

Board Meeting

Chair:	Colleen Nyce	Recorder:	Desa Chipman
Board:	<ul style="list-style-type: none">Stephanie KillamFrank EverittMaurice Squires	<ul style="list-style-type: none">Edward StanfordRosemary LandryBen SanderBrian Fehr	
Regrets:	<ul style="list-style-type: none">Gaurav Parmar		
Executive:	<ul style="list-style-type: none">Cathy UlrichFraser BellTerry CheckleyMark De CroosCiro PanessaDavid Williams	<ul style="list-style-type: none">Dr. Ronald ChapmanDr. Sandra AllisonSteve RaperDr. Helene SmithTerry CheckleyKirsten ThomsonDr. Margo Greenwood	

Public Minutes

1. Call to Order Public Session

The Public Board session was called to order at 11:12am

2. Opening Remarks

Chair Nyce acknowledged the attendance of members from the community and asked members of the Board and Executive to introduce themselves.

3. Conflict of Interest Declaration

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

- There were no conflict of interest declarations made related to the April 16, 2018 Public agenda.

4. Approval of Agenda

Moved by S Killam seconded by M Squires

The Northern Health Board approves the April 16, 2018 public agenda as presented

5. Approval of Previous Minutes

Moved by F Everitt seconded by R Landry

The Northern Health Board approves the February 19, 2018 public minutes as presented

6. Business Arising from Previous Minutes

There was no business arising from the February 19, 2018 minutes.

7. CEO Report

An overview of the CEO report was provided with additional information being provided on the following:

- Access to Primary Care in Terrace: throughout 2017/18, there has been a growing number of people who are unattached to a primary care practice. This has occurred as physicians and their families have chosen to leave the community of Terrace. Northern Health works in partnership with the primary care physician practices in the community to recruit physicians to both the practice they undertake within the hospital environment (Northern Health's responsibility) and to the private practice in the community (physician responsibility). Currently Northern Health is working in partnership to put in place strategies to address the significant and growing concern regarding physician recruitment and retention.
 - Dr. Jaco Fourie, North West Medical Director and Ciro Panessa, North West Chief Operating Office presented additional information on the partnership work underway which included details on the following:
 - Physician Recruitment: Future State
 - Physician Recruitment: Current State
 - Physician Recruitment: Efforts Underway
 - Changing Primary Care Landscape: Diverse Clinic Options
 - Upcoming Physician Additions
 - The Board members asked the following questions seeking clarification from the presentation:
 - Does Northern Health have a role in operating Primary Care Practices?
 - Northern Health works in partnership with practices. The Primary Care Practices are a private business and receive fee for service funding directly from the Ministry of Health. It is in the best interest of Northern Health to work with physicians to recruit to their practices to ensure that the community is able to access comprehensive primary care.
 - Northern Health does not have oversight of the practices as that is the responsibility of the physicians who own the practice.
 - Northern Health works with physicians to recruit to the practice opportunities. It is important that the community leaders are engaged in the recruitment to the community in order to profile the community as a desirable place to live for the physician and their family.
 - How does the Division of Family Practice (DoFP) work with Northern Health and Primary Care Practices?
 - Management advised the Board that the DoFP provide support to primary care and work as strategic partners with physicians and Northern Health to recruit and retain in order to ensure access to primary care.
 - How does Northern Health and physicians communicate with the public?
 - Northern Health Communications is meeting with physician representatives from each practice and working on a coordinated and proactive communications plan.
 - The Board members expressed appreciation for the information presented and acknowledged the work that is continually underway to improve primary care.
- Capital Projects underway in the Terrace area
 - Several major capital projects were completed in the Terrace area this last year including:
 - An upgrade to the MMH phone system - \$350,000
 - An upgrade to the Terrace View Lodge nurse call system - \$461,000
 - Replacement of a MMH Boiler - \$341,000
 - In addition, approximately \$457,000 was invested in medical and patient care equipment at MMH, Terrace View Lodge and the community services interprofessional teams.

- The winners of the Dr. Charles Jago awards for 2018 were announced and recognized at the March Northern Health Leadership Forum, the winners are as follows:
 - Empathy: Dr. Amor Kloppers
 - Respect: Eryn Collins
 - Collaboration: ITS Custom Application Development/Reporting Team (including Claire Schultz, Erin Gable, Martin Stentrop, Mani Samani, Emery Berg, and Jim Condon)
 - Innovation: The Terrace Leadership Team (including: Chris Simms, Shirley Nichol, Brad Leier, Mitch Griffith, and Justin DeMedeiros)

7.1. Human Resources Report

An overview of the Human Resources report was provided for information as follows:

- Workplace Health & Safety Key Deliverables for 2017/18 include a focus on the following areas:
 - Provincial Violence Prevention Curriculum Delivery
 - Joint Occupational Health and Safety Committees
 - Safety/Survival Kits
 - Duty to Accommodate
- Workplace Health & Safety continues to work with the Infection Prevention and Control and Public Health departments to minimize the spread of influenza through immunization, education, and monitoring.
- Recruitment summary
 - To date in fiscal year 2017/18, Northern Health has posted 3037 positions, 76% have been filled by internal staff (existing regular and casual staff) and 8% have been filled 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 6% of approximately 3000 positions go to DTFV.
- Difficult-to-Fill Vacancies
 - Northern Health recruitment continues to focus on a variety of strategies to address DTFV. There has been a focus on profession based strategies including Nurse Practitioners, Nursing, Physiotherapy and Speech Language Pathologists.

8. Audit and Finance Committee

8.1. Period 12 Comments and Financial Statement

- Year to date Period 12, Northern Health's (NH) expenses exceeded revenues by \$478,000. On base operations, revenues are favourable to budget by \$2.3 million or 0.3% and expenses are unfavourable to budget by \$2.8 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. At this time, Northern Health is forecasting to be in a balanced position on base operations at yearend.

Moved by B Sander seconded by E Stanford

The Northern Health Board receives the 2017-18 Period 12 financial update as presented.

8.2. Period 12 Major Capital Expenditure Plan update

- The Northern Health Board approved the 2017-18 capital expenditure plan in February 2017, with amendments in July and December 2017, and January 2018. 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%).

- \$26.5 M has been spent towards execution of the plan year-to-date Period 12 (February 22, 2018).

Moved by B Sander seconded by S Killam

The Northern Health Board receives the 2017-18 Period 12 capital expenditure plan update, as presented.

9. Performance, Planning & Priorities Committee

9.1. Strategic Priority: Coordinated and Accessible Services

9.1.1. Northern First Nations Health and Wellness Plan

- Indigenous Health continues to support departments within NH and collaborate with the First Nations Health Authority, northern First Nations and other Indigenous groups. Several examples of partnership initiatives and activities were presented in the briefing note.
- Detailed information was provided on the following initiatives and activities:
 - Implementation of the Northern First Nations Health and Wellness Plan
 - Joint Project Board (JPB) Initiatives
 - Northern Health/First Nations Health Authority – Partnered Activities
 - Aboriginal Health Improvement Committees (AHICs)
 - Cultural Safety
 - Resource and Website Development
 - Evaluation

9.2. Strategic Priority: Quality

9.2.1. Annual Review – Integrated Ethics Framework

- In October 2014, the Integrated Ethics Framework (“the Framework”) was formally adopted by Northern Health. The Framework outlines the Northern Health integrated ethics approach to addressing ethical concerns, conflicts of interest and decision-making by providing an overview of:
 - The NH Standards of Conduct
 - Guidelines, policies, principles, resources and value statements that direct ethical behaviour and decision-making.
- The Framework highlights three ethical domains: Clinical Ethics/Bioethics, Organizational & Business Ethics, and Research Ethics. It also addresses the Accreditation Canada priority placed on Ethics as it relates to Governance.

10. Presentation: Specialized Mental Health and Substance Use Services: Improvements in the Terrace and Kitimat corridor that are supporting the whole North West

Presenters included the following members from the North West leadership Team:

- Clare Cooper, Director, Specialized Services, NW Integrated Health Services
- Jennifer Hass, Team Lead Intensive Case Management Team
- Briana Emery, Team Lead Inpatient Psychiatry
- Ingrid Overbeek, Team Leader for Birchwood and Seven Sisters
- Nick Rempel, Manager, Specialized Mental Health and Addiction Services, North West

The Board expressed appreciation to the guests for taking the time to present the information to them.

11. Governance and Management Relations Committee

11.1. Policy Manual BRD 100 Series

- The revised policy manual BRD 100 Series was presented to the Board for review and approval.

Moved by F Everitt seconded by R Landry

The Northern Health Board of Directors approves the revised BRD 100 series

11.2. Policy BRD 210 – Code of Conduct and Conflict of Interest Guidelines for Directors

- The directors were provided a copy of the Code of Conduct for their review and signature. Completed forms to be returned to Desa Chipman.

Moved by R Landry seconded by S Killam

The Northern Health Board of Directors approves the revised BRD 210 Policy.

11.3. Overview of Research Partnerships

- Northern Health's (NH) strategic plan commits us to *engage in research, education and quality improvement partnerships with academic organizations to create a learning environment throughout NH*. A critical success factor to achieve a culture of quality improvement and safety in NH is that we will *partner to continue to align research, education/training and service delivery*.
- Northern Health (NH) supports research activity and the use of research findings for innovation and evidence-informed practice. We use knowledge generated from research, evaluation and quality improvement to improve the quality and safety of services we provide and as a vehicle for innovation in our region to provide exceptional health services for Northerners.
- The briefing note provided detailed information to update the Board on the following key research activities:
 - Research in Northern Health – presentation of 2017 Research Review Committee Annual Report
 - Research Partnerships – overview

11.4. Designation of Medical School Officer for NE

- The School Act requires the Northern Health Board of Directors to designate a School Medical Officer for each school district within its region:
- Dr. Jong Kim is nominated to fulfill the role of School Medical Officer for the North East Health Service Delivery Area

Moved by S Killam seconded by M Squires

The Northern Health Board designates Dr. Jong Kim as the school medical officer for the school districts as described in the table provided.

11.5. Regulatory Framework – Legislative Compliance – Residential Tenancy Act

- The *Residential Tenancy Act* describes both the duties and rights of landlords and tenants engaged in rental, tenancy and lease agreements. It includes provisions on how to create tenancy agreements, as well as requirements and prohibitions on certain provisions, such as security deposits, rent increases, and short term/fixed term rentals.

- Northern Health is engaged as a landlord with respect to a number of seniors' housing facilities in Prince George; in these tenancy agreements, Northern Health bears the responsibilities laid out in the Act, as the service is not a health care service, unlike placement agreements in long term care or assisted living facilities, which are covered under the *Community Care and Assisted Living Act*, or the *Hospital Act*.
- Northern Health employs a Seniors Housing Coordinator who manages all tenancy agreements; she is very familiar with the requirements of the Act, and ensures that Northern Health meets its obligations as a landlord.
- Northern Health is compliant with the requirements of the Act; there are no outstanding obligations or compliance issues.

Meeting was adjourned at 1:06pm
Moved by M Squires seconder R Landry

Colleen v Nyce

Colleen Nyce, Chair

Desa Chipman

Desa Chipman, Recording Secretary