

Chair: Dr. Charles Jago**Recorder:** Desa Chipman**Board:**

- Sharon Hartwell
- Gary Townsend
- Ben Sander
- Maurice Squires

- Edward Stanford
- Rosemary Landry
- Gaurav Parmar
- Colleen Nyce
- Stephanie Killam

Executive:

- Cathy Ulrich
- Fraser Bell
- Terry Checkley
- Kelly Gunn
- Mark De Croos

- David Williams
- Dr. Jaco Fourie
- Chris Simms
- Dr. Sandra Allison
- Steve Raper

Public Minutes

1. Call to Order Public Session

The Open Board session was called to order at 1:15pm

2. Opening Remarks

Chairman Jago expressed appreciation to the Board and Senior Executive members for their engagement and contribution to discussions during the annual planning sessions. It was a productive and informative two days.

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 October 19, 2016 Public agenda.

4. Approval of Agenda

Moved by S Killam seconded by G Townsend

The Northern Health Board approves the public agenda as presented

5. Approval of Board Minutes

Moved by M Squires seconded by R Landry

The Northern Health Board approves the June 20, 2016 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:

- Barb Crook, Health Services Administrator, Mackenzie & District Hospital & Health Centre was this year's recipient for the Health Care Hero Gold Apple award which is awarded to individuals who go the extra mile to make a difference in health care. Their passion and dedication is evident in everything they do. A Health Care Hero is someone who all staff members can look to for inspiration. The Health Employers Association of BC held the 10th Annual BC Health Care Awards event on June 27, 2016 in Vancouver BC and Barb received her award at that event.
- Northern Health is very pleased to share that the Wells Primary Care Clinic official opening occurred on September 20, 2016. An open house took place to welcome members of the community to visit the new clinic and enjoy some refreshments.
- The expansion of access to magnetic resonance imaging (MRI) in northern B.C. will grow significantly over the next year as the Request for Proposals (RFP) process has been completed and the tender has been awarded for three new MRIs as part of the Northern Health 10-year medical imaging strategy. The expansion of services began with a concept that was built on mobile MRI. However, Northern Health has been able to procure three fixed MRIs through the tender processes and with the financial commitment from the Regional Hospital Districts, the Ministry of Health, and foundations. Mills Memorial Hospital in Terrace, B.C. and the Fort St. John Hospital and Health Centre in Fort St. John, B.C. will receive new MRIs, and University Hospital of Northern BC will replace their current MRI.
- Their Royal Highnesses The Duke and Duchess of Cambridge visited Haida Gwaii on Friday, September 30th to meet with Northern Health physicians, health care workers, and patients to acknowledge the dedication and services of Canadians who are doing important work in Northern and West Coast communities. During their visit, The Duke and Duchess toured the new hospital and health centre and met with patients, residents and their families.

7.1. Human Resources Report

D Williams provided an overview of the Human Resources Report which focused on Workplace Health and Safety. The following areas were highlighted;

- Northern Health's Workplace Health & Safety (WH&S) department consists of two distinct groups: Disability Management (DM), and Health, Safety, and Prevention (HSP). Disability Management provides support and guidance to help injured or ill employees recover and return to work activities, as soon as medically possible; Health, Safety and Prevention supports the organization to prevent workplace incidents and illnesses, and to investigate and correct workplace hazards.
- WH&S has made good progress in several areas, and continues to focus efforts on supporting a safe and healthy workplace. These include:
 - Reducing WorkSafeBC (WSBC) short-term duration;
 - Instituting a provincial strategy for reducing long-term disability (LTD) claims;
 - Creating strategies for assisting employees struggling at work and early intervention in return to work (RTW);
 - Identifying workplace psychological health and safety as a significant factor influencing LTD rates;
 - Increasing the focus on workplace violence reduction through a comprehensive strategy that incorporates a systems approach; and,
 - Fostering a culture of health & safety within Northern Health.
- The Board appreciated the report. In particular, the focus on one topic while still providing the recruitment data was valuable. Management was asked to consider themes for the upcoming year.

8. Audit and Finance Committee

8.1. Period 5 Financial Statements

M De Croos presented the Period 5 Financial Statements to the Board and advised that at this time, Northern Health is forecasting to be in a balanced position on base operations at yearend. The following details were provided:

- Year to date Period 5, expenses exceeded revenues by \$3,380,000.
- Revenues are unfavourable to budget by \$2.1 million or 0.7%. Expenses are unfavourable to budget by \$5.5 million or 1.9%.
- Higher than expected patient volumes, primarily at the University Hospital of Northern BC and related third-party billings, are contributing to the favourable variance in revenues.
- The same higher than expected patient volumes is contributing to the unfavourable variance in expenses as additional unbudgeted staffing and supply resources are being used to care for the higher volumes.

Moved by B Sander seconded by M Squires

The Northern Health Board accepts the 2016-17 period 5 year to date financial update as presented.

8.2. Reappointment of External Auditor

- Board approval is required for the reappointment of KPMG LLP as Northern Health's external auditor for the fiscal year ending March 31, 2017.
- In October 2012 the Board approved a five-year service contract with KPMG LLP for the provision of external audit services (representing fiscal years 2012/13 - 2016/17 inclusive). Board approval is required each year to reappoint the external auditor for the next fiscal year-end audit.

Moved by B Sander seconded by G Townsend

The Northern Health Board approves the reappointment of KPMG LLP as external auditor to Northern Health for the fiscal year ending March 31, 2017, representing Year Five of a five-year term of engagement.

8.3. Public Capital Update (Period 5)

- The Northern Health Board approved the 2016-17 capital expenditure plan in February 2016, and amended in July 2016. The updated plan approves total expenditures of \$54.8M, with funding support from the Ministry of Health (\$20.0M, 37%), Six Regional Hospital Districts (\$15.6M, 29%), Foundations and Auxiliaries (\$4.4M, 8%), Northern Health (\$7.6M, 14%), and funding received in prior years (\$7.2M, 13%).
- Year to date Period 5 (August 11, 2016), \$7.6M has been spent towards the execution of the plan and was summarized in the material submitted.
- In addition to the major capital projects outlined in the briefing note, Northern Health receives funding from the Ministry of Health, Regional Hospital Districts, Foundations, and Auxiliaries for minor equipment and projects (less than \$100,000). For 2016-17, it is forecasted that NH will spend \$10.4M on such items.

Moved by B Sander seconded by C Nyce

The Northern Health Board approves Northern Health's Period 5 Capital Projects Report, as presented.

9. Performance Planning and Priorities Committee

9.1. Innovation & Development Commons

- F Bell provided an update regarding key activities within the Innovation and Development Commons (IDC) in three sections: quality education, quality improvement resources, and innovation.

- Northern Health's in-house quality training program began in late 2011 with the development of an introductory-level quality improvement (QI) workshop. From 2012 through 2014, introductory workshops were offered frequently in communities across the region with the goal to increase the number of staff with exposure to QI, a common language and understanding of QI, and to inspire and increase their confidence in undertaking QI.
- In 2015, with the addition of leadership for physician engagement in QI under the VP Medicine portfolio, the Introduction to QI workshop was adapted for a physician and clinical team audience (called "Principles of QI"). This workshop will be the basis for the Interprofessional Team Development Training QI Module starting this year.
- Overall, QI education in NH has evolved in the past four years from introductory training for a large number of staff to:
 - more intensive intermediate level training (with mentorship) for staff and teams,
 - training tailored to the needs of teams/departments/etc. by request, (i.e., "customized"), and
 - training for physicians and interprofessional teams.
- Northern Health has intentionally invested in the development of quality infrastructure over the past decade with the incorporation of the Planning, Quality and Information Management (PQIM) portfolio, Clinical Quality Programs, Quality Improvement in Medical Services and Quality Improvement supports in Primary Care and Integrated Health Care.
- This model provides a vision for NH's quality improvement process. It will inform decision-making around resource deployment to successfully achieve and sustain quality improvement at point-of-care.
- Next steps
 - Continue to engage with staff and physicians around the process model
 - Incorporate local quality improvement processes and the adverse event management (i.e., quality review/Section 51 review) process into the model
 - Develop and implement a work plan that moves NH to achieve this process model: to ensure alignment of improvement priority planning with the NH planning cycle and to successfully develop and align organizational quality structures and supports.
- Two additional critical success factors to achieve the strategic initiative of *establish a culture of quality & safety* are:
 - Enhance physician leadership and engagement in quality improvement, and
 - Identify critical elements of quality/safety culture and align measures and improvement mechanisms.
- Physician engagement and leadership are essential elements of high performing health care systems. In 2015, an Executive Lead, Physician Quality was hired to build and strengthen physician leadership and engagement in quality improvement. A broad consultation process was undertaken to help identify how to best support physicians and teams in quality improvement. This consultation process has directed activities to date and this will continue to be an area of intentional investment and collaboration for NH in 2016-17.
- The briefing note also included information on the following:
 - Northern Health / University of Northern BC Memorandum of Understanding
 - BC Academic Health Sciences Network (AHSN) and Strategy for Patient Oriented Research (SPOR)
 - PHSA/UNBC/NH Health Research Grant

10. Governance and Management Relations Committee

10.1. Policy Manual BRD 300 Series

- The Board policy manual BRD 300 series was presented to the board for their approval.

Moved by G Parmar seconded by R Landry
The Northern Health Board approves the revised BRD 300 series.

10.2. Community Consultation Child Health Update

- Steve Raper provided an overview and update on the Community Consultation process to provide information on the learnings to date and articulate next steps as follows:
 - The community consultation sessions on 'Growing up Healthy in Northern BC' was completed by the end of July. The consultation results are being analyzed to provide a comprehensive report to the board. There were two main approaches to listening to residents. The first approach was comprised of community meetings held across the north, including open public sessions, stakeholder focus groups and youth groups.
 - The second approach was an electronic process where residents were also asked to contribute ideas and select priorities through an innovative online process, using Thoughtexchange as the platform for that engagement.
 - The participation levels were not as high in the face-to-face sessions as they have been for previous consultations. We will be looking at why that might be over the coming months, but suspect the topic and timing could both be contributing factors. However, the introduction of an electronic consultative element was very successful, providing a different means to engage and consult with the population.
 - The full data from the consultations is still being analyzed, yet there are some strong themes emerging, from both the meetings and the online input.

10.3. Medical Health Officers Appointment

- A motion is required for the Board to request the Provincial Health Officer to arrange for an Order in Council for Dr. Andrew Gray as a Medical Health Officer for Northern Health with powers under the *Public Health Act*.
- Dr. Andrew Gray (CV attached) has been recruited as the Medical Health Officer for the Northern Interior health service delivery area and is based in Prince George. He started in his position on August 29th, 2016.
- Under Section 71 of the *Public Health Act*, medical health officers are designated through an Order in Council on the recommendation of the Provincial Health Officer (PHO), and it is up to the health authority to pass a Board motion and make the formal request to the PHO.

Moved by G Parmar Seconded by R Landry
The Northern Health Board request that the Provincial Health Officer proceed to recommend to the Lieutenant Governor in Council that Dr. Andrew Gray be designated as a medical health officer for the Northern Health Authority, with powers under the Public Health Act.

10.4. Regulatory Framework – Legislative Compliance

10.4.1. Bill 16-2016 Community Care & Assistant living Amendment Act

- The *Community Care and Assisted Living Amendment Act* received Royal Assent on May 19, 2016, providing revisions to the *Community Care and Assisted Living Act* to both improve the quality of assisted living residences and to enable those requiring care to stay longer in an assisted living environment before requiring long-term care admission.

- The significant changes that the Act will effect include increased powers of the assisted living registrar respecting inspection and oversight, and a new definition of professional health services, of which a resident may receive an unlimited number, providing that unscheduled support or services are not regularly required.
- The impact on Northern Health will not be fully known until such time as the enabling regulations are written and approved.

The meeting was adjourned at 2:12pm
Moved S Hartwell



Dr Charles Jago, Chair

Desa Chipman

Desa Chipman, Recording Secretary