Meeting of the Northern Health Authority
Board of Directors
Public Session

Prince Rupert, British Columbia

The Crest Hotel – British Columbia Room

(222 – 1st Avenue West)

Monday, April 22, 2015

northern health

the northern way of caring

northern health

Public Session

AGENDA

April 20, 2015
British Columbia Room – The Crest Hotel
222 – 1st Ave W, Prince Rupert 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. Conflict of Interest Declaration	Chairman Jago	Discussion		
4. Approval of Agenda	Chairman Jago	Motion		
5. Approval of Previous Minutes: February 16, 2015	Chairman Jago	Motion		**3**
6. Business Arising from Previous Minutes	Chairman Jago			
7. CEO Report	C Ulrich	Information		**7**
7.1 Human Resources Report	D Williams	Information		**13**
8. Audit & Finance Committee				
8.1 Period 11 Public Financial Statement	M De Croos	Motion		**22**
8.2 Period 11 Major Capital Projects Summary	M De Croos	Information		**24**
9. Performance, Planning & Priorities Committee				
9.1 Programs – Critical Care	K Gunn	Information		**25**
9.2 Communications Strategy and Policies	S Raper	Information		**32**
10. PRISM Clinic Presentation: **Presenter:** Angenita Gerbracht, Manager Rehabilitation Services – Prince Rupert & Haida Gwaii	P Anguish	Information		
11. Governance & Management Relations Committee				
11.1 Policy Manual BRD 100 Series	C Jago	Motion		**38**
11.2 Code of Conduct / Conflict of Interest Signing (BRD 210)	C Ulrich	Information		**62**
11.3 Policy BRD 260 Corporate Conduct	C Ulrich	Motion		**70**
11.4 Board Development & Education Session Topics 2015	C Ulrich	Motion		**72**
11.5 Regulatory Framework – Legislative Compliance				
11.5.1. Workers Compensation Act	C Ulrich	Information		**74**
Adjourned			**3:00pm**	

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Public Motions

Meeting Date:
April 20, 2015

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 April 20, 2015 public agenda as presented		
5.	Approval of Minutes	The Northern Health Board approves the February 16, 2015 public minutes as presented	☐	☐
8.	Period 11 Public Financial Statements	The Northern Health Board approves the Period 11 financial statement, as presented	☐	☐
11.1	Policy Manual BRD 100 Series	The Northern Health Board approves the revised BRD 100 series	☐	☐
11.3	Policy Board 260 Corporate Conduct	The Northern Health Board approves revised BRD 260 policy.	☐	☐
11.4	Board Development & Education Session Topics 2015	The Northern Health Board approves and adopts the revised Board Development & Education Session Topics for 2015.	☐	☐

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Board Meeting

Date: February 16, 2015

Location: Chetwynd BC

Chair: Dr. Charles Jago

Recorder: Desa Chipman

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

Executive:
- Cathy Ulrich
- Fraser Bell
- Kelly Gunn
- Mark De Croos
- Jonathon Dyck
- Jane Lindstrom
- Dr. Ronald Chapman
- Angela De Smit
- Michael McMillan
- Dr. Sandra Allison
- Dr. Jaco Fourie

Public Minutes

1. Call to Order Public Session

The Open Board session was called to order at 1:23pm.

2. Opening Remarks

Chairman Jago expressed his pleasure to be holding the Board meeting in Chetwynd and welcomed the members of the public.

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 February 16, 2015 Public agenda.

4. Approval of Agenda

Moved by G Parmar seconded by R Landry
The Northern Health Board approves the February 16, 2015 public agenda as presented.

5. Approval of Board Minutes

Moved by G Parmar seconded by S Hartwell
The Northern Health Board approves the December 8, 2014 public minutes as presented.

6. Business Arising from Previous Minutes

There was no business arising from previous minutes.

7. CEO Report

Cathy Ulrich provided an overview of the CEO Report and highlighted the following:

- Northern Health has partnered with the municipality of Chetwynd to develop an integrated approach to primary care and community care. This work has included the development of a new facilty that will enable the co-location of primary care services and community care services.
- Northern Health was recently named to the B.C. Top Employers for 2015. This has provided an opportunity to recognize the exceptional work that staff, physicians and managers do on a day-to-day basis across Northern Health and their focus on providing quality health services for the people in the North.
- Northern Health Mascot, Spirit, the Cariboo was introduced in January 2015 and will be used to support the promotion of healthy living in the north. Spirit will make appearances at events across the north.
- The Lakes District Hospital and Health Centre was officially opened in January 2015. Transition of staff and patients into the new hospital was completed at the beginning of February and the hospital is now open to patients. The new facility has exceeded the expectations of the Northern Health Board.
- In December 2014, the board approved an action plan to assist in addressing the capacity issues at UHNBC. The implementation of the action plan is underway to address the issues and the Board will receive regular updates on progress.
- Acknowledgement and reflection of the recent loss of Board Director Louise Burgart was shared with condolences being offered to the family and friends of Louise. The Northern Health Board and Executive will miss Louise's adventuresome spirit, her insightful questions and advice and, most of all, her commitment to and focus on people.
- Northern Health was also saddened to hear of the loss of Ralph Roy who served for many years as the Chair of the Stuart Nechako Regional Hospital District. Ralph had a significant influence on Northern Health and was an important part of ensuring that the Lakes District Hospital and Health Centre replacement project was planned, funded and completed. Ralph has left an important legacy and will be missed.

7.1. Human Resources Report

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

- The 2014/15 Influenza Campaign has been very successful. As of December 31, 2014, Northern Health had 74.5% of its active employees in the last 90 days vaccinated. This rate is higher than in 2013.
- Collaboration is occurring with Education Services to make a number of e-learning modules available to staff. Two areas of particular priority have been Fit Testing and the Transportation of Dangerous Goods modules. Completion of modules via the Learning Hub allows for electronic tracking.
- The North West portfolio is currently experiencing the lowest vacancy rate in recent years. Prince Rupert in particular has seen a reduction in nursing vacancies from thirteen to six (including casuals) from October 2014 to December 2014.
- Nurse Practitioners continue to be difficult-to-fill. Northern Health continues to engage with Nurse Practitioner students to discuss upcoming opportunities.
- An invitation has been sent to internationally recruited Northern Health employees inviting them to take part in an online survey. This survey is open until February 15th. The objective of this survey is to gather data that will help develop and implement on-boarding strategies for international hires.

8. Audit and Finance Committee

8.1. Period 9 Public Financial Statement

M De Croos provided an overview of the Year to date Period 9, and advised that revenues exceeded expenses by $3,093,000.

- Revenues are favourable to budget by $2.1 million or 0.4%. Expenses are favourable to budget by $1.0 million or 0.2%.
- 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. Acute Care is experiencing an unfavourable variance to budget due to higher than usual patient activity.
- At this time, Northern Health is forecasting a balanced position at yearend.

Moved by B Sander Seconded By G Townsend
The Northern Health Board approves the Period 9 financial statement, as presented.

8.2. Major Capital Projects Summary

An overview was provided of the Northern Health Major Project Summary Report for the fiscal Period 9 ending December 4, 2014.

9. Performance Planning and Priorities Committee

9.1. Community & Primary Care Presentation

Lynn Smiley, Project Services Manager joined the meeting to provide a presentation to the Board on Chetwynd Primary Care Clinic – An Integrated Health Services Model.

- A Primary Care Home is where people establish a long-term relationship with an interprofessional team, and through this team receive health care and are supported in managing their own health.
- Exceptional Health Services includes:
  - Primary Care Homes that are supported by an interprofessional team.
  - Specialized and acute services that are focused on acute or complex conditions.
  - Tertiary Care for those needing intensive ongoing services.
  - Community Services that are focused on improving the health of all.
  - Clear pathways linking each of the above.
  - Coordinated care planning including the individual's goals and preferences.
  - Quick and easy sharing of relevant information.
- The District of Chetwynd has designed and constructed the Primary Health Care Clinic following consultation with Northern Health and physicians.
- The construction timelines have been moving ahead with the move in and start of clinical operations being projected for May 2015.
- The Board expressed appreciation for the level of detail and work that has been accomplished.

10. Governance and Management Relations Committee

10.1. Policy Manual Revisions: BRD 300, BRD 310, BRD 320, BRD 330, BRD 510, BRD 530, BRD 610.

- The revised policies were presented to the Board for information and discussion.

Moved by R Landy seconded by S Hartwell
The Northern Health Board approves the revised policies BRD 300, BRD 310, BRD 330, BRD 510, BRD 530 and BRD 610.

10.2. Standard of Conduct Guidelines – Results of PSEC Review

- Northern Health was required to submit their Standards of Conduct Guidelines for approval by the Minister responsible for Public Sector Employers Act by October 31, 2014 for review and approval.
- In June 2014, the government announced new taxpayer accountability principles, requiring all public sector organizations to incorporate those principles into their ongoing operations.
- As requested, the Code of Conduct has subsequently been posted onto the Northern Health public website. It can be found in the Northern Health Board Policies & Best Practices section, under Government Directions.

10.3. Regulatory Framework – Legislative Compliance

10.3.1. Tobacco Control Act

- C Ulrich provided an overview and update of the Tobacco Control Act and informed the Board that the Executive Team has reviewed the Act and that Northern Health is in compliance.

The public Session of the meeting was adjourned at 2:17pm.
Moved by S Hartwell

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:	March 27, 2015
Agenda Item:	CEO Report		
Purpose:	Information		
Prepared by:	Cathy Ulrich		

Canada Winter Games – 2015

The Canada Winter Games occurred February 13, 2015 to March 1, 2015 and provided a wonderful opportunity to profile Northern BC. The Games were supported by an incredible group of volunteers from Prince George and across the North which included many of our staff and physicians. The Northern Health medical and health services planning team steered a planning process that started two years ago and has carried through to the preparation of a legacy document that will be provided to communities hosting the Canada Games in the future.

This team organized one of the best medical and health services plans that the Canada Games has experienced. The plan incorporated the provision of venue and athletes medical and health services and scheduling of volunteers to ensure shift coverage, ensured that UHNBC was prepared for the potential of increased emergency room and diagnostic services traffic, developed disaster and emergency plans, and provided environmental pre-games health inspections for many of the venues and facilities.

The Canada Winter Games also provided an excellent opportunity to promote healthy and active living across the North. A number of sport safety, injury prevention, and physical activity health promotion initiatives occurred leading up to, during, and after the games that will provide a legacy to not only Prince George but other communities as well.

The team that led this planning over the last two years and all the staff and physicians who volunteered deserve our sincere thanks for their commitment and dedication to ensuring that the Canada Winter Games was a success. This effort was not a small task for the health system during a demanding time of the year for health services.

Leading Practice Recognition at Quality Conference 2015

Northern Health completed an accreditation process in 2014 and received Accredited status. As part of this process, Northern Health submitted the "*STOP HIV AIDS"* initiative as a Leading Practice for innovated approaches to quality improvement in health care. This submission met all required criteria and was accepted as a Leading Practice. Formal recognition took place at Accreditation Canada's 4th annual Quality Conference which was held in Toronto, Ontario on March 23rd & 24th, 2015.

Northern Health, Vice President, Human Resources

Jane Lindstrom, Vice President, Human Resources has recently accepted a position in the Ministry of Health in Victoria. Jane will be working with staff in the Ministry of Health and the Health Authorities to support the strategic vision outlined in the Ministry of Health's recently released policy discussion paper, "A Provincial Strategy for Health Human Resources". Jane is a creative and innovative leader who will be missed in Northern Health.

Jane has worked with Northern Health since September 2007. Since this time, she has provided leadership for the Human Resources department as well as for Northern Health's corporate services portfolio for several years. Most recently, Jane has been chairing the Provincial Senior Health Human Resources Council.

We are completing the hiring process for the Vice President, Human Resources position. Jane will be assisting with the orientation of the successful candidate.

North West Health Service Delivery Area Highlights:

Integrated Accessible Services
Work is underway across the North West to develop an interprofessional team based approach to the provision of community health services. This work will result in a closer working relationship with primary care physicians and providers and will result in some changes to the organizational structure.

The North West has been leading work that is underway across Northern Health to improve in-facility care processes to better support the frail elderly. Despite increased general activity in the North West and the increasing pressure of an aging demographic across the north, most hospitals in the North West have maintained improvements in hospital occupancy rates. This work will enable an increased focus on improving services in the community.

Focus on our people
Across the North West, there is a growing need for specialty nursing positions. There is a focused effort underway to project the future health human resource needs and develop some proactive and creative approaches to recruitment to these difficult to fill vacancies.

Population health
Over the last number of months, the Aboriginal Health Improvement Committees have undertaken a patient journey mapping initiative with a focus on: hospital discharge planning to First Nations Communities, transitions from Mental Health and Addictions acute services and to the community, maternal care, elder care, and emergency department care. Clear themes have emerged as a focus for improvement. The patient journey mapping initiative has provided an excellent opportunity for relationship building and early problem solving.

Partnering with Communities: There are eight active healthy communities committees in place across the North West. Four of these include:

1. Prince Rupert/Port Edward - focus on the elderly and youth at risk. The seniors working group is planning a second annual Seniors Wellness Conference in 2015. The youth at risk working group is working closely with community stakeholders, including the school district, community leaders and RCMP, to create a supportive and safe space for youth to foster youth involvement in areas of interest.

2. Masset In Motion – 'Partnering in a Healthier Communities Committee'. This committee has received $20,000.00 to support a *Farm 2 School* initiative.
3. Terrace - two grants ($20,000 & $7,500) were obtained to fund work on youth & youth engagement around health. A survey of 250+ youth has recently been completed.
4. Stewart - two grants ($20,000 & $7,500) were obtained to fund work promoting physical activity including an estuary boardwalk and completion of community walking/recreational trails.

High Quality Services

1. **Perinatal care** – Established a community based "Women's Wellness Clinic" in Terrace with the initial focus on prenatal care and service but will expand to broader women's wellness services.
2. **Medication safety** – Automatic medication dispensing cabinets (AMDC) have been implemented in Smithers, Kitimat and Prince Rupert. The AMDC devices were well accepted by the nursing teams as a way to improve the safety of medication administration and management.
3. **Surgical Services** – Mills Memorial Hospital is participating in the provincial enhanced recovery after surgery (ERAS) Program. The learnings from this process will be used to inform further work across the region.
4. I**mplementation of CBORD** - a food and nutrition information system, has been completed in Masset, Village of Queen Charlotte, Prince Rupert, Terrace, Smithers, and Kitimat. Food Services staff have incorporated new procedures for how food is ordered, produced and served to patients and residents. A consistent and regionalized approach to handling special diet orders, allergies and preferences contributes to improved patient safety.
5. **Diagnostic Services**

   Smithers: Relocated the mammography services into radiology department for increased privacy, and renovated space to allow for an Exercise Stress Testing service enhancement planned for mid-2015, with equipment funded by the Bulkley Valley Health Care and Hospital Foundation.

   Terrace: Echocardiogram service has shifted from a locum delivery service once a month to staff delivered service available on a daily basis. The Ultrasound service has shifted from 100% locum delivered service every two weeks to 2 FTE NHA staff delivering the service.

Capital Projects – North West

Foundations and Auxiliaries:
Northern Health is very grateful for the ongoing philanthropic support that is provided through the efforts of auxiliaries, foundations and other groups in communities across the North. Prince Rupert and area receives excellent support from the North Coast Health Improvement Society. Most recently, the Society purchased dental furniture and equipment for Acropolis Manor which will improve the comfort and safety of dental care for residents without leaving their home. In Masset, the Masset Haida Lions Club has funded a new tub and lift for patient care. The 'Hospital Days' groups on Haida Gwaii also provides funding support in both Masset and Queen Charlotte.

The Bulkley Valley District Hospital (BVDH): Implementation of an upgraded Nurse Call system is underway.

The Village of Queen Charlotte/Haida Gwaii General Hospital Replacement Project: This is project that will cost up to $50 Million and is expected to be completed over the next year. The construction is well underway. Steel infrastructure is now complete with work underway to close up the building to become weather tight. Several pictures of the construction progress are inserted below:

Wrinch Memorial Hospital Sprinkler System: The upgrading of the sprinkler system at Wrinch Memorial Hospital is actively under construction. With the arrival of spring all the outside servicing work is now underway. This project arose out of a risk assessment undertaken of all Northern Health facilities in relation to fire suppression. There were two facilities within NH that needed a sprinkler system upgrade as a result of the risk assessment.

Mills Memorial Hospital – Terrace: The visiting specialist clinic is a $350,000 project that is in final completion. In addition, an electrical upgrade has recently been completed at a cost of $820,000.

Prince Rupert Regional Hospital: The CT Scan suite upgrade has been completed and the CT has been relocated back into the CT Suite. This was an $1M project. An electrical upgrade including a generator and transfer switch replacement and upgrade is currently in progress. This is a $1.65M project.

Human Resources Board Report

April 2015

Workplace Health, Safety and Prevention

Influenza Campaign

The Influenza immunization statistics for the 2014/15 campaign have been finalized. There were no compliance issues reported, and our immunization rate was 77.9%.

Violence Prevention

Strategies to support Violence Prevention continues to be a focus at both the Health Authority and Provincial level. For Northern Health, the following items were completed:

- Violence Prevention Program Activities Audit was compiled and submitted as requested by the Ministry of Health through the Occupational Health and Safety (OHS) Directors. Information in this audit included key information on current education, training, hazard risk assessment, identification and control activities, policies and reporting practices currently available at the Health Authorities.

- A work-plan and budget was submitted in preparation for the next phase of the Violence Prevention Health Safety in Action (HSIA) funding. This initiative will specifically focus on training for high risk areas within the organization over a 3-year period. The objective for this initiative is to "*Increase the rate of violence prevention training in "high risk" areas to deliver education beyond the health authorities' current capabilities so that all employees working in these areas are appropriately trained and that measures are implemented to ensure that the level of training is sustained. These "high-risk units" are associated with Emergency Departments and Psychiatric/Mental Health units and programs."*

- Following the release of the WorkSafe BC 2015 High Risk Strategy, which focused on violence prevention and supervision, information sessions will be made available to managers and leaders to assist them in understanding the strategy, including information on the new Violence Prevention Risk Assessment process.

Disability Management

WorksafeBC Short Term Duration (STD) continues to decrease in Northern Health and STD is the lowest when compared to all BC Health Authorities. Currently Northern Health STD duration has decreased by 28% (16 days) between 55 days in January 2014 and 39 days in February 2015. STD Duration has decreased in both Acute Care and Long Term Care. Northern Health continues to do exceptionally well in returning occupationally injured employees back to work when compared to provincial Health Authority averages. Currently NH is returning 65% of all injured employees back to work within 4 weeks and the remaining 35% back in 12 weeks which is exceptional when compared to the overall average for all Health Authorities at 53% and 29% respectively. Shorter durations lead to more positive health and wellness outcomes for injured employees, and a decrease to claims costs.

Strategic Directions

The redesigned Workplace Health and Safety (WHS) Strategic Directions portfolio commenced its strategic planning as of January 20, 2015. Two prime focus deliverables of this portfolio are:

- To guide and support Northern Health towards a systems approach to workplace health and safety, essentially supporting Northern Health's strategic plan: "A focus on our People: Establish a culture of workplace health and safety." *(NH Strategic Plan 2009 – 2015)*
- To assess and resolve all system-related issues/barriers/challenges that WHS has and continues to encounter as a result of its integration with Interior Health.

The "Health and Safety Management System" (HSMS) Core Requirements Assessment was conducted with the NH Executive Team on February 4, 2015. This assessment was designed to objectively assess an organization's level of regulatory compliance as it applies to Occupational Health and Safety (OHS). The report has identified several recommendations for the Executive team to consider as they continue their journey of establishing a culture of workplace health and safety. The assessment also identifies:

Strengths:

- OHS documentation;
- Inclusion of "A Focus on Our People" in the Strategic Plan;
- Recent development work in OHS orientation and education for leaders and new workers;
- Allocation of substantial organizational resources toward occupational health and safety.

Opportunities for improvement:

- Articulating patient safety and worker safety as equal values within the safety culture of the organization;
- Communication of OHS information and expectations from Senior Leadership;
- Ability to track leading OHS indicators e.g. orientation, education and training, workplace inspections.

The Joint Occupational Health and Safety Committee (JOHSC) Current State Assessment report has been finalized and submitted to the Northern Health Executive team. This report has identified several recommendations for the Executive Team to consider such as:

- All leaders to complete the online modules **"Managing Safety in Healthcare"** and **"OHS for Leaders"** This will promote further understanding of OHS roles and responsibilities of workplace parties, and may allow JOHSCs to shift further towards proactive duties and functions.

- All leaders to ensure that their site JOHSCs are compliant with all aspects the Workers Compensation Act.

A framework has been drafted to identify how an OHS program such as Violence Prevention is supported and further implemented within the context of a systems approach. This was based on the Canadian Standards Association (CSA) Z1000-06, which suggests the process for organizations to adopt a health and safety management system (HSMS).

Several system-related issues are still being experienced with Northern Health's Employee Absence Reporting Line (EARL). Discussions are ongoing with the EARL vendor, as well as Information Technology services for prompt resolution of these issues. Discussions are also underway with Information Technology services for enhancements to the current system.

HR Planning & Design

Recruitment

As of March 4th, the number of external vacancies has dropped slightly (8%) reducing the number of vacancies from 122 to 112 [does not include casual external postings]. "Hot Spots" include 14 Nurse Practitioner (NP) vacancies.

Nurse Practitioners

The number of Excluded vacancies has trended upwards over the past four months, which includes the 14 Nurse Practitioner vacancies. In an effort to solicit advice and input for designing recruitment strategies specific to attracting Nurse Practitioners, Recruitment connected with our existing Nurse Practitioner cohort – 23 in total. We received a number of innovative ideas, such as; financial support for the Objective Structured Clinical Examination (OSCE) or paying accommodation costs while the Nurse Practitioner student is placed at a Northern Health facility. Recruitment will be exploring these concepts further.

Recruitment attended the "NP Conversation Meeting" to engage in dialog with the Northern Health Nurse Practitioners, their Lead, and the Vice President of Primary & Community Care and Clinical Programs. The objective was to learn firsthand from the cohort:

- What attracted you to Northern Health?
- What is keeping you with Northern Health?

There was a wealth of information shared that highlighted challenges such as; pay, available housing, and professional support that need to be addressed to both recruit new hires and to retain existing Nurse Practitioners.

Other current strategies include a Northern Health presence at both the BC Nurse Practitioner event in June in Victoria and the American Association of Nurse Practitioners conference also to be held in June in New Orleans, which will provide opportunities to highlight the 14 current Nurse Practitioner vacancies.

Difficult to Fill

Some of our most difficult-to-fill roles come from the Health Sciences, which include Ultrasonographers and Physiotherapists. Successful hires to 3 Ultrasonographer vacancies have occurred in the past weeks directly related to a robust recruitment strategy: the Ultrasound

Education Sponsorship. The sponsorship is offered to first and second year students and has resulted in 2 hires from BCIT and 1 hire from Australia. We are anticipating more success from Recruitment's recent trips to Red River College in Manitoba and Michener Institute in Ontario. The two candidates currently enrolled in the internal Sonography Training at Rural Sites (STARS) are doing well with both tracking completion by Feb 2016.

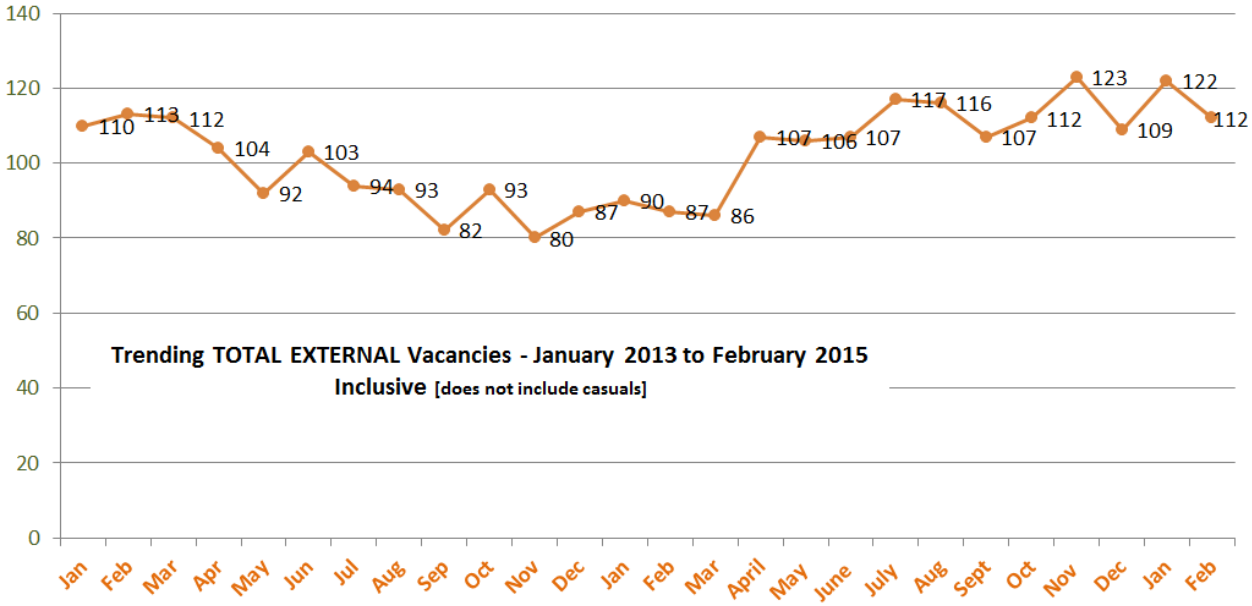
Recruitment Strategies

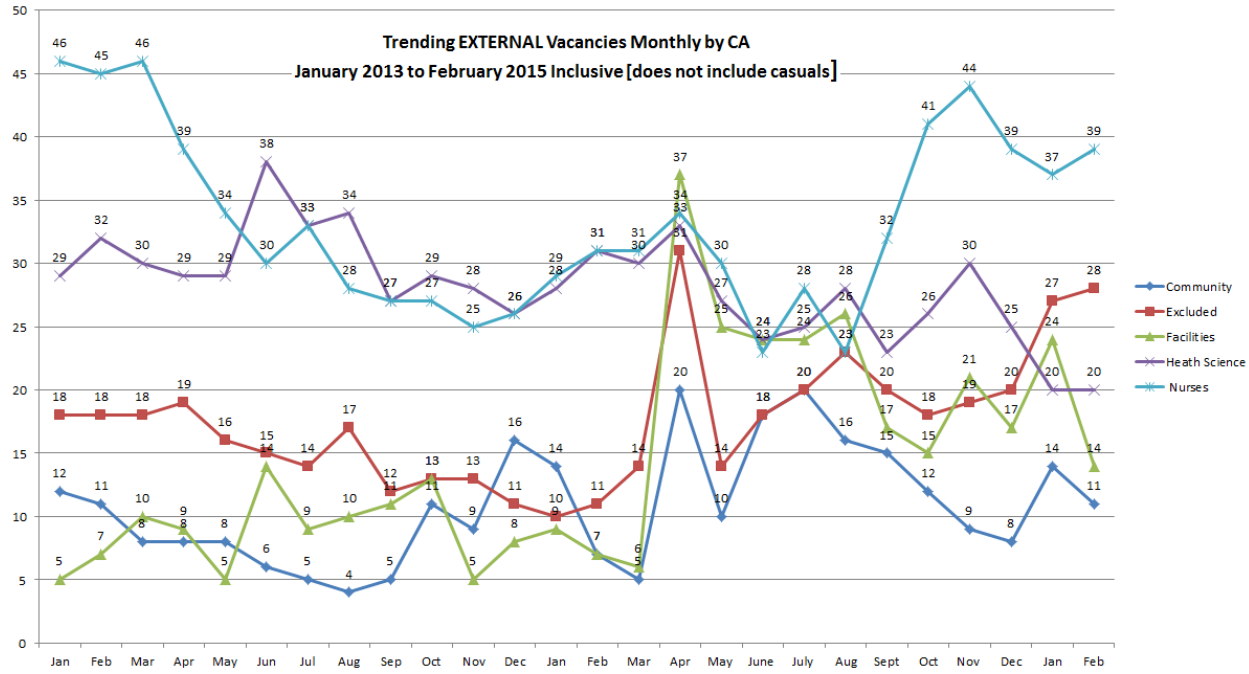
Under the "Grow Our Own" recruitment strategy - Recruitment, accompanied by diverse health care professionals such as - Nursing, Community Care, Mental Health & Addictions, and a Physician Student, attended information sharing sessions with Grades 10, 11 and 12 students at high schools in Mackenzie, Quesnel and Fort St. John. These presentations experienced great success with many positive comments from the student audience. The students wrote letters of appreciation and the compelling feedback validated the need for future presentations.

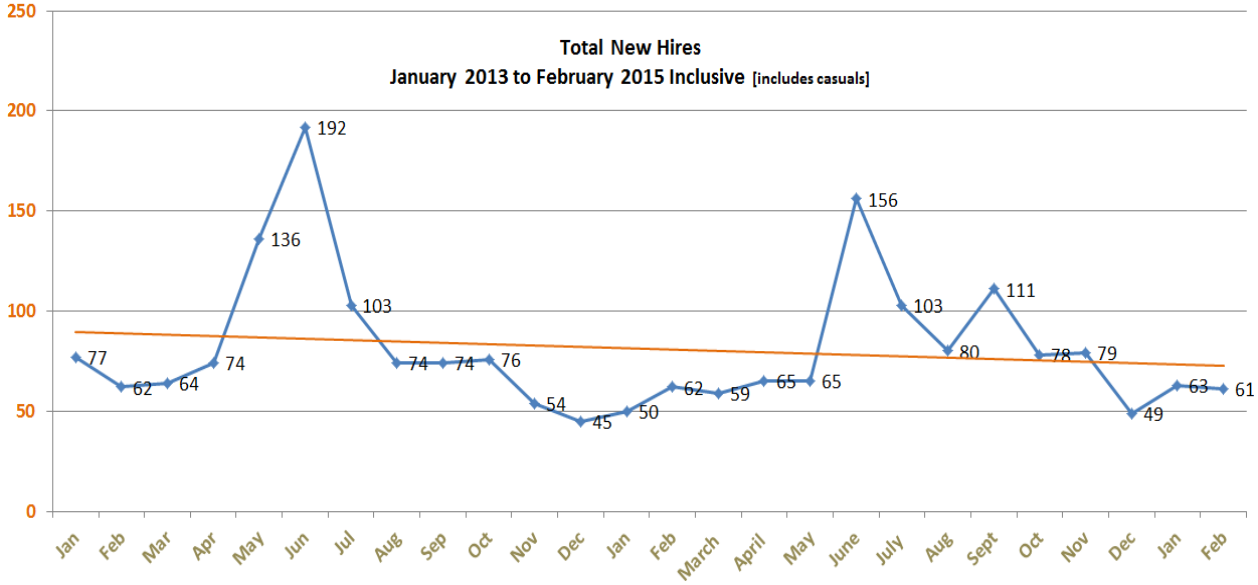
The following are a few excerpts from some of the students' thank-you letters:

- *"I was interested in going into nursing before but I was nervous I wouldn't like it but you and your team showed me that that [sic] was indeed what I wanted. …I want to thank you again for informing, showing, and inspiring me*."
- *"The presentation provided valuable ideas that helped me a great deal. I also enjoyed that you had professional guest speakers. You as well as the others aided and provided essential information in my decision making."*
- *"I took the time writing this letter to sincerely thank you for everything you have shared with me, which has given me the chance to open my eyes to new and exciting opportunities. I feel I've really set my sights on a future in health services."*
- *"Your presentation made me really think about my future endeavors and what I would like to do for a living. I didn't know that there were so many different jobs in the medical field. There was one job you spoke about that stood out to me and that was the General Nurse Practitioner. I think it sounds like a very interesting career and I am thankful that you introduced it to me."*
- *"…I am interested in pursuing a career in health care post-secondary, and your presentation answered many of my questions…I value all the information you shared, and will always hold Northern Health in high regards."*

Future high school presentations are being coordinated for Terrace, Smithers, Prince George, Vanderhoof and Burns Lake.


Trending TOTAL EXTERNAL Vacancies - January 2013 to February 2015
Inclusive [does not include casuals]
140
120
100
80
60
40
20
0
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar April May June July Aug Sept Oct Nov Dec Jan Feb
110 113 112 104 92 103 94 93 82 93 80 87 90 87 86 107 106 107 117 116 107 112 123 109 122 112


Trending EXTERNAL Vacancies Monthly by CA
January 2013 to February 2015 Inclusive [does not include casuals]
Community
Excluded
Facilities
Heath Science
Nurses
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec Jan Feb


Total New Hires
January 2013 to February 2015 Inclusive [includes casuals]
250
200
150
100
50
0
77
62
64
74
136
192
103
74
74
76
54
45
50
62
59
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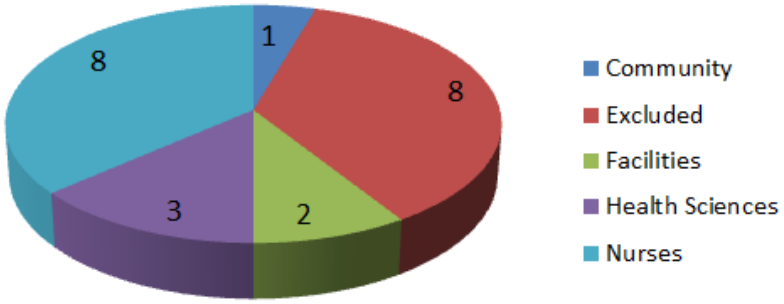
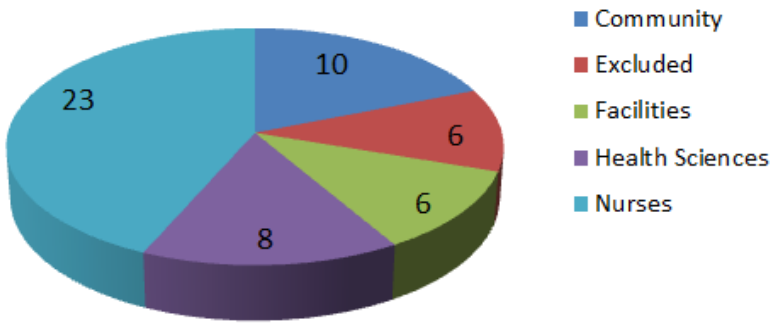
Feb

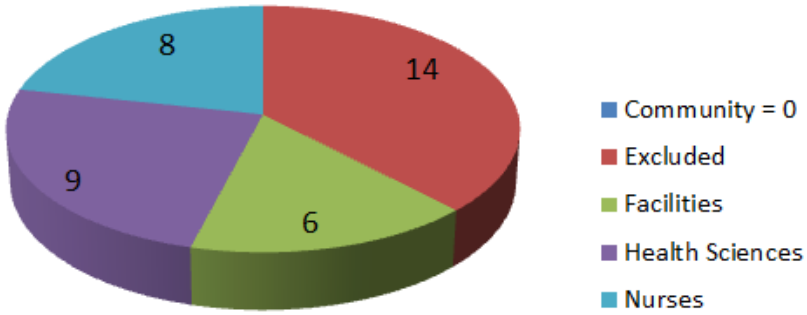
(22) - External Vacancies - NORTHWEST
February 2015[*does not include casuals*]



(53) External Vacancies - NORTHEAST
February 2015 [*does not include casuals*]



(37) External Vacancies - NORTHERN INTERIOR
February 2015 [*does not include casuals*]

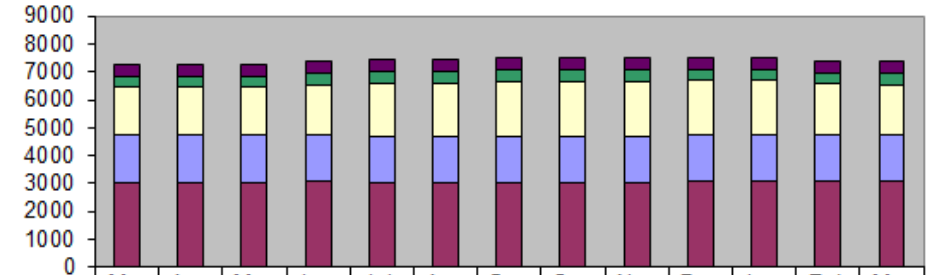


HRIS/Staffing

Employee and FTE Counts

Northern Health Employee Counts by Month

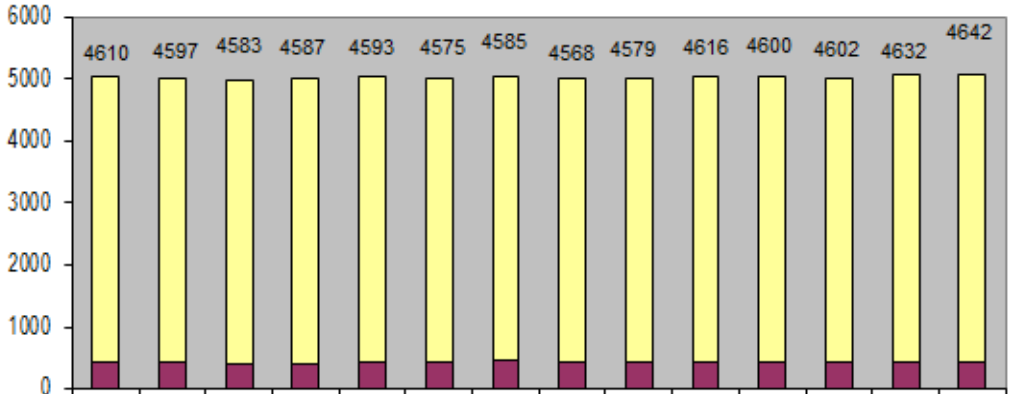
Displays the total # of employees, regardless of their status. Employee is based on unique SIN.



	Mar -14	Apr-14	May -14	Jun-14	Jul-14	Aug -14	Sep -14	Oct-14	Nov -14	Dec -14	Jan-15	Feb -15	Mar -15
Short Term Leave*	431	428	413	411	435	434	449	430	440	430	424	426	443
Multiple ID's**	406	394	374	391	407	412	426	433	444	384	397	391	393
Casual**	1715	1738	1740	1823	1902	1917	1960	1986	1972	1985	1950	1814	1779
Part time	1680	1676	1675	1667	1667	1651	1640	1636	1634	1655	1666	1677	1676
Full time	3052	3045	3051	3058	3042	3039	3043	3044	3040	3075	3068	3086	3081
Total	7284	7281	7253	7350	7453	7453	7518	7529	7530	7529	7505	7394	7372

Northern Health FTE counts by Month

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



	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	2014*	Jan-15	Feb-15	Mar-15
Full FTE	4610	4597	4583	4587	4593	4575	4585	4568	4579	4616	4600	4602	4632	4642
Short termleave*	431	428	413	411	435	434	449	430	440	430	433	424	426	443

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:	March 17, 2015	
Agenda item:	Period 11 Comments and Financial Statement	
Purpose:	☐ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☒ **Decision**
Prepared for:	Audit & Finance Committee – NH Board of Directors	
Prepared by:	Mark De Croos, VP Financial & Corporate Services/CFO	

Year to Date January 29, 2014

Year to date Period 11, revenues exceeded expenses by $5,209,000.

Revenues are favourable to budget by $2.9 million or 0.5%. Expenses are favourable to budget by $2.2 million or 0.4%.

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. Acute Care is experiencing an unfavourable variance to budget due to higher than usual patient activity.

Forecast Yearend 2014-15

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

Recommendation:

The Northern Health Board approves Northern Health's Period 11 financial statement, as presented.

NORTHERN HEALTH

Statement of Operations

Year to date ending January 29 (Period 11)

$ thousand

	Annual Budget	YTD December 4, 2014 (Period 9)			
		Budget	Actual	Variance	%
REVENUE					
Ministry of Health Contributions	556,657	459,963	459,344	(619)	-0.1%
Other revenues	202,384	167,804	171,396	3,592	2.1%
TOTAL REVENUES	**759,041**	**627,767**	**630,740**	**2,973**	**0.5%**
EXPENSES (BY PROGRAM)					
Acute Care	427,405	352,919	355,188	(2,269)	-0.6%
Residential Care	96,788	80,873	82,109	(1,236)	-1.5%
Community Care	75,346	62,729	60,509	2,220	3.5%
Mental Health & Substance Use	54,180	43,426	41,025	2,401	5.5%
Population Health & Wellness	38,374	32,055	31,031	1,024	3.2%
Corporate	66,948	55,765	55,669	96	0.2%
TOTAL EXPENSES	**759,041**	**627,767**	**625,531**	**2,236**	**0.4%**
EXCESS OF REVENUES OVER EXPENSES	**-**	**-**	**5,209**		

northern health

PROJECT SUMMARY REPORT
PERIOD 11 CAPITAL PROJECTS

Fiscal Period End Date **29-Jan-15**

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 - CGH Ventilation Control Upgrade	Y		Y		Y	
2	NE - DCH Control System Upgrade	Y		Y		Y	
3	NE - FNH DDC System Upgrade	Y		Y		Y	
4	NE - FNH Morgue Renovation	Y		Y	19-Dec-14	Y	19-Dec-14
5	NE - FNH Tub Room Renovation	Y		Y	19-Dec-14	Y	19-Dec-14
6	NE - FSH Planning - Old Fort St John Hospital Asset Retirement	Y		Y		Y	
7	NI - BLH Lakes District Hospital & Health Centre Replacement	Y		Y		Y	12-Sep-13
8	NI - GTW 3rd Floor Conversion	Y		Y		Y	
9	NI - GTW Nurse Call System Replacement	Y		Y		Y	
10	NI - STH Stuart Lake Hospital Sprinkler System	Y		N	1-Dec-14	Y	9-Jul-14
11	NI - UHN Control System Upgrade	Y		Y		Y	
12	NI - UHN Learning & Development Commons	Y		Y	10-Oct-13	Y	10-Oct-13
13	NW - ACM Acropolis Manor/ Summit Residence Floor Elevation Moveme	Y		Y		Y	
14	NW - BVH Nurse Call System Replacement	Y		N	4-Mar-15	Y	
15	NW - KIT Nurse Call System Replacement	Y		Y		Y	
16	NW - MAH Roof Condensation Issue	Y		Y		N	4-Mar-15
17	NW - MMH Outpatient Clinic Renovaton	Y		Y	29-Oct-14	Y	29-Oct-14
18	NW - PRR Building Automation System DDC Upgrade	Y		Y		Y	
19	NW - PRR Electrical Power System	Y		Y		Y	
20	NW - QCI Hospital Replacement	Y		N	15-Oct-14	N	12-Sep-13
21	NW - WRI Sprinkler System Install	Y		N	1-Dec-14	Y	9-Jul-14
22	IT - NHR Data Centre Transition (STMS)	N	2-Jul-13	N	3-Jan-13	Y	
23	IT - NHR Enterprise Master Person Index (EMPI) Active Integration	N	2-Jan-14	N	22-May-14	Y	31-Mar-14
24	IT - NHR Regional Nutrition Systems Project (CBORD)	Y	7-Mar-14	N	14-Aug-14	N	7-Mar-14
25	IT - NHR Voice Recognition Electronic Documentation	Y		Y	15-Jan-15	Y	

*** 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**

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: 6-Mar-15

Critical Care Program
6th Floor, 299 Victoria Street, Prince George, BC
(P) 250-645-6449 (F) 250-565-2640

BOARD BRIEFING NOTE

Date:	March 24, 2015	
Agenda item	**Critical Care Program**	
Purpose:	☒ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☐ **Decision**
Prepared for:	**Northern Health Board**	
Prepared by:	**Beth Ann Derksen, Executive Lead Critical Care Program** **Dr. Jan B. Burg, Medical Lead Critical Care Program**	
Reviewed by:	**Kelly Gunn, VP Primary & Community Care and Clinical Programs**	

Issue:
This Briefing note is provided to the Performance, Planning and Priorities Committee as a progress update for the Critical Care Program.

Background:
The Critical Care Program has 3 Program Goals

1. All patients presenting to Northern Health Emergency Departments will have a complete set of vitals done (temperature, respirations, pulse, and blood pressure) to improve rates of early detection of sepsis symptoms to improve patient outcomes.

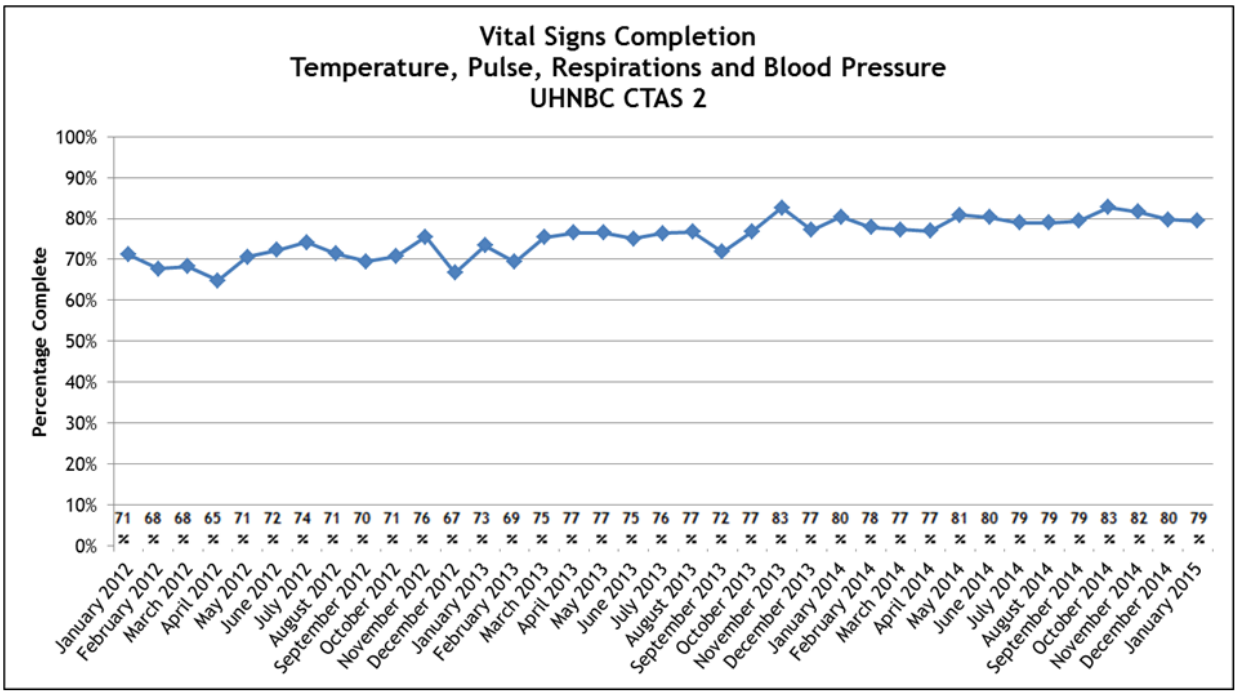
Sepsis is a potentially life threatening condition that occurs when chemicals released into the bloodstream to fight the infection trigger an inflammatory response throughout the body. This inflammation triggers a cascade of changes that can damage organ systems, causing them to fail. Sepsis diagnosis is based on the patient's vital signs, presenting problem and medical history.

Patients presenting to Emergency Departments are assessed using the Canadian Triage and Acuity Scale (CTAS). This scale assigns a numerical score between 1 and 5 to help emergency departments prioritize patient care. Patients with CTAS scored of 1 and 2 are the most ill or injured. The majority of sepsis patients fall in CTAS levels 2 and 3.

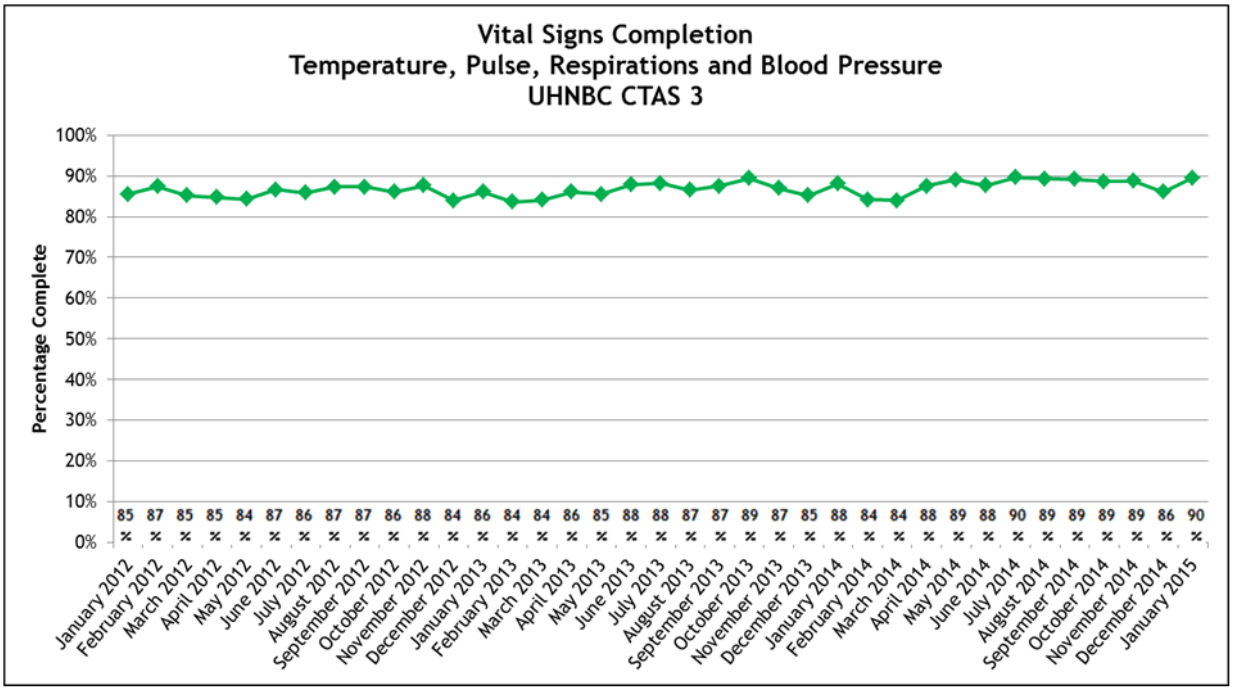
The following charts represent the vital sign information (temperature, pulse, respiration, and blood pressure) by CTAS level 2 and 3 for patients in UHNBC and Fort St. John as these facilities have the electronic Emergency Department Clinical Information System (EDCIS) in their Emergency Departments for patients presenting to the UHNBC and Fort St John

emergency departments. *Patients presenting in emergency departments requiring immediate access to a stretcher have their vital signs recorded at the bedside, on a paper chart. This data is not captured in EDCIS and this is why the data does not indicate 100% of all vital signs being recorded. A manual chart audit process suggests close to 100 % of vitals are being recorded between EDCIS and paper charts.

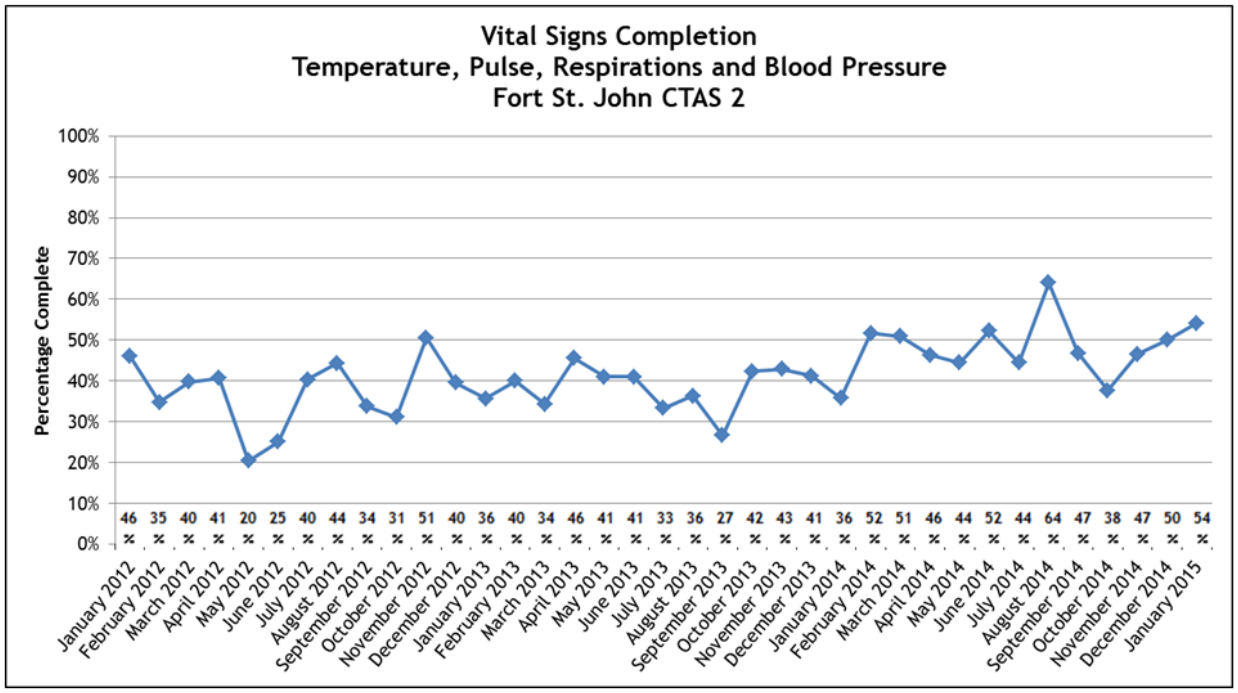
UHNBC CTAS 2



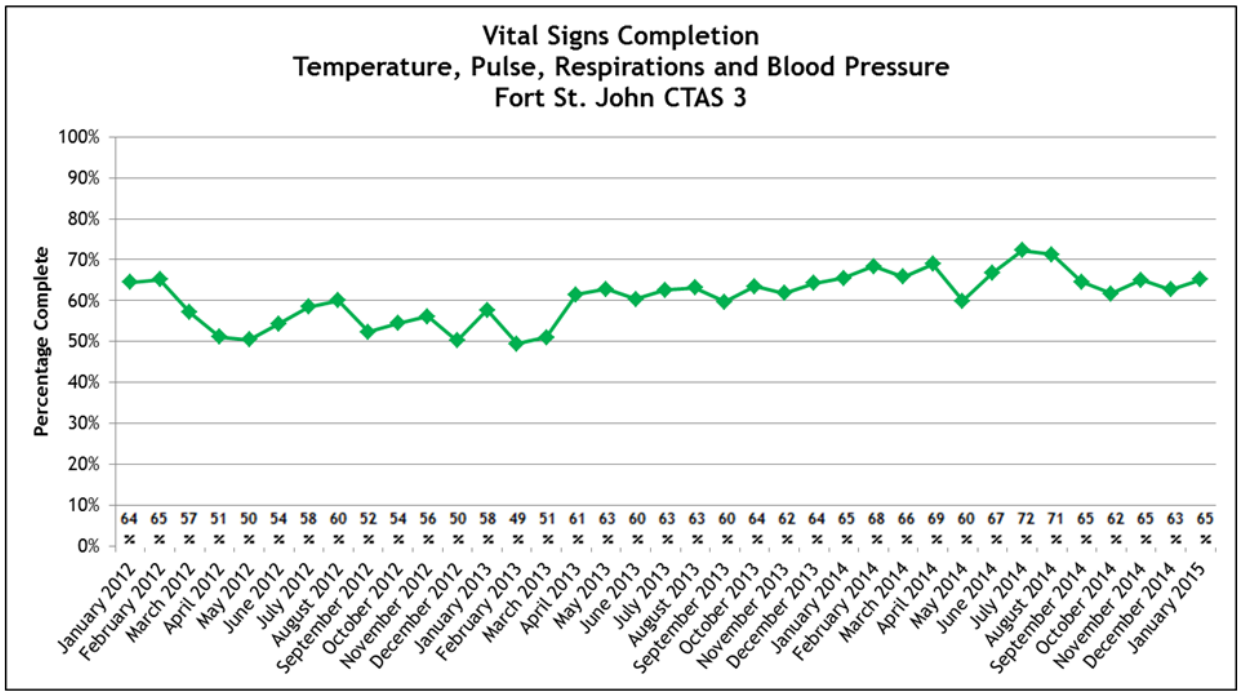
UHNBC CTAS 3



Fort St. John CTAS 2



Fort St. John CTAS 3



Two years of data extracted from the Discharge Abstract Database (DAD) indicates there has been an increase in number of recognized cases of sepsis in Northern Health Emergency Departments from 2012/13 to 2013/14. In 2012/13, 258 patients were diagnosed with sepsis in the Emergency Department. In 2013/14, 325 patients were diagnosed with sepsis in the

Emergency Department. This is important because early recognition and intervention reduces the rate of complication (higher morbidity) and the number of sepsis related deaths.

Steps taken to maintain and improve early recognition of sepsis:

- Sepsis Protocol charts/posters are in all Emergency Departments to promote staff and patient awareness
- Education is available through the Northern Health clinical nurse educators and on-line courses offered by the BC Patient Safety and Quality Council.
- The Emergency Department Clinical Information System (EDCIS) reporting tool is used to audit for completion of vital signs at UHNBC and Fort St John. These reports can be accessed at both sites by the managers to monitor progress.
- At this time, vital sign compliance auditing at all sites excluding UHNBC and Fort St. John is limited to a manual chart audit process until the other sites implement the Emergency Department Clinical Information System (EDCIS).

2. Northern Health physicians and staff will have access to standardized critical care education with a focus on emergency department and trauma education.

Training of physicians in Advanced Trauma Life Support (ATLS) is necessary for physicians to meet trauma accreditation standards. Historically there were two options for physicians to pursue ATLS training. First, efforts were made to bring external ATLS facilitators and surgeons to Northern Health. Alternatively, physicians could travel outside the Health Authority to receive the training. Both options were problematic. Bringing the course facilitators to the north was difficult to coordinate and translated into few internal course offerings. Requiring physicians to travel was costly to the Continuing Medical Education Program and caused extended absences from practice.

To respond to this challenge, Northern Health staff and physicians (the Northern Health Trauma Coordinator, general surgeon and two (2) emergency department physicians) were ATLS trained and certified in the fall of 2014 and can now independently provide ATLS training. The first "in-house" ATLS training was held in November, 2014 with 16 NH physicians and medical students in attendance. The next ATLS training will be offered in April, 2015 at which time a second general surgeon will receive certification. This added internal ATLS training capacity will allow the course to be offered on a biannual basis without the assistance of external facilitators or the requirement for physician travel out of the Health Authority.

3. All patient transfers from emergency departments will be executed with complete Transfer of Care Documentation.

Transfer of Care Documentation refers to the summary report of the patient's treatment and medications provided in the Emergency Department by the most responsible Emergency Department nurse at the time of transfer of care to the receiving nurse on the in-patient unit. Complete Transfer of Care documentation is an Accreditation Canada Required Organizational Practice (ROP). Research findings have established that communication breakdown/errors occur most commonly during the transition of care from one care provider to another.

Progress to date:

- A Regional Decision Support Tool and standardized documentation report was developed and has been implemented at all sites to enable complete Transfer of Care documentation.

- Accreditation Canada found that all sites they reviewed were aware of the decision support tool and were using the standardized documentation report. At this time, compliance auditing is a manual chart audit process until all Emergency Departments implement the Emergency Department Clinical Information System (EDCIS).

Critical Care Program Initiatives update:

1. <u>BC Emergency Health Services' (BC EHS) Project</u>

Executive Sponsor – Penny Anguish, COO NW delegated two projects to the Critical Care Program.

A. Development of a standardized repatriation process

Repatriation refers to the process used to return patients to their home acute care facility or to the nearest acute care facility that can deliver the care needed for the rest of the patient's hospitalization. Repatriations can occur within NH or from other Health Authorities, provinces or countries.

The approach to standardizing the Repatriation Process:

- NH requires all patient transfers and repatriations to be initiated through the BC Emergency Health Services - Patient Transfer Network (BC PTN).
- A standardized repatriation processes and inter-facility transfer information document was developed.
- On a pilot basis, 20 minute daily conference calls designed to coordinate patient transfers and repatriations were established with participation from BC PTN, BC Ambulance staff, physicians and nurses at six Northern Health sites. The pilot project has ended and all sites have operationalized the practice of daily repatriation/transfer conference calls.
- Currently the BC Patient Transfer Network reports on repatriation volumes according to the top 15 facilities transferring patients to their home communities or to the facility closest to the patient's home. The BC Patient Transfer Network also reports repatriation volumes according to the top 15 Northern Health facilities receiving these patients. Work is being done with the BC Patient Transfer Network to develop a report that will capture the length of time it takes for Northern Health sites to repatriate patients. From this, Northern Health will establish standards for timely transfers and repatriations and will measure transfer and repatriation times against this standard.

B. Review of the 2010 Life, Limb, and Threatened Organ policy

The Executive Lead, Critical Care Program led a process to review five existing Life, Limb and Threatened Organ (LLTO) transfer policies and amalgamate them into one draft LLTO transfer policy. A working group comprised of staff and physicians from across the health authority and the Critical Care Council reviewed the draft policy.

Next steps: The draft policy will be discussed with the Medical Directors and Executive prior to submission to the Medical Advisory Committee for endorsement.

2. Development of a Quality Review process with BC Emergency Health Services

The BC Patient Transfer Network has been in operation for two years. Some problematic transfers aided in the determination that a process for reviewing quality of care issues related to patient transfer issues was needed.

The Executive Lead, Critical Care and the NH Risk Manager worked with the BC PTN's Executive Director and Director of Operations to develop a formal quality review process. The Patient Safety Learning System (PSLS) is now used to document quality of care and safety concerns and "action" the Critical Care Executive Lead for follow-up on these issues with BC PTN. This process is being piloted in Northern Health and will be evaluated before implementing the process in all of the Health Authorities. In 2014, BC EHS transferred a total of 5,720 patients this number includes the 1,161 repatriations. A total of 62 transfer related PSLS issues were documented and "actioned" for review with BC EHS. These reviews have led to improvements in the patient transfer processes.

3. Emergency Department Clinical Information System (EDCIS) Electronic Medical Record
New Executive Sponsor – Angela De Smit, COO, NE

The Emergency Department Clinical Information System (EDCIS) is an electronic medical record for patients treated in Northern Health Emergency Departments. EDCIS is currently in use at UHNBC, the Fraser Lake Clinic and the Fort St. John General Hospital. A plan has been established to implement EDCIS at all NH sites providing emergency care. Implementation dates are unconfirmed due to capital constraints.

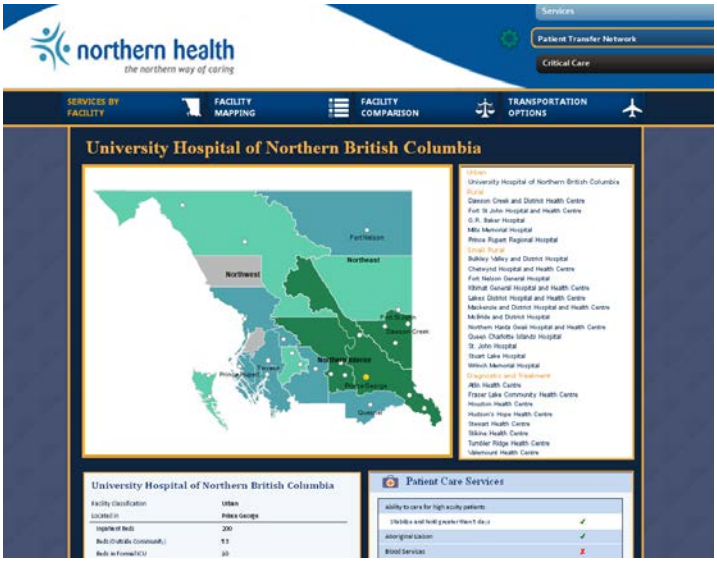
4. Patient Transfer/Repatriation Dashboard

The BC Patient Transfer Network (PTN) replaced BC Bedline to improve coordination for inter-facility transfers and support better communication between sending/receiving sites to ensure patients throughout B.C. receive appropriate care at the appropriate facility in a more timely and efficient way. The Critical Care program is collaborating with UNBC professor Dr. Waqar Haque to produce a dynamic dashboard that uses Business Intelligence tools to facilitate the repatriation of a patient to a site closer to home. These tools include:

- An interactive dashboard used to identify the most suitable facility for repatriating/transferring a patient in a very short time frame;
- Web forms used to update information in the data repository centrally or at the site level; and
- Reports that can be exported in commonly used formats (pdf, Word, jpg, etc.)

- The tool has been used to orientate new or locum physicians to the sites services and referral patterns

To view the PTN Dashboard click on OurNH link:
http://servicesdashboard.northernhealth.ca/Services.aspx



The Ministry of Health has agreed to provide funding to allow the development of this tool for use by all Health Authorities. The Northern Health Critical Care Program is leading this provincial project. This is a major achievement for Northern Health.

Another achievement of note was the acceptance of the Patient Transfer Dashboard abstract for the Information Technology and Communication in Health (ITCH) conference, an international conference hosted in Victoria, BC this year. The Critical Care Program and UNBC co-presented the dashboard at this conference with very positive results.

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

BRIEFING NOTE

Date:	**March 24, 2015**	
Agenda item	**Strategic Communications Update**	
Purpose:	☒ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☐ **Decision**
Prepared for:	**Northern Health Board**	
Prepared by:	**Steve Raper, CCO**	
Reviewed by:	**Cathy Ulrich, CEO**	

Topic:

2015 update of current status of communications and actions related to the Strategic Communications Plan as well as 2014 analytics.

Background:

Communications has evolved over the past year to include a number of pieces of work that can be added under the portfolio external relations.

I would like to note that Lorrelle Hall has joined me as my admin support (part-time) and support for the foundations and other external relations functions. This was as part of the portfolio realignment.

With the additional files, the work of communications can be broken down into four significant categories of work. The categories of work are:

1. Media Relation & Issues Management

It is important to note that the work in this area, while proactive, still remains somewhat reactive to the issues and media requests of the day. The work is often subject to what is happening in the world of health often outside our jurisdiction, but becomes topical for local queries. With that, while there is a significant amount of work to ensure we are proactive with positive and focused stories, we still have little control over the topics of the day. Our strategy is to be prepared and immediately responsive to managing media and issues.

Capital projects currently reside in this portfolio, but it is supported by all staff members to ensure appropriate communications support when needed.

2. Health Promotions, includes the social media and web interface with our public

This portfolio is a unique and innovative partnership between the population/public health team and communications to ensure the programs under population and public health have promotional expertise to support the strategies and tactics necessary for the work they do. This includes advertising, social media, the web, campaign planning, etc. The marketing expertise will support NH to be strategic in focus, be efficient in the use of limited promotional funding, and to maximize the ability to weave independent conversations and programs into a mosaic conversation with our communities.

In addition to how the model performs, the accountability is shared between the CMHO and CCO to maximize cooperative planning and a shared approach to the promotional strategies that are implemented. This is unique and a model of excellence that should be an example to other organizations and departments.

Physician & HR recruitment marketing and NH wide branding also falls under this portfolio, though with significant support from other team members.

3. Internal communication and change management support

This work is captured in two elements. The first is the employee intranet; the other is the support for internal change management and support. It also includes our support for Integration, Quality Councils, the Innovation and Development Commons (IDC), Human Resources and other internal needs.

Awards, across a range of topics such as top employer and other annual commitments are included in this portfolio.

Lastly, the new internal staff magazine is produced in this portfolio.

4. External relations which includes HEMBC, Foundations, Government relations and industry relations

This work was done in part by various staff and departments, but has been consolidated under external relations as part of the overall strategy. The initial work is to develop plans to move each strategy forward and put in place measures of success. .

Media Relations & Issues Management

Staff --- Jonathon Dyck

Media and Call log

- 2014 --- 1580 calls & communication account emails (does not include the significant increase in social media as a communication channel for both media and queries)
- 2013 --- 1700 calls & communications account emails
- 2012 --- 569 calls

Media monitoring

- 2014 Stories:729
    - Positive: 328
    - Neutral: 261
    - Negative: 140

- 2013 Stories: 444
  - Positive: 197
  - Neutral: 139
  - Negative: 108
- News releases/media bulletins/photo submissions/Opinion Editorial Submissions
  - 2014: 91
  - 2013: 71
- Hosted 16 public/media events and 19 media teleconferences

Health Promotions & Public Web/Social Media

Staff --- Jessica Quinn (on mat leave) Chelan Zirul, Rosemary Dolman, Michael Eriksson, Vince Terstappen (mat leave replacement), Darren Smit (web -term)

Web & blog

- 2014 103 Blog contributors
- 2013 60 NH Blog contributors

Google Web Analytics
March 10, 2013 - March 9, 2014 compared to March 10, 2012 - March 9, 2013

	Site Visits	Unique visitors	Desktop	Mobile	Tablets
2014 - 2015	1,650,296	514,605	TBD	TBD	TBD
2013 - 2014	1,508,067	429,927	960,156	419,692	128,384
2012 - 2013	1,245,782	332,067	1,096,825	105,604	43,188

- Launched physicians.northernhealth.ca on January 24, 2014.
- Launched nhconnections.ca on December 17, 2014.

NOTE: 52% of all visits to NH are from mobile devices

Blog

	Content		Audience		Engagement
	# new posts	# contributors	Users	Sessions	Avg # page views/session
2013	115	60	11,903	19,164	4.16
2014	137	103	13,642	19,518	3.66
% change	+19%	+72%	+15%	+2%	-12%

Social media

Table 1: Number of "followers" or "subscribers" to Northern Health on social media

	facebook	twitter	YouTube	Pinterest	LinkedIn	Google+	flickr
2013	2158	2427	64	112	2588	0*	0*
2014	2703	3587	109	327	3532	17	2
% change	+25%	+48%	+70%	+192%	+36%	-	-

* This channel was added in 2013, so growth would appear out of place.

Health promotion marketing campaigns

- A Healthier 2014: Your Year
- Community Health Stars*
- Growing for Gold*
- "Spirit" – mascot development*
- A Healthier You - 4 Editions
    - Mental Wellness
    - Aboriginal Health
    - Healthy in Communities
    - Youth Health

** Campaign was planned in 2014, but related to 2015 Canada Winter Games legacy work*

Change Management & Internal Communications

Staff --- Anne Scott and Joanne MacDonald

OUR NH Intranet

- Build and migration continue to move ahead – please see comparisons below to last year's numbers.
    - Team sites, project sites, and committee sites built:

    - "Forward-facing" pages (viewable by all NH staff members) built:

    - Volume of data (files, lists, etc.) migrated from iPortal:

- Usage statistics:
    - Unique visitors per day in the past 30 days (average):

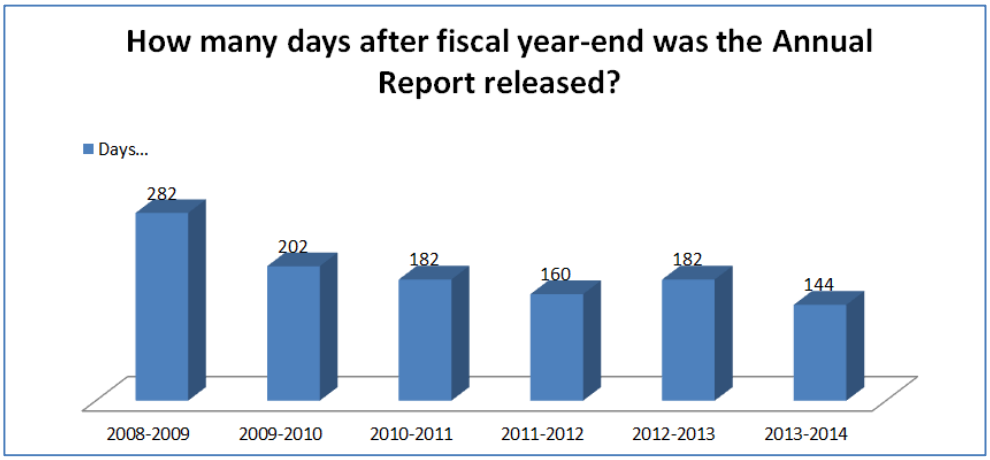
    - Total page views during the past 30 days:

- Most-visited pages:
    - 2015: The Forms & Templates page, which had 4,440 page views over the last month
    - 2014: Community Corner, which had 658 page views during the same period.
- Generally positive feedback from most staff members
- Enhancements and improvements to navigation, usability, etc., will be possible after our target

of shutting down iPortal is achieved.

Annual Report

- Release dates
  - 2013-2014: August 22, 2014 (online format – earliest release to date)
  - 2012-2013: September 29, 2013 (online format)
  - 2011-2012: September 7, 2012 (online format)
  - 2010-2011: September 29, 2011
  - 2009-2010: October 19, 2010
  - 2008-2009: January 7, 2010



Projects & Other

- Accreditation, Canadian Patient Safety Week, Desktop backgrounds, DST (Decision Support Tool) migration, EARL communication (Employee Absence Reporting Line), Ethics , Gallup, Hand Hygiene, HR support, Influenza Planning, Innovation & Development Commons (IDC), National Nursing Week, Patient Simulation, Privacy Working Group / Privacy Week, Quality & Innovation, SharePoint support, Team-Based Care, Telework, Web content & editing, Workplace Health & Safety

- High Quality Integrated Health Services Communications – this includes the integration work and support for divisions and the prenatal clinics

- Introduced a new hard copy employee magazine (Our Northern Health) that goes to every staff member – it tells front line healthcare stories in the context of our strategic goals

External Relations

Foundations

- Three key areas of work:
  - Regional fundraising Strategy for Diagnostics
  - Unique Memorandum of Understanding with regional context for each foundation
  - Core support planning and coordination

Health Emergency Management BC (HEMBC)

- Focus on building a clear plan to deliver on shared goals that provide a methodical inventory and approach to a range of emergency planning needs.

Industry Relations

- Building a strategy with a clear understanding of the elements of work in which Northern Health interfaces with industry. The work can conflict so ensuring that all elements are understood and coordinated will be the initial step towards identifying success factors.

Government Relations

- Continue to maintain strong connections with provincial, regional and local government. Measurements for success are being developed.

Awards

Canadian Public Relations Society (CPRS)

- Community Relations Campaign of the Year – Silver Award for the procurement communications for the Queen Charlotte/Haida Gwaii Hospital project.

Canadian Public Relations Society (CPRS)

- Canadian Marketing Communications Campaign of the Year (bronze) for the My Healthy Workplace campaign

Canadian Public Relations Society (CPRS)

- Canadian Advocacy and Social Marketing Campaign of the Year (bronze) for the My Healthy Workplace campaign

International Association of Business Communicators (IABC)

- Communications Management, Social Media Programs (award of merit) for the My Healthy Workplace campaign

Canada Winter Games

- There was a significant increase in work related to the Canada Winter Games across all portfolios – internal planning as well as photo documenting the work. One of the true highlights was having the NH mascot available and interactive throughout many venues during the games celebrations and events.

Recommendation(s):

For information

MISSION, VISION AND VALUES V1 (NO CHANGES) BRD 100

INTRODUCTION

The Board of Directors of Northern Health (the "Board) establishes the mission, vision and values statements that guide the delivery of care and services in Northern Health.

SLOGAN

"The Northern way of caring"

MISSION

Through the efforts of our dedicated staff and physicians, in partnership with communities and organizations, we provide exceptional health services for Northerners

VISION

Northern Health leads the way in promoting health and providing health services for northern and rural populations

- Northern Health is known for our strong primary health care system. People experience seamless and coordinated service. The 'Primary Care Home[1]' is the foundation for multidisciplinary health care and helps people navigate across services.
- Northern Health involves people and their families in their own health and health care. Individuals and families feel respected and are treated compassionately.
- Northern Health provides high quality health services, using evidence and innovation, to meet the needs of our northern and rural populations. We are known for the creativity of our staff and physicians and for our innovative use of technology to care for people as close to home as possible.
- Northern Health is recognized as an outstanding place to work, learn, and grow. We foster a safe and healthy work environment. Education and development of people in the North, for the North, attracts and retains staff and physicians.
- Northern Health works with communities and organizations to support Northern people to live well and prevent injury and illness. The health status of Northern people is improving faster than the rest of BC.

[1] 'Primary Care Home' is where people establish a long term relationship with a multi-disciplinary team and through this team, receive health care and are supported in managing their own health.

Author(s): Governance & Management Relations Committee
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VALUES

WE TREAT PEOPLE WITH:

- Respect: honouring diversity and treating people fairly
- Compassion: caring genuinely
- Empathy: understanding and earning trust

WE DEMONSTRATE:

- Integrity: ensuring open, honest, ethical behaviour
- Stewardship: showing transparent, responsible and effective use of resources
- Quality: providing exceptional service guided by evidence

WE WORK IN A SPIRIT OF:

- Collaboration: working together to better serve the people of Northern BC
- Innovation: learning and finding better ways to deliver health care

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
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BOARD CALENDAR BRD 110 v1

The following items are brought forward to the Board for decision throughout the calendar year. Refer to committee work plans for additional detail (BRD 310, 320 & 330).

	LEAD	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
A. Strategies, Plans and Performance													
i) Review Mission, Vision and Values	Board Chair & CEO										X		
ii) Preliminary review of Strategic Plan	Board Chair & CEO												X
iii) Review and approval of Strategic Plan	Board Chair & CEO		X										
iii) Review and approval of Service Plan	Board Chair & CEO				X								
iv) Review and approval of Annual Budget Management Plan~~Capital and Operating Budget~~.	Chair Audit & Finance Committee & CFO				X								
iv) Review and approval of Annual Capital Plan.	Chair Audit & Finance Committee & CFO		X										
v) Performance Reporting against Strategic and Service~~Operating~~ Plan	CEO Board Committees	ONGOING OR AS REQUIRED											
vi) CEO's Report	CEO	ONGOING OR AS REQUIRED											

Author(s): Governance & Management Relations Committee
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	LEAD	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
B. Financial Control													
i) Appoint External Auditors	Chair Audit & Finance Committee & CFO										X		
ii) Set Audit Fees	Chair Audit & Finance Committee & CFO										X		
iii) Approve Annual Statements	Chair Audit & Finance Committee & CFO						X						
iv) Review Operating and Financial Performance	CFO	ONGOING OR AS REQUIRED											
C. Governance & Management Relations													
i) Approve CEO Annual Objectives	Chair GMR Committee						X						
ii) CEO Performance Evaluation	Chair GMR Committee				X		X						
iii) Approve CEO Compensation	Chair GMR Committee						X						
iv) Review Management Succession and Development Plans	VP HR										X		
v) Compensation Policy Review	VP HR		X										
vi) Review Board Profile and Director Criteria	Chair GMR Committee	ONGOING OR AS REQUIRED											

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	LEAD	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
vii) Recommend potential candidates to the Government	Chair GMR Committee & Board Chair	ONGOING OR AS REQUIRED											
viii) Appoint Committee Chairs and Members (Deputy Chair elected by Board - BRD150)	Board Chair						**X**						
ix) Board/Board Chair/Committee Evaluation/Individual Director Evaluation	Chair GMR Committee										X		
x) Bylaw review	Chair GMR Committee	ONGOING OR AS REQUIRED											
xi) Annual Report	Chair GMR Committee & Director Communications						X						
xii) Community Consultation (major initiative every second year)	Chair GMR Committee & Director Communications						X				X		

Author(s): Governance & Management Relations Committee
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	LEAD	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
D. Medical Advisory Committee													
i) Medical Advisory Committee Report	Chair 3P Committee & VP Medicine	ONGOING OR AS REQUIRED											
ii) Medical Staff Annual Reappointment Process	Chair 3P Committee & VP Medicine												X
iii) New Medical Staff appointments	Chair 3P Committee & VP Medicine	ONGOING OR AS REQUIRED											
vi) Physician HR Planning	Chair 3P Committee & VP Medicine										X		
E. Government/Board Interface													
i) Meet with the Minister/Deputy Minister	Board Chair / CEO	ONGOING OR AS REQUIRED											

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 15, 2013 (R)

ii) Review annual Mandate Letter from the Minister of Health ~~Government Letter of Expectations~~	Board Chair/CEO	ONGOING OR AS REQUIRED

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 15, 2013 (R)

TERMS OF REFERENCE FOR THE BOARD CHAIR V1 BRD 120

INTRODUCTION

1. The Board Chair is appointed by the BC Minister of Health.

2. The Board Chair's primary role is to act as the presiding Director at Board meetings and to manage the affairs of the Board of Directors of Northern Health (the "Board"). This includes ensuring that the Board is properly organized, functions effectively, and meets its obligations and responsibilities.

3. The Board Chair builds and maintains a sound working relationship with the President and Chief Executive Officer (the "CEO") and ensures an effective relationship between the Minister of Health, other government representatives and key stakeholders.

4. The Board Chair is an ex-officio member of Board committees where he/she is not appointed as a full member, including the Northern Health Medical Advisory Committee.

DUTIES AND RESPONSIBILITIES

Working with Management

The Board Chair:

1. Acts as a sounding board, counsellor and confidante for the CEO and assists in the review of strategy, definition of issues, maintenance of accountability, and building of relationships.

2. In conjunction with the CEO represents Northern Health as required.

3. Ensures the CEO is aware of concerns of Government, the Board and other stakeholders.

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4. Leads the Board in monitoring and evaluating the performance of the CEO, ensures the accountability of the CEO, and ensures implementation of the management succession and development plans by the CEO.

5. Works closely with the CEO to ensure management strategies, plans and performance are appropriately represented to the Board.

6. In conjunction with the CEO, fosters a constructive and harmonious relationship between the Board and the senior management group.

Managing the Board

The Board Chair:

1. Acts as the primary spokesperson for the Board.

2. Ensures the Board is alert to its obligations to Northern Health, the Government and other stakeholders.

3. Chairs Board meetings and ensure that the appropriate issues are addressed.

4. Establishes the frequency of Board meetings and reviews such frequency from time to time as considered appropriate, or as requested, by the Board.

5. Assists the Governance & Management Relations Committee in developing Director criteria and in identifying potential candidates to be recommended to the Government for appointment as Directors, and communicates with the Government regarding the criteria and names of candidates.

6. Recommends committee membership and committee Chair appointments to the Board for approval. Reviews and reports to the Board the need for, and the performance and suitability of, Board committees.

7. ~~Maintains a liaison and communication~~Liaises and communicates with all Directors and committee Chairs to coordinate input from Directors, and optimizes the effectiveness of the Board and its committees.

8. Ensures the coordination of the agenda, information packages and related events for Board meetings in conjunction with the CEO and the Corporate Secretary.

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9. Ensures major initiatives have proper and timely Board understanding, consideration, oversight and approval.

10. Ensures the Board receives adequate and regular updates from the CEO on all issues important to the welfare and future of Northern Health.

11. Builds consensus and develops teamwork within the Board.

12. Reviews Director conflict of interest issues as they arise.

13. In collaboration with the CEO, ensures information requested by Directors or committees of the Board is provided and meets their needs.

14. Ensures regular evaluations are conducted of the Board, Board Chair, Directors and Board committees.

Relations with the Government and other Stakeholders

In consultation with the Board, the Board Chair has the responsibility to establish regular interactions and relationships with individuals, groups, organizations and at meetings such as:

- Board Chair/CEO meetings
- Chair to Chair meetings
- ~~First Nations Health Council - North Regional Health Caucus~~
- Local & municipal governments
- Minister of Health
- MLAs ~~& Northern Caucus~~
- NGOs (Alzheimer Society, Canadian Cancer Society, Canadian Red Cross etc.)
- North Central Local Government Association (NCLGA) & Union of British Columbia Municipalities (UBCM)
- Other provincial Ministries and government bodies
- Regional Districts (RD) & Regional Hospital Districts (RHD)

Author(s): Governance & Management Relations Committee
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TERMS OF REFERENCE FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER V1

BRD 130

INTRODUCTION

The President and Chief Executive Officer (the "CEO") reports to the Northern Health Board of Directors (the "Board") and maintains open communication with the Board Chair. The CEO is not a member of the Board.

The CEO is responsible for:

1. Providing leadership, management and control of the operations of Northern Health on a day-to-day basis in accordance with the strategies, plans and policies approved by the Board

2. Providing leadership and management to ensure strategic and annual plans are effectively developed and implemented, the results are monitored and reported to the Board, and financial and operational objectives are attained

DUTIES AND RESPONSIBILITIES

General

1. Leads and manages the organization within parameters established by the Board, as informed by Ministry of Health directives, and within Executive Limitations (BRD 230)

2. Ensures the safe and efficient operation of the organization

3. Ensures compliance with applicable laws and regulations, and with Board and Administration policies and practices

4. Fosters a corporate culture that promotes ethical practices, respect in the workplace, individual integrity, and social responsibility

5. Obtains Board approval prior to acceptance of significant public service commitments and/or outside Board appointments

Communication and Counsel to the Board

Information and advice to the Board ~~of Directors of Northern Health (the "Board")~~ shall be timely, complete, and accurate. Accordingly, the CEO shall:

1. Ensure the Board is aware of relevant trends, material risks, and significant internal and external organizational changes and anticipated adverse media coverage

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2. Inform the Board of any contract that, in the judgement of the CEO, may be of special interest to the Board. These include contracts that could materially affect the standard of care, represent unusual risk, or have significant community impact.

3. Submit the appropriate information in a timely, accurate and understandable fashion to allow for fully informed Board decisions

4. Provide appropriate mechanisms for official Board communications

5. Normally deal with the Board as a whole, while recognizing that periodic interaction with individual members, officers and Board committees is necessary to perform the CEO's responsibilities

6. Report to the Board non-compliance with any Board policy

7. Keep the Board fully informed of all significant operational, financial and other matters relevant to the organization. This includes external items emanating from Governments and stakeholders

8. Co-sign with the Board Chair the quarterly & annual financial statements and the annual auditor engagement letter

9. Manage and oversee the required interfaces between Northern Health, Government and stakeholders, and acts as the principal spokesperson for Northern Health

10. Ensure effective communications with the general public and stakeholders and shall foster and maintain relationships with agencies, educational institutions, Government, health delivery organizations, other key stakeholders, professional regulatory bodies and special interest groups to encourage understanding and cooperation in the development, implementation and evaluation of operational and strategic plans

11. The CEO may speak on the Chair's behalf if the Board Chair is unavailable[1].

STRATEGIC PLANNING

1. The CEO shall develop and recommend processes to the Board regarding:

[1] See also BRD220

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a. The development, evaluation, and revision of NH's Strategic Plan including the mission, vision, values, and strategic directions
b. Ensuring alignment of NH's Strategic Plan with NH's commitment to government through the ~~Government Letter of Expectations (GLE)~~Mandate Letter

2. The CEO shall establish organizational processes that enable the development of operational, financial, and capital plans that position NH to achieve the Strategic Plan

3. The CEO shall successfully implement the Board approved annual service, budget management, ~~operating~~ and capital plans

4. The CEO shall establish accountability processes (e.g. scorecard) for the Board regarding the performance of the organization in achieving the goals and targets set out in the operational plan

QUALITY

1. The CEO shall ensure the development and implementation of a quality improvement framework including:
   a. The policies, standards, structures and processes necessary to support quality improvement and patient safety
   b. Delegation of authority to individuals or positions to conduct quality reviews under Section 51 of the *Evidence Act*

WORKING ENVIRONMENT

Northern Health acknowledges that the staff is its most important resource and that there is both an obligation of, and the benefit to, the organization in maintaining a positive working environment. Accordingly the CEO shall:

1. Ensure that working conditions are respectful and safe, and in compliance with negotiated agreements or legislated employment standards

2. Develop and maintain a sound, effective organization structure

3. Ensure progressive employee training and development programs exist

4. Ensure that all members of the organization have their responsibilities and authorities clearly established

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5. Establish and maintain a Board approved plan for senior management development and succession that is reviewed on an annual basis

6. Provide the Board, at Board and committee meetings, with exposure to key management personnel

FINANCIAL AND CAPITAL PLANNING

1. The CEO shall facilitate financial and capital planning which:
    a. Is consistent with established Board priorities
    b. Is fiscally prudent
    c. Is reflective of a generally acceptable level of foresight
    d. Plans the expenditure of funds in any fiscal year that are projected to be available in that period and if a shortfall is predicted, articulates the strategy to address the funding shortfall
    e. Allocates resources among competing budgetary need.
    f. Is consistent with long-term organizational planning
    g. Addresses fiscal contingencies

2. The CEO will implement financial and capital reporting processes that contain sufficient information to enable:
    a. Accurate projections of revenues and expenses
    b. Separation of capital and operational items
    c. Cash flow analysis
    d. Subsequent audit trails
    e. Disclosure of planning assumptions
    f. Accurate projections of any significant changes in the financial position

Asset Protection

The CEO shall ensure Northern Health's assets are protected, adequately maintained and not put at unreasonable or unnecessary risk. Accordingly, the CEO shall:

1. Identify the principal risks of the organization's business, and implement appropriate systems to manage these risks

2. Ensure that appropriate steps are taken to reasonably protect Northern Health, its Board and staff from claims of liability

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3. Maintain adequate levels of insurance against:
   a. Theft, fire and casualty losses
   b. Liability losses to Directors, staff and individuals engaged in activities on behalf of Northern Health
   c. Losses due to errors and omissions on the part of Directors and staff

4. Receive, process, or disburse funds under controls developed in consultation with Internal Audit that are sufficient for the Board appointed external auditor to rely upon when expressing their opinion on the financial statements[2]

5. Invest or hold operating capital consistent with the approved Investment Policy[3]

6. Establish effective control and co-ordination mechanisms for all operations and activities. Ensure the integrity of internal control, management, and clinical systems.

Compensation and Benefits

With respect to employment, compensation and benefits to employees, consultants, contract workers and volunteers, the CEO shall not allow the fiscal integrity or the public image of Northern Health to be jeopardized. Accordingly, and as per BRD 230 - Executive Limitations, the CEO shall not change his/her own compensation or benefits

[2] See DST 4-4-02-030P: Finance>Accounts Payable>Signing Authority
[3] See DST 4-4-06-050P: Finance>General Accounting>Investment

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
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TERMS OF REFERENCE FOR A DIRECTOR V1 (NO CHANGES) BRD 140

INTRODUCTION

A Director of the Board of Northern Health (the "Board") has the following fundamental obligations.

FIDUCIARY RESPONSIBILITIES

Honesty and Good Faith

Common law requires a Director to act honestly and in good faith with a view towards the best interests of the organization. The key elements of this standard of behaviour are:

1. A Director must act in the best interests of the organization and not in his or her self-interest. This also means a Director should not be acting in the best interests of some special interest group or constituency.

2. A Director must not take personal advantage of opportunities that come before him/her in the course of performing his/her Director duties

3. A Director must disclose to the Board any personal interests that he/she holds that may conflict with the interests of the organization

4. A Director must respect the confidentiality requirements of the Board's Code of Conduct and Conflict of Interest Guidelines (BRD210)

Skillful Management

A Director shall exercise the degree of care, diligence and skill that a reasonably prudent person would exercise in similar circumstances. This means:

1. Directors are expected to bring their expertise to bear upon matters under consideration

2. The Director must be proactive in the performance of his or her duties by:

    a. showing diligence by examination of reports, discussion with other Directors, and otherwise being sufficiently familiar with the organization's activities

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b. participating in a meaningful way

c. being vigilant to ensure the organization is being properly managed and is complying with laws affecting the organization

d. participating in the annual Board evaluation and the evaluation of individual Directors

STANDARDS OF BEHAVIOUR ESTABLISHED BY THE BOARD

The Board has established the following standards of behaviour for Directors.

General

As a member of the Board, each Director will:

1. Demonstrate a solid understanding of the role, responsibilities and legal duties of a Director and the governance structure of the organization as outlined in the Board manual

2. Demonstrate high ethical standards in personal and professional dealings

3. Understand the difference between governing and managing, and not encroach on management's area of responsibility

Strategies and Plan

As a member of the Board, each Director will:

1. Demonstrate an understanding of the organization's strategic direction

2. Contribute and add value to discussions regarding the organization's strategic direction

3. Provide strategic advice and support to the President and Chief Executive Officer (the "CEO")

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4. Participate in monitoring and evaluating the success of the organization and the CEO in achieving established goals and objectives, including participation in the annual CEO performance planning and review process

Preparation, Attendance and Availability

As a member of the Board, each Director will:

1. Prepare for Board and committee meetings by reading reports and background materials distributed in advance

2. Maintain an excellent Board and committee meeting attendance record. The target is 100% attendance. Anything less than 80%, without extenuating circumstances, would create difficulties for the Board. Where a Board member anticipates an inability to meet the attendance requirements, he or she will discuss the circumstances with the Board Chair to determine an appropriate course of action. This may include an unpaid leave of absence or potential resignation from the Board.

3. Attend the entire Board or committee meeting, not just parts of meetings

4. Participate in committees and contribute to their purpose

5. Participate in Board meetings in person particularly those where the Board members are meeting members of the public. Some exceptions can be made in extenuating circumstances.

Communication and Interaction

As a member of the Board, each Director will:

1. Demonstrate good judgment

2. Interact appropriately with the leadership and management of the organization

3. Participate fully and frankly in the deliberations and discussions of the Board

4. Be a positive and constructive force within the Board

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5. Demonstrate openness to other opinions and the willingness to listen

6. Have the confidence and will to make tough decisions, including the strength to challenge the majority view

7. Maintain collaborative and congenial relationships with colleagues on the Board.

8. Advise the CEO and the Chair in advance when introducing significant and/or previously unknown information or material at a Board or Board Committee meeting

9. Once a decision has been made, support the decision

10. While the Board Chair is the primary spokesperson for the Board (BRD120), individual Directors may be called upon to speak on behalf of the Board in instances where the Board Chair is not available (e.g. opening of a new facility). See BRD220.

Health Authority Knowledge

Each Director will:

1. Become generally knowledgeable about the organization's operation, health care issues, and how the organization fits into the provincial health care system

2. Participate in Director orientation and development programs developed by the organization from time to time

3. Maintain an understanding of the regulatory, legislative, social and political environments within which the organization operates

4. Become acquainted with the organization's senior managers

5. Be an effective ambassador and representative of Northern Health

Author(s): Governance & Management Relations
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TERMS OF REFERENCE FOR THE DEPUTY CHAIR V1 (NO CHANGES)
BRD 150

INTRODUCTION

1. The selection of the Deputy Chair lies with the Board of Directors of Northern Health (the "Board"), through a nomination process

2. The Deputy Chair shall be elected annually from among the Board members at the June Board meeting. The election will be held by secret ballot.

3. In order to develop additional leadership strength, the role of Deputy Chair will provide a developmental opportunity for Directors

4. The Board may, at any time, end the term of a Deputy Chair

ROLE OF THE VICE CHAIR

1. The Deputy Chair will perform the duties of the Board Chair when the Board Chair is unavailable or unable to act

2. In the event of the Board Chair resigning, the Deputy Chair will perform the duties of the Board Chair, at the pleasure of Government, until a new Board Chair is appointed

3. If both the Board Chair and Deputy Chair are unavailable or unable to act, the Board may elect from among its members an Acting Chair to conduct a meeting or for such other purposes as the Board may determine

Author(s): Governance & Management Relations Committee
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TERMS OF REFERENCE FOR THE CORPORATE SECRETARY V1 (NO CHANGES) BRD 160

GENERAL

The Corporate Secretary of Northern Health is the President & Chief Executive Officer (the "CEO") who has overall responsibility for the secretariat function and duties as outlined herein. The CEO may delegate certain aspects of these duties while maintaining overall oversight and accountability.

SPECIFIC RESPONSIBILITIES

1. Attends all meetings of the Board of Directors of Northern Health (the "Board") and Board Committees, including Board-only sessions, unless otherwise directed by the Board Chair

2. Organizes and ensures the proper recording of the activities of the Board and committee meetings

3. Ensures that Northern Health complies with its governing legislation and Organization and Procedure Bylaws (BRD600)

4. Reviews Organization and Procedure Bylaws to ensure their continued adequacy and relevance, and provides recommendations to the Governance and Management Relations Committee on necessary revisions

5. Keeps the corporate records

6. Maintains custody of the corporate seal

7. Reviews and keeps up-to-date on developments in corporate governance and promotes strong corporate governance practices

8. Advises and assists Directors with respect to their duties and responsibilities

9. Serves as the main source of governance expertise to the Board in relation to:

    a. Current developments in governance practice
    b. Effective relationships between Board and Executive

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c. Policy and legislative compliance

10. Facilitates the orientation and on-going education of Directors, with direction from the Board

11. Acts as a channel of communication and information for Directors

12. Administers the Code of Conduct and Conflict of Interest Guidelines for Directors (BRD 210)

13. Verifies, authorizes and processes payment of:

    a. Board and Committee meeting fees
    b. Board Director expense and travel claims (BRD 610)

14. Monitors Board member terms and liaises with the Board Chair and the Board Resourcing and Development Office (BRDO) to ensure the timely processing of documentation for Board appointments and reappointments for Board continuity

15. Carries out any other appropriate duties and responsibilities as may be assigned by the Board Chair

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): December 8 2014 (R)

TERMS OF REFERENCE FOR THE CHAIR OF THE NORTHERN HEALTH MEDICAL ADVISORY COMMITTEE AT BOARD MEETINGS V1 (NO CHANGES) **BRD 170**

INTRODUCTION

The Board of the Directors of Northern Health (the "Board") shall appoint a Northern Health Medical Advisory Committee (NHMAC)[1]

The Chair of the Northern Health Medical Advisory Committee ("NHMAC Chair") is appointed by the Board after consideration of the recommendation of the NHMAC[2]

The NHMAC Chair provides advice to the President and Chief Executive Officer of Northern Health (the "CEO") and to the Board on:

1. The processes in place to manage the appointment of Northern Health Medical Staff, including credentialing and privileging.
2. The deliberations and recommendations of the NHMAC regarding appointments to the Northern Health Medical Staff.
3. The provision of medical care within the facilities and programs operated by Northern Health
4. The monitoring of the quality and effectiveness of medical care provided within the facilities and programs operated by Northern Health
5. The adequacy of medical staff resources
6. The continuing education of the members of the medical staff
7. Planning goals for meeting the medical care needs of the population served by Northern Health

The Chair or Vice Chair of NHMAC shall provide a report to the Board and to the CEO on a regular basis

THE ROLE OF THE NHMAC CHAIR AT THE BOARD

The role of the NHMAC Chair at Board meetings is to provide a report on the deliberations, motions, recommendations and decisions of the NHMAC. The NHMAC Chair will also inform the Board of any items of discussion from NHMAC meetings that are not included in the minutes as necessary to contribute to the Board discussion.

The Board will be provided with copies of the 'draft' minutes of the NHMAC meetings in order that the Board may independently review the issues discussed by NHMAC and to ensure that they are familiar with the NHMAC's deliberations.

[1] NH Medical Staff Bylaws Article 8.1.1
[2] NH Medical Staff Bylaws Article 8.2.2

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In addition, the NHMAC Chair may participate in Board discussions. The perspective of a practicing physician will be helpful to the Board when discussing certain issues. Because of the size and diversity of the region and the opinion of the various medical communities, it is important that the NHMAC Chair is explicit when he/she is reflecting the opinion of the NHMAC and when the he/she is reflecting his/her own personal or professional opinion.

The NHMAC Chair will be encouraged to contribute to the Board agenda items that are related to quality of care and service delivery issues and items that are identified in the Medical Staff Bylaws.

The NHMAC Chair may request, or be requested, to attend meetings of Board committees to provide specific NHMAC advice and perspective to quality of care and service delivery issues being considered by Board committees. However, the NHMAC Chair is not expected nor entitled to attend Board committee meetings other than by specific invitation.

The Board recognizes and differentiates between advocacy for the interests of medical practitioners and the provision of professional advice regarding quality of care and service delivery issues of importance to patients. Advocacy for the former is a function of the Medical Staff Association, a companion to the medical staff organization. The NHMAC Chair is expected to differentiate between these perspectives and to restrict his/her function as NHMAC Chair to the provision of professional advice regarding quality of care and service delivery issues.

The NHMAC Chair will be excused from 'in camera' portions of Board meetings dealing with agenda items for which, in the opinion of the Board Chair, or of the Chairs of Board committees, the presence of the NHMAC Chair would create a conflict of interest for the NHMAC Chair, or which may prejudice the relationship between the Board and the NHMAC, medical staff or NHMAC Chair if the NHMAC Chair is present during discussions.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 14, 2014 (r)

CODE OF CONDUCT AND CONFLICT OF INTEREST GUIDELINES FOR DIRECTORS **BRD 210**

Introduction

The Board of Directors of Northern Health (the "Board") is committed to developing and maintaining a reputation for Northern Health as an ethical organization.

The fundamental relationship between each Director and Northern Health must be one of trust; essential to trust is a commitment to honesty and integrity. Ethical conduct within this relationship imposes certain obligations.

1. Directors are expected to use their best efforts to ensure that consideration is given to legal and/or statutory components of any decision taken by the Board. If in doubt, Directors are expected to ask for clarification.
2. No Director shall commit or condone an unethical or illegal act or instruct another Director, employee, or supplier to do so.
3. Directors have a responsibility to have some familiarity with the regulatory regime in which Northern Health operates. They are expected to recognize potential liabilities and to know when to seek legal advice. If in doubt, Directors are expected to ask for clarification[1].

Northern Health is continually under public scrutiny. Therefore, Directors must not only comply fully with the law, but must also avoid any situation which could be perceived as improper or indicate a casual attitude towards compliance.

Conflicts Of Interest

1. In general, a conflict of interest[2] exists for Directors who use their positions on the Board to:
    a. Benefit themselves, friends, relatives[3], or business associates, or
    b. Benefit other corporations, societies[4], suppliers, unions or partnerships in which they have an interest or hold a position, or
    c. Benefit the interests of a person to whom the Director owes an obligation.

The above are hereafter collectively referred to as "Related Persons[5]".

[1] Throughout this policy, when Directors are requested to seek clarification or make a declaration, unless specific direction is otherwise given, Directors shall consult with either the Board Chair, the CEO, or the Corporate Secretary.
[2] *Conflict of interest* can be real or apparent; direct or indirect.
[3] *Relatives* generally means a spouse, child, parent or sibling of a Director and can include other relatives, direct or through marriage.
[4] Refer to *Schlenker v. Torgrimson 2013 BCCA 9*
[5] Not an exhaustive list, merely representative.

Author(s): Governance & Management Relations Committee
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2. A Director must not take personal advantage of an opportunity available to Northern Health unless the Board or management has clearly and irrevocably decided against pursuing the opportunity, and the opportunity is also available to other Directors or the public.
3. A Director must not use his or her position with Northern Health to solicit clients for the Director's business or Related Persons.
4. Every Director must avoid any situation in which there is, or may appear to be, potential conflict which could appear[6] to interfere with the Director's judgment in making decisions in Northern Health's best interest.
5. There are several situations that could give rise to a conflict of interest. The most common are accepting gifts, favours or kickbacks, or the passing on of confidential information and using privileged information inappropriately.

Disclosure

Northern Health requires full disclosure of all circumstances that could conceivably be construed as conflict of interest.

1. Full disclosure enables Directors to resolve unclear situations before any difficulty can arise.
2. At the beginning of each meeting of the Board, or of one of its Committees or Task Forces, there shall be a standing agenda item requiring each Director present to declare any conflict of interest he/she may have with any item of business on the agenda.
3. Outside of meetings, a Director must, immediately upon becoming aware of a potential conflict of interest situation, disclose the conflict in writing to the Board Chair. This requirement exists even if the Director does not become aware of the conflict until after a transaction is completed.
4. If a Director is in doubt whether a situation involves a conflict, the Director must immediately seek the advice of the Board Chair or the Chair of the Governance and Management Relations Committee (GMR). It may also be appropriate to seek legal advice.
5. Unless a Director is otherwise directed by the Board Chair, a Director must immediately take steps to resolve the conflict or remove the suspicion that it exists.
6. If a Director is concerned that another Director is in a conflict of interest situation, the Director must immediately bring his or her concern to the other Director's attention and request that the conflict be declared. If the other Director refuses to declare the conflict, the Director must immediately bring his or her concern to

[6] *Apparent conflict of interest* means any situation where it would appear to a reasonable person that the Director is in a conflict of interest situation.

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the attention of the Board Chair. If there is a concern with the Board Chair, the issue should be referred to the Chair of GMR.

7. A Director is required to disclose the nature and extent of any conflict at the first meeting of the Board after which the facts leading to the conflict have come to that Director's attention. After disclosing the conflict, the Director:
   a. must not take part in the discussion of the matter or vote on any questions in respect of the matter. However, the Director may be counted in the quorum present at the Board meeting.
   b. may, if the meeting is open to the public, remain in the room, but shall not take part in that portion of the meeting during which the matter giving rise to the conflict is under discussion, and shall leave the room prior to any vote on the matter giving rise to the conflict.
   c. must, if the meeting is not open to the public, immediately leave the meeting and not return until all discussion and voting with respect to the matter giving rise to the conflict is completed.
   d. must not attempt, in any way or at any time, to influence the discussion or the voting of the Board on any question relating to the matter giving rise to the conflict.

Outside Business Interests

1. Directors must declare possible conflicting outside business activities at the time of appointment. Notwithstanding any outside activities, Directors are required to act in the best interest of Northern Health.
2. No Director may hold a significant financial interest, either directly or through a Related Person, or hold or accept a position as an officer or Director in an organization in a relationship with Northern Health, where by virtue of his or her position on the Board, the Director could in any way benefit the other organization by influencing the purchasing, selling or other decisions of Northern Health, unless that interest has been fully disclosed in writing to the Board Chair. A "significant financial interest" in this context is any interest substantial enough that decisions of Northern Health could result in a personal gain for the Director.
3. These restrictions apply equally to interests in companies that may compete with Northern Health in any of its areas of activity.

Confidential Information

1. Confidential information includes personal, proprietary, technical, business, financial, legal, or Director information, which the Board or management treats as confidential.
2. Directors may not disclose such information to any outside person unless authorized.

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3. Similarly, Directors may never disclose or use confidential information gained by virtue of their association with Northern Health for personal gain, or to benefit Related Persons.

Directors are advised to seek guidance from the Board Chair or the President & Chief Executive Officer (the "CEO") with respect to what is considered confidential.

Investment Activity

Directors may not, either directly or through Related Persons, acquire or dispose of any interest, including publicly traded shares, in any company while having undisclosed confidential information obtained in the course of work on the Board, which could reasonably affect the value of such securities.

Outside Employment or Association

A Director, who accepts a position with any organization that could lead to a conflict of interest or situation prejudicial to Northern Health's interests, shall discuss the implications of accepting such a position with the Board Chair, recognizing that acceptance of such a position may require the Director's resignation from the Board.

Public Office

1. No one who holds public elected office[7] is eligible to be a Director of Northern Health.
2. A Director may run for public office while a member of the Board, and shall while campaigning:
    a. Take a paid leave of absence from the Board, or
    b. Attend Board and Board Committee meetings with the proviso that:
        i. At the start of each meeting the Director's candidacy for elected office is declared and minuted, and
        ii. The Director excuses[8] themselves from any discussion/vote that could be viewed as partisan, and
    c. Not speak on behalf of Northern Health, and
    d. Not refer to their work on the Board other than a factual declaration of Board membership in their biography.
3. If elected, the Director must resign immediately.

[7] Public elected office includes: Municipal Council, Band Council, School Board, Regional District/Regional Hospital District, Member of the Legislative Assembly of BC, Member of Parliament.

[8] When a Director excuses themselves from discussion in an in camera meeting they shall leave the room. The Director may remain in the room if during the public session. The minutes of the meeting shall note the Director's actions to excuse themselves from discussion.

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Entertainment, Gifts and Favours

1. It is essential to efficient business practices that all those who associate with Northern Health, as suppliers, contractors or Directors, have access to Northern Health on equal terms.
2. Directors and Related Persons shall not accept entertainment, gifts or favours that create or appear to create a favoured position for doing business with Northern Health. Any firm offering such inducement shall be asked to cease doing so. A sustained business relationship will be conditional on compliance with this code.
3. Similarly, no Director may offer or solicit gifts or favours in order to secure preferential treatment for themselves, Related Persons or Northern Health.
4. Under no circumstances may Directors offer or receive cash, preferred loans, securities, or secret commissions in exchange for preferential treatment. Any Director experiencing or witnessing such an offer must report the incident to the Board Chair immediately.
5. Inappropriate gifts received by a Director shall be returned to the donor and will be accompanied by a copy of this code with full and immediate disclosure to the Board Chair.

Use of the Authority's Property

1. A Director requires Northern Health's approval to use property owned by Northern Health for personal purposes, or to purchase property from Northern Health unless the purchase is made through the usual channels also available to the public.
2. Even then, a Director must not purchase property owned by Northern Health if that Director is involved in an official capacity in some aspect of the sale or purchase.
3. Directors may be entrusted with the care, management and cost-effective use of Northern Health's property and shall not make significant use of these resources for their own personal benefit or purposes. Clarification on this issue should be sought from the Board Chair.
4. Directors shall ensure all Northern Health property which may be assigned to them is maintained in good condition and shall be able to account for such property.
5. Directors may not dispose of Northern Health property except in accordance with the guidelines established by Northern Health.

Responsibility

1. Each Director must adhere to the standards described in this Code of Conduct, and to the standards set out in applicable policies, guidelines or legislation.
2. Integrity, honesty, and trust are essential elements of Northern Health's success. Any Director who knows or suspects a breach of this Code of Conduct and Conflict of Interest Guidelines has a responsibility to report it to the Board Chair.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
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3. To demonstrate determination and commitment, Northern Health requires each Director to review and sign the Code annually. The willingness and ability to sign the Code is a requirement of all Directors.

Breach of Code

A Director found to have breached his/her duty by violating the Code of Conduct will be liable to Board censure or a recommendation for dismissal to the Government.

Where to Seek Clarification

The Board Chair or the Chair of GMR will provide guidance on any item in this Code of Conduct and Conflict of Interest Guidelines. The Board Chair may at his/her discretion, or at the request of a Director, seek the advice of outside legal counsel.

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DIRECTOR DECLARATION FORM

I ACKNOWLEDGE that I have read, considered and understood the *Code of Conduct and Conflict of Interest Guidelines for Directors* of Northern Health (BRD210).

A perceived direct or indirect conflict with my duty as a Director of Northern Health may arise because:

a. I hold the following offices or sit on the following Boards (appointed or elected):

☐ None

_____

_____

_____

_____

b. I receive financial remuneration (either for services performed by me, as an owner or part owner, Trustee, Director, employee or otherwise) from the following sources:

☐ None

_____

_____

_____

_____

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Do you have relationships or interests with any of Northern Health's vendors as listed in the annual Statement of Financial Information (SOFI)?

☐ Yes ☐ No

Describe:

_____

_____

_____

_____

Other than disclosed above, do you have any relationships or interests that could compromise, either directly or indirectly, or be perceived to compromise, your ability to exercise judgement with a view to the best interests of Northern Health?

☐ Yes ☐ No

Describe:

_____

_____

_____

_____

I agree to conduct myself in accordance with the Code of Conduct and affirm, to the best of my knowledge, that I have no undeclared Conflict of Interest.

_____
Signature

_____ _____
Print Name Date

_____ _____
Corporate Secretary Date

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 9th, 2014 (R)

CORPORATE CONDUCT **BRD 260**

Introduction

The Board of Directors of Northern Health (the "Board") is committed to exemplary standards of corporate conduct, which will inform and guide organizational behaviour and standards of practice. It holds that only by a consistent focus on this goal, and through consistent modelling of expected behaviour by the Board and management, can the organization earn and maintain the trust of those whom it serves.

The Board is obliged to ensure that Northern Health establishes and maintains standards of conduct that all personnel are expected to follow, approved by the Public Sector Employers' Council, in order to address taxpayer accountability principles.

To this end the Board must establish clear policy objectives for its own conduct, and must also ensure that management, through the President and Chief Executive Officer (the "CEO"), develops, implements and enforces practical, well defined ~~Decision Support Tools (DSTs)~~policy for the organization as a whole so that individuals may have clear direction in the discharge of their individual roles and understand their own personal obligation to report known or suspected violations.

Policy Scope

Management shall ensure policies ~~/ DSTs~~ are developed for ~~the following~~standards of conduct and other corporate issues[1] ~~and such others~~ as deemed prudent and reasonable:

- ~~Code of Conduct /~~Ethical Behaviour
- Confidentiality
- Conflict of interest
- Respect in the workplace
- Theft, fraud, corruption, and non-compliance

Compliance

The Board expects that management will:

1. Ensure that specific standards are established and clearly communicated to all staff members, and that any updates are communicated to those affected on a timely basis.

[1] Not an exhaustive list but representative of the areas for which policy ~~/ DSTs~~ shall be created and promulgated.

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2. Inform all staff members as to where they can obtain information needed to interpret these standards in relation to their individual circumstances.

3. Make it clear that compliance with the approved standards is considered to be a condition of continued association with Northern Health.

4. Maintain established internal and management controls designed to prevent or detect failures to apply corporate standards.

5. Ensure that reports of non-compliance are regarded, except as otherwise dictated by legislation, as confidential and that no penalties are imposed on those reporting alleged violations in good faith.

6. Lead by example and consistently exhibit high standards of personal conduct in dealing with staff and others with whom they may be in contact in the discharge of their duties.

7. Deal with known and proven breaches in an appropriate manner including discipline up to and including discharge where justified.

8. Provide regular reporting regarding the application of this policy to the Governance and Management Relations Committee in accordance with the Committee's work plan.

These guidelines are not intended to abridge statutory rights, rights conferred by a collective agreement, or the obligations arising from a professional designation. The purpose is solely to promote an enterprise-wide commitment to standards of personal conduct that earns Northern Health a reputation for integrity.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 9th 2014 (r)

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BOARD BRIEFING NOTE

Date:	**March 16, 2015**	
Agenda item	**Board Development and Education Plan**	
Purpose:	☐ **Information**	☒ **Discussion**
	☐ **Seeking direction**	☐ **Decision**
Prepared for:	**Governance & Management Relations Committee**	
Prepared by:	**D Chipman, Executive Assistant**	
Reviewed by:	**C Ulrich, CEO**	

Issue:

To update the 2015 Board Development and Education Plan.

Background:

Following the February Board Strategic Planning workshop, the Board requested a second strategic planning workshop be planned for the June Board meeting. This workshop will provide the Board with an opportunity to review the feedback received from staff and community stakeholders and to provide further direction regarding the redevelopment of the strategic plan. The revised 2015 Board Development & Education Plan is attached where the following changes are being suggested:

- At the April board meeting in Prince Rupert, the Board will review the Cross Sector Policy Papers to provide feedback on key directions and actions proposed in the policy papers from a Northern Health Context. The Ministry of Health is seeking feedback from health authority boards and executive teams on these papers throughout April and May.
- The June meeting in Burns Lake will now include a second workshop on the Strategic Planning process and the previously identified topic "Medication Management" will move to 2016.
- The previously scheduled April topic "Role of Governance in Quality Session" will be moved to the December meeting in Prince George where it will be easier to arrange for external guests to travel to join the meeting in person.

Recommendation(s):

It is recommended that the Committee forward the revised 2015 Board Development and Education Plan to the Board for adoption.

Proposed Board Development & Education Session Topics
December 2014 to December 2015

Board Meeting	Description	Objectives
December 08/09 Prince George	Topic: Population Needs Based Formula (PNBF) Presenters: • Mark De Croos – Vice President Finance and Chief Financial Officer • Fraser Bell – Vice President Planning, Quality and Information Management	To provide the Board with an overview of the Population Needs Based Formula (PNBF) To receive an update regarding the PNBF review done by KPMG To discuss implications for Northern Health
February 16/17 Chetwynd	Topic: Strategic Planning Facilitator: Gary Ockenden – Consultant, Withinsight Services.	This will be a half-day workshop with the Board of Directors and the Executive Team to discuss the renewal of Northern Health's Strategic Plan
April 20/21 Prince Rupert	Topic: Cross Sector Policy Discussion • Cathy Ulrich, President & CEO • Fraser Bell, Vice President Planning, Quality and Information Management	To review cross Sector Policy Papers To provide feedback on key directions and actions proposed in the policy papers from a Northern Health Context
June 15/16 Burns Lake	Topic: Strategic Planning Facilitator: Gary Ockenden – Consultant, WithinSight Services	To plan a second day half-day workshop with the Board of Directors and the Executive Team to review the results of the consultation sessions conducted for the renewal of Northern Health's Strategic Plan.
December 07/08 Prince George	Topic: The Role of Governance in Quality. Presenters: • Christina Krause – Executive Director of the BC Patient Safety & Quality Council • Dr. Douglas Cochrane - Chair of the BC Patient Safety & Quality Council, and Provincial Patient Safety & Quality Officer for British Columbia	To review the role of Governance in quality within Northern Health and health care To examine quality issues that have arisen elsewhere To address "Culture of Quality"

Last Updated: 2015-03-16
Board Approved: 2014-12-7

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the northern way of caring

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BOARD BRIEFING NOTE

Date:	**2015 March 2**	
Agenda item	**Regulatory Framework – Legislative Compliance** • ***Workers Compensation Act***	
Purpose:	☒ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☐ **Decision**
Prepared for:	**GMR Committee**	
Prepared by:	**K Thomson**	
Reviewed by:	**C Ulrich**	

Issue:

To provide an update on the legislative compliance review process.

Background:

1. Current Review

The *Workers Compensation Act* ("the Act"), was originally brought into force in 1902, as the Workmen's Compensation Act and has been reviewed and revised numerous times leading to the current version. The title was changed to the Workers Compensation Act in 1974. The last major review and revision was in 1996, with amendments made as recently as January 2015.

The Act describes employer, supervisor, worker, director and officer responsibilities for workplace and worker safety in all work environments in British Columbia. The high level topics covered include:

- Injury and occupational disease compensation
- Occupational health and safety requirements, including joint committees
- Orders from the Workers' Compensation Board ("the Board")
- Appeal processes for both workers and employers

The most pertinent sections to the health authority, respecting compliance, are the requirements of the joint occupational health and safety committees; the responsibilities for workplace and worker safety of the workers, supervisors, and employers; and

compliance with orders issued by the Board. The specifics of these requirements are outlined in the Occupational Health and Safety Regulation.

The Act also describes the financial penalties for non-compliance with orders from the Board.

The *Act* and this Legislative Compliance Review were reviewed by the Executive Team, from a governance-level viewpoint.

- NH is compliant with respect to awareness of obligations and implementation of policy to address the Act and applicable Regulations at a Senior Leadership Level.
- Senior Leadership acknowledges that there is ongoing work to support the full implementation of policy, the Act, and the Regulations throughout all levels of the organization.

This *Act* imposes no obligations or compliance issues on Northern Health.

2. Upcoming Review(s)

Financial Administration Act
Financial Information Act
Public Sector Employers Act

3. Acts Reviewed for Legislative Compliance:

31. Tobacco Control Act Jan 2015
30. Budget Transparency and Accountability Act Nov/Dec 2014
29. Medicare Protection Act – Nov/Dec 2014
28. Apology Act – Nov/Dec 2014
27. Seniors Advocate Act – Nov/Dec 2014
26. Adult Guardianship Act changes – Nov/Dec 2014
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.