Meeting of the Northern Health Authority
Board of Directors
Public Session

Prince George, British Columbia

1411 – 3rd Avenue

Brunswick Boardroom

Wednesday, October 22, 2015

northern health

the northern way of caring

northern health

Public Session

AGENDA

October 22, 2014
Brunswick Boardroom,
1411 – 3rd Avenue, Prince George BC

AGENDA ITEMS	Responsibility of…	Expected Outcome	Time (Approx.)	Page
1. Call to Order of Open Board Session	Chairman Jago		**1:15pm**	
2. Opening Remarks	Chairman Jago			
3. Approval of Agenda	Chairman Jago	Motion		
4. Approval of Previous Minutes: June 9, 2014	Chairman Jago	Motion		**3**
5. Business Arising from Previous Minutes	Chairman Jago			
6. CEO Report	C Ulrich	Information		**8**
6.1 Human Resources Report	J Lindstrom	Information		**13**
7. Audit & Finance Committee				
7.1 Period 5 Public Financial Statement	M De Croos	Motion		**20**
7.2 Major Capital Projects Summary	M De Croos	Information		**22**
7.3 Reappointment of External Auditor (2014/15)	M De Croos	Motion		**24**
8. Performance, Planning & Priorities Committee				
8.1 Rural Health Strategy	C Ulrich	Information		**25**
8.2 Strategic Priority: High Quality Services				
8.2.1. Surgical and Hand Hygiene Measures	F Bell	Information		**23**
9. Healthy Workplace Campaign • Jessica Quinn, Regional Manager, Health Promotion and Community Engagement • Chelan Zirul, Health Promotion and Communications Officer	S Raper	Information		**68**
10. Governance & Management Relations Committee				
10.1 Policy Manual BRD 300 Series	C Leclerc	Motion		**95**
10.2 Regulatory Framework: Laboratory Services Act	M Leisinger	Information		**130**
10.3 Designation of School Medical Officers	M Leisinger	Motion		**133**
Adjourned			**3:00pm**	

northern health

Public Motions *Meeting Date:* *October 22, 2014*				
Agenda Item		**Motion**	**Approved**	**Not Approved**
3.	Conflict of Interest Declaration	Does any Director present have a conflict of interest they wish to declare regarding any business before the Northern Health Board at this meeting?	☐	☐
4.	Approval of Agenda	The Northern Health Board approves the October 22, 2014 public agenda as presented		
5.	Approval of Minutes	The Northern Health Board approves the June 9, 2014 public minutes as presented	☐	☐
7.1	Period 5 Public Financial Statements	The Northern Health Board approves the Period 5 financial statement, as presented.	☐	☐
7.3	Reappointment of External Auditor (2014/15)	The Northern Health Board approves the reappointment of KPMG LLP as external auditor to Northern Health for the fiscal year ending March 31, 2015, representing year three of a five-year term of engagement.	☐	☐
10.1	Policy Manual BRD 300 Series	The Northern Health Board approves the revised BRD 300 Series.	☐	☐
10.3	Designation of School Medical Officers	The Northern Health Board 1) appoints Drs. Sandra Allison, Charl Badenhorst, Raina Fumerton and William Osei, as School Medical Officers as per Section 89 of the School Act for the school districts within the geography of Northern Health, and 2) directs administration to notify the school districts of these appointments.	☐	☐

northern health

Board Meeting

Date: June 9, 2014

Location: Aspen Room, Fort Nelson

Chair: Dr. Charles Jago

Recorder: Desa Chipman

Board:
- Sharon Hartwell
- Gary Townsend
- Carol Leclerc
- Ben Sander
- Maurice Squires
- Edward Stanford
- Rosemary Landry
- Gaurav Parmar
- Louise Burgart

Executive:
- Cathy Ulrich
- Michael Leisinger
- Fraser Bell
- Mark De Croos
- Dr. Jaco Fourie
- Jane Lindstrom
- Dr. Suzanne Johnston
- Dr. Ronald Chapman
- Betty Morris
- Steve Raper

Public Minutes

1. Call to Order Open Board Session

The Open Board session was called to order at 1:17pm

2. Opening Remarks

Chairman Jago expressed appreciation to the representatives from the Regional Municipality who joined the Northern Health Board and Executive for lunch and commented that the board is delighted to be back in Fort Nelson.

3. Conflict of Interest Declaration

Chairman Jago asked if any Director present had a conflict of interest they wish to declare regarding any business before the Northern Health Board at this meeting.

- There were no conflict of interest declarations made related to the April 13, 2014 Public agenda.

4. Approval of Agenda

Moved By G Townsend seconded by S Hartwell
The Northern Health Board approves the public agenda as presented

5. Approval of Board Minutes

Moved by L Burgart seconded by S Hartwell
The Northern Health Board approves the April 14, 2014 public minutes as presented

6. Business Arising from Previous Minutes

7. CEO Report

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

- Northern Health staff have been recently recognized with several awards by the following organizations:
  - HEABC – Excellence in BC Health Care Awards
  - College of Registered Nurses of British Columbia Awards
  - College of Licensed Practical Nurses of British Columbia Awards
  - The Canadian Public Relation Society Awards
  - International Association of Business Communicators (IABC) Awards
  - 2014 Order of British Columbia
- **Integration Work in Fort Nelson** – Community services and acute care staff from Fort Nelson came together on May 30, 2014 to learn more about the implementation of integrated health services in primary and community care. Staff discussed the story of Mary which illustrates the fragmented journey of a young woman who is experiencing mental health challenges.
- **Fort St John Physician Recruitment and Unattached Patient Clinic** - focused work continues in partnership with the Division of Family Practice and the City of Fort St John to recruit physicians to the community of Fort St John.
- **Vanderhoof St John Hospital Renovations Completed** – Almost $5 million in renovations at the St John Hospital to improve patient flow in and out of the emergency room, and an independent ambulance bay are now complete.
- **Pertussis outbreak in the Northwest**
  - 61 Confirmed pertussis cases (50 lab confirmed; 11 epi-linked confirmed)
  - 114 Probable (based upon BCCDC definition); all in the NW HSDA
  - Outbreak measures focusses on
    - Treating cases early
    - Protecting high risk groups: those under 1 year of age and pregnant women in 3rd trimester (chemoprophylaxis & vaccinations).
- **Norovirus Outbreak at the Kitimat Modernization Camp**
  - Workers presenting with diarrhea, vomiting or both (since February 3rd) = 185
  - Total number of workers in camp = approx. 1750 plus daily personnel
    - Northern Health was notified of increase in suspect GI cases on March 25th, 2014.

7.1. Human Resources Report

J Lindstrom provided an overview of the June Human Resources Report and highlighted the following;

- **The Provincial Respiratory Protection Program** will be launched within the next few months. A partnership with British Columbia Emergency Health Services is available for sites that choose to engage for fit testing services.
- **The WorkSafeBC eBook "Managing Safety in health Care: A Guide for Leaders**" content has been converted to an e-learning module and will be included in the provincial healthcare management education program.
- **Seasonal increases in vacancies** are emerging as families relocate and retirements are initiated. Excluded vacancies are up slightly from 10-12 and there continues to be activity at all levels, administrative to senior executive. Recruitment is building external ads in the new "Now this is Living" campaign to target our most difficult to fill vacancies.
- A diversity statement was included in the new Healthy Workplace Policy for review by NH executive and final amendments are being incorporated. This policy replaces our previous Respect in the Workplace policy.

8. Audit and Finance Committee

8.1. Fiscal year end 2013/14

- Northern Health ended fiscal year 2013-14 on March 31, 2014. The year-end financial statements are currently being audited by KPMG. Northern Health awaits the outcome of the audit, but is confident that it will end the year in a surplus position.
- Once Ministry approval is received, Northern Health's 2013-14 audited financial statements will be posted on the Northern Health website.

8.2. Major Capital

- The Project Summary Report for Period 10 was presented to the Board for information with details provided on projects that are experiencing delays or budget issues.

9. Performance Planning and Priorities Committee

9.1. Programs

9.1.1. Chronic Disease

- Over the past years Northern Health leadership has planned an integrated, effective and efficient approach to caring for patients with multiple co-morbidities. In November 2013, the first steps towards this approach were implemented through the start of an umbrella program, chronic disease, which includes Cardiac/Stroke, Renal, Blood Borne Pathogens, Oncology and Diabetes.
- An outline was provided to create awareness of the current direction for the chronic disease program.
- The Board was informed that LaDonna Fehr, Executive Lead for Chronic Disease, who has contributed to the work that has occurred in chronic diseases is retiring. The leadership, expertise and knowledge that LaDonna has shared with Northern Health will be greatly missed.

9.2. Emergency Preparedness

- In 2013, the health emergency preparedness function transferred out of Northern Health as a result of the provincial consolidation of all health emergency management, as recommended by the BC Collaboration Council (BCCC).
- Through a memorandum of understanding, signed by Health Authority CEOs, it was agreed that the Health Authorities and the Ministry of Health would pool resources currently devoted to health emergency management under new management and governance structure, known as Health Emergency Management (HEMBC), housed in the Provincial Health Services Authority (PHSA).

10. Care in the Right Place – Presentation

Chris Morey, Health Service Administrator attended the meeting to present on Care in the Right Place which included information on the following areas:

- Fort Nelson Flow Team
- Current State in Acute Care:
  - High Number of admissions and re-admissions for medical withdrawal management
  - High number of ALC admissions; long lengths of stay
  - Highest percentage of re-admissions in the Northeast
  - Inappropriate utilization of ED
  - Multi –level care unit 100% occupancy
  - Acute Care occupancy – 60%
  - No Maternity Services
- Current State in community services:

- Limited community services (assisted living, social work, Meals on Wheels)
- Re-building Home Care Services; limited resources
- Part-time service (home nursing and home support)
- Tracking activities – especially unmet need
- LTC assessments not readily available locally
- Key to reducing use of acute care resources
- Potential for resourcing through integration and re-deployment of existing resources in acute care

- Broad Goals / Broad Action Plans
  - Reduce the number of admissions & re-admissions for medical withdrawal management
  - Understand the utilization of ED for patients with CTAS scores of 4&5
  - Increase capacity in Home Care Services
  - Reduce reliance on acute care resources
  - Utilize quality improvement methods to ensure what we are doing is efficient for patient care and patient flow

11. Governance and Management Relations Committee

11.1. Policy Manual BRD 200 Series

C Leclerc presented the BRD 200 Series for approval which have been reviewed and edited at the GMR Committee level.

Moved by C Leclerc seconded by R Landry
The Northern Health Board approves the revised BRD 200 Series

11.2. 2015 Board meeting Calendar

- The proposed 2015 Board meeting calendar was presented to the Board for approval with the following communities have been identified for the meeting locations in 2015:
  - February – Chetwynd BC
  - April – Prince Rupert BC
  - June – Burns Lake BC
  - October – Prince George BC
  - December – Prince George BC

Moved by C Leclerc seconded by G Townsend
The Northern Health Board approves the revised 2015 Board Calendar.

11.3. Regulatory Framework: Emergency Health Services Act

- M Leisinger presented the Regulatory Framework – Legislative Compliance – Emergency Health Services Act to the Board for information.
- The Act has changed to allow for the realignment of BC Emergency Health Services (BCEHS) under the Provincial Health Services Authority to better coordinate the delivery of emergency services and urgent health services across the province. BCEHS operates the BC Ambulance Services (BCAS) and the BC Patient Transfer Network (PTN).

Chairman Jago took the opportunity to thank Betty Morris, Northeast Chief Operating Officer, for her leadership and dedication to Northern Health over the last five years, in particular the build of the new Fort St John Hospital. Betty will be retiring from Northern Health at the end of June 2014 and will be greatly missed by colleagues, staff and local community partners.

Chairman Jago thanked Suzanne Johnston, VP Clinical Programs and Chief Nursing Officer, for her role on the Executive team, her effective administration and acknowledged her talent and ability of bringing people together to work through issues with effective resolution. Suzanne will be leaving Northern Health in the middle of July and will be missed for her sense of humour and engaging personality.

Meeting was adjourned at 2:40pm
Moved by C Leclerc seconded by R Landry

Dr Charles Jago, Chair

Desa Chipman, Recording Secretary

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

CEO REPORT

Meeting:	Northern Health Board Meeting	Date:	October 8, 2014
Agenda Item:	CEO Report		
Purpose:	Information		
Prepared by:	Cathy Ulrich		

Union of BC Municipalities Convention:

On September 22nd to 24th, 2014, Dr. Charles Jago and I traveled to Whistler to attend the Union of BC Municipalities conference. On September 22nd, Northern Health partnered with Interior Health, Island Health, Provincial Services Health Authority and the Ministry of Health to lead a workshop on rural health. The workshop included opening comments from the Minister of Health, an overview of the provincial Rural Health Strategy, a panel discussion regarding physician recruitment and retention in rural British Columbia, a presentation on telehealth, and an overview of changes occurring in BC Emergency Health Services.

On September 23 and 24, we met with representatives from 14 northern municipalities and Regional Hospital Districts. The topics discussed included patient transportation, capital planning and capital infrastructure, physician and health professional recruitment and retention.

Institute for Patient & Family Centre Care Conference

The 6th International Conference on Patient and Family Centered Care: Partnerships for Quality and Safety was held in Vancouver in August and was attended by several Northern Health executive and staff members. The conference featured exemplary programs that promote collaboration and partnership with patients and their families to ensure patient safety and quality of care and to improve the patient experience of care. Educational sessions modeled partnerships, showcased innovation, and addressed emerging issues in patient- and family-centered care. Northern Health will be reviewing the learning from this conference and incorporating this learning into our approach to involving patients and their families in planning their care and services.

Summer 2014 – Forest Fires in the North

Northern Health constituted its Regional Emergency Operations Committee this summer to manage our response to the forest fires that occurred across the north. The Regional Emergency Operations Committee along with staff and physicians at impacted facilities did an outstanding job of managing these situations.

The Mount McAllister fire resulted in the evacuation and closure of the Health Centre in Hudson Hope. The China Nose wildfire was located southeast of Houston and occurred in the middle of August. Evacuation orders and alerts were issued by the Regional District of Bulkley Nechako

between Burns Lake and Houston, and resulted in the closure of Highway 16 between Topley and Decker Lake. As a result of this evacuation order Northern Health closed the Granisle Clinic.

Fort Nelson General Hospital Celebration:

Fort Nelson General Hospital celebrated its 50 Years of Service on October 2, 2014 by welcoming the community to an Open House profiling the services provided through the hospital and in the community. The staff called this event "50 Years of Caring". Approximately 80 community members attended the event where they were taken on a tour of the hospital and were able to view historical displays featuring photos of the time line covering the past 50 years. Attendees were also provided the opportunity to view older equipment and compare it with newer equipment. The staff organized interactive displays related to hand washing, lab services, and healthy living. A statistical display of the work that is done every day was also showcased.

The Hospital Foundation, Hospital Auxiliary, Hospice and the Red Cross were on hand to talk about their roles, contributions to the hospital, and provided a visual displays of their service. At the end of the tour, citizens were treated to Northern Health decorated cupcakes, tea & coffee in the multi-level care unit. The celebration cake was cut by the Acting Mayor, Kim Eglinski.

The pride and professionalism of the staff was evident as they talked about the service the hospital and community services provide for those who need our care. The staff are considering organizing a similar event targeted to elementary and high school students as a means to encourage them to consider health care professions as future career choices.


examination room


X-Ray
Laboratory
TOP

Capital Projects

UHNBC Learning and Development Centre: This project is a partnership between Northern Health, UBC Faculty of Medicine, and UNBC. The project is funded through the Ministry of Health. I had opportunity to tour the construction site in September and was impressed with the rapid progress occurring on the site.

The underground and foundation work is now complete. During August the cross-laminated timber structure was erected and is now complete. Mechanical and electrical rough-in work is taking place as the interior partitions are being framed and the building envelope is scheduled to be weather-tight in October.

Northern Health is working with the Project consultant team to prepare tenders for furniture fitments and equipment for the facility. Tenders are planned to be issued in September.

Lakes District Hospital and Health Centre: Construction of the hospital and health centre for the Lakes District is progressing well. The project continues to be ahead of schedule and within the allocated budget. Staff are actively planning the transition of services including changes that will be required in work flow and patient flow that will be required when services relocate from the existing hospital to the new facility.

Human Resources Board Report

October 2014

Workplace Health and Safety

Partnerships in Prevention

The Health and Safety Management System application and managers dashboard of injury and disability metrics have been fully implemented. This tool will assist managers in reviewing the frequency of injury and disability absences in their departments, and the trends in their area.

The Provincial Respiratory Protection Program will be launched in the fall of 2014. A partnership with BC Ambulance Services is available for sites that choose to engage them for fit testing services.

Training and education sessions that deliver the provincial curricula, aligned with WSBC regulations, have been developed and are being delivered in accordance with an annual calendar.

The provincial Joint Occupational Health and Safety Committee (JOHSC) and Violence Prevention (VP) working group are exploring opportunities to develop a provincial JOHSC/VP website to locate all program material and support tools. This will provide an efficient resource available across the province.

A bi-monthly Update for JOHSCs and managers has been initiated. This update will provide JOHSC with a continuous source of information regarding topics such as Safety tips, WH&S updates/initiatives, Incident Trends, upcoming WH&S training and links to education modules, Violence Prevention Risk Assessment information, WorkSafeBC orders and resources/initiatives. The purpose of this document is to assist with communication and provide efficient access to resources.

Working Alone - NH and IH are involved in a multi-ministry RFP process to establish a "working alone check-in service". NH/IH are the only health authorities represented on this working group but the RFP enables onboarding by other HAs should they decide to do so in the future.

Disability Management

The Disability Management team continues to manage and evaluate the Enhanced Disability Management Program since its implementation. Work processes are currently under review to enhance efficiencies, improve flow, and reduce duplication of services.

Short Term Duration for absences related to workplace injuries has decreased by 12% from January to August, from an average of 55 days to 48 days. Return-to-Work rates indicate that by 4 weeks 67% of injured staff returned to work, which is seen as an improving trend sustained over time.

Northern & Interior Health's Disability Management team have been selected as finalists for a Canadian Human Resources Awards, led by HRDirector Magazine and HRMOnline.Ca . The award for which Northern & Interior Health's Disability Management team have been selected as finalists is *BEST HEALTH & WELLNESS STRATEGY.* Winners and Finalists will be announced as such in HRDirector Magazine, HRMOnline.Ca and at the gala awards dinner event on November 7th, 2014 in Toronto.

2014/15 Influenza Campaign

Planning for the 2014/15 Influenza Campaign is well underway. The NH Implementation Steering Committee met on September 25, 2014 to review plans for the upcoming campaign. There are two changes to note this year. First, LPNS can participate as Peer Nurse Immunizers if they have taken the appropriate training, which will expand our immunization capacity and flexibility. Second, an electronic reporting form will be used by employees to report receipt of immunization allowing our managers to confirm which staff have received the vaccine in almost real time, which is important during the required vaccination period.

Health and Wellness

The Health and Wellness team has determined that a comprehensive Baseline Health and Screening strategy needs to be implemented and focused on in the workplan for the coming year, recognizing that only a small percentage of our Health Authority has reported protection against preventable diseases. Unfortunately the current gap in information could pose a challenge in the event of an outbreak as many of these workers could be unnecessarily furloughed decreasing the availability of staff for the facility, resulting in a risk of service continuity challenges or increased costs to the organization. The current policy and program are being reviewed, and progress of improvement will be monitored and reported.

Human Resources Operations

Respectful Workplace Policy

In keeping with the enhanced focus on developing a policy that reflects the Northern Health Mission, Vision and Values and with the legislative requirements described in the amendments to the Workers Compensation Act (Bill 14), we are pleased to confirm the implementation of an updated Respectful Workplace Policy. The policy applies to all employees and managers, medical staff, students, volunteers and contractors.

Northern Health's Respectful Workplace Policy (formally the Respect in the Workplace Policy) outlines expectations for respectful conduct and defines unacceptable behaviour. It also outlines the process that will be used to report and resolve all internal complaints brought forward under the Policy. This is consistent with new WorkSafe BC legislation, which has established that any employee or physician who witnesses bullying or harassment are to report this behaviour to their supervisor, manager or department head as soon as possible.

A human resources email (RespectfulWorkplace@northernhealth.ca) and phone line (1.844.565.2935) have been set up for staff and physicians to report violations of, or to seek advice/support on the Policy/Procedure.

Managers and Supervisors are currently receiving "Respectful Workplace Policy – How to Conduct an Investigation - Education Session" a one day training session provided by a consultant who is a leading expert in workplace harassment issues.

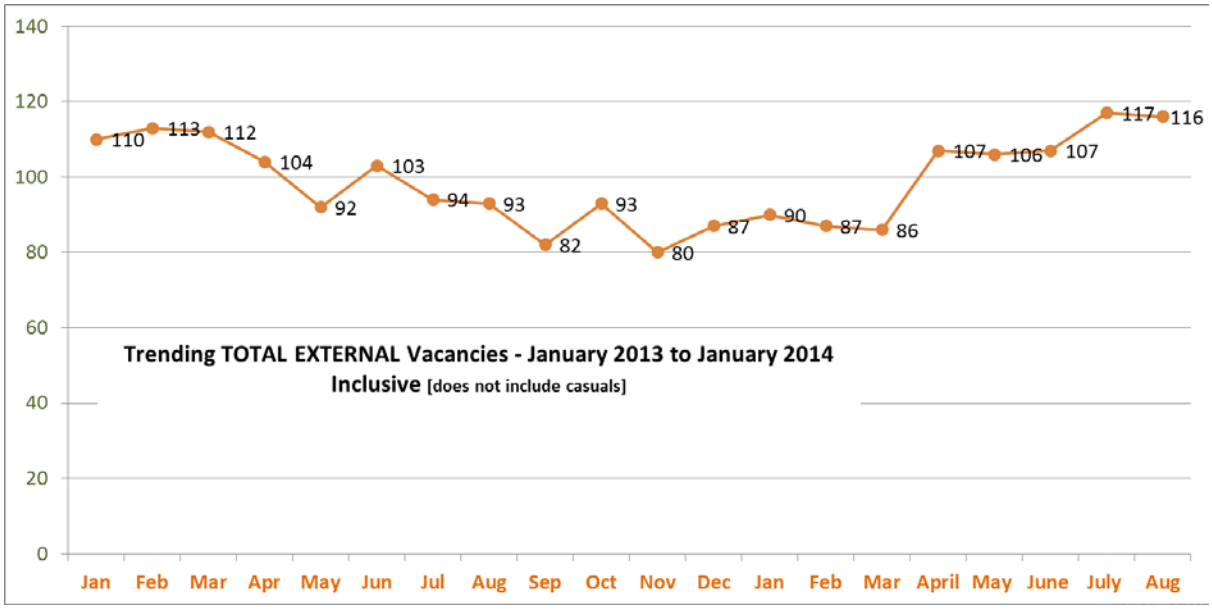
An Education Module: "Workplace Bullying and Harassment – Training and Legal Duties," an 8 minute on-line module that includes education of the policy and the reporting procedures, will be shared with all staff.

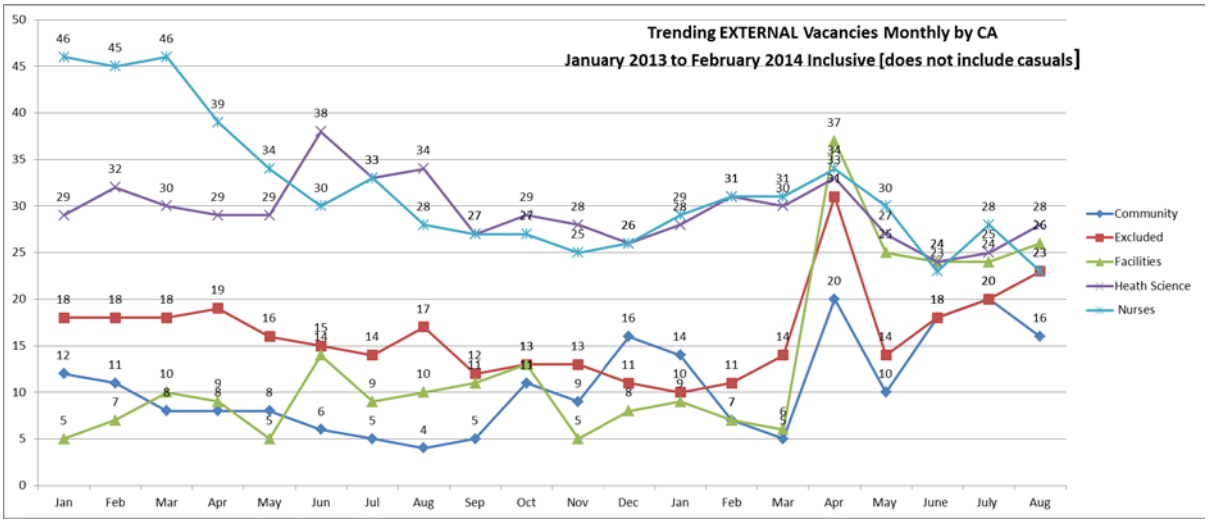
Attendance Support

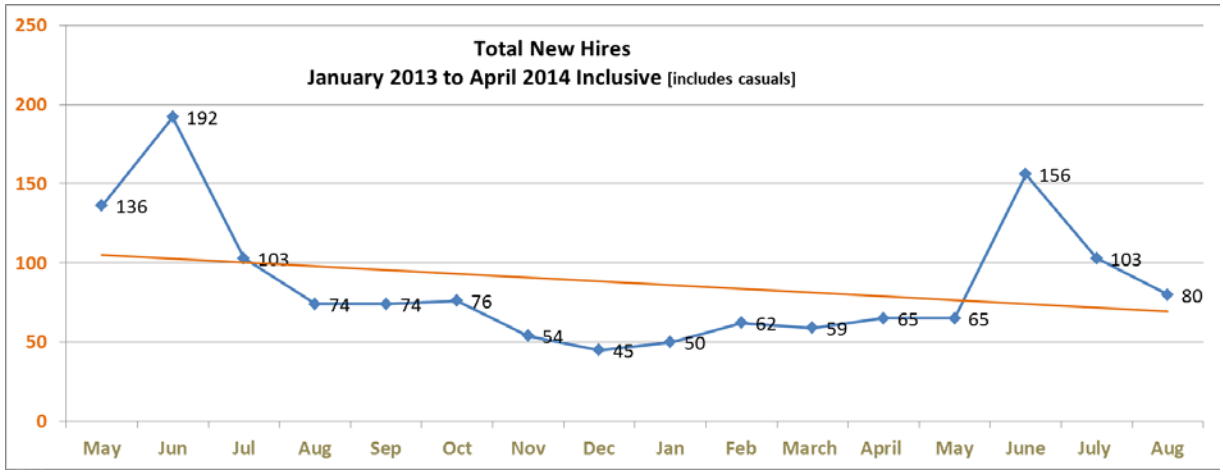
The Northern Health Attendance Support Program has been developed to manage employee absences from work in a positive manner, and to support employees in achieving and maintaining regular attendance. We are currently establishing a steering committee to support this process across Northern Health in an effort to ensure consistent application.

Recruitment

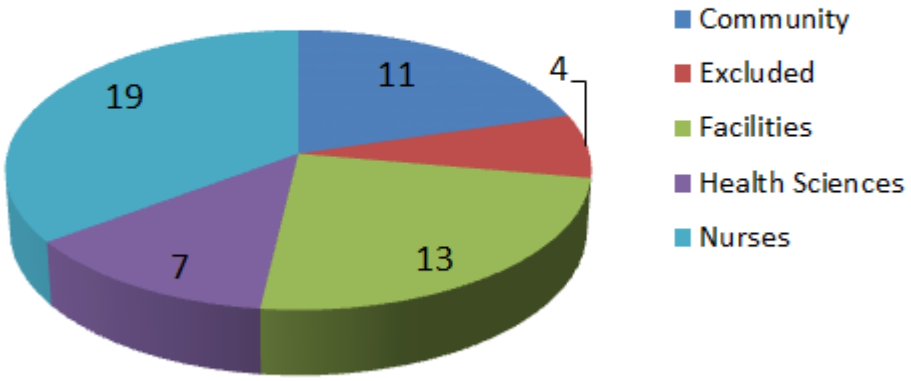
Recruitment has been following up with candidates from the last quarters' career fairs to continue their engagement with NHA as a potential employer. We hosted the UBC Northern Cohort Physiotherapy Program students in July and the Canadian Association of Critical Care Nurses (CACCN) in Quebec City in September. We obtained some promising leads in Physiotherapy and for Critical Care. As in previous years, we are noticing significantly elevated interest from the Atlantic Provinces and Ontario in both Physiotherapy and nursing and are planning to continue our campaign in Quebec as it is anticipated that they are reducing a number of nursing positions. Our bilingual recruitment material and accompanying hiring manager were very well received and gave us a stand-out impression with the francophone nursing community. Our upcoming appearance at the Canadian Association of Perinatal and Women's Health (CAPWHN) Conference in October should provide us with several leads for our difficult to fill Maternity nursing vacancies. We will be participating in a HealthMatchBC led delegation to the UK in December to attend a conference for ultrasonographers, for which there is currently an international shortage. We are anticipating increased interest from international candidates by enticing them with our international recruitment assistance including Labor Market Opinion applications for work permits and competitive relocation packages.


Trending TOTAL EXTERNAL Vacancies - January 2013 to January 2014
Inclusive [does not include casuals]
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar April May June July Aug
110 113 112 104 92 103 94 93 82 93 80 87 90 87 86 107 106 107 117 116

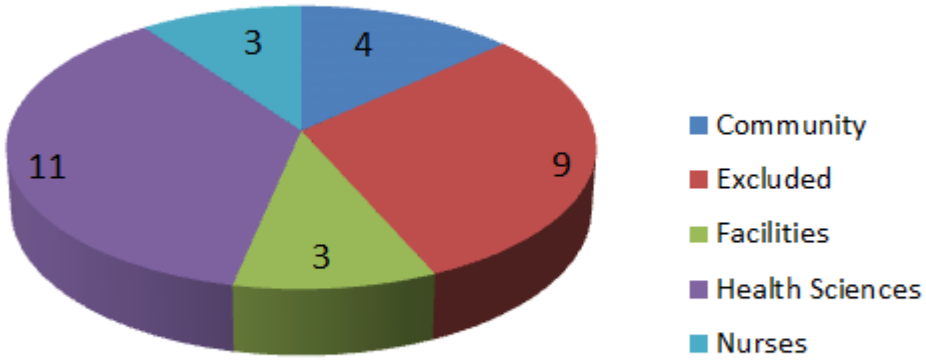

Trending EXTERNAL Vacancies Monthly by CA
January 2013 to February 2014 Inclusive [does not include casuals]
Community
Excluded
Facilities
Heath Science
Nurses


Total New Hires
January 2013 to April 2014 Inclusive [includes casuals]
May Jun Jul Aug Sep Oct Nov Dec Jan Feb March April May June July Aug
136 192 103 74 74 76 54 45 50 62 59 65 65 156 103 80

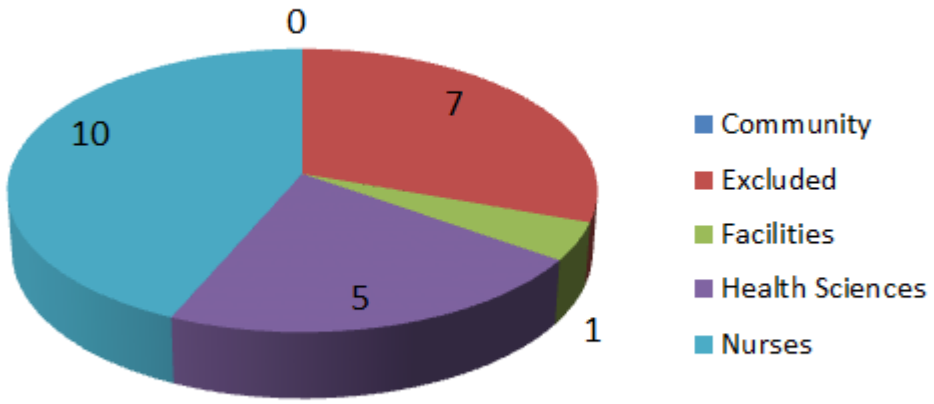
(54) External Vacancies - NORTHEAST
Sept 24, 2014 [*does not include casuals*]



(30) External Vacancies - NORTHERN INTERIOR
Sept 24, 2014 [*does not include casuals*]



(23) - External Vacancies - NORTHWEST
Sept 24, 2014 [*does not include casuals*]

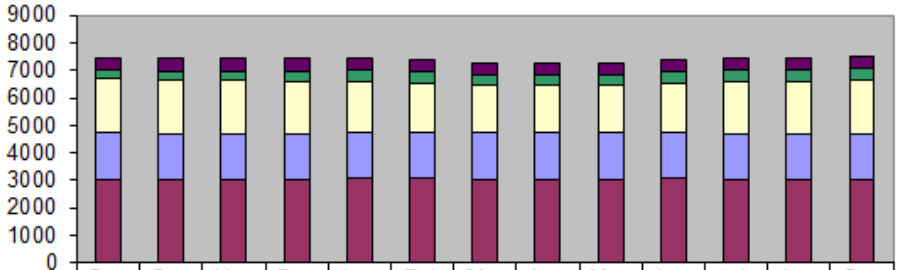


HRIS/Staffing

Employee and FTE Counts

Northern Health Employee Counts by Month

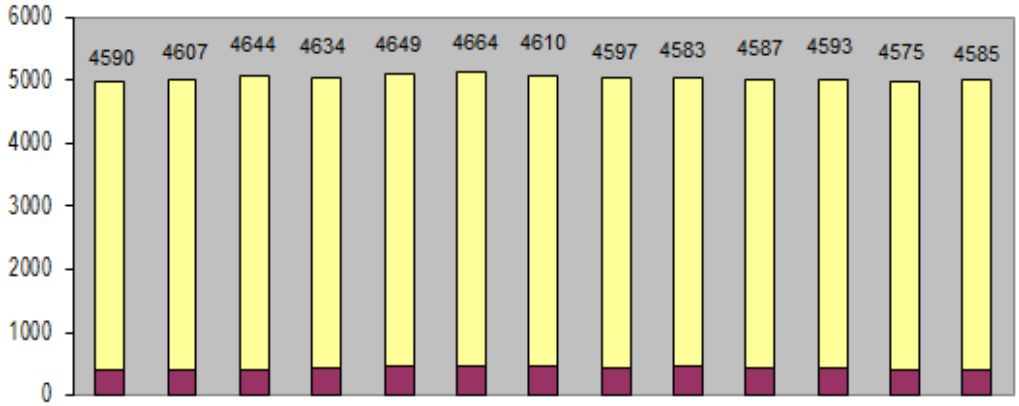
Displays the total # of employees, regardless of their status. Employee is based on unique SIN.



	Sep -13	Oct-13	Nov -13	Dec -13	Jan-14	Feb -14	Mar -14	Apr-14	May -14	Jun-14	Jul-14	Aug -14	Sep -14
Short Term Leave*	421	451	457	450	445	453	431	428	413	411	435	434	449
Multiple ID's**	329	332	308	365	396	399	406	394	374	391	407	412	426
Casual**	1975	1954	1937	1908	1869	1803	1715	1738	1740	1823	1902	1917	1960
Part time	1667	1647	1665	1654	1653	1656	1680	1676	1675	1667	1667	1651	1640
Full time	3052	3046	3046	3047	3067	3069	3052	3045	3051	3058	3042	3039	3043
Total	7272	7424	7404	7444	7430	7413	7424	7430	7380	7284	7281	7253	7350

Northern Health FTE counts by Month

Displays the total # of FTEs across the organization, not including casual employees.



	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Full FTE	4590	4607	4644	4634	4649	4664	4610	4597	4583	4587	4593	4575	4585
Short term leave*	398	415	415	421	451	457	450	445	453	431	428	413	411

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

northern health
the northern way of caring

BOARD BRIEFING NOTE

Date:	**September 17, 2014**	
Agenda item	**Period 5 Comments and Financial Statement**	
Purpose:	☐ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☒ **Decision**
Prepared for:	**Audit & Finance Committee, meeting of September 25, 2014**	
Prepared by:	**Mark De Croos, VP Financial & Corporate Services/CFO**	

Year to date August 14, 2014

Year to date Period 5, revenues exceeded expenses by $3,583,000.

Revenues are favourable to budget by $1.2 million or 0.4%. Expenses are favourable to budget by $2.4 million or 0.8%.

Better than expected patient revenues and Medical Services Plan revenues are contributing to the favourable variance in revenues. The favourable variance in expenses is due to vacant positions in Community Care, Mental Health, and Population Health and Wellness.

Forecast Yearend 2013-14

At this time, Northern Health is forecasting to be in a balanced position at yearend.

Recommendation:

The Northern Health Board approves the Period 5 financial statement, as presented.

NORTHERN HEALTH

Statement of Operations

Year to date ending August 14, 2014 (Period 5)

$ thousand

	Annual Budget	YTD August 14, 2014 (Period 5)			
		Budget	Actual	Variance	%
REVENUE					
Ministry of Health Contributions	556,771	208,263	208,172	(91)	0.0%
Other revenues	202,324	75,530	76,800	1,270	1.7%
TOTAL REVENUES	**759,095**	**283,793**	**284,972**	**1,179**	**0.4%**
EXPENSES (BY PROGRAM)					
Acute Care	432,356	161,751	162,231	(480)	-0.3%
Residential Care	96,492	36,372	36,704	(332)	-0.9%
Community Care	75,361	27,842	26,877	965	3.5%
Mental Health & Substance Use	54,197	19,949	18,924	1,025	5.1%
Population Health & Wellness	38,382	14,762	14,138	624	4.2%
Corporate	62,307	23,117	22,515	602	2.6%
TOTAL EXPENSES	**759,095**	**283,793**	**281,389**	**2,404**	**0.8%**
EXCESS OF REVENUES OVER EXPENSES	**-**	**-**	**3,583**		

northern health

PROJECT SUMMARY REPORT
PERIOD 5 CAPITAL PROJECTS

Fiscal Period End Date **14-Aug-14**

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 - FNH Morgue Renovation	Y		Y		Y	
2	NE - FNH Roof Replacement	Y		Y		Y	
3	NE - FNH Tub Room Renovation	Y		Y		Y	
4	NE - FSH Planning - Old Fort St John Hospital Asset Retirement	Y		Y		Y	
5	NI - BLH Lakes District Hospital & Health Centre Replacement	Y		Y		Y	12-Sep-13
6	NI - DPL Sprinkler System	Y		Y		Y	
7	NI - FLC Heating System	Y		Y		Y	
8	NI - STH Sprinkler System	Y		Y		N	9-Jul-14
9	NI - UHN Learning & Development Commons	Y		Y	10-Oct-13	Y	10-Oct-13
10	NI - UHN Nechako Centre Deconstruction	Y		Y		Y	
11	NI - UHN Parking Enhancements	Y		Y		Y	
12	NW - ACM_Summit Floor Movement	Y		Y		Y	
13	NW - KIT Nurse Call System Replacement	Y		Y		Y	
14	NW - MAH Roof Condensation Issue	Y		Y		Y	
15	NW - MMH Outpatient Clinic Renovaton	Y		N	14-Aug-14	N	14-Aug-14
16	NW - PRR Building Automation System DDC Upgrade	Y		Y		Y	
17	NW - PRR Electrical Power System	Y		Y		Y	
18	NW - QCC Hospital Replacement	Y		Y		Y	12-Sep-13
19	NW - WRI Sprinkler System Install	Y		Y		N	9-Jul-14
20	IT - NHR Data Centre Transition	N	2-Jul-13	N	3-Jan-13	Y	
21	IT - NHR Enterprise Master Person Index (EMPI) Active Integration	Y	2-Jan-14	N	22-May-14	Y	31-Mar-14
22	IT - NHR Regional Nutrition Systems Project (CBORD)	Y	7-Mar-14	N	14-Aug-14	N	7-Mar-14
23	IT - NHR Transcription Redesign Implementation	Y	6-Jan-14	N	6-Jan-14	Y	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**

8	Water supply and pressure issues identified which will require additional funds; 40% RHD contribution requested to supplement budget
15	Redesign required to meet construction budget has delayed project start.
19	Water supply and pressure issues identified which will require additional funds; 40% RHD contribution requested to supplement budget
20	Delays on infrastructure preparation
21	Schedule at risk re: Cerner delivery of enhancement to VIHA and NH and re: the integration software coming from CGI (MOH Tech Support).
22	Scope may need to be reduced if additional funding necessary to support extension of schedule is not addressed. Illness of one of the trainers has meant implementation at some facilities must be rescheduled.
23	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.

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 **14-Aug-14**

Projects completed during period P5

Project	*Scope *Yes/No*	*Schedule On Time: *Yes/No*	*Budget On Budget: *Yes/No*
NI - UHN Mat-Child Entrance & MM Exit	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*
NI - Baker Lodge Deconstruction-Quesnel	Y	Y	Y
NI - UHN Chiller Replacement	Y	Y	Y
NE - DCH Parking Resurfacing	Y	Y	Y
NE - RMC Parking Resurfacing (Rotary Manor)	Y	Y	Y
NI - GRB Pharmacy - Sterile Processing Room	Y	Y	Y
NW - KIT Observation (Secure) Room	Y	Y	Y
NI - SJH Outpatient Services Renovation	Y	Y	Y
NW - PRR CT Suite	Y	Y	Y
NE - DCH Nurse Call Replacement	Y	Y	Y
NI - UHN NCCS Patient Care Services - Renovation	Y	Y	Y
NW - MMH Electrical Switchgear Replacement	Y	Y	Y

Projects completed during Fiscal Year 14/15

Project	*Scope *Yes/No*	*Schedule On Time: *Yes/No*	*Budget On Budget: *Yes/No*
IT - UHN SurgiNet (OR Booking & Care Documentation)	Y	N	N
PSECA 3 Projects	Y	Y	Y
NW - MMH Planning - Facility Renewal	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.

northern health
the northern way of caring

BOARD BRIEFING NOTE

Date:	September 17, 2014	
Agenda item:	Reappointment of External Auditor – 2014-15	
Purpose:	☐ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☒ **Decision**
Prepared for:	Board of Directors	
Prepared by:	Beverly Little, Director, Finance & Controller	
Reviewed by:	Mark De Croos, VP Financial & Corporate Services/CFO	

Issue:

Board approval is required for the reappointment of KPMG LLP as Northern Health's external auditor for the fiscal year ending March 31, 2015.

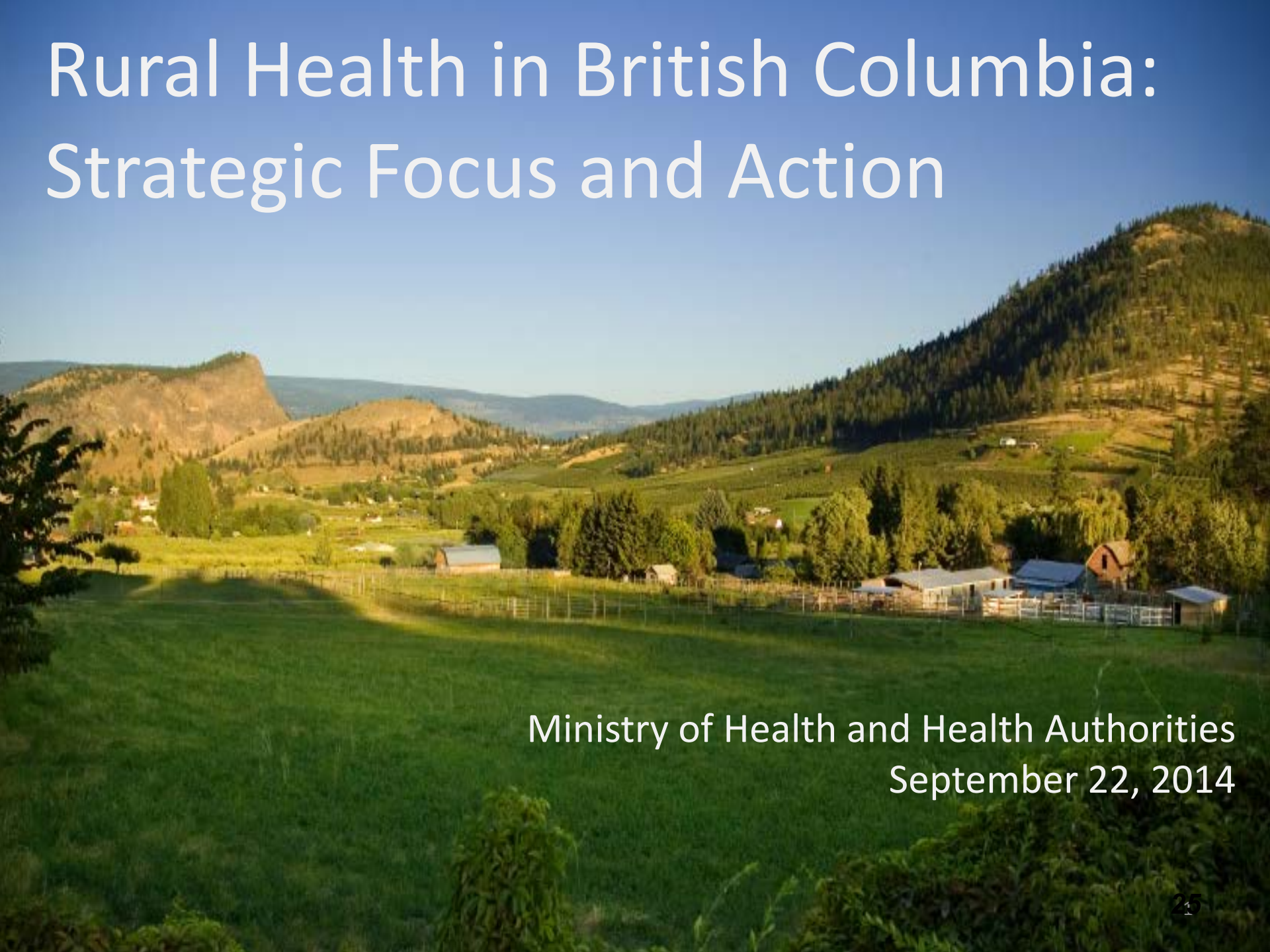
Background:

In October 2012 the Board approved a five-year service contract with KPMG LLP for the provision of external audit services (representing fiscal years 2012/13 - 2016/17 inclusive.) Board approval is required each year to reappoint the external auditor for the next fiscal year end audit.

Recommendation:

The Northern Health Board approves the reappointment of KPMG LLP as external auditor to Northern Health for the fiscal year ending March 31, 2015, representing year three of a five-year term of engagement.

Rural Health in British Columbia: Strategic Focus and Action

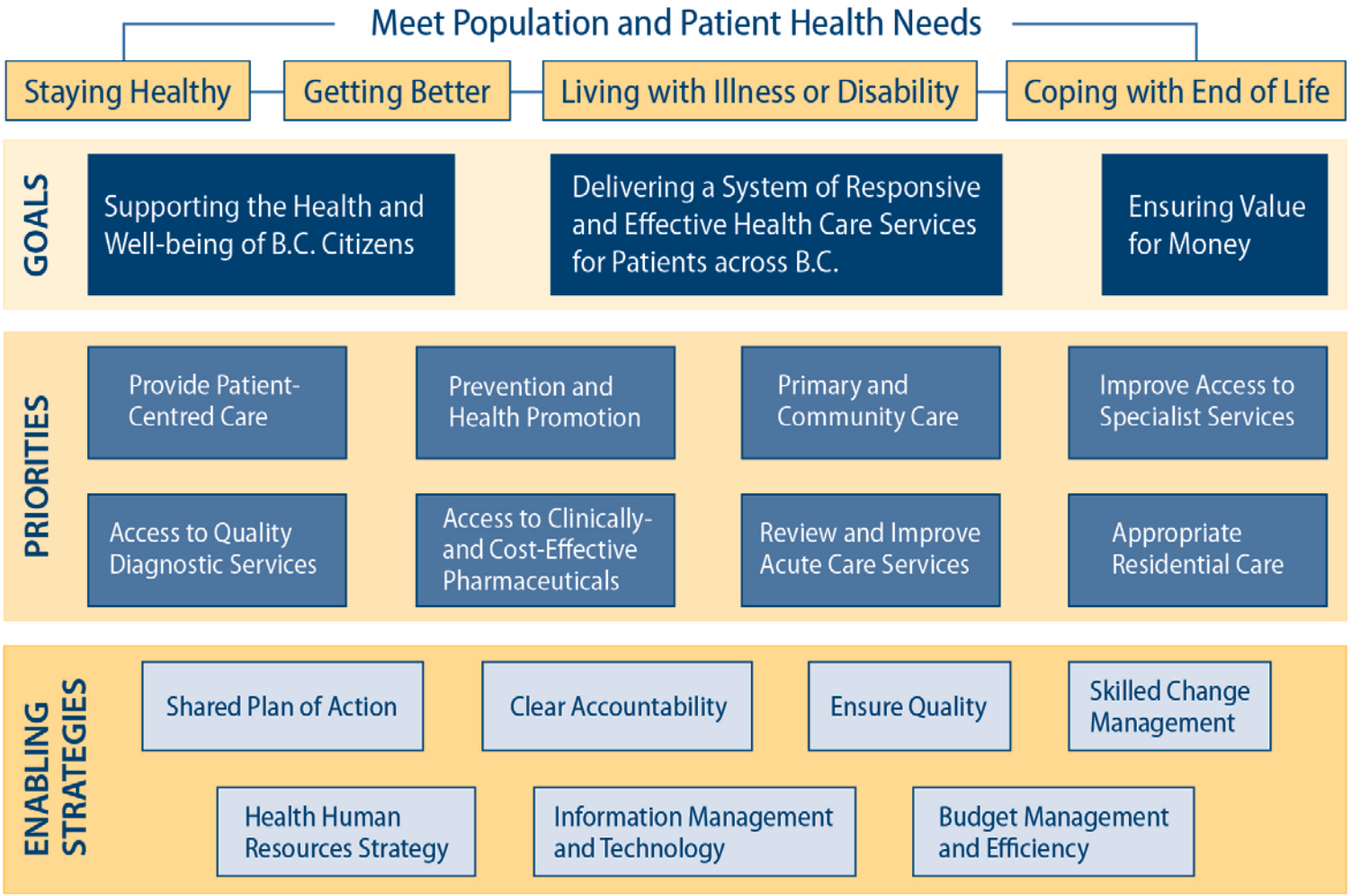


Ministry of Health and Health Authorities
September 22, 2014

Process

- Minister of Health has requested the Ministry of Health and the health authorities to work together to develop a rural health strategy that reflects the priorities that government has set out for the BC Health System.
- Include principles, strategies, and action plan.
- Include Ministry of Health policy framework – changes in policy required to enable strategy implementation
- Strategy to be finalized by October 31, 2014

Setting Priorities for the BC Health System



Consultation

- Consultation and further development of the draft strategy underway:
  - April 2014: Consultation with Board chairs, Minister of Health, MLA Burnett and MLA Stilwell
  - Sept 2014: Consultation with physician representatives from each Health region, the Rural Co-ordination Centre of BC (Doctors of BC), Faculty of Medicine (UBC), College of Physicians and Surgeons
  - Sept 2014: Overview to local government representatives at UBCM and opportunity for feedback to mid October
  - Oct 2014: discussion with professional associations and First Nations Health Authority


principles

Guiding Principles For Planning Rural Services

Population Health Needs	Service delivery will be based on the population health needs of local communities. Emphasis is placed on promoting the health of the population
Shared Responsibility	Responsibility for a healthy population is shared between individuals, the community and health service providers
Flexibility and Innovation	Flexibility and innovation will shape service delivery models. Emphasis will be placed on sharing and spreading innovative approaches
Team Based Approaches	Services will be delivered in a team-oriented, integrated way
Cultural Safety	Individuals will be treated in a respectful and culturally safe manner
Close to Home	Services will be provided as close to home as possible. As services become increasingly specialized, quality and sustainability become balancing considerations

defining rural

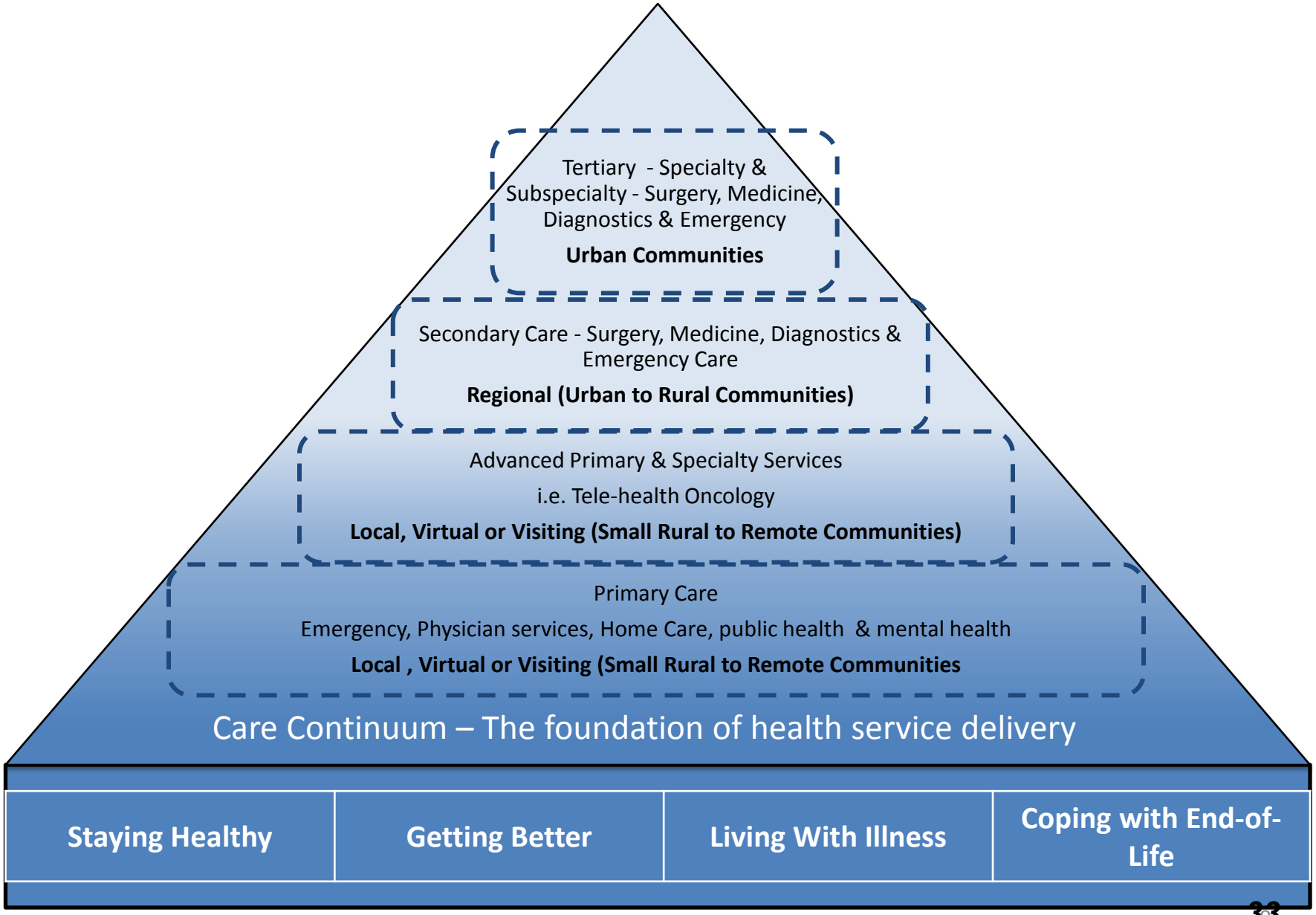
DRAFT

Community Classification Framework

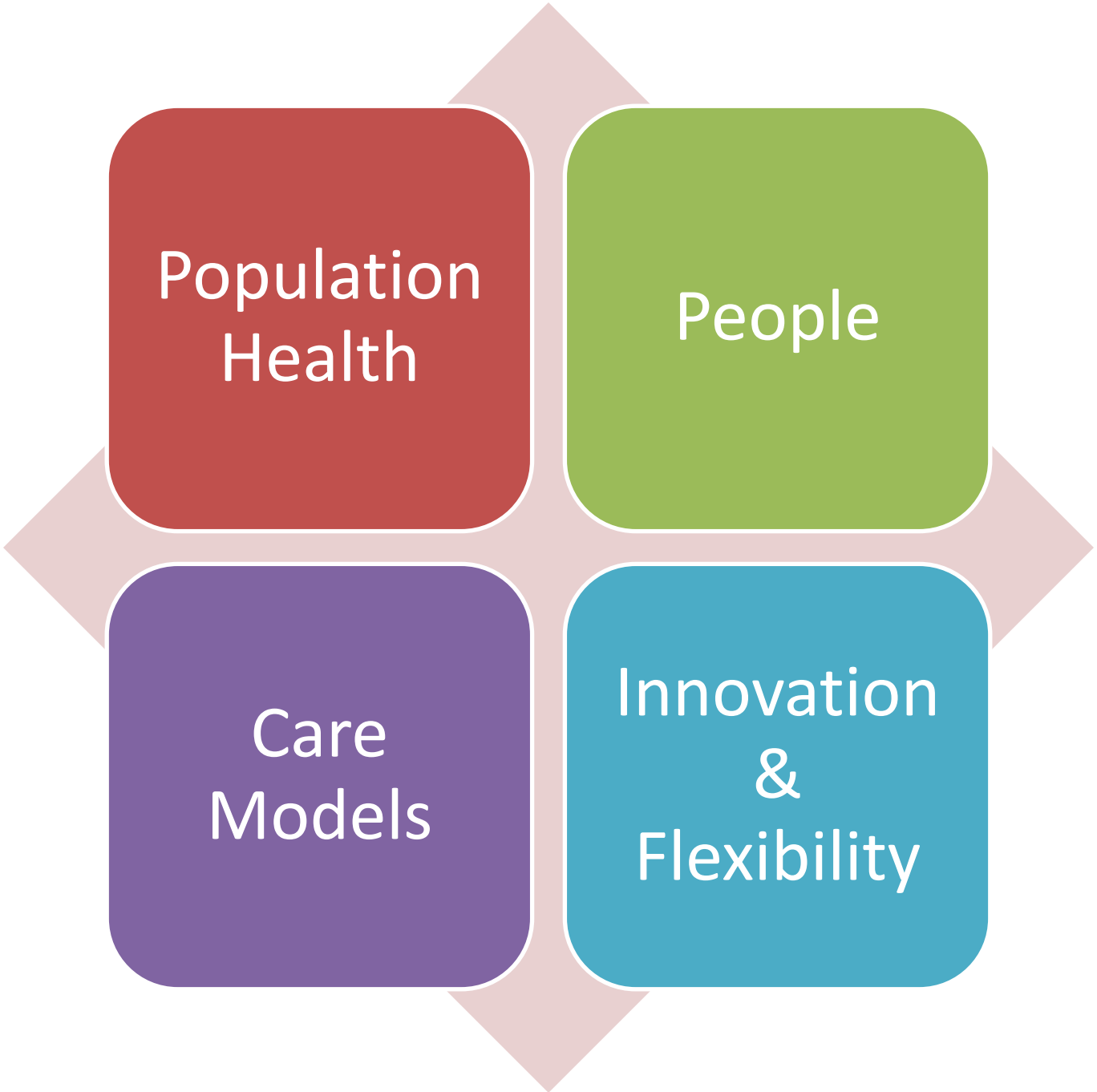
	Community Category	Level of Care*
High Pop. Density	**Large Urban**	Highly specialized care, with subspecialties, to meet tertiary care needs of surrounding community and health authority-wide referrals.
Population Density / Community Isolation	**Urban / Small Urban**	Specialty medical and surgical care to meet regional care needs of broad referrals from across a large health area.
		General inpatient care and some specialized services (such as general surgery, intensive care and inpatient psychiatry), diagnostics, mental health team available.
	Rural	Some specialized acute services (such as perinatal and day surgery), residential care and assisted living generally available in all communities.
		Limited general inpatient care to meet basic acute care needs of local population, Public Health, Mental health and substance use services available in community, residential care and assisted living services available in some communities.
	Small Rural	Primary and community care that meets most health needs of the population, with potential for urgent and basic emergency care in some locations. Visiting Child, Youth and Family and mental health and addictions outreach services.
High Community Isolation	**Remote**	First aid and nurse-led care to meet immediate needs of remote population. May include facilities for itinerant primary and community care that meets basic community health needs.
		Community too small and dispersed to sustain local health services. Health service needs addressed in neighbouring communities.

*Each category typically includes everything in the categories below

The Rural System of Care




future strategies


Population Health
People
Care Models
Innovation & Flexibility

Partnering to Improve Health

- Partner with local government and First Nations leaders to identify community and rural specific health challenges – social/economic, health status
- Develop and enhance local strategies to address rural-specific health challenges
- Develop joint community planning between health, education, children and family development, housing and others

Attract and support rural health providers

- Evolve roles to enable team-based care, local innovation, and flexibility – team work, generalists, combined roles.
- Incrementally expand paramedicine program to augment community-based care.
- Attract and retain health professionals, including physicians, nurses, nurse practitioners, midwives and others
- Enhance training and professional development to support generalist practice (e.g., General Practitioner Oncology)
- Build supportive professional practice environments for rural staff.
- Implement flexible compensation models.
- Education to support cultural competence.

Improve access to local primary care team and to specialized care

- Interprofessional team as the foundation of health service, augmented by visiting and virtual services.
- Optimized Telehealth, bringing specialty services to communities and minimizing travel.
- Patients and families at the centre of every interaction.
- Explore ways to overcome transportation barriers for rural residents including high and low acuity transport.
- Partner with communities to support aging in place in the rural context.


rural health human resource policies

Rural Physician Incentives & Support Programs (JSC)

- Rural Recruitment Incentive
- Rural Recruitment Contingency Fund
- Health Match BC
- Rural GPs for BC
- Rural Retention Program
- Rural Isolation Allowance
- Northern Isolation Travel Assistance Outreach Program
- Rural Emergency Enhancement Fund
- Rural GP Locum Program
- Rural GP Anaesthesia Locum Program
- Rural Specialist Locum Program
- Rural Continuing Medical Education
- Rural Education Action Plan
- Rural Co-ordination Centre of BC

Rural Nursing and Allied Health Incentives & Support Programs

- Loan Forgiveness
- Isolation Allowance
- Post Secondary Education Initiatives to target rural/remote needs (e.g., Physiotherapy; expansion of MRT to College of New Caledonia and Camosun College)
- Health Match BC
- 80 (minimum) New Community Paramedicine FTEs between April 1, 2015 and March 31, 2019

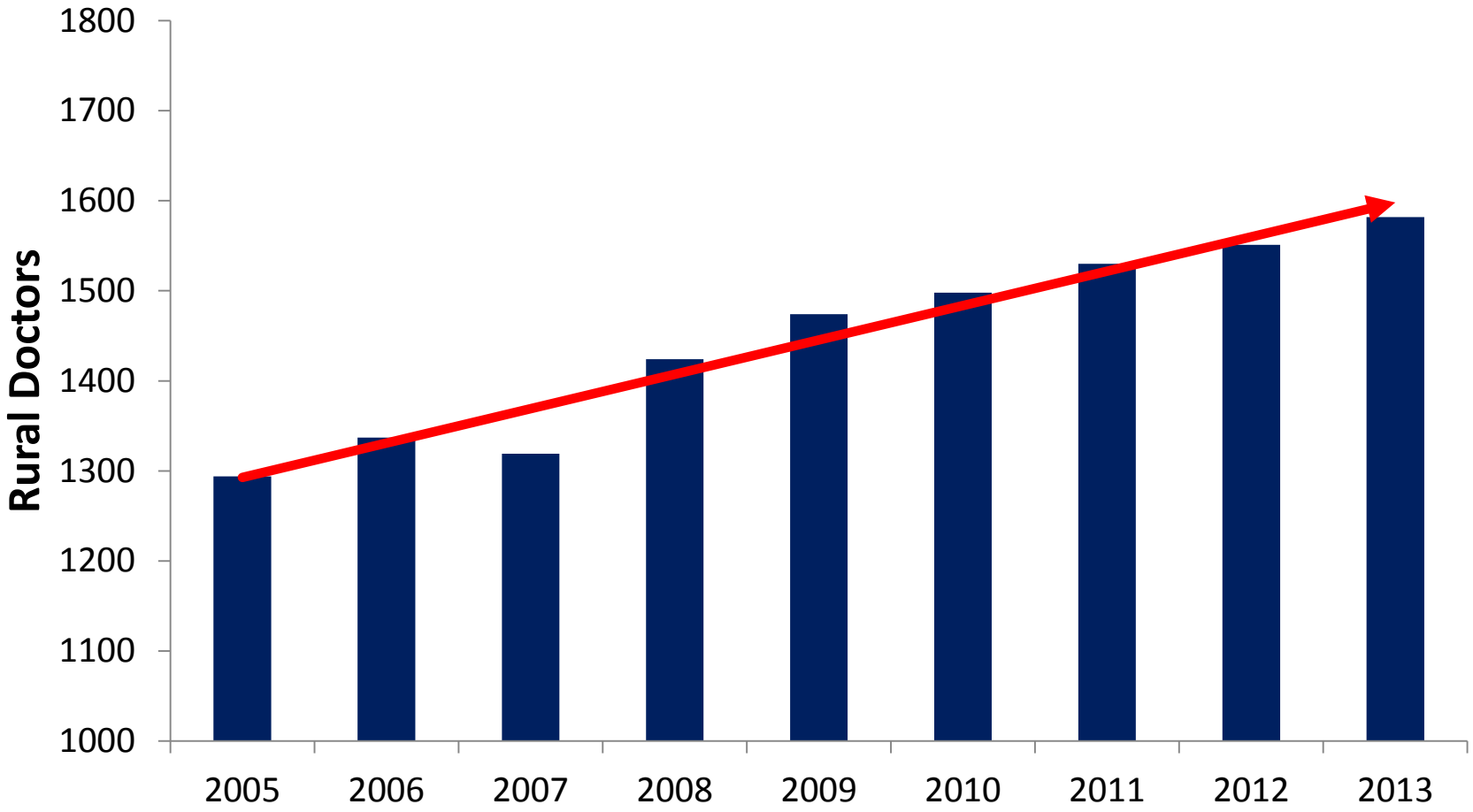

rural health human resources data

While we are making progress…

There are still many challenges to consider

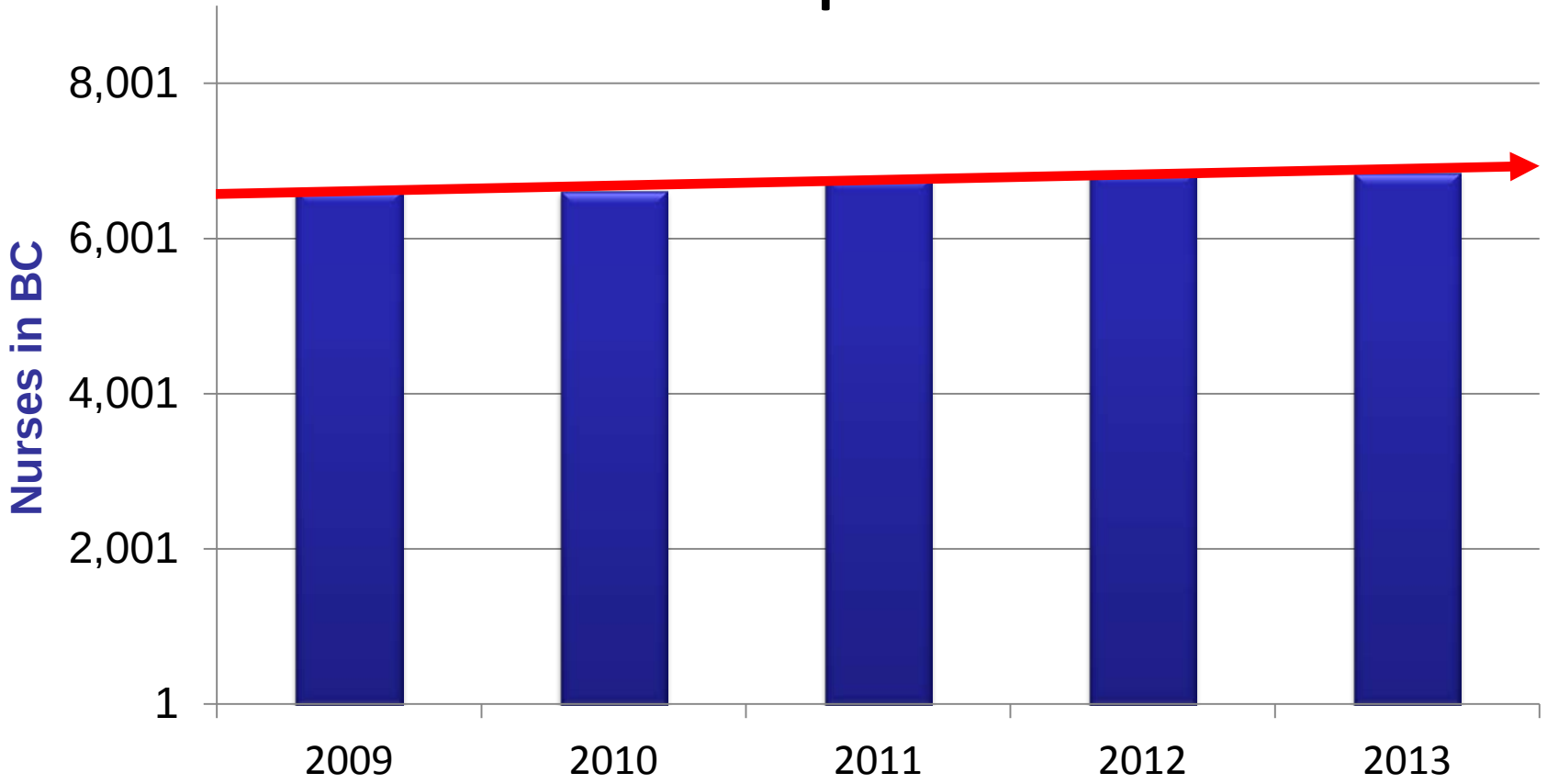
- Isolation, on-call, coverage
- Fragility of service delivery system in rural communities when one provider leaves
- Challenges of recruiting and retaining International Medical Graduates (reluctance to stay once their return of service has been met)
- Pending physician and other health professional retirements
- Closing the health gap for First Nations

Rural Doctors in BC, 2005-2013



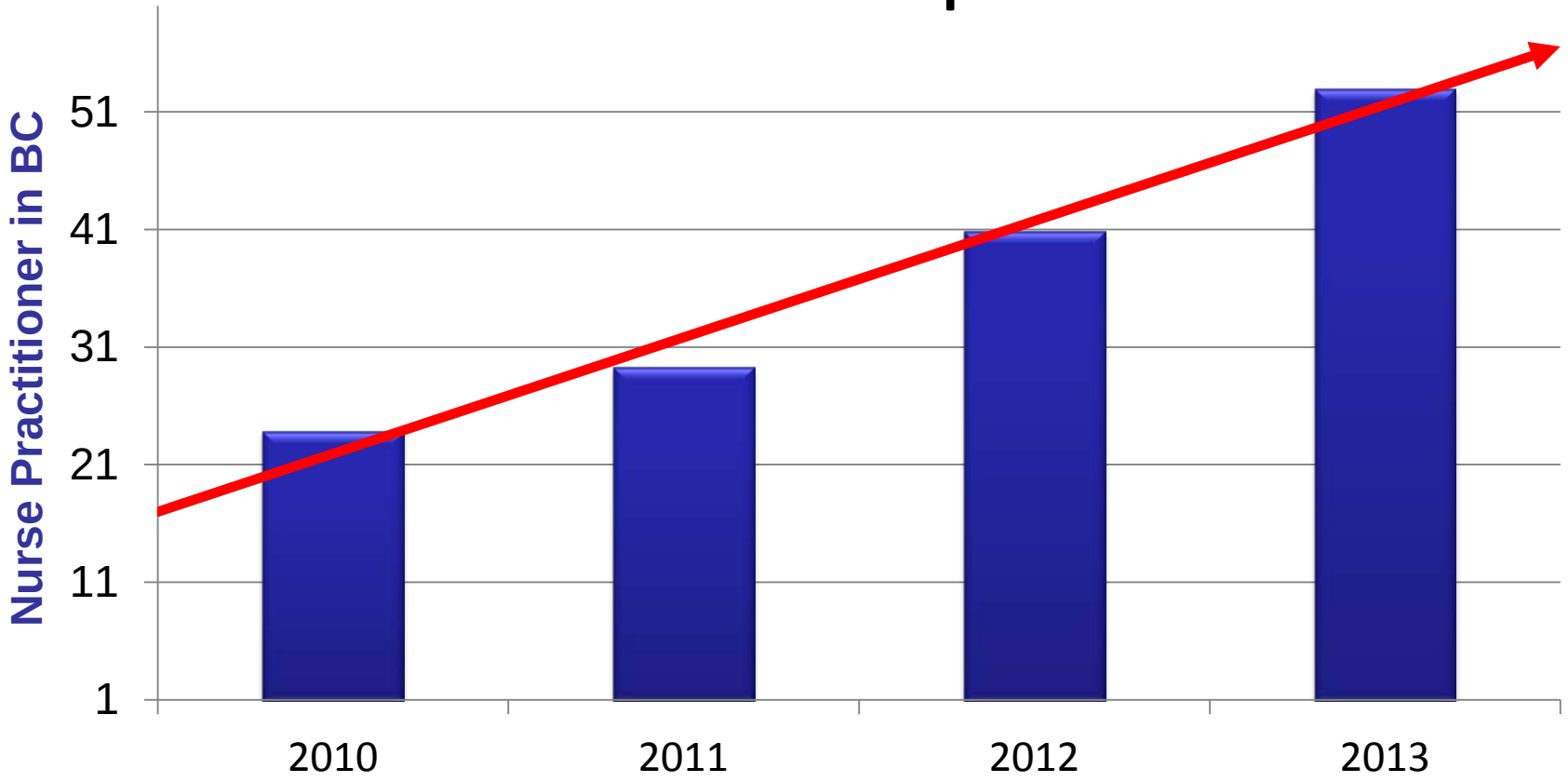
Source: rural physician count 03-08 at 20091208.xlsx. Physician Compensation Rural Database, 2009-2013

Rural and Remote Nurses in BC
Full-Time Equivalents



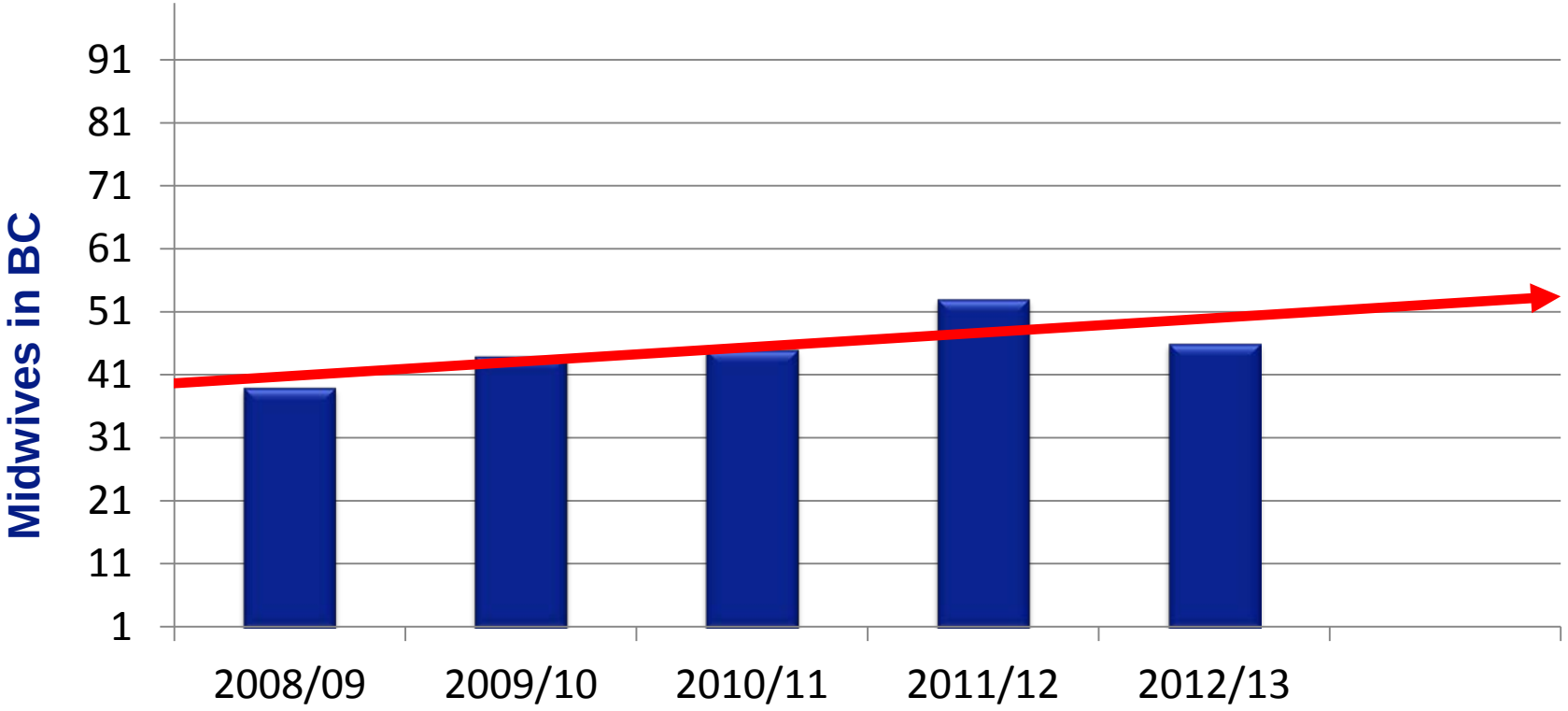
Data captures rural and remote communities from Interior, Vancouver Island and Northern Health Authorities
Includes employees in public health system

Rural and Remote Nurse Practitioner in BC Full-Time Equivalents



Data captures rural and remote communities from Interior, Vancouver Island and Northern Health Authorities
Includes employees in public health system

Rural and Remote Midwives in BC
Full-Time Equivalents



Data captures rural and remote communities from Interior, Vancouver Island and Northern Health Authorities
Includes employees in public health system

strategy to action – next steps

Health Authorities

- Focus is to improve access to primary and community care and specialized services by:
  - Utilizing interprofessional teams and wrapping services around the patient and family
  - Leveraging technology
  - Developing community partnerships
  - Working with First Nations
  - Working collaboratively with Divisions of Family Practice and Community Services Committees
- Health Authority Annual Service Plans will outline action plan

Ministry of Health

Building and revising the policy framework/s to support rural health service delivery:

- Compensation, contracting, and employment models
- Duplicate/over-lapping services during transition
- Recruitment strategies
- International Medical Graduate processes
- Expansion of distributed medical education
- Privileging and credentialing of medical staff in rural areas

We Want to Hear Your Thoughts

- What do you like about the overall strategic approach?
- What is your feedback on the guiding principles (e.g., are any key principles missing)?
- What specific actions did you expect, but did not see or hear?
- Other comments or suggestions?

Feedback

- Discuss with Ministry of Health representatives and Health Authority representatives during UBCM and over the next month
- Provide your comments on the feedback sheet
- Email your comments to:

  RuralHealthBC@gov.bc.ca

northern health
the northern way of caring

Planning, Quality & Information Management
299 Victoria Street, Suite 600
Prince George, BC V2L 5B8

BOARD BRIEFING NOTE

Date:	**October 6, 2014**	
Agenda item	**Board and Executive Strategic Plan Scorecard**	
Purpose:	☒ **Information**	☒ **Discussion**
	☐ **Seeking direction**	☐ **Decision**
Prepared for:	**Northern Health Board of Directors**	
Prepared by:	**Tanis Hampe, Regional Director, Quality & Innovation**	
Reviewed by:	**Fraser Bell, VP PQIM**	

Issue:

Northern Health has recently experienced positive movement in some indicators on the Board and Executive Strategic Plan Scorecard; notably hand hygiene and surgical safety checklist use. The purpose of this briefing note is to provide insight into the perceived factors contributing to this success.

Background:

Insights provided by the Regional Manager, Infection Prevention and Control (about hand hygiene and surgical site infections) and the Executive Lead, Surgical Services (about the surgical safety checklist) were blended with published evidence on change processes to inform a list of contributing factors. The evidence base was provided by a change model developed by Tamara Checkley, Research and Evaluation Coordinator, from her synthesis of key literature. The draft change model is in Attachment 1.

Results:

The successes are credited to a combination of influencing factors.

- The initiative was a **prioritized organizational goal** with assigned leadership **accountability.**
- The goal was **clearly articulated** (i.e., what we want to achieve) and supported with **evidence-informed policy and procedures** (i.e., how we will achieve it). The goals were well understood as important to patient care.

- **Paying attention. Communication**.
    - By virtue of being organizational priorities, hand hygiene and surgical safety checklist use receive attention and are the subjects of organizational communications.
    - In addition, a quality improvement project on surgical site infections focussed attention on that area and the "Clean Shots" campaign brought more attention to hand hygiene in the spring of 2014.

- **Clinical Champions/Leadership**
    - The Regional Manager, Infection Prevention shared a story of a Surgeon who approached an Infection Control Practitioner (ICP) with a concern about an increasing rate of surgical site infections in patients receiving a particular procedure in the facility. The ICP worked with the clinician to conduct a retrospective study on the surgical procedures, find research on best practice guidelines, implement a recommended intervention based on that evidence, and complete a three-month follow up surveillance study. The surgeon `championed' the evidence-based intervention (practice change) with colleagues and was supported by local surveillance data demonstrating that: a) an issue existed, and b) an impact resulted from the intervention.
    - This story demonstrates the importance of clinical leadership and the interpersonal interaction and influence required for change. It also highlights the importance of collecting and sharing evidence.

- **Surveillance/monitoring and feedback. Celebration and Recognition.**
    - The story above demonstrated an active culture of continuous quality improvement and evidence-informed, data-driven decision making that facilitates change.
    - Quality improves through an understanding of the current state and intentional, systematic improvement of processes and practices. This is guided by appropriate measurement.
    - Audit and feedback is one way to bring attention and understanding to a practice and can positively impact personal motivation to change. An ongoing challenge remains the ability to consistently conduct audits and provide feedback to staff on the measures in a consumable format.
    - Ongoing measurement that demonstrates positive movement that is recognized and celebrated reinforces personal motivation and organizational momentum.
    - Northern Health is maturing in our ability to display data that supports meaningful use of the information. For example, work continues with clinicians to display infection rates in a format that includes the right level of detail, contains relevant information and is easy to read/interpret.

- **Collaboration**
    - Change was not the outcome of a single person's actions. It was not accomplished in isolation. For example, in addressing improvements for surgical site infections, the ICPs work with clinicians and managers and the Infection Control Program collaborates with the Surgical and Perinatal Programs.

- **Infrastructure that supports quality care. Care processes embedded in workflow.**
    - Making the right thing to do the easy thing to do facilitates successful change and high quality care. The most significant factor cited to affect the positive direction for the surgical safety checklist is the implementation of the Cerner Surginet at UHNBC. The computerized OR charting module requires the surgical safety checklist to be a mandatory field, resulting in a significant increase in compliance with charting (i.e., from mid-70% to 99%).

- **"It's taken time…".** An element of persistence and an understanding about organization development and change processes facilitates improvement. It is important to acknowledge that it has taken time to move these indicators and it will take continued organizational effort to sustain the improvement.

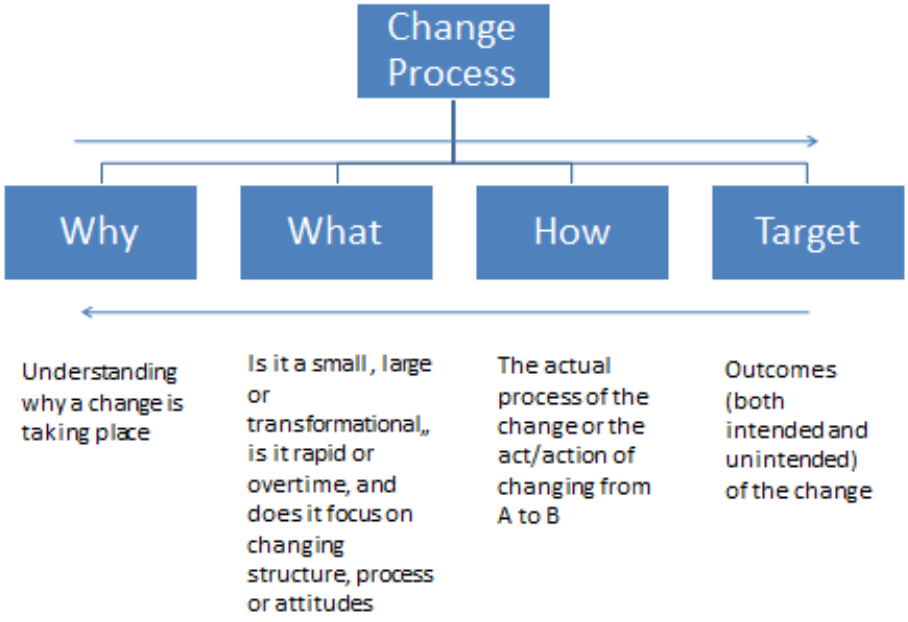
The weight of influence or contribution of any particular factor is not well understood except in the case of improvement in the use of the surgical safety checklist.

The literature contains other factors that facilitate successful change (see Attachment 1). This briefing note was limited to elements that were believed to have positively impacted the direction of improved hand hygiene, increased use of the surgical safety checklist, and decreased surgical site infections.

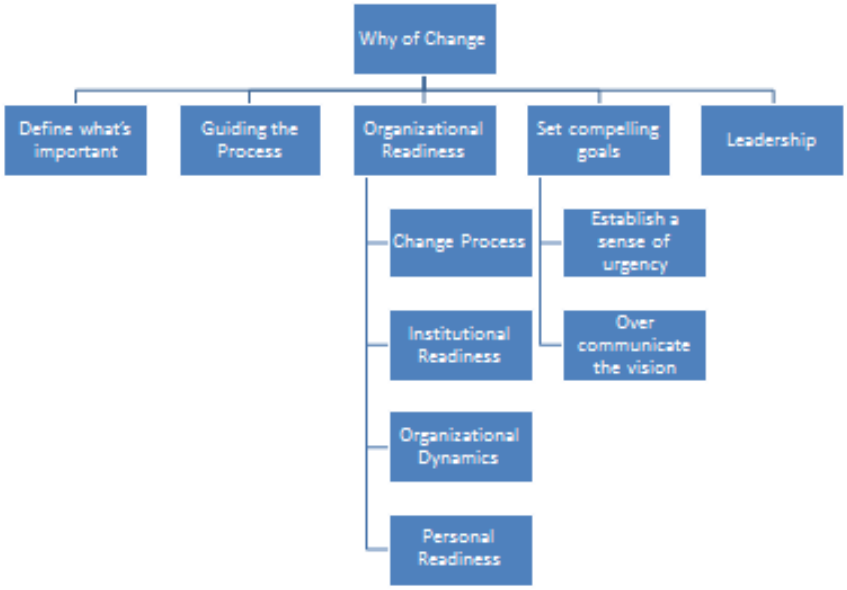
Attachment 1
Key Factors of a Successful Change
Tamara Checkley, Research and Evaluation Coordinator

This is a draft change model based on the literature, highlighting key areas of focus when going through a small or large change process. Each of the categories (Why, What, How and Target) is outlined as a flow chart, followed by a table that provides a brief description of the categories as well as examples of tools or actions.

The model will continue to be adapted with emerging research on organizational change, implementation science, improvement science, and knowledge translation. The intention is to test the model in a Northern Health context.



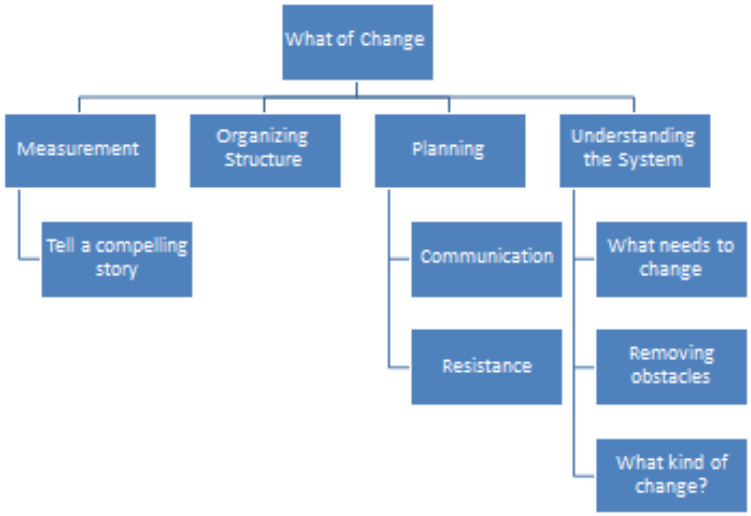
Why of Change



Category Level 1	Category Level 2	Description	Examples of Tools/ Actions
Define what's important		A lot of competing priorities; can't address them all at once so you have to define what you are going to focus on as an organization that is feasible while also continuing with the day to day work	Pareto
Guiding the Process		Assemble a group with enough power to lead the change effort; this group needs to be available to lead and define lines of accountability	Senior managers in or supporting core group Planned accountability
Organizational Readiness		Assess organizational readiness -degree to which those involved are individually and collectively primed, motivated, and technically capable of executing change; using validated assessment tool (4 key factors to assess)	Backwards planning 5 whys Validated assessment tools
	Change Process	Understand history of change in the organization, what the approach will be and what the opportunities for change are	
	Institutional Readiness	Resources for change including management infrastructure, communication, leadership and	identify resources that enhance ability to change

		decision making approaches, perception of competing demands and relationships among members - Evidence, operational readiness, process readiness,	identify operations and communications assess interest, attainability and sustainability of change target
	Organizational Dynamics	External/internal motivators - external systems, events and environmental characteristics; environmental readiness for change; climate for change (mission, communication, stress etc.)	identify environmental factors identify forces that shape organization identify barriers to externalities; address barriers
	Personal Readiness	motivation of key stakeholders who have both an investment and the capacity to influence how the change happens; they must have a desire or interest to make an effort; End user readiness (perception of benefits, commitment, background and skills, involvement, response to change)	Seven factors of adoption process identify people who have the capacity to realize change assess individual motivation align motivation
Set compelling goals		Clearly articulate the goals you are trying to achieve; clear, compelling and time bound and defines the objective; use value based language	Aim statement
	Establish a sense of urgency	If the urgency is not pumped up enough the transformation process will not occur; use clear vision to communicate information broadly	
	Over communicate the vision	Credible communication that engages the hearts and minds of staff; use multiple and diverse channels Field and line employees provide the information they need to understand the bottom-line impact of their day to day choices	appreciative inquiry approaches performance management and measurement; telling stories communication plans; multiple media and strategies leaders and champions
Leadership		"Walk the walk" senior managers that deliver consistent messages and model the desired behaviors; patient focused, ongoing front line engagement, remained focused on the vision and strategy, transparent about the change and encourage systems approach	

What of Change

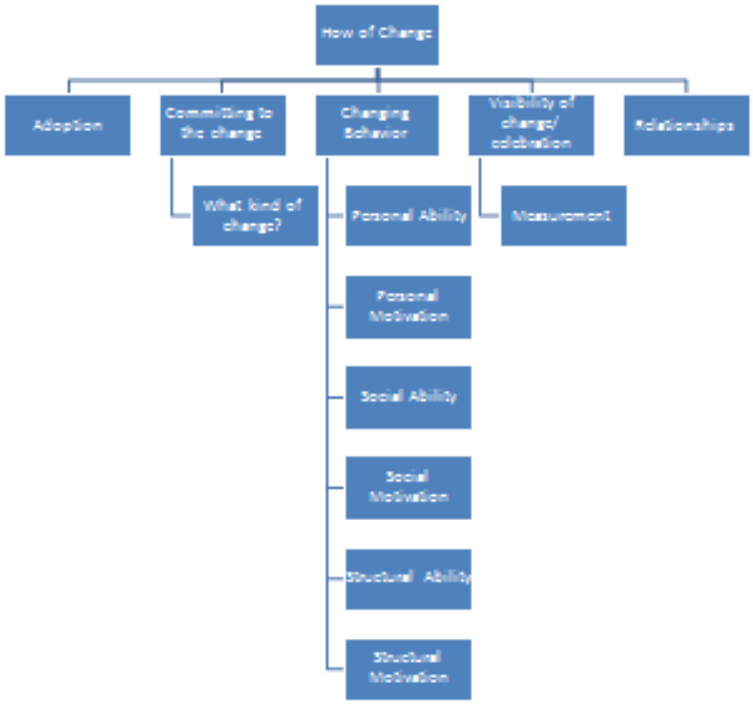


Category Level 1	Category Level 2	Description	Examples of Tools/Actions
Measurement		Frequent clear measures are needed; you have to pick something to represent the idea "A measure won't drive behavior if it doesn't maintain attention, and it certainly won't maintain attention if it's rarely assessed"	SMART goals Outcome/process/ balancing
	Tell a compelling story	Setting measurements is not enough; have to know where your process and outcome measures are at; use of visible and transparent tools (using process and outcome) tells a team where they are at, where they should be supports informed problem solving and decision making	Scorecards
Organizing Structure		What will the structure look like to support the change; organizational supports such as QI or data need to be defined; what role will they play in relation to those on the; delegating operational responsibility of implementation closer to the frontline	Networks Change agents
Planning		Active and supported planning on an ongoing basis; purposeful planning for clarity, resource alignment and accountability; resource change based on needs and capacity of staff; accountability - use organizational and activity structures to support	Project Management Charter

		accountability of change	
	Communication	To the rest of the organization- Active dissemination of change using various people based or formal communication strategies; use established common language; 'stickiness' ensuring that the message has content that will render it memorable Feedback loops -important accurate, up to date information about the environment of the organization is communicated to corporate	Networks Opinion leaders "connectors, mavens and salesmen" Active communication plans Forum/place for exchanging information
	Resistance	Systematically assess who, when and why different people may resist; different kinds of resistance: think they may lose something of value to them, not understanding its implications and perceive they may cost them (when trust is lacking), assess the situation differently from managers, fear they will not be able to develop the skills and behavior that will be required of them	Force field analysis Kotters – • education - communicate the desired changes and reasons for them • participation - involve potential resisters in designing and implementing the change • facilitation - provide skills training and emotional support • negotiation - offer incentives for making change • coercion - threaten loss of jobs or promotion opportunities, fire or transfer those who can't or won't change
Understanding the system		Organizations are complex systems; change in one area will impact other areas (Deming, 1986); need to understand the impacts on the system as part of the change process	

	What needs to change	Need to identify what behaviors, actions or systems need to change in order to achieve goals; Pareto Principle - focus on the top few high leverage behaviors that will have the most influence	Environmental assessment Positive deviants Internal/external evidence Crucial moments - look for failure modes and the times and circumstances they happen in, than look at behavior during those moments Culture busters - moments that challenged norms; collect stories of these moments - reveal unwritten rules or norms
	(Level 3) Using evidence	Types of evidence (PARiHS Framework) • Research -evidence needs to be translated and adapted so it makes sense in the local context. Research evidence is less certain and less value-free than is often acknowledged. • Practitioner expertise and experience - the tacit knowledge of practitioners, or 'practical know-how' needs to be made explicit for practitioner expertise to be shared, critiqued and developed • Community/intended population - groups and communities need to be included in decision making. • Local context and environment - data on the local context such as evaluation data, local community stories and knowledge of the organizational culture needs to be considered.	National Collaborating Ctr for Methods and Tools process: • Define - PICO • Search - 6S pyramid • Appraise - AMSTAR or AGREE • Synthesize • Adapt 'Can I use this research for my context'

How of Change

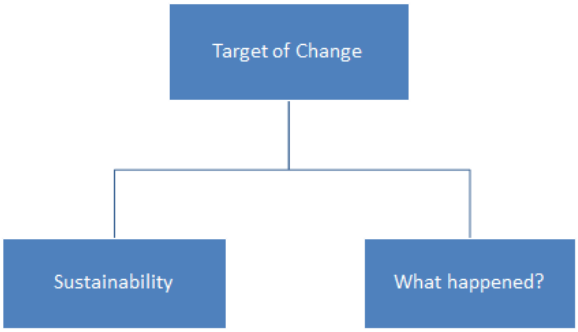


Category Level 1	Category Level 2	Description	Examples of Actions/Tools
Adoption		Change needs to be adapted, refined and modified to suit the needs of the user is more likely to be adopted	Diffusion of Innovation 5 stages of decision innovation process Commitment model (8 stages to commitment)
Committing to the change		Establishing accountability by making personal commitments to the entire team and following through in a disciplined way leadership - level of importance placed on supporting sessions will determine the results the team produces; modeling the behavior you want to see in the team	Set consistent focused meetings related to the goal; each meeting reviews accountabilities, data and plans for next steps
Changing behavior		Describes the type of support needed to help people change their attitudes, habits, skills and ways of thinking and working; help people understand what they have to change and how to change it to achieve the desired outcome.	

		Enlist the power of social capital; more likely to succeed as a group; turning a me problem into a we problem have people who are involved with creating the problem, solve the problem; if bad behavior is reinforced by multiple players	
	Personal ability	Engage in deliberate practice (perfect practice makes perfect); provide regular and detailed feedback against a known standard; short intervals between teaching and testing	Set small goals with daily monitoring and recording; set goals to target processes not outcomes; record your information so you have proof of constant improvement build in resilience - support ppl to learn that effort and persistence are eventually rewarded with success support people in building skills to classify, debate, deliberate and delay so they can avoid making gut reactions that may have a negative impact on the change process
	Personal motivation	Make the undesirable, desirable	Allow for choice (motivational interviewing) Create direct experiences (invite people to try) Tell meaningful stories (us experience to put a human fact to actions) Make it a game (frequent feedback, constant improvement, personal control to record measures)
	Social ability	Enlist the power of social capital; more likely to succeed as a group; turning a me problem into a we problem have people who are involved with creating the problem, solve the problem; if bad behavior is reinforced by multiple players, all players have to be engaged in influencing the change	Team development
	Social motivation	Encourage candor, embrace it, celebrate it and reward the person who has the guts to speak their mind about the current state; talk about the good, the bad and the ugly accountability - pace of change is	Modeling of behaviors by formal and informal leaders Create new norms Engage formal and informal opinion leaders

		supported by the speed at which you can get people to hold each other accountable; encourage right behavior and confront the wrong; environment should be developed where everyone holds each other accountable	
	Structural ability	Make the right behavior easy to do look for environmental cues (things) - search for subtle features in the environment that are silently driving the wrong behavior (e.g. left turns but not sign indicating you can't)	Provide cues in the environment Draw attention to critical data
	Structural motivation	Incentives; ensure that rewards come soon, are gratifying and clearly tied to the vital behavior reward small improvements in behavior along the way; performance is best improved by rewarding incremental change	Reward effort not outcome
Visibility of change/ celebration		Risk of losing momentum if there are no short-term goals and celebration of achievements actively look for ways to obtain clear performance improvements, establish goals, achieve the objectives and reward people involved	
	Measurement		Audits
Relationships		Change is achieved through interpersonal interaction; change spreads through interaction but action involves personal decisions Building relationships through multidisciplinary teams structured with mixed management and leadership; flexible support with time and resources Allowing for time and space for feedback and critical reflection by staff; also includes getting frontline staff input into implementation process, and encouraging sharing knowledge; consultations, advisory groups etc.	Participatory goal setting Networks Improvement teams Identify and nurture champions at all levels - encourage support of vision, process, support

Target of Change



Category Level 1	Category Level 2	Description	Examples of Tools/Actions
Sustainability		Have to anchor the changes into the culture to ensure sustainability of the work; until behaviours are rooted in social norms and shared values they risk losing ground Conscious attempts to show people how the new approaches, behaviors and attitudes have helped improve performance (communication) Take sufficient time to make sure new (and all existing) generation of management personify the change	alignment of vision with action distributed leadership staff engagement in problem solving measurement/demonstration of links between change and practice incremental change
What happened		After programs, projects etc. have been completed, there needs to be a thorough reflective review of what occurred, why and what could be done differently the next time	Post evaluations

References:

Attieh, R., Gagnon, M., Estabrooks, C., Legare, F., Ouimet, M., Roch, G., Ghandour., & Grimshaw, J. (2013). Organizational readiness for knowledge translation in chronic care: a review of theoretical components. *Implementaiton Science, 8:138.* Retrieved from http://www.implementationscience.com/content/8/1/138

Bell, F. (2013). Meeting Organizational Objectives in Healthcare: A Review of the Literature (Unpublished doctoral assignment). University of Northern BC: Prince George.

Birken, Sarah A, Shoou-Yi Daniel Lee, and Bryan J Weiner. *Uncovering operational leaders' role in healthcare innovation implementation.* Ann Arbor, Michigan: University of Michigan School of Public Health, 2012

Ciliska, D., Thomas, H., & Buffett, C. (2010). An Introduction to Evidence-Informed Publich Health and A Compendium of Critical Appraisal Tools for Public Health Practice. *National Collaborating Centre for Methods and Tools.* Retrieved from http://www.nccmt.ca/pubs/2008_07_IntroEIPH_compendiumENG.pdf

Cohen, D., McDaniel, R., Crabtree, B., Ruhe, M., Weyer, S., Tallia, A., … Stange, K., (2004). A Practice Change Model for Quality Improvement in Primary Care Practice. *Journal of Healthcare Management, 49(3), 155-168.* Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/15190858

Elliot, C. (1999). *Locating the energy for change: An introduction to appreciative inquiry*. Winnipeg Manitoba: International Institute for Sustainable Development.

Gladwell, M. (2002). *The Tipping Point: How Little Things Can Make a Big Difference*. New York, NY: Hachett Book Group Ltd.

Greenhalgh, T., Robert, G., MacFarlane, F., Bate P., & Kyriakidou, O. (2004). Diffusion of Innovations in Service OrganizationsL Systematic Review and Recommendations. *The Milbank Quarterly, 82-4, 58-629.* Retrieved from http://onlinelibrary.wiley.com/doi/10.1111/j.0887-378X.2004.00325.x/pdf

Grenny, J., Patterson, K., Maxfield, D., McMillan, R., & Switzler, A. (2013*). Influencer: The New Science of Leading Change* (2nd ed.). United States: McGraw Hill Education.

Holt, D., Helfrich, C., Hall, C., Weiner, B. (2009). Are you Ready? How Health Professionals Can Comprehensively Conceptualize Readiness for Change. *Journal of General Internal Medicine, 2009, 50-5, doi: 10.1007/s11606-009-1112-8*

Kezar, A.J. (2001). *Understanding and Facilitating Organizational Change in the 21st Century.* San Francisco, CA: Jossey-Bass A Wiley Company.

Killen, C. P., Jugdev, K., Drouin, N., & Petit, Y. (2012b). Advancing project and portfolio management research: Applying strategic management theories. *International Journal of Project Management, 30*(5), 525-538. doi:10.1016/j.ijproman.2011.12.004

Kotter, J. P. (1996). *Leading change*. Boston, Ma: Harvard Business School Press.

Kotter, J. (1998). 'Cultures and Coalitions' in Gibson, R. (ed.) *Rethinking the Future; Rethinking Business, Principles, Competition, Control & Complexity, Leadership, Markets and the World*, Nicholas Brealey, London.

Kotter, J. P. (2012). ACCELERATE! (cover story). *Harvard Business Review, 90*(11), 43-58.

Kotter, J. & Schlesinger, L. (2008). Choosing Strategies for Change. *Harvard Business Review, July-August 2008.* Retrieved from http://hbr.org/2008/07/choosing-strategies-for-change/ar/1

McChesney, C., & Covery, S. (2012). *The 4 Disciplines of Execution*. New York, NY: Free Press.

Mitchell, G. (2013). Selecting the best theory to implement planned change. *Nursing Management, 20, 32-37.* Retrieved from http://www.academia.edu/3112551/Mitchell_G._2013_Selecting_the_best_theory_to_implement_planned_change_Nursing_Management_20_1_pp._32-37

Neave, H. (1987). Demings 14 Points for Mangement: Framework for Success. *Journal of Royal Statistical Society. Series D (The Satistician), 36-5, 561-570.* Retrieved from http://www2.fiu.edu/~revellk/pad3003/Neave.pdf

Neilson, G., Martin, K., & Powers, E. (June 2008). The Secrets to Successful Strategy Execution. *Harvard Business Review.* Retrieved from http://hbr.org/2008/06/the-secrets-to-successful-strategy-execution/ar/1

Oliver, K., Innvar, S., Lorenc, T., Woodman, J. & Thomas, J. (2013). A systematic review of barriers to and faciliators of the use of evidence by policymakers. *BMC Health Services Research, 2014, 14-2, doi:10.1186/1472-6963-14-2*

Patton, M. Q. (2002). *Qualitative Research and Evaluation Methods*. Thousand Oaks, CA: Sage

Pettigrew, A., & Whipp, R. (1992). *Managing change for competitive success*. Oxford: Blackwell.

Plath, D. (2012). Implementing Evidence-Based Practice: An Organisational Perspective. *The British Journal of Social Work, October 2013,* doi:10.1093/bjsw/bcs169

Plsek, P. E., & Greenhalgh, T. (2001). Complexity science: The challenge of complexity in health care. *BMJ (Clinical Research Ed.), 323*(7313), 625-628.

Plsek, P. E., & Wilson, T. (2001). Complexity, leadership, and management in healthcare organisations. *BMJ (Clinical Research Ed.), 323*(7315), 746-749.

Rycroft-Malone, J. (2004). The PARIHS Framework – A Framework for Guiding the Implementation of Evidence-based Practice. *Journal of Nursing Care Quality, 19-4, 297-304*. Retrieved from http://stimulation-basale.eu/Pflege/pflege-ol/PARIHS.pdf

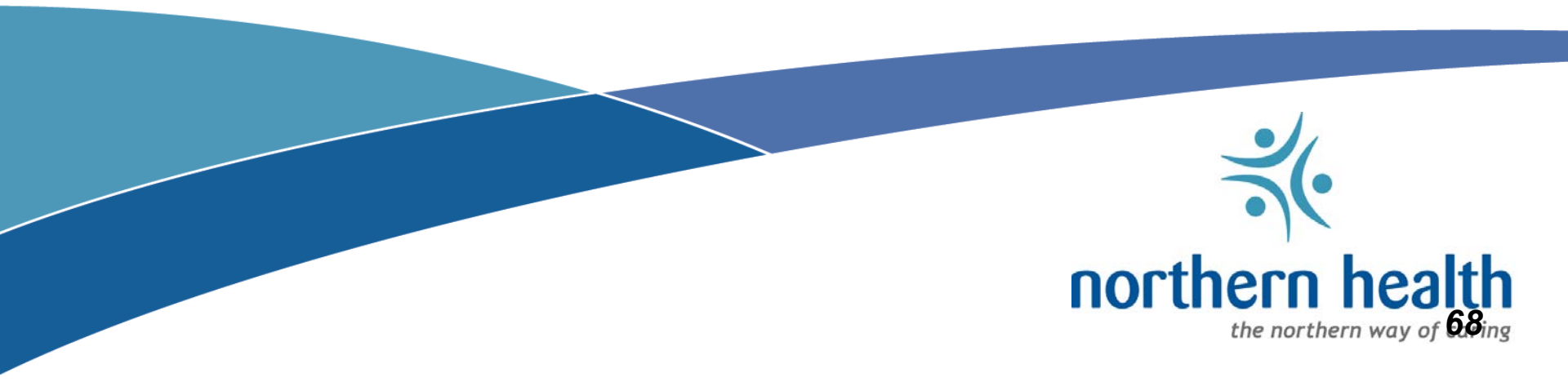
Shapiro, Matthew A. "Toward an Evolutionary Democracy: The Philosophy of Mary Parker Follett,."*World Futures*, 2003: 585-590.

Steffen, I., Canner, N., & Neilson, G. (2008). The Secrets to Strategy Execution: The Idea in Practice. *Harvard Business Review, June 2008.* Retrieved from http://hbr.org/web/ideas-in-practice/the-secrets-to-strategy-execution-the-idea-in-practice

Swensen S, Pugh M, McMullan C, Kabcenell A. *High-Impact Leadership: Improve Care, Improve the Health of Populations, and Reduce Costs*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2013. (Available at ihi.org)

My Healthy Workplace: Taking Care of Business

October 2013



northern health

the northern way of caring

Health & Wellness in the Workplace

- Canadian workers spend an average of 10.5 hours every day at work and commuting.

My Healthy Workplace: Taking Care of Business

- Goals:
  - Promote concepts that support healthy workplaces
  - Engage NH staff to participate
  - Engage northern BC organizations to set the example
  - Ask participants to consider work days and how it affects their health; how can easy changes support improved health

Collaboration

Campaign Structure

Promotional Prompts

- Blog posts
- Media
- Social media
- Video

Putting the Health in "Health & Safety"

September 18, 2013 Tanya Schilling · Leave a Comment (Edit)

Less than a year ago the Centre for Healthy Living (CFHL; the home of Northern Health's population health team) in Prince George recognized that to best meet the safety needs of the growing number of site members, we needed to form a Joint Occupational Health & Safety Committee (JOHSC). As the

er the

with

ross the

Health

SC) for

y have

Members of the Centre for Healthy Living JOHSC enjoying the
at their site's community garden plot. Left to right: Nancy Vi
Dosanih, Virginia Dekker, Sherry Ogasawara, Loraina Steph

Bringing physical activity into the work day

September 24, 2013 Michael Melia · Leave a Comment (Edit)

This spring and summer, a small group of us started to run the Terrace Mountain trail during the lunch break. This is not for the faint-hearted and according to my wife, is not something a sensible person (of my age) would do!

Starting from the car park at the rear of the Skeena Health Unit, the first kilometer consists of steep, muddy inclines. After that, we follow part of the route used in the annual 'King of the Mountain' race. The feeling of achievement, accomplishment and overall sense of well-being is difficult to describe. Neither a treadmill nor

Participants

- 80 teams registered from across the north

Week 1: Safety and health in the workplace

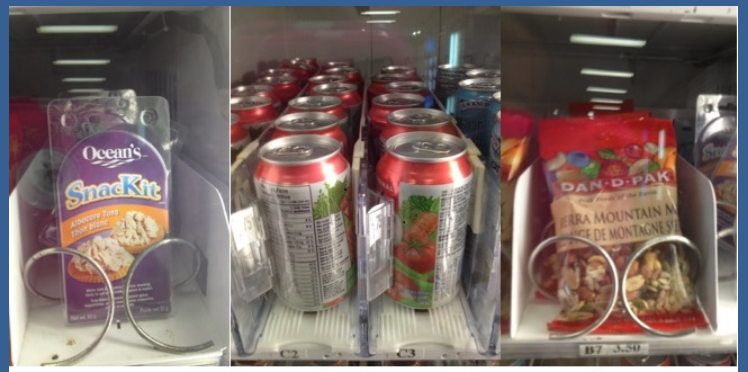
99% of participating teams submitted

Week 2: Reduce sedentary behaviour & increase physical activity at work

84% of participating teams submitted

Week 3: Healthy eating at work; accessibility of healthy choices

75% of participating teams submitted



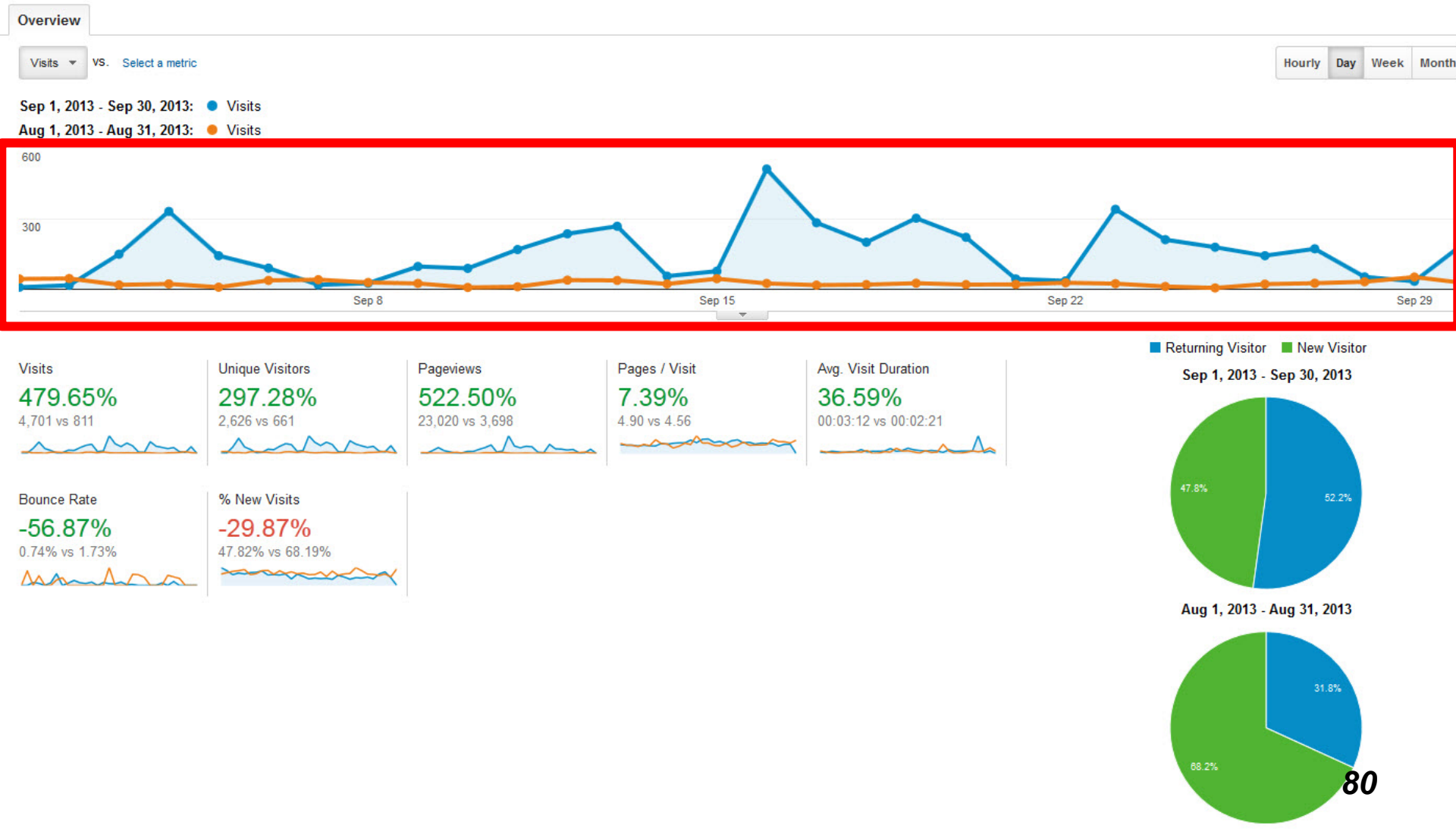
Healthy Snacks

Winners

- Winning team: DP Todd Secondary School (708 votes)

NH Staff Involvement

NH Blog Visits



NH Blog Stats

	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Growth (Aug to Sept)
Visits	811	4,701	2,087	1,888	479%
Unique visits	661	2,626	1,638	1,394	297%
Page views	3,698	23,020	8,068	6,885	522%
Bounce rate	1.73%	0.74%	1.29%	1.01%	
Number of posts	5	16	10	18	

NH Blog Stats

	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Growth (Aug to Sept)
Visits	811	4,701	2,087	1,888	479%
Unique visits	661	2,626	1,638	1,394	297%
Page views	3,698	23,020	8,068	6,885	522%
Bounce rate	1.73%	0.74%	1.29%	1.01%	
Number of posts	5	16	10	18	

Facebook Stats

	August 2013	Sept 2013	October 2013	Nov 2013	Growth (Aug to Sept)
Total page likes (end of month)	1,540 (71 new in August)	1,880 (372 new in Sept)	2,081 (224 new in Oct)	2,132 (65 new in Nov)	22%
Weekly total reach	**655** (last week)	**34,666** (last week)	**1,377** (last week)	**1,337** (last week)	**5,192%**
People talking about this	22	2,726	37	87	12,290%
Likes on posts	69	5,194	1,656	269	7,427%
Comments on posts	3	492	125	48	16,300%
Shares of posts	15	630	211	59	4,100%

Facebook Stats

	August 2013	Sept 2013	October 2013	Nov 2013	Growth (Aug to Sept)
Total page likes (end of month)	1,540 (71 new in August)	1,880 (372 new in Sept)	2,081 (224 new in Oct)	2,132 (65 new in Nov)	22%
Weekly total reach	**655** (last week)	**34,666** (last week)	**1,377** (last week)	**1,337** (last week)	**5,192%**
People talking about this	22	2,726	37	87	12,290%
Likes on posts	69	5,194	1,656	269	7,427%
Comments on posts	3	492	125	48	16,300%
Shares of posts	15	630	211	59	4,100%

Evaluation

Practice Safe Lifting Techniques

Evaluation Highlights – Survey #1

- Most (72%) already did something at work to support their health most days of the week.
- Nearly all (88%) felt that they had social support in the workplace.
- Half didn't have a plan:
  - *"[We need] some ideas from each other – just something to get us started."*
  - *"[We need] to identify an area to start with."*

Evaluation Highlights – Survey #2

- Even more (80%) did something at work to support their health most days of the week.
  - "Every day" increased from 32% to 48%
- Enjoyed the social aspects/elements:
  - *"The challenges got us to think about our workplace and how we can work together to make it more healthy. It also gave us some incentive to make those changes."*
  - *"It was a good way to bring people together who work at our site, but are not actually part of each other's work team."*
  - *"[We liked] the creative part. It got us thinking and involved."*

Evaluation Highlights – Survey #3

- Two in three teams continue to *do* things they started in the campaign.
- Learned about the impact of working together:
  - *"Working with others to achieve a health challenge or goal is more effective."*
  - *"Many people suffer alone, unnecessarily. The issues affect many."*
  - *"[The] synergy of a team trumps individual efforts."*

Evaluation Summary

In Others' Words…

"With each new challenge, a sense of camaraderie and spirit was developing. All of a sudden our floor was not just a department but we were a community, encouraging and supporting each other, laughing together and sharing personal stories, ideas and thoughts. The shared experience of the challenge fostered teamwork and togetherness between us all."

-- The Crazy Eights (Prince George)

In Others' Words…

"The best part about the challenge was every member of our team signed up. Because everyone participated, it completely changed the work environment. Being healthy became the "norm" and everyone just wanted to be a part of it. In my past workplace settings, when I went for a walk or ate healthy, I kind of felt alone. It kind of discouraged me from doing these things because I didn't want to be the odd one out."

-- Fort Fitness (Fort Nelson)

Successes

National & International Awards

Canadian Public Relations Society:

- *Canadian Marketing Communications Campaign of the Year (bronze)*
- *Canadian Advocacy and Social Marketing Campaign of the Year (bronze)*

International Association of Business Communicators (IABC):

- *Gold Quill Award of Merit in Social Media*

Questions?

Jessica Quinn
Regional Manager, Health Promotion
jessica.quinn@northernhealth.ca

Chelan Zirul
Health Promotion and Communications Officer
chelan.zirul@northernhealth.ca

@northern_health
facebook.com/northernhealth
youtube.com/northernhealthbc
pinterest.com/northernhealth
linkedin.com/company/northern-health-authority

BOARD COMMITTEES V2 BRD 300

PURPOSE

1. Board committees are a mechanism that permits deeper examination of major areas for which the Board of Directors of Northern Health (the "Board") has governance responsibilities, both continuing and emergent, and supports the Board in handling its responsibilities.
2. Only Directors may serve as voting members on Board Committees.
3. Board committees and their respective mandates are established by the Board, and the Board may vary the committee structure from time to time to meet its governance needs. The current Board committees are:
    - Audit and Finance Committee
    - Governance and Management Relations Committee
    - Performance, Planning and Priorities Committee
4. From time to time the Board may assign exceptional tasks to a committee not captured by the committee's terms of reference.
5. The Board may delegate, by Board motion, specific areas of business to a committee to act on behalf of the Board between Board meetings and the committee must report thereon at the Board meeting immediately following.
6. Board committees are not established to assume functions or responsibilities that properly rest with management.

GENERAL GUIDELINES FOR COMMITTEES

1. Each committee reviews its mandate and terms of reference annually. These are submitted to the Governance and Management Relations Committee (GMR) for review in terms of alignment to policy standards, and then submitted by GMR to the Board for approval.

2. Each year the Board Chair is responsible for proposing to the Board the leadership and membership of each committee to be appointed. This will occur in accordance with the Board and Committee work plans or as needed to fill vacancies during the year.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 23, 2013 (r)

3. In preparing recommendations for committee membership and leadership, the Board Chair will consult with the President and Chief Executive Officer (the "CEO") and take into account the preferences, skills and experience of each Director. Periodic rotation in committee membership and leadership is to be considered in a way that recognizes and balances the need for new ideas, continuity, and maintenance of functional expertise.

4. The Board Chair will be an ex-officio and voting member of all committees on which the Board Chair is not a formal member.

5. The CEO shall be an ex-officio and non-voting member of all committees.

6. A committee member may be removed or replaced at any time by the Board and will cease to be a member upon ceasing to be a Director of the Board.

7. The number of members and composition of each committee is indicated in each committee's terms of reference.

8. Each committee will normally meet before each Board meeting or more frequently as deemed necessary by the committee. Generally, meetings will be scheduled each year in advance.

9. Business conducted by committees of the Board will not be open to the public (BRD220).

10. Each committee shall have a committee timetable and work plan that outlines when the committee will address each of its duties and responsibilities during the course of the year. The timetable and work plan shall be referenced in the committee's terms of reference, become an attachment to the terms of reference, but does not form part of the terms of reference. Changes to the terms of reference requires Board approval; changes to the timetable and work plan are the domain of the committee, can be made at any time, and must be recorded in the minutes of the committee. If, in the view of the committee, a work plan change is substantive, the terms of reference and work plan should be referred back to the Board for approval.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 23, 2013 (r)

11. Notice of the time and place of every committee meeting shall be given in writing or by facsimile or email communication to each regular and ex officio member of the committee at least 48 hours prior to the time fixed for such meeting provided, however, that a member may in any manner waive notice of a meeting; and attendance at a meeting is a waiver of notice of the meeting, except where a member attends a meeting for the express purpose of objecting to the transaction of any business on the grounds that the meeting was not lawfully called.

12. The Chair of a committee or any two members of a committee may call a meeting of the committee.

13. If a committee Chair is unable to attend or is not present at any meeting of a committee within thirty minutes after the time that the meeting is scheduled to commence, one of the other members of the committee present at the meeting shall be chosen by the committee to preside at the meeting.

14. A committee member may participate in a committee meeting by means of such telephonic, electronic or other communication facilities that permit all persons participating in the meeting to communicate adequately with each other. A member participating in such a meeting by any such means is deemed to be present at the meeting.

15. A quorum for the transaction of business at a committee meeting will be a majority of the voting members, which includes the Board Chair if in attendance as an ex officio member as per #4 above. Questions arising at a meeting will be determined by a majority of votes of the members present. Note: 50% is the majority for a quorum; more than 50% is a majority for the purpose of voting.

16. The committee shall designate a Recording Secretary who will ensure that the minutes of each committee meeting are prepared and given in a timely fashion to each committee member and to the Corporate Secretary. A complete meeting record will be maintained electronically by the Recording Secretary and the Corporate Secretary and shall be made available to Directors and the CEO.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 23, 2013 (r)

17. A committee may invite such Director or, in consultation with the CEO, such Northern Health employees or consultants as may be considered desirable to attend meetings and assist in the discussion and consideration of the business of the committee.

18. A committee may, from time to time, require the expertise of outside resources. No outside resource will be retained without the approval of the Board or Board Chair, generally in consultation with the CEO.

19. Committees will provide written reports to the Board through minutes as outlined in #16 above, and will report to the Board at each Board meeting with respect to specific recommendations or advice consistent with its mandate or other responsibilities as assigned by the Board. The Board will take whatever action it deems appropriate.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 23, 2013 (r)

TERMS OF REFERENCE FOR THE AUDIT AND FINANCE COMMITTEE – PROPOSED REVISIONS (MAY 15, 2014) V2

BRD 310

Purpose

The primary function of the Audit and Finance Committee (the "Committee") is to advise the Board of Directors of Northern Health (the "Board) in fulfilling its oversight responsibilities by reviewing financial planning and performance related to the operating and capital budgets, including:

a. The provision of financial information to the Government and other stakeholders
b. The systems of internal controls
c. Compliance with legal and regulatory requirements related to financial planning and performance
d. All audit processes conducted through the office of the Internal Auditor
e. All other external financial audits
f. Financial risk management
g. Oversight of investment management activities

This Committee is not intended to act on behalf of the Board unless specific delegated authorities have been given to it.

Composition and Operations

The Committee shall be composed of not fewer than three directors and not more than five directors~~,~~. ~~none of whom shall be employees of Northern Health or any of its subsidiaries~~ (see Membership section for complete Committee membership details).

The Committee shall operate in a manner that is consistent with the General Guidelines for Committees (BRD 300).

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 11, 2014 (R)

All Committee members shall be both independent and "financially literate" and at least one member shall have "accounting or related financial expertise"[1].

Northern Health's external auditors and the BC Office of the Auditor General (OAG) shall be advised of the names of the Committee members. The Committee shall meet with the external auditor and the OAG as it deems appropriate to consider any matter that the Committee, auditors or the OAG determine should be brought to the attention of the Board.

Duties and Responsibilities

Subject to the powers and duties of the Board, the Committee will perform the following duties:

A. Financial Performance

The Committee shall:

1. Review and recommend for approval to the Board, financial information that will be forwarded to the Government or made publicly available, including:
   a. The financial content of Northern Health's annual report and other significant reports required by government or regulatory authorities (to the extent such reports discuss the financial position or operating results) for consistency of disclosure with the financial statements themselves
2. Review and approve Northern Health's annual "Statement of Financial Information (SOFI)" (also referred to as "Public Bodies Report)[2]
3. Review normal periodic financial information provided to the Board, including:
   a. Periodic financial statements

[1] The Board has defined "financial literacy" as the ability to read and understand standard financial reporting. Where there is a requirement for a Director to have "accounting or financial expertise", this means the Director shall have the ability to analyze and understand a full set of financial statements, including the notes attached thereto in accordance with Canadian GAAP.
[2] In accordance with BRD 300 as a delegated authority from the Board (Oct 19, 2010: Motion Public/10-18)

b. Capital budget reports that provide information on both a project and expenditure basis
c. Annual audited financial statements

4. Ensure that:
   a. The Board receives timely, meaningful reports that keep it properly informed of Northern Health's financial situation and that provide the information needed for decision-making
   b. All reports to the Board clearly display the financial results of each principal area of activity and include cash flow for the period and year-to-date
   c. The Board receives, at each meeting, an up-to-date forecast of year-end results, which reflects events to date and known factors which may materially influence either revenue or expense components
5. Review and discuss:
   a. The appropriateness of accounting policies and financial reporting practices used by Northern Health
   b. Any significant proposed changes in financial reporting and accounting policies and practices to be adopted by Northern Health
   c. Any new or pending developments in accounting and reporting standards that may affect Northern Health

B. Budget Development

The Committee will, with the assistance of the Chief Financial Officer, make an examination of the budget development process, including:

1. The methodology used to establish the operating budget such as revenue estimates, base assumptions for expense projections, financial risk factors, inflation allowances
2. Planned capital expenditure by category and the projections for expenditures justified by a priority scoring method endorsed by the Committee, including rate of return
3. Alignment/correlation of planned operating and capital budget decisions to the strategic direction of Northern Health

The Committee will review the planned management summary presentation to the Board to ensure that it will provide the Directors with a clear, concise

picture of the financial implications of the operating plan and the associated financial risks.

C. Financial Risk Management, Internal Control and Information Systems

The Committee will review and obtain reasonable assurance that financial risk management, internal control and information systems are operating effectively to produce accurate, appropriate and timely financial information.

This includes:

1. Review of Northern Health's financial risk management controls and processes relating to financial planning and performance
2. Review of management steps to implement and maintain appropriate internal control procedures
3. Obtaining reasonable assurance that the information systems are reliable and the systems of internal controls are properly designed and effectively implemented through discussions with and reports from management, the internal auditor and the external auditor
4. Review of the adequacy of security of information, information systems and recovery plans and annually receive affirmation of security and integrity
5. Monitoring compliance with statutory and regulatory obligations relating to financial planning and performance

Level of Spending Authority

The Committee shall:

1. Develop with management a comprehensive statement of authorities for operating and capital expenditures, in compliance with Northern Health's executive limitations policy, and present these authorities to the Board for approval
2. Monitor compliance with the approved signing authority policy[3] through the internal audit process and recommend to the Board any changes which may be necessary from time to time

[3] DST 4-4-02-030-P: Finance>Accounts Payable>Signing Authority

D. Internal Audit

The Committee will oversee Northern Health's internal audit function and the internal audit relationship with the external auditor and with management.

This includes:

1. Review of the objectivity and independence of the internal auditor
2. Review of goals, resources and work plans
3. Review of any restrictions or issues
4. Review of significant recommendations and management responses
5. Meeting periodically and at least twice per year, with the Director of Internal Audit without management present
6. Review of proposed changes in the internal audit function

E. External Audit

The Committee will review the planning and results of audit activities and the ongoing relationship with the auditor.

This includes:

1. Assess the performance of, and recommend to the Board for approval, engagement of the auditor
2. Review of the annual audit plan, including but not limited to the following:
   a. engagement letter
   b. objectives and scope of the external audit work
   c. materiality limit
   d. areas of audit risk
   e. staffing
   f. timetable
   g. proposed fees
3. Meeting with the external auditor to discuss Northern Health's annual financial statements and the auditor's report including the appropriateness of accounting policies and underlying estimates
4. Reviewing and advising the Board with respect to the planning, conduct and reporting of the annual audit, including but not limited to:

a. Any difficulties encountered, or restrictions imposed by management, during the annual audit
b. Any significant accounting or financial reporting issue
c. The auditor's review of Northern Health's system of internal controls, procedures and documentation
d. The post audit or management letter containing any findings or recommendations of the external auditor, including management's response thereto and the subsequent follow-up to any identified internal control weaknesses~~;~~
e. Any other matters the auditor brings to the Committee's attention

5. Reviewing any disagreements between management and the auditor regarding financial reporting
6. Reviewing and receiving assurances on the independence of the auditor
7. Reviewing the internal audit services and non-audit services to be provided by the auditor's firm or its affiliates (including estimated fees), and consider the impact on the independence of the audit
8. Meeting periodically, and at least annually, with the auditor without management present

F. Banking and Investment Management Activity

The Committee shall:

1. Annually review the banking policy and recommend any needed revisions to the Board.
2. Receive, at minimum, an annual report of all bank accounts, including their purposes and signing officers.
~~1.~~3. Annually review the investment policy for those handling Northern Health's funds and recommend any needed revisions to the Board
~~2.~~4. Receive, at minimum, semi-annual reports from the Chief Financial Officer on Northern Health's investment portfolio
5. Where appropriate, recommend the appointment, renewal or replacement of fund managers
6. Regularly review the performance of fund managers, if any, against the investment policy

G. Other

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 11, 2014 (R)

The Committee shall:

1. Oversee the organizational and Board processes that foster a productive relationship with the Regional Hospital Districts (RHDs) for the purpose of accomplishing the Capital Plan, including renewal of any Memorandum of Understanding (MoU)s with RHDs
2. Oversee the organizational and Board processes that foster a productive relationship with the Foundations, Auxiliaries and Societies involved in fundraising for the benefit of Northern Health, including the renewal of MoU(s) with Foundation(s)
3. Review annually a Business Development report detailing progress on goals and objectives set out for the prior and current fiscal years
4. Review insurance coverage of significant risks and uncertainties
5. Review material litigation and its impact on financial reporting
6. Institute and oversee special examinations or investigations as needed
7. Receive reports regarding Ministry of Health funding models
8. Review the Committee work plan annually and the Committee terms of reference as part of the regular Board Policy Review cycle
9. Confirm annually that all responsibilities outlined in the work plan attached to these terms of reference have been carried out

Accountability

The Committee is accountable to the Board and will maintain minutes of its meetings and will bring forward advice and recommendations for Board deliberation and decision-making at the next Board meeting.

Membership

- Committee Chair (Board member)
- Minimum two additional Board members (to a maximum of four)

Ex Officio:

- Northern Health Board Chair (voting)
- President and Chief Executive Officer (non-voting)

Executive and Management Support:

- Vice President, Financial & Corporate Services/Chief Financial Officer
- Regional Director, Board and Administration Services
- Regional Director, Internal Audit
- Regional Director, Capital Planning and Support Services

Recording Secretary:

- Executive Assistant to Vice President, Financial & Corporate Services/Chief Financial Officer

Ad Hoc:

Presenters to the Committee will be called upon from time to time, at the request of the Committee Chair, including:

- Chief Information Officer
- Director, Business Development

COMMITTEE WORK PLAN

The work plan on the following pages outlines the Committee's schedule of activities.

Activity	Audit or Finance	Jan	Mar	May	Sept	Nov
A. Financial Performance						
i) Review and recommend: a) annual report financial content and any management reports to accompany published financial statements and annual financial statements	**A**			**X**		
b) periodic financial statements and forecast	**F**	**X**	**X**	**X**	**X**	**X**
c) capital budget reports – provide information on both a project and expenditure basis	**F**	**X**	**X**	**X**	**X**	**X**
ii) Review and approve statement of Financial Information (SOFI) / Public Bodies Report: a) Board remuneration b) Full organizational report	**F**			**X**[4]	**X**[5]	
iii) Review and discuss: a) appropriateness of accounting policies and financial reporting practices; new or pending developments in accounting and reporting standards	**A**	**X**		**X**		
b) significant proposed changes in financial reporting and accounting policies and practices	**A**	**X**		**X**		
B. Budget Development						
i) a) Review the operating and capital budget planning methodology and annual operating and capital budgets	**F**	**X**	**X**		**X**	
b) Ensure reporting requirements are met and that Ministry feedback is incorporated	**F**	Timing dependent upon receipt of annual Ministry of Health reporting guidelines				
C. Financial Risk Management, Internal Control and Information Systems						
i) Review the Authority's financial risk assessment & management controls and policies	**A**			**X**		
ii) Review internal control procedures	**A**			**X**		
iii) Obtain assurance that information systems are reliable	**A**			**X**		

[4] Board Remuneration SOFI to be posted on NH Website by June 30th of each year
[5] Must be posted by September 30th each year as required by government

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 11, 2014 (R)

Activity	Audit or Finance	Jan	Mar	May	Sept	Nov
iv) Review adequacy of security of NH's information and technology systems and receive affirmation of security and integrity	**A**			**X**		
v) Monitor compliance with financial statutory and regulatory obligations	**A**			**X**		
vi) Develop and review statement of authorities for expenditures in compliance with NH's executive limitations policy	**F**					**X**
D. Internal Audit						
i) Review objectivity and independence of Internal Audit	**A**				**X**	
ii) Review goals, resources, work plans, and review restrictions and issues	**A**	**X** IA Audit Plan Update				
iii) Review significant recommendations and management responses	**A**	**X**	**X**	**X**	**X**	**X**
iv) Meet with Director of Internal Audit without management present	**A**		**X**		**X**	
v) Review proposed changes in the Internal Audit function	**A**				**X**	
E. External Audit						
i) Review and recommend engagement of the auditor	**A**				**X**	
ii) Review the audit engagement plan	**A**	**X**				
iii) Meet Auditor to discuss annual financial statements, Auditor's Report and Management Letter	**A**			**X**		
iv) Review and advise the Board with respect to the planning, conduct and reporting of the annual audit	**A**	**X**		**X**		

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 11, 2014 (R)

Activity	Audit or Finance	Jan	Mar	May	Sept	Nov
v) Review and receive assurances on independence of the auditor	A	X		X		
vi) Review internal audit and non-audit services from auditor's firm or its affiliates	A			X		
vii) Meet with auditor without management present	A	X		X		
F. Banking and Investment Management Activity						
i) Review the banking policy.	F					X
ii) Review annually, at minimum, a report of all bank accounts, their purposes and signing officers.	F					X
iii) Review the investment policy.	F					X
iv) Review investment fund management	F	X	X	X	X	X
v) Review investment activity	F	X	X	X	X	X
iv) At minimum, receive semi-annual written investment portfolio reports	F			X		X
G. Other						
i) Discuss Regional Hospital District Spring/Fall joint meetings	F		X		X	
a. Review NH-RHD Memorandum of Understanding (based on established renewal cycle)	F			X		
ii) Review relationship with fundraising Foundations and Societies a. Review NH-Foundation(s) MOU(s)	F					X
iii) Review annual Business Development report	F			X		
iv) Review insurance coverage of significant risks and uncertainties	F				X	
v) Review material litigation, its impact on financial reporting and potential financial exposure	A			X		
vi) Receive reports regarding Ministry of Health funding methodology	F	As required				
vii) Review Relevant Board Policies a) Committee Terms of Reference & Work Plan b) External Auditor Independence BRD315	A			X X		

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 11, 2014 (R)

Activity	Audit or Finance	Jan	Mar	May	Sept	Nov
viii) Review annual deferred contribution summary	**F**			**X**		
ix) Review list financial transactions greater than $1 million	**F**				**X**	
x) Confirm that all responsibilities outlined in this work plan have been carried out	**F**					**X**

EXTERNAL AUDITOR INDEPENDENCE PROPOSED REVISIONS (MAY 15, 2014) BRD 315

PURPOSE

Policy BRD 310, *Terms of Reference for the Audit & Finance Committee* (the "Committee"), assigns to the Committee the responsibility of reviewing the planning and results of external audit activities, and for overseeing the ongoing relationship with the external auditor.

The Committee recommends engagement of the external auditor to the Board of Directors of Northern Health (the "Board"). As specified in the section entitled "External Audit", it is also required to:

- *review and receive assurances on the independence of the external auditor; and*
- *review the non-audit services to be provided by the external auditor's firm or its affiliates (including estimated fees) and consider the impact on the independence of the external audit*

The objectivity and integrity of the external auditor is fundamental to the public confidence in the reliability of the external auditor's report and hence the public accountability of Northern Health.

Since the external auditor is required to have a relationship with the client, absolute independence is not possible. The significance of economic, financial and other relationships must therefore be evaluated in the light of what a reasonable and informed third party would conclude as acceptable.

The purpose of this policy is to establish principles and controls designed to provide reasonable assurance that the external auditor maintains an adequate degree of independence to ensure objectivity and integrity.

The principles and controls set out below concern the engagement of the external auditor, the justification of non-audit services, and the hiring of audit staff.

ENGAGEMENT OF THE EXTERNAL AUDITOR

1. The external auditor's independence can be influenced by a number of threats including, but not limited to:
   a. Self-review threats that occur when an external auditor provides assurance on his or her own work

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 23 2013 (r)

b. Self-interest threats that occur when an external auditor could benefit from a financial interest in a client or when there is an undue dependence on an assurance[1] client
c. Advocacy threats that occur when an external auditor promotes a client's position or opinion
d. Familiarity threats which occur when an external auditor becomes too sympathetic to a client's interests
e. Intimidation threats which occur when an external auditor is deterred from acting objectively by actual or perceived threats from a client

2. It is expected that the external auditor will maintain a quality control system which recognizes these and other threats and provides reasonable assurance that his or her independence is not impaired.
3. The external auditor is required to give the Committee annual assurances concerning independence.
4. The external auditor is expected to adhere to a rotation policy that provides a balance between effectiveness, efficiency and independence. This rotation must be at intervals of no more than seven years for the lead partner responsible for the audit.

   An exemption on an annual basis from these requirements can be granted by the Committee if circumstances require such an exemption. Where there is only one partner engaged, the Committee may request that a partner from another location of the same firm be utilized in at least one year.
5. The external auditor should not hire and involve any of the following individuals to participate in the audit within twelve months of the cessation of their employment with Northern Health:
   a. Individuals who were previously employed as senior management of Northern Health, or
   b. Individuals who were previously employed as participants in processes or areas subject to external audit procedures.
6. Once the Committee is satisfied that the external auditor recognizes and accepts these principles and responsibilities it will authorize the Board Chair and the President and Chief Executive Officer (the "CEO) to jointly co-sign the letter of engagement.
7. The Committee will annually provide the Board with a summary of any internal audit and non-audit services undertaken by the external auditor and the associated fees.

[1] An 'assurance client' is a client who is receiving external audit services

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 23 2013 (r)

INTERNAL AUDIT SERVICES

1. Internal audit services encompass assurance and consulting activities undertaken by the Internal Audit department of Northern Health. Internal Audit may, during the course of the year, seek assistance on projects through contract relationships with qualified individuals or firms.
2. The Institute of Chartered Accountants of British Columbia (ICABC) Rules of Professional Conduct[2] specifically prohibit performance of an external audit engagement if:

   "... during either the period covered by the financial statements subject to audit or the engagement period, …the licensed firm… provides an internal audit service to the client or a related entity, that relates to the client's, or the related entity's, internal accounting controls, financial systems or financial statements unless it is reasonable to conclude that the results of that service will not be subject to audit procedures during the audit of the financial statements. In determining whether such a conclusion is reasonable, there is a rebuttable presumption that the results of the internal audit service will be subject to audit procedures."
3. The external auditor should not provide internal audit services where the services comprise a significant portion of the internal audit activities.
4. Certain internal audit activities may impair the independence of the external auditor and should not be undertaken by the external auditor:
   a. Performing ongoing monitoring or quality control activities that relate to the execution, accounting for, or approval of transactions
   b. Determining which, if any, recommendations for improving the internal control system should be implemented
   c. Reporting to the Board or the Committee on behalf of management or Internal Audit
   d. Approving or being responsible for the overall internal audit work plan, including the determination of the internal audit risk and scope, project priorities, and frequency of performance of audit procedures
5. The licensed firm is required to identify threats to its independence and either apply safeguards to reduce the threats to an acceptable level or refuse to accept the external audit engagement.[3]

[2] *Rules of Professional Conduct*. Institute of Chartered Accountants of British Columbia: s.204.4 (27) – Mar/2012.
[3] Ibid, 204.2.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 23 2013 (r)

6. A proposal by Internal Audit~~,~~ to engage the external auditor for any internal audit services must be approved in advance by the Committee. The proposal will provide an estimate of fees and a description of safeguards to ensure independence of the external auditor is maintained. The proposal must be accompanied by a statement by the external auditor that such services:
   a. Will not be provided by external audit staff members participating in an external audit of Northern Health within twelve months of the provision of internal audit services
   b. Will be supervised and reviewed by an external audit partner other than that responsible for the provision of external audit services
   c. Will exclude audit items covered in the annual external audit
   d. Will exclude activities outlined in #4 above
7. The total fees incurred in the provision of internal audit services by the external auditor will not exceed 25% of the regular external audit fee for the year as approved by the Board.

NON-AUDIT SERVICES

1. External audit services are those related to the formulation of an opinion on financial statements prepared by management and include advice on accounting policies. Non-audit services are those services other than external or internal audit services.
2. Non-audit services undertaken by the external auditor create actual and/or perceived self-review, self-interest or advocacy threats to the independence of the external auditor. The degree of the threat depends on the nature, scale and scope of the non-audit services.
3. In relation to the provision of non-audit services, the term external auditor shall be interpreted as meaning the external auditor and any of its affiliates. The term affiliates will be interpreted by reference to the substance of a relationship with the audit firm but will generally include any entity controlled by the audit firm or under common control, ownership or management.
4. The external auditor may be engaged to provide non-audit services where there are good reasons and the services to be provided do not create a material threat to the independence of the external auditor. Good reasons for the external auditor to be appointed to perform non-audit services include:

a. It is economical in terms of skill and effort for the external auditor to provide such services as a result of his or her intimate and specialised knowledge of the business
b. The information required is a by-product of the audit process
c. The services are required by legislation or regulation

5. Certain categories of non-audit services are considered to be potentially incompatible with the independence of the external auditor and should normally be avoided. These categories include:
   a. Performance of management functions or making management decisions
   b. Financial statement preparation services and bookkeeping services
   c. Valuation services
   d. Actuarial services
   e. Designing or implementing a hardware or software system
   f. Designing or implementing internal controls over financial reporting
   g. Legal services
   h. Recruiting services
   i. Certain corporate finance activities that create an unacceptable advocacy or self-review threat including making investment decisions or having custody of assets such as securities
6. A proposal by Northern Health management to engage the external auditor for any services in the categories set-out in #5 above must be approved in advance by the Committee. In the review of such proposals the Committee will, where further detailed guidance is considered necessary, refer to standards and guidelines issued by the Canadian Institute of Chartered Accountants and the Institute of Chartered Accountants of British Columbia.
7. Except for those services set out in #5 above, management may arrange the provision of non-audit services by the external auditor provided that:
   a. The costs of such services do not exceed an amount equal to 25% of the regular external audit fee for the year as approved by the Board
   b. The costs of the service to be provided, combined with the cost of any other non-audit or internal audit services provided by the external auditor in the same year do not exceed an amount equal to 50% of the regular audit fee
   c. All such services are reported to the Committee at the next scheduled meeting along with the reasons therefore
8. Taxation services comprise a broad range of services, including compliance, planning, provision of formal taxation opinions and assistance in the

resolution of tax disputes. Such assignments are generally not seen to create threats to external auditor independence.

HIRING OF EXTERNAL AUDIT STAFF

1. Any individual that was employed by the external audit firm and participated in the external audit within the last three months will not be hired to a position at the Regional Director level or above.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 23 2013 (r)

TERMS OF REFERENCE FOR THE GOVERNANCE & MANAGEMENT RELATIONS COMMITTEE V2 BRD 320

PURPOSE

The primary function of the Governance and Management Relations Committee ("GMR" or the "Committee") is to assist the Board of Directors of Northern Health (the "Board") in fulfilling its oversight responsibilities by providing advice to the Board in the following areas of responsibility:

- Overseeing the development of Board meeting agendas to address the critical issues emerging from the deliberations of Board Committees and elsewhere in the organization
- Assessing and making recommendations regarding Board effectiveness, providing direction in relation to ongoing Director development and leading the process for recommending Director criteria to the government for consideration when appointing Directors, and setting and reviewing Board policies and procedures
- Providing guidance to the Board Chair and to the President & Chief Executive Officer (the "CEO") regarding the development and management of government relations
- Development of the agreement between Northern Health and the Government of British Columbia as set out in the Government Letter of Expectations
- Assisting the Board in fulfilling its obligations related to management compensation policy and overseeing plans for the continuity and development of senior management

This committee is not intended to act on behalf of the Board unless specific delegated authorities have been given.

COMPOSITION AND OPERATIONS

The Committee shall be composed of the Chair of the Audit and Finance Committee, the Chair of the Performance, Planning and Priorities Committee, the Board Chair, and one or two Directors, one of whom will serve as Committee Chair ~~and none of whom shall be employees of Northern Health or any of its subsidiaries~~. (See Membership section for complete committee membership details).

The Committee shall operate in a manner that is consistent with committee guidelines outlined in policy BRD 300 of the Board policy manual.

DUTIES AND RESPONSIBILITIES

The duties and responsibilities of the Committee will include:

A. Governance

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): January 31 2014 (R)

The Committee shall:

1. Develop Board meeting agendas with a focus on the strategic and critical issues emerging from Board Committee deliberations.
2. Establish the key internal and external communication messages arising from the Board meeting agenda and initiate the development of Board communication releases based on these messages.
3. Oversee the creation and distribution of the annual report.
4. Recommend to the Board the plan for Northern Health's community consultation strategy and oversee the implementation of this strategy.
5. Oversee the development and monitoring of Northern Health's enterprise-wide Integrated Risk Management Framework
6. Review and advise the Board with respect to risk management issues including major incident/negligence summaries, issues involving litigation.
7. Develop, and annually update, a long-term plan for Board composition that takes into consideration the current strengths, skills and experience on the Board, retirement dates and the strategic direction of Northern Health.
8. Develop recommendations regarding the essential and desired experiences and skills for potential Directors, taking into consideration the Board's short-term needs and long-term succession plans.
9. In consultation with the Board Chair and the CEO, recommend to the Board for subsequent recommendation to government, criteria and potential candidates for consideration when they are appointing Directors.
10. Review, monitor and make recommendations regarding Director orientation and ongoing development.
11. Recommend to the Board, and annually implement, the appropriate evaluation process for the Board.
12. Review annually, for Board approval, a board manual outlining the policies and procedures by which the Board will operate including, but not limited to, the terms of reference for the Board, the Board Chair, the CEO, individual Directors and Board committees.
13. Ensure there is a system that enables a committee or Director to engage separate independent counsel in appropriate circumstances, at Northern Health's expense, and be responsible for the ongoing administration of such a system.
14. Review annually, for Board approval, all Board Enduring Motions to ensure that they are still current and relevant.
15. Monitor compliance with laws and regulations and ensure that procedures have been established to receive and address reports and complaints regarding non-compliance.
16. Recommend to the Board any reports on governance that may be required or considered advisable.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): January 31 2014 (R)

17. Oversee the development, revision and renewal of the Memorandum of Understanding between Northern Health and the University of Northern British Columbia including the Innovation and Development Commons (IDC)
18. Oversee the development, revision and renewal of the Northern Partnership Accord between the First Nations Health Council: Northern Regional Caucus, Northern Health, and the First Nations Health Authority
19. At the request of the Board Chair or the Board, undertake such other governance initiatives as may be necessary or desirable to contribute to the success of Northern Health.
20. Provide direction for content of the annual Board planning session and build items arising from this planning into the Board's work plan.
21. Review the existence and application of the corporate conduct policy on an annual basis (BRD 260).

B. Management Relations

The Committee shall:

1. Recommend a performance planning and review process for the CEO and, when approved, lead the implementation of the process.
2. Review and recommend the CEO's compensation to the Board for approval, subject to the legislative guidelines.
3. Review policy and procedures related to the review and approval of the CEO's expenses.
4. Review the CEO's analysis of the senior management team structure, processes, and performance.
5. Review with the CEO the succession planning strategy across all management levels and ensure that comprehensive succession plans are in place for all senior executive positions.
6. Review and recommend Northern Health's compensation philosophy and guidelines and ensure compliance with any applicable guidelines established by Health Employers' Association of BC (HEABC) and the Public Sector Employers Council (PSEC).
7. Review and recommend to the Board the ratification of collective agreements. Only the Board has the authority to ratify collective agreements.
8. Review with the CEO any significant outside commitments the CEO is considering before the commitment is made. This includes commitments to act as a Director or Trustee of for-profit and not-for-profit organizations.

C. Government Relations

The Committee shall:

1. Provide advice to the Board Chair and CEO in relation to regular interactions with government through such forums as the Board Chairs/CEO meeting,

Northern Caucus, meetings with the Minister of Health Services, and other ministries and government bodies.

2. Create an environment that fosters productive relationships with the North Central Local Government Association (NCLGA), Regional Hospital Districts (RHD), and MLAs through regular communication, management of issues, and opportunities for interaction with the Board during regular Board meetings.
3. Receive reports and provide advice regarding Board Chair and CEO meetings with local government at the NCLGA and Union of British Columbia Municipalities (UBCM) meetings.
4. Organize opportunities for the Board to interact with the Minister and Ministry of Health leadership, as relevant to Northern Health priorities and issues.
5. Oversee the communications processes between Northern Health, Government Communications & Public Engagement (GCPE), the Ministry of Health and other government organizations and bodies.
6. Oversee the performance of the Health Shared Services BC (HSSBC) and determine if it is meeting the needs of Northern Health.
7. Oversee the relationship between Northern Health and the Provincial Health Services Authority (PHSA), HEABC and Healthcare Benefit Trust (HBT).
8. Annually review Northern Health's (a) Energy and Sustainability Policy, and (b) Carbon Neutral Action Report.

ACCOUNTABILITY

The Committee is accountable to the Board and will maintain minutes of its meetings and will bring forward advice and recommendations for Board deliberation and decision making at the next Board meeting.

MEMBERSHIP

- Northern Heath Board Chair
- Chairs of the Standing Committees (Audit & Finance; Performance, Planning, Priorities)
- 1 or 2 other Board Members one of whom will serve as the Committee Chair

Ex Officio:

- President and Chief Executive Officer (non-voting)

Executive and Management Support:

- Regional Director, Board and Administration Services
- Executive Assistant, Northern Health Board & President/CEO

Recording Secretary:

- Executive Assistant, Vice President Human Resources

Ad Hoc:

- Presenters to the Committee will be called upon from time to time, at the request of the Committee Chair

COMMITTEE WORK PLAN

The work plan on the following pages outlines the Committee's schedule of activities.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): January 31 2014 (R)

COMMITTEE WORK PLAN

Activity	Jan	Mar	May	Sept	Nov
1. Northern Health Board Agenda	X	X	X	X	X
2. Board Calendar of meetings (2 years)			X		
~~3. Board Composition Plan~~			~~X~~		
4. Board Composition Plan, New Director Criteria & Competency Matrix			X		
5. Committee Membership Review			X		
6. Recommend Nominees as required	As required				
7. Director Orientation Plan	X				
8. Board Evaluation			X		
9. Code of Conduct Signing (BRD 210)		X			
10. Board Policy Manual – (Review 1 section of manual at each meeting)	X	X	X	X	X
11. Review Annual Corporate Conduct Report (BRD 260)		X			
12. CEO Performance Review		X	X		
13. Legislative Compliance Review	X	X	X	X	X
14. Board Planning Session – (planning for October session)			X	X	
15. Board Development & Education Plan					X
16. Succession Planning & Senior Management Performance analysis				X	
17. Compensation Philosophy and Guidelines	X				
18. NCLGA (Spring meeting) and UBCM (Fall meeting) –		X		X	

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): January 31 2014 (R)

Activity	Jan	Mar	May	Sept	Nov
meeting debriefing					
19. Community Consultation Strategy			X	X	
20. Annual Report			X		X
21. Relationship with Health Shared Services BC (HSSBC)	As required				
22. Relationship with Health Employers association of BC (HEABC) & Healthcare Benefit Trust (HBT) as required	To coincide with HEABC and HBT meeting dates				
23. Strategic Plan Approval	Plan in October for November				
24. Review Northern Health's (a) Energy and Sustainability Policy (b) Carbon Neutral Action Report			X		
25. Review Committee Work Plan - (Terms of Reference are reviewed as part of the Board Policy Review cycle)			X		
26. Internal Audit Risk Assessment					X
27. Risk Management & Litigation Review					X
28. Integrated Risk Management (IRM) – Board Risks • Population Expectations • Governance • Strategic Planning • Stakeholder Relations • Government Relations	X				
29. Integrated Risk Management (IRM) – Full Framework		X			
30. Board Attendance			X		
31. ~~Revision and renewal~~Review of the Memorandum of Understanding between Northern Health and UNBC				X	
32. ~~Revision and renewal~~Review of the Northern Partnership Accord				X	
33. Annual Review of Enduring Board Motions				X	
34. Confirm that all responsibilities outlined in this work plan have been carried out					X

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): January 31 2014 (R)

TERMS OF REFERENCE FOR THE PERFORMANCE, PLANNING AND PRIORITIES COMMITTEE REVISIONS PROPOSED BY 3P (MAY23) V2 BRD 330

PURPOSE

The purpose of the Performance, Planning and Priorities Committee ("3P" or the "Committee") is to assist the Board of Directors of Northern Health (the "Board") in fulfilling its oversight responsibilities by providing advice to the Board in the following areas of responsibility:

- Oversight of quality and patient safety review processes for the purpose of improving the quality of health care or practice within Northern Health
- Development and review of the Strategic Plan
- ~~Development of the agreement between Northern Health and the Government of British Columbia as set out in the Government Letter of Expectations~~
- Setting of strategic priorities designed to enable the organization to meet the goals set out in the Strategic Plan
- Monitor performance of the organization in achieving the goals set out in the Strategic Plan and the performance expectations set forth by the Ministry of Health~~out in the Government Letter of Expectations~~
- Ensuring a Communications Strategy is developed, implemented and monitored

This Committee is not intended to act on behalf of the Board unless specific delegated authorities have been given.

COMPOSITION AND OPERATIONS

The Committee shall be composed of not fewer than three Directors and not more than five Directors~~, none of whom shall be employees of Northern Health or any of its subsidiaries~~. (See Membership section for complete Committee membership details).

- The Committee shall operate in a manner that is consistent with the Committee Guidelines outlined in Policy BRD300 of the Board Manual
- Each committee meeting will focus on one (or two) strategic priorities with the understanding that there may be the need to include additional agenda items that are time sensitive
- Each Committee meeting will include a review of the scorecard indicators for the strategic priority being reviewed

DUTIES AND RESPONSIBILITIES

The duties and responsibilities of the Committee shall include the following:

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 23 2013 (R)

1. Oversee the development and implementation of the quality improvement framework including the policies, standards, structures and processes necessary to support quality improvement and patient safety
2. Receives reports arising from quality review committees properly constituted within the provisions of Section 51 of the *Evidence Act [RSBC 1996] Chapter 124*[1]
3. Review high level work of clinical programs to ensure establishment of quality improvement goals at the program level and to oversee quality monitoring
4. Oversee the development and review of the Strategic Plan
5. Oversee the development, monitoring, and evaluation of the annual Service Plan
6. Measure performance and management's success in achieving the goals and targets as set out in the Strategic Plan, annual Service Plan and ~~the Government Letter of Expectations~~Ministry of Health performance expectations
7. Provide guidance in setting the strategic priorities and directions required to achieve the expected outcomes
8. Oversee the development, review, revision and approval process for the Medical Staff Bylaws and Rules
9. Review Northern Health's policies, structures and processes for:
    a. the credentialing, privileging, appointment and reappointment of the Medical Staff in compliance with the Medical Staff Bylaws and Rules
    b. the development of the Medical Staff structure
    c. the development of the Physician Human Resource Plan
10. Review and advise the Board with respect to Privacy and the Patient Care Quality Office (PCQO)
11. Review and advise the Board with respect to region-wide, coordinated emergency preparedness planning
12. Oversee the development, monitoring and evaluation of the Human Resource Plan including recruitment, retention, employee engagement, labour relations, leadership development, education framework and plan, workplace health and safety and physician relations
13. Oversee the development, implementation, and evaluation of the Communications Strategy including:
    a. Internal communications
    b. External communications
    c. Media relations
14. Review an annual overview of the Information Management and Information Technology Plan and progress to the plan
15. Oversee the development and review of the Integrated Ethics Framework
16. Provide advice to the Board Chair and President and Chief Executive Officer (the "CEO") regarding emerging communication issues involving the Board

[1] The 3P Committee does not itself conduct quality reviews under Section 51 of the Evidence Act

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 23 2013 (R)

ACCOUNTABILITY

The Committee is accountable to the Northern Health Board and will maintain minutes of its meetings and will bring forward advice and recommendations for Board deliberation and decision making at the next Board meeting.

Membership

- Committee Chair (Director – not the Board Chair)
- Two to four additional Directors

Ex Officio:

- Board Chair (voting)
- CEO (non-voting)

Executive & Management Support:

- Vice President, Planning, Quality and Information Management
- Regional Director, Board and Administration Services
- Regional Director, Internal Audit

Recording Secretary:

- Executive Assistant, VP Planning, Quality and Information Management

Ad Hoc:

- Presenters to the Committee will be called upon from time to time, at the request of the Committee Chair.

COMMITTEE WORK PLAN

The work plan on the following page outlines the Committee's schedule of activities during the year.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 23 2013 (R)

Activity	Jan	Mar	May	Sep	Nov
1. Strategic Plan					
• Review Organizational Directions			X		X
• Monitoring Measures (including GLE targets)		X		X	
2. GLE/Service Plan					
• Review Government Letter of Expectation (GLE)		X[2]			
• Review Draft Service Plan			X[3]		
• Program Goals		X			
3. 3P Terms of Reference					
• Review Committee Terms of Reference & Work Plan			X		
4. Strategic Priority: *Integrated Accessible Health Services*					
• Scorecard		X			X
• Primary Health Care		X			X
• Community Services Integration		X			X
• Aboriginal Health		X			X
5. Strategic Priorities: *A Focus on our People*					
• Scorecard			X		
• Recruitment			X		
• Employee Engagement, Leadership, Retention			X		
• Occupational Health			X		
• Physician HR Plan			X		
6. Strategic Priority: *A Population Health Approach*					
• Scorecard			X		
• Population Health Framework			X		
• Health Status Overview (including Road Health)			X		
7. Strategic Priority: *High Quality Services*					
• Scorecard	X			X	
• Annual Review - Process for Medical Staff Appointments					X
• Medical Staff Rules Annual Review	**as per NHMAC work plan**				

[2] Or when available from government
[3] Timing subject to receipt of GLE from government

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 23 2013 (R)

Activity	Jan	Mar	May	Sep	Nov
Programs					
o Chronic Disease			X		
o Critical Care	X				
o Elder Services				X	
o Mental Health & Addictions			X		
o Perinatal				X	
o Surgical Services	X				
• Innovation and Development Commons	X			X	
• Patient Satisfaction Surveys		X			X
• Emergency Preparedness			X		
• PCQO and Privacy Review					X
• Review of the quality and patient safety review processes in the organization incl. a high level summary of Section 51 reviews completed					X
• Information Management and Technology plan overview and progress report			X		
• Annual Review – Integrated Ethics Framework		X			
8. Communications Strategy					
• Communications Strategy and Policies		X			
9. Other					
• Confirm that all responsibilities outlined in this work plan have been carried out					X

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 23 2013 (R)

TASK FORCES V1 BRD 340

A task force is a committee of the Board of Directors of Northern Health (the "Board") established for a defined period of time, normally not longer than six months, to undertake a specific task, and is then disbanded.

Guidelines for Task Forces

1. A task force operates according to a Board approved mandate, which outlines its duties and responsibilities.
2. Each task force must have terms of reference with the following headings:
    - Purpose
    - Composition
    - Duties and Responsibilities
    - Completion Date
3. A task force must get an extension approved to go beyond the time limit specified in its terms of reference. The Guidelines for Committees (Policy BRD 300) also apply to task forces established by the Board.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 23, 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 September 30**	
Agenda item	**Regulatory Framework – Legislative Compliance – *Laboratory Services Act***	
Purpose:	☒ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☐ **Decision**
Prepared for:	**Board**	
Prepared by:	**M Leisinger**	
Reviewed by:	**C Ulrich**	

Issue:

To provide an update on the legislative compliance review process.

Background:

1. Current Review

The *Laboratory Services Act*[1] ("the *Act*") has been updated through Bill 7 – 2014. The Regulations are under development and have not yet been issued. The PHSA is the lead agency for the consolidation of labs in the Lower Mainland and is leading a consultation process in collaboration with the Ministry of Health. The PHSA has completed a discussion with pathologists regarding this legislation. Commencement[2] is not anticipated before December 2014.

The purposes of the changes are to "streamline and integrate the system to take advantage of emerging and improving medical technologies, which will help keep lab services sustainable and cost-effective."[3] The legislation, which builds on the consolidation of lab services in the Lower Mainland, will be implemented over the next 3 years with the Ministry of Health planning to consult broadly with stakeholders.

From the legislation's explanatory note the *Act* will:

[1] See Attachment (A) for a copy of the Act used in this review
[2] When the *Act* comes into force
[3] Terry Lake, Minister of Health http://www2.news.gov.bc.ca/news_releases_2013-2017/2014HLTH0015-000184.htm

- remove laboratory services as benefits administered under the *Hospital Insurance Act* and the *Medicare Protection Act*,
- provide a single legislative framework to govern the provision of laboratory services as benefits, and
- provide flexibility for the administration and delivery of laboratory services through a mix of models.

The Minister of Health is responsible for administering the *Act* and must do so with a view to upholding the principles of the *Medicare Protection Act*.

All Northern Health laboratory facilities will be 'grand parented' under this *Act*. Northern Health must comply with any general or special direction made by order of the Minister in relation to its laboratory facilities. Orders by the Minister are final and binding.

The *Act* also applies to community/private laboratories operating in the North e.g., Victoria Medical, LifeLabs; essentially any laboratory services funded through the public purse.

Benefits[4] are only available through accredited laboratories which have received approval from the Minister of Health. The Minister may also have different terms and conditions for different labs based on types of services provided, where the lab is located and what its volume of services are.

The Minister has the authority to determine the services that are reimbursed to providers that meet eligibility requirements, and may refuse payment if the provider is unable to verify compliance.

The Minister may cancel an agreement if it is deemed in the public interest or to enhance efficiencies on one or more areas of BC, and may order one health authority to transfer assets to another.

The *Act* clearly prohibits third party private insurer involvement in any service that would be a benefit available through an approved laboratory facility. Private insurance coverage is allowed to reimburse for services obtained outside of Canada or for services or persons not covered.

Fines of up to $200,000 per offence and jail time up to 6 months, or both, are possible.

This *Act* imposes obligations on Northern Health in so far as Northern Health's laboratory services must conform to the provisions of the *Act*. Failure to comply may result in a public administrator being put in place.

Northern Health has long and well developed experience in the provision of laboratory services and will work with the Ministry of Health to ensure compliance. Certificates of Compliance will be sought after the implementation consultation has concluded.

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

[4] Benefits means a laboratory service, such as a lab test, that is provided 'free of charge' to an insured resident of BC

2. Upcoming Review(s)

Seniors Advocate Act
Budget Transparency and Accountability Act
Apology Act
Medicare Protection Act
Health Care Costs Recovery Act

3. Acts Reviewed for Legislative Compliance:

25. Laboratory Services Act – Sep/Oct 2014
24. Emergency Health Services Act – May/Jun 2014
23. Human Rights Code – Mar/Apr 2014
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/Jun 2012
12. Patients Property Act – May/Jun 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.

Regional Office
600 – 299 Victoria Street
Prince George BC V2L 5B8

BOARD BRIEFING NOTE

Date:	2014 Sep 05	
Agenda item	**Designation of School Medical Officers**	
Purpose:	☐ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☒ **Decision**
Prepared for:	**GMR Committee**	
Prepared by:	**M Leisinger**	
Reviewed by:	**C Ulrich**	

Issue:

School Medical Officers under the *School Act* require designation by the Board of Directors of Northern Health

Background:

The School Act requires the Northern Health Board of Directors to designate a School Medical Officer for each school district within its region:

> ***School Act***
> **87.1 "school medical officer"** means a medical health officer under the *Public Health Act* who is designated as a school medical officer under section 89 (1) of this Act.
> **89** (1) Each regional health board under the *Health Authorities Act* must designate a school medical officer for each school district.

With the departure of Dr. David Bowering and the recruitment of Dr. Sandra Allison and Dr. Raina Fumerton the Board's enduring motion regarding School Medical Officers must be renewed.

Drs. Sandra Allison, Charl Badenhorst, Raina Fumerton and William Osei will carry out the duties and functions of School Medical Officers for the school districts within the geography of Northern Health in accordance with the following table:

Sept 2014			
HSDA	**SCHOOL DISTRICT**	**School Medical Officer/ Contact Info**	
NW	**#50 - Haida Gwaii/ Queen Charlottes** **#52 - Prince Rupert** **#54 - Bulkley Valley** **#82 - Coast Mountains** **#87 - Stikine** **#92 - Nisga'a** **#93 - Conseil Scolaire Francophone** **Re: Jack Cook Elementary, Terrace BC**	**Dr. Raina Fumerton** **O: 250-631-4261 Terrace** **C: (t.b.d.)** **(First alternate: Dr. Sandra Allison)** **O: 250-565-7424** **C: 250-612-2582**	
NE	**#59 - Peace River South** **#60 - Peace River North** **#81 - Peace River Fort Nelson**	**Dr. Charl Badenhorst**	**O: 250-263-6067** **C: 250-793-2780**
NI	**#28 - Quesnel** **#57 - Prince George** **#91 - Vanderhoof** **#93 - Conseil Scolaire Francophone** **Re: Duchess Park Secondary and Ecole Franco-Nord**	**Dr. William Osei**	**O: 250-565-7461** **C: 250-612-7021**

Recommendation(s):

It is recommended that the GMR Committee request the following motion be passed by the Board at its October meeting:

The Board of Directors of Northern Health:

1) appoint Drs. Sandra Allison, Charl Badenhorst, Raina Fumerton and William Osei, as School Medical Officers as per Section 89 of the School Act for the school districts within the geography of Northern Health, and
2) direct administration to notify the school districts of these appointments.