Meeting of the Northern Health Board
Public Meeting
Monday – February 19, 2018

Stuart Nechako Manor - Recreation Room
(3277 Hospital Road)
Vanderhoof, BC

northern health
the northern way of caring

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Public Session

AGENDA

February 18, 2018
Stuart Nechako Manor
3277 Hospital Road
Vanderhoof, BC

AGENDA ITEMS	Responsibility of…	Expected Outcome	Time (Approx.)	Page
1. Call to Order of Open Board Session	Chair Nyce		**9:30am**	
2. Opening Remarks	Chair Nyce			
3. Conflict of Interest Declaration	Chair Nyce	Discussion		-
4. Approval of Agenda	Chair Nyce	Motion		1
5. Approval of Previous Minutes: December 5, 2017	Chair Nyce	Motion		3
6. Business Arising from Previous Minutes	Chair Nyce			-
7. CEO Report	C Ulrich	Information		8
7.1 Human Resources Report	D Williams	Information		12
8. Audit & Finance Committee				
8.1 Period 9 Comments & Financial Statement	M De Croos	Motion		22
8.2 Period 9 Capital Expenditure Plan update	M De Croos	Motion		24
9. Performance, Planning & Priorities Committee				
9.1 Clinical Program Quality Update: Surgical, Critical Care and Emergency/Trauma	F Bell	Information		29
9.2 Presentation: Transitions in Care Through Acute, Community, and Primary Care Homes **Presenters:** Raquel Miles, Community Services Manager, and Heather Goretzky, Practice Support Coach	P Anguish	Information		-
10. Governance & Management Relations Committee				
10.1 Policy Manual BRD 500 Series	C Ulrich	Motion		37
10.2 Policy Manual BRD 600 Series	C Ulrich	Motion		41
11. Presentation: Men's Shed Collaboration **Presenters:** Gene Mitran, John Alderliesten, Cliff Irving, John Dunn, Vanderhoof Men's Shed Executive Board Members; John Allen, Northern Health Life Skills Worker	P Anguish	Information		-
Adjourned			**11:45am**	

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Public Motions *Meeting Date: February 19, 2018*				
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 February 19, 2018 public agenda as presented		
5.	Approval of Minutes	The Northern Health Board approves the December 4, 2017 public minutes as presented	☐	☐
8.1	Period 9 Financial Statement	The Northern Health Board receives the 2017-18 Period 9 financial update as presented.	☐	☐
8.2	Period 9 Capital Expenditure Plan update	The Northern Health Board receives the 2017-18 Period 9 capital expenditure plan update, as presented.	☐	☐
10.1	Policy Manual BRD 500 Series	The Northern Health Board approves the revised BRD 500 Policy Series	☐	☐
10.2	Policy Manual BRD 600 Series	The Northern Health Board approves the revised BRD 600 Policy Series	☐	☐

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Board Meeting

Date: December 4, 2017

Location: Prince George, BC

Chair: Colleen Nyce

Recorder: Desa Chipman

Board:
- Sharon Hartwell
- Frank Everitt
- Maurice Squires
- Edward Stanford
- Rosemary Landry
- Gaurav Parmar
- Stephanie Killam

Regrets:
- Ben Sander

Executive:
- Cathy Ulrich
- Fraser Bell
- Mark De Croos
- Penny Anguish
- 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

Northern Health Regional Office
600-299 Victoria Street,
Prince George, BC V2L 5B8

CEO REPORT

Meeting:	Northern Health Board Meeting	Date:	February 2, 2018
Agenda Item:	CEO Report		
Purpose:	Information		
Prepared by:	Cathy Ulrich		

Celebration of Life: Dr. Bert Kelly (1946 – 2017) – Dr. Kelly emigrated from Scotland to Fraser Lake in 1975 where he practiced as a family physician until 1998 when he relocated to Prince George. Dr. Kelly was an exceptional family physician with an active full service practice until he retired earlier in 2017. It was a privilege to have known Dr. Kelly and there is much we can celebrate as a result of Bert's life and much we can learn from how he lived his life.

Dr. Kelly had a vision for health care in northern BC. This vision was strategic and comprehensive. And maybe more importantly his vision was situated in what he knew about life in northern BC and what he knew about the experience of people in northern BC and he was patient but relentless in his pursuit of that vision. He cared passionately about his chosen profession. He was an expert clinician who recognized how critical education in the north for the north is to the sustainability of health services. He not only advocated for this education but lived out this commitment in his practice as he supported the education of many students

On behalf of Northern Health, we would like to express our sympathy to Dr. Kelly's family, friends and all those he served over the many years he practiced medicine in Northern BC. The North is a better place and we have a better health care system as a result of his life and dedication to his profession.

Mills Memorial Hospital – On February 9, the Honourable Adrian Dix, Minister of Health, announced that the Concept Plan for the replacement of Mills Memorial Hospital in Terrace is approved and that the final phase of planning can now occur. The Business Plan will take approximately one year to complete with procurement and construction to follow. This is a critical project for Northern Health, the North West and Terrace. Northern Health is grateful for the commitment of the BC Government and the North West Regional Hospital District to this project. We look forward to working with physicians, staff, patients and community leaders and members from Terrace and the surrounding First Nations communities to finalize the planning phase of work.

Digital Mammography – Bulkley Valley District Hospital - On January 29, 2018, Stikine MLA Doug Donaldson was joined by representatives from Northern Health and BC Cancer's Screening Mammography Program, along with members of the Smithers Breast Health Advisory Group and other stakeholders to celebrate the official opening of Bulkley Valley District Hospital's new digital mammography service in Smithers. Northern Health is grateful for the work undertaken by the Smithers Breast Health Advisory Group to promote and improve screening rates, patients' experiences, and patients' breast health outcomes in the Bulkley Valley.

The new mammography unit at Bulkley Valley District Hospital is state-of-the-art and delivers more sensitive images with less discomfort for the patient, allowing for a better overall patient experience. Funding for the upgrade, including improved information technology equipment and renovations to support the new unit, was $947,576, provided through the Provincial Health Services Authority.

Women age 40 to 74 who have a mother, daughter, sister with breast cancer are recommended to have a mammogram every year. Women age 40 to 74 without a family history of breast cancer can have a mammogram every two years.

Northern Health Highlights from the Omineca area

- A partnership between the Vanderhoof Hospice Society, Stuart Nechako Manor staff and family practice physicians has enabled the development of a new palliative care suite, the Willow Suite, at Stuart Nechako Manor.

- Project Health: Once a year, St John Hospital hosts local high school students interested in health care professions for a full day. Students are able to have hands on experiences throughout the day. These experiences include such opportunities as observing how x-ray equipment works, using an ultrasound machine, visiting the acute, oncology and emergency departments, having hands on experiences with OT and PT professionals, suturing pig's feet, and visiting the residents of Stuart Nechako Manor. These hands on experiences are an excellent way to encourage students to consider health care professions as a career choice.

- St John Hospital has a strong tradition of providing educational opportunities for nursing and medical students. For example, practicum placements are provided for nursing students and medical students will do a rotation in Vanderhoof. When medical students are at St. John Hospital, they are provided with the additional experience of doing home visits with other interprofessional colleagues such as Occupational Therapy.

- The Vanderhoof Men's Shed provides a place for men to gather, share and volunteer. The Men's Shed has been working in collaboration with the Vanderhoof Community Services interprofessional team to provide wheelchair ramps, equipment delivery, minor home renovations, and drop in supports at the Men's Shed – all excellent supports for people with complex health issues. A presentation of the Men's Shed is included later on the agenda.

- Opioid response in the Omineca area:
  - There is a Local Improvement Team in Vanderhoof focused on substance use issues with representation including the Mayor, Council, a physician, community services staff, RCMP, and the high school Principal. This is an active and engaged team who are focused on prevention and education for youth struggling with mental health and substance use issues. Some of the family practice physicians are also providing a regular medical clinic in the local high school to increase access to services.
  - Vanderhoof physicians have engaged in Suboxone training to improve local access to opioid agonist therapy. The interprofessional community services team is increasing their skills so that they can effectively support people who need this service.

- In Fort St. James, the primary and community care space planning is progressing well. This project will co-locate physician and nurse practitioner practices with the community services interprofessional team. This redeveloped space will enhance service delivery and access to services in the community and will provide improved space for primary care providers and staff.

- A Mental Wellness Mobile Support Team is planned for the Fort St James area in partnership with the First Nations Health Authority, Tl'azt'en First Nations, Nak'azdli Band and Northern Health. A Mental Health Clinician and Nursing position have been posted but are not yet filled.

Human Resources Board Report:

2018 Workforce Planning, Recruitment, and Retention

February 2018

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2018 Workforce Planning, Recruitment, and Retention: At a Glance

Northern Health's Human Resources department supports the health authority's enabling priority: Our People. The priority states that "Northern Health provides services through its people and will work to have those people in place and to help them flourish in their work." With regards to workforce planning, recruitment, and retention, this includes:

- Understanding our workforce and plan for future needs within the context of the Northern population.
- Designing and implementing an innovative recruitment and retention strategy that addresses current and emerging workforce needs in Northern and rural communities.
- Improving our capacity to support each other through change, with particular attention to the changes required to implement interprofessional teams linked closely with the Primary Care Home.

Human Resources is continuously researching and implementing innovative and collaborative workforce planning, recruitment, and retention solutions to meet the goals of the Our People priority, assisting the organization in achieving its vision of leading the way in promoting health and providing health services for Northern and rural populations.

Currently, Human Resources is realigning components of its existing Health Human Resources Planning, Recruitment, and Retention strategies and supports to ensure a cohesive strategy that addresses the unique challenges faced by Northern Health and an ever-changing health care environment. This strategy will consist of clear objectives, associated actions, which will be submitted for Northern Health Board approval by September/October 2018.

Workforce Planning & Partnerships

Integrated Health Human Resources Planning Project

Northern Health's development of an Integrated Health Human Resources (HHR) Plan, which is occurring in partnership with the Ministry of Health, is well underway. This plan includes forecasts on key professions identified by the province (i.e. nursing and allied health). Over the course of 2017-18, Human Resources Planning and Design, the department responsible for Northern Health's HHR planning, has been refining analysis tools and improving metrics in order to support the organization in more effective workforce planning. Workforce planning will continue at the community level over 2018, and result in a Northern Health-specific HHR plan by the 2018/19 fiscal year end. To

address human resources shortages, this plan will identify HHR pressures and clearly outline approaches that will complement existing strategies and highlight new opportunities, which will be implemented across the health authority.

Workforce Planning Toolkit

To develop workforce plans at the local level, Human Resources Planning and Design has partnered with operations leaders and business partners to develop a Workforce Planning Toolkit.

The Workforce Planning Toolkit helps managers align their workforce planning goals with strategic priorities to identify gaps in the workforce, and to help with prioritizing the challenges they face. The toolkit walks managers through creating a workforce plan that addresses the challenges inherent to their department, worksite, and community. It also includes information for evidence-based decision-making to assist managers in an objective evaluation of their human resources needs.

The Workforce Planning Toolkit is currently being used in:

- Fort St. John
- Burns Lake
- Hazelton
- Prince George (residential care facilities)

Additionally, workforce planning specific to nurse practitioners, public health, and pharmacy is occurring regionally. This work allows for holistic workforce planning at the community level and supports proactive recruitment and retention through a focus on workforce sustainability.

Community, Local, and Provincial Partnerships

Northern Health prioritizes fostering deliberate relationships and partnerships with local and provincial stakeholders, including (but not limited to):

- Post-secondary institutions
- Local governments
- First Nations Health Authority
- Unions
- Communities
- The Ministry of Health
- The Ministry of Advanced Education and Skills Training

Northern Academic Institutions

Northern Health's fostering of strong local relationships has supported collaboration related to new programming at post-secondary institutions. For instance, the University of Northern BC, in collaboration with Northern Lights College, is planning a new nursing program in the northeast. Northern Health is working to have clinical placements

available to support the additional nursing students. This program aligns with Northern Health's focus on growing local talent that stays in the north across all health care professions (e.g., the upcoming sonography program planned with the College of New Caledonia and a transition program with North West Community College for health care assistants who want to become licensed practical nurses). Northern Health shares appropriate aspects of its plans with these post-secondary institutions to assist with the planning and development of their programs.

First Nations Health Authority and Communities

To ensure a highly-inclusive and collaborative relationship with all of Northern Health's First Nations partners, the Recruitment department has begun initial conversations with the First Nations Health Authority. This collaboration will be a crucial foundational component to Northern Health's recruitment strategy (see below: Recruitment) and its success. Specifically, the Recruitment team is collaborating to:

- Determine which strategies will resonate with specific communities and their community members
- Connect directly with members of communities to recruit local talent
- Ensure Northern Health is becoming more reflective of the communities it serves

Unions

Over the past few years, Northern Health and BC Nurses Union have collaborated on a number of initiatives, including joint submissions to Ministry of Health for funding to establish:

- A Travel Nurse Pool that employs nurses located in Prince George who have a unique rotation that requires them to work in communities outside of Prince George on a regular and predictable basis (18-24 weeks per year). These nurses will also float to various worksites within Prince George when not working in rural and remote communities.
- An Introductory Housing program that helps offset housing challenges in northern communities (excluding Prince George and Quesnel) by securing properties that can be temporarily rented by staff as they work to obtain permanent housing.

Limited duration funding was received in late 2017 and work is underway to implement both strategies.

Recruitment

Northern Health's Recruitment department has refocused its structure to address accountability, measurements, and evaluation. The department's recent changes to profession-based portfolios allows for a more focused approach on both recruitment and retention initiatives. Because recruiters are specialists in specific professions, collaborative relationships with hiring managers are being enhanced and recruiters are better able to develop innovative approaches to recruiting through a greater understanding of the professions in their portfolios.

Additionally, recognizing that the unique rural and remote recruitment and retention challenges faced in the North require practical solutions and strategies, as well as the leadership to successfully implement and sustain them, Northern Health's Human Resources department created a Regional Director, Recruitment and Retention position. This position, which is in the process of being filled, will oversee the Recruitment and Organizational Development departments, including the development of a singular strategic, holistic recruitment and retention strategy for the north. This strategy, informed by the Workforce Planning department's HHR plans, will focus on Northern Health as a whole, as well as the individual needs of service delivery areas and/or sites, and include profession-based approaches that focus on difficult-to-fill vacancies. The initial plan for this flexible and dynamic strategy is anticipated to be completed in Fall 2018.

The organic improvements resulting from Recruitment's purposeful shift to profession-based portfolios are occurring in conjunction with other deliberate strategies and initiatives:

- Semi-monthly departmental meetings to review and discuss difficult-to-fill vacancies have enabled the team to better understand current challenges and identify improvement opportunities related to those positions, as well as the hiring process in general.
- Monthly meetings with the Northeast Chief Operating Officer to review all current postings and forecast future needs for that geographic area allows for greater collaboration and a more proactive approach to recruitment. In response to the Northeast Chief Operating Officer's positive feedback, this approach will be extended throughout the organization.

There have been a number of successes in recruiting to difficult-to-fill positions, the following positions have start dates over the next few months:

- Physiotherapist – Prince George
- Physiotherapist – Prince Rupert
- Two nurses – Chetwynd (International hire)
- Specialty Nurse – Fort St. John (International hire)
- Sonographer – Fort St. John (International hire)

Profession-specific recruitment

Nurses

To further engage nursing students, Recruitment has increased our presence at on-campus events, as well as at student-led events. This includes exhibiting at the Canadian Student Nurse Association's regional and national conferences held in

November 2017 and January 2018. We are now connecting with students as early as their second year of study to start the candidate relationship management process with them.

To better reach and engage with newly-graduated nurses, Recruitment implemented a New Graduate Application Process. Nursing students are encouraged to apply to a "New Graduate" post. Once they have applied, a recruiter connects with each applicant via phone, FaceTime, or in person to complete the pre-screen process. Their applications are then ported into active postings that match their skills, abilities, and community preference. Last year, 91 newly-graduated registered nurses (RNs) were hired into Northern Health. Of those, 81 participated in the New Graduate Application Process. Fifty new graduates were hired in the Northern Interior, 24 in the Northwest, and 17 in the Northeast. This process was proven to be highly effective and is to be used with 2018 graduates.

Recruitment is also scheduled to attend the following RN-related events in 2018:

- Healthy Mothers & Healthy Babies Conference (March 1-2, 2018)
- American Operating Room Nurses Conference – partnering with Health Match BC (March 24-27, 2018)
- National Emergency Room Nurse Conference (April 20-22, 2018)

We are currently evaluating additional partnership opportunities with Health Match BC, a provincial organization that assists BC health authorities with recruitment, to increase Northern Health's presence in the United States.

Nurse Practitioners

In December, Northern Health successfully hired a nurse practitioner (NP) from the UNBC cohort. Recruitment continues to network with NPs and will be attending upcoming student meet and greets where we hope to recruit new grads to the north.

Physiotherapy

While we currently have several physiotherapist roles posted as difficult-to-fill, over the past four years, the days-to-hire average for the profession has been reduced significantly. This success occurred during the same time Recruitment offered educational sponsorships and focused on attending physiotherapy events, conferences, and career fairs.

Data on what schools we are hiring physiotherapists from has been compiled and analyzed. Based on this data, recruitment will continue to leverage relationships and strategies at schools where we are having success, and increase our attention on schools where opportunities exist.

Recruitment is planning a campaign that targets Canadian physiotherapy instructors from all known Canadian rehabilitation schools. This campaign will ask instructors to

notify their students that any student with BC student loans can receive substantial loan forgiveness through the provincial government if they accept a position in Northern BC.

Ultrasound
2017 was a successful year for ultrasound recruitment with six permanent full-time vacancies filled. These success are attributed to the combination of:

- A robust “Recruitment Roadshow” that went through select Ontario ultrasound schools (in 2018 there are plans for another “Recruitment Roadshow” in Ontario)
- Ongoing relationships developed with BCIT ultrasound students
- Offering educational sponsorships to the successful hires (on a three-year return of service)

Currently, there are only three regular ultrasound postings vacant.

Retention
A multi-disciplinary team of HR professionals is working to refresh Northern Health’s Onboarding Program. The new program will be hosted on our e-learning platform, and all new hires will be required to complete the program before their start date. After this program has launched, Northern Health’s attention will shift to supporting operations in their review of site-specific orientation programs.

Additional next steps will include a review of the Hiring the Right Employee Workshop for managers, including a refresh that focuses on both recruitment and retention. Northern Health’s Recruitment and Education departments also offer additional manager training available to assist with retention, including three levels of CoreLINX leadership training, which is a coaching and mentorship program developed for BC health leaders. In 2018, Northern Health will be focusing on leadership development.

Northern Health’s Professional Practice and Education Services departments are planning how to best facilitate delivery of new graduate workshops, including using designated funding to enable new graduates from smaller communities to travel to the workshops, which will be hosted in Prince George, Fort St. John, and Terrace.

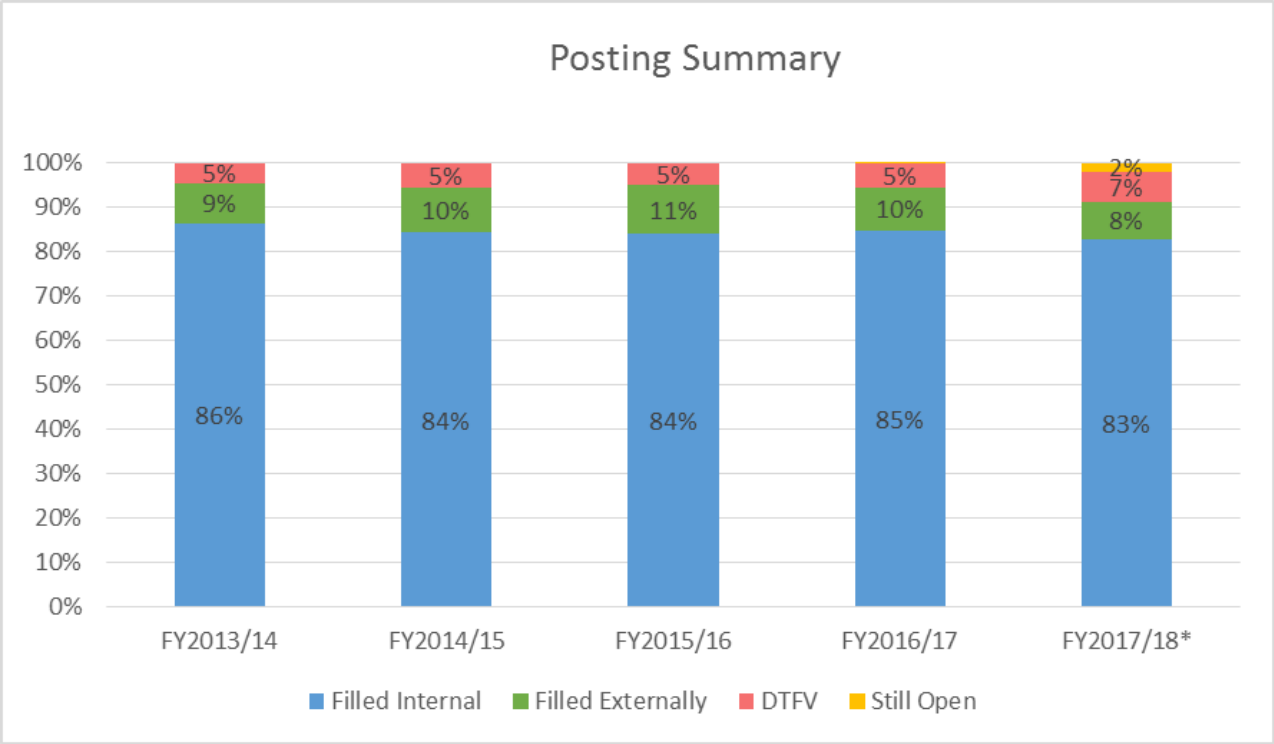
Conclusion
Northern Health’s Human Resources department believes the initiatives listed above will further assist the organization in mitigating or overcoming many of the recruitment and retention challenges unique to the North in 2018. It is anticipated that by leveraging improved planning and local and provincial partnerships, Northern Health will proactively increase our talent pools; assisting with both recruitment and retention and building on the momentum gained during the previous year.

Supporting Information & Data

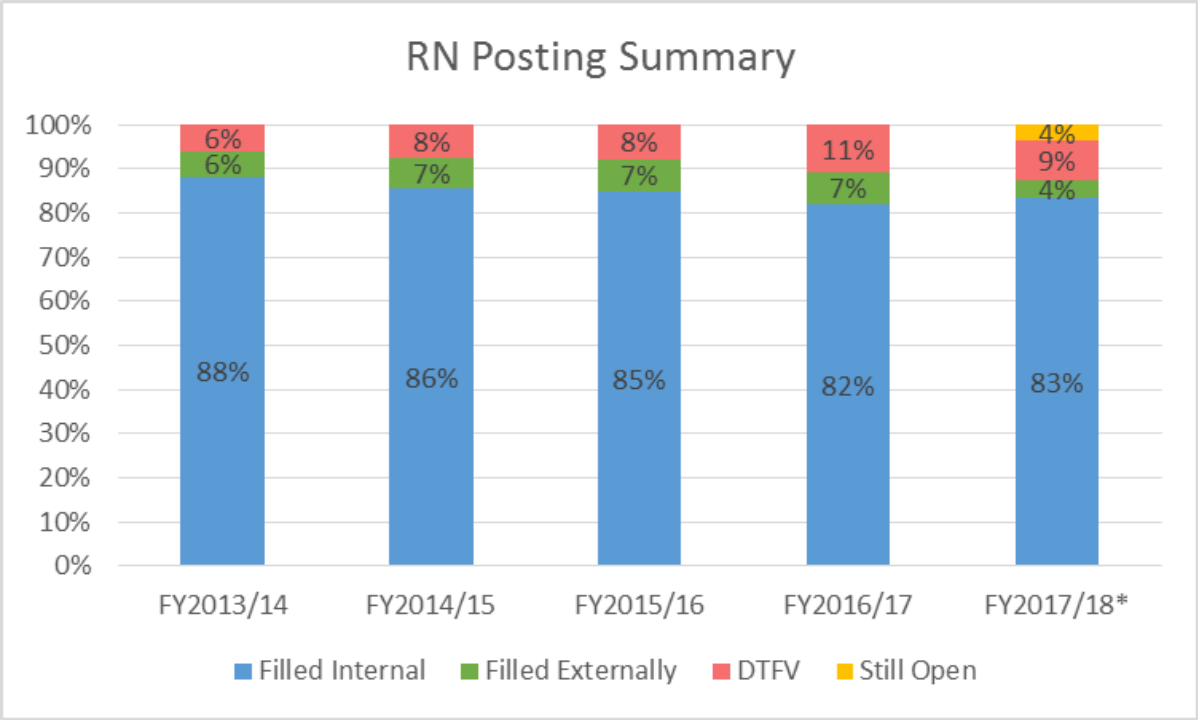
1.) Posting Summary

To date in fiscal year 2017/18, Northern Health has posted 2135 positions, 83% have been filled by internal staff (existing regular and casual staff) and 8% have been filed externally (qualified applicants from outside of Northern Health). Some unfilled positions are currently in the competition phase. Positions that remain unfilled for more than 90 days become difficult-to-fill vacancies (DTFV). On average, only 5% of approximately 2,100 positions go to DTFV.

Casual hires are not reflected in this data. On average, NH hires 1,000 casuals per year, many of these staff successfully bid into permanent, ongoing positions through our internal posting process.



To date in fiscal year 2017/18, Northern Health has posted 545 RN positions. 83% have been filled by internal staff and 4% have been filled externally. On average, 8% of RN postings become DTFV.

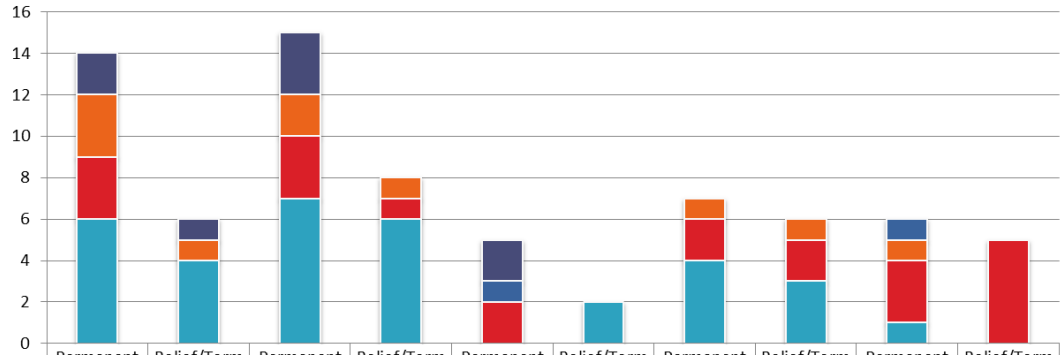


2.) Difficult-to-Fill Vacancies by Posting Type

Reducing difficult-to-fill vacancies and will continue to be a focus.

Current Open Difficult-to-Fill Vacancies (DTFV) by Posting Type

As at Jan 25, 2018



	North East		North West		NI Rural		Prince George		Regional	
	Permanent	Relief/Term	Permanent	Relief/Term	Permanent	Relief/Term	Permanent	Relief/Term	Permanent	Relief/Term
EXCLUDED	2	1	3	0	2	0	0	0	0	0
COMMUNITY SUBSECTOR	0	0	0	0	1	0	0	0	1	0
FACILITIES SUBSECTOR	3	1	2	1	0	0	1	1	1	0
HEALTH SCIENCE PROFESSIONALS	3	0	3	1	2	0	2	2	3	5
NURSES PROVINCIAL AGREEMENT	6	4	7	6	0	2	4	3	1	0

The Face of Northern Health

As at January 31, 2018

Summary of Employees by Status	Headcount	%	FTE
Active: Total	7,730	100%	4,781
Full-time	3,508	45%	
Part-time	1,884	24%	
Casual	2,338	30%	
Non-Active: Total	769	100%	586
Leave	408	53%	268
Long Term Disability (LTD)	361	47%	318

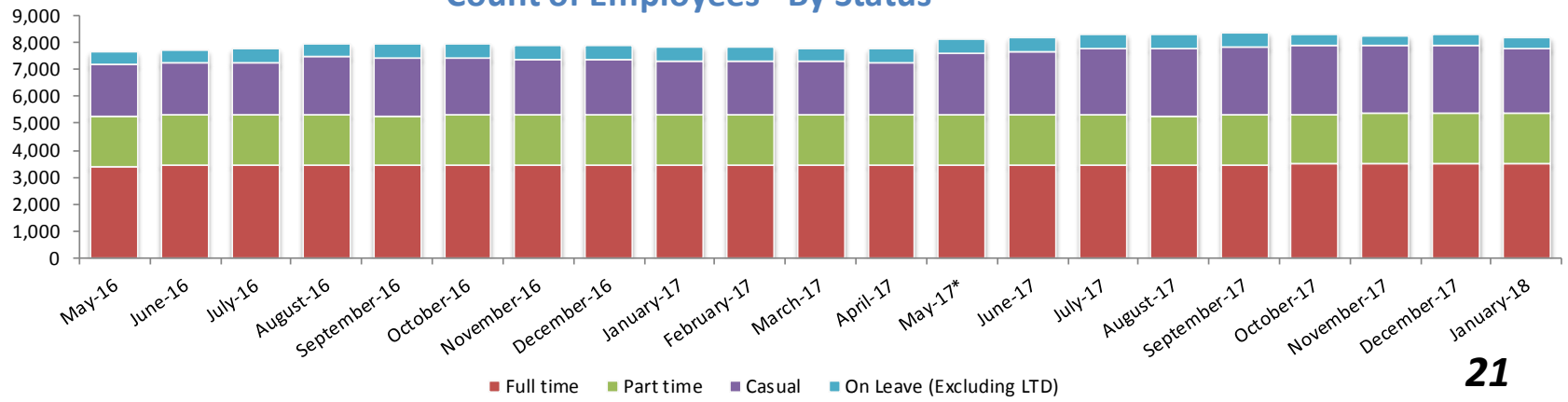
Active Employees by Region	Headcount	%
Active: Total	7,730	100%
North East	1,176	15%
North West	1,852	24%
Northern Interior: Prince George	2,380	31%
Northern Interior: Rural	1,129	15%
Regional	1,193	15%

Active Employees by Collective Agreement	Headcount	%
Active: Total	7,730	100%
Nurses	2,477	32%
Facilities	3,039	39%
Health Sciences	986	13%
Community	667	9%
Excluded	561	7%

Active Nursing	Headcount	%
Active: Total	2,477	100%
RN/RPN	1,817	73%
LPN	660	27%

Clinical vs. Support	Facilities	Community
Active: Total	3,039	667
Clinical	1,318	400
Non-Clinical	1,721	267

Count of Employees - By Status



BOARD BRIEFING NOTE

Date:	January 16, 2018	
Agenda item:	2017-18 Period 9 – Operating Budget Update	
Purpose:	☒ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☒ **Decision**
Prepared for:	Audit & Finance Committee / Board of Directors	
Prepared by:	Mark De Croos, VP Financial & Corporate Services/CFO	

November 30, 2017 (Period 9)

Year to date Period 9, Northern Health's (NH) expenses exceeded revenues by $448,000.

On base operations, revenues are favourable to budget by $1.5 million or 0.3% and expenses are unfavourable to budget by $1.9 million or 0.4%. Budget overage in Acute Care is primarily due to higher than expected patient volumes in a number of acute care facilities. Budget overage in Long Term Care is primarily due to higher than expected employee sick time and resulting overtime to replace sick staff.

Forecast Yearend 2017-18

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 receives the 2017-18 Period 9 financial update as presented.

NORTHERN HEALTH
Statement of Operations
Year to date ending November 30 (Period 9)
$ thousand

	Annual Budget	YTD November 30 (Period 9) Budget	Actual	Variance	%
REVENUE					
Ministry of Health Contributions	612,924	403,163	403,243	80	0.0%
Other revenues	220,344	145,341	146,791	1,450	1.0%
TOTAL REVENUES	**833,268**	**548,504**	**550,034**	**1,530**	**0.3%**
EXPENSES (BY PROGRAM)					
Acute Care	451,320	298,352	303,306	(4,954)	-1.7%
Community Care	200,283	130,273	127,816	2,457	1.9%
Long term care	111,557	73,637	75,570	(1,933)	-2.6%
Corporate	70,108	46,242	43,790	2,452	5.3%
TOTAL EXPENSES	**833,268**	**548,504**	**550,482**	**(1,978)**	**-0.4%**
Net operating deficit before extraordinary items		**-**	**(448)**		
Cost of wildfire response		-	4,032		
Less anticipated supplemental funding from Ministry of Health		-	(4,032)		
Net extraordinary items		-	-		
Net operating deficit	**-**	**-**	**(448)**		

northern health
the northern way of caring

BOARD BRIEFING NOTE

Date:	January 12, 2018	
Agenda item:	2017-18 Period 9 – Capital Expenditure Plan Update	
Purpose:	☒ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☐ **Decision**
Prepared for:	Audit & Finance Committee / 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 2017-18 capital expenditure plan in February 2017, and amendments in July and December 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 9 (November 30, 2017), $20.7M has been spent towards the execution of the plan as summarized below:

$ million	**YTD**	**Plan**
Major Capital Projects (> $5.0M)	0.4	2.4
Major Capital Projects (< $5.0M)	3.2	13.3
Major Capital Equipment (> $100,000)	9.9	15.0
Equipment & Projects (< $100,000)	4.7	9.3
Information Technology	2.5	9.3
	20.7	49.4

Significant capital projects currently underway and completed in 2017-18 are as follows:

Northern Interior Service Delivery Area (NI-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Vanderhoof	SJH Patient Monitoring Systems	$0.33	Closing	SNRHD, NH
Vanderhoof/Southside	Phone Systems	$0.26	Planning	SNRHD, NH
Prince George	UHNBC Digital Mammography	$2.58	Closing	MOH, Spirit of the North
Prince George	UHNBC Electrical Supply Upgrade	$4.50	In Progress	MOH, FFGRHD, NH
Prince George	UHNBC Energy Conservation Project	$0.94	In Progress	MOH, FFGRHD
Prince George	UHNBC Inpatient Bed Capacity Project	$8.00	In Progress	MOH, FFGRHD, NH
Prince George	UHNBC Magnetic Resonance Imaging	$2.69	Complete	MOH, FFGRHD
Prince George	UHNBC Mass Spectrometer	$0.30	Closing	Spirit of the North, MOH
Prince George	UHNBC Patient Monitoring Systems	$1.50	In Progress	FFGRHD, NH, Spirit of the North
Prince George	UHNBC Security Camera System	$0.44	In Progress	FFGRHD, NH
Prince George	UHNBC Bone Densitometer	$0.13	Approved	NH
Mackenzie	Integrated Care Space Development	0.70	Completed	FFGRHD, NH
McBride	Ventilation System	$0.90	In Progress	FFGRHD, NH
Quesnel	Dunrovin Park Lodge Elevator Replacement	$0.33	Completed	MOH, CCRHD
Quesnel	GRB Anesthesia System	$0.16	Ordered	MOH, CCRHD
Quesnel	GRB C-Arm	$0.25	Ordered	MOH, CCRHD, NH
Quesnel	GRB Emergency Generator Replacement	$1.21	Closing	MOH, CCRHD

Northeast Health Service Delivery Area (NE-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Chetwynd	Automated Medication Dispensing Cabinet	$0.16	Ordered	MOH, PRRHD
Dawson Creek	Fluoroscopy Room Renovation	$0.18	Complete	PRRHD, NH
Dawson Creek	Medical Device Reprocessing Renovation	$1.32	In Progress	PRRHD, NH
Fort Nelson	Automated Medication Dispensing Cabinet	$0.15	On hold	NRRHD, NH
Fort St. John	Magnetic Resonance Imaging Machine	$2.71	Closing	MOH, PRRHD, FSJ Hospital Foundation, FSJ Hospital Auxiliary
Fort St. John	X-Ray Rad Rex Room #1	$0.64	Approved	PRRHD, NH

Northwest Health Service Delivery Area (NW-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Terrace	MMH Boiler #3 Replacement	$0.34	In Progress	MOH, NWRHD
Terrace	MMH C-Arm	$0.22	Approved	Dr. REM Lee Foundation
Terrace	MMH Echocardiography Machine	$0.19	Ordered	Dr. REM Lee Foundation, MOH
Terrace	MMH Magnetic Resonance Imaging Machine	$2.92	Closing	MOH, NWRHD
Terrace	MMH Phone System	$0.44	In Progress	NWRHD, NH
Terrace	MMH SPECT Scanner	$1.55	Complete	MOH, NWRHD, NH
Terrace	Terraceview Lodge Nurse Call System	$0.46	In Progress	MOH, NWRHD
Smithers	BVDH Digital Mammography	$0.95	Ordered	MOH

Smithers	BVDH Maternity Modernization Project	$0.21	Closing	MOH, Bulkley Valley Healthcare & Hospital Foundation
Smithers	BVDH Radiology Room #1	$0.90	Approved	NWRHD, NH
Stewart	X-Ray Room	$0.25	Ordered	NWRHD, NH
Prince Rupert	Fluoroscopy Unit	$1.35	Ordered	MOH, NWRHD
Queen Charlotte	Hospital replacement	$50.00	Closing	MOH, NWRHD

Regional Projects

Community	Project	Project $M	Status	Funding partner (note 1)
All	Health Link North: Cerner Upgrade	$4.5	Planning	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Community Health Record (Phase 2)	$3.16	In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Clinical Interoperability	$1.0	In Progress	NH
All	PACS and Cardiology Information System	$3.27	In Progress	CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	MySchedule Enhancements	$0.16	In Progress	NH
All	Secure Texting	$0.79	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 2017-18, it is forecasted that NH will spend $8.3M 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

Recommendation:

The following motion to the Board is recommended:

> The Northern Health Board receives the 2017-18 Period 9 Capital Expenditure Plan update, as presented.

BOARD BRIEFING NOTE

Date:	February 18, 2018	
Agenda item:	Clinical Program Quality Update: Surgical, Critical Care & Emergency/Trauma	
Purpose:	☒ Information	☐ Discussion
	☐ Seeking direction	☐ Decision
Prepared for:	Northern Health Board of Directors	
Prepared by:	Shelley Hatcher, Executive Lead Surgical Program Dr. Guy Paterson, Medical Lead Surgical Program Beth Ann Derksen, Executive Lead Critical Care Program Dr. Jan B. Burg, Medical Lead Critical Care Program Jordan Oliver, Executive Lead Emergency and Trauma Program Dr. Patrick Rowe, Medical Lead Emergency and Trauma Program	
Reviewed by:	Fraser Bell, VP Planning, Quality and Information Management	

Issue:

Northern Health has established a number of clinical programs to stimulate and steward planning and quality improvement across the region for the services under their auspices. This Briefing Note is provided to the Board as a summary update on the progress of the Surgical, Critical Care, and Emergency/Trauma Programs' progress in achieving their goals and initiatives.

Background:

The following updates are provided for each of the three clinical program areas: surgical services, critical care services, and emergency and trauma services.

1. Surgical Services:

The Surgical Services Program has identified a number of priorities for the 2017/18 fiscal year.

- Continue to implement recommendations arising from the three-year Surgical Services Program Action Plan
- Facilitate continuous quality improvement in prioritized areas:
  - Surgical safety checklist

    - Prevention of Venous Thromboembolism (VTE)
    - Ensure timeliness of hip fracture fixation
    - Reduce percentage of patients waiting 26 weeks or more for elective surgery
- Plan and steward regional implementation of the Ministry of Health's Accelerated Surgical Services Initiative.

Following is an update on each of these priorities.

Three-year (2015-18) Program Action Plan Recommendations
In 2015, the Surgical Council developed and endorsed a three year (2015-18) Program Action Plan. For 2017/18 the priorities arising from this plan were:

- Standardization of Surgical documentation and processes. Status – all standardized documentation has been developed. Implementation is scheduled for January/Febuary, 2018
- Development and Implementation of a Regional Operating Room Add On/Emergency Case Classification policy. Status – policy has been developed and is implemented now at most NH surgical sites
- Develop a regional Surgical Booking and Scheduling Clinical Practise Standard (CPS). Status – a draft has been developed but is currently on hold awaiting Ministry of Health changes to the Provincial Waitlist Policy.

Continuous Quality Improvement Priorities
In addition to the Surgical Review recommendations, the Surgical Program has identified a number of priorities to improve quality and safety.

Surgical Safety Check List

- The SSCL has been operationalized in all eleven Operating Rooms in NH. The goal is 100% of all surgeries will have a completed surgical safety checklist
- The SSCL has been a Board "Strategic Goal" in previous years. As high performance levels were achieved the goal has moved to "sustainment" mode where there is a decreased focus but intermittent efforts to ensure that performance remains high.
- An annual one month audit period was initiated in 2017. The audit indicated that performance continues to be strong with all sites ranging from 90-100% compliance.

Venous Thromboembolism (VTE)
VTE – commonly known as "blood clot" – is a safety risk for a variety of patients including those who have had surgery. There are evidence-based protocols which can dramatically reduce the likelihood of such events. Actions taken by the surgical program include:

a. Updating Audit forms to include new anticoagulants
b. VTE review and reporting of results. Results of the review are distributed monthly.
c. Quality Improvement Advisor has worked to ensure orientation of new staff to the review and reporting processes.

A key component of the VTE protocol is the prophylactic (preventative) delivery of anticoagulants to eligible patients. The target for VTE prophylaxis is 100% of eligible

people will receive prophylaxis. For the first seven periods in 2017/18 Northern Health's average prophylaxis rates (based on chart audit) varied between 68-92%. Individual sites are provided their rates for quality review and improvement purposes.

Ensure Timeliness of Hip Fracture Fixation Surgery
Evidence indicates that better patient outcomes are achieved when hip fracture fixation surgery is conducted within 48 hours of the fracture. Northern Health seeks to improve timeliness of hip fracture fixation surgery with a current (Ministry of Health) target of 90% within 48 hours. For a five month period (April – November 2017) the percent of patients receiving their surgery within 48 hours varied between 62% and 100% for Northern Health. The reasons for these delays are categorized as medical (patient readiness) and non-medical (i.e. availability of the Operating Room, inpatient bed availability and patient transfers).

Each site does an analysis as to why the patient's surgery was not completed in the target time. At UHNBC, the National Surgical Quality Improvement Program (NSQIP) department reviews all hip fracture charts that are delayed for surgery. The medical and non-medical reasons for delay are further identified and are regularly shared with the UHNBC stakeholder team. The reasons for both medical and non-medical delays are highlighted in the monthly regional report.

Reduce percentage of patients waiting 26 weeks or more for elective surgery
Northern Health is working toward a provincial target where no more than 5% of patients wait more than 26 weeks for scheduled surgery. As of December 15, Northern Health is at 13.7% for patients waiting more than 26 weeks. Recent provincial reporting indicates that while Northern Health performance must still improve to meet target, NH currently has the strongest performance on this measure. The majority of long waiting cases are at UHNBC and Dawson Creek hospitals. Dawson Creek can experience variation in volume (and, hence, delays) given the relatively small number of surgeons available. UHNBC wait times are improving as efforts have been made to stabilize at 7 operating theatres daily. Challenges in ensuring anesthesia coverage for this level of activity are being addressed currently. UHNBC faces physicial capacity challenges in its surgical area that will continue to challenge full wait time target compliance.

2. Critical Care Services

The Critical Care Program has four key priorities for 2017/18:

- Sepsis management. Improve and maintain the use of the Sepsis Protocol in all Emergency Departments and across facility
- Improve Care for Patients experiencing pain, agitation and delirium (PAD) in Intensive Care Units through the development and implementation of leading practice protocols
- Sustainability Goal: Transfer of Care Documentation. Ensure continued compliance with required documentation to ensure safe and effective transfers of patients between services (within and beyond NH)
- Develop a critical care network as a means to collaborate and share information across the region.

Following is an update on each of these priorities.

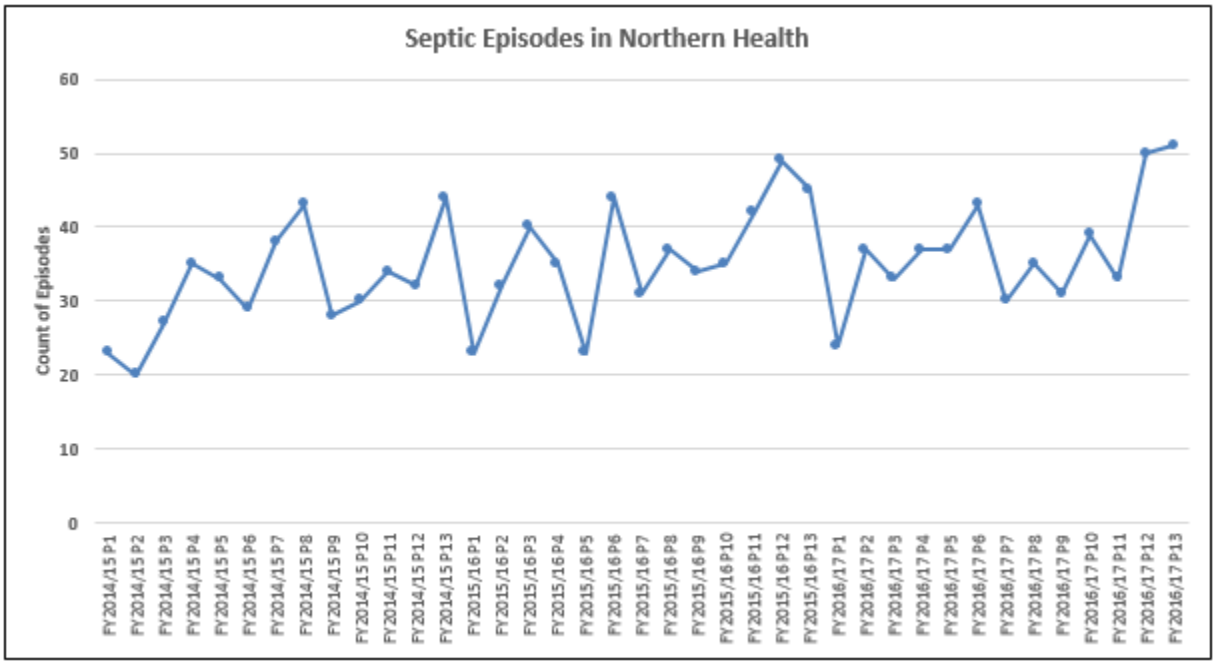
Sepsis[1]

Sepsis (often commonly referred to as “blood poisoning”) is a potentially life threatening disorder. Research evidence suggests that mortality rates due to sepsis can exceed 30%. Clinical research has led to the development of a protocol for the identification, triage/prioritization and follow-up for suspected sepsis patients in the emergency department and within hospital that can have a significant impact in reducing sepsis mortality. Northern Health has prioritized the implementation of these protocols and has set up an audit approach to monitor progress/compliance.

Count of Septic Episodes by Fiscal Year

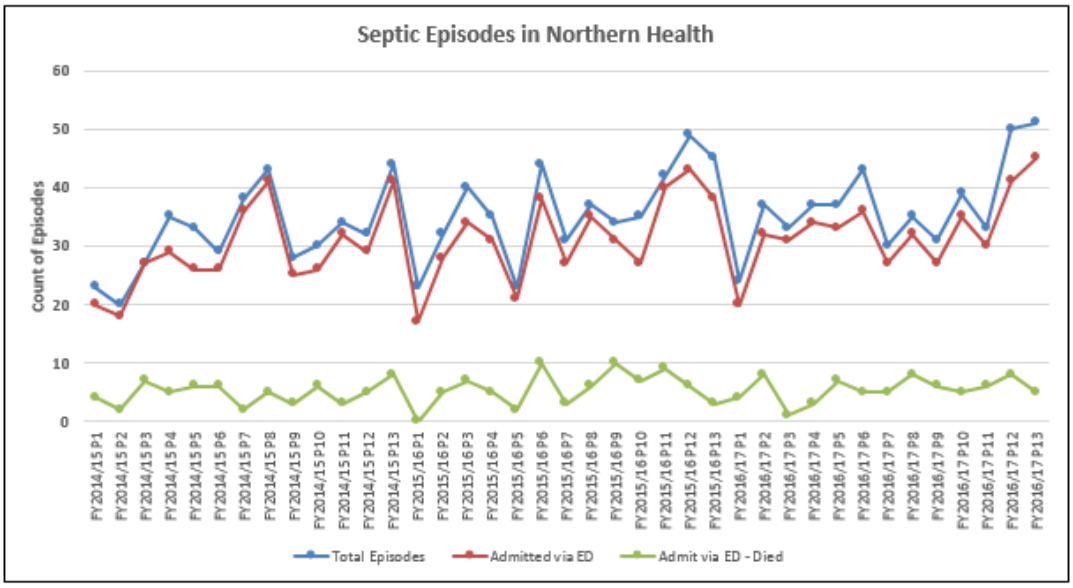
The data on the following chart shows the number of persons who were diagnosed in Emergency or Acute Care with sepsis or septic shock and discharged over the last 3 fiscal years. The number of occurences of Sepsis has been increasing over the last three fiscal years. The increase in sepsis episodes is a positive trend as early identification of sepsis is critical to appropriate intervention and, hence, positive outcomes (minimally measured by survival rates).

Septic Episodes in Northern Health (2014/15 – 2016/17)



[1] Sepsis is a potentially life threatening condition that occurs when chemicals released into the bloodstream to fight infection, trigger an inflammatory response throughout the body. This inflammation triggers a cascade of changes that can damage organ systems, causing them to fail. A sepsis diagnosis is based on the patient’s vital signs, presenting problem and medical history. Early detection of sepsis greatly improves patient outcomes.

While sepsis episodes have been increasing, the number of deaths attributable to sepsis have held relatively constant over the three year period. The result of increased diagnosis and early treatment is a decrease in the mortality rate (as shown in the following charts from which the Board Scorecard report is derived).



Improve Care for patients experiencing pain, agitation and delirium (PAD) in the UHNBC Intensive Care Unit

Improved assessment of pain, measuring the quality and depth of sedation used to decrease agitation, and reducing delirium through early patient mobilization are associated with improved clinical outcomes and shorter lengths of stay for people who require care in an Intensive Care Unit.

The appropriate assessment and management of Pain, Agitation and Delirium (PAD) is a focus of the BC Patient Safety Quality Council (BCPQC). In 2015, the BCPQC standardized the care documentation (charting) to be implemented in all Intensive Care Units in the province. The documentation is based on the Richmond Agitation Sedation Scale (RASS). Standardized parameters for assessment and documentation of findings will ensure care is delivered according to clinical standards. The University Hospital of Northern British Columbia (UHNBC) updated their patient records to collect and report PAD clinical data. UHNBC staff received education on the new assessment tools to use in practice.

The Critical Care Program Leads and UHNBC ICU leadership have reviewed baseline data. The data indicates an improvement in documentation.

Sustainability Goal: All patient transfers will be executed with complete Transfer of Care Documentation

Transfer of Care Documentation refers to the summary report of the patient's treatment and medications. Research findings have established that communication breakdown/errors occur most commonly during the transition of care from one care provider to another.

In January/February 2017 a working group conducted a review of existing documentation and initiated an update of policy to include all transition points in acute care.

Progress to date:
A development team met to redevelop the Clinical Practice Standard and transfer of care documentation tool based on the recommendations arising from the admission documentation working group.

The updated Clinical Practice Standard has been approved and is located on OurNH.

Next steps:
The development team met in December to review stakeholder feedback and is developing an implementation, communication and education strategy. Target implementation date for both emergency departments and in-patient units is February 15, 2018.

3. Emergency and Trauma Services

In May 2017, the Critical Care Program was restructured with Emergency and Trauma Services now combined under one portfolio allowing a greater quality improvement focus on emergency and trauma services.

The leadership/support for this service is unique among Northern Health's clinical programs in that in addition to the program's usual quality planning and stewardship role, they work in conjunction with a team responsible for coordinating the system responding to events involving trauma (given the diverse multi-system needs of these patients).

The Health Service Delivery Area (HSDA) Trauma Medical Leads in collaboration with the Trauma Coordinators provide leadership to medical staff to promote engagement and foster a high quality, multidisciplinary approach to trauma care in the north. Key areas of responsibility include strengthening relationships between pre-hospital and acute care services through information sharing, performing weekly case reviews, data submission to the BC Trauma Registry, ensuring compliance with provincial, regional and external (Accreditation Canada) trauma standards, and providing clinical leadership through networking, education, standardization of documentation, and clinical practice standards.

- Northern Interior Medical Trauma Lead*: Dr. Mike Smith, UHNBC*
- Northern Interior Trauma Coordinator: *Kristy Zurowski, UHNBC*
- BC Trauma Registry Health Records Analyst: *Amber Mufford, UHNBC*
- Northwest Medical Trauma Lead: *Dr. Christiaan deWit, Mills Memorial Hospital*
- Northwest Trauma Coordinator: *Emily Leblond, Mills Memorial Hospital*
- Northeast Medical Trauma Lead: *Dr. Brad Gullason, Fort St. John Hospital*
- Northeast Trauma Coordinator (Interim): *Nikki Huth, Fort St. John Hospital*

The program has established four broad priorities:

- Preparation for trauma accreditation through the Accreditation Canada, Trauma Distinction Program in the fall, 2018
- Development of an enhanced network of support for rural emergency departments
- Strengthened relationship between Emergency Services, Primary Care, and Community services
- Support improvements in high and low acuity patient transfers in partnership with BC Emergency Health Services

Preparation for Trauma Accreditation Through Accreditation Canada
Accreditation Canada operates the Trauma Distinction Program – a focused accreditation program for trauma services across Canada. Northern Health has committed to pursue this rigorous accreditation and has initiated the significant work to prepare for the accreditation site visit which will take place in October, 2018.

The accreditation process involves a number of components:

- Planning and preparation. In addition to general work to coordinate the accreditation application and submission, this stage involves identification of the levels against which each community's trauma service will be assessed. Trauma site designations range between level 1 (most intensive trauma service) and 5 (least intensive service). Northern Health will align its designations to its service distribution framework. Ultimately it is anticipated that Northern Health's trauma model would incorporate Prince George at level 2, Terrace and Fort St. John at level 3, Dawson Creek, Prince Rupert and Quesnel at level 4 and all other sites at level 5. Based on current levels of preparedness this year's process will seek the following designations:
  - Prince George – Level 3
  - Terrace, Fort St. John, Quesnel – Level 4
  - All others – Level 5
- Trauma data submission. The accreditation process requires tracking of a variety of quality measures. Seven (7) core indicators must be submitted for UHNBC as the region's level 3 site. Performance on trauma quality indicators has been strong. Accreditation also requires demonstration of an understanding of volumes and other characteristics of the region's trauma patients. For information the fourth endnote below provides an overview of the number of trauma patients by site within Northern Health from 2012 to 2016.
- Excellence and Innovation Project. Each organization pursuing trauma distinction accreditation must present an innovation project. Northern Health has worked innovatively with Dr. Waqar Haque at the University of Northern British Columbia to develop a Northern Health Trauma Dashboard. The project has been so successful that other Health Authorities are in discussions with Dr. Haque to assess its potential as a provincial tool
- Clinical standards and protocols. Many standards must be in place regionally to meet accreditation standards. All standards/protocols are either completed or in progress
- Quality review. During accreditation, surveyors will look for evidence that Northern Health undertakes proactive work to assess and ensure quality of trauma service.

Northern Health is unique in the province in that 100% of all injury-related in-hospital deaths are tracked and reviewed for quality improvement purposes. Where appropriate, cases are reviewed during Morbidity & Mortality rounds.

Recommendations:

This briefing note is for information purposes.

DIRECTOR LIABILITY V.1 **BRD 510**

Members of the Board of Directors of Northern Health (the "Board") act both as agents of Northern Health and as directors of Northern Health's assets. Directors[1] are responsible to act only within the authority given to them by governing legislation, regulations and policy, and Northern Health's by-laws. Directors are expected to exercise the care, diligence and honesty expected of a reasonable person, in similar circumstances.

If a director *knowingly* acts outside this authority, those actions may be invalid (doctrine of *ultra vires*[2]) and in some instances a Director may be held personally liable for the adverse consequences resulting to Northern Health.

Individually and as a group, Directors are exposed to actions under common law, civil law and, in some cases, criminal law. To reduce the risk of litigation for Directors, protection is provided by legislation, the *Health Authorities Act* and the Health Care Protection Plan's (HCPP) Directors' and Officers' Liability and Corporate Reimbursement Agreement.

The *Health Authorities Act* provides protection under Section 14 as follows:

> Liability of members
>
> **14** (1) No action for damages lies or may be brought against a member, officer or employee of a board because of anything done or omitted in good faith
>
> (a) in the performance or intended performance of any duty under this Act, or
>
> (b) in the exercise or intended exercise of any power under this Act.

The Directors' and Officers' Liability and Corporate Reimbursement Agreement is provided by the Health Care Protection Program (HCPP) through the Risk Management Branch, Ministry of Finance. Covered parties include Directors of Northern Health.

Coverage is provided for a Director for all loss resulting from a claim for a wrongful act arising solely out of their duties. Examples of exclusions to this coverage include: any act, error or omission resulting from a Director failing to act honestly and in good faith

[1] A Director is defined as: any person, who was, now is or shall become a duly elected or appointed Director of Northern Health, while acting within the scope of his/her duties as a Director of Northern Health.

[2] Ultra vires is a Latin phrase meaning literally "beyond the powers". If an act requires legal authority and it is done with such authority, it is characterised in law as intra vires (literally "within the powers"). If it is done without such authority, it is ultra vires. Acts that are intra vires may equivalently be termed "valid" and those that are ultra vires "invalid".

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): February 20 2017 (r)

in the best interest of Northern Health; any act, error or admission outside the course of the Director's duties with Northern Health; or any loss arising out of a dishonest, fraudulent, criminal or illegal act or omission of a Director. However, for the purposes of this exclusion, knowledge possessed by any one Director shall not be imputed to any other.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
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BRD 530

PROCESS FOR DIRECTORS TO RAISE PUBLIC CONCERNS V.1

Introduction

The purpose of this policy is to ensure that a clear process exists by which Directors of the Board of Northern Health (the "Board") may direct concerns or complaints received by them from members of the public, or concerns of their own, to the office of the President and Chief Executive Officer (the "CEO") for investigation, and to be assured of a timely and appropriate response. There is a distinction between administrative complaints and complaints involving clinical or patient care issues.

Process

A. Administrative Concerns & Complaints

a) From the Public

The Director shall forward concerns or complaints of an administrative policy or process nature requiring investigation to the Executive Assistant to the Chief Executive Officer & Board of Director~~'~~s ~~NHA~~ with a copy of the correspondence, *or* by providing a brief description of the complaint if received verbally. The Director shall ensure that contact information for the complainant is provided in order to ensure a prompt response.

Where it is unlikely that the concern/complaint can be resolved within one week, the CEO or designate will forward a written acknowledgment to the individual making the complaint, indicating that the concern/complaint is under review and will be responded to as soon as possible. A copy of this acknowledgment will also be provided to the Board Chair and to the entire Board at the next Board meeting.

b) From Directors

A Director may have occasion to raise concerns, whether in their role as a member of the Board or as a member of the public.

If the Director has concerns about a fellow Director or the CEO he/she shall first have a discussion with the Board Chair. If the concern is about the Board Chair the Director shall first have a discussion with the Board Vice-Chair and the CEO.

If the concern is about a Northern Health staff member or service, a physician, or any other matter dealing with the operation or management of Northern Health, the Director shall first raise their concern directly with the CEO either verbally or in writing. The same timely process for response as delineated under 'From the Public' shall be followed.

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Directors should not raise issues of this nature at Committee or Board meetings until there has been appropriate opportunity for proper advance investigation or preparation by the CEO and management that could lead to timely resolution.

B. Clinical or Patient Care/Safety Concerns & Complaints

Some complaints or incidents may involve legal risks related to standards of care or injury/harm resulting from the activities of Northern Health. Communications on these issues will be managed by the CEO through staff responsible for risk management to ensure compliance with the adverse event reporting procedures and to meet the reporting requirements of the Health Care Protection Program (HCPP), Northern Health's insurer.[1]

Complaints from patients are governed by the *Patient Care Quality Review Board Act* (PCQRB Act) and follow provincial processes for response outlined in Ministerial Directives. These complaints are handled through the Northern Health Patient Care Quality Office (PCQO).

Directors receiving complaints from patients or patient representatives shall forward such complaints to the Executive Assistant to the CEO/Board with a copy of the correspondence, or by providing a brief description of the complaint if received verbally. The Director shall ensure that contact information for the complainant is provided in order to ensure a prompt response.

Communications on these issues will be managed by the CEO through staff responsible for the PCQO to ensure compliance with legislation and provincial process and to liaise with risk management if needed.

Reporting to the Board will depend on the nature of the complaint. Reports may be made through the CEO Report, as a separate Board or Board Committee agenda item, as a Section 51 follow-up through the 3P Committee, or as determined by the CEO.

[1] ~~DST~~ Policy 4-2-1-030-P Health Care Protection Program (HCPP): Reportable Incidents ~~https://ournh.northernhealth.ca/PoliciesProcedures/DST%20Published%20Policies/4-2-1-030.pdf~~

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ORGANIZATION AND PROCEDURE BYLAWS **BRD 600**

DEFINITIONS

1.1 In these bylaws

a. "Act" means *Health Authorities Act*, and the regulations made there under.

b. "Board" means Northern Health Authority as designated pursuant to the Act and, as the context requires, also refers to the full board of Members for the Northern Health Authority (the "Board").

c. "Bylaws" means the bylaws of the Board.

d. "Chief Executive Officer" means the President and Chief Executive Officer engaged by the Board to manage its affairs (the "CEO").

e. "Health Facility" means the facilities, agencies or organizations by or through which the regional services (as defined in the Act) are provided for the Region.

f. "Health Services" means those services which the Board has agreed to manage or undertake through an agreement with the Province of British Columbia, and includes Housing Services.

g. "Housing Services" means the acquisition, construction, holding, owning, supplying, operating, managing and maintaining of housing accommodation and incidental facilities.

h. "Member" means a person appointed to the Board, by the Minister, pursuant to Act and in accordance with Ministry policy from time to time.

i. "Minister" means the Minister of Health of the Province of British Columbia.

j. "Other Acts" means all other statutes which pertain to the management and operation of the Health Services for which the Board has been delegated authority by the Minister and the regulations made there under.

k. "Ordinary Resolution" means a resolution passed by a simple majority of the persons entitled to vote who are present in person, by telephone or by videoconference at a meeting of the Members.

l. "Special Resolution" means a resolution passed by a majority of 2/3 or more of the persons entitled to vote as are present in person, by telephone or by videoconference at a meeting of the Members of which notice specifying the intention to propose the resolution as a Special Resolution has been duly given.

m. "Region" means the region designated for the Health Authority as determined pursuant to the Act.

1.2 The definitions in the Act on the date these bylaws become effective apply to these bylaws.

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1.3 In these bylaws, words importing the singular include the plural and vice versa.

ARTICLE 2 - NORTHERN HEALTH AUTHORITY

2.1 **General** - The Board shall have the powers and purposes as are set out in the Act and as defined in these bylaws and in the Other Acts, and the property and affairs of the Board shall be managed by the Board in which shall be vested full control of the assets, liabilities, revenues and expenditures of the Board.

2.2 **Contracts and Agreements** - The Board may by Ordinary Resolution designate that orders and other contracts which exceed a stated monetary limit may only be entered into on written authority of the Board. Additionally all contracts for the acquisition or disposal of real property shall be authorized by Ordinary Resolution. In respect of orders or contracts not involving real property or which cost or involve sums less than the amounts specified or limited by the Board, the CEO and other senior staff designated by the CEO shall have the power to make such orders and contracts on behalf of the Board.

2.3 **Banking** - The banking business of the Board shall be transacted with such banks, trust companies, or other firms or bodies corporate as the Board may designate, appoint or authorize from time to time and all such banking business, or any part thereof, shall be transacted on the Board's behalf by such one or more Officers or other persons as the Board may designate, direct or authorize from time to time and to the extent thereby provided.

2.4 **Board to Govern Operations** -The Board may make rules and regulations governing its operations and the operations of the Health Facilities, which are not inconsistent with the Act, the Other Acts, or the provisions of these bylaws.

ARTICLE 3 - MEMBERS

3.1 **Appointment of Members** - Each Member will be appointed by the Minister to the Board in accordance with the Act.

3.2 **Vacancy on Board** - The Board will advise the Minister if a vacancy occurs on the Board for any reason.

3.3 **Nominations for Board** - The Board may provide the Minister with recommendations for new Members of the Board.

3.4 **Remuneration for Members** - Members shall be entitled to such remuneration as the Minister shall determine but in no event shall Members be entitled to receive remuneration in connection with duties related to Housing Services. Members shall be entitled to be paid reasonable expenses in connection with the performance of their duties. No part of the income of the Authority shall be otherwise available for the personal benefit of any Member. The latter provision is unalterable.

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ARTICLE 4 - OFFICERS

4.1 **Chair** - The Minister will designate the Chair of the Board.

4.2 **Other Officers** - The Board may elect such other Officers for such other terms of office as the Board may determine and may fill vacancies in such offices as the Board shall determine.

4.3 **Secretary** - The CEO shall be the Secretary to the Board unless the Board otherwise determines. The appointment of the CEO to hold office does not entitle the CEO to be a Member, nor to vote at meetings of the Board or any of its committees.

4.4 **Officers** - The Board may decide what functions and duties each Officer will perform and may entrust to and confer upon such Officer any of the powers exercisable by the Board upon such terms and conditions as they think fit and may from time to time revoke, withdraw, alter or vary any of such functions, duties and powers.

ARTICLE 5 - COMMITTEES OF THE BOARD

5.1 **Committees** - The Members may appoint one or more committees consisting of such Member or Members of the Board as they think fit and may delegate[1] to any such committee any powers of the Board; except, the power to fill vacancies in the Board, the power to change the membership of or fill vacancies in any committee of the Board, and the power to appoint or remove Officers appointed by the Board.

5.2 **Procedures of Committees** - All committees may meet and adjourn as they think fit. A quorum for any Board Committee meeting will consist of two or more Members of the Board. All committees will keep minutes of their actions and will cause them to be recorded in books kept for that purpose and will report the same to the Board at such times as the Board requires. The Board will also have power at any time to revoke or override any authority given to, or acts to be done by, any such committees except as to acts done before such revocation or overriding, and to terminate the appointment or change the membership of a committee and to fill vacancies in it. Committees may make rules for the conduct of their business[2]. The CEO will act as official secretary for all Board Committees and through consultation with the Chair of the Committee, delegate this task as appropriate.

[1] It is the practice of the Northern Health Board not to delegate powers of the Board to a Committee except in rare and well defined circumstances.
[2] It is the practice of the Northern Health Board that Terms of Reference and Work Plans of Committees must be approved by the Board.

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ARTICLE 6 – MEETINGS OF THE BOARD

6.1 **Proceedings** - The Board shall meet at such times and as frequently as the Board shall determine. At the discretion of the Board, part or all of the proceedings of the Board at a Board meeting may be open to the public, but the Board shall exclude the public from a meeting or portion of a meeting if the Board considers that, in order to protect the interests of a person or the public interest, the desirability of avoiding disclosure of information to be presented outweighs the desirability of public disclosure of that information.

6.2 **Quorum** - The quorum for any meeting of the Board shall be a majority of the Members of the Board[3].

6.3 **Participation by Telephone and Other Means** - A Member may participate in a Board meeting or committee meeting by telephone call or videoconference and is not required to be physically present to be counted as part of the quorum.

6.4 **Notice** - Notice of each meeting of the Board shall be given to each Member in writing or by fax or email delivery. Notice of committee meetings shall be reasonable notice in the circumstances.

6.5 **Right to Vote** - Each Member is entitled to vote at all meetings of the Board.

6.6 **Number of Votes** - Each Member, including the Chair, is entitled to one vote.

6.7 **Method of Voting** - Voting in a committee meeting or a Board meeting is by a show of hands unless determined otherwise by the Board for a particular resolution or to accommodate a Member participating by telephone call or video conference.

6.8 **Adjourned Meeting for Lack of Quorum** - In the event a meeting of the Board cannot be held due to a lack of quorum such meeting shall have been deemed to be adjourned to a future date set by the Members present at the meeting. The date of adjourned meeting shall allow sufficient time for notice of adjournment to be given to all Members. There shall be no quorum requirements for the holding of an adjourned meeting.

6.9 **Rules of Procedure** - Except where otherwise provided by the Board or these bylaws all matters of procedure at any meetings of the Board shall be decided in accordance with the most recently revised edition of Roberts Rules of Order.

6.10 **Appoint Chair** - The Chair or in his or her absence, the Deputy Chair, shall preside as Chair at every meeting of the Board.

6.11 **Consent Resolutions** - A resolution in writing signed by all Members shall be valid and effectual as if it had been passed at a meeting of the Members duly called and constituted. Consent resolutions may be validly passed by execution by Members, delivered in counterparts and by facsimile.

6.12 **Ordinary Motions** - All ordinary motions will be approved by a simple majority of Members present and eligible to vote.

[3] 50% is a majority for the purpose of quorum.

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ARTICLE 7 – LIABILITY AND OBLIGATION OF MEMBERS/OFFICERS

7.1 **No Action** - No action for damages lies or may be brought against a Member or Officer because of anything done or omitted in good faith:

a. in the performance or intended performance of any duty under the Act or Other Acts; or

b. in the exercise or intended exercise of any power under the Act or Other Acts.

7.2 **Disclosure of Interest** - A Member or Officer who is, directly or indirectly, interested in a proposed contract or transaction with the Board shall disclose fully and promptly the nature and extent of his or her interest to each Member and have such disclosure recorded in the minutes of the next meeting of the Board.

7.3 **Indemnity** - Subject to the provisions of the *Society Act* (BC), which is applicable pursuant to Order in Council #1236 under the Act, a Member of the Board of Directors of the Northern Health Authority and his or her heirs, executors, administrators and assigns may be indemnified against all costs, charges and expenses including any amount paid to settle an action or satisfy a judgment, actually and reasonably incurred by an indemnity in a civil, criminal or administrative action or proceeding to which such a Member is made a party by reason of being or having been a Member of the Board, including any action brought by the Board if:

a. the Member acted honestly and in good faith with a view to the best interests of the Board; and

b. in the case of a criminal or administrative action or proceeding, the Member had reasonable grounds to believe his or her conduct was lawful.

ARTICLE 8 - CORPORATE ADDRESS

8.1 **Corporate Address** -The Board will maintain one corporate address where all communications and notices are to be sent or delivered, and will advise the Minister of any change of corporate address.

ARTICLE 9 - EXECUTION OF DOCUMENTS

9.1 **Authority to Execute** - All documents and contracts of the Board may be executed on behalf of the Board by the CEO or senior executives of the Board who are authorized by the CEO, provided that, in those instances in which the written authority of the Board to such document or contract is required under the terms of bylaw 2.2, the Chair or another Member designated by the Chair shall also execute the document or otherwise signify in writing the express consent of the Board to the execution of the document or contract on behalf of the Board.

9.2 **Routine Correspondence and Appointments** - In the absence of the Board Chair the CEO shall be empowered to execute on behalf of the Board routine correspondence and medical staff applications and appointments.

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ARTICLE 10 - GENERAL

10.1 Certificates of Incapability - The Board authorizes the CEO to designate persons as having authority to issue certificates of incapability under section 32 of the *Adult Guardianship Act*.

ARTICLE 11 - ADOPTION OF BYLAWS AND AMENDMENTS

11.1 **Special Resolution Required** - The bylaws may only be amended by Special Resolution.

11.2 **Ministerial Approval** - Bylaws and amendments to the bylaws are subject to the Minister's approval.

11.3 **Members to have Copy** - Every Member shall receive a copy of every bylaw of the Board upon request.

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DIRECTOR COMPENSATION AND EXPENSE GUIDELINES V.1 **BRD 610**

BOARD REMUNERATION

Introduction

The purpose of this policy is to ensure that there is a clear description of the amounts payable to members of the Board of Directors of Northern Health (the "Board") for their time while discharging their duties on behalf of Northern Health[1]. The policy also addresses reimbursement of expenses.

Annual Retainers

The annual retainer portion of Board remuneration is meant to compensate Directors for their time and expertise outside of Board and Board Committee meetings, including but not limited to attendance at Northern Health related meetings and functions other than Board or Board Committee meetings, reading in preparation for Board and Board Committee meetings, and the first two hours of travel to or from Board or Board Committee meetings etc.

- Chair $15,000
- Director $ 7,500
- Audit & Finance Committee Chair $ 5,000
- Other Committee Chairs $ 3,000

Note: Committee Chair retainers are in addition to Directors' retainers.

Payment for Attendance at Board and Committee Meetings

Directors attending Board or Board Committee meetings will be compensated as follows:

- For meetings in excess of 4 hours duration $500
- For meetings of 4 hours or less duration $250

No distinction will be made between participation in person, by videoconference or by teleconference or such other mode that permits an appointee to hear, and be heard by, all other participants.

Travel Time Compensation

Travel time to and from Board and Board Committee meetings is reimbursed at the rate of $62.50 per hour, or part thereof, but not including the first two hours of travel in each direction.

[1] This document conforms to Treasury Board Directive 2/17 dated September 8, 2016

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Travel time shall be calculated from the Director's normal place of residence. Exceptions will be handled on a case by case basis in consultation with the Corporate Secretary and/or Board Chair.

Maximum Daily Compensation
Compensation for Board and Board Committee meetings and associated travel time will not exceed $500 in total in a 24-hour day.

Annual Compensation Limits[2]

- Chair $45,000
- Director $22,500
- Audit & Finance committee chair $27,500
- Other board committee chairs $25,500

Expense Reimbursement
Expenses are reimbursed to Directors for out of pocket expenses paid by Directors while conducting Board business. Expense reimbursement is not included within the annual compensation limits.

Directors are reimbursed for transportation, accommodation, meal and out-of-pocket expenses incurred in the course of their duties in accordance with Treasury Board directives[3]. Expense claims, must be supported by receipts. Directors should consider the following guideline for reasonable meal expenses:

Full Day Cap	$49.00
Breakfast	22.00
Lunch	22.00
Dinner	28.50
B&L	30.00
L&D	36.50
B&D	36.50
Incidental	14.00

Transportation and accommodation arrangements should be based on overall economy and efficiency, balancing the travel costs with the director's time commitments and travel safety. All air travel is to be booked utilizing economy class airfares and, wherever possible, arrangements should be made to obtain early booking discounts.

[2] The sum of retainer plus meeting fees and travel time
[3] Board members are reimbursed using the same rates payable to Northern Health non-contract staff, which is also consistent with Treasury Board guidelines.

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If a Board member chooses ground transportation over air travel, the mileage compensation claimed should be less than or equal to the cost of an economy class air fare.

Preferred government rates should be used for accommodation and car rentals whenever possible.

Subject to prior approval by the Board Chair, a director attending a conference or professional development activity will be reimbursed for the registration fee and expenses on the same basis as other travel on Northern Health business.

Payment

Payment of Board and Board Committee meeting fees, and travel time, will be processed by the Corporate Secretary based on attendance confirmed in Board and Committee meeting minutes.

Reimbursement of expenses will be made to Directors upon submission of approved Board Member Expense Claim Forms. All claim forms are to be submitted to the Corporate Secretary for processing[4].

The annual retainer is pro-rated and paid on a monthly basis. All payments to Directors are made through the Northern Health payroll system by direct deposit.

The annual retainer, meeting fees, and compensation for travel time are subject to statutory deductions and are taxable as employment income. Expense reimbursement is not subject to statutory deductions.

[4] Claims must be submitted on a timely basis after expenses are incurred. Directors are further requested to take note of the March 31st fiscal year-end. Claims will be processed for payment within 7 days of receipt.

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