

**Meeting of the Northern Health Board  
Public Meeting  
1:15pm – 3:00pm**

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**Monday, December 5, 2016**

**Brunswick Boardroom**

**325 Brunswick Street, Prince George BC**



**northern health**  
*the northern way of caring*

# AGENDA

December 5, 2016  
 Brunswick Boardroom  
 Prince George, BC

AGENDA ITEMS	Responsibility of...	Expected Outcome	Time (Approx.)	Page
<b>1. Call to Order of Open Board Session</b>	Chairman Jago		<b>1:15pm</b>	
<b>2. Opening Remarks</b>	Chairman Jago			
<b>3. Conflict of Interest Declaration</b>	Chairman Jago	Discussion		
<b>4. Approval of Agenda</b>	Chairman Jago	Motion		
<b>5. Approval of Previous Minutes: October 19, 2016</b>	Chairman Jago	Motion		<b>3</b>
<b>6. Business Arising from Previous Minutes</b>	Chairman Jago			-
<b>7. CEO Report</b>	C Ulrich	Information		<b>9</b>
<b>7.1 Human Resources Report - Recruitment</b>	D Williams	Information		<b>13</b>
<b>8. Audit &amp; Finance Committee</b>				
<b>8.1 Period 7 Financial Statements</b>	M De Croos	Motion		<b>27</b>
<b>8.2 Public Capital Update Period 7</b>	M De Croos	Motion		<b>29</b>
<b>9. Governance &amp; Management Relations Committee</b>				
<b>9.1 Policy Manual BRD 400 Series</b>	K Thomson	Motion		<b>33</b>
<b>10. Presentation: Foundations &amp; Fundraising Societies</b>	S Raper	Information		<b>47</b>
<b>11. Presentation: Mobilizing Knowledge and Lessons Learned from Northern Health's Response to the 2015 Canada Winter Games</b> <b>Guests: Dr. Anne Pousette, Jim Fitzpatrick, Vince Terstappen</b>	S Raper	Information		-
<b>Adjourned</b>			<b>3:00pm</b>	

## Public Presentation Session

AGENDA ITEMS	Responsibility of...	Expected Outcome	Time (Approx.)	Page
<b>Call to Order of Public Presentation</b>	Chairman Jago		<b>3:10pm</b>	
<b>12. Opening Remarks</b>	Chairman Jago			
<b>13. Alzheimer Society of BC Northern Resource Centre</b> <b>Presenters:</b> <ul style="list-style-type: none"> <li>• Laurie De Croos, Support &amp; Education Coordinator, First Link</li> <li>• June Murray, BSN, RN, GNC(C) Director, Programs &amp; Services</li> </ul>		Information	<b>3:15pm</b>	<b>53</b>
<b>Adjourned</b>			<b>3:25pm</b>	

## Public Motions

*Meeting Date:  
December 5, 2016*

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 December 5, 2016 public agenda as presented	<input type="checkbox"/>	<input type="checkbox"/>
5.	Approval of Minutes	The Northern Health Board approves the October 19, 2016 public minutes as presented	<input type="checkbox"/>	<input type="checkbox"/>
8.1	Period 7 Financial Statements	The Northern Health Board accepts the 2016-17 period 7 year-to-date financial update as presented.	<input type="checkbox"/>	<input type="checkbox"/>
8.2	Public Capital Update Period 7	The Northern Health Board accepts Northern Health's Period 7 Capital Projects Report, as presented.	<input type="checkbox"/>	<input type="checkbox"/>
9.1	Policy Manual BRD 400 Series	The Northern Health Board approves the revised BRD 400 series.	<input type="checkbox"/>	<input type="checkbox"/>

**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

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**Public Minutes**

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**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 30<sup>th</sup> 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 29<sup>th</sup>, 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 & Assisted 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

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Dr Charles Jago, Chair

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Desa Chipman, Recording Secretary

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# CEO REPORT

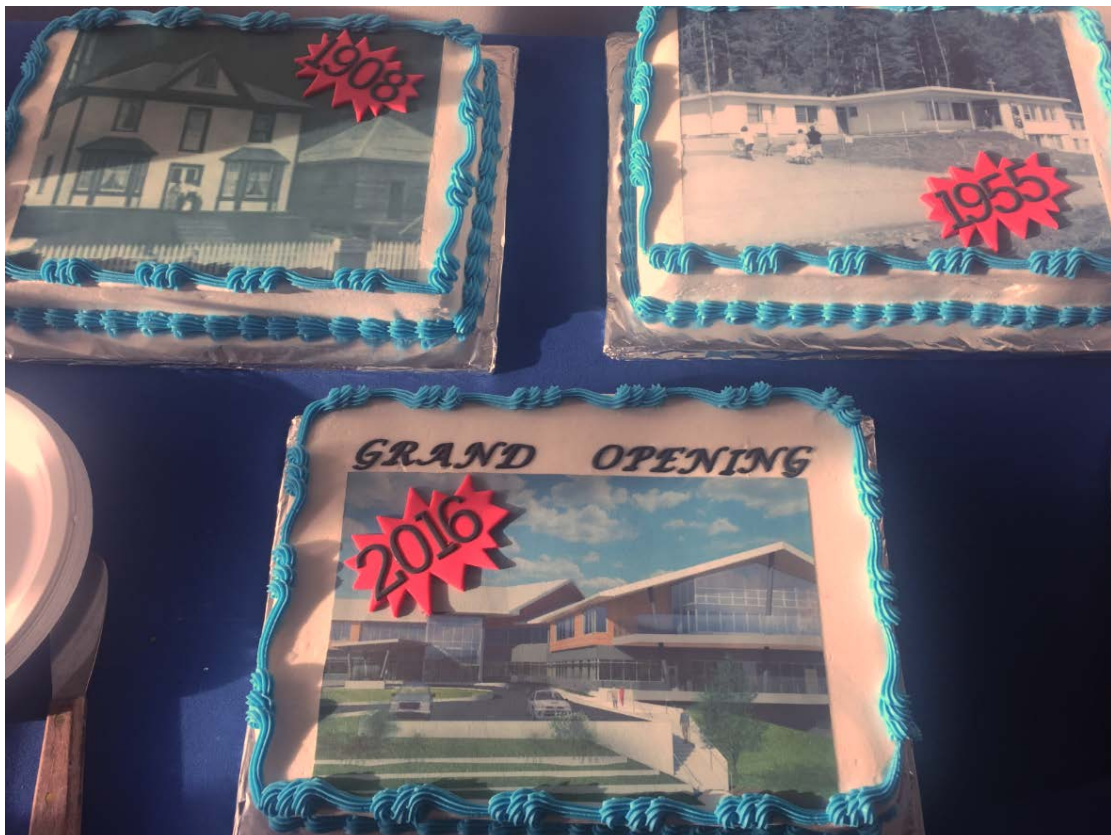
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**Meeting:** Northern Health Board Meeting      **Date:** November 21, 2016  
**Agenda Item:** CEO Report  
**Purpose:** Information  
**Prepared by:** Cathy Ulrich

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**Haida Gwaii Hospital and Health Centre - Xaayda Gwaay Ngaaysdli Naay**

The Haida Gwaii Hospital and Health Centre - Xaayda Gwaay Ngaaysdli Naay located in the Village of Queen Charlotte was officially opened on Thursday, November 24 by the Minister of Health together with Northern Health, the Haida Nation and the North West Regional Hospital District. A countdown event occurred 10 days prior to the transition of patients and residents from the old hospital to the new hospital and health centre. The actual transition occurred on November 15 with the hospital open for service delivery the next day. The transition process was managed with very few issues due to the efforts of staff and physicians under the leadership of Kerry Laidlaw, Site Manager, Michael Melia, Health Services Administrator, and Peter Kallos, Project Director.



The pictures below are from the 10 day countdown event.



**UBC Chair in Rural Health**

On November 15, the Minister of Health announced a \$5 million endowment to establish a UBC Chair in Rural Health funded through the Joint Standing Committee on Rural Issues which is a partnership between the Doctors of BC and the Ministry of Health. This initiative will be jointly led by UBC Faculty of Medicine, the Rural Coordinating Centre of BC, the Doctors of BC, and the Ministry of Health.

Dr. David Snadden has been appointed to this Chair position. Dr. Snadden will be based in Prince George at UNBC. The position will provide academic leadership to research relevant to rural health care, will focus on rural health service delivery research and evidence, and will recommend rural physician recruitment and retention improvements.

**Research Days:**

On November 7, 8 and 9, NH and UNBC co-hosted the eighth annual Research Days conference. This is an opportunity for students, UNBC faculty and researchers, and NH staff and physicians to profile research, knowledge translation, and quality improvement initiatives underway across the North. The conference also provides excellent opportunity for regional networking and learning from others involved in improving health services in the North. One of the keynote speakers was Dr. Janet Smylie, a family physician and public health researcher who works as a research scientist in Indigenous Health at St Michael's Hospital in Ontario.

**2016 Awards of Excellence - Association of Registered Nurses of British Columbia**

Two Nurse Practitioners from Northern BC received awards at the 2016 Awards of Excellence ceremony held in Vancouver in November.

Dr Tracey Day, DNP, NP(F) received the Excellence in Nursing Advocacy Award. Tracey works as a Family Nurse Practitioner at Central Interior Native Health Society (CINHS) in Prince George. Tracey has been instrumental in ensuring that marginalized people in the Prince George area have access to primary care services with fewer barriers than traditional models of care. Tracey is actively involved in nursing education and mentorship of new nurse practitioner graduates. She has an appointment with the University of Northern British Columbia (UNBC) as an adjunct professor and teaches advanced health assessment in the undergraduate nursing program. She is also clinical faculty for the NP program. Tracey has recently graduated with her Doctor of Nursing Practice (DNP) from Gonzaga University.

Ms Erin Wilson, MSN, NP(F) received the Excellence in Nursing Practice. Erin was one of the first Nurse Practitioners in northern BC and has been practicing for 10 years. She understands the importance of the social determinants of health and how these affect her patient population and she fosters respect, integrity and collegiality within the health care team, as well as for her patients. She acts as a role model and mentor for the northern NP community of practice and demonstrates excellence in interpersonal relationships and communication skills. Erin is committed to learning and she shares her knowledge with medical students, residents, NP students as well as undergraduate nursing students. In 2010, Erin earned an Assistant Professorship at the University of British Columbia (UNBC) and teaches in the NP program as well as the rural certificate nursing program. She is currently a PhD candidate (UNBC) and is focusing her thesis research on interprofessional practice.



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## **Highlights from the Northern Interior Health Services Delivery Area**

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### Robson Valley

Two community paramedics have been hired – one in McBride (.5 FTE) and one in Valemount (.5 FTE). We are collaborating with BC Ambulance Service on action plans to ensure smooth implementation.

### Quesnel:

On October 2, 2016, Honorable Cora-Lee Oakes, Minister of Small Business and Red Tape Reduction and the Liquor Distribution Branch hosted an event at Dragon Lake to celebrate the procurement and implementation of a digital mammography unit for GR Baker Hospital. This was an opportunity to recognize and celebrate the \$400,000 raised through the Quesnel Women's Fall challenge (23 years) and Integris - Support Your Girls (6 years). This funding will be used to purchase an ultrasound machine, tomosynthesis and PACS upgrade to enhance the new digital mammography capacity.

### Lakes District:

- The "Better at Home" program sponsored by United Way is very successful in Granisle and has focused on keeping seniors in their homes longer.
- The Community Paramedic positions in the Lakes District have been filled and we are collaborating with BC Ambulance Services to implement these new positions.
- The Mental Health Observation Room in the Lakes District Hospital and Health Centre has recently met the criteria for designation under the Mental Health Act and is now available for service delivery.

### Omineca:

- In partnership with the Vanderhoof Hospice Society, Northern Health staff and the physician lead, Dr. Suzanne Campbell, a hospice/palliative care room has been developed in the Stuart Nechako Manor long-term care facility in Vanderhoof. The program is planning to make these services available by the early spring of 2017.
- Fraser Lake Community Health Centre and the community of Fort St. James each have two half time Community Paramedics working in partnership with the Northern Health Interprofessional teams providing services to clients in the community.

### Prince George:

Northern Health has initiated a review of health care services in downtown Prince George. The review process had a successful initial meeting with a group of key community stakeholders and service delivery partners on November 8<sup>th</sup>. This group will form a Community Advisory Committee for the review process. A subsequent meeting is planned with this group in late November to suggest approaches that the community leadership could take in Prince George to address the broader social issues evident in the downtown area.

# Human Resources Board Report

## Focus on Recruitment

December 2016



**northern health**  
*the northern way of caring*

# Recruitment

Northern Health's Recruitment Department employs seven staff: one Regional Manager - Recruitment, four Staff Recruiters, one Recruitment Sourcing Coordinator, and one Recruitment Assistant. Our main focus is to provide quality services and support to Northern Health hiring managers and help recruit qualified health care professionals.

## Accomplishments for 2016

### A Refocus and Recalibration

Northern Health (NH) Recruitment is implementing a stringent, focused Candidate Relationship Management (CRM) process. CRM is a structured approach to managing our impressions and interactions with potential and future hires. It involves using technology to organize, automate and synchronize the attraction, communication and management of potential employees. It begins at the time a qualified candidate applies to a NH position, and ensures that the Recruiters assist the hiring manager and the candidate throughout the entire hiring process.

In June 2016, the Recruitment Department was restructured to better apply focused CRM methodologies. Recruiters were moved from being responsible for geographically organized Health Service Delivery Areas to specific professions across the entire organization. While planning this restructure, Recruitment worked with Quality Improvement to analyze and improve the current hiring process. The outcomes of this collaboration will include a reduction in time-to-fill and an increase in quality-of-fill. Quality-fill is an emerging recruitment metric and will be based on employee retention, performance evaluations, number of new hires who are promoted, and new hire surveys.



### *CRM in Action!*

In April, Recruitment began the CRM process with an external candidate who was working towards attaining his nursing degree. Recruitment stayed connected with this applicant, providing him NH updates, current new grad-friendly postings, and emails of encouragement as he moved towards graduation, and then again when he passed his National Council Licensure Examination. Recruitment worked with him to find a position within Northern Health that matched his education, as well as a community that matched his interests and hobbies outside of work. Happy to share that he was hired.

## Retention Strategies

### Saying “Hello” – NH’s New Onboarding Program

After conducting surveys with our new hires, it was determined that our new hire orientation needed to be refreshed. This initiative, led by NH Organization Development, is scheduled to roll out early in the New Year. Socializing and integrating new hires effectively and meaningfully into our organization will help to grow their sense of belonging right from the start. Onboarding will help new hires feel a part of the bigger picture, helping them connect with Northern Health as an organization.

NH’s innovative new onboarding program clearly models our values, provides an early opportunity to build strong relationships, and creates a sense of belonging for our new hires. It is an opportunity to acknowledge each of our new hires as unique individuals and to build connections as we relate through recalling our experience of being new to the organization.

Onboarding is a critical process for engaging new hires and is about the organization’s culture and connectivity. NH’s half-day onboarding session will focus on culture as a broad category that includes providing employees with a sense of organizational norms – both formal and informal – and connection, which refers to the vital interpersonal relationships and information networks that new employees must establish.

Successful onboarding begins with a robust introduction to an organization through a program that:

- Immerses employees in the culture of the organization and weaves the organization's values throughout the session’s message.
- Engages and inspires employees from day one.
- Provides an opportunity for new employees to connect emotionally - by sharing the organization's story, and stories of how people live up to the values of the organization.
- Increases a new employee's sense of belonging.
- Captures hearts and minds.
- Helps to create a high-performance culture where everyone takes ownership and responsibility.
- Helps new employees see the big picture: what NH is, what NH does, and why NH is unique.



#### *Word of Mouth*

“What’s not to like when you work with the most up-to-date equipment available, in an outdoor playground, with a team that loves coming to work every day?” – *Northern Health Sonographer*



## Saying “Good Bye” – Exit Interviews for Departing Staff

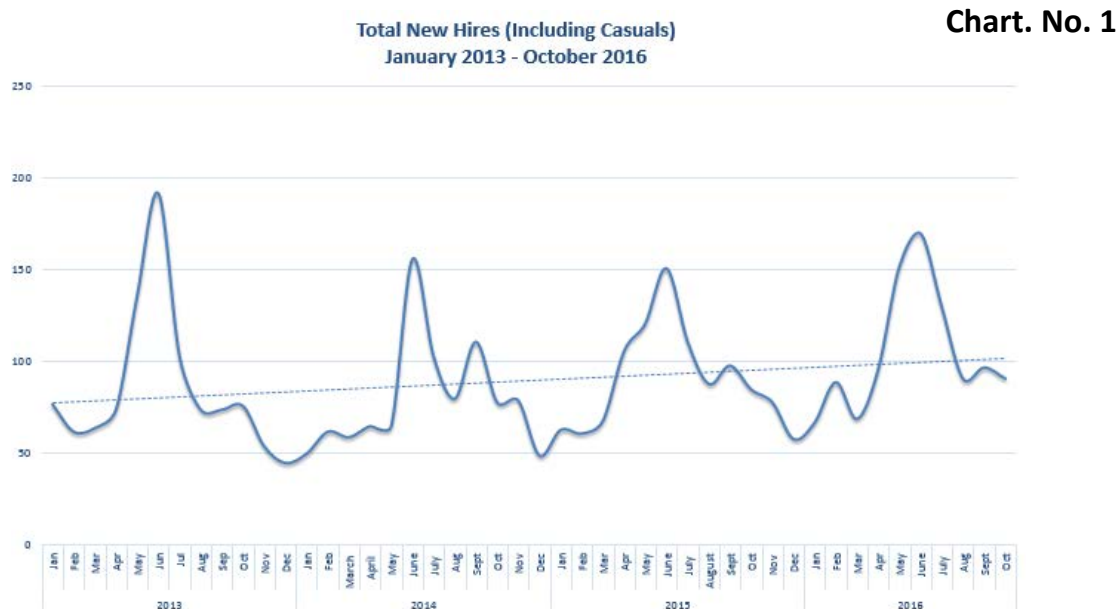
Some turnover is unavoidable: people get married, move away, go back to school, or retire. But other types of turnover may be preventable. NH Recruitment provides exiting employees with an opportunity to complete exit interviews so that we can understand why an employee leaves and how to better avoid future employee losses.

On average, we receive completed exit interviews from approximately 19% of exiting staff, a number we need to improve on. We are continuing to encourage hiring managers to communicate the importance of exit interviews to staff before they leave – and we are looking at “stay at work” interviews to obtain a better understanding of what *keeps* employees here.

## Hiring

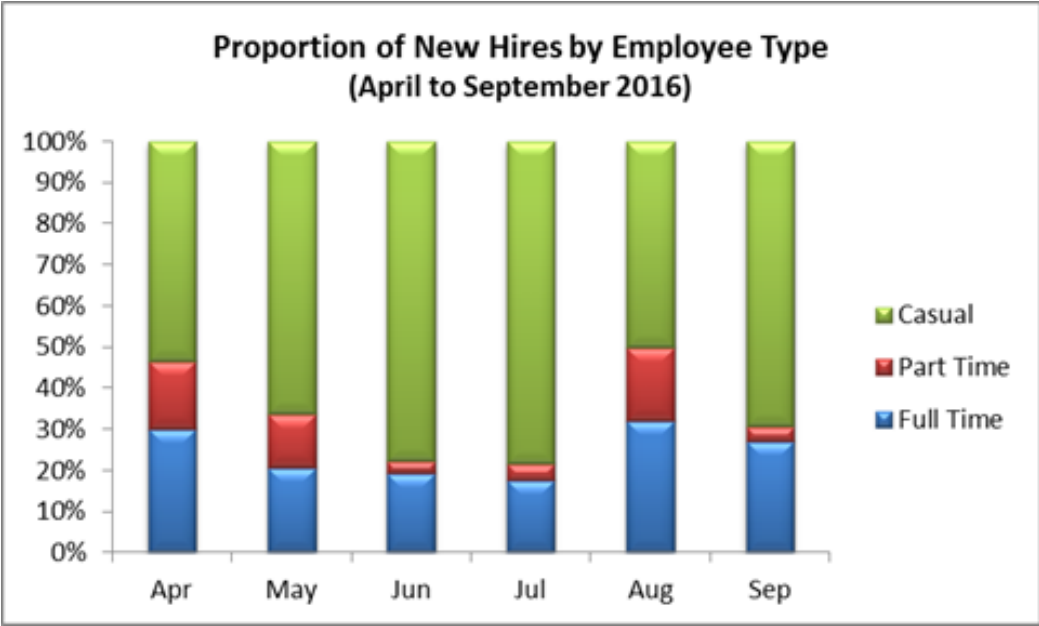
### Hires: By the Numbers

Chart No. 1 provides overall trending for new hires over the past few years. Peak hiring periods coincide with the culmination of academic programs as many new hires are new grads.



From April 2016 to September 2016, NH welcomed **598** new hires through our doors. During that period, May experienced the most new hires as 125 (21%) new staff members joined us and August had the lowest number at 72 (12%). The majority of our hires are casuals as most vacancies are filled with internal candidates. (See Chart No. 2)

**Chart No. 2**

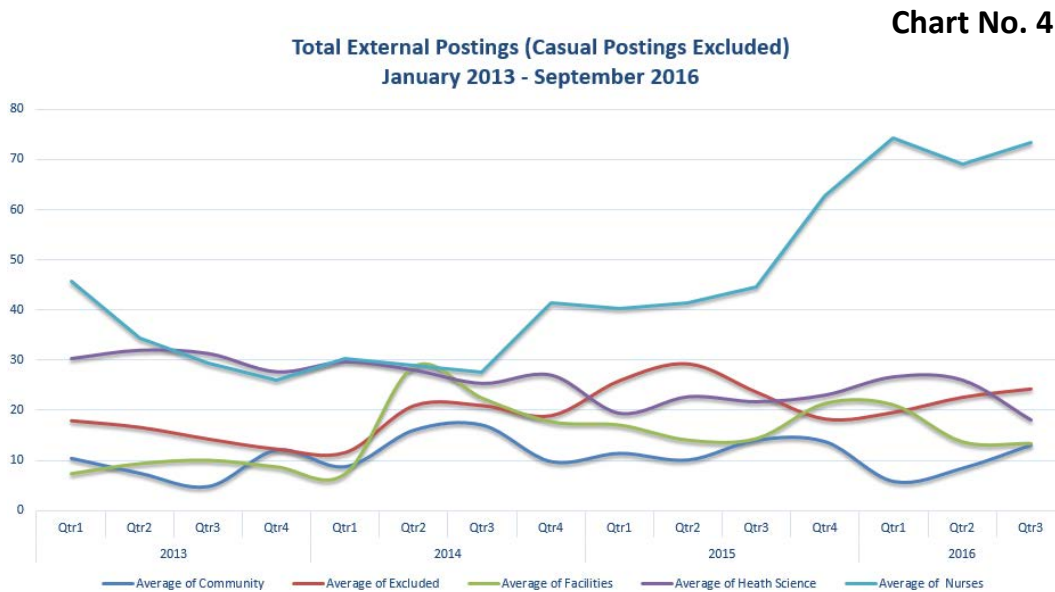


New hires are sorted by collective agreement below. Over 40% of new hires belong to the Facilities collective agreement. These positions include roles within Support Services and Health Care Assistants. (See Chart No. 3)

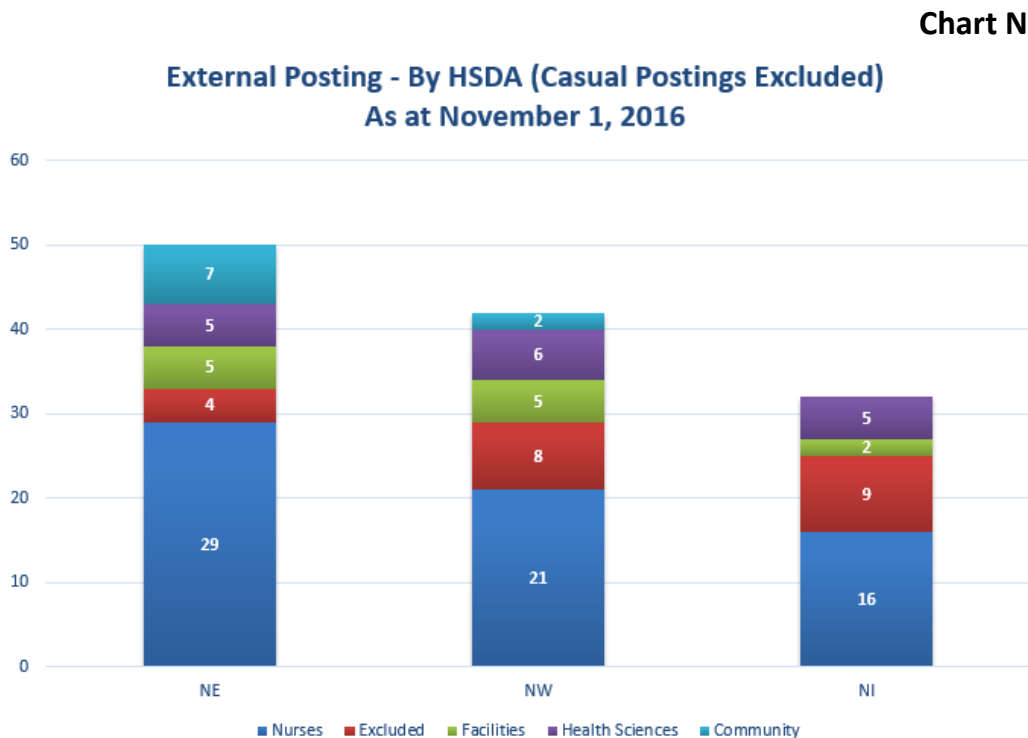
**Chart No. 3**



A significant spike in the average number of nursing postings occurred between calendar Quarter 4 2015 and Quarter 1 2016. This included a large number of positions that were created to regularize relief hours, such as vacation relief, float positions and advanced hire positions. (See Chart No. 4)



The majority of the external postings belong to the largest NH demographic: Nurses. (See Chart No. 5)



## Filling the Difficult-to-Fill

### *Nurse Practitioners*

Since April 2016, two Nurse Practitioner (NP) roles were filled - one in Prince George and one in Fraser Lake; however, we currently have seven open postings. As with other health care professions a primary challenge recruiting to these positions is their rural and remote locations. Another challenge is lack of access to technology in our more remote sites (i.e., NPs may be unable to connect to online charting applications). The Nurse Practitioner Lead is currently working closely with Information Technology to rectify this obstacle. To overcome these challenges, Recruitment is continuing to build on a master contact list of NP candidates. The list is compiled from student visits and conferences, and includes past passive candidates. We continue sourcing passive candidates through LinkedIn, sending emails to our candidates every three to four months and connecting with them at important times, such as graduation and before and after they write their Objective Structured Clinical Examination (OSCE).



### *Word of Mouth*

“The coolest part of my job is the people: I share my practice with a lovely colleague, my coworkers are my friends, and together we make a difference for the people in our community.” – *Northern Health Nurse Practitioner*

### *Nursing*

For a limited time, nurses who relocated to our more rural and remote communities received financial support through the Northern Remote Incentive program and a five-year employment guarantee. The financial support is dependent on a three-year return of service and may require the recipient to be relocated to different communities based on need. Seven competitions have been successfully filled in the following communities: Burns Lake, Chetwynd, Tumbler Ridge, Mackenzie, McBride, and Dease Lake. Currently we are using this initiative to support recruiting for Atlin.

### *Physiotherapy*

After receiving six resignations in May 2016, NH initiated a limited time education sponsorship initiative to attract both experienced and newly graduated Physiotherapists. As a result of this incentive, we were able to hire four Physiotherapists. Currently, there are two permanent full-time and two permanent part-time open Physiotherapist postings.



### *Word of Mouth*

“... a great facility with staff that works closely together to collaborate and help patients get the best care possible. We have a great outpatient physiotherapy clinic attached to the hospital.” – *Northern Health Physiotherapist*

Recruitment conducted exit interviews with each of the departing Physiotherapists, and common themes will be used to support the development of retention strategies.

### *Other Professions*

- A permanent part-time Life Skills Worker position in the Northeast was removed from our difficult-to-fill list as it has now been successfully filled. It had been open for five months. These positions are typically filled by qualified individuals who reside in and around the community. This was deemed difficult-to-fill (DTF) because it remained vacant and did not attract qualified candidates within ninety (90) days of its external posting, despite significant and focused efforts to fill the vacancy. .
- A successful hire to a Speech Language Pathologist posting for Quesnel was completed. The posting had been active for seven months. The successful applicant was a new grad from Ontario with an interest in not only working with youth but also adults, which for this position is a component.
- Two successful hires to excluded postings that had been open for over one year, including a new Regional Manager for Information Technology and a Human Resources Compensation/Classification position. The IT candidate (from out of Province) shared that one of the drivers for committing to Northern Health was the care and attention he was given by the Recruiter and hiring manager during the hiring process.

## **Innovative Solutions to Recruitment Challenges**

### **Generic Postings for Difficult-To-Fill**

Recruitment implemented a new process to address two issues:

1. A gap existed in our current viable sourcing options. There was no posting for health care professionals to simply upload their resume at a time when there may be no posting that matches the candidate's ideal preferences.
2. The current casual postings were becoming unmanageable due to the large number of postings.

Based on the principles of CRM, we know that we need to engage with qualified candidates in a timely and meaningful manner. Our solution was to create generic casual postings for all our difficult-to-fill (DTF) professions (Physiotherapy, Sonography, Speech Language Pathology, Occupational Therapy, Pharmacy, and Registered Nurse (by specialty)). We created one casual posting per DTF profession. This does not replace postings for permanent or relief positions.

Benefits of doing this are:

1. Another opportunity to connect with qualified applicants.
2. Removing the requirement for candidates to apply needlessly on all casual postings.
3. Hiring Managers are provided only qualified, interested candidates for review.

Our commitment to *qualified* candidates is that within three days of them uploading their resume, a Recruiter will connect with them to discuss their areas of interest. Our commitment to our hiring managers is that they will be emailed only qualified resumes from interested candidates, and only after a pre-screening telephone conversation with the candidate has taken place. Recruitment will also follow up with the hiring manager three days after receiving the resume to ensure a timely connection had occurred between the hiring manager and the interested candidate.

Within 24 hours of posting the generic postings, a qualified Physiotherapist uploaded a resume. The next day, a Speech Language Pathologist also connected with us. As per the process a Recruiter connected with these individuals within the agreed-to timelines to discuss all open competitions and to find out the candidates' interests. The Physiotherapist was interested in a community that did not have an active posting. The Recruiter connected with the hiring manager in that community to discuss options. This candidate was hired as a casual. The Speech Language Pathologist will graduate in December 2016, we will continue to connect with her to look at opportunities. To date the generic postings have received nine resumes from qualified candidates. Recruiters are connecting with each of them to discuss opportunities and one qualified Physiotherapist has been hired.

### **Grow Our Own**

Knowing that some of our greatest and lasting successes come from our own Northern communities, the Grow Our Own program focuses on recruiting "from the North, for the North."<sup>1</sup> Recruitment facilitates the comprehensive program to:

1. Educate high-school students about health care career opportunities while they still have time to incorporate informed decisions about their education path.
2. Introduce students to a variety of diverse health care careers.
3. Ensure students have fun while engaged through interactive presentations.

Recruitment collaborates with NH's Quality Improvement Department to facilitate and host simulation lab sessions geared to interactively introduce youth to a spectrum of health care careers and their practical applications.

The Grow Our Own program's format is:

- Introduce students to the diverse group of medical professionals who are in attendance.
- Each health professional talks to the students about their career paths.
- The students learn how to apply Cardiopulmonary Resuscitation (CPR) correctly and have the opportunity to practise on a full simulator "dummy."

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<sup>1</sup> Strategic Plan ...Looking to 2021 (Northern Health)

- Also included in the simulator scenario: the health professionals demonstrate a code response (anaphylaxis to cardiac arrest) and use CPR to demonstrate to the students the actual use of CPR in a medical situation.
- As they watch the scenario, the students complete a questionnaire based on the events of the simulation.
- The session concludes with a Q&A session and a prize awarded for the most accurate questionnaire.

After the presentation and with help from the school, an informative handout is mailed directly to the students' homes for their parents to review. The handout identifies 40+ health care professions, salary ranges, and educational requirements. This information is intended to help parents to facilitate a discussion about moving towards a health care career with their child or children.

Since April 2016, Recruitment, accompanied by diverse NH professionals (Biomed, RN, RPN, LPN, Aboriginal Patient Liaison, Diagnostics, Information Technology, Dietician, Nurse Practitioner, Physician, and Social Worker), has facilitated Grow Our Own presentations in Prince George, Terrace, and Fort St. John with a total of 66 students attending the 3 sessions. The overall number of students who have attended Grow Our Own sessions is 1,062.

### **Connecting with UNBC's New Grads**

In May 2016, 102 students graduated from the UNBC Nursing Program.

- 74 are from the Prince George Campus
- 16 are from the Quesnel Campus
- 12 are from the Terrace Campus

NH has hired just over 50% of the UNBC nursing graduates into the following communities:

- 42 in Prince George
- 2 each in Quesnel, Prince Rupert, and Burns Lake
- 1 each in Vanderhoof, Fort St. John, Kitimat, Fort St. James, and Terrace

### **Recruitment Outreach Events with Northern Lights College**

In the Northeast, we are experiencing challenges with staffing levels for both Health Care Assistants and LPNS. This is due to a variety of factors: expansion of residential services, high cost of living, geographical location, wage scale, and a lack of local educational offerings for these professions.

In April 2016, NH Recruitment partnered with Northern Lights College (NLC) in the Northeast to offer two public information sessions (one in Fort St. John and one in Dawson Creek) about the college's Health Care Assistant (HCA) program before its May 2016 intake. The purpose of the

public events was to provide information to interested participants, raising awareness of the HCA program and profession. Interested participants were invited to the events via posters placed strategically around both communities. Before the public events, NLC had only four registrants for the May intake. After the public events, enrollment increased to 16.

On October 20, 2016, Recruitment and two Northeast hiring managers met with the HCA students to discuss joining NH upon completing their program. Meetings with the HCAs who will be graduating are scheduled for April 2017, and a meeting with the LPN class took place on November 23, 2016.

### **Recruitment Strategies – Being Responsive in the Moment**

Recruitment continually cycles through the following strategies, looking to connect with the passive candidate at just the right time:

- Data mining our existing databases for qualified candidates, following up with emails and phone calls
- Emailing existing staff, highlighting the opportunities, and the employee referral program incentive
- Sending these opportunities to the appropriate educational institutions' instructors, asking them to share with students/alumni
- Posting these opportunities as featured jobs on our Careers Site and on our online job boards (BCjobs, TalentEgg, Workopolis, LinkedIn, and association websites)
- Contact HealthMatchBC for qualified resumes and connect with those candidates via telephone
- Each of the Recruiters has recruiter-level access with LinkedIn. This provides them the ability to connect with passive qualified candidates.

### **Manager Orientation to External Recruitment**

Recruitment has developed an Orientation to External Recruitment session for staff that are either new to a manager position or to the organization, and for those who want a refresher on external recruitment. Outcomes include providing the participants with a better understanding of:

- Recruitment and how Recruitment supports the recruiting process
- Leading hiring practices
- How our reference checking support system works in the recruitment process
- The relocation allowance program and the criteria that qualifies a position to be eligible for a relocation allowance
- The importance of exit interviews and how hiring managers can help improve the response rate
- The employee referral program (a.k.a. The Roving Recruiter)



### **Employee Referral Program (a.k.a. Roving Recruiter Program)**

The purpose of this program is to leverage the power of NH's 7,000 plus person workforce to assist in recruiting new employees to the organization. Staff receive \$500 if they refer a candidate who is successfully hired into a difficult-to-fill, permanent full-time position and \$250 if they refer someone who is successfully hired into a difficult-to-fill permanent part-time position. To date we have allocated a total of \$7,000 to employees who found qualified candidates that were hired in Nursing, Physiotherapy, Pharmacy, and Mental Health.

### **LinkedIn Recruiter**

LinkedIn continues to be an excellent site to connect with passive candidates. We recently hired a nurse sourced through LinkedIn into a full-time difficult-to-fill position in Vanderhoof. We continue to improve our response rate from candidates using our new candidate relationship management approach by creating personalized emails to each candidate.

### **New Initiatives for 2017/18**

- Recruitment is currently working with Organization Development to hold focus groups with our hiring managers in the New Year. This will be an opportunity for the hiring managers to provide feedback on how this new portfolio structure and process is working. The focus groups will centre on continuous improvement and quality: What is working well? What is not working well? How can we improve?
- Recruitment will be designing and implementing a formal CRM process. The idea is to create an approach to efficiently manage our interactions with candidates. The interactions will increase in frequency and personalization and begin with first-year students through to milestones such as graduation, and, finally, to hire. By the time the students graduate, we hope they will have built a relationship with the Recruiter for the profession of their choice, NH's culture, and identify NH as an organization of choice. The CRM process will also include steps for engaging with experienced passive candidates, so that at the time that these qualified candidates are thinking about a career change, NH will be top of mind. The process will detail each step in order to create effective and strong relationships that result in new hires.
- In an effort to effectively and meaningfully manage our relationships with our candidates, we need to apply technology. As such, we will continue to work with Physician Recruitment to identify an application that will help organize, automate, and synchronize the attraction and management of, as well as communication to, talent.
- We will continue to develop critical talent pipelines that will convert to pools of highly engaged candidates. This will be done by assessing internal and external talent pools; determining the gaps between available and needed talent; identifying the best strategies for developing and acquiring the talent to fill those gaps; and, finally, executing, monitoring, and refining pipeline strategies.

- Growth in the use of mobile devices (specifically smartphones) has led major search engines to update their algorithms to include mobile friendliness as a relevant parameter in all searches. At this time, NH Staff Recruitment sites are not mobile friendly, causing them to appear lower in search result rankings. Given that web presence is a key facet of recruitment strategy, and that a majority of the demographics being pursued (those born between 1980 - 2000) are very much dependent on mobile access for their internet usage, it is extremely important that the NH Staff Recruitment sites are upgraded for mobile responsiveness as soon as possible. We are collaborating with NH's Communications Department to ensure that NH Staff Recruitment sites are mobile responsive.

## Recruitment on the Road

### Conferences/Career Events – April 2016 to December 2016

Since April 2016, Recruitment, in partnership with hiring managers, has attended the following 19 career/conference events, targeting our most difficult-to-fill professions, which include Nurse Practitioners, Physiotherapy, Sonography, Pharmacy, and Specialty Nurses:

- |   |                     |
|---|---------------------|
| • Quesnel Job Fair  | Apr. 21, 2016       |
| • National Emergency Nurses Association .Conference       | Apr. 21- 24, 2016   |
| • Operating Room Nurses Association of Ontario Conference | Apr. 28—30, 2016    |
| • Think Big Career Fair, Fort St. James                   | May 6, 2016         |
| • Sonography Canada National Conference                   | May 13 –14, 2016    |
| • Canadian Physiotherapy 2016 National Congress           | May 26 - 28, 2016   |
| • British Columbia Nurse Practitioners Conference         | June 3 - 5, 2016    |
| • University of British Columbia Rehab Sciences Job Fair  | June 15, 2016       |
| • Students in the City (UNBC)                             | Sept. 13, 2016      |
| • Operating Room Nurses of Alberta Conference             | Sept. 21 – 23, 2016 |
| • Atlantic Operating Room Nurses Conference               | Sept. 22 – 24, 2016 |
| • Canadian Critical Care Nurses Conference                | Sept. 25 – 27, 2016 |
| • Emergency Nurses of Ontario Conference                  | Sept. 27 – 28, 2016 |
| • University of British Columbia Pharmacy Career          | Oct. 5, 2016        |
| • Northern Lights College – Health Care Aide              | Oct. 20, 2016       |
| • Canadian Perinatal & Women's Health Nurses              | Oct. 21 – 23, 2016  |
| • National Dually Diagnosed Conference                    | Nov. 2 - 4, 2016    |
| • Canadian Nurses Student Conference                      | Nov. 4 – 6, 2016    |
| • St. Paul's Primary Care Conference                      | Nov. 17 - 18, 2016  |
| • Northern Lights College – Health Care Aide and LPNs     | Nov. 2016           |

Reviewing return on investment (ROI) for each conference/event is done at the start of each new fiscal in order to ensure that we are targeting the right conferences and events.

# The Face of Northern Health

As of November 17, 2016

## ☼ Total FTE for Active Employees

4,666

	Headcount	FTE
o Short Term Leaves	528	346
o Long Term Leaves (LTD)	367	324

## ☼ Status

o Full-time	3,430	(47%)
o Part-time	1,859	(25%)
o Casual	2,077	(28%)

## ☼ Employees by Headcount per HSDA

o NE	1,256	(17%)
o NI	3,868	(52%)
o NW	1,895	(26%)
o CORP	347	(5%)

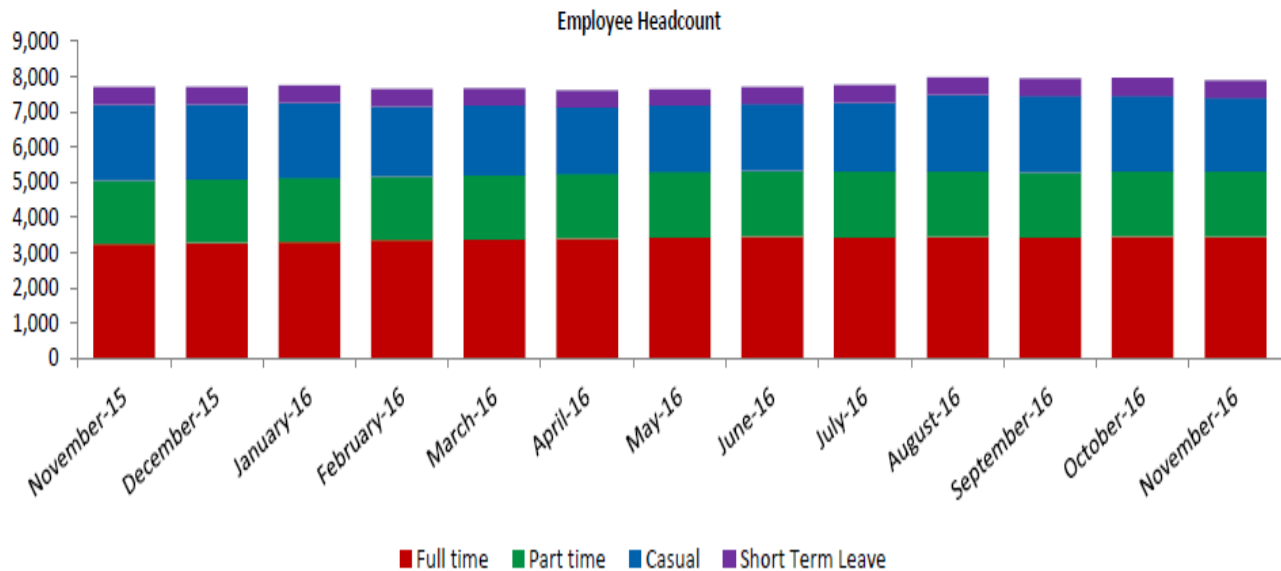
## ☼ Employees By Headcount

7,366

o Average Tenure (Yrs) 8.0

## ☼ Employees by Collective Agreement

o Health Sciences	908	(12%)
o Excluded	548	(7%)
o Nurses	2,401	(33%)
Registered Nurses	1,757	
Registered Psychiatric Nurses	35	
Licensed Practical Nurses	609	
o Facilities	2,889	(39%)
**Clinical	1,241	
**Support	1,648	
o Community	620	(9%)
**Clinical	398	
**Support	222	



\*Graph depicts total employee headcount over a one year period. Employees with multiple ID's have been included in the grouping where they hold the highest FTE.

\*\*COMM/FAC Clinical #'s include: Care Aides, Home Support, Activity Workers, Nursing Assistants, Lab Assistance, Pharmacy Technicians, etc.

## BOARD BRIEFING NOTE

Date:	November 1, 2016		
Agenda item:	2016-17 Period 7 – Operating Budget Update		
Purpose:	<input type="checkbox"/> Information	<input type="checkbox"/> Discussion	
	<input type="checkbox"/> Seeking direction	<input checked="" type="checkbox"/> Decision	
Prepared for:	Northern Health Board of Directors		
Prepared by:	Mark De Croos, VP Financial & Corporate Services/CFO		

### **October 6, 2016**

Year to date Period 7, expenses exceeded revenues by \$3,104,000.

Revenues are unfavourable to budget by \$3.1 million or 0.7%. Expenses are unfavourable to budget by \$6.2 million or 1.5%.

Higher than expected patient volumes, primarily at the University of Northern BC Hospital in Prince George, 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 used to care for the additional volumes.

### **Forecast Yearend 2016-17**

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

### **Recommendation:**

The following motion is recommended:

**The Northern Health Board accepts the 2016-17 Period 7 financial update, as presented.**

**NORTHERN HEALTH**  
**Statement of Operations**  
Year to date ending October 6 (Period 7)  
*\$ thousand*

	Annual Budget	YTD October 6, 2016 (Period 7)			
		Budget	Actual	Variance	%
<b>REVENUE</b>					
Ministry of Health Contributions	590,374	301,164	300,831	(333)	-0.1%
Other revenues	219,669	111,337	114,751	3,414	3.1%
<b>TOTAL REVENUES</b>	<b>810,043</b>	<b>412,501</b>	<b>415,582</b>	<b>3,081</b>	<b>0.7%</b>
<b>EXPENSES (BY PROGRAM)</b>					
Acute Care	446,781	228,067	236,754	(8,687)	-3.8%
Community Care	194,091	96,939	93,814	3,125	3.2%
Long term care	103,298	53,418	54,694	(1,276)	-2.4%
Corporate	65,873	34,077	33,424	653	1.9%
<b>TOTAL EXPENSES</b>	<b>810,043</b>	<b>412,501</b>	<b>418,686</b>	<b>(6,185)</b>	<b>-1.5%</b>
<b>DEFICIENCY OF REVENUES OVER EXPENSES</b>	<b>-</b>	<b>-</b>	<b>(3,104)</b>		

## BOARD BRIEFING NOTE

Date:	October 27, 2016	
Agenda item:	Capital Public Note: FY 2016-17 - Period 7	
Purpose:	<input type="checkbox"/> Information	<input type="checkbox"/> Discussion
	<input type="checkbox"/> Seeking direction	<input checked="" type="checkbox"/> Decision
Prepared for:	Audit & Finance Committee / NH Board of Directors	
Prepared by:	Deb Taylor, Regional Manager Capital Accounting	
Reviewed by:	Mark De Croos, VP Finance & Chief Financial Officer	

The Northern Health Board approved the 2016-17 capital expenditure plan in February 2016, and amended it 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 7 (October 6, 2016), \$13.1M has been spent towards the execution of the plan as summarized below.

<i>\$ million</i>	<u>YTD</u>	<u>Plan</u>
Major Capital Projects (> \$5.0M)	2.4	11.5
Major Capital Projects (< \$5.0M)	0.7	6.8
Major Capital Equipment (> \$100,000)	3.4	17.8
Equipment & Projects (< \$100,000)	4.9	12.9
Information Technology	1.7	5.7
	<u>13.1</u>	<u>54.8</u>

While the fiscal year is approximately 50% complete, actual year to date (YTD) spending to the plan is 24%. This is primarily due to lag time in receipt and processing of invoices and unused reserves in several projects.

Significant capital projects currently underway or completed in 2016-17 are as follows:

**Northern Interior Health Service Delivery Area (NI-HSDA)**

Community	Project	Project \$M	Status	Funding partner (note 1)
Mackenzie	Integrated Care Space Development	\$0.70	Planning	FFGRHD, NH
Prince George	UHNBC – Boiler Plant Upgrades	\$0.63	In Progress	MOH, FFGRHD, Energy Grants
Prince George	UHNBC – Optical Tomography	\$0.25	Ordered	Spirit of the North
Prince George	UHNBC – Drug Packaging Machinery	\$0.29	Ordered	MOH, FFGRHD
Prince George	UHNBC Magnetic Resonance Imaging	\$2.86	Ordered	MOH, FFGRHD
Prince George	UHNBC – Analyzer, Immunohistochemistry	\$0.13	Approved	Spirit of the North
Prince George	UHNBC – Analyzer, Chemistry	\$0.21	Ordered	MOH, FFGRHD
Prince George	UHNBC – Laser System, Holmium	\$0.24	Approved	Spirit of the North
Prince George	UHNBC – Mass Spectrometer	\$0.30	Ordered	Spirit of the North
Prince George	UHNBC – Digital Mammography	\$1.66	Approved	MOH
Prince George	UHNBC – Waste Handling System	\$0.99	Ordered	MOH, FFGRHD, NH
Prince George	UHNBC – Patient Monitoring Systems	\$0.83	Ordered	FFGRHD, NH
Prince George	UHNBC – Patient Monitoring Systems	\$1.44	Ordered	FFGRHD, NH
Prince George	UHNBC – Ultrasound, General and Echo	\$0.11	Ordered	MOH, FFGRHD
Quesnel	Dunrovin – Elevator Replacement	\$0.33	In Progress	MOH, CCRHD
Quesnel	GRB – Digital Mammography	\$1.02	Ordered	MOH
Quesnel	GRB – Emergency Generator Replacement	\$1.21	In Progress	CCRHD, NH
Quesnel	GRB – QUESST renovation	\$0.75	In Progress	CCRHD, NH
Quesnel	GRB – Patient Monitoring Systems	\$0.41	Ordered	NH, CCRHD
Quesnel	GRB – Ventilation System & Boiler Plant Upgrade	\$0.37	In Progress	MOH, RHD, Energy Grants
Vanderhoof	SJH – Patient Monitoring Systems	\$0.33	Ordered	SNRHD, NH

**Northeast Health Service Delivery Area (NE-HSDA)**

Community	Project	Project \$M	Status	Funding partner (note 1)
Dawson Creek	Digital Mammography	\$1.04	Ordered	MOH
Dawson Creek	Fluorography Room Renovation	\$0.24	Approved	MOH, PRRHD
Fort Nelson	Automated Medication Dispensing Cabinet	\$0.14	Approved	MOH, NRRHD
Fort St. John	Magnetic Resonance Imaging Machine	\$2.60	Ordered	MOH, PRRHD

**Northwest Health Service Delivery Area (NW-HSDA)**

Community	Project	Project \$M	Status	Funding partner (note 1)
Terrace	MMH – Magnetic Resonance Imaging Machine	\$2.84	Ordered	MOH, NWRHD
Terrace	MMH Digital Mammography	\$1.21	Ordered	MOH
Terrace	MMH Patient Monitoring Systems	\$0.37	Ordered	NWRHD, NH
Terrace	MMH Phone System	\$0.35	Approved	MOH, NWRHD
Terrace	MMH SPECT Scanner	\$1.20	Approved	MOH, NWRHD
Smithers	BVDH Maternity Modernization Project	\$0.21	In Progress	MOH, Bulkley Valley Healthcare & Hospital Foundation
Hazelton	Wrinch Automated Medication Dispensing Cabinet	\$0.11	Ordered	NWRHD, NH
Houston	Air Handling Unit	\$0.31	In Progress	MOH, NWRHD
Stewart	X-Ray Room	\$0.25	Approved	MOH, NWRHD
Queen Charlotte	Hospital replacement	\$50.00	In Progress	MOH, NWRHD
Prince Rupert	PRRH – Digital Mammography	\$0.90	Approved	MOH
Northern Haida Gwaii	Automated Medication Dispensing Cabinet	\$0.14	Ordered	MOH, NWRHD



## Regional Projects

Community	Project	Project \$M	Status	Funding partner (note 1)
All	Community Health Record – Primary Care Clinics and Business Requirements	\$2.63	Complete	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Community Health Record – Public Health, Regional Chronic Disease and Inter-Professional Teams	\$3.16	In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Voice Recognition Electronic Documentation	\$0.82	In Progress	MOH, NH
All	Clinical Interoperability	\$1.00	In Progress	NH
All	Mobile Shift Booking	\$0.52	In Progress	NH

In addition to the above major capital projects, NH 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 \$12M on such items.

Note 1: Abbreviations used:

MOH	Ministry of Health
FFGRHD	Fraser Fort George Regional Hospital District
SNRHD	Stuart Nechako Regional Hospital District
NWRHD	Northwest Regional Hospital District
CCRHD	Cariboo Chilcotin Regional Hospital District
PRRHD	Peace River Regional Hospital District
NRRHD	Northern Rockies Regional Hospital District
NH	Northern Health

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### Recommendation:

The Northern Health Board accepts the 2016-17 Period 7 year to date financial update as presented.

## PERFORMANCE EVALUATION PROCESS FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER V.1 BRD 400

### Introduction

The evaluation of the President & Chief Executive Officer (the “CEO”) is the most important responsibility of the Board of Directors of Northern Health (the “Board”). The evaluation process provides a formal opportunity for the Board and CEO to have a constructive discussion regarding the performance of Northern Health and the CEO’s leadership of the organization.

Although the Board is involved in approving CEO objectives and reviewing the final evaluation, the Board works through the Governance and Management Relations Committee (the “Committee”) in implementing the evaluation process.

### Key Result Areas

The following constitute the key result areas against which the review takes place:

1. A written statement of the CEO’s personal goals for the year under review. These goals have been agreed to by the CEO and the Board at the beginning of the year under review.
2. Northern Health’s performance against the strategic, operating and capital plans
3. Board approved terms of reference for the CEO (BRD130)

### The Process

1. The GMR Committee is charged with leading and implementing the CEO evaluation in accordance with the timeline set forth below
2. At the beginning of the review period the GMR Committee reviews, and the Board approves, the CEO’s objectives
3. At the end of the review period the GMR Committee evaluates the CEO’s performance against the agreed upon objectives of the previous year and the strategic, operating and capital plans, and the Terms of Reference for the CEO (BRD130)
4. The evaluation process, at the discretion of the Board, may be comprised of any or all of the following sections:

Author(s): Governance & Management Relations Committee  
Issuing Authority: Northern Health Board  
Date Issued (I), REVISED (R), reviewed (r): December 7, 2015 (R)

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- a. Board Assessment
  - b. Senior Management Staff Assessment
  - c. Key External Stakeholder Assessment
  - d. CEO Self-Assessment
  - e. A full 360° assessment
5. The results are collated and are viewed in a Board-only session without the CEO in a discussion led by the Chair of the GMR Committee and the Board Chair. Agreement is sought on the feedback to be provided to the CEO.
  6. The Board Chair and GMR Committee Chair meet with the CEO to provide the CEO with the feedback from the evaluation process

Author(s): Governance & Management Relations Committee

Issuing Authority: Northern Health Board

Date Issued (I), REVISED (R), reviewed (r): December 7, 2015 (R)

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## Timing and Responsibilities

<i>Activity</i>	<i>Who</i>	<i>When</i>
a) The evaluation process and timeline for the current year is established by the Governance and Management Relations (GMR) Committee	- CEO - GMR Committee - Board	January GMR meeting and February Board meeting
b) CEO self-assessment	- CEO - GMR Committee - Board	March GMR meeting and April Board meeting
c) Board Chair and Chair GMR reviews results of self-assessment and 360 (if done) with CEO	- Board Chair - Chair GMR	Within 2 weeks after the April Board meeting
d) CEO goals and objectives	- CEO - GMR Committee - Board	May GMR meeting and June Board meeting

Author(s): Governance & Management Relations Committee  
 Issuing Authority: Northern Health Board  
 Date Issued (I), REVISED (R), reviewed (r): December 7, 2015 (R)

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**BOARD, COMMITTEE AND CHAIR EVALUATION PROCESS V.1 BRD 410****POLICY**

It is the policy of the Board of Directors of Northern Health (the "Board") to annually assess its own performance and the performance of:

- a) Individual Directors against the Terms of Reference for a Director (BRD140)
- b) The performance of each of its committees against their respective terms of reference (BRD310, 320 & 330)
- c) the performance of the Board Chair against the Terms of Reference for the Board Chair (BRD120)

**GENERAL GUIDELINES**

1. Northern Health will establish processes and procedures to conduct an assessment of the Board, individual Directors, Board committees and the Board Chair that are consistent with the *Governance and Disclosure Guidelines for Governing Boards of British Columbia - Public Sector Organizations 2006*<sup>1</sup> and subsequent updates
2. The Governance and Management Relations Committee (the "GMR Committee") is responsible for recommending to the Board the specific tools for, and approach to, the components of this assessment process
3. The Board review process, the committee review process, the individual Director review process and the Board Chair review process will normally be conducted in the spring of each year with the results completed and reported prior to, or in conjunction with, the annual strategic planning process usually held in the fall
4. The Board Review process shall generally follow a 4-year cycle:
  - a. Evaluation of the Board as a whole using a survey instrument
  - b. Peer-to-peer evaluation of individual Board member performance
  - c. Use of Accreditation Canada governance evaluation tools (in the year of an accreditation)
  - d. Board Chair interviews with each Director and summary report to the full Board

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<sup>1</sup> See <http://www.brdo.gov.bc.ca/governance/corporateguidelines.pdf>

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Issuing Authority: Northern Health Board  
Date Issued (I), REVISED (R), reviewed (r): December 7, 2015 (R)

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5. Consolidation of evaluations and assessments, and relevant report preparation is the responsibility of the Chair of the GMR Committee with support from the Corporate Secretary
6. The results of the Board assessment will be reviewed with the Board Chair and reported to the Board at a Board-only session
7. The results of the individual Director assessment will be provided to the Board Chair who will discuss the results with each Director individually
8. The results of the Board Chair assessment<sup>2</sup> will be discussed with the Chair of the GMR Committee and the Board Chair, and will be shared with the Board at a Board-only session
9. The results of the committee assessments<sup>3</sup> will be discussed with the Board Chair and the Chair of the each Board Committee, and will be shared with the committee members
10. Should an opportunity to modify performance arise, the issues will be identified, agreed on and committed to in writing, and shall comprise a component of the relevant final assessment report

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<sup>2</sup> The Board Chair is evaluated as a component of the Board evaluation and the Accreditation Governance Functioning Tool

<sup>3</sup> Committees are evaluated as a component of the Board evaluation and the Accreditation Governance Functioning Tool

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**STRATEGIC PLANNING PROCESS V.1****BRD 420****POLICY**

It is the policy of the Board of Directors of Northern Health (the “Board”) to provide strategic direction to the organization for the annual business planning cycle through a collaborative process with senior management

**PROCEDURE**

1. The annual strategic planning session is a dedicated 1 to 2 day session normally scheduled in October or November. Participation will include Directors of the Board of Northern Health, the President and Chief Executive Officer (the “CEO”) and other members of senior management as determined by the CEO with the Board Chair’s agreement. In addition, special guests, either internal or external to Northern Health, may be invited to a portion of the meeting to contribute to discussions for specific subject matter input.  
A facilitator may lead the discussion to allow Board members and management to participate fully in the deliberations.
2. Management will prepare background material for the planning process which may include but is not limited to:
  - an environmental scan that outlines the Ministry of Health’s priorities for the BC health system, and the economic, political, social, labour and other relevant issues that could impact the delivery of quality health care to the region
  - a summary of outcomes and issues from community consultations
  - other government directives
  - mid-year progress against current Strategic Plan in terms of financial results and progress against agreed objectives
  - other relevant material that reflects the assumptions, risks, opportunities and strategic options for consideration
  - an annual risk management assessment
3. The Board may align the strategic planning session with the fall meeting of the northern Regional Hospital Districts (RHDs), when feasible, to enable the Board to meet with key municipal and RHD leaders, and receive their input
4. The primary outcomes from the annual strategic planning process will be to:
  - a. endorse or revise the Strategic Plan

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- b. review the governance structure in relation to the Strategic Plan
  - c. review the results of the annual Board evaluation<sup>1</sup>
  - d. set the annual direction for Northern Health
  - e. ensure that Northern Health's Strategic Plan and organizational priorities are derived from the priorities of Government and the Ministry of Health's priorities for the BC health system
  - f. provide the basis for the development of the annual capital and operating plans.
5. Following the annual strategic planning session, management will prepare the capital and operating plans, including budgets, for the next fiscal year
  6. The CEO and Board Chair will liaise during the development of the capital and operating plans to ensure alignment between the Board and management and to facilitate timely communication with the Ministry of Health and other government officials
  7. The capital and operating plans for the next fiscal year will normally be presented for approval at the April meeting of the Board

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<sup>1</sup> See BRD410: General Guidelines #3

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**BOARD SUCCESSION PLANNING AND RENEWAL PROCESS V.1**

BRD 430

**INTRODUCTION**

The Board of Directors of Northern Health (the “Board”) is responsible for ensuring the effective delivery of health care across northern British Columbia. The value of the Board, in meeting its mandate, comes from the knowledge of the Directors, their cohesion as a group, their relationship with the President and Chief Executive Officer (the “CEO”), and their commitment to improving health outcomes for the people of northern British Columbia.

Directors contribute their professional knowledge and governance experience to policy formation, decision-making and oversight of Northern Health. To ensure continuity and to provide for long-term renewal, the Board requires Directors who have the ability and willingness to govern, and are prepared to:

1. Contribute their judgment
2. Invest the level of time and effort required
3. Personally commit to Northern Health’s Mission, Vision and Values

While the authority of appointment rests with the Minister of Health, the Governance and Management Relations Committee (the “GMR Committee”) will work closely with the Government of British Columbia’s Board Resourcing and Development Office (BRDO) to identify qualified candidates for recommendation to the Minister.

**OBJECTIVE OF BOARD SUCCESSION AND RENEWAL PLAN**

The objective of the Board Succession and Renewal Plan is to ensure that, collectively, the Directors have the knowledge and skills necessary to enhance the long-term performance of the organization.

The suitability of candidates for the Board is considered by examining a combination of many factors, including:

1. Personal attributes and traits
2. Community standing
3. Qualifications and expertise
4. Diversity of viewpoints

The process of recruiting Directors will be guided by a Board Selection Criteria Profile which sets out the general qualifications to be used in the identification of individual candidates as well as the key qualifications and core competencies required for the Board as a whole.

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## BOARD SELECTION CRITERIA PROFILE

### General Profile for Potential Directors

In the identification and evaluation of individual candidates, the following general profile will apply:

1. Personal Attributes
  - a. high ethical standards and integrity in professional and personal dealings
  - b. appreciation of responsibilities to the public
  - c. flexibility, responsiveness and willingness to consider change
  - d. ability and willingness to listen to others
  - e. capability for a wide perspective on issues
  - f. ability to work and contribute as a team member
  - g. willingness to act on and remain accountable for boardroom decisions
  - h. respectful of others
2. Informed Judgment and Independence
  - a. ability to provide wise, thoughtful counsel on a broad range of issues
  - b. ability and willingness to raise potentially controversial issues in a manner that encourages dialogue
  - c. constructive in expressing ideas and opinions
  - d. analytical problem-solving and decision-making skills
3. High Performance Standards
  - a. personal history of achievements that reflect high standards for themselves and others
4. Education and Experience
  - a. advanced formal education desirable but not mandatory
  - b. successful record of achievement in his or her chosen field of endeavour

### Key Qualifications and Core Competencies

To fulfill the Board's complex roles, the Board is strongest and most effective when key qualifications and core competencies are represented on the Board as a whole. In addition to the general profile requirements, each Director should contribute knowledge, experience and skills in at least one or two areas of expertise/critical competencies<sup>1</sup>:

1. Accounting/finance qualifications
2. Legal qualifications

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<sup>1</sup> Refer to the Competencies Matrix for a Governing Board maintained by the Corporate Secretary

3. Governance expertise <sup>\*\*2</sup>
4. Understanding of government structures and processes <sup>\*\*</sup>
5. Business management acumen
6. Knowledge of current and emerging health issues
7. Public sector knowledge
8. Labour relations and human resources
9. Financial literacy <sup>\*\*</sup>
10. Communications or public relations
11. Technology

### Commitment and Capacity to Contribute

In addition to possessing personal attributes and key qualifications required of a Board member, a Director is expected to:

1. Declare any conflict of interest <sup>\*\*</sup>
2. Commit the time that is required to fulfil his or her responsibilities
3. Attend all scheduled Board and committee meetings, attend occasional special meetings, and be adequately prepared for all meetings
4. Travel, as required, to participate in Board and committee meetings and to occasionally represent the Board at special events, particularly in ~~the their~~ geographic area [the Board member lives in](#) (BRD610)
5. Ensure he or she acts in compliance with the Taxpayer Accountability Principles, Northern Health's Standards of Conduct Guidelines, and Board policy BRD210 - Code of Conduct and Conflict of Interest Guidelines for Directors
6. Bring the perspective of northern residents to the affairs of Northern Health
7. Perform his or her duties consistent with the overall mandate and policies of Northern Health and the Ministry of Health
8. Sign, for public posting, the Ministry of Health mandate letter each year in order to demonstrate support of the Taxpayer Accountability Principles

### Identifying Vacancies and Sourcing Qualified Candidates

1. The GMR Committee will identify the need for future appointments at least six months prior to the expiry of current Directors' terms of appointment. The Corporate Secretary will notify the BRDO of the anticipated requirements.

<sup>2</sup> Items marked with a double asterisk <sup>\*\*</sup> are considered critical

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2. A Director will be asked to continue to serve if, in the opinion of the Board Chair and in consultation with the Chair of the committee the Director serves on, the Director has performed satisfactorily during his or her term
3. Relevant factors in the consideration of satisfactory performance will be :
  - a. The appointee's contribution to the strategic goals and objectives of Northern Health
  - b. Participation in Board, committee work and other activities in support of the organization
4. If the person is prepared to continue as a Director the Corporate Secretary will notify the BRDO of the person's willingness to serve and the recommended duration of the re-appointment
5. When positions become vacant, the GMR Committee will develop a skills profile for the position consistent with the Board Selection Criteria Profile and the Competencies Matrix. In identifying the requirements, consideration will be given to the present membership of the Board and to the key qualifications which should be added or strengthened over time to maintain a Board which will meet the evolving needs of Northern Health. This objective will most likely be achieved by a body of Directors with an appreciation of the diverse needs and interests of the people of northern British Columbia and an understanding of the challenges of effective health care delivery in a vast and remote geographic area.
6. The GMR Committee will work with the BRDO to identify and review qualified candidates. Current Board members will be encouraged to identify potential candidates known to them through personal or community contacts. Candidates determined to have the required qualifications will be interviewed by the Board Chair and discussed with the GMR Committee. During the course of the interviews, the Board Chair will ensure that candidates have a clear understanding of the requirements of a Director and are prepared to make the necessary commitments of time, energy and expertise if appointed.
7. The GMR Committee will make its recommendations to the Board. Once the Board has approved the candidates to be nominated, the Corporate Secretary will forward its recommendations to the BRDO for consideration by the Minister of Health.
8. All recommendations to the Minister will be based on an objective assessment of the fit between the skills and qualifications of the prospective candidate or candidates and the needs of the organization. While care will be taken in identifying candidates who can effectively represent the regional, ethnic, age and gender diversity of northern British Columbia, the overriding principle is selection based on merit.

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9. To achieve a good balance between continuity of experience and injection of fresh perspectives to the Board, appointments to the Board should be staggered. Generally, appointments are not renewed beyond a maximum of six years.
10. Individuals who have been employed in the provincial health system during the past two years or individuals who are currently serving in an elected public office are not eligible as candidates for Board appointment.

See also:

BRD140 - Terms of Reference - Director

BRD200 - Board Role and Governance Overview

BRD210 - Code of Conduct and Conflict of Interest Guidelines for Directors

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## PRESIDENT & CHIEF EXECUTIVE OFFICER SUCCESSION PLANNING PROCESS V.1

BRD 435

### INTRODUCTION

The Board of Directors of Northern Health (the “Board”) has laid out a process for President and Chief Executive Officer (the “CEO”) succession planning, which assigns responsibility to the CEO for preparation of a succession plan. This plan is provided to the Governance & Management Relations Committee (the “GMR Committee”) for review; the responsibility for approval of the plan rests with the Board.

### PROCESS

There are three components to CEO succession and coverage planning:

**1. Vacation and other short term coverage.**

It is expected that there will be times when the CEO will be unavailable for short periods due to vacation or participation in events or conferences. During these occasions the CEO will ensure that appropriate executive level coverage is in place and communicated.

**2. Immediate coverage should the CEO become unavailable indefinitely or for an uncertain period.**

Should the CEO not be available, Northern Health will require interim leadership until a replacement can be found, or until the incumbent is able to return. During this time, the organization’s primary need is for stability of direction, stability of financial management, and effective communication between the Board, executive team, key external bodies, and the provincial government.

Upon notification that the CEO has become unavailable, the following actions occur:

- a. The Board Chair (the “Chair”) will convene a meeting to advise the Board of the situation and seek a decision by the Board that the succession plan should be implemented
- b. The Chair will consult with the Minister of Health and/or Deputy Minister regarding a proposed candidate for interim CEO
- c. The Chair will communicate to the interim CEO the need to assume acting duties for an interim period, and develop with the interim CEO an immediate communication to all staff and medical staff, Board

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members, and key external audiences identifying the appointment of an interim CEO

The Board will normally designate an interim CEO from the Executive due to their familiarity and knowledge of Northern Health and of Board and Ministry of Health processes. The Chair, in consultation with the Board, will assess the needs and issues facing the organization and recommend an interim CEO to the Board who is best positioned to address these needs. The Board may choose to select an interim CEO external to the organization if circumstances are such that an external appointment will best serve the needs of Northern Health.

If the interim CEO is designated from the Executive, the Chair should provide the interim CEO with an opportunity to develop a plan to reassign their existing duties to ensure that the CEO duties will be assumed on a full time basis. Upon assignment of these duties, the Chair will confirm the appointment of the interim CEO. The interim CEO will exercise all authority resting in the CEO position subject only to such reporting and monitoring requirements as the Board may wish to adjust for the duration of the interim appointment.

### 3. Executive Search for a Permanent CEO

When the Chair determines a permanent replacement for the CEO is required, the Chair will convene a meeting of the Board to establish a search committee and will normally assign to the Vice President - Human Resources the task of preparing recommendations for the search process for consideration by the Board. At this meeting consideration should be given to the likely duration of the acting assignment for the interim CEO and the approach to compensation that is warranted.

There is considerable depth of knowledge and skill on the executive team of Northern Health. A number of executive team members would potentially be capable of assuming the CEO position in Northern Health or elsewhere. The development of these senior leaders is a critical component of effective long term CEO succession planning.

Therefore, the CEO will identify those executive team members with the leadership attributes and competencies necessary to perform CEO level work. The CEO will work with these leaders to ensure that ongoing developmental and learning opportunities are made available. Annually, and in accordance with the GMR Committee work plan, the CEO will prepare a succession plan. The CEO will provide the Board, in a Board-only session, with a summary report outlining those executive team members who are demonstrating CEO level competencies and leadership attributes.

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## BRIEFING NOTE

Date:	November 23, 2016	
Agenda item	Annual Review: Relationship with Foundations & Societies	
Purpose:	<input checked="" type="checkbox"/> Information	<input type="checkbox"/> Discussion
	<input type="checkbox"/> Seeking direction	<input type="checkbox"/> Decision
Prepared for:	Northern Health Board	
Prepared by:	Steve Raper, CCO	
Reviewed by:	Cathy Ulrich, CEO	

### **Background:**

One of the strengths of our vast region is the willingness for local communities to group together to support the health care of our community. The foundations and auxiliaries across Northern Health continue to do exceptional work; providing funding for various equipment, services such as hospital gift shops, and organizing events that build a positive presence in northern communities and with our patients/residents and their families.

In 2015/16, the foundations and auxiliaries committed **\$2.660 million** to Northern Health that we used for equipment, renovations and other activities to support the health care of the people we serve. This does not include the countless hours that volunteers committed to raising those funds, or to organizing activities, events and providing services that also make a big difference.

The total given from the previous three years is:

2014/15: \$3.462 million

2013/14: \$3.254 million

2012/13: \$3.186 million

The breakdown of the gifts provided to Northern Health are detailed below. It is important to note that the amount given isn't necessarily the amount raised by each foundation. Some campaigns run multi-years before the money is used to purchase a piece of equipment, and



some is given as pledges, insurance or other gifts that are not used during the year it was given in.

Auxiliary to G R Baker Memorial Hospital	85,864
Bulkley Valley & District Hospital Auxiliary	110,017
Bulkley Valley Health Care & Hospital Foundation	275,294
Burns Lake & District Health Care Auxiliary	7,303
Chetwynd and District Hospital Foundation	36,037
Dawson Creek and District Hospital Foundation	117,451
The DR R E M Lee Hospital Foundation	397,916
Fort Nelson Hospital & Healthcare Foundation	1,189
Fort St. John General Hospital Auxiliary	8,040
Fort St. John Hospital Foundation	198,178
The Kitimat General Hospital Foundation	14,853
MacKenzie Hospital Auxiliary	17,510
Max Lang Estate	57,670
McBride and District Hospital Auxiliary	2,685
Mills Memorial Hospital Auxiliary	167,922
North Coast Health Improvement Society	81,171
Prince Rupert Port Authority	69,750
QCI Hospital Days Foundation	15,039
Rotary Club (Mackenzie)	1,568
Royal Canadian Legion Branch 13	4,298
Southside Health & Wellness	4,699
Spirit of the North Health Care Foundation	698,217
St. John Hospital Auxiliary Society	170,356
Stuart Lake Hospital Auxiliary Society	2,674
Tumbler Ridge Health Centre Foundation	8,354
United Church Society	72,963
Wrinch Memorial Hospital Auxiliary	1,695
Wrinch Memorial Foundation	32,145
	<u>2,660,858</u>

It is also important to note that the foundations continue to meet annually, and they are working together on how they might develop joint campaigns or projects. There is continued growth in collaboration between the foundations and auxiliaries and these evolving relationships will increase their capacity to reach more challenging goals.

I, on behalf of Northern Health, thank them regularly for the work they do and the service they provide to the residents of northern BC and the communities in which they serve.

In addition to this information, it is important to give the foundations and auxiliaries the opportunity to share, in their own reflection, what they accomplished in their communities.

While not all the foundations and auxiliaries have provided an update, we will continue to encourage them to provide, in their words, the work that they would like to celebrate and inform the board about.

### **Bulkley Valley Regional Hospital Foundation**

The 5<sup>th</sup> Annual Gala

Title Sponsor Spectra Energy has contributed \$25K to this event over the 5 years. - We don't just write cheques." Graham Genge, Community Coordinator. "We choose events and opportunities that matter to everyone and that affect a lot of people, not just a few."

Gold Sponsors – Trans Canada Coastal Gas Link Project, Tom & Cathy Stanton

Silver Sponsors - BV Credit Union, Aqua North Plumbing and Heating, Todd Larson & Associates, Laura Stanton, All West Glass

Presenting Sponsors – Coast Mountain GM goes for the Gold



Telkwa's Fritz Pfeiffer has donated \$1.6 million towards a new CT scanner in Smithers. This year, the Bulkley Lodge retirement home in Smithers that offers 24/7 care to seniors will be the benefactor of this year's gala.

## Kitimat General Hospital

We're planning our 5th annual Christmas Coffee House at the hospital on November 30th. This has always been a huge success with staff and patients, bringing the Christmas spirit to them. We provide entertainment through the day, and the hospital kitchen staff provides beverages and baked goodies. It's been a fairly slow year for our Foundation. We started off with exciting plans for events, and with one thing or another they have had to be postponed until next year.

Our goal in 2016 was to raise \$75,000 for wound vacuum equipment and orthopedic drills. The wound vacuum has been purchased and is much appreciated by the surgeons and patients in Acute Care. We're just finishing up with small fund raisers towards the orthopedic drills, having a table at the local Christmas Craft Fair.

We're always grateful for the organizations and businesses in Kitimat, who have been steady supporters of the Foundation. Tim Horton's hold their Smile Cookie campaign in September, and we are the recipients of all the money raised. The RBC Foundation, Masonic Temple, Knights of Columbus and Shoppers Drug Mart are a few of our annual donors.



**REM Lee Hospital Foundation – Terrace**  
Current Project - Urology Suite Upgrade \$100,000



**Urology Suite Upgrade**  
for Mills Memorial Hospital, Terrace, B.C.  
Project 2016/2017  
**\$100,000**

**The Dr. REM Lee Hospital Foundation**  
Box 1067 Terrace, B.C. V8G 4V1  
Visit: [www.remleehospitalfoundation.org](http://www.remleehospitalfoundation.org)  
Email: [drremleehospitalfoundation@hotmail.com](mailto:drremleehospitalfoundation@hotmail.com)

**Some Examples of Urology Services:**

- Kidney Stone Removal
- Vasectomy
- Prostate Surgery
- Laser treatment for benign & malignant conditions
- Incontinence procedures
- Diagnostics

Replacing out of date equipment with the today's technology laser equipment, fibre optic scopes and accompanying support systems. New equipment will provide the ability to not only continue urology services, but will expand urology services offered at Mills Memorial Hospital, eliminating the need to travel to out of town centres.

~ Together we can make a difference ~

**Fort Nelson Hospital Foundation**

This was a year of change for our Foundation with long-time employee, Leonda Clarke, giving her notice early in the year and Sandy McLean taking over the reins in the spring. It was also a year of great change with the devastation to the community because of the downturn in the economy—fundraising could not continue as usual and corporate donations were scarce and the future of the Foundation came into question. I decided to put my focus on the FUN in fundraising and have committed to not asking local private businesses for donations. I held our 11<sup>th</sup> Annual Charity Bed Race in June and then Family Feud in October which was a great success—not so much for the amount raised but for the fun it generated for those participating. In the spirit of cooperation I am partnering with the Hospice Society this Christmas and stepping back from competing with them for fundraising dollars and we will instead focus on remembering those who have passed on. During a major clean-up when I came on board I found almost 100 new hockey jerseys and t-shirts from past Foundation events and contacted Central Mountain Air who agreed to fly them for free to Vancouver to missionaries who have now taken them to the Balkans.

We raised \$29,000 in 2016 so far.

### **Dawson Creek District Hospital Foundation**

The Dawson Creek and District Hospital Foundation is committed to raising funds for crucial patient care equipment and other special programs that will help Dawson Creek and District Hospital provide for you, your family and friends.

Chances Gaming on Highway 2 in Dawson Creek hosts the annual Charity Dinner and Silent Auction. The event raises money to support the Dawson Creek and District Hospital Foundation. The night kicks off with a fine dining experience, followed by a silent auction. The items up for bid range from the elegant and luxurious to the quirky and one-of-a-kind. All proceeds from the event support the Dawson Creek and District Hospital Foundation, and are generally used to purchase vital new equipment and supplies

We are currently working on our big Lights for Life campaign, which is a mail-out we do annually. Looking ahead we are going to be working on Radiothon 2017 which occurs in February.

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#### **Recommendation:**

Northern Health Board receive for information.

Date of Request: Wednesday, November 23, 2016

Date of Board Meeting You Wish to Present at: Monday, December 5, 2016

Group/Organization/Delegation Being Represented: Alzheimer Society Of BC Northern Resource Centre

Name(s) of Presenter: Laurie De Croos, Support & Education Coordinator, First Link and June Murray, BSN, RN, GNC(C) Director, Programs & Services

**Key Contact**

Name: Laurie De Croos

Title: Support and Education Coordinator First Link

Address: 202 575 Quebec Street Prince George BC V2L 1W6

Phone: 250 645 2200

Fax: 250 564 1642

Topic: First Link to Dementia Support

Brief Summary (please provide a brief overview of your topic)

**Whats new & what a simple referral can do**

**Preference for giving presentation**

In Person     Videoconference (*may not be available at all sites*)

**Audiovisual Requirements**

Laptop     Proxima     Overhead Projector

Other: Possible PPT

Please submit all requests to:  
**Desa Chipman, Executive Assistant**  
#600-299 Victoria St.  
Prince George, BC V2L 5B8  
Phone: (250) 565-2922 Fax: (250) 564-7196  
Email: [desa.chipman@northernhealth.ca](mailto:desa.chipman@northernhealth.ca)  
**\*\*\* Requests must be received at least 10 business days in advance of the meeting date. \*\*\***