

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• Colleen Nyce• Stephanie Killam	
Regrets:	<ul style="list-style-type: none">• Gaurav Parmar		
Executive:	<ul style="list-style-type: none">• Cathy Ulrich• Fraser Bell• Kirsten Thomson• Kelly Gunn• Mark De Croos• Angela De Smit	<ul style="list-style-type: none">• David Williams• Dr. Ronald Chapman• Michael McMillan• Dr. Sandra Allison• Jonathon Dyck• Dr. Jaco Fourie	

Public Minutes

1. Call to Order Public Session

The Open Board session was called to order at 9:14am

2. Opening Remarks

Chairman Jago welcomed members of the public to the meeting. Executive and Board members introduced themselves to the gallery. Chairman Jago expressed delight to be back in Fort St John to hold the Northern Health Board meeting and expressed appreciation to see Jean Leahy from the Save Our Northern Seniors in attendance.

3. Conflict of Interest Declaration

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

- There were no conflict of interest declarations made related to the April 18, 2016 Public agenda.

4. Approval of Agenda

Moved by S Killam seconded by R Landry

The Northern Health Board approves the April 18, 2016 public agenda as presented.

5. Approval of Board Minutes

Moved by G Townsend seconded by E Stanford

The Northern Health Board approves the February 15, 2016 public minutes as presented.

6. Business arising from Previous Minutes

There was no business arising.

7. CEO Report

- C Ulrich provided an overview of the CEO report and highlighted the following:
 - Northern Health 2016 – 2021 Strategic Plan – Looking to 2021: The Northern Health Board approved the 2016-2021 Strategic Plan in February 2016. Northern Health management and staff are in the process of using this new Strategic Plan to guide planning of services for the 2016/17 to 2018/19 operational plan.
 - Primary care and Community Services: Northern Health has been working in partnership with Divisions of Family Practice across the region to implement changes to the way community services and primary care providers work together to provide services to people and their families. These changes are intended to provide increased continuity of services and enable people and their families to be part of developing their plan of care with their health care providers.
 - BC Quality Forum: Growing Ideas for Action: the fifth annual provincial Quality Forum organized by the BC Patient Safety and Quality Council was held on February 24 to 28 in Vancouver. Michael McMillan, Chief Operating Officer, Northern Interior participated in Health Talks and provided a PechaKucha 20X20 presentation regarding his hopes for health care.
 - Chronic Disease Prevention Alliance of Canada (DCPAC) 2016 Conference: Dr. Margo Greenwood, Vice President, Aboriginal Health and Academic Lead, National Collaborating Centre for Aboriginal Health and Cathy Ulrich had the opportunity to participate in a panel presentation at the 2016 CDPAC conference on February 24, 2016 along with Dr. Evan Adams, Chief Medical Officer, First Nations Health Authority.
 - Collaboration with Northern Lights College regarding Health Human Resources Workforce Planning: Northern Health identified persistent challenges with vacant Residential Care and Community Care Aide vacancies primarily in Fort St John and Dawson Creek. As a result of a successful partnership in 2014, Northern Health approached Northern Lights College to consider offering a second Health Care Aide course. NLC was agreeable to pursue and has opened enrollment for a May course which will be offered on both the Fort Nelson and Fort St John campuses.
 - Enhanced Prenatal Care: Northern Health partnered with the North Peace Division of Family Practice in January 2014 to establish a Prenatal Clinic to offer primary care services at the Fort St John hospital due to the increasing number of prenatal women with no family physician. There are now twelve General Practitioners working in the Prenatal Clinic.
 - Collaboration with First Nations Communities: Northern Health entered into a Partnership Accord with the First Nations Health Council: Northern Regional Health Caucus and the First Nations Health Authority (FNHA) in 2012. In Fort St John area, Northern Health, FNHA and five of the seven local First Nations communities have collaborated to create a new team who will provide a continuum of mental health and substance use services in the First Nations Communities.
 - Nurse Practitioners: Northern Health recently hired 5 Nurse Practitioners on Provisional Licensure. This means that these Nurse Practitioners were practice ready upon hire but not eligible to be fully licensed until completion of a final OSCE exam (Objective, Structured Clinical Examination). In early March, all 5 of the new hired Nurse Practitioners completed and passed their examination to achieve full licensure.

7.1. Human Resources Report

- Disability Management's main focus over the next 6-12 months will be on Long Term Disability (LTD) Claims Activity. Including the following goals:
 - Reducing LTD claims through proactive utilization of Great West Life's Early Referral Services in the pre-LTD phase.
 - Claim reduction through disability case management which focuses on employee's functional abilities and creating opportunities for early and safe return to work (RTW) accommodation.
- NH facilities continue to complete site violence risk assessments. Many facilities, which had completed their assessments in 2015, are approaching their annual reviews.
- The Learning Management System is a secure web-based system that houses learning materials for all health care staff and is managed by the Provincial Health Services Authority. This allows standardized, high-quality learning for all our staff which is accessible from any NH or home computer.
- Grow our Own: following obtaining feedback from past students regarding meaningful program design and hosting world café events, Northern Health has received enough data to move forward with a redesign of the Grow our Own program collaboratively with the Simulation Centre. Details of the program were outlined in the report.
- NH continues to collaborate with the Ministry of Health and British Columbia Nurses Union (BCNU) in recruiting nurses to the region. Strategies to fill vacancies include:
 - Advance hiring of new grads to allow current staff to undergo training in speciality areas
 - Incentive program for return of services agreements in rural and remote communities
 - Continuing to work with post-secondary institutions to recruit graduates to stay in the north
 - Collaborating with BCNU on recruitment activities including their "Hire a Nurse" campaign designed to encourage casual nurses to explore regular positions.

8. Audit and Finance Committee

8.1. Financial Summary – Operations

- Year-to-date Period 12, revenues exceeded expenses by \$2,192, 000.
- Revenues are unfavourable to budget \$2.4 million or 0.3%. Expenses are favourable to budget by \$4.6 million or 0.7%
- Delays in approval of targeted funding for a few budgeted programs have resulted in a delay in program expenditures and recognition of related funding. It was budgeted that \$4.3M of targeted funding and matching expenditures would have been realized to the end of Period 12. 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 on base operations at yearend. Not factored into the yearend forecast is the confirmation of the actuarial valuation of the Healthcare Benefit Trust benefits. It is anticipated that the actuarial confirmation will be provided sometime in April 2016.

Moved by B Sander seconded by S Killam

The Northern Health Board approves Northern Health's Period 12 financial Statement, as presented.

8.2. Capital Projects Report

- The Northern Health Board approved the 2015-16 capital expenditure plan in February 2015, with minor amendments throughout the year. The updated plan approves total expenditures of \$59.5M, with funding support from the Ministry of Health (\$27.5M, 46%), Six Regional Hospital Districts

(\$17.0M, 29%), Foundations and Auxiliaries (\$1.6M, 3%), Northern Health (\$8.5M, 14%), and funding received in prior years (\$4.5M, 8%).

- Year-to-date Period 12 (February 23, 2016), \$45M has been spent towards the execution of the Plan and was summarized in detail in the report.

Moved by B Sander seconded by G Townsend

The Northern Health Board approves Northern Health's Period 12 Capital Project update, as presented.

9. Performance Planning and Priorities Committee

9.1. Clinical Quality Priorities

- An update on the Northern Health's Programmatic approach to the strategic advancement of clinical quality in the organization was provided for information.
- There are six Clinical Programs in Northern Health with a regional responsibility to stimulate quality in the organization, support the organization's pursuit of quality improvement goals and ensure we sustain gains made in our efforts to deliver high quality services for northerners.
- Over the last two years, Clinical Quality Programs have matured and identified five functions that enable front line staff and physicians to work in a culture that promotes quality care and patient safety and deliver care that meets or exceeds quality and safety standards. These functions are to:
 - Activate the front line
 - Develop Program Service Plans and support the implementation of these Plans
 - Develop clinical, service and learning pathways and quality standards
 - Identify and provide leadership for regional quality improvement priorities
 - Evaluation and measurement through the provision of data and analysis
- Next steps include further refinement of the Clinical Quality Programs Process Map for review and validation by the Executive team. This work will inform part of the executive review of the various ways Northern Health pursues quality under the Northern Health Quality Framework.
- Attention is also being given to the role of Programs in supporting Primary Care Homes, inclusive of the Interprofessional Teams (e.g. best practice support for preventive/population health measures such as well baby/child health immunizations, developmental assessments, etc)

9.2. Child Health Report

- An overview of the Chief Medical Health Officer's Health Status Report on Child Health was presented to the Board for approval.
- The report is intended to:
 - Provide an overview of the current state of knowledge on healthy child development in Northern BC;
 - Make recommendations on how to improve the health of Northern BC children;
 - Fosters conversations and stimulate further ideas around how to improve the health of children; and
 - Strengthen partnerships with key stakeholders playing a role in the health and well-being of Northern BC children and families.
- Management is seeking approval from the Board that the next public consultation be focused on Child Health.

Moved by E Stanford seconded by C Nyce

The Northern Health Board approves the Chief Medical Health Officer's Health Status Report on Child Health and directs management to complete the planning of the 2016/17 public consultation process with a focus on child health.

10. Presentation: Rapid Mobilization in Fort St John

Sherry Sawka, NP Manager Community Services presented on Rapid Mobilization which is a process that provides rapid access to assessment and clinical support to manage acute episodes for individuals identified in the Primary Care Home, Acute Care and Community Care.

- The presentation included details on the identified problems, learning and challenges, what does the data show, and what development has transpired since rapid mobilization was established.
- The next steps are to look into the use of Community MOIS Information System for documentation
- Direct Access to the Patients' Interprofessional Team (through the Primary Care Nurse) to identify patients in the Primary Care Home who require the service and to support post-discharge care plans.
- Chairman Jago thanked Sherry Sawka for her presentation and commented that the hard work of management and the relationship with members of the community has helped with the success of rapid mobilization.

11. Governance and Management Relations Committee

11.1. Policy Manual BRD 100 Series

- The revised Policy Manual BRD 100 Series was presented to the Board for their approval. The minor revisions and edits were highlighted to ensure the Board Directors were aware of where changes occurred. In particular the changes made to BRD100 were highlighted as this policy relates to the Mission, Vision, Values and Priorities.

Moved by R Landry seconded by S Hartwell

The Northern Health Board approves the revised BRD 100 series.

11.2. Code of Conduct Signing – BRD 210

- Board policy BRD 210-Code of Conduct and Conflict of Interest Guidelines for Directors stipulates that each Director shall annually sign a declaration that they have read and considered the policy and agree to conduct him or herself in accordance with the policy.
- The Director Declaration Form was provided to each Director for signing.

11.3. Regulatory Framework – Legislative Compliance

11.3.1. Health Authorities Act

- The Health Authorities Act describes how health authorities are created by the Minister of Health, how health authority boards function, how multiple boards can amalgamated, and how health sector labour relations are managed.
- The structure and activities of the board, described in Part 2 of the Act, are fully reflected in Northern Health board policies and bylaws.
- The Act does not impose outstanding obligations or compliance issues on Northern Health.

11.4. Board Development & Education Plan

- The Board Development & Education plan has been updated to align with the redevelopment of the Northern Health Strategic Plan. The draft plan was provided for discussion and approval by the Board.

Moved by M Squires seconded by C Nyce

That Northern Health Board approves the Board Education and Development plan as presented for the 2016 board meetings.

11.5. Designation of School Medical Officers

- School Medical Officers under the School Act requires designation by the Board of Directors of Northern Health.
- The briefing note contained a table which outlined which medical health officer will be designated for each school district within the geography of Northern Health, as well as an alternate designate, should the first not be available.

Moved by S Hartwell seconded by R Landry

The Northern Health Board designates Dr. Sandra Allison and Dr. Raina Fumerton as School Medical Officers for the school districts as described.

The Public Meeting was adjourned at 10:57am



Dr Charles Jago, Chair



Desa Chipman, Recording Secretary