Meeting of the Northern Health Authority
Board of Directors
Public Session

Valemount, British Columbia

Best Western Inn

Eaglesview Meeting Room

Monday, February 17, 2014

northern health

the northern way of caring

northern health

Public Session

AGENDA

February 17, 2014
Eaglesview Meeting Room, Valemount BC

AGENDA ITEMS	Responsibility of…	Expected Outcome	Time (Approx.)	Page
1. Call to Order of Open Board Session	Chairman Jago		**1:00pm**	
2. Opening Remarks	Chairman Jago			
3. Approval of Agenda	Chairman Jago	Motion		1
4. Approval of Previous Minutes: December 16, 2013	Chairman Jago	Motion		**3**
5. Conflict of Interest Declaration	Chairman Jago			
6. Business Arising from Previous Minutes	Chairman Jago			
7. CEO Report	C Ulrich	Information		**8**
7.1 Human Resources Report	D Williams	Information		**10**
8. Audit & Finance Committee				
8.1 Period 9 Public Financial Statement	M De Croos	Motion		**18**
8.2 Major Capital Projects Summary	M De Croos	Information		**20**
9. Performance, Planning & Priorities Committee				
9.1 Programs				
9.1.1. Critical Care	Dr. S Johnston	Information		**22**
9.1.2. Surgical Services	Dr. S Johnston	Information		**25**
9.2 Innovation and Development Commons	F Bell	Information		**28**
10. Presentation: Valemount Walks Around the World: A Collaborative Initiative to Develop a Healthier Community **Guests:** Debbie Strang, Health Service Administrator and Dr. Stefan Du Toit, Physician	M McMillan	Information		**35**
11. Governance & Management Relations Committee				
11.1 Policy Manual BRD 500 Series	D Shannon	Motion		**47**
11.2 Policy Manual BRD 600 Series	D Shannon	Motion		**51**
11.3 Regulatory Framework – Legislative Compliance	M Leisinger	Information		**60**
11.3.1. Hospital District Act				
11.3.2. Health Authorities Act - Update				
Adjourned			**3:00pm**	

northern health

Public Motions

Meeting Date:
February 17, 2014

Agenda Item		Motion	Approved	Not Approved
3.	Approval of Agenda	The Northern Health Board approves the February 17, 2014 public agenda as presented	☐	☐
4.	Approval of Minutes	The Northern Health Board approves the December 16, 2013 public minutes as presented	☐	☐
8.1	Period 9 Financial Statement	The Northern Health Board approves Northern Health's Period 9 comments and financial statement, as presented.	☐	☐
10.1	Policy Manual BRD 500 Series	The Northern Health Board approves the revised BRD 500 Series	☐	☐
10.2	Policy Manual BRD 600 Series	The Northern Health Board approves the revised BRD 600 Series	☐	☐

northern health

Board Meeting

Date: December 16, 2013

Location: Brunswick Board Room

Chair: Dr. Charles Jago

Recorder: Desa Chipman

Board:
- Cameron McIntyre
- Sharon Hartwell
- Gary Townsend
- Ben Sanders
- Carol Leclerc
- Gordon Milne
- Deborah Shannon
- Maurice Squires
- Barb Caldwell

Regrets:
- K O'Neil

Executive:
- Cathy Ulrich
- Michael Leisinger
- Fraser Bell
- Michael McMillan
- Mark De Croos
- David Williams
- Dr. Suzanne Johnston
- Steve Raper
- Dr. Sean Ebert
- Dr. Jaco Fourie
- Dr. David Bowering

Public Minutes

1. Call to Order Public Session

Chairman Jago called the meeting to order at 1:16pm

2. Opening Remarks

Chairman Jago welcomed all guests to the December Board meeting.

3. Approval of Agenda

Moved by B Sander seconded by C McIntyre
The Northern Health Board approves the public agenda as presented.

4. Approval of Board Minutes

Moved by D Shannon seconded by B Caldwell
The Northern Health Board approves the October 23, 2013 public minutes as presented

5. Conflict of Interest Declaration

There were no conflict of interest declarations made related to the December 16, 2013 public agenda.

6. Business Arising from Previous Minutes

There was no business arising from previous minutes.

7. CEO Report

C Ulrich provided an overview of the CEO report and highlighted the following;

- Chairman Jago and Cathy Ulrich travelled to Dawson Creek to meet with MLA Mike Bernier along with City and Village Council representatives from Dawson Creek, Tumbler Ridge, Chetwynd, and Pouce Coupe to discuss various issues of importance to these communities.
- The Northern Health Board's 2013 community consultation focused on – Let's Talk About Healthy Aging and Seniors' Wellness. The consultation process was completed on November 20th with the last session occurring in Quesnel. The final report from the consultation will be provided to the Board at the February 2014 meeting.
- November 13–15, 2013 was the 3rd annual Innovation and Development Commons Northern Research Days.
  - This year Northern Health and UNBC partnered with the Canadian Rural Health Research Society to host their conference in Prince George in combination with the Northern Research Days. The theme of the conference was "Stories of Rural Health through Knowledge, Research, and Collaborative Action".
- Dr Ian Graham, Professor, University of Ottawa and a renowned researcher on knowledge translation is working with UNBC's Health Research Institute and Northern Health to develop a focus on the translation of research knowledge into policy and practice. Dr. Graham met with the Northern Health Executive Team and with health researchers at UNBC in December to discuss collective capabilities and assets in knowledge translation.
- *Renovations – St John's Hospital – Vanderhoof:* Renovations to the emergency and ambulatory care areas of St. John Hospital are progressing well with project completion scheduled for March 2014.
- *Renovations – University Hospital of Northern British Columbia - Learning and Development Centre* – Western Industrial Contractors Ltd have been contracted to construct the state-of-the-art teaching and learning centre on the UHNBC campus for medical students and health professionals. This project is a partnership between Northern Health, UBC Faculty of Medicine, the Northern Medical Program, and UNBC. The ground breaking for this new facility occurred on December 13, 2013.

7.1. Human Resources Report

David Williams, Interim Vice President of Human Resources provided an overview of the Human Resources report as follows;

- All Collective Bargaining Associations have now signed on to the Enhanced Disability Management Program (EDMP). The Nurses Bargaining Association (NBA) and Health Sciences Professionals Bargaining Association (HSPBA) have the program in place. The Facilities Bargaining Association (FBA) has a go-live date of January 20, 2014. The Community Bargaining Association (CBA) should be actively involved in EDMP by the end of this fiscal year.
- Workplace Health Call Centre has gone from an average of 4.5 days to 1.93 days in the length of time it takes them to submit a notification to WorkSafeBC once the employee has made their first contact with them. The October 2013 report from WSBC regarding claim duration indicates Short Term Disability (STD) claims to be at 53 days duration for NH, with the average being 49 days across all Health Authorities.
- Three new WorkSafeBC Occupational Health and Safety (OHS) policies on Bullying and Harassment came into effect November 1, 2013. Workplace Health and Safety (WHS) is participating with HR Operations and Organizational Development to develop a

communication and implementation plan to raise awareness, identify revisions to the Respect in the Workplace policy, and develop education and training for workers and managers/supervisors.

- Recruitment is actively working on solutions to address the high vacancy numbers in the Northeast. The Board requested that a review of the trends would be presented at the February Board meeting.
- Northern Health met the Labour Relations Board deadline of December 2, 2013 for the proposed essential services levels. Discussion with the unions to confirm the levels have been scheduled.

8. Audit and Finance Committee

Chairman Jago took the opportunity to acknowledge that this will be Cameron McIntyre's last Board meeting and thanked him for his dedication and the extraordinary insight he has contributed while being a member of the Northern Health Board.

8.1. Period 7 Financial Statements

M De Croos provided an overview of the Period 7 Financial Statements as follows;

- Year to date Period 7, revenues exceeded expenses by $637,000.
- Revenues are favourable to budget by $3.2 million or 0.8%. Expenses are unfavourable to budget by $2.6 million or 0.7%.
- Better than expected patient revenues are contributing to the favourable variance in revenues. The unfavourable variance in expenses is due to higher than expected patient activity in Acute and Residential Care.
- At this time, Northern Health is forecasting to be in balanced position at year-end.

Moved by C McIntyre seconded by G Townsend
The Northern Health Board approves Northern Health's Period 7 financial statements, as presented.

8.2. Major Capital Projects Summary – Fiscal Period ending October 10, 2013

An overview of the major capital projects summary dashboard for period 7 was provided with additional explanation given on any projects that are experiencing delays.

8.3. Annual Review: Foundations / Fundraising

Finlay Sinclair, Regional Director Business Development, attended the meeting to present to the Board information on "Foundation Contributions to Enhance Healthcare Services".

- The presentation included highlights on the following;
  - Foundations
  - Growth of Foundations
  - Overview of Foundations Workshops
  - Northern Health Foundations Team
  - Changing Industry Landscape
  - A showcase of the gifts and donations received through Foundations
- Judy Neiser, CEO for the Spirit of the North Healthcare Foundation, was present at the meeting and took the opportunity to thank Northern Health for working collaboratively with the Foundation and is looking forward to working together in the future.
- Discussion occurred regarding how projects are selected for fundraising. The Foundations are working together to ensure the needs for a particular community are met and at the same time are balanced with the needs of the region. An example of a collaborative regional campaign is the Cancer Lodge.

9. Performance Planning and Priorities Committee

9.1. Housekeeping Audits

Mike Hoefer, Regional Director, Capital Planning & Support Services, and Lois Barney, Director, Support Services, attended the meeting to present information on the recent Housekeeping Audits as follows:

- All Northern Health facilities included in this audit achieved or exceeded the minimum overall score of 85%. Overall, Northern Health's total average of 90.4% exceeded the BC health authority average of 89.8%.
- The primary objective of performing a *facility cleaning audit* at a health care facility is to determine the level of cleanliness of *ALL* elements in a facility no matter who cleans them.
- In 2013, Westech's external auditors travelled across our region and conducted unannounced audits at each of our facilities. The external audit process is provincial in scope.
- For each audit, 10% of the rooms are randomly selected for auditing. A passing score for an audit sample is 85%.

9.2. Public Health Protection Portfolio

Chairman Jago informed the public that Dr. David Bowering, Chief Medical Health Officer is retiring at the end of December and thanked Dr. Bowering for his years of service and dedication to Northern Health.

Dr. David Bowering introduced Lucy Beck, Regional Director, Public Health – Population & Protection; Greg Thibault, Public Health Protection Manager; and Val Waymark, Regional Manager to present an overview of the Public Health Protection Portfolio.

The following areas were highlighted in the presentation:

- The main focus of the Public Health Protection program is to protect the health of the public. The legislative framework that is used to assist with this work consists of the following Acts.
  - Public Health Act – there are 14 regulations under this Act. The ones that we use most frequently are the Food Premises Regulation, Communicable Disease Regulation, Pool Regulation and Sewerage System Regulation.
  - Drinking Water Protection Act and Regulation.
  - Community Care and Assisted Living Act that includes the Child Care Licensing Regulation and the Residential Care Regulation.
  - Tobacco Control Act and Regulation.
- The key activities used to protect the health of the public are Prevention, Promotion, Education, Partnerships and Enforcement.

9.3. Influenza Protection Policy

An overview of the history and current status of the influenza protection policy was provided for information.

- A steering committee has been established and co-chaired by Michael McMillan (Chief Operating Officer – Northern Interior) and Dr. David Bowering (Chief Medical Health Officer) to oversee and support this work. An Implementation Team has also been established and is responsible for detailed planning coordination of the implementation of the policy.

The primary focus this year is on the following;

- Positive communication messaging, raising awareness of the importance of immunization and education regarding influenza, increased access to immunization opportunities for staff, and focusing on increasing immunization rates in Residential Care facilities.
- Immunization clinics for staff began on October 21. Additional clinics have been scheduled for December.
- Northern Health has reached 71% staff immunization rate.

10. Governance and Management Relations Committee

10.1. Policy Manual BRD 400 Series
D Shannon presented the BRD 400 Series for approval which have been reviewed and edited at the GMR Committee level.

Moved by D Shannon seconded by S Hartwell
The Northern Health Board approves the revised BRD 400 Series as amended.

10.2. 2014 Board Education & Director Orientation Plan
M Leisinger provided an overview of the Board Education and Director Orientation Plan for the time period of December 2013 to December 2014.

Moved by D Shannon seconded by G Milne
The Northern Health Board approves the revised 2014 Board Education & Director Orientation Plan

10.3. Regulatory Framework
M Leisinger presented information on the Regulatory Framework – Legislative Compliance – Personal Information Protection Act (PIPA) to the Board for information.

Chairman Jago adjourned the Public Session at 3:31

Chairman Jago called the Public Presentation Session to order at 3:36pm and welcomed members of the Alzheimer Society of BC to the December Board meeting.

- Laurie De Croos, First Link® Coordinator and Leanne Jones, Support and Education Coordinator joined the meeting to speak about First Link. They gave an overview of the evaluation and metrics to date, observations, challenges, and possible solutions.
- Lou & Jim Elerton, are a family who accesses the First Link services also attended the meeting to speak about their experience in accessing the program.

Chairman Jago adjourned the Public Presentation Session at 3:59pm.

Dr Charles Jago, Chair

Desa Chipman, Recording Secretary

northern health
the northern way of caring

Northern Health Regional Office
600-299 Victoria Street,
Prince George, BC V2L 5B8

CEO REPORT

Meeting:	Northern Health Board Meeting	Date:	February 4, 2014
Agenda Item:	CEO Report		
Purpose:	Information		
Prepared by:	Cathy Ulrich		

Regional Activities:

1. Northern First Nations Partnership Committee: I had the opportunity to participate in the third meeting of the Northern First Nations Partnership Committee on January 9, 2014. This committee includes membership from the First Nations Health Council – Northern Health Caucus, the First Nations Health Authority, and Northern Health. This was the first meeting following the formal transfer of funding from First Nations Inuit Health to the First Nations Health Authority. The meeting focused on finalizing the Northern First Nations Health and Wellness Plan based on feedback that had been received from a consultation with northern First Nations communities. The committee also had the opportunity to acknowledge the appointment of Nicole Cross as Northern Regional Director for the First Nations Health Authority.

2. Cumulative Environmental, Community and Health Effects of Multiple Natural Resource Developments in Northern British Columbia workshop: This workshop was held on January 10 and 11, 2014 and was organized by the Health Research Institute, the Community Development Institute, and the Natural Resources & Environmental Studies Institute at UNBC. I had the opportunity to present Northern Health's perspective on this subject as part of a panel that also included Kathy Lewis, UNBC Ecosystem Science & Management program and Chief Ellis Ross, Haisla First Nation. There were 100 participants at this event. The three UNBC research institutes will be synthesizing the insights emerging from the workshop.

Robson Valley Initiatives:

1. McBride Hospital celebrated its 50th anniversary on April 21st, 2013. The celebration was held in the hospital garden area where approximately 50 people attended to hear speakers talk about the history. In addition recognition was shown to three long term health care community members, including Liz Haan, a former head nurse, Dr. Geoff Cowburn, physician and Robert Beeson, former board member. Hospital tours were given and the education room was set up to showcase historical pictures and equipment from the past 50 years.

2. Healthier Communities in Valemount: The objective of the community development initiative in Valemount is to engage community members in the creation of healthy activities. The initiative the community has undertaken is to *Walk Around the World*. Walking around the world is approximately 40,000 km and will take the participants five

years to complete. The goal is for this initiative to ingrain physical activity into the lives of participants and their families. There will be a more in-depth presentation of this initiative during the Northern Health Board meeting.

3. Healthier Communities in McBride: The first meeting was held on October 7, 2013. The community has a volunteer already engaged in this work. The Terms of Reference have been completed and there is a volunteer already engaged in this work. The committee is currently reviewing the health profile for the community of McBride and beginning to strategize ways to improve the health of the community. A Village Council presentation and a Community orientation session occurred on Jan 28 and 29 facilitated by Population Health staff members from Northern Health.

Capital Projects and Equipment:

In 2013/14 the following capital projects were completed in the Robson Valley:

1. A Coagulation Analyzer was purchased for the McBride and District Hospital at a cost of about $33,000.
2. A food services freezer was purchased for the Valemount Health Centre at a cost of about $6,500.
3. A warming cabinet was purchased for the Valemount Health Centre at a cost of about $9,700.

Human Resources Board Report

January 2014

Workplace Health and Safety

A provincial Respiratory Protection Program has been developed with the participation of all BC health authorities. No change is required to the existing program at NHA.

A new provincial program for Violence Prevention and Safety Patient Handling has been finalized. We are currently orientating our trainer for this program, with staff education and training scheduled to begin in March.

WorkSafe BC worked with Northern Health to create a video for healthcare leaders to be used as an educational tool specific for healthcare management. This was a first of its kind. Building upon that tool, they have designed a new WorkSafe BC eBook titled "Managing Safety in Health Care: A guide for Leaders". This web book deals with the importance of and the key considerations involved in implementing an effective safety management system in a health care setting. It has been designed to provide an orientation or a refresher for all leaders within health care organizations, and will be included in the Leadership Development CoreLinx program. We are currently planning the introduction of this eBook.

We have now fully implemented process changes to ensure comparable/alternate occupations are considered at the point of new applications being received for Long Term Disability benefits, consistent with the changes in the collective agreement language (for all agreements except Nurses Bargaining Association). This change is expected to increase the numbers of employees who are able to remain at work when they become medically unable to perform their usual duties.

Implementation of the Employee Absence Reporting Line (EARL) continues, and by the end of January 42% of all employees will be using EARL to report unplanned absences from work. The phased implementation will continue at the remaining seven sites, with full implementation scheduled to have occurred by the end of May. Survey results shows an 80% overall satisfaction rate with the systems, its training and materials.

Human Resources Operation

We have fully implemented all new rotations required to align to the 37.5 hour work week language for both the Nurses Bargaining Association and the Health Sciences Professional Bargaining Association.

Organization Development and Engagement

Leader Development

Front Line Leaders (Core LINX)

Northern Health launched the Core LINX program in the Northern Interior in 2013. The Prince George cohort will complete their program next week. Evaluations to date have been

positive. The North West cohort began this week in Terrace with the Coaching with a Twist program.

Participants graduate with an integrated personal development plan that aligns with their portfolio objectives, which will be included in Performance Link, (our electronic performance planning tool).

Experienced Leaders (Experienced LINX)

Northern Health completed the fourth cohort in December. This cohort included our first physician participant and members from the Forensic Psychiatry Institute. Program participants are mid-level leaders from Northern Health, Provincial Health, and Interior Health. Our staff continue to express their appreciation that Northern Health offers them professional development opportunities of this calibre.

Senior & Executive Leaders (Transforming LINX)

The evaluations of the launch of this program have been received, assessing its impact, value, and opportunities for improvement. There was a palpable excitement when the teams made their project presentations, and there have been on-going conversations about applying research and findings arising from the Action Learning Projects (ALPs).

Northern Continuing Medical Education (CME)

A proposed sustainability plan for continued support was presented to NH Medical Advisory Committee for their review and feedback.

We are undertaking plans for a Northern Doctors Day in Smithers, in addition to planning several future conferences and workshops.

Employee Engagement

Managers and Supervisors were sent their results from the last survey with the expectation they would meet with their teams to review and discuss the results by December 31st 2013. Engagement Ambassadors have been assigned to portfolios. The Ambassadors are available to teams for supported facilitation.

Recruitment

We continue to focus our recruitment strategies on those positions which are most difficult to fill (DTF), working in partnership between the hiring manager, supported by a wide variety of tools, both electronic and in person. DTF vacancies are tracked provincially and are defined as those vacant over 90 days. Over the past year we have seen a 37% reduction in our DTF vacancies, from 74 to 47.

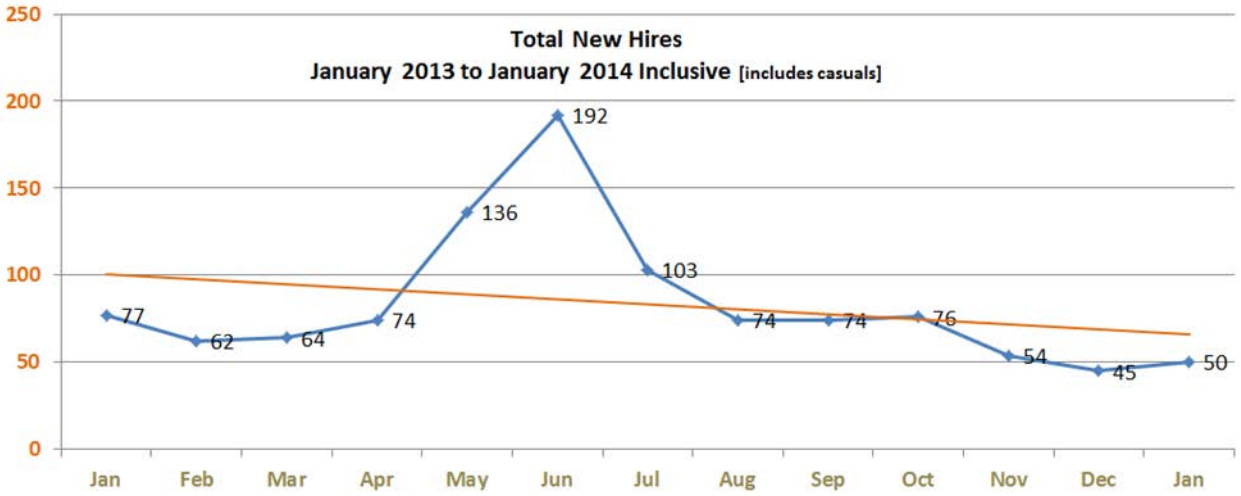
For those applicants and students from Northern B.C. the lifestyle is already understood and valued. Our focus is to engage them in the kind of work and position they are interested in

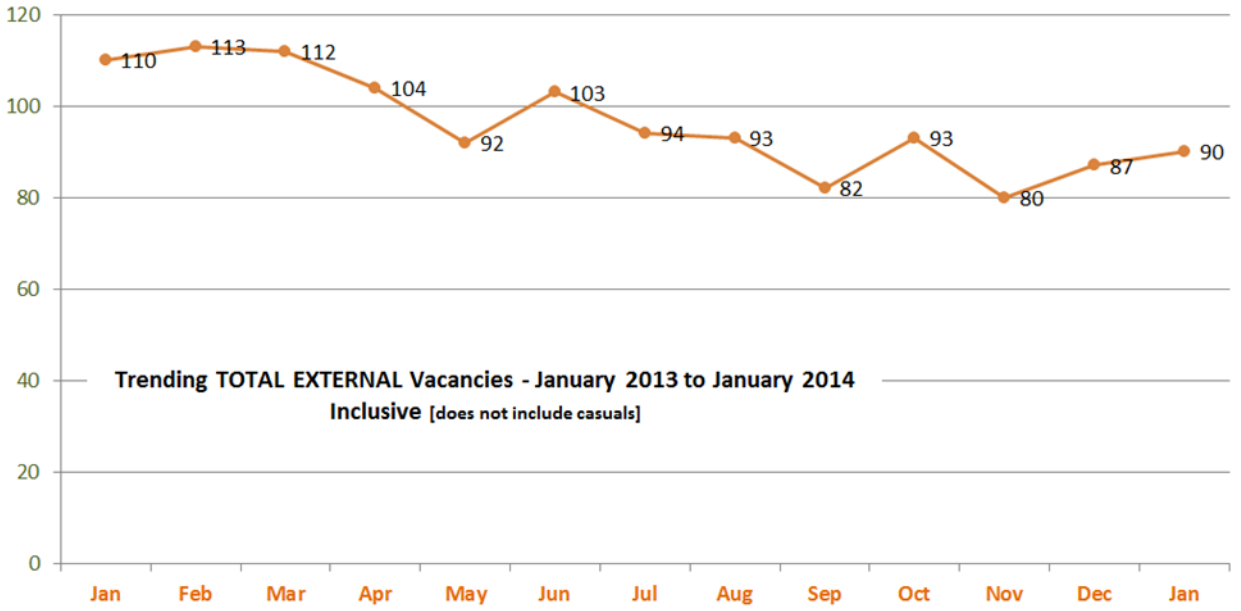
pursuing, and we work in partnership with post-secondary institutions to ensure we meet with the students of health programs on a regular basis.

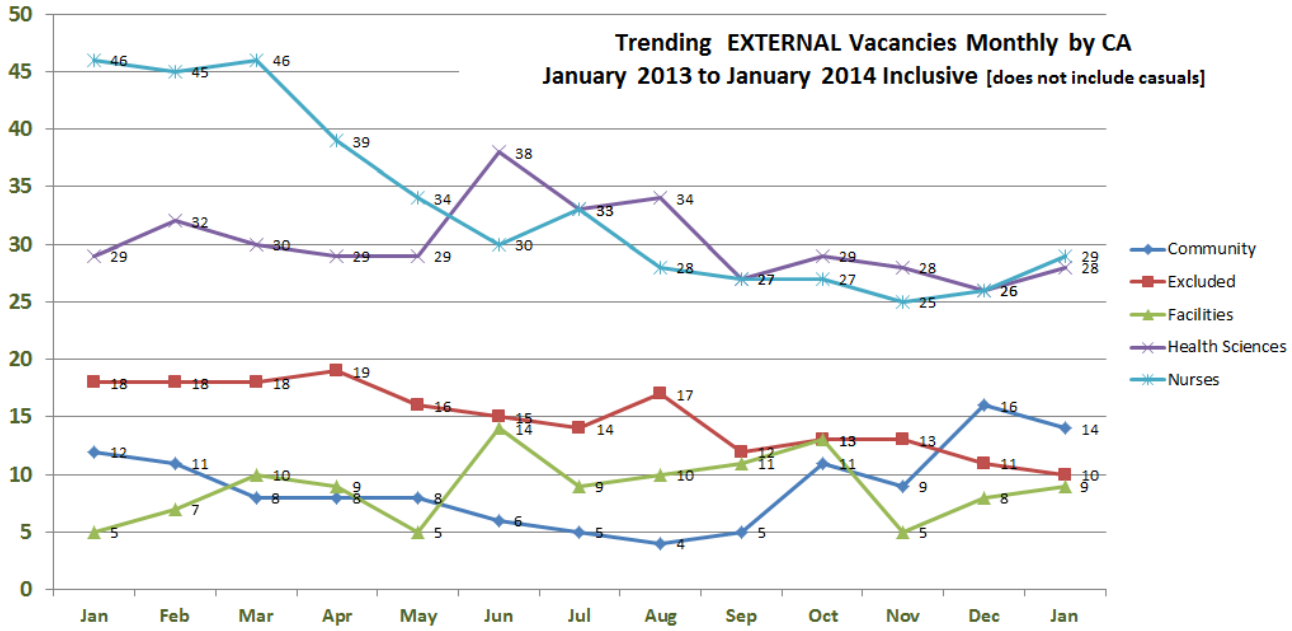
For potential candidates who do not have roots in Northern B.C., the strategies are to raise awareness of NH and what it offers. This includes multiple electronic marketing approaches, on-line information about NH and the communities of the North, and attendance at job fairs and meeting with students graduating from disciplines for which we are actively recruiting. We are growing the approach of having staff tell the stories of why they chose their role in Northern Health, as the combination of the work environment balanced with the lifestyle offered in the community are the path to success.

Local operational leadership, together with recruitment and business development support, are exploring opportunities with community and industrial partners, to identify opportunities to increase recruitment and retention of staff. We are broadening our collaboration with the K-12 school system, to improve the understanding of younger people of the many occupations within health care, and to generate their interest in pursuing health careers in their future.

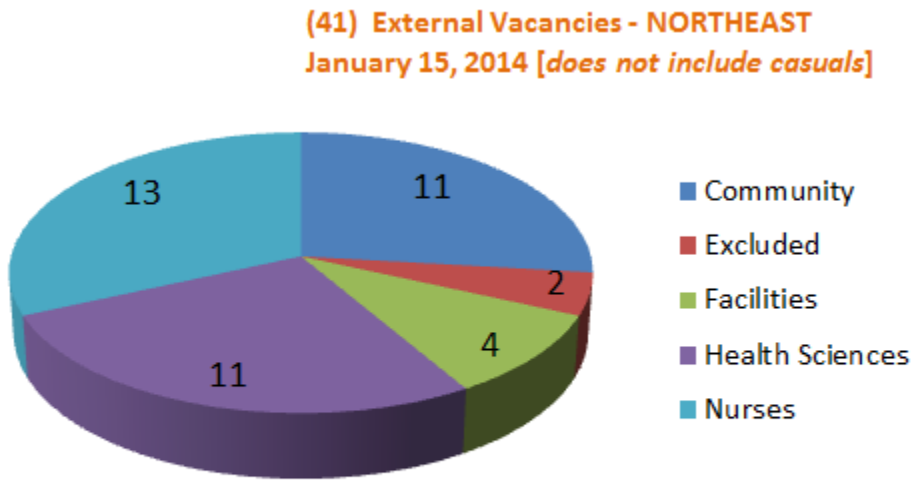
Graphs below show the trending of hiring and vacancies over the past year, followed by charts that reflect the current vacancies by health service delivery geographic area.



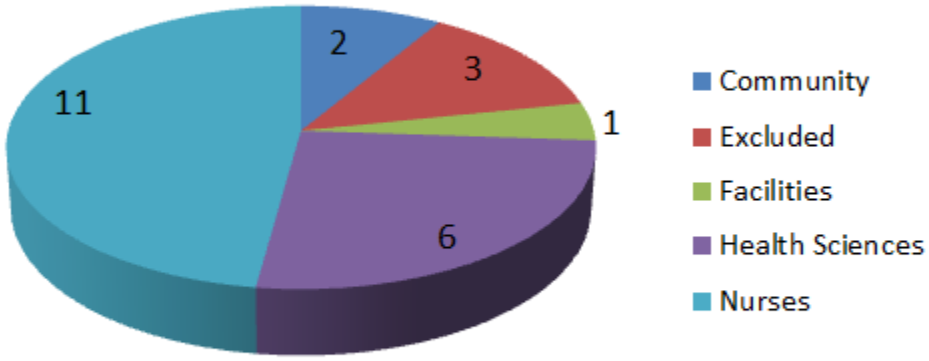




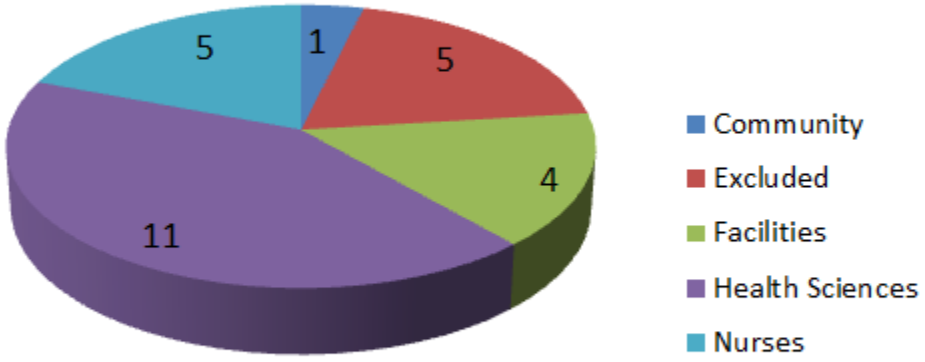
EXTERNAL VACANCIES AT JANUARY 15, 2014 = 90 (*does not include casuals*)



(23) - External Vacancies - NORTHWEST
January 15, 2014 [*does not include casuals*]



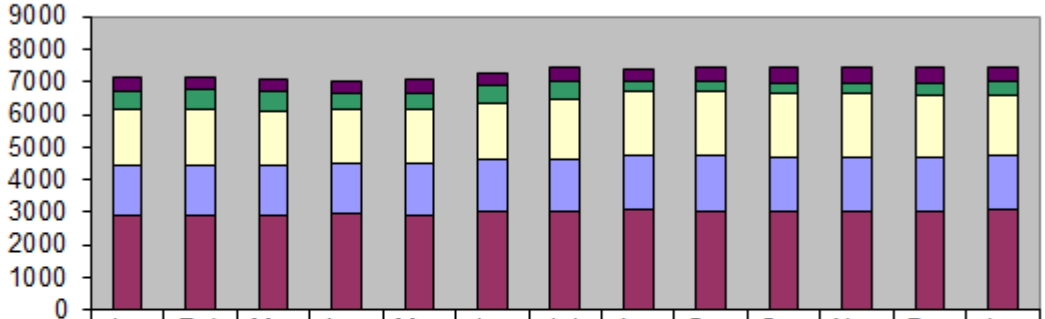
(26) External Vacancies - NORTHERN INTERIOR
January 15, 2014 [*does not include casuals*]



HRIS/Staffing

Northern Health Employee Counts by Month

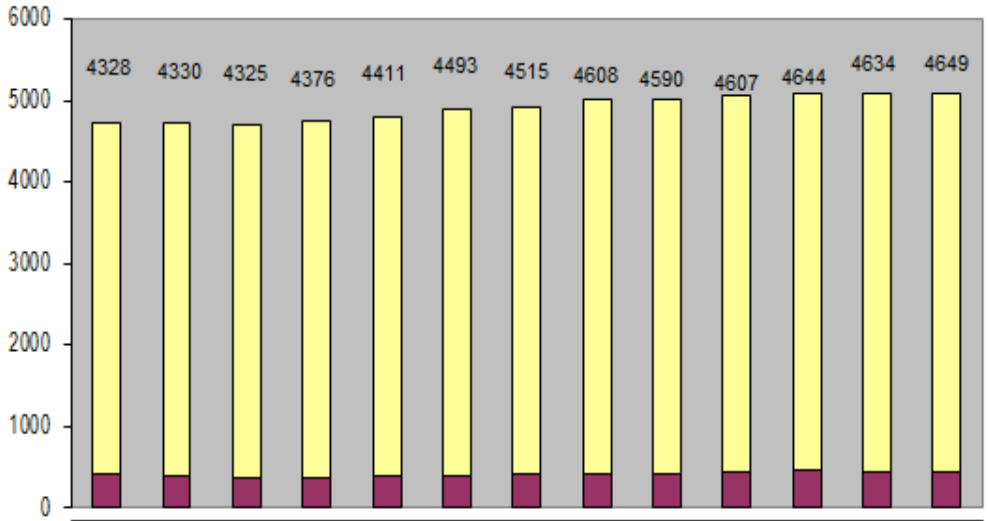
Counts are from end of each month



	Jan -13	Feb -13	Mar -13	Apr-13	May -13	Jun -13	Jul-13	Aug -13	Sep -13	Oct-13	Nov -13	Dec -13	Jan -14
Short Term Leave*	412	399	375	375	391	398	415	415	421	451	457	450	445
Multiple ID's**	571	585	596	493	507	511	522	313	329	332	308	365	396
Casual**	1742	1713	1637	1652	1654	1733	1857	1935	1975	1954	1937	1908	1869
Part time	1542	1551	1551	1575	1573	1628	1607	1657	1667	1647	1665	1654	1653
Full time	2879	2887	2905	2940	2929	3002	3023	3084	3052	3046	3046	3047	3067
Total	7146	7135	7064	7035	7054	7272	7424	7404	7444	7430	7413	7424	7430

Northern Health FTE counts by Month

Includes Full time and Part time Employees
Casuals not included
Counts are from the end of each month



	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14
FTE	4328	4330	4325	4376	4411	4493	4515	4608	4590	4607	4644	4634	4649
Short termleave*	412	399	375	375	391	398	415	415	421	451	457	450	445

Chart notes:

*Short Term Leave – Regular employees (part time or full time) that will be absent from 2 to 24 months. Reasons include, but not limited to; maternity, sick, education, LTD, WCB. These employees and their relief are included in the total FTE count

**Multiple ID's – Employees who work in more than one facility or certification have an ID for each area worked and receive a separate pay cheque for each employee ID

BOARD BRIEFING NOTE

Date:	January 17, 2014	
Agenda item:	Period 9 Financial Statement and Comments	
Purpose:	☐ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☒ **Decision**
Prepared for:	Audit & Finance Committee / NH Board of Directors	
Prepared by:	Mark De Croos, VP Financial & Corporate Services/CFO	

Year to date December 5, 2013

Year to date Period 9, revenues exceeded expenses by $1,430,000.

Revenues are favourable to budget by $4.8 million or 1.0%. Expenses are unfavourable to budget by $3.4 million or 0.7%.

Better than expected patient revenues are contributing to the favourable variance in revenues. The unfavourable variance in expenses is due to higher than expected patient activity in Acute and Residential Care.

Forecast Yearend 2013-14

At this time, Northern Health is forecasting to be in a balanced position at yearend. The yearend forecast may be impacted by the change in actuarial valuation of Northern Health's accrued long term disability obligation. The actuarial report will not be available until March/April.

Recommendation:

Motion to approve Northern Health's Period 9 financial statements, as presented.

NORTHERN HEALTH

Statement of Operations

Year to date ended December 5, 2013 (Period 9)

$ thousand

	Annual Budget	YTD December 5, 2013 (Period 9)			
		Budget	Actual	Variance	%
REVENUE					
Ministry of Health Contributions	542,410	369,050	368,798	(252)	-0.1%
Other revenues	195,080	130,705	135,750	5,045	3.9%
TOTAL REVENUES	**737,490**	**499,755**	**504,548**	**4,793**	**1.0%**
EXPENSES (BY PROGRAM)					
Acute Care	430,982	289,776	298,238	(8,462)	-2.9%
Residential Care	97,204	66,431	68,050	(1,619)	-2.4%
Community Care	56,316	38,397	35,093	3,304	8.6%
Mental Health & Substance Use	53,940	37,125	35,070	2,055	5.5%
Population Health & Wellness	39,983	27,503	25,690	1,813	6.6%
Corporate	59,065	40,523	40,977	(454)	-1.1%
TOTAL EXPENSES	**737,490**	**499,755**	**503,118**	**(3,363)**	**-0.7%**
EXCESS OF REVENUES OVER EXPENSES	**-**	**-**	**1,430**		

northern health

PROJECT SUMMARY REPORT
PERIOD 9 CAPITAL PROJECTS

Fiscal Period End Date **5-Dec-13**

Northern Health Major Projects Summary

	Project	*Meeting Scope *Yes/No*	**Scope Date Change	*On Schedule: *Yes/No*	**Schedule Date Change	*On Budget: *Yes/No*	**Budget Date Change
1	NE - DCH Nurse Call Replacement	Y		Y		Y	
2	NE - FSH Planning - Old Fort St John Hospital Asset Retirement	Y		Y		Y	
3	NI - GRB Master Planning	Y		Y	3-Jan-13	Y	
4	NI - GRB Pharmacy - Sterile Processing Room	Y		Y		Y	18-Apr-13
5	NI - BLH Lakes District Hospital & Health Centre Replacement	Y		Y		Y	12-Sep-13
6	NI - SJH Outpatient Services Renovation	Y	7-Aug-13	Y	3-Jan-13	N	8-Jul-13
7	NI - UHN Learning & Development Commons	Y		Y	10-Oct-13	Y	10-Oct-13
8	NI - UHN Mat-Child Entrance & MM Exit	Y		Y		Y	
9	NI - UHN NCCS Patient Care Services - Renovation	Y		Y		Y	
10	NI - UHN Nechako Centre Deconstruction	Y		Y		Y	
11	NW - KIT Observation (Secure) Room	Y		Y		Y	
12	NW - MMH Electrical Switchgear Replacement	Y		Y		Y	
13	NW - MMH Planning - Facility Renewal	Y		Y	10-Oct-13	Y	
14	NW - MMH Outpatient Clinic Renovaton	Y		Y		Y	
15	NW - PRR CT Suite	Y		Y	25-Jul-13	Y	
16	NW - QCC Hospital Replacement	Y		Y		Y	12-Sep-13
17	IT - NHR Data Centre Transition	N	2-Jul-13	N	3-Jan-13	Y	
18	IT - NHR Enterprise Master Person Index (EMPI) Active Integration	Y	20-Aug-13	Y	12-Sep-13	N	20-Dec-13
19	IT - NHR Regional Nutrition Systems Project (CBORD)	Y	13-Sep-12	Y	13-Sep-12	Y	13-Sep-12
20	IT - UHN SurgiNet (OR Booking & Care Documentation)	N	1-Nov-12	N	3-Jan-13	N	3-Jan-13
21	IT - NHR Transcription Redesign Implementation	N	6-Jan-14	N	6-Jan-14	N	26-Nov-13

*** Yes denotes green health indicator**
*** No denotes yellow/red health indicator**
*** Comments related to health indicators are noted below**

**** If there is a date in these columns, it indicates the date of the latest status change to no**
**** If there is no date in these columns, the yes/no status has never changed and represents original**

6	Budget vulnerable due to very small contingency.
17	Delays on infrastructure preparation
18	Some additional software requirements (a product called Websphere) were added by the Province/Cerner in December. The budget impact of this item is $412K with a 75% reimbursement from Canada Health Infoway. The net increase in the budget required is $104K. Without this additional component, we will not be able to complete the project scope and meet our requirements for this eHealth project. The budget increase is currently being requested from capital plan contingency.
20	General Electric (GE) Gateway was added to the scope, this project is now financially closing. All project funds have been committed as of December 31, 2013. There are some outstanding issues that are being resolved operationally from within ITS and UHNBC. A joint working group, with management oversight is in place to ensure the timely resolution of the remaining issues with no operational financial impact.
21	This project is currently on hold and the planned roll out is cancelled due to the lack of viability of the technology. We are working on an alternative approach with the vendor using different technology. If this is not successful, we will begin negotiations for reimbursement. The largest impact of the project cancellation will be the lost proposed operational savings projected at approximately 500k/year.

Please note that individual Project Status Reports on the above identified projects are received and reviewed in detail by Audit & Finance Committee. Detailed Project Status Reports are available upon request from the Regional Director, Capital Planning & Support Services.

When reviewing detailed dashboards, please note a system issue between fiscal and calendar reporting in the Budget to Date vs Actual to Date

Where significant updates are available this summary dashboard reflects current information up to:

northern health

COMPLETED PROJECT SUMMARY REPORT (Note 1)

Fiscal Period End Date **5-Dec-13**

Projects completed during period P9

Project	*Scope *Yes/No*	*Schedule On Time: *Yes/No*	*Budget On Budget: *Yes/No*
NE - RMC Parking Resurfacing (Rotary Manor)	Y	Y	Y
NE - DCH Master Planning	Y	Y	Y

Construction completed - Projects under financial review (Note 2)

Project	*Scope *Yes/No*	*Schedule On Time: *Yes/No*	*Budget On Budget: *Yes/No*
NE - FSJHHC Hospital & Residential Care - Equipment-Fort St John	Y	Y	Y
NI - Baker Lodge Deconstruction-Quesnel	Y	Y	Y
NE - DCDH Window Replacement - Dawson Creek	Y	Y	Y
NE - FNGH Heating Pipe Replacement Upgrade-Fort Nelson	Y	Y	Y
NW - BVDH Electrical Upgrade-Smithers	Y	Y	Y
NW - PRRH CT Scanner & Temporary Retrofit	Y	Y	Y
PSECA 1 & 2 Projects	Y	Y	Y
PSECA 3 Projects	Y	Y	Y
IT - NH SA (NACRS/Single Abstracting)	Y	Y	Y
IT - EMR Software Implementation	Y	Y	Y
NI - UHN Chiller Replacement	Y	Y	Y
NE - DCH Parking Resurfacing	**Y**	**Y**	**Y**

Projects completed during Fiscal Year 13/14

Project	*Scope *Yes/No*	*Schedule On Time: *Yes/No*	*Budget On Budget: *Yes/No*
NW - PRRH Laboratory Redesign-Prince Rupert	Y	Y	Y
NE - FNGH Pharmacy Renovations-Fort Nelson	Y	Y	Y
NE - DCDH Maternity Renovation-Dawson Creek	Y	Y	Y
NI - SJH Nurse Call Replacement	Y	Y	Y
NW - BVDH Ventilation Systems	Y	Y	Y
NW - TVL Upgrades, Existing Building-Terrace	Y	Y	Y
NI - The Pines Nurse Call Replacement	Y	Y	Y

***Comments Field: (required if "NO" selected)**

Note 1

Please note that individual Project Status Reports on the above identified projects have been received and reviewed in detail by Audit & Finance Committee. Detailed Project Status Reports are available upon request from the Regional Director, Capital Planning & Support Services.

Note 2

Financial Review is underway to assess final financial project closure related to expenses and funding sources in order to enable amortization of the asset according to generally accepted accounting principles.

Critical Care Program
6th Floor, 299 Victoria Street, Prince George, BC
Beth Ann Derksen, Executive Lead
Dr. Jan Burg, Medical Lead
(P) 250-645-6449 (F) 250-565-2640

BOARD BRIEFING NOTE

Date:	**January 23, 2014**	
Agenda item	**Critical Care Program – Update on Goal(s) and Initiatives**	
Purpose:	☒ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☐ **Decision**
Prepared for:	**Performance, Planning and Priorities Committee**	
Prepared by:	**Beth Ann Derksen – Executive Lead, Critical Care Program** **Dr. Jan B. Burg – Medical Lead, Critical Care Program**	
Reviewed by:	**Suzanne Johnston, VP Clinical Programs & CNO**	

Issue:

The Critical Care Program Leads and Advisory Council program goal(s) and initiatives update for Performance, Planning and Priorities Committee.

Background:

The Critical Care Program and Advisory Council, following the endorsement of Northern Health Medical Advisory Committee and approval of the Executive and Board, have advanced three (3) Program Goals;

1) Standardized critical care education
2) Sepsis care
3) Transfer of care documentation.

Program Goals update:

Standardized specific critical care education with the focus on emergency department and trauma education

a. January to June 2013 – 9 education courses presented with more than 175 participants. June Advanced Trauma Life Support (ATLS) course cancelled due to lack of registration

b. October 2013 to May 2014 – 10 education courses planned including two ATLS courses.

c. February 2014 Northern Health (NH) will have two (2) staff complete ATLS training. This will allow NH to independently facilitate ATLS training.

Sepsis Care

a. Point of care recognition of sepsis has been the focus for the emergency departments including ensuring every patient presenting for care has vital signs completed.
b. Canadian Triage and Acuity Scale (CTAS) education delivery model for rural sites is being explored.
c. Emergency services sites across NH now (December 2013) have access to specific laboratory blood work that is recommended internationally.
d. We are monitoring instances where we complete all components of the sepsis protocol and identifying areas where further work is needed.

Transfer of Care Documentation

a. Regional Decision Support Tool has been developed and approved. Education and training has been developed and the tool is being used at some sites in NH.
b. Implementation plans for each site are being developed

Initiatives update:

Patient Transfer Network (PTN)

a. Executive Sponsor – Penny Anguish, COO NW, has formed an internal NH PTN steering group. Steering group representation includes physicians and staff from all three Health Service Delivery Areas (HSDA) and the Executive Lead Critical Care. The work of the steering group is to ensure Patient Transfer Network (PTN) and BC Ambulance Service (BCAS) has current information on the service levels of each NH health site, and the referral and repatriation patterns for all services.
b. NH repatriation working group will liaise with PTN working group for comprehensive NH / PTN plan.
c. A review of the current Life, Limb, and Threatened Organ policy will also be conducted by the steering group.

Pandemic Planning

a. Presentation was made to Executive in June 2013 on the Ministry of Health's updated Pandemic Planning and Ethical Framework documents. Ongoing work includes working with Communications to develop a comprehensive plan to inform staff and physicians about the Ministry of Health's updates.
b. Influenza surveillance is being coordinated between Acute Care and Public Health with Ministry reporting responsibilities shared between Communication Department and Critical Care program under the leadership of Dr. Ronald Chapman.

Emergency Department (ED) Clinical Information System Electronic Medical Record (EDCIS)

a. Presentation was made to the Executive in May 2013 on the options for a clinical information system. The decision was made to proceed with a custom built system.
b. Executive Sponsor - Betty Morris, COO NE, is working with IM / IT and the Critical Care leads to develop an overview and implementation plan for presentation to the Executive. The implementation plan is currently under development.
c. UHNBC targeted plan-do-study-act (PDSA) to take place mid-January 2014 focusing on both clinical and functional aspects of the EDCIS

Pay for Performance (P4P) – Triage to In-patient bed in under 10 hours

a. Working in partnership with UHNBC Director of Care and Manger, Critical Care to review and update processes to meet the Ministry of Health's P4P target of 55% of admitted patients are in an in-patient bed in under 10 hours.
b. LEAN project undertaken by UHNBC to review access and flow in that site with multiple recommendations. The follow-up on the recommendations are being led by the UHNBC ED manager and supported by Critical Care Program.

Electronic Data Repository

a. Working in partnership with Dr. Waqar Haque at UNBC on the development of a critical care environmental scan data repository is complete. The repository will be housed on the Critical Care internal OurNH site once the site is operational and accessible to all NH staff.
b. Recognizing the ongoing need of easily accessible patient transfer information, a new project is underway to enhance the existing data repository.

Surgical Services Program
600- 299 Victoria St.
Prince George, BC
(P) 250-645-6406

BOARD BRIEFING NOTE

Date:	**January 23, 2014**	
Agenda item	**Surgical Program – Update on Goal(s) and Initiatives**	
Purpose:	**x Information**	☐ **Discussion**
	☐ **Seeking direction**	☐ **Decision**
Prepared for:	**Performance, Planning and Priorities Committee**	
Prepared by:	**Shelley Hatcher, Executive Lead Surgical Program**	
Reviewed by:	**Suzanne Johnston, VP Clinical Programs and CNO**	

Issue:

The Surgical Program Leads and Advisory Council program goal(s) and initiatives update for Performance, Planning and Priorities Committee.

Background:

The goal for the Surgical Program for Venous Thromboembolism (VTE) is that 90% of surgical, medical, and critical care inpatients with a length of stay greater than 48 hours will have a documented VTE risk assessment and/or appropriate pharmaceutical or mechanical prophylaxis (VTE is an Accreditation Canada Requirement of Practice).

Progress:

The Venous Thromboembolism protocol has been implemented in all (NH) Northern Health hospitals. To aid clinical staff, educational resources, videos, and links to pertinent documentation has been developed and made available on iPortal.

In addition, site visits by the Executive Lead have provided opportunities to assess challenges and barriers in implementing the VTE protocol, as well as, to discover best practices that can be made available to other areas within NH. The co-leadership of the Program Medical Lead will be critical in influencing physician practice as we move forward with implementation. Other activities that support implementation are:

- Providing quarterly progress results to Chief Operating Officers, Health Services Administrators, Medical Directors, and the physician and clinical leadership groups increases focus on improvement.

- Ongoing discussion with the NH Managers is essential in sustaining momentum and focus on the VTE implementation.
- The Surgical Council members review the results and act as an avenue to support and give additional encouragement to their respective clinical colleagues and staff.

Program Initiatives Update

- Recruitment of a Medical Lead is underway as Dr. Bill Simpson completed his term November 30, 2013.
- Surgical Safety Checklist (SSCL)
    - The SSCL has been operationalized in all 11 Operating Rooms in NH. The average hospital results are in the high 80 percentile and continued education and monitoring toward achieving 100% are underway
- National Surgical Quality Improvement Program (NSQIP)
        - A Medical Lead is being recruited for this program as Dr. Bill Simpson's term finished December, 2013.
        - The Surgical Site Infection rate remains in the 9th decile.
        - The following best practices are being implemented at UHNBC and will be assessed for spread to other sites
            - Kyla Bertschi, UHNBC pharmacist, is developing a standardized antibiotic chart with appropriate prophylactic antibiotics and doses.
            - All surgical nurses are completing dressing change competency packages.
            - Esophageal temperatures are being captured on select patients to more accurately reflect body temperature.
            - Ongoing surveillance of the Catheter Acquired Urinary Tract Infections (CAUTI) continues to show a reduction in Urinary Tract Infections (UTI's).
- Pay for Performance (P4P) Measures for Health Authorities. The following two pertain to the surgical program:
    - Measure - 90% percent of Hip Fracture Fixation Surgeries will be completed within 48 hours.
        - An NH hip fracture data collection site has been developed and documents all NH hip fractures that have occurred after September 1st, 2013.
        - For the months of October and November 2013, 91% and 92% of patients respectively received their surgery within 48 hours. December's rate is 71% and the major reason for delay was due to patient not being medically ready for surgery.
    - Measure - Percent of patients on the Surgical Patient Registry waiting 52 or more weeks for Elective Surgery.
        - 2013/2014 Target
            - Less than or equal to 2.0% waiting 52 weeks or longer
                - As of January 6th, 2014 Northern Health is at 3.4%. All of the long waiting patients are waiting for surgery at UHNBC.

- Education
    - Two new OR managers (Vanderhoof and Hazelton) are enrolled in the "Leadership and Management in the perioperative and medical device reprocessing area" course. This 16 week on-line course is offered through Saskatchewan Institute of Applied Science and Technology (SIAST).
    - These OR managers will be mentored by the OR manager in Smithers (exciting to be able to provide mentoring within NH).
- BC Hip Fracture Redesign project
    - UHNBC is a pilot site for a provincially supported research project to review fractured hip care throughout BC. There are 8 provincial pilot hospitals in this project.
    - A provincial working group is working on developing a standard pre and post-surgical order set, as well as, a standardized care pathway.

northern health
the northern way of caring

Planning, Quality and Information Management
#600 – 299 Victoria St.
Prince George, BC V2L 5B8
(P) 250-649-7698

BRIEFING NOTE

Date:	**January 31, 2014**	
Agenda item	**IDC Update**	
Purpose:	☒ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☐ **Decision**
Prepared for:	**Fraser Bell, VP Planning Quality & Information Management**	
Prepared by:	**Tammy Hoefer, Regional Manager IDC**	
Reviewed by:	**Fraser Bell, VP Planning Quality & Information Management**	

Issue:

This briefing note is intended to update the Board on the key activities within the IDC work plan for 2013-2015.

Research Days 2013:

The 2013 annual IDC Research Days conference was held on November 13-15 in partnership with the Canadian Rural Health Research Society (CRHRS). This partnership provided an opportunity to showcase health research in Northern BC on a national level. The conference planning committee was hoping to attract 140 participants and our final registration number was 167, well exceeding our expectations. The evaluation results were very positive, 93% of respondents indicated that they would attend next year and 89% of respondents indicated that their expectations were met. Another 11% did not respond to this particular question, however, indicated elsewhere on the survey that the conference far exceeded their expectations.

Northern Clinical Simulation Program:

The Northern Clinical Simulation Program continues to grow. There has been just under a 10% increase in usage from 2012 to 2013 (*session time by hours attached*). An explanation of session times by site is found below:

- The Fort. St. John centre did not open until midway through 2012 hence the significant increase in hours reflected in 2013.
- GR Baker has seen a decrease due to turnover in NH educator positions and difficulty in backfilling staff to allow them to participate in training. In addition, the nursing

program at the Quesnel UNBC campus completed renovations to its own low fidelity simulation centre in 2012 reducing their need to use the GR Baker site.

- The UNBC nursing program in Terrace does not have its own simulation centre therefore regularly uses the centre at Mills Memorial for student training. There has been a reduction in staff usage due to turnover in educator positions and difficulty in backfilling staff to allow them to participate in training.
- UHNBC shows a slight decrease in staff usage between 2012 and 2013. The usage hours for 2012 may be slightly skewed because of the number of initial staff training sessions we hosted when the centre became operational. The 2013 numbers are reflective of educator initiated usage.
- The requests for simulation support in sites outside of our simulation centre locations are increasing. Simulation staff travelled to Vanderhoof and Smithers to provide training and support. Vanderhoof hospital now has quarterly code management sessions booked for 2014.
- Mobile simulation hours are comprised of requests to demonstrate simulators at conferences.
- A list of specific courses and sessions being held by NH Educators, UNBC School of Nursing, and the Northern Medical program is attached for your information.

We have experienced practical challenges with incorporating simulation into education practices. The challenges are largely related to backfill of staff and physician simulation time. An additional challenge is the lack of dedicated onsite support for the use of this new technology. While the two staff we have travel regularly to the other centres, it is difficult for educators to maintain comfort with using the mannequins and software when they use it inconsistently because of the challenges identified above. We are currently piloting a distributed support model in Fort St. John where we purchase a portion of an existing FTE on site to provide minimal support for sessions taking place in the hospital.

Initial funds for the operation of the Northern Clinical Simulation program were scheduled to run out by March 31, 2014. We have been able to stretch these funds out to June 2015. Current budget projections and modeling suggests a full-use status quo resource use of $300,000 for 2014/15. Work is underway to establish a strategy and stable resource plan in alignment with external funders and NH education/QI resourcing.

A highlight for 2013 was in November when the Northern Clinical Simulation Program was the recipient of the Technology in Health care Award at the 7th Annual "Healthier You" Expo, Forum, and Awards.

UNBC/NH Steering Committee

Committee Co-Chairs, Dr. Martha MacLeod and Fraser Bell, are meeting individually with members of the committee to review the original MOU from June 2010 and the recent recommendations approved by the Oversight Committee (presented to 3P in September 2013). The purpose of these discussions is to reaffirm the intent of the MOU, provide an update on the direction of the IDC, and confirm their participation on the Steering Committee.

Knowledge Mobilization

NH and the UNBC Health Research Institute (HRI) are pursuing a partnership related to knowledge mobilization and have engaged Dr. Ian Graham to help facilitate this work. In early December, Dr. Ian Graham came to Prince George to meet with NH Executive and key staff, HRI Executive, and HRI members to gain a better understanding of the organizations knowledge mobilization needs which will inform the development of a knowledge mobilization framework, strategy, and implementation plan.

Examining Health Data

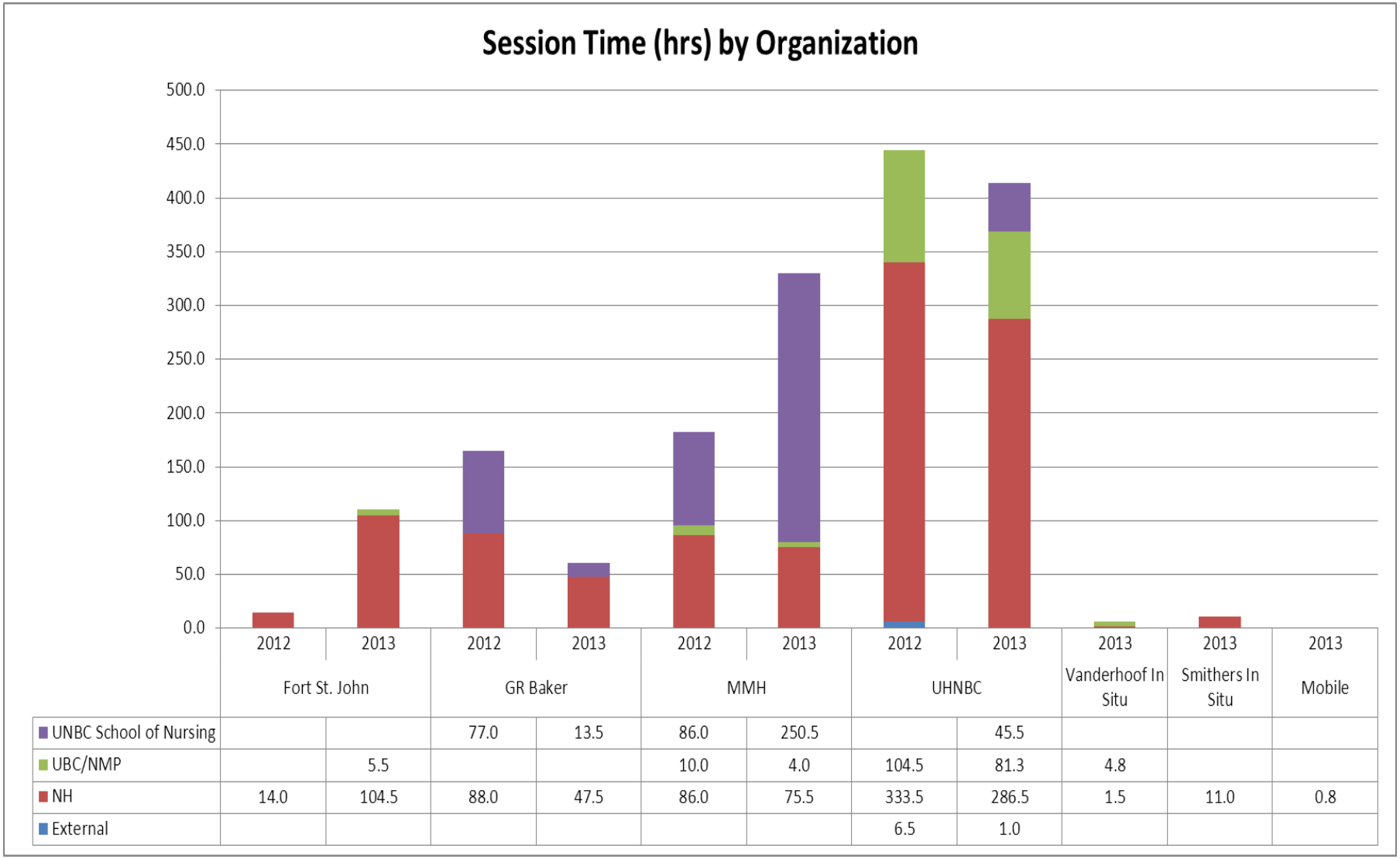
On October 24, 2013, the IDC and HRI co-hosted a discussion between health researchers and NH staff on access to health data. The discussion focused on the key questions:

- What questions do health care decision makers and managers need answered by examining health data?
- What types of questions are answered by health data?
- What are the current barriers for access to data?
- What databases will need to be accessed to answer these questions?
- What are the current protocols in place for researchers to access health data? E.g., what models can we learn more about?

This discussion only scratched the surface of the issues that need to be addressed around the collection, access, and use of health data. The HRI and NH will be continuing the dialogue and developing an action plan to start addressing some of the current challenges.

Recommendation(s):

The Board accepts this briefing note for information.



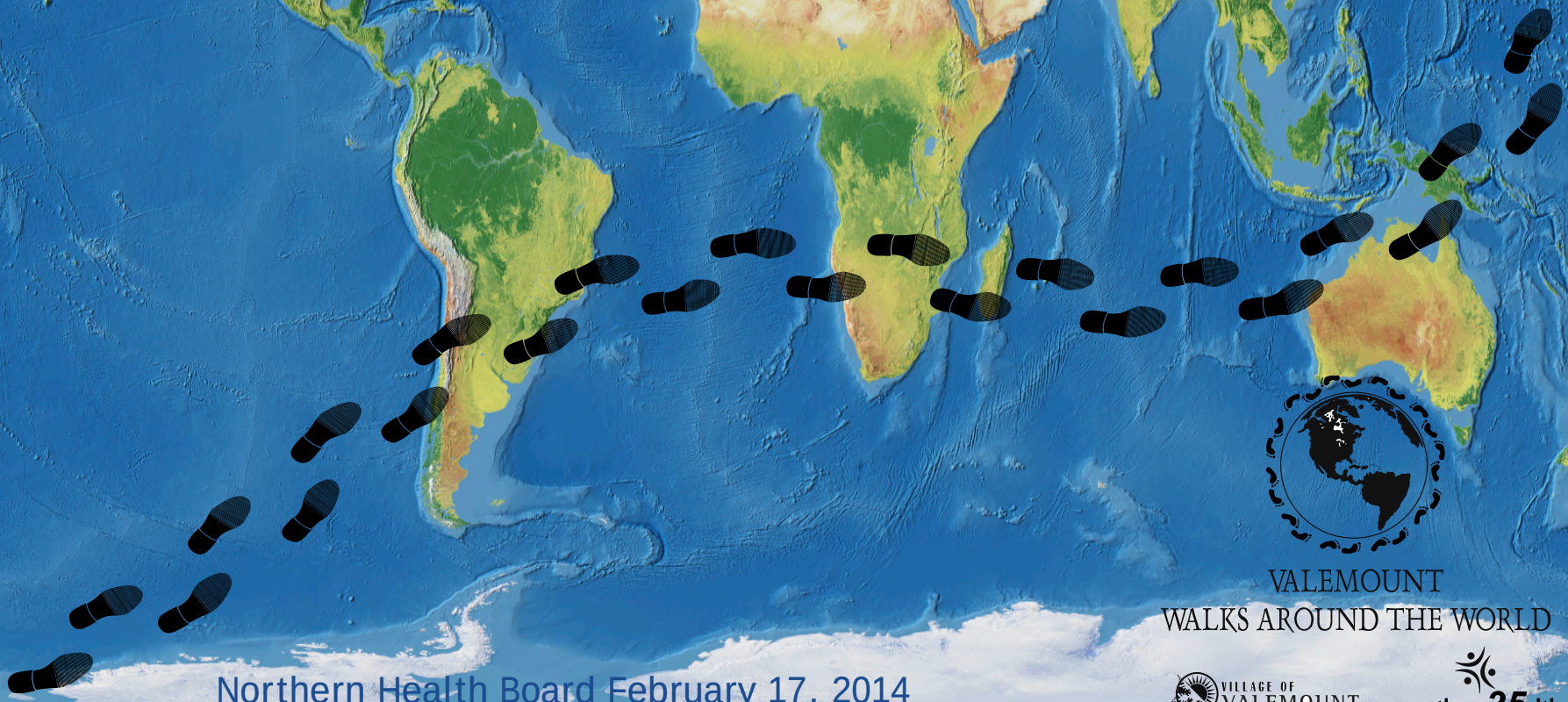
	2012	2013	2012	2013	2012	2013	2012	2013	2013	2013	2013
	Fort St. John		GR Baker		MMH		UHNBC		Vanderhoof In Situ	Smithers In Situ	Mobile
UNBC School of Nursing			77.0	13.5	86.0	250.5		45.5			
UBC/NMP		5.5			10.0	4.0	104.5	81.3	4.8		
NH	14.0	104.5	88.0	47.5	86.0	75.5	333.5	286.5	1.5	11.0	0.8
External							6.5	1.0			

UNBC School of Nursing - Event Title	UBC/NMP - Event Title	Northern Health - Event Title
321 Lab for UNBC 3rd year Maternity Nursing Students (Terrace Campus)	Airway management for CC3	ACLS Course
Assessment Practice	Med 3 Teaching	ACLS Provider Course
CNC Student Training	CC3 Pediatric	ACLS Recent
CNC X-ray skill practice session	Martina 3rd Year CC NRP	Advanced Airway Course
Code management	ATLS Sim Session	Airway management
Lab Practice		Allied Health Code Management
Masters Practice	3rd year Obs/GYNE with Noelle	ALS Code Management Orientation
Mock Code Session	Airway	Assessment Practice
NRP	Airway Management Course for ICU Conference	BCCA Code management Instructor Training
NRP - UNBC Maternity Student Training	CC3 Emerg Session	Code Management
NRP Training	CC3 Emergency Training	Critical Care Outreach Team
NURS 317 Maternity Labs	Chest Tube Practice on ALS Advanced	Discover Health UNBC
NURS 318	COPD	Emergency Drill
NURS 329	Emerg CC3 Session	Exam Mega Code PSCU - In Situ
NURS 330	Emergency Clinical Simulation for R1	Exam Mega Code PSCU - In Situ
NURS 422 OSCEs	Emergency Medicine	Fetal health surveillance
NURS 455	Emergency Medicine - Airway Management	Francine Dutton Session Planning
NURS329 Osce's	Emergency Simulation Scenarios for R1s	Home Care Nursing Days
NURS426-8 Acute Care		Hospital Nursing Orientation
Nurse 418 Lab	IM/CTU	ICU Heart Sounds
Nursing Baby UNBC	Internal Medicine CC3 and or Residents	Instructor Training
OSCE	Mock Code Session	Instructor Training - Danette Dawkin
Pediatric Nursing Simulation Labs	NMP - Chest Tube in	Instructor Training - Heather
Respiratory Assessment	NMP CC3 Maternity Simulation	Instructor Training for Setup of SimBaby
Session Planning	Noelle CC3's R1's and R4	Instructor Training Noelle Use for OBGYN and ALS with SimPad
Trauma Nursing Core Course	NRP	Instructor Training Northern Clinical Simulation

UNBC School of Nursing - Event Title	UBC/NMP - Event Title	Northern Health - Event Title
UNBC - Pran 255-CNC Integrated Nursing Practice	NRP for Residents	Instructor Training SimNewB
UNBC 426	OBS/GYNE Orientation with NOELLE	Instructor Training SimNewB
UNBC Nursing 323	Skills Practice - Airway Management	LPN Workshop Session
UNBC Nursing Lab Training	UBC Family Practice R1/R2 Clinical Simulation Session	Maternity Orientation - Noelle and SimNewB
NRP - UNBC 4th Year Nursing	UG CC3 Pediatric Simulation Session	Medicine on-site Emergency drill
	UG Pediatrics	Mobile Simulation: Vanderhoof
	UHNBC 3rd year Obs/GYNE Noelle Orientation	Mock Code
	UHNBC Airway Talk	Mock Code - Cancer Center
	UHNBC Med - Noelle Training	Mock Code - Medicine on-site Emergency Drill
		Mock Code Pediatrics
		MoreOB - Maternity Simulation
		Naso Gastric and Tube Feeding Insertion
		Neonatal Resuscitation Program
		New Grad Workshop
		New Hires, Head to Toe Assessments
		NICU - Training
		NICU Sim Drill
		Noelle Maternity
		Noelle training for NMP Staff
		NRP
		NRP - Perinatal Training
		NRP Renewal
		Nursing Orientation
		OR Skills Drills
		OR Skills Drills
		PACU Code Management
		Pediatric Special Care Unit Training
		PALS Provider Course

UNBC School of Nursing - Event Title	UBC/NMP - Event Title	Northern Health - Event Title
		Pediatric Advances Life Support
		Pediatrics Special Care Unit Training - Level 3
		Perinatal Training
		Physiotherapy Auscultation
		Practice Mega Code PSCU - In Situ
		RN Head to toe assessments
		Setting up SimNewB
		Sim Lab - Putting Theory into Practice
		Simulation day in Rehab
		Simulator Repair
		Skill Practice Session
		Skill Station - Tracheostomy Practice
		Skills Stations and Head to Toes Assessments
		SSDU Training
		Surgery - Patient Assessment and Treatment
		TNCC and CAMAN Course
		Trauma Session
		UHNBC-PSU

Valemount Walks Around the World: A Collaborative Initiative to Develop a Healthier Community



VALEMOUNT
WALKS AROUND THE WORLD

Northern Health Board February 17, 2014

VILLAGE OF VALEMOUNT

northern health
the northern way of caring

The Community of Interest

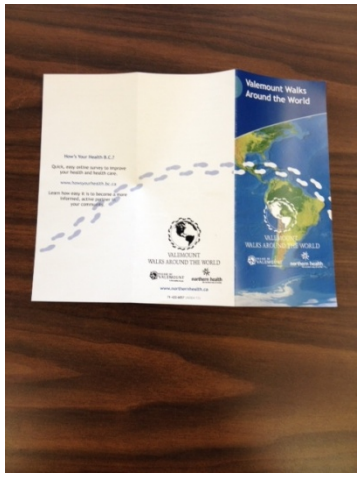
- The Partnership was established between the Village and Health Authority
- Committed Leadership
- Population Health provided education on Healthier Communities Initiative
- Reviewed the community health profile to determine needs
- Committee formed and developed Terms of Reference, membership and meeting structure. Members consist of a Physician, Public Health, Mental Health & Addiction Services, Health Service Administrator and Village Council

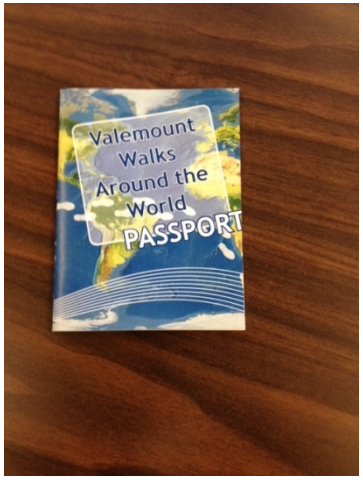
The Initiative

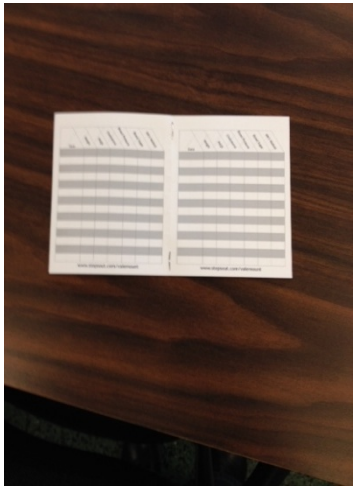
- Valemount community members set out to Walk Around the World; 49,530 kms = 65,740,092 steps
- Website development
- World map in the community
- Branding of water bottles and pedometers
- Development of pamphlet and health passport
- Registration packages (Library and Clinic)
- Communication (Facebook, posters, local media, library)
- Tracking cohort for evaluation

VALEMOUNT
WALKS AROUND THE WORLD
37

Information and Tracking







VALEMOUNT
WALKS AROUND THE WORLD
38

The Plan

- Focused Initiative
- Goals set and action plan developed
- Grant application, approved
- Community meeting to harness passion!
- Volunteers signed on
- Implementation planning began

Valemount

By Hollie Blanchette,
Village of Valemount
municipal councilor

A community working together for health

We started with a walking trail; next we walk around the world.

I am part of Valemount's Healthier Communities Committee, a four-person team, along with Dr. Stefan DuToit; Debbie Strang, Northern Health health service administrator for the Robson Valley; and Adele Ford, Northern Health public health nurse, that attacked this healthier communities program head on.

Through grant money from the Ministry of Community, Sport & Cultural Development and Columbia Basin Trust, the Village of Valemount has created a 3km walking trail in and around our downtown core called the Bigfoot Trail. It was built by a local contractor who hired local craftsmen, and we are very proud of it!

What does our trail represent? It's a safe place to walk, run, ride a bike, and push a stroller or wheelchair. It gives everyone mobility, a chance to get out of the house or office and into some clean mountain air. Go for a walk, clear your head, meet up with friends, stop for a hot chocolate, window shop and get some exercise, for both the mind and body.

As a small community with a population under 2,000, it is wonderful to provide this trail for our citizens and visitors. Placed in a walking loop past shops, parks and wonderful views of the mountains, it can be enjoyed all year round and it's free. All you need is a comfortable pair of footwear.

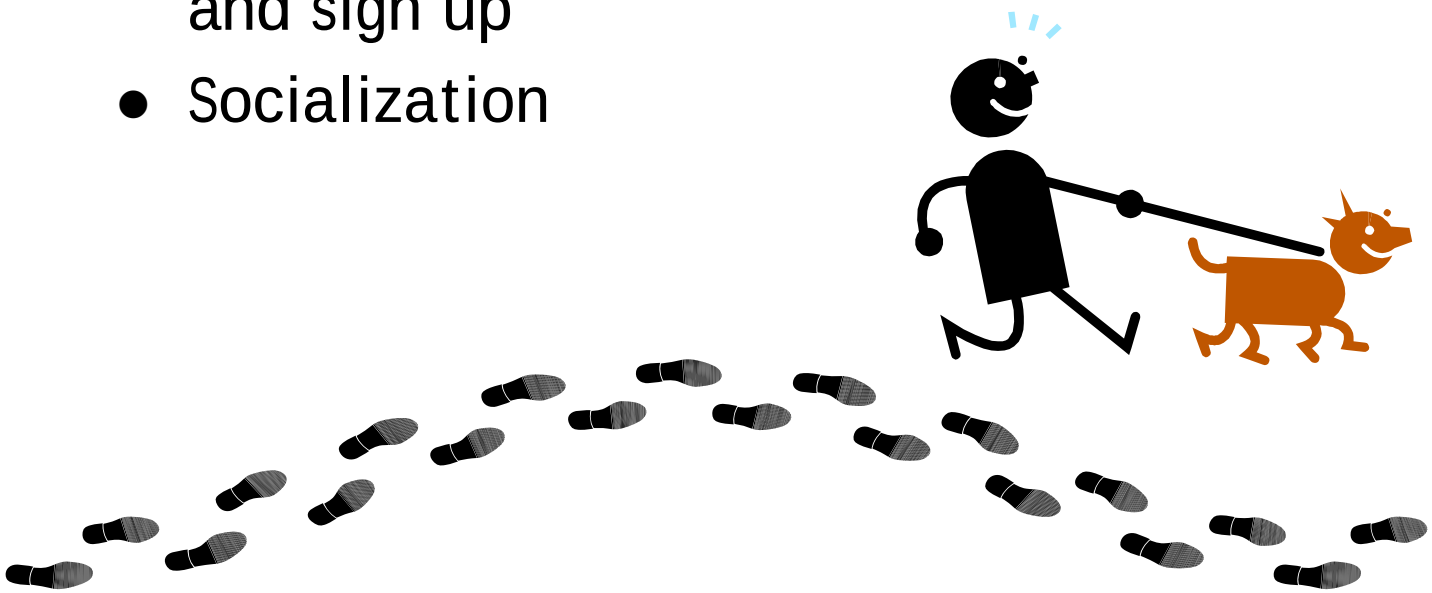
Our committee is not stopping there though. Our next project is to get the whole community together to walk around the world. We want to encourage as many citizens to get on board and sign up for this fantastic adventure. Everyone will be given pedometers to track their mileage, and we'll record statistics on everyone in order to track their medical improvement. The entire trip will be tracked on a large scale map in the center of town for all residents to be involved.

Can this venture improve people's blood pressure? Can we drop some unhealthy weight? Can we clear our minds of all the day-to-day clutter? Yes we can! Under medical supervision, we will strive to be the healthiest community we can be. Remember, mind health is just as important as physical health. They go hand-in-hand and together the Village of Valemount will be a healthier community. ■

VALEMOUNT
WALKS AROUND THE WORLD
39

Implementation

- Registration and Poker Walk – May 4 2013
- 78 Registrants
- Tables for Problem Gambling and Men's Health information, Blood Pressure Clinic
- Volunteers for route prep, refreshments, decorations and sign up
- Socialization



VALEMOUNT
WALKS AROUND THE WORLD
40

Valemount Walks

- Website registration and logging of steps began
- Worked through Pedometer challenges
- Facebook page – volunteers are updating regularly
- 1st person to reach
  1 million steps

VALEMOUNT
WALKS AROUND THE WORLD
41

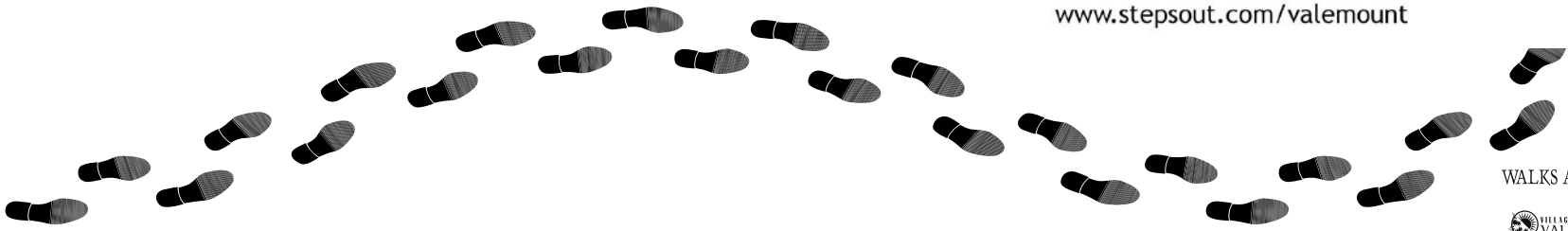
Maintaining Momentum

- Facebook community of walkers
- Indoor walking began January 28th 2014 and is ongoing
- Some patients that participated were from the COPD DIGMA
- 19 registrants and the Physician attended
- Events – buddy system, being active throughout whole day
- Of the population of 1,020 people, 94 have registered (10%) and have taken collectively 48,332,011 steps equaling 36,615 kms
- Long term goal is 30 %

VALEMOUNT
WALKS AROUND THE WORLD
42

Evaluation

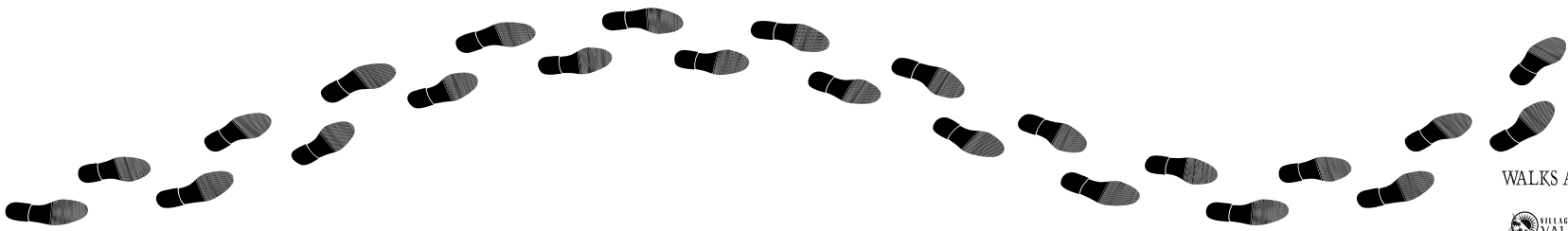
- 6 Patients being tracked bi-annually
  - 4 lost weight
  - 4 reduced their PHQ-9
  - 5 lowered their blood sugar
  - ER visits were reduced from 9 visits to zero
- 1 Patient has taken lead role
- Peer driven
- The first Annual Report on impact and lessons learned was completed



VALEMOUNT
WALKS AROUND THE WORLD
43

Impact

- Community connection
- Local collaboration – Robson Valley
- Immense enthusiasm
- Shared leadership
- Community empowerment spread to McBride



VALEMOUNT
WALKS AROUND THE WORLD
44

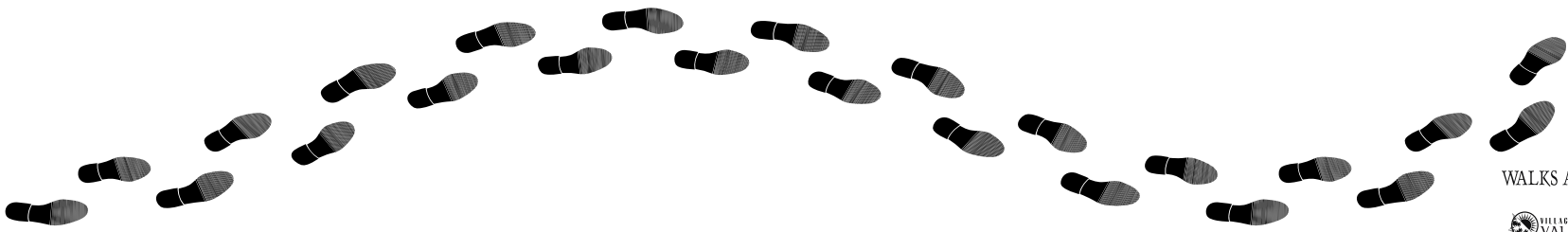
Conclusion

Collaboration + Partnerships = Healthier Community

- Collaboration is working together to share resources and ownership
- Partnerships help to build capacity in the community to promote healthy living

If you want to go fast, go alone.
If you want to go far, go together.

African Proverb



VALEMOUNT
WALKS AROUND THE WORLD
45

Questions

- Hollie Blanchette, hblanchette@valemount.ca
- Debbie Strang, debbie.strang@northernhealth.ca

VALEMOUNT
WALKS AROUND THE WORLD
46

DIRECTOR LIABILITY V1 – NO CHANGES **BRD 510**

Members of the Board of Directors of Northern Health (the "Board") act both as agents of Northern Health and as directors of Northern Health's assets. Directors[1] are responsible to act only within the authority given to them by governing legislation, regulations and policy, and Northern Health's by-laws. Directors are expected to exercise the care, diligence and honesty expected of a reasonable person, in similar circumstances.

Individually and as a group, Directors are exposed to actions under common law, civil law and, in some cases, criminal law. To reduce the risk of litigation for Directors, protection is provided by legislation, the *Health Authorities Act* and the Health Care Protection Plan's (HCPP) Directors' and Officers' Liability and Corporate Reimbursement Agreement.

The *Health Authorities Act* provides protection under Section 14 as follows:

> Liability of members
>
> **14** (1) No action for damages lies or may be brought against a member, officer or employee of a board because of anything done or omitted in good faith
>
> (a) in the performance or intended performance of any duty under this Act, or
>
> (b) in the exercise or intended exercise of any power under this Act.

The Directors' and Officers' Liability and Corporate Reimbursement Agreement is provided by the Health Care Protection Program (HCPP) through the Risk Management Branch, Ministry of Finance. Covered parties include Directors of Northern Health.

Coverage is provided for a Director for all loss resulting from a claim for a wrongful act arising solely out of their duties. Examples of exclusions to this coverage include: any act, error or omission resulting from a Director failing to act honestly and in good faith in the best interest of Northern Health; any act, error or admission outside the course of the Director's duties with Northern Health; or any loss arising out of a dishonest, fraudulent, criminal or illegal act or omission of a Director. However, for the purposes of this exclusion, knowledge possessed by any one Director shall not be imputed to any other.

[1] A Director is defined as: any person, who was, now is or shall become a duly elected or appointed Director of Northern Health, while acting within the scope of his/her duties as a Director of Northern Health.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): February 19th 2013 (R)

If a director *knowingly* acts outside this authority, those actions may be invalid (doctrine of *ultra vires*[2]) and in some instances a Director may be held personally liable for the adverse consequences resulting to Northern Health.

[2] Ultra vires is a Latin phrase meaning literally "beyond the powers". If an act requires legal authority and it is done with such authority, it is characterised in law as intra vires (literally "within the powers"). If it is done without such authority, it is ultra vires. Acts that are intra vires may equivalently be termed "valid" and those that are ultra vires "invalid".

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): February 19th 2013 (R)

~~PROCESS FOR RECEIVING PUBLIC CONCERNS / COMPLAINTS &~~ PROCESS FOR DIRECTORS TO RAISE PUBLIC CONCERNS V3

BRD 530

Introduction

The purpose of this policy is to ensure that a clear process exists by which Directors of the Board of Northern Health (the "Board") may direct concerns or complaints received by them from members of the public, or concerns of their own, to the office of the President and Chief Executive Officer (the "CEO") for investigation, and to be assured of a timely and appropriate response. There is a distinction between administrative complaints and complaints involving clinical or patient care issues.

Process

A. Administrative Concerns & Complaints

a) ~~Public Concerns & Complaints~~From the Public

The Director shall forward concerns or complaints of an administrative policy or process nature requiring investigation to the Executive Assistant to the CEO/Board with a copy of the correspondence, *or* by providing a brief description of the complaint if received verbally. The Director shall ensure that contact information for the complainant is provided in order to ensure a prompt response.

Where it is unlikely that the concern/complaint can be resolved within one week, the CEO or designate will forward a written acknowledgment to the individual making the complaint, indicating that the concern/complaint is under review and will be responded to as soon as possible. A copy of this acknowledgment will also be provided to the Board Chair and to the entire Board at the next Board meeting.

b) ~~Director Concerns~~From Directors

A Director may have occasion to raise concerns, whether in their role as a member of the Board or as a member of the public.

If the Director has concerns about a fellow Director or the CEO he/she shall first have a discussion with the Board Chair. If the concern is about the Board Chair the Director shall first have a discussion with the Board Vice-Chair and the CEO.

If the concern is about a Northern Health staff member or service, a physician, or any other matter dealing with the operation or management of Northern Health, the Director shall first raise their concern directly with the CEO either verbally or in writing. The same timely process for response as delineated under '~~Public Concerns & Complaints~~From the Public' shall be followed.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): February 19th 2013 (R)

~~When the review is complete, the CEO will ensure that a written response is provided to the complainant with a copy again being provided to the Board Chair and to the entire Board at the next Board meeting.~~

Directors should not raise issues of this nature at Committee or Board meetings until there has been appropriate opportunity for proper advance investigation or preparation by the CEO and management that could lead to timely resolution.

B. Clinical or Patient Care/Safety Concerns & Complaints

Some complaints or incidents may involve legal risks related to standards of care or injury/harm resulting from the activities of Northern Health. Communications on these issues will be managed by the CEO through staff responsible for risk management to ensure compliance with the adverse event reporting procedures and to meet the requirements of Northern Health's insurer.[1]

Complaints from patients are governed by the Patient Care Quality Review Board (PCQRB) Act and follow provincial processes outlined in Ministerial Directives and are handled through the Northern Health Patient Care Quality Office (PCQO).

Directors receiving complaints from patients or patient representatives shall forward such complaints to the Executive Assistant to the CEO/Board with a copy of the correspondence, or by providing a brief description of the complaint if received verbally. The Director shall ensure that contact information for the complainant is provided in order to ensure a prompt response.

Communications on these issues will be managed by the CEO through staff responsible for the PCQO to ensure compliance with legislation and provincial process and to liaise with risk management if needed.

Reporting to the Board will depend on the nature of the complaint. Reports may be made through the CEO Report, as a separate Board or Board Committee agenda item, as a Section 51 follow-up through the 3P Committee, or as determined by the CEO.

[1] DST 4-2-1-030-P Health Care Protection Program (HCPP): Reportable Incidents https://iportal.northernhealth.ca/CorporateResources/policies/NH%20DSTs/4-Corporate%20Admin/4-2-0-Risk%20Management/4-2-1-Claims%20Management/4-2-1-030-P.pdf

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): February 19th 2013 (R)

ORGANIZATION AND PROCEDURE BYLAWS V1 [MOH ADVISES NO CHANGES REQUIRED]

BRD 600

Highlighted sections for Board review/information

DEFINITIONS

1.1 In these bylaws

a. "Act" means *Health Authorities Act*, and the regulations made there under.

b. "Board" means Northern Health Authority as designated pursuant to the Act and, as the context requires, also refers to the full board of Members for the Northern Health Authority (the "Board").

c. "Bylaws" means the bylaws of the Board.

d. "Chief Executive Officer" means the President and Chief Executive Officer engaged by the Board to manage its affairs (the "CEO").

e. "Health Facility" means the facilities, agencies or organizations by or through which the regional services (as defined in the Act) are provided for the Region.

f. "Health Services" means those services which the Board has agreed to manage or undertake through an agreement with the Province of British Columbia, and includes Housing Services.

g. "Housing Services" means the acquisition, construction, holding, owning, supplying, operating, managing and maintaining of housing accommodation and incidental facilities.

h. "Member" means a person appointed to the Board, by the Minister, pursuant to Act and in accordance with Ministry policy from time to time.

i. "Minister" means the Minister of Health of the Province of British Columbia.

j. "Other Acts" means all other statutes which pertain to the management and operation of the Health Services for which the Board has been delegated authority by the Minister and the regulations made there under.

k. "Ordinary Resolution" means a resolution passed by a simple majority of the persons entitled to vote who are present in person, by telephone or by videoconference at a meeting of the Members.

l. "Special Resolution" means a resolution passed by a majority of 2/3 or more of the persons entitled to vote as are present in person, by telephone or by videoconference at a meeting of the Members of which notice specifying the intention to propose the resolution as a Special Resolution has been duly given.

m. "Region" means the region designated for the Health Authority as determined pursuant to the Act.

Author(s): Ministry of Health Services; Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): February 19th 2013 (r)

1.2 The definitions in the Act on the date these bylaws become effective apply to these bylaws.

1.3 In these bylaws, words importing the singular include the plural and vice versa.

ARTICLE 2 - NORTHERN HEALTH AUTHORITY

2.1 **General** - The Board shall have the powers and purposes as are set out in the Act and as defined in these bylaws and in the Other Acts, and the property and affairs of the Board shall be managed by the Board in which shall be vested full control of the assets, liabilities, revenues and expenditures of the Board.

2.2 **Contracts and Agreements** - The Board may by Ordinary Resolution designate that orders and other contracts which exceed a stated monetary limit may only be entered into on written authority of the Board. Additionally all contracts for the acquisition or disposal of real property shall be authorized by Ordinary Resolution. In respect of orders or contracts not involving real property or which cost or involve sums less than the amounts specified or limited by the Board, the CEO and other senior staff designated by the CEO shall have the power to make such orders and contracts on behalf of the Board.

2.3 **Banking** - The banking business of the Board shall be transacted with such banks, trust companies, or other firms or bodies corporate as the Board may designate, appoint or authorize from time to time and all such banking business, or any part thereof, shall be transacted on the Board's behalf by such one or more Officers or other persons as the Board may designate, direct or authorize from time to time and to the extent thereby provided.

2.4 **Board to Govern Operations** -The Board may make rules and regulations governing its operations and the operations of the Health Facilities, which are not inconsistent with the Act, the Other Acts, or the provisions of these bylaws.

ARTICLE 3 - MEMBERS

3.1 **Appointment of Members** - Each Member will be appointed by the Minister to the Board in accordance with the Act.

3.2 **Vacancy on Board** - The Board will advise the Minister if a vacancy occurs on the Board for any reason.

3.3 **Nominations for Board** - The Board may provide the Minister with recommendations for new Members of the Board.

3.4 **Remuneration for Members** - Members shall be entitled to such remuneration as the Minister shall determine but in no event shall Members be entitled to receive remuneration in connection with duties related to Housing Services. Members shall be entitled to be paid reasonable expenses in connection with the performance of their duties. No part of the income of the Authority shall be otherwise available for the

personal benefit of any Member. The latter provision is unalterable. [this is covered in greater detail in Board Policy BRD 610 – Director Compensation…]

ARTICLE 4 - OFFICERS

4.1 **Chair** - The Minister will designate the Chair of the Board.

4.2 **Other Officers** - The Board may elect such other Officers for such other terms of office as the Board may determine and may fill vacancies in such offices as the Board shall determine.

4.3 **Secretary** - The CEO shall be the Secretary to the Board unless the Board otherwise determines[1]. The appointment of the CEO to hold office does not entitle the CEO to be a Member, nor to vote at meetings of the Board or any of its committees.

4.4 **Officers** - The Board may decide what functions and duties each Officer will perform and may entrust to and confer upon such Officer any of the powers exercisable by the Board upon such terms and conditions as they think fit and may from time to time revoke, withdraw, alter or vary any of such functions, duties and powers.

ARTICLE 5 - COMMITTEES OF THE BOARD

5.1 **Committees** - The directors may appoint one or more committees consisting of such member or members of the Board as they think fit and may delegate[2] to any such committee any powers of the Board; except, the power to fill vacancies in the Board, the power to change the membership of or fill vacancies in any committee of the Board, and the power to appoint or remove Officers appointed by the Board.

5.2 **Procedures of Committees** - All committees may meet and adjourn as they think fit. A quorum for any Board Committee meeting will consist of two or more members of the Board. All committees will keep minutes of their actions and will cause them to be recorded in books kept for that purpose and will report the same to the Board at such times as the Board requires. The Board will also have power at any time to revoke or override any authority given to, or acts to be done by, any such committees except as to acts done before such revocation or overriding, and to terminate the appointment or change the membership of a committee and to fill vacancies in it. Committees may make rules for the conduct of their business[3]. The CEO will act as official secretary for all Board Committees and through consultation with the Chair of the Committee, delegate this task as appropriate[4].

---

[1] BRD160-Terms of Reference for Corporate Secretary indicates the Regional Director – Board and Administration Services fulfills this role.
[2] It is the practice of the Northern Health Board not to delegate powers of the Board to a Committee except in rare and well defined circumstances.
[3] It is the practice of the Northern Health Board that Terms of Reference and Work Plans of Committees must be approved by the Board.
[4] BRD160-Terms of Reference for Corporate Secretary indicates the Regional Director – Board and Administration Services fulfills this role.

Author(s): Ministry of Health Services; Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): February 19th 2013 (r)

ARTICLE 6 – MEETINGS OF THE BOARD

6.1 **Proceedings** - The Board shall meet at such times and as frequently as the Board shall determine. At the discretion of the Board, part or all of the proceedings of the Board at a Board meeting may be open to the public, but the Board shall exclude the public from a meeting or portion of a meeting if the Board considers that, in order to protect the interests of a person or the public interest, the desirability of avoiding disclosure of information to be presented outweighs the desirability of public disclosure of that information.

6.2 **Quorum** - The quorum for any meeting of the Board shall be a majority of the Members of the Board[5].

6.3 **Participation by Telephone and Other Means** - A Member may participate in a Board meeting or committee meeting by telephone call or videoconference and is not required to be physically present to be counted as part of the quorum.

6.4 **Notice** - Notice of each meeting of the Board shall be given to each Member in writing or by fax or email delivery. Notice of committee meetings shall be reasonable notice in the circumstances.

6.5 **Right to Vote** - Each Member is entitled to vote at all meetings of the Board.

6.6 **Number of Votes** - Each Member, including the Chair, is entitled to one vote.

6.7 **Method of Voting** - Voting in a committee meeting or a Board meeting is by a show of hands unless determined otherwise by the Board for a particular resolution or to accommodate a Member participating by telephone call or video conference.

6.8 **Adjourned Meeting for Lack of Quorum** - In the event a meeting of the Board cannot be held due to a lack of quorum such meeting shall have been deemed to be adjourned to a future date set by the Members present at the meeting. The date of adjourned meeting shall allow sufficient time for notice of adjournment to be given to all Members. There shall be no quorum requirements for the holding of an adjourned meeting.

6.9 **Rules of Procedure** - Except where otherwise provided by the Board or these bylaws all matters of procedure at any meetings of the Board shall be decided in accordance with the most recently revised edition of Roberts Rules of Order.

6.10 **Appoint Chair** - The Chair or in his or her absence, the Deputy Chair, shall preside as Chair at every meeting of the Board.

6.11 **Consent Resolutions** - A resolution in writing signed by all Members shall be valid and effectual as if it had been passed at a meeting of the Members duly called and constituted. Consent resolutions may be validly passed by execution by Members, delivered in counterparts and by facsimile.

[5] 50% is a majority for the purpose of quorum.

Author(s): Ministry of Health Services; Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): February 19th 2013 (r)

6.12 **Ordinary Motions** - All ordinary motions will be approved by a simple majority of members present and eligible to vote.

ARTICLE 7 – LIABILITY AND OBLIGATION OF MEMBERS/OFFICERS

7.1 **No Action** - No action for damages lies or may be brought against a Member or Officer because of anything done or omitted in good faith:

a. in the performance or intended performance of any duty under the Act or Other Acts; or

b. in the exercise or intended exercise of any power under the Act or Other Acts.

7.2 **Disclosure of Interest** [also covered in greater detail in BRD 210 – Code of Conduct…]- A Member or Officer who is, directly or indirectly, interested in a proposed contract or transaction with the Board shall disclose fully and promptly the nature and extent of his or her interest to each Member and have such disclosure recorded in the minutes of the next meeting of the Board.

7.3 **Indemnity** [also covered in greater detail in BRD 510 – Director Liability] - Subject to the provisions of the Society Act (BC), which is applicable pursuant to Order in Council #1236 under the Act, a Member of the Board of Directors of the Northern Health Authority and his or her heirs, executors, administrators and assigns may be indemnified against all costs, charges and expenses including any amount paid to settle an action or satisfy a judgment, actually and reasonably incurred by an indemnity in a civil, criminal or administrative action or proceeding to which such a Member is made a party by reason of being or having been a member of the Board, including any action brought by the Board if:

a. the Member acted honestly and in good faith with a view to the best interests of the Board; and

b. in the case of a criminal or administrative action or proceeding, the Member had reasonable grounds to believe his or her conduct was lawful.

ARTICLE 8 - CORPORATE ADDRESS

8.1 **Corporate Address** -The Board will maintain one corporate address where all communications and notices are to be sent or delivered, and will advise the Minister of any change of corporate address.

ARTICLE 9 - EXECUTION OF DOCUMENTS

9.1 **Authority to Execute** - All documents and contracts of the Board may be executed on behalf of the Board by the CEO or senior executives of the Board who are authorized by the CEO, provided that, in those instances in which the written authority of the Board to such document or contract is required under the terms of bylaw 2.2, the

Author(s): Ministry of Health Services; Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): February 19th 2013 (r)

Chair or another Member designated by the Chair shall also execute the document or otherwise signify in writing the express consent of the Board to the execution of the document or contract on behalf of the Board.

9.2 **Routine Correspondence and Appointments** - In the absence of the Board Chair the CEO shall be empowered to execute on behalf of the Board routine correspondence and medical staff applications and appointments.

ARTICLE 10 - ADOPTION OF BYLAWS AND AMENDMENTS

10.1 **Special Resolution Required** - The bylaws may only be amended by Special Resolution.

10.2 **Ministerial Approval** - Bylaws and amendments to the bylaws are subject to the Minister's approval.

10.3 **Members to have Copy** - Every Member shall receive a copy of every bylaw of the Board upon request.

Author(s): Ministry of Health Services; Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): February 19th 2013 (r)

DIRECTOR COMPENSATION AND EXPENSE GUIDELINES V2 **BRD 610**

BOARD REMUNERATION

Introduction

The purpose of this policy is to ensure that there is a clear description of the amounts payable to members of the Board of Directors of Northern Health (the "Board") for their time while discharging their duties on behalf of Northern Health[1]. The policy also addresses reimbursement of expenses.

Annual Retainers

The annual retainer portion of Board remuneration is meant to compensate Directors for their time and expertise outside of Board and Board Committee meetings, including but not limited to attendance at Northern Health related meetings and functions other than Board or Board Committee meetings, reading in preparation for Board and Board Committee meetings, and the first two hours of travel to or from Board or Board Committee meetings etc.

- Chair $15,000
- Director $ 7,500
- Audit & Finance Committee Chair $ 5,000
- Other Committee Chairs $ 3,000

Note: Committee Chair retainers are in addition to Directors' retainers.

Payment for Attendance at Board and Committee Meetings

Directors attending Board or Board Committee meetings will be compensated as follows:

- For meetings in excess of 4 hours duration $500
- For meetings of 4 hours or less duration $250

No distinction will be made between participation in person, by videoconference or by teleconference or such other mode that permits an appointee to hear, and be heard by, all other participants.

Travel Time Compensation

Travel time to and from Board and Board Committee meetings is reimbursed at the rate of $62.50 per hour, or part thereof, but not including the first two hours of travel in each direction.

[1] This document conforms to Treasury Board Directive 3/11 dated December 16, 2010.

Author(s): Ministry of Health Services; Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): February 19th 2013 (R)

Travel time shall be calculated from the Director's normal place of residence. Exceptions will be handled on a case by case basis in consultation with the Corporate Secretary and/or Board Chair.

Maximum Daily Compensation
Compensation for Board and Board Committee meetings and associated travel time will not exceed $500 in total in a 24-hour day.

Annual Compensation Limits[2]

- Chair $45,000
- Director $22,500
- Audit & Finance committee chair $27,500
- Other board committee chairs $25,500

Expense Reimbursement
Expenses are reimbursed to Directors for out of pocket expenses paid by Directors while conducting Board business. Expense reimbursement is not included within the annual compensation limits.

Directors are reimbursed for transportation, accommodation, per-diem meal and out-of-pocket expenses incurred in the course of their duties in accordance with Treasury Board directives[3]. Expense claims, other than per-diem allowances, must be supported by receipts.

Transportation and accommodation arrangements should be based on overall economy and efficiency, balancing the travel costs with the director's time commitments and travel safety. All air travel is to be booked utilizing economy class airfares and, wherever possible, arrangements should be made to obtain early booking discounts. If a Board member chooses ground transportation over air travel, the mileage compensation claimed should be less than or equal to the cost of an economy class air fare.

Preferred government rates should be used for accommodation and car rentals whenever possible.

Subject to prior approval by the Board Chair, a director attending a conference or professional development activity will be reimbursed for the registration fee and expenses on the same basis as other travel on Northern Health business.

[2] The sum of retainer plus meeting fees and travel time
[3] Board members are reimbursed using the same rates payable to Northern Health non-contract staff, which is also consistent with Treasury Board guidelines.

Author(s): Ministry of Health Services; Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): February 19th 2013 (R)

Payment

Payment of Board and Board Committee meeting fees, and travel time, will be processed by the Corporate Secretary based on attendance confirmed in Board and Committee meeting minutes.

Reimbursement of expenses will be made to Directors upon submission of approved Board Member Expense Claim Forms. All claim forms are to be submitted to the Corporate Secretary for processing[4].

The annual retainer is pro-rated and paid on a monthly basis. All payments to ~~the Chair or a~~ Directors are made through the Northern Health payroll system by direct deposit.

The annual retainer, meeting fees, and compensation for travel time are subject to statutory deductions and are taxable as employment income. Expense reimbursement is not subject to statutory deductions.

[4] Claims must be submitted on a timely basis after expenses are incurred. Directors are further requested to take note of the March 31st fiscal year-end. Claims will be processed for payment within 7 days of receipt.

Author(s): Ministry of Health Services; Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): February 19th 2013 (R)

Northern Health Regional Office
#600-299 Victoria Street, Prince George, BC V2L 5B8
T: (250) 565-2649, F: (250) 565-2640, www.northernhealth.ca

BOARD BRIEFING NOTE

Date:	**2014-01-31**	
Agenda item	**Regulatory Framework – Legislative Compliance** ***1. Hospital District Act*** ***2. Health Authorities Act***	
Purpose:	☒ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☐ **Decision**
Prepared for:	**GMR Committee** **Board of Directors**	
Prepared by:	**M Leisinger**	
Reviewed by:	**C Ulrich**	

This briefing note updated based on discussions at GMR

Issue:

To provide an update on the legislative compliance review process.

Background:

1. Current Review

The Hospital District Act generally describes the creation, authority and operations of regional hospital districts (RHDs).

The province must be divided into regional districts (RD) and regional hospital districts. As a result the entire population of the province is within a jurisdiction with elected representation. If the boundaries of the RD and the RHD are coterminous the two bodies can be combined and function with only one board - Sec2 (b). In the North the jurisdictions are often NOT coterminous.

Section 20 of the Act describes the purposes of RHDs, which include the raising of funds for the capital requirements of hospital construction and equipment acquisition, usually in partnership with the Ministry of Health. RHD contribution is usually, but not necessarily, 40%.

This Act does not impose any compliance issues on the Board of Northern Health and no Certificates of Compliance were sought. The Act and this Legislative Compliance Review were reviewed by the Executive Team.

2. Update(s)

The Health Authorities Act was previously the subject of a Legislative Compliance Review (LCR) in 2010. The Queen's Printer publishes a "Point in Time" summary that tracks changes to the legislation as amendments are made. Since the last review several changes have been made to the Act and have been reviewed. None of the changes raise compliance issues.

The Health Authorities Act gives the Minister of Health the power to create a health authority, and to define: the geography the Board covers; purposes of the Board; reporting requirements; and tax exemptions.

The Act also deals with: Board amalgamation issues; appointment of a public administrator; health sector labour relations; and the powers of the Lieutenant Governor in Council to make regulations affecting various matters within the Act.

This review suggests that Northern Health staff members have good awareness and understanding of the Act and have policy guidance with respect to interpretation and application the Act. Certificates of Compliance have been signed.

The Act and this Legislative Compliance Review were reviewed by the Executive Team.

3. Upcoming Review(s)

Human Rights Code
Refresh of FIPPA

4. Previously reviewed Acts:

22. Hospital District Act – Jan/Feb 2014
21. Personal Information Protection Act – Nov/Dec 2013
20. School Act (Section 91) - Sep/Oct 2013
19. Hospital Insurance Act – Sep/Oct 2013
18. Gunshot & Stab Wound Disclosure Act – May/Jun 2013
17. Access to Abortion Services; Sec 22.1 of FIPPA (also see Regs of Hosp Ins Act) – Mar/Apr 2013
16. Evidence Act (Section 51) – Jan/Feb 2013
15. Health Care (Consent) and Care Facility (Admission) Act – Nov/Dec 2012
14. Health Professions – Sep/Oct 2012
13. Adult Guardianship Act – May/June 2012
12. Patients Property Act – May/June 2012
11. Coroners Act – Mar/Apr 2012
10. Ombudsperson Act – Mar/Apr 2012
09. PCQRB Act – Mar/Apr 2012
08. Ministry of Health Act – Mar/Apr 2012
07. Mental Health Act – Jan/Feb 2012
06. CCALA – Nov/Dec 2011
05. E-Health (Personal Health Information Access and Protection of Privacy) Act – Sep/Oct

2011
04. Public Health Act – May/Jun 2011
03. Hospital Act – Mar/Apr 2011
02. FIPPA – Jan/Feb 2011
01. Health Authorities Act – Nov/Dec 2010 (Refreshed: Jan/Feb 2014)

Recommendation(s):

That the Board receives this briefing note for information.