northern health

Board Meeting

Date: February 20, 2017

Location: Mackenzie Recreation Complex

Chair: Dr. Charles Jago

Recorder: Desa Chipman

Board:
- Sharon Hartwell
- Pat Bell
- 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
- Jeff Hunter
- David Williams
- Dr. Ronald Chapman
- Penny Anguish
- Dr. Sandra Allison
- Steve Raper
- Terry Checkley

Public Minutes

1. Call to Order Public Session

The Open Board session was called to order at 9:19am.

2. Opening Remarks

Chairman Jago expressed his appreciation to the attendees in the gallery at the first Northern Health Board meeting being held in Mackenzie. The Board is looking forward to touring the Mackenzie and District Hospital and Health Centre later in the day.

3. Conflict of Interest Declaration

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

- There were no conflict of interest declarations made related to the February 20, 2017 Public agenda.

4. Approval of Agenda

Moved by S Killam seconded by M Squires
The Northern Health Board approves the public meeting agenda as presented.

5. Approval of Board Minutes

Moved by S Hartwell seconded by R Landry
The Northern Health Board approves the December 5, 2016 public meeting 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:

- Penny Anguish has been appointed to the Northern Interior Chief Operating Officer. In this role, Penny will be responsible for leading the operation of health services in the Northern Interior area.
- Barb Crook was recognized for her years of service with Northern Health. Barb has consistently provided excellent leadership in Mackenzie and has made significant contributions within the Leadership Team for Northern Health overall. Barb has recently announced her retirement and her contributions to Northern Health will be missed. The Northern Health Board and Executive Team wish her well.
- Northern Health has been named as one of BC's Top Employers. This special designation recognizes companies and organizations that lead their industries in offering exceptional places to work.
- The Quality Awards are awarded annually by the BC Patient Safety and Quality Council to acknowledge innovative work that is happening across the province to improve the health of residents of BC. Northern Health submitted five nominations for the 2017 awards and received two runner-up acknowledgements:
  - The Prince George Hospice Society received runner-up acknowledgement in the Coping with End of Life category for an innovative program called "Grief and Grub for Guys that provides grief counselling for men around a dinner time meal over an 8 week period.
  - The PRISM (Prince Rupert Interprofessional Student-led Model) Rehabilitative Clinic received acknowledgement in the Living with Illness category for their program that was developed to address the lengthy wait times for patients with chronic diseases requiring rehabilitation services.
- The Board members commended those who received runner-up acknowledgement and expressed their appreciation for the hard work and dedication to the north.
- The Regional Director of Pharmacy Services is working with the College of Pharmacists of BC, the Ministry of Health, and the local providers of retail pharmacy services to ensure sustainment of local retail pharmacy services in Dease Lake, Hudson Hope, Masset and the Robson Valley.
- In March 2015, the Ministry of Health provided $3 million to the InnerChange Foundation to expand the BC Integrated Youth Services Initiative to launch five Foundry centres. The centres will improve access to primary care, team-based care and appropriate specialized mental health and addictions services for vulnerable youth and young adults between the ages of 12 and 24 in five communities throughout British Columbia.
- In Mackenzie the inter-professional team is in place and a team leader has been hired to lead the team. Focused work is underway to ensure that care is coordinated between team members, primary care, and the person and their family. The team has weekly huddles and is focusing on the development of care plans with people living with complex conditions.
- The BC Emergency Health Services' Community Paramedics started work in Mackenzie on November 1st. This provides an additional 40 hours per week of support for people living with complex health conditions. Their work is coordinated through the inter-professional team and adds to the availability of healthcare providers for the safe transfer of care from hospital back into the community and provides support to those in community who need to access non-emergent care.

7.1. Human Resources Report

D Williams provided an overview of the Human Resources Report which focused on Health Human Resources planning and highlighted the following;

- Health Human Resource planning is the process of evaluating the workforce to ensure the right people are in the right place at the right time.

- In September 2015, the HR Planning and Design department was created to address HHR Planning across Northern Health. The department works very closely with HR Operations, Recruitment, Education, Finance and Planning, and Quality & Information Management to ensure a holistic approach to HR Planning.
- The HR Planning and Design team is responsible for working with leadership teams to identify the workforce planning needs of the organization, and develop and maintain planning models for short, medium, and long-term solutions.
- Three key strategies have been identified in which Northern Health is evaluating the workforce demand and supply which are:
  - The Workforce Planning Toolkit (addresses short-and medium-term challenges)
  - Northern Health forecasting (addresses medium- and long-term challenges)
  - Integrated HHR Planning Project (addresses medium-and long-term challenges)
- Within the past year Northern Health has made great strides towards more effective workforce planning by way of the initiatives outlined in the report. In 2017, the initiatives are expected to be implemented in full.
- Data was provided on the total external postings and total new hires from January 2013 to January 2017 for information purposes.

8. Audit and Finance Committee

8.1. Period 10 Public Comments & Financial Statement

- Year to date Period 10, expenses exceeded revenues by $2,014,000. Revenues are favourable to budget by $5.4 million or 0.9%. Expenses are unfavourable to budget by $7.4 million of 1.2%.
- Higher than expected patient volumes and related third party billings are contributing to the favourable variance in revenues.
- The same higher than expected patient volumes, primarily at the University Hospital of Northern BC in Prince George, is contributing to the unfavourable variance in expenses as additional unbudgeted staffing and supply resources are used to care for the additional volumes.
- At this time Northern Health is forecasting to be in a balanced position on base operations at yearend.

Moved by B Sander seconded by S Killam
The Northern Board approves the Period 10 Financial statements as presented

8.2. Capital Expenditure Plan Update (Period 10)

- 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, 37.6%), Six Regional Hospitals Districts ($15.6M, 29%), Foundations and Auxiliaries ($4.4M, 8%) Northern Health ($7.6M, 14%), and funding received in prior years ($7.2M, 13%).
- While the fiscal year is approximately 77% complete, actual year to date (YTD) spending to the plan is 40%. This is primarily due to lag time in receipt and processing of invoices and unused reserves in several projects.
- A list of significant capital projects currently underway or completed in 2016-17 was provided in the material for information.

9. Performance Planning and Priorities Committee

9.1. Strategic Priority: Coordinated & Accessible Services

9.1.1. Person and Family Centered Care

- The Person and Family Centered Care (PFCC) Development Group completed their deliverables in December 2015. Following this, multiple presentations and discussions occurred with senior level leadership groups and meetings across NH.
- At this time, the strategy, framework, and initial 3 year plan remain as draft documents. Awareness, interest and a climate for change are present. Next steps and direction were confirmed by Executive in July and communicated at the October 5 & 6 Leadership Forum (in addition to a review of the PFCC work since the last Leaders Forum March 2016 where PFCC work was introduced).
- Next steps are:
  - Circulate the Communication memo on PFCC activity and plans to NH Leadership for dissemination (completed November 2016).
  - Endorse the draft terms of reference for both the Strategy Steering Group and Implementation Groups.
  - Confirm reporting relationship of PFCC Strategy Structure Group. The PFCC Strategy Steering Group works in an advisory capacity for the Implementation Group. It reports semi-annually to the Board Performance, Planning and Priorities Committee and the Northern Health executive team.

9.2. Updates

9.2.1. Presentation: BC's Overdose Emergency and the NH Response

Dr. Sandra Allison, Chief Medical Health Officer, provided a presentation on BC's Overdose Emergency and the NH Response. The presentation provided information to assist in answering the following questions:

- What is the fentanyl crisis?
- What is being done to keep people safe?
- What are the root causes to effectively change the course?

- Additional Details were provided in the following areas:
  - Prevention
  - Enforcement
  - Treatment
  - Surveillance and Reporting
  - Harm Reduction

9.2.2. Presentation: Health & Medical Services Planning for Resource Development

Barb Oke, Health & Resource Development Lead, Northern Health joined the meeting to provide an update to the Board including information regarding where the Health & Resource Development interact with industry:

- Environmental Exposures
- Accidents and Malfunctions
- Community Health Impacts
- Health Service Impacts

- Two projects were profiled where Northern Health and industry worked together to include considerations in health design for workers in their camps:
  - Site C Worker Accommodation Lodge
    - Objective is to manage 95% of cases requiring primary care services on-site
    - Quarterly reports are provided to Northern Health

- Brucejack Gold Project
  - First Health & Medical Services Plan as per the NH Guide
  - Employee Assistant Program with counselling services

- Some lessons learned have been:
  - A change in how health services are being managed
  - Early improvement is important
  - No "one size fits all"
  - The "Who" is important
  - Opportunities for additional supports
  - This approach benefits all involved
- Chairman Jago expressed appreciation to Barb Oke for the hard work that has been undertaken with the industrial camps to develop a collaborative partnership. This work will ensure workers have access to health services while being located in a camp setting.

9.2.3. Medical Assistance in Dying

C Ulrich acknowledged the extra work that K Thomson has undertaken to ensure Northern Health has developed local policy and process for facilitating patient access to medical assistance in dying.

- An update was provided to the Board on the Northern Health implementation of medical assistance in dying as a new lawful service.
- On February 6, 2015, the Supreme Court of Canada recognized the right of individuals to receive assistance in dying in the case of Carter vs Canada. On June 17, 2016, Bill C-14 was enacted, providing a legislative framework for the provision of medical assistance in dying. Key points of the legislation include:
  - Medical and nurse practitioners are exempted from the offence of culpable homicide under the criminal code when providing medical assistance in dying in accordance with the legislation.
  - Pharmacists and other persons aiding the practitioner or the patient as part of the provision of medical assistance in dying are also exempted from any offence under the Criminal Code.
  - A person may only receive medical assistance in dying if they meet all five of the eligibility criteria.
  - A person has grievous and irremediable medical condition.
  - The safeguards of the legislation
- A provincial working group was established in March of 2016 to ensure that all BC health authorities maintain a similar approach to providing medical assistance in dying which included representation from each health authority.
- In Northern Health, a working group was established in May of 2016 to develop local policy and process for facilitating patient access to medical assistance in dying. Structures in place for Northern Health were articulated in the material.

10. Governance and Management Relations Committee

10.1. Policy Manual BRD 500 Series & Policy BRD 600

Moved by G Parmar seconded by R Landry

The Northern Health Board approves the revised BRD 500 Series and policy BRD 600.

10.2. BRD 610 - Director Compensation and Expense Guidelines

Moved by G Parmar seconded by R Landry

The Northern Health Board adopt NH's updated meal expense reimbursement requirement for non-contract staff to submit actual itemized receipts, and use Treasury Board guidelines for what is considered reasonable.

Meeting was adjourned at 10:54am

Dr Charles Jago, Chair

Desa Chipman, Recording Secretary