

Board Meeting

Chair:	Colleen Nyce	Recorder:	Desa Chipman
Board:	<ul style="list-style-type: none">• Sharon Hartwell• Frank Everitt• Maurice Squires		<ul style="list-style-type: none">• Edward Stanford• Rosemary Landry• Gaurav Parmar• Stephanie Killam
Regrets:	<ul style="list-style-type: none">• Ben Sander		
Executive:	<ul style="list-style-type: none">• Cathy Ulrich• Fraser Bell• Mark De Croos• Penny Anguish		<ul style="list-style-type: none">• Dr. Ronald Chapman• Dr. Sandra Allison• Steve Raper• Terry Checkley

Public Minutes

1. Call to Order Public Session

The Open Board session was called to order at 9:22am

2. Opening Remarks

Chair Nyce expressed appreciation for Director Hartwell for her 7 years of service on the Northern Health Board.

3. Conflict of Interest Declaration

Chair Nyce 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 December 4, 2017 Public agenda.

4. Approval of Agenda

Moved by G Parmar seconded by F Everitt

The Northern Health Board approves the December 4, 2017 public agenda as presented

5. Approval of Previous Minutes

Moved by R Landry seconded by S Killam

The Northern Health Board approves the October 18, 2017 public minutes as presented

6. Business Arising from Previous Minutes

There was no business arising from the October 18, 2017 meeting.

7. CEO Report

An overview of the CEO Report was provided with the following topics highlighted:

- UHNBC Projects update:
 - Bed Capacity – work is underway to finalize the plans for the second floor additional bed capacity at UHNBC. The planning process includes finalizing the service delivery model that will ensure a rehabilitative focus for people who will be receiving care in this unit at UHNBC.
 - Electrical upgrade – in order to support current operations on the UHNBC campus, a significant electrical upgrade is underway. The project was tendered and a construction contract has been awarded to Houle Electric.
 - Redevelopment – the concept plan for phase one of the redevelopment of the UHNBC campus has been completed and is being formally submitted to the Ministry of Health in December 2017. The concept plan includes the redevelopment of surgical and mental health and substance use services.
- Cardiac Services Strategy – in collaboration with Cardiac Services BC, Provincial Health Services Authority, Northern Health is finalizing a regional cardiac strategy designed for the north. Consultations with similar northern communities across Canada have helped refine our approach to the development of the northern strategy.
- Downtown Prince George Health Services Review – the purpose of the health service review is to address concerns expressed by downtown businesses, the City of Prince George and other service providers as to whether the services Northern Health providers and contractors deliver are organized to meet the needs of this vulnerable population. Guidance to the review process was provided by an internal steering committee and an external advisory committee made up of key stakeholders. The feedback and guidance provided through these committees have been very informative as the review process unfolded.

7.1. Human Resources Report

An overview of the Human Resources Report was provided for information. The focus of this report was on Northern Health Staff Recruitment as follows:

- Recruitments' primary focus is providing services and support that help Northern Health's hiring managers recruit qualified health care professionals. Recruitment is led by the regional manager – recruitment and organizational development, and consists of four recruiters, a recruitment sourcing coordinator, and a recruitment assistant.
- In 2017, Recruitment continued to recruit with a focused candidate relationship management (CRM) approach. CRM is a structured approach to managing interactions with potential and future hires.
- In 2018, Recruitment intends to partner with Information Technology and Physician Recruitment to develop a software application system to support the CRM approach. This technology will help to organize, automate, and synchronize the attraction, communication, and management of potential employees.
- In the 2016/2017 fiscal year, Northern Health welcomed 1318 new employees.
- Details were provided in the report outlining the difficult to fill postings and the current recruitment strategies.

8. Audit and Finance Committee

8.1. Period 7 Comments and Financial Statements

- Year to date Period 7, excluding extraordinary items, Northern Health's (NH) expenses exceeded revenues by \$1.3 million. Extraordinary to normal operations, NH incurred costs of \$4.0 million to Period 7 in response to the Cariboo Wildfire crisis. The Ministry of Health has provided verbal assurance that supplemental funding will be provided to offset NH's cost impact of the wildfires.

- On base operations, revenues are favourable to budget by \$1.3 million or 0.3% and expenses are unfavourable to budget by \$2.6 million or 0.6%. Budget overage in expenses is due to higher than expected patient volumes in a number of acute care facilities.
- At this time, Northern Health is forecasting to be in a balanced position on base operations at yearend.

Moved by S Killam seconded by B Sander

The Northern Health Board receives the 2017-18 Period 7 financial update, as presented.

8.2. Capital Projects Expenditure Plan update

- The Northern Health Board approved the 2017-18 capital expenditure plan in February 2017, and amendments in July 2017. The updated plan approves total expenditures of \$49.4M, with funding support from the Ministry of Health (\$19M, 39%), Six Regional Hospital Districts (\$18M, 37%), Foundations, Auxiliaries and Other Entities (\$3.5M, 7%), and Northern Health (\$8.5M, 17%).
- Year to date Period 7 (October 5, 2017), 16.8M has been spent towards the execution of the plan.
- Details on the significant capital projects currently underway and completed in 2017-18 were outlined in the briefing note.

Moved by B Sander seconded by S Hartwell

The Northern Health Board receives the Period 7 update on the 2017-18 Capital Expenditure Plan, as presented.

9. Performance, Planning & Priorities Committee

9.1. Strategic Priority: Quality

9.1.1. Perinatal Program Update

- Over the past year the Perinatal Program has been supported by two interim Executive Leads with extensive backgrounds in maternal child nursing, and medical expertise has been provided by several Obstetricians. This is due to vacancies both in the Executive and Medical Lead positions due to long term disability and retirement respectively.
- A permanent Executive Lead has been selected and will begin in the position in December of this year. There are two Obstetricians who have expressed interest in the Medical Lead position. A selection process for the new Medical Lead will occur early in the New Year.
- There are two categories of goals and priorities for the Perinatal Program which are:
 1. The original goals established and approved by the Performance, Planning, and Priorities Committee in 2010 that are now in the sustainment phase. These goals continue to be monitored to ensure results are sustained.
 2. New Program goals endorsed by the Performance, Planning, and Priorities Committee approved in the spring of 2015.
- Details on the original program goals was provided on the following:
 - Increase the percentage of vaginal deliveries by 2% by March 31, 2015 (the Northern Health Target is 75%).
 - Increase the Prenatal Registration for pregnant women to 100%, in six Northern Health communities (Prince George, Mackenzie, Valemount, Fraser lake, Prince Rupert and Fort St John)
- Current perinatal program goals were highlighted in the report:
 - Increase post-basic education opportunities for perinatal nursing with a focus on intrapartum care.
 - Support healthy weights by increasing documentation of women's pre-pregnancy height and weight (in order to calculate BMI) at the first perinatal appointment.

- Documentation of perinatal depression screening assessments for 100% of women. Completed between 28-32 weeks of pregnancy and again between 6-8 weeks postpartum with appropriate intervention and follow up.
- Support women and their families' efforts to achieve the 10 Baby Friendly initiative steps recommended by the World Health Organization by April 2017.

9.1.2. Child & Youth Program Update

- The Child and Youth Program was established in September 2015. In 2016, the Board commissioned a northern British Columbia stakeholder consultation process that yielded the report *Growing Up Healthy in Northern British Columbia*. The consultation findings from the report, in combination with advice from the Program Council, have been used to inform the work of the Child and Youth Program.
- The Child and Youth Health Program priorities are supported by an overarching enabling priority that supports three areas of focus.
- The priorities informed by the Child Health Report and advice of the Child and Youth Program Council are:
 1. Improve the clinical care of children and youth with Mental Health and/or Substance Use concerns in Emergency Departments and Inpatient units.
 2. Strengthen parenting and family dynamics to improve child mental health by working with Public Health to review, develop and improve the utilization of educational materials and resources focused on parenting skills, healthy early parent/infant attachment, optimal infant growth and development and promoting child mental wellness.
 3. Develop and support the implementation of Regional Clinical Guidelines, Standards, and education for the clinical care of children and youth in primary and acute care settings.
- A progress update on each priority was outlined in detail in the material submitted.

9.2. Northern Health Five Year Cancer Strategy

- A Northern Cancer Care Strategy Council (the Council) has been formed with the purpose of providing leadership to the delivery of cancer services in Northern BC and improving the cancer care journey for all people whose lives are affected by cancer. The focus of this group is three fold:
 - Implement the Northern Cancer Strategy
 - Address emerging operational and clinical issues
 - Ensure alignment of the Northern Cancer Strategy with NH, First Nations Health Authority and BC Cancer/PHSA strategies and emerging priorities
- The Council is a joint council comprised of Northern Health and BC Cancer: Centre for the North leaders. The council will meet monthly and recently had their first face-to-face meeting where the following priorities from the Northern Cancer Strategy were prioritized as the first areas of focus:
 - Telehealth
 - Palliative Care

10. Presentation: UHNBC Addiction Medicine / Psychiatry Consultative Service

The Board received a presentation from Aaron Bond, Director Specialized Services Northern Interior, Shawn Arnott, Team Lead, Adult Withdrawal Management Unit and Dr Lawrence Fredeen, General Practitioner in Prince George on caring for people with addictions.

- The presentation provided information on substance use treatment and risk factors along with an overview of services provided by the Addiction Medicine/Psychiatrist Consult Liaison and why those services are important and what has been learned.

11. Governance and Management Relations Committee

11.1. Policy Manual BRD 400 Series

- The revised policy manual BRD 400 Series was presented to the Board for review and approval.

Moved by G Parmar seconded by R Landry

The Northern Health Board of Directors approves the revised BRD 400 series

11.2. Presentation: Foundations and Fundraising Societies

- The Board of Directors were provided with an update on the relationship with Foundations and Fundraising Societies.
- One of the strengths of our vast region is the willingness for local communities to work 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 2016/17, the foundations and auxiliaries committed \$2,716,111 million to Northern Health. A breakdown of the amounts gifted to Northern Health by each foundation and/or auxiliary was detailed in the briefing note.
- Those funds are used for equipment, renovations and other activities to support the health care of the people we serve. These funds do not include the countless hours that volunteers committed to raising those funds, to organizing activities, events and providing services that also make a big difference to the people we serve.

11.3. Board Development & Education Plan 2018

- The proposed Board Education Plan for 2018 was presented to the Board for discussion and approval.

Moved by G Parmar seconded by R Landry

The Northern Health Board approves the proposed 2018 Board Education Plan as submitted.

The meeting was adjourned at 10:41am

Moved by R Landry



Colleen Nyce, Chair



Desa Chipman, Recording Secretary