

Board Meeting

Chair:	Dr. Charles Jago	Recorder:	Desa Chipman
Board:	<ul style="list-style-type: none">• Sharon Hartwell• Gary Townsend• Ben Sander• Maurice Squires		<ul style="list-style-type: none">• Edward Stanford• Rosemary Landry• Gaurav Parmar• Stephanie Killam
Regrets:	<ul style="list-style-type: none">• Colleen Nyce		
Executive:	<ul style="list-style-type: none">• Cathy Ulrich• Fraser Bell• Kelly Gunn• Mark De Croos		<ul style="list-style-type: none">• David Williams• Dr. Ronald Chapman• Michael McMillan• Dr. Sandra Allison• Steve Raper

Public Minutes

1. Call to Order Public Session

The Open Board session was called to order at 10:00am

2. Opening Remarks

Chairman Jago welcomed the guests to the meeting and informed the public that some of the Board members took the opportunity earlier in the day to tour the GR Baker Hospital to see first-hand the challenges that are faced in the building and what is being done to address the challenges. The Board also met yesterday with John Massier, Chair of the Cariboo Chilcotin Regional Hospital District to take the opportunity to learn about how Northern Health is functioning outside of Prince George and to hear issues.

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 S Killam seconded by R Landry

The Northern Health Board approves the February 15, 2016 Public agenda as presented.

5. Approval of Board Minutes

Moved by G Townsend seconded by R Landry

The Northern Health Board approves the December 7, 2015 public minutes as presented.

6. Business Arising from Previous Minutes

There was no business arising from previous minutes.

7. CEO Report

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

- Mills Memorial Hospital was selected as the Northern Health facility to take part in the provincial Enhanced Recovery after Surgery (ERAS) Collaborative. The aim of the collaborative was to provide optimal care for patients undergoing elective colorectal surgery in BC through the application of the ERAS pathway. The ERAS pathway is comprised of a set of perioperative protocols that when adhered to have shown reductions in complication rates and length of hospital stays (LOS), without adverse effects on readmission rates and overall resulting in better outcomes for patient and cost savings to the health system.
- Northern Health entered into a Partnership Accord with the First Nations Health Council: Northern Regional Health Caucus and the First Nations Health Authority in 2012. In the Quesnel area, Northern Health, First Nations Health Authority and the local First Nations Communities are collaborating to create a new team who will provide a continuum of mental health and substance use services. The services will include prevention and health promotion activities, crisis response, assessment, intervention, and referral to other services, and capacity building within the community through education and support.
- Northern Health is working with the Village of Wells to develop plans to provide a health clinic in the community. A local Nurse Practitioner is interested in working with the Village of Wells to establish such an outreach clinic to this community.

7.1. Human Resources Report

D Williams provided an overview of the Human Resources Report and highlighted the following:

- Disability Management - work continues towards having all employees report injury incidents to the Call Centre and their direct report immediately. Timelines of reporting an injury/illness directly correlates to WorkSafe BC's (WSBC) Short Term Disability (STD) Duration Rates (the time it takes an employee to return to the workplace after an injury). WSBC STD Duration for all BC Health Authorities is current at 52 days. Shorter durations lead to more positive health and wellness outcomes for injured employees, and a decrease to WSBC claims cost.
- Influenza Campaign 2015-2016 program: Workplace Health & Safety provided 73 immunization clinics across NH, staffed by 26 Flu Clinic Nurses, 3 Flu Program nurses, and one Occupational Health Nurse. In addition, 97 Peer Nurse Immunizers provided immunization to coworkers during their regular shifts from October 28 to December 1.
- In the summer of 2015, a commitment was made to reduce the frequency of violent incidents in the workplace and protecting employees. Workplace Health & Safety continues to support Health Service Administrators who have actively engaged in the first steps of the current state risk assessment process. In addition to the current state assessment, Workplace Health & Safety continues to support the baseline education training calendar for Personal Safety and Code White training.
- Human Resource Planning and Design is in the preliminary phases of building a Human Resource Planning Toolkit which will assist managers in planning for their short-term needs.
- Details were provided on the initiatives which are currently underway to recruit and retain staff in Northern Health.

8. Audit and Finance Committee

8.1. Financial Statement & Comments (Period 9)

M De Croos presented the Period 9 Financial Statements and updated the board as follows:

- Year to date Period 9, revenues exceeded expenses by \$693,000. Revenues are unfavourable to budget by \$3.4 million or 0.7%. Expenses are favourable to budget by \$4.1 million or 0.8%.
- Delays in approval of targeted funding for a few budgeted programs have resulted in a delay in program expenditures and recognition of related funding. \$3.3M of targeted funding and matching expenditures was budgeted and would have been realized to the end of Period 9. As a result, revenues are showing an unfavourable variance to budget, while expenditures are showing a corresponding favourable variance to budget.
- At this time, Northern Health is forecasting to be in a balanced position at yearend.

Moved by B Sander seconded by

The Northern Health Board approves Northern Health's Period 9 financial statement, as presented.

8.2. Major Capital Projects Summary (Period 9)

M De Croos provided an overview of the major capital projects summary for period 9 as follows:

- The Northern Health Board approved the 2015-16 Capital Expenditure Plan in February 2015, with minor amendments over the year. The Capital Plan approves total expenditures of \$54.2M, with funding support from the Ministry of Health (\$32.1M, 60%), six Regional Hospital Districts (\$17.0M, 31%), Foundations and Auxiliaries (\$1.6M, 3%), and Northern Health (\$3.5M, 6%).
- A summary of the Year to date Period 9 (December 3, 2015), \$33.2M which has been spent towards the execution of the plan was outlined in briefing note.

9. Performance Planning and Priorities Committee

K Gunn provided an overview of the Primary Care priorities and work in progress under the leadership of the Primary Care Program.

- The Idealized Northern Health System of Services is built upon a foundation of primary care, where individuals have access to primary care providers and coordinated health services including interprofessional care, specialized community services, and higher levels of care.
- The work of the Primary Care Program falls under three themes:
 1. Provincial partnerships and participation
 2. Primary Care Provider engagement and partnerships, and
 3. Primary Care practice and clinic level support.
- Information in the report included details on the following topics:
 - Provincial Partnerships and Participation
 - Primary Care Provider Engagement and Partnerships
- Chairman Jago expressed appreciation for the report and commented that this is an important time of transformative change in the delivery of primary care and the working relationship between Northern Health and family physicians which will ultimately provide better care for the people we serve. Northern Health continues to make significant strides in the work to implement the changes and this work is identified in the new 5 year Strategic Plan.

10. A Community Partnership: Primary Care Clinic Development and Physician Recruitment

Debbie Strang, Health Service Administrator for Quesnel and Dr. Dietrich Furstenburg, Chief of Staff joined the meeting to provide a presentation on the partnerships and collaboration that has taken place to strengthen physician recruitment in the community.

- Chairman Jago thanked Dr Furstenburg and Debbie Strang for a remarkable presentation which outlined the way the Northern Health staff, local government and members of the community worked together to make progress on a set of challenging issues.

11. Governance and Management Relations Committee

11.1. Policy Manual BRD 500 & 600 Series

- The policy manual BRD 500 & 600 Series were provided to the board with suggested changes highlighted for feedback and approval.

Moved by G Parmar seconded by R Landry

The Northern Health Board approves the revised BRD 500 & 600 series.

The February 15, 2016 Public meeting was adjourned at 11:06am



Dr Charles Jago, Chair



Desa Chipman, Recording Secretary