. For example, an emergency department service disruption can happen on short notice if multiple trauma patients arrive at one time; but services can also return to normal on short notice, as patients are treated and transferred, or as more staff resources arrive.

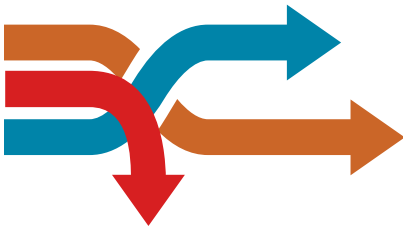


Prenatal patients are informed about the potential for service interruptions and how to access care if they do occur, during regular prenatal appointments, through local brochure information and other notifications, such as direct text, phone or email messages from their provider practices.

Our priority in keeping community members informed is to make sure they know how to access care, even if intermittent service interruptions are happening - and especially for life-threatening emergency care needs **by calling 9-1-1 for transport to the nearest available (and appropriate) facility.**

What is Northern Health doing to reduce the frequency of service interruptions?

We recognize that access to services, whether it's primary care, emergency and acute care, or laboratory and medical imaging services is of utmost importance to the communities we serve. We also know that staffing shortages and recruitment and retention challenges are not unique to the Northern Health region. With the support of the Ministry of Health, and in collaboration with partners including Divisions of Family Practice, post secondary institutions and community stakeholders, NH is working hard to attract and retain the skilled health professionals needed to maintain and improve services in Northern BC.



Service interruption options

We recognize the challenges facing health care and the people we serve. We appreciate your patience and understanding, and your support for our dedicated health care providers and staff across the Northern Health region.

Emergency Call 9-1-1

People in the community who need life-threatening emergency care (i.e. chest pains, difficulty breathing, or severe bleeding) should always call 9-1-1.

This is because our partners in patient transfer, as well as nearby NH facilities and services, are always notified of both planned and unexpected service interruptions, so we can ensure patients are transported to the nearest available and appropriate facility for their care needs.

Not sure? Call 8-1-1

Patients who aren't sure whether their condition would warrant an emergency room visit, or who need less urgent health advice can call HealthLink BC at 8-1-1, or visit HealthLinkBC.ca for non-emergency health information from nurses, dietitians, and pharmacists 24 hours a day, seven days per week.



bit.ly/4jY4C6G

Get help with a minor ailment from a Pharmacist

Pharmacists can assess and treat 21 minor ailments such as UTIs, allergies, pink eye and dermatitis. The service is free for BC residents when provided in person, in a pharmacy.

If your symptoms match one of the 21 minor ailments, you can book an appointment or visit a pharmacy for an assessment.



bit.ly/4kmPfo1

Programs

Northern Health has a number of regional programs that are integral to providing health services for Northerners.

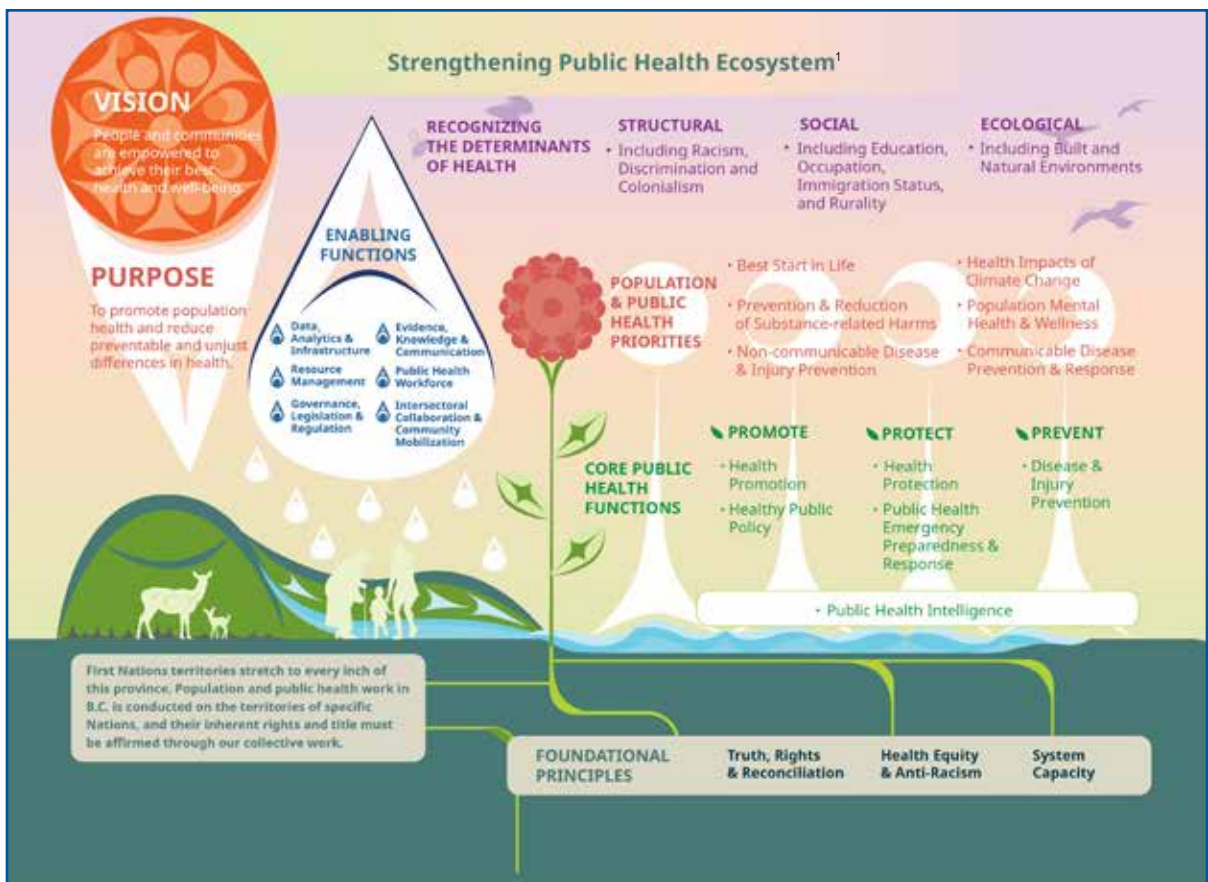
On the following pages you will find more about these NH programs.

Population and public health

What is the role of public health?

The overarching purpose of public health is to protect and promote health and well-being, and to reduce health inequities among population groups. Healthier people create a solid foundation for sustainable health systems and provide economic and social benefits for all.

Public health is differentiated from other parts of the health system by its focus on the health of populations as well as individuals, and on prioritizing prevention instead of treatment. In BC there are six core public health functions guided by the [BC Population and Public Health Framework](#). These are the key strategies and activities fundamental to achieving population health.



¹Graphic artwork by Andrea Fritz. See [BC's Population and Public Health Framework](#) - Province of British Columbia (gov.bc.ca)

Core public health functions²



Health promotion

Enabling people to increase control over and improve their health and well-being through individual and collective action on the determinants of health.



Health protection

Working to ensure healthy air, food, drinking water and environments to sustain healthy people and thriving communities.



Disease and injury prevention

Measures to reduce the risk and occurrence of communicable and noncommunicable diseases, illnesses and injuries, and to create the living conditions that support health and wellness.



Healthy public policy

Coordinating action across sectors to ensure that health impacts of decisions are factored into public policies.



Public health emergency preparedness and response

Developing the capacity to mitigate, prepare for, respond to and recover from health emergencies.



Public health intelligence

Ongoing collection, analysis, interpretation and mobilization of population health data with the intent to improve health and with a commitment to Indigenous data sovereignty.

²See BC's Population and Public Health Framework - Province of British Columbia (gov.bc.ca)

How does PPH work with local governments?

Local governments have decision making authority that affects the health and wellness of the community. This includes direct influences, like smoking and cannabis bylaws and official community plans. This also includes less direct influences that promote health and well-being, such as how you approach community food systems, neighbourhood design, and transportation systems. Healthy communities are ultimately the places where multiple sectors, including health and government, collaborate to improve the conditions that influence health and well-being in natural, built and social environments – and PPH wants to collaborate with you on exactly these things.

Medical Health Officers

[Medical Health Officers](#) (MHOs) are medical experts in public health and preventive medicine responsible for assessing, monitoring, and reporting on the health status of the population, and for protecting and improving the health of the population. They are also responsible for administering various BC statutes and regulations relevant to protecting the health of the population. MHOs provide strategic and tactical support to senior leadership, clinical consultation and support to health professionals, and work collaboratively with – and are a resource to – external stakeholders to support healthy public policy.

Healthy Communities

The [Healthy Communities Program](#) works with local governments and other community partners to improve the health of communities by promoting healthy, inclusive and sustainable social and built environments. We invite you to involve Healthy Communities when you'd like to:

- Co-develop public policy to promote health and improve quality of life for all (e.g., participate in policy working groups and inform on official community plans (OCPs), bylaws, action plans, etc.)
- Support communities to identify community health priorities and create action plans
- Explore [community granting opportunities](#)
- Connect you with community health data and evidence (i.e., various Population and Public Health programs and portfolios):
 - [Communicable disease prevention and control](#)
 - [Dental health](#)
 - [Harm reduction](#)
 - [School and youth health](#)
 - [Pregnancy and baby](#)
 - [Immunizations and vaccine stewardship](#)
 - [Injury prevention](#)
 - [Mental wellness](#)

- Physical activity
- Healthy eating
- Food security
- Cannabis
- Smoking and commercial tobacco reduction
- Sexual and reproductive health
- Climate and health

Public Health Protection

NH Public Health Protection includes [Community Care Facility Licensing](#), [Environmental Public Health](#), and [Tobacco and Vapour Products](#) teams who work with owners and operators of regulated facilities to minimize public health risk and ensure compliance with provincial legislation by use of progressive enforcement strategies, starting with education. Officers may be seen in the community providing training, conducting inspections, issuing approvals and permits, and collaborating with other agencies.

Various teams work directly with owners/operators in various settings:

Community Care Facility Licensing

In the province of British Columbia there is legislation to protect and promote the health, safety, and well-being of vulnerable children, youth, adults, and seniors in licensed community care facilities.

- **Residential care** includes hospice, mental health, substance use, long term care, community living and acquired injury.
- **Child care** includes group care (under and over 30 months), preschool, school age care, family child care, occasion child care, multi-age child care, in-home multi-age and relational care.

Environmental Public Health

- Food premises (e.g., restaurants, stores, producers)
- Drinking water systems
- Personal services (e.g., salons, tattoo parlours)
- Recreational water facilities (natural and built)
- Industrial camps
- Public health engineering services

- Additional roles:
 - Communicable disease control and prevention (e.g., outbreak management, animal exposure investigations)
 - Healthy built environments
 - Emergency response
 - Health considerations related to community event planning
 - Community hazard investigation and abatement (public complaints, chemical spills, contaminated sites)
 - Regulated facility permitting and inspection services
 - Public posting of inspection reports and advisories (including Boil Water Notices) can be accessed [online](#).

Tobacco and vapour products enforcement

Ensure compliance with smoke free places public posting of inspection reports and updated website to include complaint submission and public postings of inspection reports.

Office of Health and Resource Development

Northern Health's Office of Health and Resource Development provides strategic leadership and organizational coordination on topics where health and (natural) resource development intersect. The office serves as the central body within Northern Health that coordinates NH's responses to natural resource development proposals (e.g., oil and gas, mining, etc.) and as a central contact point for communities, companies, and agencies seeking information on the health impacts that these developments may have and leading practices for improving how these impacts can be assessed and managed. It is also the home for Northern Health's regional outdoor air quality program which provides support on air quality issues within and outside of the organization.

Accessing population and public health supports

If you are interested in learning more about population and public health supports, please use the following table to identify which team to contact. In general, we encourage you to reach out early to discuss opportunities for partnership or support, as we can provide the best support early, during the planning phases.

When	Who	How
<p>Assistance is needed with regulated facilities, or when a potential health hazard exists.</p> <p>When planning for large community events.</p>	<p>Environmental Public Health <i>And</i> Tobacco and Vapour Products Enforcement</p>	<p>250-565-7322 php@northernhealth.ca</p>
<p>You have questions or would like to know more about the health intersections with natural resource development projects or outdoor air quality. This includes questions related to environmental assessments, industrial health service provisions, health impacts or leading management practices. Permitting questions for industrial camps should be directed to Environmental Public Health.</p>	<p>Office of Health and Resource Development</p>	<p>resource.development@northernhealth.ca</p>
<p>You have questions associated with residential care and childcare facilities.</p>	<p>Community Care Licensing</p>	<p>1-844-845-4200 LicensingConnect@northernhealth.ca</p>
<p>You are developing or updating a public policy (e.g., OCP, bylaws, action plans, etc.) and want to include up-to-date and relevant public health perspectives.</p> <p>You need subject matter expertise to support planning, policy or program development.</p> <p>You have questions about community granting opportunities and/or healthy communities inquiries.</p>	<p>Healthy Communities</p>	<p>HealthyCommunities@northernhealth.ca</p>

For more information:

- Office of the Provincial Health Officer – [About Public Health](#)

Indigenous Health at Northern Health

Many Indigenous patients and families in Northern BC face barriers to accessing services due to living in rural and remote areas. Additionally, there are challenges in maintaining continuity of care when patients return to their home communities after receiving care at Northern Health facilities. To address these issues, the Indigenous Health department collaborates with Northern Health operational leads, First Nations Health Directors, Métis communities, and the First Nations Health Authority (FNHA) to improve access to services and continuity of care.

Northern Health seeks to understand how Indigenous communities, their leaders, health experts, knowledge holders, and patients want their voices included in our work. We recognize the importance of relationship networks and pathways to advance agreements like the Northern Partnership Accord and the MNBC-NH Letter of Understanding. An effective engagement structure, co-designed with Indigenous people, is essential to ensure trust and accountability.

NH Indigenous Engagement Framework

In response to guidance from Indigenous leaders and communities, the NH Indigenous Engagement Framework was created. This framework supports relationships with First Nations and Métis leadership, patients, and families, and we are working to create connections with Inuit and Indigenous Urban and Away from Home communities.

Indigenous Health Internal Service Transformation Team

The Indigenous Health Internal Service Transformation Team enhances Northern Health's initiatives by using communication tools and strategies to support Indigenous Health projects, promoting Indigenous initiatives, and collaborating with recruitment leaders to integrate Indigenous perspectives into hiring and retention practices. They are responsible for developing, promoting, and evaluating strategies to increase the recruitment and retention of Indigenous talent through culturally safe and inclusive practices. Additionally, they advise leadership on partnering with Indigenous communities, support Indigenous procurement projects, and ensure facilities reflect Indigenous culture, while assisting with strategy, planning, and team development to integrate and celebrate Indigenous perspectives across Northern Health's operations.

Indigenous Patient Experience Advisors

The Indigenous Patient Experience Advisors support Indigenous patients. They create safe spaces for discussing health harms or negative experiences and work with health sites to address these concerns. Indigenous Patient Experience Advisors, in consultation with the Patient Care Quality Office, help address the concerns and experiences of Indigenous people within the healthcare system. Their goal is to build better relationships with Indigenous peoples in a restorative and relational manner.

Indigenous Care Team

The Indigenous Care Team (formerly Indigenous Patient Liaisons) offer supports to Indigenous patients and families who are accessing services in NH hospitals and acute care facilities. In addition to patient and family services (below), the Indigenous Care Team work with NH staff, clinical teams and managers to develop, implement and evaluate processes.

Services provided by the Indigenous Care Team include:

- Understanding diagnosis and treatments
- Expressing health care needs and wants
- Planning for care and discharge assistance
- Providing cultural advocacy
- Assisting with patient travel
- Facilitating communication and cultural understanding between patients and care providers
- Assisting with end-of-life care
- Coordinating spiritual and cultural resources
- Providing support and comfort to patients and families
- Connecting patients to First Nations Health Benefits Program

Patients can speak with a health care provider for a referral to the Indigenous Care Team or contact them directly. Local contacts can be found on the Indigenous Health website.



Contact the Indigenous Health team



Website: www.indigenoushealthnh.ca



Email: Indigenous.Health@northernhealth.ca



Phone: 250-645-3144

For more information on our partners:

- First Nations Health Authority
- Métis Nation British Columbia (MNBC)

Digital health services

HealthElife

HealthElife is a digital tool that gives patients 24/7 secure online access to their Northern Health hospital electronic health record from any computer, tablet, or the mobile iOS or Android App. Patients can also access the information and services of any adult, child, or elderly family member they may be supporting in care. Patients who have received care at multiple hospitals in Northern Health will see results from all locations.



HealthElife lets patients view lab results within 1-24 hours and clearly see which ones are within range or not. Patients can view their medical imaging and pathology reports within three to seven days. Patients can also self schedule their own lab appointments at 19 Northern Health lab locations.

HealthElife helps patients keep track of their reports and results, and have the information they need to inform some care decisions. Patients who need help it understand their results can consult with their health provider.

NH Check In

NH Check In is an option that lets patients check in online for appointments, safely wait where they want, and receive a notification when it is their turn.

Using NH Check In is optional. If patients don't have a computer or smart phone, they can still go to the site where their appointment is taking place, and some sites have a kiosk patients can use to check in, or a staff member screener to assist them.



NH Check In isn't for making appointments, it's for drop-ins. It tracks a person's place in line and lets them know what the current wait time is. Patients needing to make an appointment, can phone, or book online through HealthElife.

myhealthkey

myhealthkey gives patients online access to their Northern Health primary care health record. It helps create a provider to patient direct relationship.

Providers can directly communicate with a patient using the messages feature and quickly send a visit summary with care plan, attach documents or results or simply type a message.

Patients use myhealthkey to self-schedule primary care visits. Patients who use Northern Health labs or medical imaging clinics will also see their reports and results. myhealthkey will be implemented throughout 2025 at more Northern Health Primary Care Clinics. Two Northern Health primary care clinics already use myhealthkey with their patients: Smithers Primary Care Clinic and Valemount Health Centre.

myhealthkey is capable of letting patients who use more than one NH primary care clinic see all of their visit information with just one login, provided they sign up at each clinic with the same email. This could support patients with smoother transitions if they seek care in other NH communities by helping them have reports, results and care plans on hand.

NH Tracks

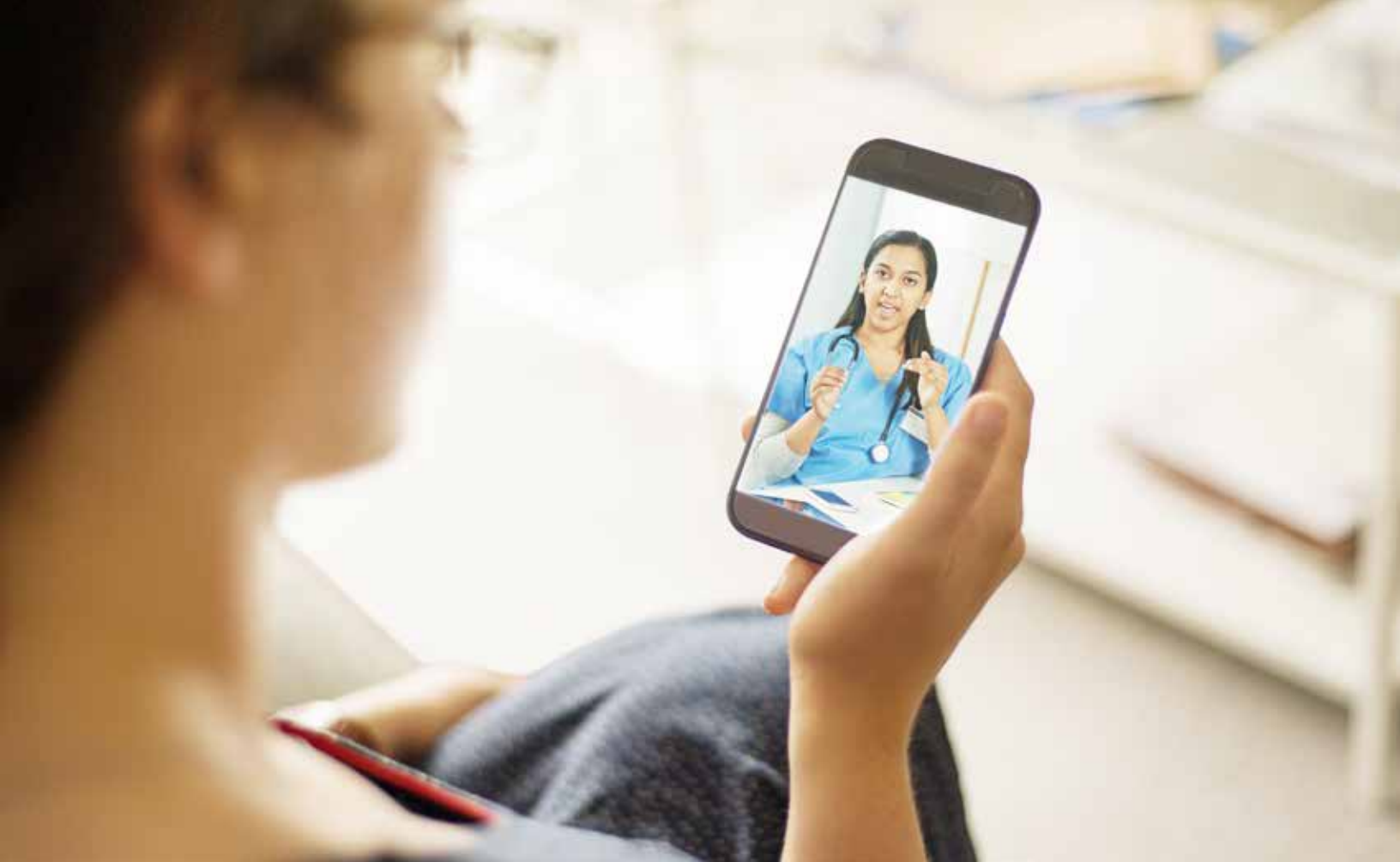
NH Tracks is a digital health tool that is available online from a computer or mobile device and serves almost all Northern Health surgical sites. Family, friends or loved ones can track their patient's surgical journey from anywhere online, replacing the waiting room with more comfortable locations like home or a coffee shop. Patients receive a NH Tracks ID when their surgery is booked. Patients give this ID and the NH Tracks web link, nhtracks.ca, to their family member or loved one.

Using the Tracks ID, loved ones can see when their patient is in pre-surgery, surgery, recovery, postop and whether they are discharged to the ICU, Unit or Home – all in real time. This helps reduce stress for distant family and can support staff by reducing the number of phone calls requesting updates about specific patients. Those who are picking patients up from day surgery can travel to the hospital when they see their patient is in post-op.

Patient notification

Northern Health uses a patient notification system to remind patients of their upcoming appointments. This system automates workflow so that staff do not have to spend time calling patients. With waitlists for services, the patient notification also helps staff understand who is cancelling an appointment and gives advance notice so staff can fill appointment slots with patients on the waitlists.

Patients currently receive an automated phone call for most acute, primary care, or community appointments types. Patients are asked to confirm or cancel during the call by pressing a number on their keypad.



Staff receive updated cancellation lists so that they can fill slots with patients from waitlists. Under current legislation, patients must “opt in” to receive a call during the appointment booking process. Patients who do not opt in will not receive a call. Patients who use HealthElife to schedule their own lab appointment can use the “Add a Reminder” feature to their computer or Smartphone calendar instead of receiving a call.

This system makes over 200,000 automated call outs per year to remind patients of their appointments. Northern Health tracks patients who confirm then do not show up to help local clinics with improving communication about attendance when needed. In 2025-26, Northern Health is looking to transition sites to text based notifications as an option because the system currently only conducts automated voice calls.

Telehealth

In many Northern BC communities, patients can have medical appointments by video, without the need to travel. [Telehealth](#) supports patients to participate in medical appointments right in their own home (or in a local health care centre), without having to travel to Prince George, Vancouver, or other centres.

Telehealth connects patients with their out-of-town health care provider over a secure connection using their smartphone, computer, or tablet. Patients can talk with their health care provider as if they were in the room.

Patients are encouraged to talk to your health care provider about telehealth. If telehealth is right for the situation, they'll book a session. Telehealth can be an option for a wide variety of types of health care appointments, including:

- Family doctor or nurse practitioner appointments
- Speech-language pathology
- Occupational therapy
- Mental health and substance use
- Advice from a dietitian
- Audiology
- Orthopedics
- Cancer care
- Appointments with specialists (kidney, urology, geriatrics, gynecology, pediatrics, and more)

Northern Health Connections

Ensuring that people who live in rural and remote communities in Northern BC can access the services they need to maintain their health is very important to Northern Health. It is not always possible to provide every specialty and diagnostic service in each small community, so when we can't bring the services to small communities, we help bring the patients to the health care services.

The NH Connections (NHC) program is available to all Northern BC residents, and eligibility has expanded over time to serve not only patients travelling to medical services, but also to improve seniors access to transportation and ensure patients have companion support when they are receiving health care treatment or services outside of their home community. All NHC buses are wheelchair/mobility accessible and include lifts and accessible washroom, to support people with mobility challenges. And health care staff, physicians and students can also access the service.

Other eligible patients are those who have been transported outside of their home community by BC Emergency Health Services (ambulance or medevac) and need return travel home.

While NHC's expanded eligibility is intended to assist more Northerners, passengers who have scheduled medical appointments will take priority.

NH Connections fares range from \$10 to \$40 dollars (return), depending on whether passengers require short or long-haul transportation.



Accessing NH Connections

Passengers are encouraged to check the [NH Connections bus schedule and rates](#) before arranging their appointment with their healthcare professional, to ensure NH Connections can get them to their destination on time.

Passengers can call 1-888-647-4997 (outside of BC call 1-250-564-7499) to reserve a seat, and to book companion travel at the same time. Information required for booking includes:

- Name and phone number of an emergency contact person
- BC Services Card number or Care Card number
- Reason for travel
- Name and phone number of the health care professional the passenger is traveling to see (if applicable)
- Date and time of the appointment (if applicable)

More information about the NH Connections program is available through the NH Connections booking centre at 1-888-647-4997, via e-mail at NHConnections@northernhealth.ca or online at nhconnections.ca.

Health Emergency Management

Health Emergency Management BC (HEMBC) is a program of the Provincial Health Services Authority. HEMBC North provides emergency management expertise, training, education, tools, and support to Northern Health. Northern Health Emergency Management (HEMBC North) supports NH to mitigate, prepare for, respond to, and recover from the impacts of emergency events. HEMBC staff work directly with facilities and programs to support a range of activities, including:

- Development of emergency plans
- Training and education
- Emergency exercises
- Emergency response
- Recovery
- After action / lessons learned process

Accessing HEMBC supports (if applicable/appropriate)

- For emergency events that require immediate connection with Northern Health please call: HEMBC on-call number (24/7) at: **1-855-554-3622** or **1-855-55-HEMBC**. HEMBC will notify/activate the appropriate Northern Health programs (i.e. Public Health, Acute Care, etc.) based on the nature of the event/emergency.
 - Please **DO** include this number in industry Emergency Response Plans (ERPs), for the use of permit holders in contacting Northern Health on a emergency basis.
 - Please **DO NOT** include this number on Public Awareness Pamphlets for individual projects; the Emergency Management BC/Oil and Gas Commission's emergency number(s) is more appropriate, and the HEMBC 24/7 number is on record with those agencies.
- For non-urgent requests related to Emergency Response Plans, or emergency exercise planning/information please contact: HEMBC North Director at **250-617-5288** or HEMBC@northernhealth.ca

For more information:

- [Health Emergency Management BC](#)
- [Emergency Info/Emergency Preparedness BC](#)

Stabilizing our health care workforce

During a global shortage of health care and medical staff, Northern Health (NH) is taking proactive steps to stabilize its workforce through targeted recruitment and retention initiatives, service innovation and redesign, and dedicated training supports to help current and future health care workers start or build their careers in the health care setting. In alignment with the Provincial Health Human Resource Strategy, these programs are designed to attract new talent to the region and retain our current pool of health care professionals, particularly in our rural and remote communities. By addressing the unique challenges of Northern, rural, and remote health care service delivery, we aim to build a resilient and dedicated workforce.



Retention

- NH is working with municipal and community partners to:
 - Fund additional childcare spaces for health care staff, and
 - Increase housing options and support workforce housing in rural and remote communities.
- Financial incentives are available to current staff, such as the Provincial Rural Retention Incentive (PRRI), which provides up to \$8,000 annually to eligible employees.
- New graduate supports include bursaries, tuition credits, mentoring, and new grad workshops offered in the early stages of their career.
- We are expanding education programs for staff that address NH needs, e.g. the *NH Regional Emergency Department Education Program*.
- NH is continually implementing strategies to improve workplace physical, psychological, and cultural safety.



Redesign

- To address staffing shortages, NH collaborated with provincial partners to establish [GoHealth BC](#) – a province-wide travel health staffing program that brings nurses, and now medical laboratory technologists, to rural and remote communities in BC.
- We are in the process of implementing Minimum Nurse-Patient Ratios (mNPR) as part of the BC-wide strategy to support nurse well-being and patient outcomes.
- We are implementing real-time virtual supports for nurses and physicians working in rural emergency departments, to help prevent ED closures and provide staff with access to expertise.
- We are creating new models of care within the health authority with opportunities for associate physicians, physician assistants, and nurse practitioners in acute care.



Recruitment

- Financial incentives are available for eligible new staff hires, e.g. signing bonuses and funding for moving expenses.
- An Indigenous recruitment strategy has been developed to support the hiring and retention of Indigenous health talent/professionals across the span of their careers.
- Creative and targeted recruitment marketing and advertising campaigns are targeting health care specialties in demand and professionals from other regions in Canada and Internationally (such as the US and the United Kingdom).
- NH is committed to promoting health care careers to youth living in the North through the Grow Our Own program and ongoing participation in the Adventures in Healthcare initiative for high school students.



Training

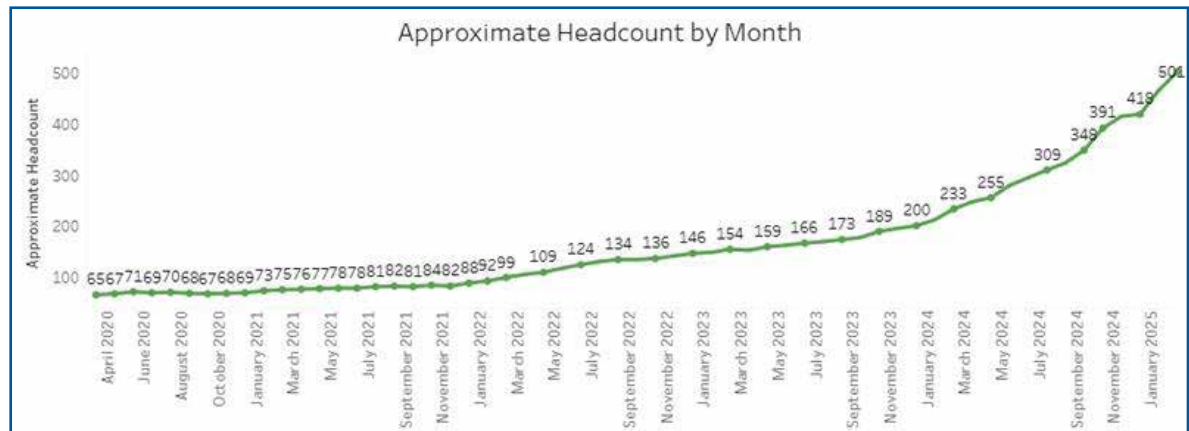
- NH partners with post-secondary institutions to offer subsidized spots (*Earn and Learn*) in hard-to-fill health care education programs, with an expected return of service after graduation.
 - Education programs include mental health support workers, combined x-ray/laboratory technician, and rehabilitation assistants.
- The *Health Career Access Program* (HCAP) continues to fully fund training (and provides a stipend) for Northern residents interested in a career as a Health Care Support Worker in hard-to-fill communities.
- NH has an *Employed Student Nurse program* that offers nursing students, in their second- or third-year, summer or year-round employment opportunities in our facilities.
- Additional training opportunities are being provided for GoHealth BC staff to address urgent staffing needs, e.g. Emergency Department training.

GoHealth BC

GoHealth BC is a collaborative effort between Northern Health, Interior Health, Island Health, the Ministry of Health, the British Columbia Nurses Union, and the Health Sciences Association of British Columbia.

This program allows nurses and Medical Laboratory Technologists (MLTs) to live anywhere in Canada while providing opportunities to work in rural and remote communities in British Columbia.

GoHealth BC employees commit to an annual number of working hours, but the specific dates and locations are flexible. This employment model has proven to be highly attractive to a specific demographic of nurses and MLTs, and the combination of work/life balance and job security (union employment, benefits, pension, etc.) has resulted in rapid and sustained growth over the past twelve months.



In 2024 Northern Health and the Health Sciences Association (HSA) signed an agreement that enables Allied Health professions to work within the GoHealth BC model. This agreement sets the stage for GoHealth BC to have a broader focus and aid rural and remote communities in a number of additional health care modalities.

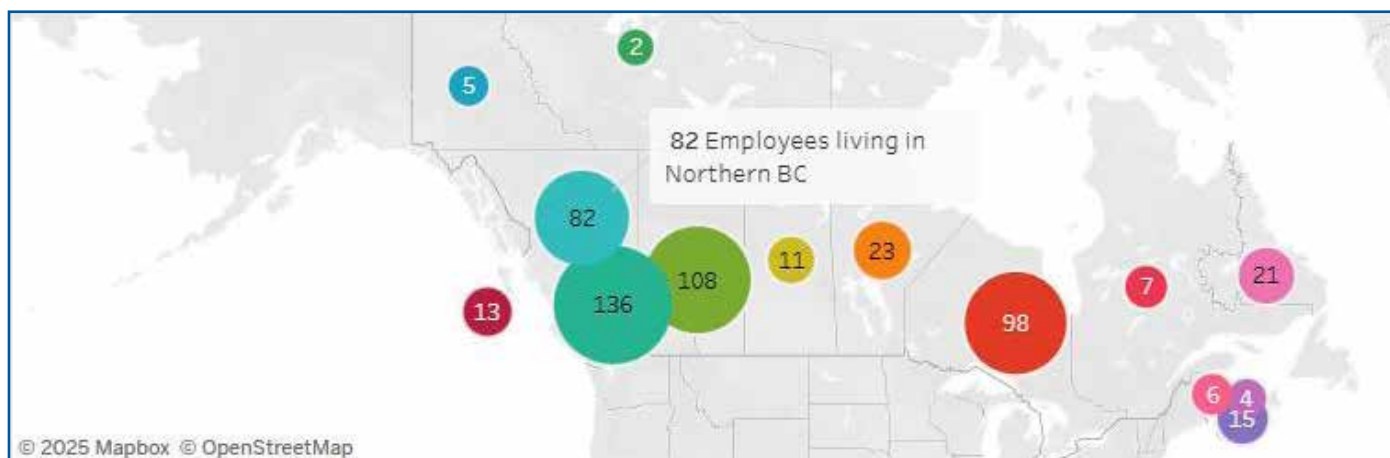
When a GoHealth BC employee is on duty, it means an external agency employee is not required, shifts are filled rather than remaining vacant, and shifts are likely worked at standard time rates.

When GoHealth BC staff are working, it enables some cost avoidance and provides an opportunity for regular local staff to take time off without impact or concerns about patient care.

Recruitment

In 2024, GoHealth BC experienced remarkable interest from nurses outside Northern Health and beyond BC's borders. In the program's early years, the majority of nurses joining the program were Northern Health employees interested in this unique employment model. Recently, applicants to the program have increasingly been from provinces and territories outside BC. GoHealth BC projects continued interest in the program and active recruitment.

Active employee home locations



Retention

GoHealth BC influences retention in two significant ways. First, nurses enjoy this work model, resulting in a relatively low departmental churn rate (changing employment status or moving to another department within Northern Health) compared to other Northern Health departments.

A secondary retention opportunity created by GoHealth BC is the ability for nurses to maintain rural and remote community employment when their life circumstances necessitate relocation. Northern Health and partner health authorities have retained several nurses who have relocated outside BC or to urban centres within BC. These moves are often unavoidable and are typically related to caring for aging relatives or spousal employment relocation.



Contacts

NH Virtual Primary & Community Care Clinic

Phone: 1-844-645-7811

HealthLinkBC

Phone: 8-1-1 to speak to a health service navigator who can help you find health information and services; or they can connect you directly with a registered nurse, a registered dietitian, a qualified exercise professional, or a pharmacist.

Emergencies

Phone: 9-1-1

Crisis

Phone: 1-800-SUICIDE (1-800-784-2433)

Suicide crisis line

Phone: 9-8-8

KUU-US Crisis Line

Phone: 1-800-588-8717

24/7 Métis Crisis Line

Phone: 1-833-638-4722

Mental Health Support

Phone: 310-6789 for emotional support, information, and resources specific to mental health

Alcohol and Drug Information and Referral Service

Phone: 1-800-663-1441 to find resources and support

Other Northern Health contacts

Northern Health Regional Office

Address: Suite 600, 299 Victoria St. Prince George, BC, V2L 5B8

Phone: 250-565-2649

NH Communications

Email: media@northernhealth.ca

NH Media Line: 1-877-961-7724

Ministry of Health

General Enquiries – Service BC – Toll Free within Canada and USA: 1-800-663-7867

Patient Care Quality Office

Toll-free: 1-877-677-7715

Email: PatientCareQualityOffice@northernhealth.ca

NH Information Privacy Office

Email: privacy@northernhealth.ca

Medical Staff Recruitment

For more information on ways to support recruitment in your community, email:
physicians@northernhealth.ca

Indigenous Health

Call: 250-645-3144

Email: Indigenous.Health@northernhealth.ca

NH Connections

Call: 1-888-647-4997 (outside of BC call: 1-250-564-7499)

Email: NHConnections@northernhealth.ca

Environmental Public Health

Health Protection Central Line: 250-565-7322

Email: php@northernhealth.ca

Health Emergency Management BC

For non-urgent requests related to Emergency Response Plans, or emergency exercise planning/information please contact:

Phone: Northern Health Emergency Management On-Call 1-855-554-3622

Email: HEMBC@northernhealth.ca

Follow our social media channels:





northern health
the northern way of caring

Northern Health Regional Office
Suite 600, 299 Victoria Street
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1-866-565-2999

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