

Board Meeting

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| 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 SanderGaurav Parmar | |
| Regrets | <ul style="list-style-type: none">Brian Fehr | | |
| Executive: | <ul style="list-style-type: none">Cathy UlrichFraser BellTerry CheckleyMark De CroosDavid Williams | <ul style="list-style-type: none">Dr. Ronald ChapmanDr. Sandra AllisonDr. Helene SmithSteve RaperTerry CheckleyPenny Anguish | |

Public Minutes

1. Call to Order Public Session

The Open Board session was called to order at 12:46pm

2. Opening Remarks

Chair Nyce welcomed members of the public to the meeting and acknowledged that we were on the Traditional Territory of the Lheidli T'enneh. Chair Nyce outlined recent announcements made related to the approval to begin developing a business plan for the replacement of the Stuart Lake Hospital and Health Centre in Fort St James and the implementation of an Urgent Primary Care service in Quesnel.

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 October 16, 2018 Public agenda.

4. Approval of Agenda

Moved by G Parmar seconded by F Everitt

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

5. Approval of Previous Minutes

Moved by S Killam seconded by M Squires

The Northern Health Board approves the June 12, 2018 public minutes as presented

6. Business Arising from Previous Minutes

There was no business arising from the June 12, 2018 minutes

7. CEO Report

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

- The 2018 wildfire season had an impact on the Northern region. The most significant impacts occurred in the Stikine area and the Omineca area for both staff and patients. Throughout this emergency situation, there was extensive collaboration between Health Emergency Management BC, First Nations Health Authority, BC Ambulance Services, local government, and Northern Health as people were evacuated away from their homes to neighbouring communities. Northern Health expressed gratitude to the staff, managers, and physicians involved in the wildfire response.
- Earlier in 2018, Northern Health shifted the eligibility criteria for the Northern Health Connections bus service to include people over the age of 60. In the first three months since this change has been implemented, there has been a noticeable increase in the ridership.
- The Northern Health website has been renewed, implemented and is functioning well. Northern Health has been receiving position feedback on the changes that were included in this website version.
- UNBC and Northern Health have partnered to undertake a 4-month research study at Gateway Lodge. As of September 2018, two UNBC students are living in Gateway Assisted Living for the semester. The students receive rent free accommodation and in turn provide 10 hours a week of their time to spend with residents doing social activities.
- Northern Health recognized Dr. Catherine Textor who received the Clinical Award for Excellence in Community Practice Teaching and Dr. Nadine Caron who received the Distinguished Achievement Award which recognizes meritorious performance for service to the University and Community. These awards are presented by the Faculty of Medicine each year to recognize faculty and staff members for excellence in teaching, research, administration, innovation and public service.

7.1. Human Resources Report

The Human Resources Report focuses on Workplace Health & Safety which consists of the following programs:

- Disability management which provides support and guidance to help injured or ill employees recover and participate in return-to-work activities as soon as medically possible.
- Health, Safety and Prevention works with organizational leaders and external partners to build an occupational health and safety management system that controls hazards and prevents workplace incidents and illness.
- Workplace Health and Safety continues to focus efforts on supporting a safe and healthy workplace, including:
 - Integrating disability management best practices into business operations
 - Reducing occurrence and impact of occupational injury events
 - Sustaining and implementing strategies for reducing long-term disability claims
 - Creating action plans for assisting employees struggling at work to enhance uptake of early intervention participation.

- Enhancing the occupational health and safety incident reporting and investigation process through awareness and education campaign, and introduction of incident notifications to site Joint Occupational Health and Safety Committees
- Strengthening understanding of occupational health and safety rights and responsibilities and the actions all workers can take to decrease hazards in the workplace
- Decreasing risk of violence via education, training, assessments and tools.
- To date in fiscal year 2018/19, Northern Health has posted 1972 positions, 69% have been filled by internal staff (existing regular and casual staff) and 7% have been filled externally. Positions that remain unfilled for more than 90 days become difficult-to-fill vacancies. On average, 10% of approximately 3000 positions become difficult-to-fill.

8. Audit and Finance Committee

8.1. Reappointment of External Auditor FY2018-19

- Board approval is required for the reappointment of Northern Health's external auditor to perform NH's financial statement audit for fiscal year ending March 31, 2019, representing Year Two of a five-year term of engagement.
- At its meeting of September 27, 2018 the Audit and Finance Committee endorsed a recommendation for this reappointment.
- The Year One audit of the 2017-18 financial statements was completed in accordance with the audit plan as presented to the Audit & Finance Committee in January 2018. PwC met all key milestones and deliverables.

Moved by B Sander seconded by E Stanford

The Northern Health Board approves the reappointment of PricewaterhouseCoopers LLP as external auditor to Northern Health for the fiscal year ending March 31, 2019, representing Year Two of a five-year term of engagement.

8.2. Period 5 Financial Statements

- Year to date Period 5, Northern Health's (NH) has a net operating surplus of \$102,000.
- Revenues are favourable to budget by \$2.0 million or 0.6% and expenses are unfavourable to budget by \$1.9 million or 0.6%. Budget overage in Acute Care is primarily due to higher than expected patient volumes in a number of acute care facilities. Budget surplus in Community Care and Corporate is primarily due to vacant positions.
- At this time, Northern Health is forecasting to be in a balanced position on base operations at year end.

Moved by B Sander seconded by S Killam

The Northern Health Board receives the 2018-19 Period 5 financial update as presented.

8.3. Period 5 Capital Expenditure Plan update

- The Northern Health Board approved the 2018-19 capital expenditure plan in February 2018, and an amendment in June 2018. The updated plan approves total expenditures of \$49.4M, with funding support from the Ministry of Health (\$18.5M,

37%), Six Regional Hospital Districts (\$16.5M, 33%), Foundations, Auxiliaries and Other Entities (\$4.6M, 9%), and Northern Health (\$9.8M, 20%).

- Year to date Period 5 (August 23, 2018), \$12.0M has been spent towards the execution of the plan. The details of the execution were outlined in the attached briefing note.

Moved by B Sander seconded by M Squires

The Northern Health Board receives the Period 5 update on the 2018-19 Capital Expenditure Plan.

8.4. Northern Haida Gwaii Hospital (Masset) – Biomass Heating System Contract

- Northwest Clean Heat (NCH) has approached Northern Health with a proposal aimed at reducing our carbon footprint in the form of a stand-alone biomass heating system at the Northern Haida Gwaii Hospital and Health Centre facility (NHGHHC).
- An update on the project, specific details regarding the business case (including risk assessment and identifying how the partners will manage NH's energy related infrastructure) and contract development required to proceed with the project was outlined in the briefing note.
- NH has minimal financial exposure and commitment for the project with the capital investment limited to transfer of BC Hydro Grant Funds, with limited operational requirements. The benefits for undertaking the program are reduced greenhouse gas usage, operational savings in heating costs, public relations benefits in reducing carbon footprint and, perhaps most importantly, the opportunity to undertake a biomass plant operation with minimal risk.

Moved by B Sander seconded by F Everitt

The Northern Health Board supports Northern Health finalizing the agreement with Northwest Clean Heat and BC Hydro and proceed to final design and implementation of the biomass heating project at the Northern Haida Gwaii Hospital and Health Centre (Masset).

9. Performance, Planning & Priorities Committee

9.1. Strategic Priority: Quality

9.1.1. Innovation and Development Commons

- Northern Health offers an in-house quality improvement training program that began with the development of an Introductory-level quality improvement (QI) workshop in 2012 and has expanded to include training specific to Lean in Healthcare, physician-focused QI training, and an intermediate-level QI course.
- External QI training is also encouraged, such as the BC Patient Safety & Quality Council's Quality Academy and Clinician Quality Academy, advanced Lean training through the Leading Edge Group, and courses through the Institute for Healthcare Improvement's Open School.
- A comprehensive evaluation of the quality improvement training program (2012-2017) is underway with results expected in October 2018.

10. Governance and Management Relations Committee

10.1. Policy Manual BRD 300 Series

- The revised policy manual BRD 300 Series was presented to the Board for review and approval.

Moved by G Parmar seconded by S Killam

The Northern Health Board of Directors approves the revised BRD 300 series

10.2. Annual Review of Enduring Motions

- Enduring motions are motions that remain in force until the Board passes a new motion to rescind or change the old motion. Enduring motions are different from transactional motions such as the approval of minutes, a report, or even more substantive issues such as approval of the annual budget. Transactional motions are intended to conclude a matter with no expectation that the motion will have to be revisited.
- Upon review, two enduring motions require revision. All other Enduring Motions still in force as at September 18, 2018 have been reviewed with the respective Executive Leads. A summary providing an outline of the Enduring Motions was included in the package.

The Northern Health Board of Directors recommends that the following suggested amendments be approved:

The 2009 approved motion be revised as follows:

Moved by G Parmar seconded by R Landry

The Northern Health Board delegates the authority to designate Environmental Health Officers under Section 78 of the Public Health Act to both the Regional Director for Health Protection & Disease Prevention and the Chief Medical Health Officer.

Moved by G Parmar seconded by R Landry

The current four School Medical Officer motions on file be rescinded and replaced with the following:

The Northern Health Board approves the appointment of Drs. Sandra Allison, Andrew Gray, Raina Fumerton, and Jong Kim as School Medical Officers pursuant to section 89(1) of the School Act, RSBC 1996, c 412, for the school districts within the geography of Northern Health.

10.3. Heart Health Community Consultations

- An update on the Northern Health-wide community consultation on heart health was provided to the Board for information and discussion.
- The Heart Health Community Consultations began on September 17 and will end on November 15, 2018. Seventeen communities across Northern Health, including small, medium, and large centers, will host public meetings and focus groups in order:
 1. To provide residents of Northern BC with information about heart health and cardiac services across the continuum of care – from prevention through treatment.

2. To engage residents of Northern BC in discussions about heart health and cardiac care to learn about their priorities, what works well, and where there are barriers and opportunities for improvement.
 3. To record and report back on the heart health concerns, hopes, and ideas of participants.
- As in previous community consultations, the 2018 community consultation will commit to two-way communication in which participants and facilitators learn from each other. We anticipate that this approach will provide us with rich qualitative information about the multiple and interacting factors that influence cardiac care. A summary report, by community and region, will be completed by mid-January.
- 10.4. 2018 Wildfire Response
- Between August 1st and Sept 3rd. 2018 there was significant risk to communities due to the wildfires within the NH region resulting in the declaration of local/ provincial “State of Emergencies” (SOLE). The wildfire season resulted in hundreds of residents of rural, remote and First Nations’ communities evacuating to neighboring towns and villages.
 - NH’s involvement in the 2018 fire season was significantly different than in the 2017 Cariboo wildfires. NH’s participation last year was primarily supporting IHA by accepting evacuated patients. This year the NH health care service delivery was directly affected by the wildfires.
 - The NH senior leadership was tasked with two concurrent challenges: planning a “complete community/facility transfer” potentially from Dease Lake, Quesnel, Ft. St. James and Burns Lake while preparing NH facilities to receive evacuees (Prince George, Vanderhoof, and Terrace). The NH evacuees included acute, residential, assisted living, homecare and those on mental health support. NH senior leadership responded to these challenges by creating a corporate Emergency Operations Center (EOC) to guide, coordinate and support several facility and regional command centers throughout the region.
 - Fortunately, only one NH site had to physically transfer patients to an alternate facility; as a result of an evacuation alert in the Village of Ft. St. James - a total of 14 NH patients were transferred to St. John’s hospital in Vanderhoof and returning them once the evacuation alert was rescinded.
 - NH is now in the preliminary stages of assessing the impacts of the 2018 wildfires on NH healthcare delivery system. Analysis of health care data, facility process reviews and a general After Action Review (AAR) are underway to understand the impacts as we enter into the recovery phase.

The meeting was adjourned at 1:50pm
Moved by S Killam



Colleen Nyce, Chair



Desa Chipman, Recording Secretary