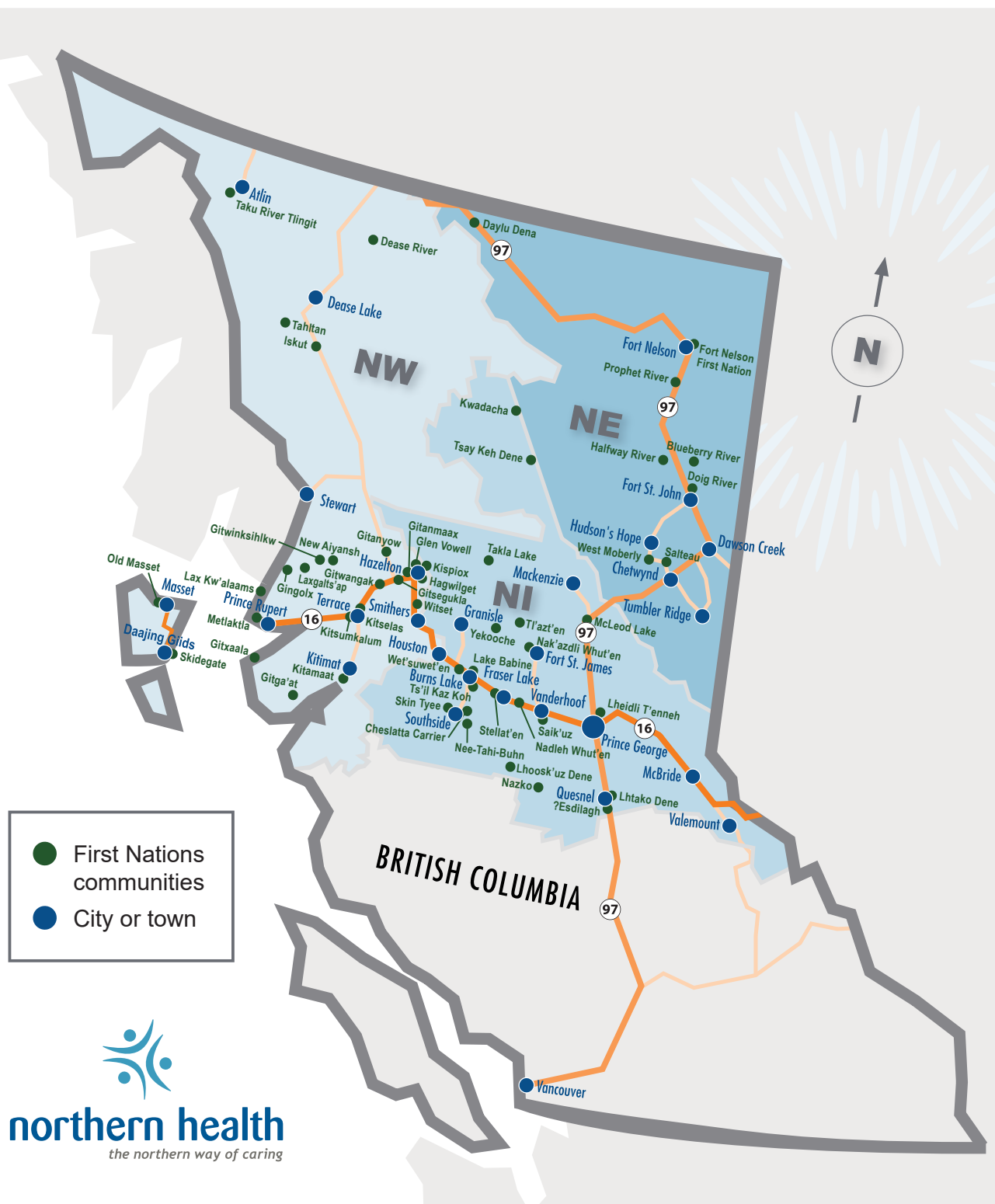




Understanding Northern Health

The Northern Way of Caring

Current as of March 2023



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 Chair is Colleen V. Nyce.

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 and 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

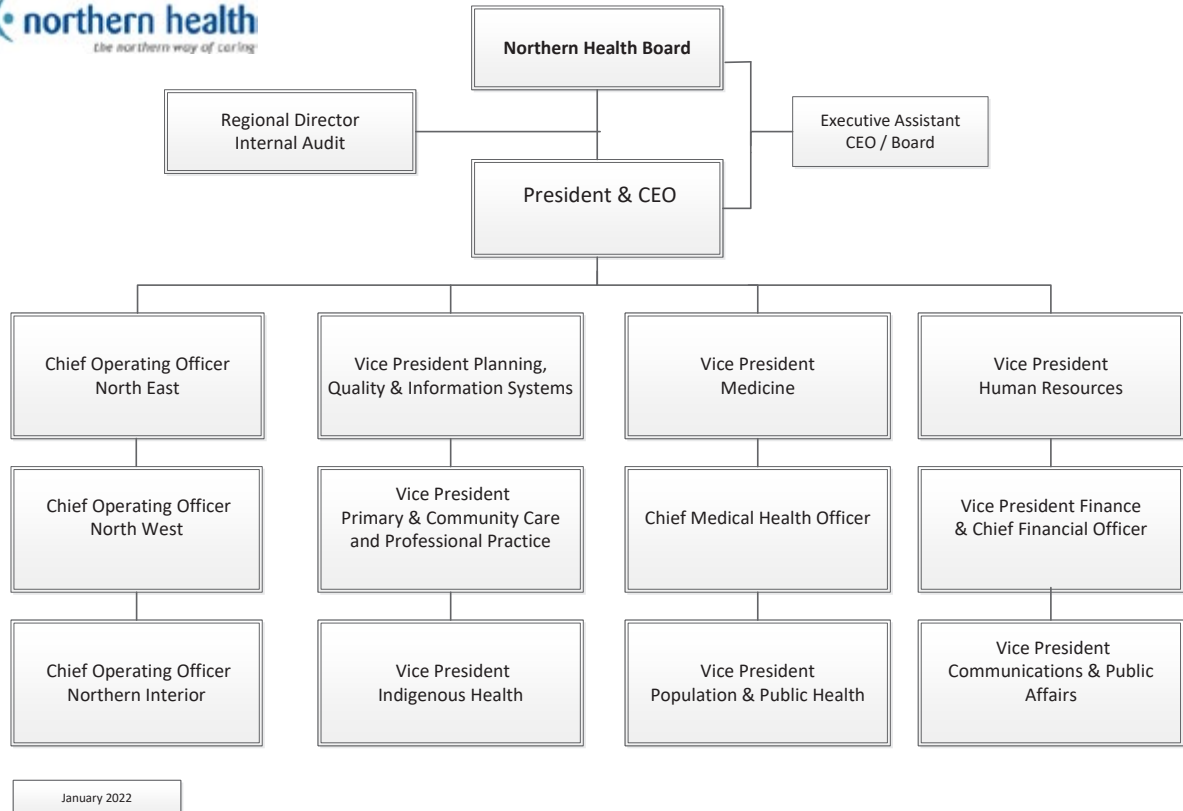
The Northern Health Board Chair and CEO are available to meet individually with local government representatives at North Central Local Government Association and Union of BC Municipalities conventions. The Executive Assistant to the Board and CEO will reach out with invitations to arrange a meeting, 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 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 chief operating officer (COO) manages the services in each HSDA and reports directly to the CEO.

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 service plans and annual reports, which are also updated annually and posted online.

The Northern Health Executive Team oversees the development of the annual Service Plan, operational plan, capital plan, Information Technology Systems plan, and Human Resources 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.

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 our attention for investigation and resolution.

Northern Health covers an area of nearly 600,000 square kilometres and offers health services in over two dozen communities through 50 health locations. The population of our communities ranges from a few hundred people to over 80,000 people.

We deliver health care across Northern British Columbia, serving about **300,000** people, many of whom are Indigenous. Our services include:

- Acute (hospital) care
- Primary and Community Care including home health, public health and mental health
- Mental health and substance use specialized services
- Long-term Care
- Population and Public Health

More than **7,000** people work for Northern Health. Our facilities include:

- **18** hospitals with one regional hospital
- **25** long-term care facilities
- **9** diagnostic and treatment facilities
- Community health services in **27** communities

In 2021-2022 in the Northern Health region:

- Doctors performed **13,753** scheduled surgeries
- **2,829** babies were born
- There were more than **213,000** inpatient overnight stays
- There were **214,837** outpatient visits (including specialty clinics)
- Our emergency departments were visited **227,565** times
- We provide **1,191** long-term care residential care beds (as of December 2022)



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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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

6th floor 299 Victoria St
Prince George BC V2L 5B8
Toll-free: 1-877-677-7715
E: patientcarequalityoffice@northernhealth.ca

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.

Patient Care Quality Review Board

PO Box 9643
Victoria BC V8W 9P1
T: 1-866-952-2448
E: contact@patientcarequalityreviewboard.ca
W: patientcarequalityreviewboard.ca



**You're important. So are
our health care workers.**

**Please treat them with
respect.**



VIOLENCE PREVENTION AND PROTECTING HEALTH CARE WORKERS

Northern Health (NH) recognizes that violence in the workplace is an occupational hazard in healthcare 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):



RUN



HIDE



FIGHT

Health Emergency Management BC (HEMBC) is launching a new code to support staff with a planned response in the event of an active attacker at a health authority site. Code Silver will provide guidance and procedures for staff to follow when an individual is actively engaged in seriously harming, killing, or attempting to kill others with a weapon.

Search “Code Silver” on OurNH

October 3, 2022 - Training available on Learning Hub



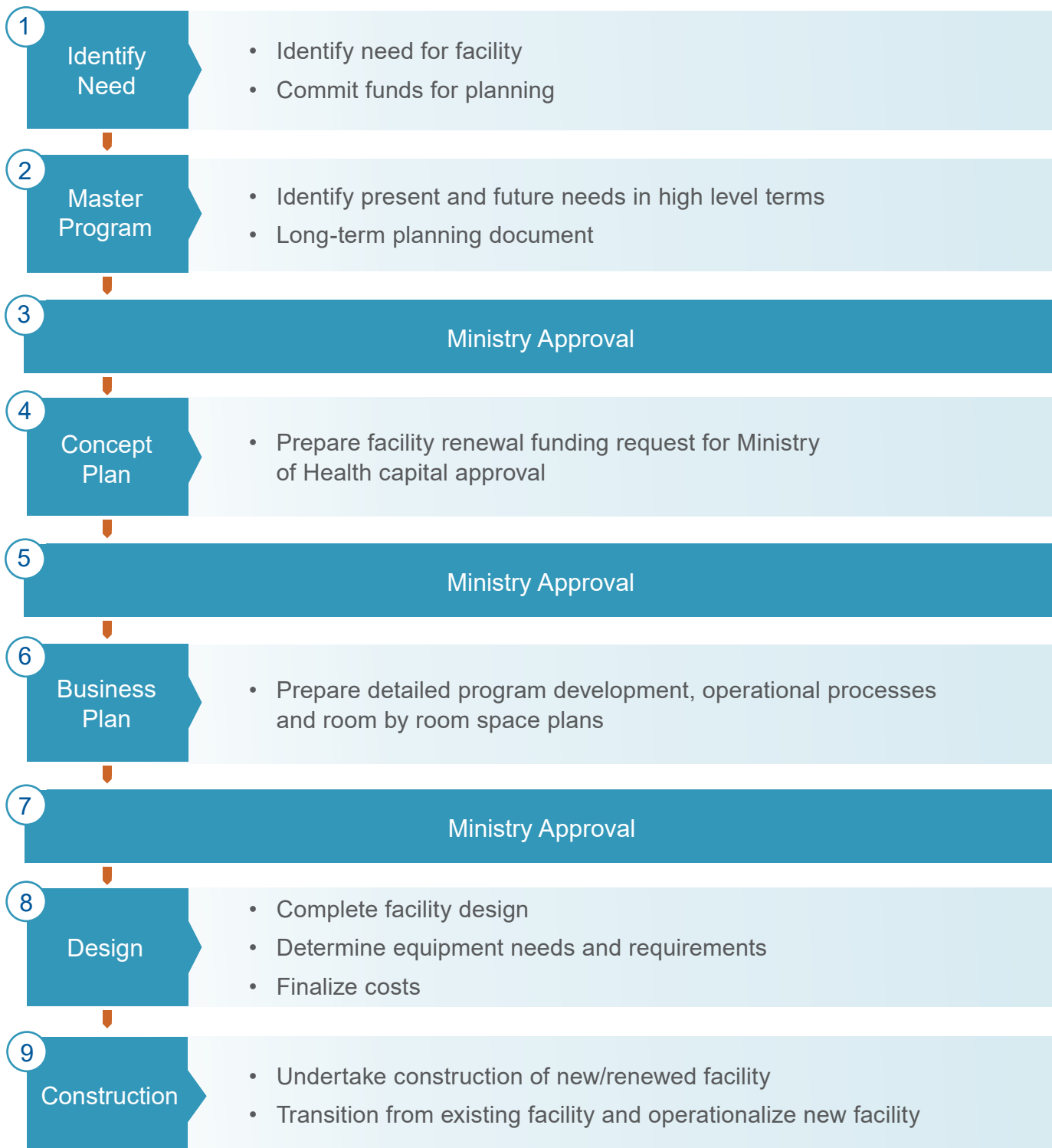
- **Education and Training Resources** to assess, identify and sustain education and training requirements for workers and local trainers.
- **A Violence Risk Assessments Process** to proactively identify and address hazards and assess risks in the work environment in order to eliminate or minimize the risk of worker exposure to violence.
- **A Violent Behaviour Alerts Policy**, procedure and tools necessary for screening and creating alerts when risk of violent behaviour is identified.
- **Code White Response** plans to respond to violent or aggressive behaviour encountered in a healthcare workplace.
- **Robust reporting and incident investigation processes** to identify and implement corrective measures.

In fall 2022, the Province announced steps to build safer workplaces for health-care workers and patients by introducing a new security model across all health authorities, hiring more protection services employees and expanding funding to a new organization (Switch BC) focused on addressing workplace safety.

Three Northern Health hospitals (University Hospital of Northern BC-Prince George; Mills Memorial in Terrace, and; Prince Rupert Regional Hospital) are the first to receive funding to implement the new model, which ensures all security personnel have an acute awareness of patients and their surroundings, as well as how to anticipate, de-escalate and ultimately prevent aggression. It is based on trauma-informed practice, which integrates knowledge of how people are affected by trauma into procedures, practices and services to create a safer environment for staff and patients.

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.





Master Program

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

Concept Plan

Identifies the need for the project and presents a proposed solution. The Ministry of Health 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 the Ministry of Health 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.

Ministry Approval

Ministry approval goes through the Ministry of Health, 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, through the Ministry of Health, 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:

- [Mills Memorial replacement](#)
- [Stuart Lake Hospital replacement](#)
- [Dawson Creek and District Hospital replacement](#)
- [G.R. Baker Hospital ED/ICU addition](#)

SERVICES

PRIMARY AND 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

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 October 2022, there are three* Primary Care Networks established; in Prince George, the North Peace, and the Northern Interior Rural region (*a collaboration of three PCNs serving a total of seven communities). 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 14 NH owned and operated [Primary Care Clinics across the region](#); three nurse-led clinics with Primary Care Provider, and one Primary Care Society-led 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 provides services to people who don't have a family doctor or nurse practitioner, people who need care on weekends after their health centre is closed, or who are unable to travel for care due to seasonal weather. (You're encouraged to call your family doctor or nurse practitioner first, or the urgent and primary care centre in your community). 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](#); individuals who are interested in connecting with a family doctor or nurse practitioner and live in a participating Primary Care Network community, can register to be matched with a family doctor or nurse practitioner in their community.
 - As of October 2022, the North Peace, Prince George and Quesnel are participating communities; work is continuing with Primary Care Networks across BC to add more communities.
 - [Some communities are using Pathways](#); you can search your community to see if there's any doctors accepting patients.

Physicians and Nurse Practitioners

Most 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 in BC: fee-for-service and the Alternative Payment program. Physicians in rural and Northern areas are eligible to receive additional funding 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 Home](#)
- [Ministry of Health Newsletter: Transforming our primary care system through Primary Care Networks](#)

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 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 clean-up, 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) 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 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 dietician 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.

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 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 AND 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 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 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 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 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 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 AND SUBSTANCE USE PROGRAMS AND SUPPORTS

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

- **310Mental Health Support**
Call 310-6789 for emotional support, information and resources specific to mental health
- **1-800-SUICIDE**
Call 1-800-784-2433 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
- **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 and 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 about Northern Health Mental Health and Substance Use programs, contact MHSU.Communications@northernhealth.ca

For more information

- [Ministry of Mental Health & Addictions — Virtual Mental Health Supports](#)
- [First Nations Health Authority — Mental Health and Wellness Supports](#)
- [HealthLink BC — Mental Health](#)
- [Canadian Mental Health Association](#)
- [Kelty Mental Health Resource Centre](#)



RESPONSE TO THE TOXIC DRUG SUPPLY

The response to the Toxic Drug Crisis includes partnered work with local governments and other stakeholders as British Columbians continue to experience unprecedented rates of overdose-related harms 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)
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 and Suboxone.

There are dedicated NH Opioid Agonist Therapy (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 for individuals receiving addictions treatment across Northern Health.

Harm Reduction – Seeks to reduce the health and social harms associated with substance use without requiring people to abstain or stop their drug use. Examples of harm reduction measures include overdose prevention sites, and providing sterile supplies.

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.

Overdose Prevention Sites (OPS) – A harm reduction service providing safe, clean environments for people to inject or inhale pre-obtained drugs under the supervision of staff. Sites provide drug testing, sterile injection supplies, etc. Nursing and referral for additional care/services are offered in OPS sites.

Prescribed Safer Supply – This is a harm reduction intervention involving the prescribing of pharmaceutical-grade alternatives to opioids, stimulants and benzodiazepines to separate people from the poisoned, illicit drug supply.

Decriminalization – On May 31, 2022 Health Canada approved the Province's request to decriminalize the personal possession of small amounts of certain illegal drugs by adults in BC. This will come into effect on January 31, 2023 for an initial three year period. Northern Health will support this work by maintaining health pathways and substance use services and liaising with law enforcement to facilitate referrals to health services as needed.





HARM REDUCTION AND OVERDOSE PREVENTION

Harm Reduction supplies are available in every community in Northern Health. There are 43 sites that order and distribute Harm Reduction supplies directly to communities and smaller sites. There are also 198 Take Home Naloxone sites across Northern Health.

Harm Reduction Supply Distribution and Disposal includes:

- Safer injection supplies such as sterile needles, syringes and other equipment. Safe disposal units such as personal sharps containers
- Safer inhalation supplies such as crack stems, meth bowl pipes and foil
- Safer sex supplies such as condoms

Overdose Prevention Services include:

- Safe, clean environments where people are supervised to use their pre- purchased drugs
- Take home naloxone kits
- Facility Overdose Response Box
- Drug Checking (Fourier Transform Infrared Spectroscopy, and take-home fentanyl test strips)

ACCESSING OVERDOSE PREVENTION AND RESPONSE SERVICES

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

- **Alcohol and Drug Information and Referral Service**
Call 1-800-663-1441 to find resources and support
- 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](#) is a project of the provincial Harm Reduction Program



ACUTE CARE

Northern Health operates 18 hospitals and nine Diagnostic and Treatment Centres, or Health Centres, in smaller communities across Northern BC offering emergency care, various inpatient care, 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.

Accessing emergency care

- Call 911 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.

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 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.

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?

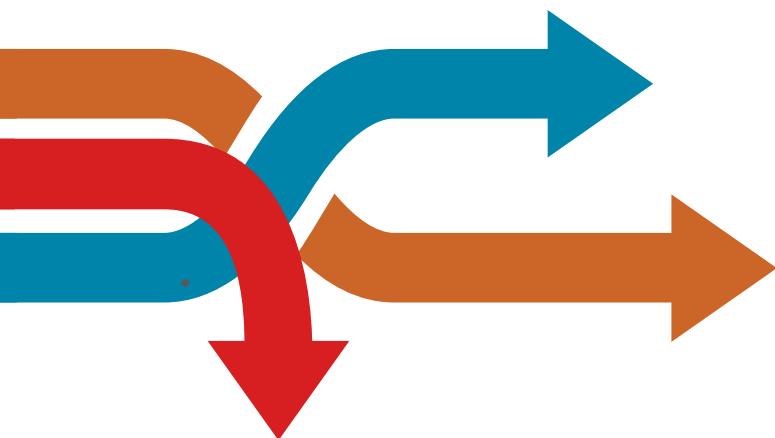
We make every effort to keep communities informed about changes to regular services, and when we know in advance of the potential for intermittent service interruptions.

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.

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.



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	NOT SURE? CALL 8-1-1	Access a family doctor or nurse practitioner 1-844-645-7811
<p>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.</p> <p>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.</p>	<p>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.</p> <div></div> <p>healthlinkbc.ca/ health-services</p>	<p>Northern BC residents can contact the NH Virtual Primary and Community Care Clinic at 1-844-645-7811 to access a family doctor or nurse practitioner 10 am to 10 pm daily PST (including weekends and statutory holidays).</p> <div></div> <p>northernhealth.ca/ virtual- clinic</p>

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.

NH PUBLIC HEALTH – POPULATION AND PUBLIC HEALTH

What is the Role of Population and Public Health?

The role of population and public health (PPH) is to protect and promote the health and well-being of British Columbians, and to reduce health inequities among population groups.

Across the province, public health programming is guided by the Public Health Strategic Framework, which is the foundation of the [BC Guiding Framework for Public Health](#). This Framework outlines core programs, as well as the strategies that enable these programs in the delivery of public health functions.

What is Northern Health’s Population and Public Health Team? Population and Public Health (NH PPH) is a regional program with subject matter experts that support practice, foster a community orientation, and steward health protection and promotion strategies and approaches to stimulate and sustain healthy people in healthy communities.



^ BC's Guiding Framework for Public Health

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 responsible for assessing, monitoring, and reporting on the health status of persons living in the Northern Health region. 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.

Public Health Protection

NH Public Health Protection includes [Environmental Public Health](#), [Community Care Licensing](#), 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:

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
- 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

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 resource development intersect.

The office serves as the central body within Northern Health that coordinates NH's responses to natural resources 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.



Community Care Licensing

- Residential Care Facilities (e.g., long term care, community care)
- Childcare Facilities

Tobacco and Vapour Products Enforcement

- Tobacco and Vapour Product Retailers

Healthy Settings

The [Healthy Settings 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 Settings when you'd like to:

- Co-create equitable Healthy Public Policy (i.e. Official Community Plan/ Bylaw/program input and/or feedback)
- Engage the public for community input on complex health and social issues
- Support healthy community planning initiatives
- Explore [community granting](#) opportunities
- Connect with subject matter experts on a variety of topics

- Communicable Disease Prevention and Control
- [Dental Health](#)
- [Harm Reduction](#)
- [Healthy Schools](#)
- Maternal, Infant, Child and Youth
- Immunizations and Vaccine Stewardship
- [Injury Prevention](#)
- Mental Wellness
- [Physical Activity](#)
- Population Health Nutrition
- Legal Substances
- Sexual and Reproductive Health
- Climate and Health

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</p> <p><i>And</i></p> <p>Tobacco and Vapour Products Enforcement</p>	<p>250-565-7322</p> <p>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</p> <p>Licensingconnect@northernhealth.ca</p>
<p>You need information about healthy public policy, healthy community planning (OCP refreshes, bylaw development, community health planning initiatives, etc.</p> <p>You need subject matter expertise to support planning, policy or program development</p> <p>You have questions about community granting opportunities and other general inquiries.</p>	<p>Healthy Settings</p>	<p>Healthycommunities@northernhealth.ca</p>

For more information:

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

Our Path Forward

Indigenous Health, Northern Health walks alongside Indigenous peoples (First Nations, Métis, and Inuit) and communities we serve, as well as organizations, staff, and physicians in the North to strive for excellence and culturally safe care to uphold Indigenous people's rights to self-determined health and wellness.

INDIGENOUS HEALTH

Indigenous Health supports Northern Health in its commitment to build 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 leaders in communities across the North, on the path toward realizing reconciliation and enhancing cultural safety.

Many Indigenous Peoples and communities in Northern BC encounter barriers to accessing services that are related to living in rural and remote communities. In addition, there are challenges to continuity of care for people accessing care in Northern Health facilities and then returning to home communities.

Indigenous Health partners with Northern Health programs, communities, and the First Nations Health Authority on a number of levels to enhance access to needed services and to improve continuity of care. An important place this work is done is at Indigenous Health Improvement Committees.

Indigenous Patient Liaisons work at Northern Health facilities across the region to facilitate access to quality, culturally safe care for Indigenous people. Indigenous patient

experience data is collected by Northern Health and provides information on how Indigenous Peoples are experiencing health services. Indigenous Health reviews this information on a regular basis and works with Northern Health leaders and staff for continuous quality improvement.

Several Indigenous Health strategies are underway or planned, on the path forward. These include an Engagement strategy to learn how Indigenous communities, leadership, health experts, knowledge keepers and patients would like to guide and improve the work of Northern Health; an ongoing Education strategy to support NH staff and physicians in striving for excellence, and a Quality Care strategy that supports Indigenous Patients and families to receive exceptional health care services.

Indigenous Health is also working with NH Human Resources and Recruitment to develop and implement a strategy to support a strong Indigenous workforce in Northern Health. When people come to seek health services, we want them to see their community reflected in the workforce. A workforce that reflects the community supports a culturally safe health system for everyone. This in turn supports increased access to health care and improved health outcomes.



Accessing Indigenous Health supports

Indigenous Patient Liaisons (IPL)

IPLs work to ensure Indigenous Peoples and their families have access to high quality, culturally appropriate care, and help bridge the gaps between western and traditional medicine for a holistic health approach.

Indigenous Health supports IPLs that are available to support Indigenous people at all of our NH major hospital sites, all IPL's are NH employees with the exception of one that is contracted by Carrier Sekani Family Services (Prince George). IPLs provide a wide variety of services, and can:

- Arrange for translation services
- Help patients understand health care processes, procedures and terminology
- Help admission and discharge planning go according to patient needs
- Assist with Advance Health Care Planning
- Facilitate communication and cultural understanding between patients and care providers
- Assist patients with end-of-life resources
- Coordinate spiritual / cultural advisors
- Support and comfort family and friends
- Help link patients to First Nations Health Benefits

- Assist with transition to and within long-term care

Patients can speak with a health care provider for a referral to the Indigenous Patient Liaison program, or contact a local IPL directly. Local IPL contacts can be found on the [Indigenous Health website](#).

If you have general questions or comments for Indigenous Health, please contact:

Indigenous Health

Phone: 250-645-3144

Indigenous.Health@northernhealth.ca

Indigenous Health's website includes a [map](#) to find locations and contact information for Indigenous communities and health centres, Friendship Centres, Métis Associations and Indigenous Patient Liaisons in Northern BC. The map also includes the location and cluster of communities that make up the eight Aboriginal/Indigenous Health Improvement Committees.

For more information:

- [First Nations Health Authority](#)
- [First Nations Health Council](#)
- [First Nations Health Directors Association](#)
- [Métis Nation British Columbia](#)

DIGITAL HEALTH SERVICES

HealthELife

In 2021, Northern Health launched the [HealthELife](#) patient portal, where Northern BC residents who received care at a Northern Health hospital or urgent and primary care centre can view hospital-based health information, online.

The portal can be accessed on a computer or smartphone, and Northern BC residents can make and view upcoming appointments and see results from lab tests and medical imaging procedures.

Use of the portal is optional, and patients can still go to their clinic or doctor's office to get test results. For help understanding test results and advice on next steps, patients will still need to consult with their health care provider.

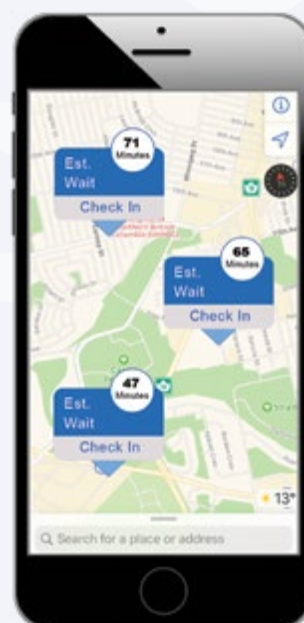


NH CheckIn

[NH CheckIn](#) 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 CheckIn 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 CheckIn 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.



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, address, and phone number
- 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](#)

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)

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

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

Phone: **250-565-2649**

NH Communications

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: Medicalstaffrecruitment@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:
HEMBC North Director at **250-617-5288** or HEMBC@northernhealth.ca





Witset, BC. Photo by Jennifer Klassen



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250-565-2649
1-866-565-2999

northernhealth.ca

