

**Meeting of the Northern Health Board  
Public Meeting  
Monday – December 3, 2018**

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**Prince George Civic Centre Room 208  
(808 Canada Games Way)  
Prince George, BC**



**northern health**  
*the northern way of caring*

# AGENDA

**December 3, 2018**  
**Prince George Conference & Civic Centre**  
**Room 208**  
**Prince George, BC**

AGENDA ITEMS	Responsibility of...	Expected Outcome	Time (Approx.)	Page
<b>1. Call to Order of Open Board Session</b>	Chair Nyce		<b>1:15pm</b>	
<b>2. Opening Remarks</b>	Chair Nyce			-
<b>3. Conflict of Interest Declaration</b>	Chair Nyce	Discussion		-
<b>4. Approval of Agenda</b>	Chair Nyce	Motion		<b>1</b>
<b>5. Approval of Previous Minutes: October 16, 2018</b>	Chair Nyce	Motion		<b>3</b>
<b>6. Business Arising from Previous Minutes</b>	Chair Nyce			-
<b>7. CEO Report</b>	C Ulrich	Information		<b>9</b>
7.1 Human Resources Report	D Williams	Information		<b>13</b>
<b>8. Audit &amp; Finance Committee</b>	<b>B Sander</b>			
8.1 Period 7 Comments & Financial Statement	M De Croos	Motion		<b>21</b>
8.2 Period 7 Capital Expenditure Plan Update	M De Croos	Motion		<b>23</b>
<b>9. Performance, Planning &amp; Priorities Committee</b>	<b>S Killam</b>			
9.1 LNG Canada Export Terminal	Dr. S Allison	Information		<b>28</b>
<b>10. Presentation: Northern BioBank Initiative</b>		Information		<b>30</b>
<b>Presenter:</b> Dr. Nadine Caron, MD, MPH, FRCSC Associate Professor, UBC Northern Medical Program, Co-Director, UBC Centre for Excellence in Indigenous Health				
<b>11. Governance &amp; Management Relations Committee</b>	<b>G Parmar</b>			
11.1 Policy Manual BRD 400	C Ulrich	Motion		<b>32</b>
11.2 Review of Memorandum of Understanding between Northern Health & University of Northern British Columbia	F Bell	Information		<b>46</b>
11.3 Status of Locums Tenens Report	Dr. R Chapman	Information		<b>55</b>
<b>Adjourned</b>			<b>2:30pm</b>	

<b>Public Motions</b> <i>Meeting Date: December 3, 2018</i>				
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?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Approval of Agenda	The Northern Health Board approves the December 3, 2018 public agenda as presented		
5.	Approval of Minutes	The Northern Health Board approves the October 16, 2018 public minutes as presented.	<input type="checkbox"/>	<input type="checkbox"/>
8.1	Period 7 Comments & Financial Statement	The Northern Health Board receives the 2018-19 Period 7 financial update as presented.	<input type="checkbox"/>	<input type="checkbox"/>
8.2	Period 7 Capital Expenditure Plan Update	The Northern Health Board receives the Period 7 update on the 2018-19 Capital Expenditure Plan.	<input type="checkbox"/>	<input type="checkbox"/>
11.1	Board Policy Manual BRD 400 Series	The Northern Health Board approves the revised BRD 400 Series.	<input type="checkbox"/>	<input type="checkbox"/>

**Board Meeting**

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

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**Public Minutes**

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**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 1<sup>st</sup> and Sept 3<sup>rd</sup>. 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

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Colleen Nyce, Chair

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Desa Chipman, Recording  
Secretary

# CEO REPORT

<b>Meeting:</b>	Northern Health Board Meeting	<b>Date:</b>	November 23, 2018
<b>Agenda Item:</b>	CEO Report		
<b>Purpose:</b>	Information		
<b>Prepared by:</b>	Cathy Ulrich		

## Urgent Primary Care Centre

On October 10, 2018, the Honourable Adrian Dix, Minister of Health announced the development of an Urgent Primary Care Centre (UPCC) in Quesnel. This Centre is co-located with community health services in GR Baker Hospital and began delivering services to the community of Quesnel on October 31, 2018. The UPCC enables access to primary care and community services over extended hours and ensures that those who do not have access to a primary care physician or nurse practitioner are supported to receive immediate care and are ultimately attached to a primary care provider who can provide continuity of care. Since the Centre has opened, 94 patients have received services.



## Stuart Lake Hospital and Health Centre Redevelopment

On October 9, 2018, the Honourable Adrian Dix, Minister of Health announced the approval of the concept plan for the redevelopment of the Stuart Lake Hospital and Health Centre in Fort St James. This approval grants permission to Northern Health to begin the development of a Business Plan which will outline in more detail the replacement plans for this hospital and health centre. As a result of this announcement, Northern Health has begun the preparatory work for business planning.



### **Northern BC Research and Quality Conference**

On November 6-8, Northern Health, in collaboration with UNBC, BC Cancer Centre for the North, Physician Quality Improvement (a Specialist Services Committee Initiative), and the Innovation and Development Commons hosted the 2018 Northern BC Research and Quality Conference. Located in Prince George, the conference was attended by nearly 200 people including researchers, physicians, health authority staff, students, and patient partners.

Over the course of the three days, attendees were treated to Pecha Kucha presentations on A Shared Vision of Health in the North, a keynote presentation by Dr. Shimi Kang on Navigating Modern Day Realities: Stress and Adaptability, and a panel presentation on Exercise in Complex Chronic Disease. Attendees also had the opportunity to hear about local research and quality improvement work during the concurrent sessions.

This marked the first time that the Northern Health Quality Conference and IDC Research Days Conference were combined into one event. Preliminary feedback has been positive, and the planning committee will be proceeding with planning the next conference.



**Awards: BC Patient Safety & Quality Council Quality (BCPSQC):** Staff and physicians in the Northern Health region were recognized by the BCPSQC 2019 Quality Awards. Annually, a winner and runner-up is selected by the judging panel for seven categories while the final category is selected by the public. The Quality Awards celebrate people and projects that have improved the quality of health care in BC.

Awards will be presented to all winners at the BC Patient Safety & Quality Council's Quality Forum Health Talks event on February 26, 2019.

- Local Prince George Family Physician Dr. Garry Knoll will receive the Quality Award for Quality Culture Trailblazer. Dr. Knoll is the President, Board Chair, and Physician Lead of the Prince George Division of Family Practice as well as a Family Physician. Recognized for creating a culture of quality improvement where staff are empowered and encouraged to innovate, his colleagues praised his attitude and the way he engaged them in change.



- Northern Health’s IMAGINE Community Grants were recognized as the winner in the Staying Healthy category. Started in 2009, IMAGINE has awarded \$2.5 million to community organizations, Indigenous organizations, schools, municipalities, and other community partners to support projects that have helped prevent illness and injury and reduce health care costs.



The IMAGINE Community Grants support applicants like the Skidegate Youth Centre, who have used their grant for projects surrounding food security and connecting Indigenous youth to traditional hunting, gathering and food preparation practices.

**Award: Public Health Association of BC:** The Sharon Martin Community Development Award was created in November 1999 as a memorial to Sharon Martin, a visionary and staunch advocate for public and community health at national, provincial and community levels. The award recognizes a member or non-member of PHABC who has contributed significantly to community development by:

- Supporting community capacity
- Advocating for social justice
- Mentoring others in the promotion of the public’s health
- Promoting the involvement of community members in public health programs.

Northern Health is please to share that Shelly Crack, Dietician from the Northern Haida Gwaii Hospital & Health Centre was awarded the Sharon Martin Award for her considerable contributions to community development at the recent Public Health Association of BC conference, held November 15<sup>th</sup> and 16<sup>th</sup>, in Vancouver.

Shelly has been a champion of the local food movement on Haida Gwaii and has worked tirelessly for over a decade in investing in, and supporting, people and community capacity. Shelly cultivated school and community food environments that support local economy, while promoting healthy, local, and culturally appropriate foods. The “Local Food to School” program on Haida Gwaii is widely considered by many as an example of excellence for other schools and community partners to replicate. Shelly’s drive for social justice around food security and healthy eating in schools and communities is worthy of praise and acknowledgement.

### **Trauma Accreditation**

On October 21<sup>st</sup>-25<sup>th</sup>, 2018, Northern Health participated in the Accreditation Canada, Trauma Distinction Program. Over the 5 days, accreditors performed three on-site surveys at the University Hospital of Northern BC (UHNBC), GR Baker Memorial and Fort St. John Hospital as well as two video-conference surveys for Mills Memorial and Mackenzie District Hospitals. Interviews were conducted with Northern Health’s provincial partners, frontline staff, physicians, and site leadership teams involved in caring for the patient who has experienced a trauma.

The accreditors were impressed with the tremendous work and effort from all those involved in the trauma accreditation process and the demonstrated shared commitment to the continuous improvement of trauma care across our region. We are looking forward to the formal Accreditation Canada Trauma Distinction report in the weeks to come.

### **Prince George Recycling Project**

Through a collaborative partnership with UHNBC Physician Initiative Committee (UPIC), Capital Planning & Support Services, Prince George Support Services and Prince George Health Services at UHNBC, a Recycling Pilot Project is being introduced at UHNBC and Gateway Complex Care and Assisted Living. The pilot project is starting with mixed paper so as to test the capability/dependability of maintaining uncontaminated waste streams. The overall intention is to implement a comprehensive program inclusive of plastics. The places that are included in the pilot are:

- Gateway Lodge (Complex care and Assisted Living)
- Shipping and Receiving at UHNBC
- Learning Centre Library at UHNBC
- Mail room at UHNBC
- Doctors mail room at UHNBC
- 4<sup>th</sup> floor administration at UHNBC



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# HR REPORT

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<b>Meeting:</b>	Northern Health Board Meeting	Date:	December 2018
<b>Agenda Item:</b>	Human Resources Report		
<b>Purpose:</b>	Information		
<b>Prepared by:</b>	Recruitment & Retention		
<b>Reviewed by:</b>	David Williams, VP Human Resources Cathy Ulrich, CEO		

## Northern Health Staff Recruitment

Recruitment provides services and support that helps Northern Health's hiring managers recruit qualified health care professionals. Recruitment is led by the Regional Manager – Recruitment, and consists of four recruiters, a recruitment sourcing coordinator, and a recruitment assistant.

This report focuses on Recruitment's efforts in the following, and includes a posting summary.

- Nursing recruitment
- Multi-media recruitment strategies and brand awareness
- Difficult-to-fill vacancies
- Manager training updates
- General strategies

## Nursing Recruitment

Since April 2017, the number of registered nurses throughout Northern Health has remained fairly consistent; however, the demand for registered nurses has increased because additional positions were created for specialty training opportunities, vacation coverage, and relief-type positions.

To address the growing demand, the health authority is continuing traditional recruitment methods (career fairs, online sourcing, etc.) and working on the following proactive initiatives:

- **Advanced-hire positions** – These positions are created to hire candidates in advance of a vacancy arising with the expectation that there will be an upcoming vacancy.
- **Introductory Housing Program** – Northern Health is working with the BC Nurses Union (BCNU) on an Introductory Housing Program pilot. This program helps offset housing challenges in Northern communities by securing properties that can be temporarily rented by staff as they work to obtain permanent housing.
- **Travel Nurse Pool** – The purpose of the Travel Nurse Pool is to employ nurses who are located in Prince George on a unique rotation that will require them to work in communities outside of Prince George for 18-24 weeks per year. These nurses will also work at different worksites within Prince George when not working in rural and remote communities.
- **Northeast Nursing Baccalaureate Program** – Northern Health supported the University of Northern British Columbia (UNBC) application for a Northeast Nursing Baccalaureate Program. For several years, UNBC and Northern Health have been working together on a proposal for a nursing program in the Northeast part of the province (e.g., Fort St. John, Dawson Creek, and Fort Nelson). Northern Health has provided UNBC with information and support for the school's proposal to the Ministry of Advanced Education, Skills, and Training.
- **New Graduate Application Process** – To better reach and engage new-graduate nurses, Recruitment continues to implement the 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 for the pre-screen process. Applicant's applications are then moved to postings that match their skills, abilities, and community preference. In 2018, 135 candidates were pre-screened and 112 candidates were hired into Northern Health in 2018.
  - 67 in the Northern Interior
  - 24 in the Northwest
  - 21 in the Northeast

This process is highly effective and will continue to be used and further enhanced in 2019.

Since April 2017, Northern Health has recruited eleven additional Primary Care Nurses who work in interprofessional teams. As Northern Health continues to transition to a primary and community care model, where the interprofessional team is the main point of contact for people and their families to the health care system, these positions will be critical to care coordination and delivery. Demand for interprofessional team nurses is increasing and is expected to continue to increase into the future.

### **Enhanced media and NH brand awareness**

Recruitment is developing a comprehensive sourcing strategy that outlines our media strategy and raising brand awareness in a competitive candidate market. As this strategy takes shape, Recruitment is increasing its focus and presence in the digital realm. Social media metrics are being used to evaluate our digital work and will be an aspect of the sourcing strategy.

Recruitment and the Communications departments worked together to build a new, mobile-friendly [careers site](https://careers.northernhealth.ca) ([careers.northernhealth.ca](https://careers.northernhealth.ca)). The careers site will include profession and community-focused videos and photos, and improved community profiles. Recruitment is planning to have six employee testimonial-style videos completed each year. These videos will support our advertising and recruitment efforts. They will be complemented by photos taken at the video location and in surrounding areas. This fiscal year, Recruitment has completed videos in [Chetwynd](https://youtu.be/wAeUVS2qfwl) (<https://youtu.be/wAeUVS2qfwl>) and [Prince Rupert](https://youtu.be/h8ZdK0tD88) (<https://youtu.be/h8ZdK0tD88>).

Recruitment continues to use social media to connect with passive candidates:

- **LinkedIn** – LinkedIn is used to connect with candidates who are qualified but are not actively searching for a job. Recruiters send personalized messages (through LinkedIn’s messaging service) to these candidates, which increases our response rate. In October 2018, Northern Health actively recruited three people via LinkedIn.
- **Facebook** – Working with the Communications Department, Recruitment develops advertising campaigns that highlight communities and are targeted to specific candidate demographics and information.



## Difficult-to-fill vacancies

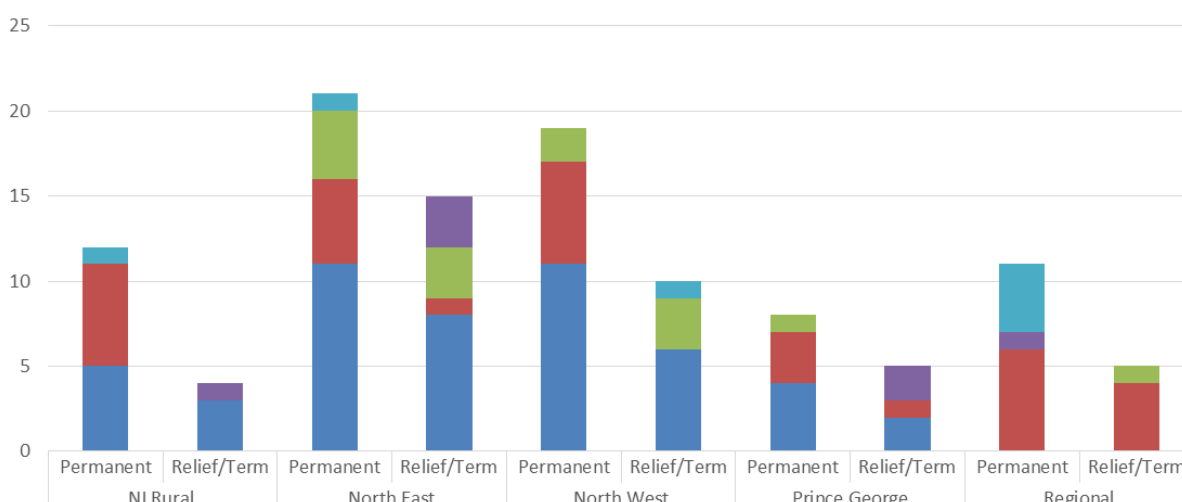
Recruitment is developing strategies to address difficult-to-fill positions. These positions are defined as postings that have been open for 90 days or more.

To address difficult-to-fill positions, Recruitment is meeting regularly with the Chief Operating Officers in each health service delivery area (the Northwest, Northern Interior, and the Northeast) to review the current postings and forecast their future needs.

Recruitment is monitoring the postings in order to identify those that have not attracted qualified candidates during the first 60-90 days that it's been posted (before it becomes "difficult-to-fill"). This allows Recruitment staff to work with the hiring manager to develop additional approaches to the recruitment process.

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

As at Nov 15, 2018



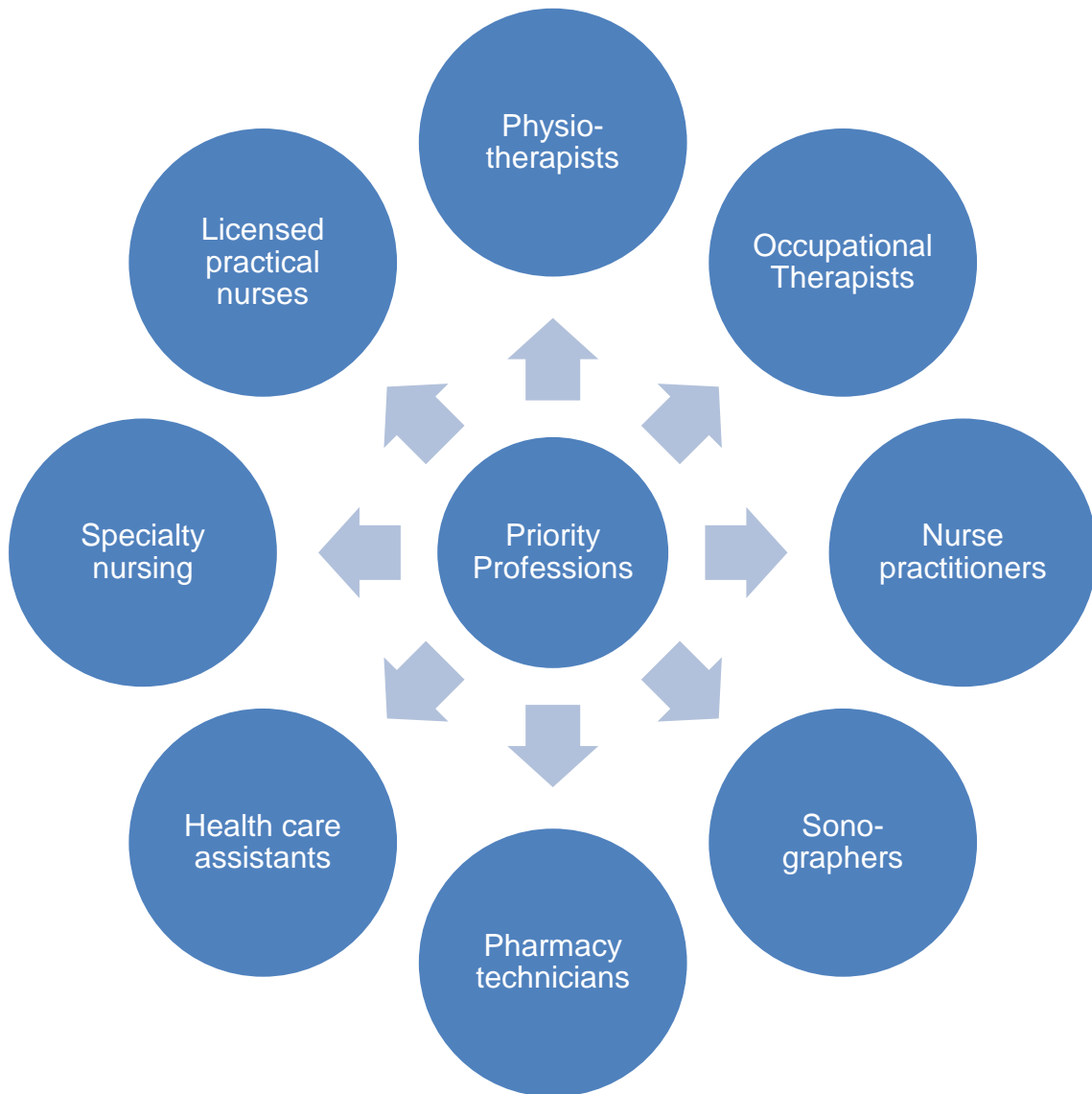
	NI Rural		North East		North West		Prince George		Regional	
	Permanent	Relief/Term	Permanent	Relief/Term	Permanent	Relief/Term	Permanent	Relief/Term	Permanent	Relief/Term
EXCLUDED	1		1			1			4	
COMMUNITY SUBSECTOR		1		3				2	1	
FACILITIES SUBSECTOR			4	3	2	3	1			1
HEALTH SCIENCE PROFESSIONALS	6		5	1	6		3	1	6	4
NURSES PROVINCIAL AGREEMENT	5	3	11	8	11	6	4	2		

Northern Health is developing profession-based recruitment strategies to address priority professions (Figure 1). Profession-based strategies will include:

- Providing an overview of our current workforce supply in comparison to current and forecasted demand of priority professions within the organization.
- Identifying workforce challenges and their operational impacts.

- Analysis of our current workforce, recruiting to our workforce, and identifying its educational needs.

**Figure 1:**



### **Manager training updates**

Recruitment is updating curriculum for the managers' training workshop around internal

and external recruitment. Recruitment has also developed an orientation workshop that introduces managers to the services that the recruitment team provides.

### General strategies

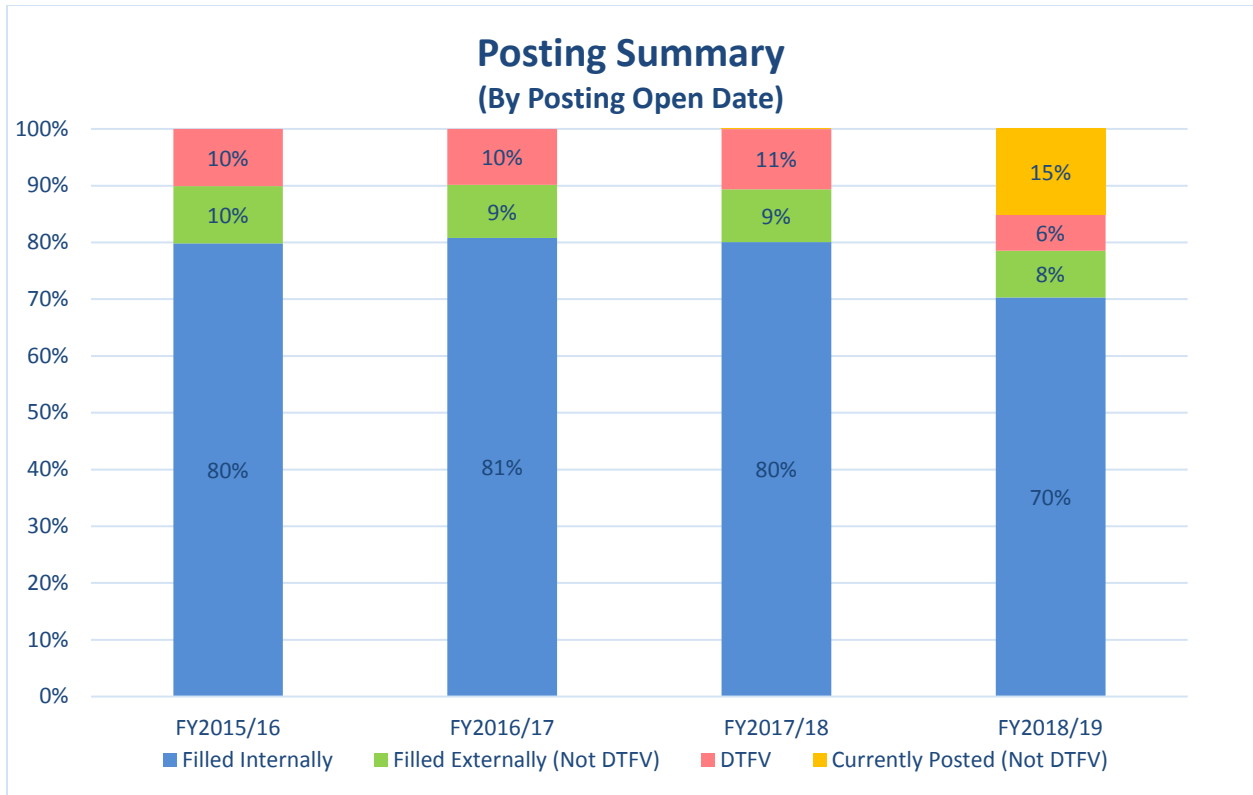
Northern Health's Human Resources department is working with the Planning, Quality, and Information Management department to develop a Human Resources Strategy that aligns with our 2016-2021 Strategic Plan. This work includes:

- Education and leadership development
- Redesigning current recruitment practices to address changing workforce demographics:
  - Standardized Onboarding Program
  - Relocation Reimbursement Program
  - Employee Referral Program
  - Exit interviews
  - Incorporating values-based questions into interviews
- Sourcing:
  - Improving our international candidate opportunities by partnering with HealthMatchBC
  - Attending career/conference events, targeting Northern Health's most difficult-to-fill professions

### Posting Summary

To date in fiscal year 2018/19, Northern Health has posted 2457 positions, 70% 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, 10% of approximately 3000 positions become 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 the internal posting process.



\*As of April 2018, nurse practitioner recruitment falls under the Physician Recruitment department and is excluded from Recruitment department stats.

# The Face of Northern Health

As at November 15, 2018

Summary of Employees by Status	Headcount	%	FTE
Active: Total	7,974	100%	4,832
Full-time	3,603	45%	
Part-time	1,824	23%	
Casual	2,547	32%	
Non-Active: Total	811	100%	642
Leave	436	54%	313
Long Term Disability (LTD)	375	46%	329

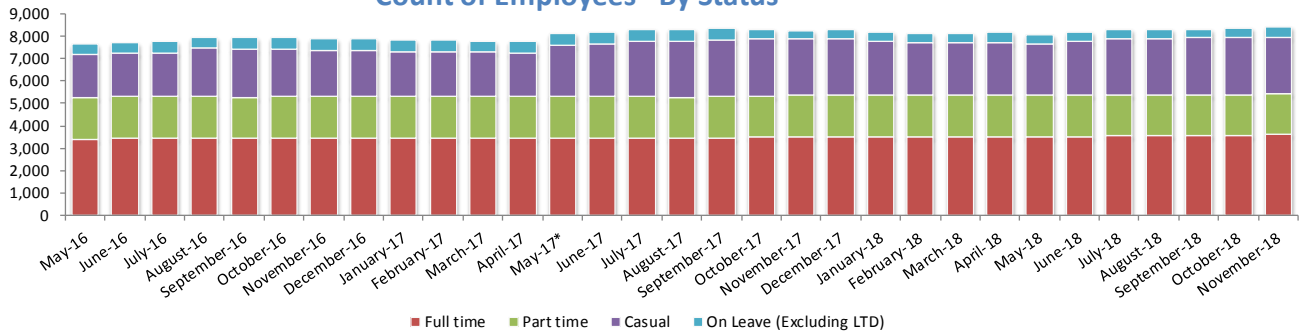
Active Employees by Region	Headcount	%
Active: Total	7,973	100%
North East	1,221	15%
North West	1,912	24%
Northern Interior: Prince George	2,482	31%
Northern Interior: Rural	1,144	14%
Regional	1,214	15%

Active Employees by Collective Agreement	Headcount	%
Active: Total	7,973	100%
Nurses	2,473	31%
Facilities	3,166	40%
Health Sciences	1,038	13%
Community	711	9%
Excluded	585	7%

Active Nursing	Headcount	%
Active: Total	2,473	100%
RN/RPN	1,891	76%
LPN	582	24%

Clinical vs. Support	Facilities	Community
Active: Total	3,166	711
Clinical	1,369	415
Non-Clinical	1,797	296

## Count of Employees - By Status



## BOARD BRIEFING NOTE

Date:	November 7, 2018	
Agenda item:	2018-19 Period 7 – Operating Budget Update	
Purpose:	<input checked="" type="checkbox"/> <b>Information</b>	<input type="checkbox"/> <b>Discussion</b>
	<input type="checkbox"/> <b>Seeking direction</b>	<input type="checkbox"/> <b>Decision</b>
Prepared for:	Board of Directors	
Prepared by:	Mark De Croos, VP Financial & Corporate Services/CFO	

### **October 18, 2018 (Period 5)**

Year to date Period 7, Northern Health (NH) has a net operating deficit of \$1,110,000

Revenues are favourable to budget by \$2.4 million or 0.5% and expenses are unfavourable to budget by \$3.5 million or 0.7%. Budget overage in Acute Care is primarily due to higher than expected patient volumes at a number of acute care facilities. Budget surplus in Community Care and Corporate is primarily due to vacant positions.

### **Forecast Yearend 2018-19**

At this time, Northern Health is forecasting to be in a balanced position on base operations at yearend.

### **Recommendation(s):**

The following motion is recommended:

The Northern Health Board receives the 2018-19 Period 7 financial update as presented.

**NORTHERN HEALTH**  
**Statement of Operations**

Year to date ending October 18, 2018 (Period 7)

*\$ thousand*

	<b>Annual Budget</b>	<b>YTD October 18, 2018 (Period 7)</b>			
		<b>Budget</b>	<b>Actual</b>	<b>Variance</b>	<b>%</b>
<b>REVENUE</b>					
Ministry of Health Contributions	645,529	348,786	348,182	(604)	-0.2%
Other revenues	229,450	122,848	125,856	3,008	2.4%
<b>TOTAL REVENUES</b>	<b>874,979</b>	<b>471,634</b>	<b>474,038</b>	<b>2,404</b>	<b>0.5%</b>
<b>EXPENSES (BY PROGRAM)</b>					
Acute Care	474,424	253,675	261,727	(8,052)	-3.2%
Community Care	212,708	115,384	110,926	4,458	3.9%
Long term care	119,683	65,347	66,228	(881)	-1.3%
Corporate	68,164	37,228	36,267	961	2.6%
<b>TOTAL EXPENSES</b>	<b>874,979</b>	<b>471,634</b>	<b>475,148</b>	<b>(3,514)</b>	<b>-0.7%</b>
<b>Net operating surplus before extraordinary items</b>		-	<b>(1,110)</b>		
Cost of wildfire response		-	153		
Less anticipated supplemental funding from Ministry of Health		-	(153)		
<b>Net extraordinary items</b>		-	-		
<b>Net operating deficit</b>	<b>-</b>	<b>-</b>	<b>(1,110)</b>		

## BOARD BRIEFING NOTE

Date:	November 14, 2018	
Agenda item:	Capital Public Note	
Purpose:	<input checked="" type="checkbox"/> <b>Information</b>	<input type="checkbox"/> <b>Discussion</b>
	<input type="checkbox"/> <b>Seeking direction</b>	<input type="checkbox"/> <b>Decision</b>
Prepared for:	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 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 7 (October 18, 2018), \$18.2M has been spent towards the execution of the plan as summarized below:

<i>\$ million</i>	<u>YTD</u>	<u>Plan</u>
Major Capital Projects (> \$5.0M)	1.3	-
Major Capital Projects (< \$5.0M)	6.0	22.4
Major Capital Equipment (> \$100,000)	2.2	7.4
Equipment & Projects (< \$100,000)	4.2	8.0
Information Technology	4.4	11.5
	<u>18.2</u>	<u>49.4</u>



Significant capital projects currently underway and/or completed in 2018-19 are as follows:

**Northern Interior Service Delivery Area (NI-HSDA)**

Community	Project	Project \$M	Status	Funding partner (note 1)
Prince George	Parkwood Reverse Osmosis	\$0.56	Planning	MOH
Prince George	Phoenix Outpatient Lab Renovation	\$0.42	Construction In Progress	FFGRHD, MOH
Prince George	UHNBC C-Arm	\$0.28	Ordered	FFGRHD, MOH
Prince George	UHNBC Hematology Autoimmune	\$0.13	Received	FFGRHD, MOH
Prince George	UHNBC Microbiology Blood Culture Analyzer	\$0.15	Ordered	FFGRHD, MOH
Prince George	UHNBC Microbiology Vitek 2XL	\$0.16	Planning	FFGRHD, MOH
Prince George	UHNBC Tomosynthesis	\$0.19	Ordered	Spirit of the North Healthcare Foundation
Prince George	Jubilee Lodge/UHNBC Rehab Nurse Call System	\$0.32	Construction In Progress	FFGRHD, MOH, NH
Prince George	UHNBC Domestic Hot Water Upgrades	\$1.03	Construction In Progress	FFGRHD, MOH
Prince George	UHNBC Electrical Supply Upgrade	\$4.50	In Operation	MOH, FFGRHD, NH
Prince George	UHNBC Inpatient Bed Capacity Project	\$8.00	Construction In Progress	MOH, FFGRHD, NH
Prince George	UHNBC Maternal OR	\$0.88	Construction In Progress	Spirit of the North, FFGRHD, NH
Prince George	UHNBC OR Video Towers	\$0.32	Planning	Spirit of the North Healthcare Foundation

Vanderhoof/Southside	Phone Systems	\$0.26	In Operation	SNRHD, NH
Burns Lake	The Pines Cafeteria Expansion	\$3.75	Construction In Progress	SNRHD, NH, MOH
Fraser Lake	FLC X-Ray	\$0.56	Planning	SNRHD, NH, MOH
Fort St. James	Primary Care Leasehold Improvement	\$2.00	Planning	SNRHD, NH
McBride	Ventilation System	\$1.43	Construction In Progress	FFGRHD, NH

**Northwest Health Service Delivery Area (NW-HSDA)**

Community	Project	Project \$M	Status	Funding partner (note 1)
Terrace	MMH C-Arm	\$0.22	Ordered	Dr. REM Lee Foundation
Terrace	MMH Portable X-Ray	\$0.21	Received	NWRHD, NH
Terrace	MMH Hospital Replacement Planning	\$3.50	In Progress	NWRHD
Hazelton	Wrinch Boiler Upgrade	\$0.30	In Progress	NWRHD, MOH
Atlin	Clinic Replacement	\$1.06	Planning	NH
Smithers	BVDH CT Suite	\$2.90	Planning	Bulkley Valley Healthcare and Hospital Foundation, NWRHD
Smithers	BVDH Digital Mammography	\$0.95	In Operation	MOH
Smithers	BVDH Radiology Room #1	\$0.90	Installation In Progress	NWRHD, NH
Kitimat	KGH Fire Alarm System Panel	\$0.29	Construction In Progress	NWRHD, NH
Kitimat	KGH General Radiographic Room	\$0.87	Ordered	NWRHD, MOH
Kitimat	KGH Phone System	\$0.33	Planning	NWRHD, NH

**Northeast Health Service Delivery Area (NE-HSDA)**

Community	Project	Project \$M	Status	Funding partner (note 1)
Chetwynd	Automated Medication Dispensing Cabinet	\$0.16	In Operation	MOH, PRRHD
Dawson Creek	Medical Device Reprocessing Renovation	\$2.08	Planning	PRRHD, NH, MOH
Dawson Creek	DCDH Hospital Redevelopment Planning	\$5.00	In Progress	PRRHD
Fort Nelson	Automated Medication Dispensing Cabinet	\$0.15	In Progress	NRRHD, NH
Fort St. John	Ultrasound	\$0.24	Ordered	Fort St. John Hospital Foundation, NH
Fort St. John	X-Ray Rad Rex Room #1	\$0.64	Ordered	PRRHD, NH, MOH
Fort St. John	Medical Clinic – 3 <sup>rd</sup> Pod Renovation	\$2.05	Planning	PRRHD, NH

**Regional Projects**

Community	Project	Project \$M	Status	Funding partner (note 1)
All	Health Link North: Cerner Upgrade	\$4.5	Work In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Community Health Record (Phase 3)	\$4.90	Work In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Clinical Interoperability	\$1.0	Work In Progress	NH
All	PACS and Cardiology Information System	\$3.39	Work In Progress	CCRHD, FFGRHD, NRRHD, NWRHD,

				PRRHD, SNRHD, NH
All	MySchedule Enhancements	\$0.16	Work In Progress	NH
All	MySchedule – Smart Leave, Annual Vacation	\$0.29	Work In Progress	NH
All	Secure Texting	\$0.79	Work In Progress	NH
All	Clinical Data Repository (CeDaR)	\$1.53	Planning	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 2018-19, it is forecasted that NH will spend \$9.8M 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

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Recommendation:

It is recommended that the Audit & Finance Committee recommend the following motion to the Board:

The Northern Health Board receives the Period 7 update on the 2018-19 Capital Expenditure Plan.

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## BOARD BRIEFING NOTE

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Date:	<b>December 3, 2018</b>	
Agenda item	<b>Update on LNG Canada Export Terminal</b>	
Purpose:	<input checked="" type="checkbox"/> <b>Information</b>	<input type="checkbox"/> <b>Discussion</b>
	<input type="checkbox"/> <b>Seeking direction</b>	<input type="checkbox"/> <b>Decision</b>
Prepared for:	<b>Northern Health Board of Directors</b>	
Prepared by:	<b>Jonathan Cooper, Health Service Administrator, Kitimat Barbara Oke, Regional Manager, Health and Resource Development</b>	
Reviewed by:	<b>Ciro Panessa, Chief Operating Officer, Northwest Dr. Sandra Allison, Chief Medical Health Officer</b>	

### **Issue:**

On October 1<sup>st</sup>, 2018, the LNG Canada Export Terminal (LNG Canada) in Kitimat, made a non-conditional positive Final Investment Decision to proceed. Construction of the project is anticipated to take approximately five (5) years and may see significant temporary workforce housed in Kitimat. Since 2014, Northern Health, has worked with the approval agencies and the LNG Canada joint venture partnership to manage impacts to health services and social health aspects of the project. Engagement with LNG Canada and these agencies is ongoing.

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### **Background:**

Northern Health, primarily supported by the Office of Health and Resource Development, has been engaged in various aspects of the LNG Canada project since 2014. Most of this work has occurred in support of the Provincial Environmental Assessment Process. On October 25, 2018, Northern Health met with LNG Canada and their prime contractor, JGC Fluor to further conversations related to Condition 14 (Community Services and Infrastructure) and Condition 15 (Health and Medical Services).

Some key information points and outcomes of that meeting are as follows:

### **Workforce Projections, Worker Lodging and Housing Pressures**

The vast majority of the hiring for the project will begin mid to late 2020 with workforce numbers staying stable at current levels for the next few months. Peak construction in 2022 is estimated to be approximately 4,500 workers. LNG will be following a hire local first policy. To try to manage impacts on the local housing market situation, LNG Canada will be providing public information to better inform job seekers about the anticipated workforce requirements and timing. They are also currently working with stakeholders to address concerns. As more refined workforce projection numbers are available, these will be shared with Northern Health.

### **Health Service Planning**

LNG Canada is committed to working collaboratively with Northern Health to manage and respond to the health service needs of their workforce. This is supported by an [Environmental Assessment Certificate Condition](#) and a number of [high-level health management plans](#) that have been developed by LNG Canada. Further engagement and consultation with Northern Health is being planned for 2019 as the details of the on-site health service delivery model are being further developed and refined.

### **Stakeholder Engagement and Communication Pathways**

Ongoing communication pathways were discussed and identified. This included ongoing regular engagement related to the on-site health service model, physician engagement, as well as quarterly multi-stakeholder meetings related to the [Community Level Infrastructure and Services Management Plan \(CLISMP\)](#). LNG correspondence to Northern Health will continue to be routed through the [resource.development@northernhealth.ca](mailto:resource.development@northernhealth.ca) inbox to allow for oversight and strategic engagement between the project and Northern Health.

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### **Recommendation(s):**

For information only

## BOARD BRIEFING NOTE

Date:	November 22, 2018	
Agenda item	Northern Biobank Initiative	
Purpose:	<input type="checkbox"/> Information	<input type="checkbox"/> Discussion
	<input type="checkbox"/> Seeking direction	<input checked="" type="checkbox"/> Decision
Prepared for:	Performance, Planning and Priorities Committee	
Prepared by:	Penny Anguish, Northern Interior Chief Operating Officer and Tanis Hampe, Regional Director, Quality & Innovation	
Reviewed by:	Cathy Ulrich, CEO	

### **Issue:**

High quality care depends on the results of clinical research that adequately reflects patient populations. Clinical research is primarily conducted through research hospitals in large urban areas and therefore the majority of individuals who participate in these studies are from metropolitan populations. This means that rural, northern and Indigenous populations have inequitable access to, and opportunity to participate in and benefit from, clinical research so are underrepresented in important studies.

As we strive to improve our role and support in clinical research, Northern Health has partnered in the “Northern Biobank Initiative” led by Dr. Nadine Caron. This research aims to establish a population-based biobank at the University Hospital of Northern BC (UHNBC) in which cancer tissue samples, and clinical data from northerners, are systematically stored and comprehensively annotated for use in future clinical research.

The purpose of this briefing note is to provide an overview and status update of the Northern Biobank Initiative.

### **Background:**

Researchers use biobanks to answer questions about diseases (prevention, screening, diagnosis, or treatment). Biobanks are common in BC (primarily the lower mainland and Victoria) and internationally and are typically housed in larger urban centers.

The Northern Biobank is a partnership of Northern Health, First Nations Health Authority, BC Cancer, Provincial Health Services Authority, Genome BC, UNBC, and the UBC Medical Program. Dr. Nadine Caron is the project leader. An internal Steering Committee was established to ensure on-going progress and is co-chaired by Fraser Bell and Penny Anguish with Tanis Hampe providing project support.

**Current Status:**

The project is currently in Phase 2 (see Table 1).

**Table 1: Phases of Development of the Northern Biobank Initiative**

<i>Initiating</i>		<i>Planning</i>		<i>Implementation and Execution</i>	
Phase I	Phase II	Phase III	Phase IV	Phase V	Phase VI
<ul style="list-style-type: none"> <li>• Business plan</li> <li>• Establish collaborations</li> <li>• Connect with Canadian Tissue Repository Network</li> <li>• Preliminary consultations</li> </ul>	<ul style="list-style-type: none"> <li>• Research Ethics Board approvals for retrospective biobank development</li> <li>• Consultations</li> <li>• Retrospective samples procured and assessed</li> <li>• Database development</li> <li>• Establish governance</li> <li>• Implementation and sustainability plan</li> </ul>	<ul style="list-style-type: none"> <li>• Prospective formalin-fixed paraffin-embedded (FFPE) cancer specimen collection at UHNBC (starting with breast, colon and thyroid; then expanding)</li> </ul>	<ul style="list-style-type: none"> <li>• Fresh tissue cancer sample collection (starting with breast, colon and thyroid; then expanding)</li> </ul>	<ul style="list-style-type: none"> <li>• Integration of other tissue types</li> </ul>	<ul style="list-style-type: none"> <li>• Expansion of sample collection throughout the NHA (starting with FFPE and expanding to fresh tissue)</li> </ul>

**Complete:** extensive consultations with First Nations communities in northern BC with a supportive resolution passed by Northern First Nations Chiefs.

**Underway:** establishing the framework and infrastructure for biobanking at UHNBC by creating a retrospective breast cancer biobank. The learning from this project will inform the decision about whether or not to proceed with a prospective northern biobank.

The retrospective biobank project involves identification, procurement, assessment, annotation and storage of biospecimens and the installation and customization of a biobank information system in NH that is consistent with the software used by other biobanks in BC.

The retrospective biobank will include approximately 1500 cases of breast cancer patients seen in Terrace, Prince George and Fort St. John between 2004 and 2014. Cases have been identified and tissue samples retrieved from storage. To date over 1/3 of the samples have been reviewed by pathologists in Prince George and are ready for annotation and storage in the biobank.

The Steering Committee includes 1) operational leadership from UHNBC laboratory, finance, and diagnostic services; 2) regional support from research, information technology systems and communications and 3) members of the Northern Biobank research team. Significant learning about biobanking and the infrastructure required for clinical research more broadly in Northern Health is being gained through this project.

**Recommendation(s):**

For Information.

**Reference:** Caron, NR (2015). Northern Biobank Initiative: Phase 2. Application to Genome British Columbia User Partnership Program.



## PERFORMANCE EVALUATION PROCESS FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER V.1 BRD 400

### Introduction

The evaluation of the President & Chief Executive Officer (the “CEO”) is one of the most important responsibilities of the Board of Directors of Northern Health (the “Board”). The evaluation process provides a formal opportunity for the Board and CEO to have a constructive discussion regarding the performance of Northern Health and the CEO’s leadership of the organization.

Although the Board is involved in approving CEO objectives and reviewing the final evaluation, the Board works through the Governance and Management Relations Committee (the “Committee”) in implementing the evaluation process.

### Key Result Areas

The following constitute the key result areas against which the review takes place:

1. A written statement of the CEO’s personal goals for the year under review. These goals have been agreed to by the CEO and the Board at the beginning of the year under review.
2. Northern Health’s performance against the strategic, operating and capital plans
3. Board approved terms of reference for the CEO (BRD130)

### The Process

1. The GMR Committee is charged with leading and implementing the CEO evaluation in accordance with the timeline set forth below
2. At the beginning of the review period the GMR Committee reviews, and the Board approves, the CEO’s objectives
3. At the end of the review period the GMR Committee evaluates the CEO’s performance against the agreed upon objectives of the previous year and the strategic, operating and capital plans, and the Terms of Reference for the CEO (BRD130)
4. The evaluation process, at the discretion of the Board, may ~~be comprised of~~ include any or all of the following sections:
  - a. Board Assessment

Author(s): Governance & Management Relations Committee  
Issuing Authority: Northern Health Board  
Date Issued (I), REVISED (R), reviewed (r): December 4, 2017 (R)

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- b. Senior Management Staff Assessment
  - c. Key External Stakeholder Assessment
  - d. CEO Self-Assessment
  - e. A full 360° assessment
5. The results are collated and are viewed in a Board-only session without the CEO in a discussion led by the Chair of the GMR Committee and the Board Chair. Agreement is sought on the feedback to be provided to the CEO.
  6. The Board Chair and GMR Committee Chair meet with the CEO to provide the CEO with the feedback from the evaluation process

Author(s): Governance & Management Relations Committee

Issuing Authority: Northern Health Board

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## Timing and Responsibilities

<b>Activity</b>	<b>Who</b>	<b>When</b>
a) The evaluation process and timeline for the current year is established by the Governance and Management Relations (GMR) Committee	- CEO - GMR Committee - Board	January GMR meeting and February Board meeting
b) CEO self-assessment	- CEO - GMR Committee - Board	March GMR meeting and April Board meeting
c) Board Chair and Chair GMR reviews results of self-assessment and 360 (if done) with CEO	- Board Chair - Chair GMR	Within 2 weeks after the April Board meeting
d) CEO goals and objectives	- CEO - GMR Committee - Board	May GMR meeting and June Board meeting

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**BOARD, COMMITTEE AND CHAIR EVALUATION PROCESS V1****BRD 410****POLICY**

The Board of Directors of Northern Health (the “Board”) annually assesses its own performance and the performance of:

- a) Individual Directors against the Terms of Reference for a Director (BRD140)
- b) Each of its committees against their respective terms of reference (BRD310, 320 & 330)
- c) The Board Chair against the Terms of Reference for the Board Chair (BRD120)

**GENERAL GUIDELINES**

1. Northern Health will establish processes and procedures to conduct an assessment of the Board, individual Directors, Board committees and the Board Chair that are consistent with the *Governance and Disclosure Guidelines for Governing Boards of British Columbia – Public Sector Organizations 2006*<sup>1</sup> and subsequent updates
2. The Governance and Management Relations Committee (the “GMR Committee”) is responsible for recommending to the Board the specific tools for, and approach to, the components of this assessment process
3. The Board review process, the committee review process, the individual Director review process and the Board Chair review process will normally be conducted in the spring of each year with the results completed and reported prior to, or in conjunction with, the annual strategic planning process usually held in the fall
4. The Board Review process shall generally follow a 4-year cycle:
  - a. Evaluation of the Board as a whole using a survey instrument
  - b. Peer-to-peer evaluation of individual Board member performance
  - c. Use of Accreditation Canada governance evaluation tools (in the year of an accreditation)

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<sup>1</sup> See <https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/services-policies-for-government/public-sector-management/cabro/best-practice-guidelines-for-board-appointees-bc.pdf>

<http://www.brdo.gov.bc.ca/governance/corporateguidelines.pdf>

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- d. Board Chair interviews with each Director and summary report to the full Board
5. Consolidation of evaluations and assessments, and relevant report preparation is the responsibility of the Chair of the GMR Committee with support from the Corporate Secretary
6. The results of the Board assessment will be reviewed with the Board Chair and reported to the Board at a Board-only session
7. The results of the individual Director assessment will be provided to the Board Chair who will discuss the results with each Director individually
8. The results of the Board Chair assessment<sup>2</sup> will be discussed with the Chair of the GMR Committee and the Board Chair, and will be shared with the Board at a Board-only session
9. The results of the committee assessments<sup>3</sup> will be discussed with the Board Chair and the Chair of the each Board Committee, and will be shared with the committee members
10. Should an opportunity to modify performance arise, the issues will be identified, agreed on and committed to in writing, and shall comprise a component of the relevant final assessment report

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<sup>2</sup> The Board Chair is evaluated as a component of the Board evaluation and the Accreditation Governance Functioning Tool

<sup>3</sup> Committees are evaluated as a component of the Board evaluation and the Accreditation Governance Functioning Tool

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**STRATEGIC PLANNING PROCESS V1****BRD 420****POLICY**

The Board of Directors of Northern Health (the “Board”) will provide strategic direction to the organization for the annual business planning cycle through a collaborative process with senior management

**PROCEDURE**

1. The annual strategic planning session is a dedicated 1 to 2 day session normally scheduled in October or November. Participation will include Directors of the Board of Northern Health, the President and Chief Executive Officer (the “CEO”) and other members of senior management as determined by the CEO with the Board Chair’s agreement. In addition, special guests, either internal or external to Northern Health, may be invited to a portion of the meeting to contribute to discussions for specific subject matter input. A facilitator may lead the discussion to allow Board members and management to participate fully in the deliberations.
2. Management will prepare background material for the planning process which may include but is not limited to:
  - an environmental scan that outlines the Ministry of Health’s priorities for the BC health system, and the economic, political, social, labour and other relevant issues that could impact the delivery of quality health care to the region
  - a summary of outcomes and issues from community consultations
  - other government directives
  - mid-year progress against current Strategic Plan in terms of financial results and progress against agreed objectives
  - other relevant material that reflects the assumptions, risks, opportunities and strategic options for consideration
  - an annual risk management assessment
3. The Board may align the strategic planning session with the fall meeting of the northern Regional Hospital Districts (RHDs), when feasible, to enable the Board to meet with key municipal and RHD leaders, and receive their input
4. The primary outcomes from the annual strategic planning process will be to:
  - a. endorse or revise the Strategic Plan
  - b. review the governance structure in relation to the Strategic Plan

Author(s): Governance & Management Relations Committee

Issuing Authority: Northern Health Board

Date Issued (I), REVISED (R), reviewed (r): December 4, 2017 (R)

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- c. review the results of the annual Board evaluation<sup>1</sup>
  - d. set the annual direction for Northern Health
  - e. ensure that Northern Health's Strategic Plan and organizational priorities are derived from the priorities of Government and the Ministry of Health's priorities for the BC health system
  - f. provide the basis for the development of the annual capital and operating plans.
5. Following the annual strategic planning session, management will prepare the capital and operating plans, including budgets, for the next fiscal year
  6. The CEO and Board Chair will liaise during the development of the capital and operating plans to ensure alignment between the Board and management and to facilitate timely communication with the Ministry of Health and other government officials
  7. The capital and operating plans for the next fiscal year will normally be presented for approval at the April meeting of the Board

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<sup>1</sup> See BRD410: General Guidelines #3

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**BOARD SUCCESSION PLANNING AND RENEWAL PROCESS V1****BRD 430****INTRODUCTION**

The Board of Directors of Northern Health (the “Board”) is responsible for ensuring the effective delivery of health care across northern British Columbia. The value of the Board, in meeting its mandate, comes from the knowledge of the Directors, their cohesion as a group, their relationship with the President and Chief Executive Officer (the “CEO”), and their commitment to improving health outcomes for the people of northern British Columbia.

Directors contribute their professional knowledge and governance experience to policy formation, decision-making and oversight of Northern Health. To ensure continuity and to provide for long-term renewal, the Board requires Directors who have the ability and willingness to govern, and are prepared to:

1. Contribute their judgment
2. Invest the level of time and effort required
3. Personally commit to Northern Health’s Mission, Vision and Values

While the authority of appointment rests with the Minister of Health, the Governance and Management Relations Committee (the “GMR Committee”) will work closely with the Government of British Columbia’s Crown Agencies and Board Resourcing Office (CABRO) to identify qualified candidates for recommendation to the Minister.

**OBJECTIVE OF BOARD SUCCESSION AND RENEWAL PLAN**

The objective of the Board Succession and Renewal Plan is to ensure that, collectively, the Directors have the knowledge and skills necessary to enhance the long-term performance of the organization.

The suitability of candidates for the Board is considered by examining a combination of many factors, including:

1. Personal attributes and traits
2. Community standing
3. Qualifications and expertise
4. Diversity of viewpoints

The process of recruiting Directors will be guided by a Board Selection Criteria Profile which sets out the general qualifications to be used in the identification of individual candidates as well as the key qualifications and core competencies required for the Board as a whole.

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## BOARD SELECTION CRITERIA PROFILE

### General Profile for Potential Directors

In the identification and evaluation of individual candidates, the following general profile will apply:

1. Personal Attributes
  - a. high ethical standards and integrity in professional and personal dealings
  - b. appreciation of responsibilities to the public
  - c. flexibility, responsiveness and willingness to consider change
  - d. ability and willingness to listen to others
  - e. capability for a wide perspective on issues
  - f. ability to work and contribute as a team member
  - g. willingness to act on and remain accountable for boardroom decisions
  - h. respectful of others
2. Informed Judgment and Independence
  - a. ability to provide wise, thoughtful counsel on a broad range of issues
  - b. ability and willingness to raise potentially controversial issues in a manner that encourages dialogue
  - c. constructive in expressing ideas and opinions
  - d. analytical problem-solving and decision-making skills
3. High Performance Standards
  - a. personal history of achievements that reflect high standards for themselves and others
4. Education and Experience
  - a. advanced formal education desirable but not mandatory
  - b. successful record of achievement in his or her chosen field of endeavour

### Key Qualifications and Core Competencies

To fulfill the Board's complex roles, the Board is strongest and most effective when key qualifications and core competencies are represented on the Board as a whole. In addition to the general profile requirements, each Director should contribute knowledge, experience and skills in at least one or two areas of expertise/critical competencies<sup>1</sup>:

1. Accounting/finance qualifications
2. Legal qualifications

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<sup>1</sup> Refer to the Competencies Matrix for a Governing Board maintained by the Corporate Secretary

3. Governance expertise \*\*<sup>2</sup>
4. Understanding of government structures and processes \*\*
5. Business management acumen
6. Knowledge of current and emerging health issues
7. Public sector knowledge
8. Labour relations and human resources
9. Financial literacy \*\*
10. Communications or public relations
11. Technology

### **Commitment and Capacity to Contribute**

In addition to possessing personal attributes and key qualifications required of a Board member, a Director is expected to:

1. Declare any conflict of interest \*\*
2. Commit the time that is required to fulfil his or her responsibilities
3. Attend all scheduled Board and committee meetings, attend occasional special meetings, and be adequately prepared for all meetings
4. Travel, as required, to participate in Board and committee meetings and to occasionally represent the Board at special events, particularly in the geographic area the Board member lives in (BRD610)
5. Ensure he or she acts in compliance with the Taxpayer Accountability Principles, Northern Health's Standards of Conduct Guidelines, and Board policy BRD210 - Code of Conduct and Conflict of Interest Guidelines for Directors
6. Bring the perspective of northern residents to the affairs of Northern Health
7. Perform his or her duties consistent with the overall mandate and policies of Northern Health and the Ministry of Health
8. Sign, for public posting, the Ministry of Health mandate letter each year in order to demonstrate support of the Taxpayer Accountability Principles

### **Identifying Vacancies and Sourcing Qualified Candidates**

1. The GMR Committee will identify the need for future appointments at least six months prior to the expiry of current Directors' terms of appointment. The Corporate Secretary will notify the CABRO of the anticipated requirements.

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<sup>2</sup> Items marked with a double asterisk \*\* are considered critical

2. A Director will be asked to continue to serve if, in the opinion of the Board Chair and in consultation with the Chair of the committee the Director serves on, the Director has performed satisfactorily during his or her term
3. Relevant factors in the consideration of satisfactory performance will be :
  - a. The appointee's contribution to the strategic goals and objectives of Northern Health
  - b. Participation in Board, committee work and other activities in support of the organization
4. If the person is prepared to continue as a Director the Corporate Secretary will notify the CABRO of the person's willingness to serve and the recommended duration of the re-appointment
5. When positions become vacant, the GMR Committee will develop a skills profile for the position consistent with the Board Selection Criteria Profile and the Competencies Matrix. In identifying the requirements, consideration will be given to the present membership of the Board and to the key qualifications which should be added or strengthened over time to maintain a Board which will meet the evolving needs of Northern Health. This objective will most likely be achieved by a body of Directors with an appreciation of the diverse needs and interests of the people of northern British Columbia and an understanding of the challenges of effective health care delivery in a vast and remote geographic area.
6. The GMR Committee will work with the CABRO to identify and review qualified candidates. Current Board members will be encouraged to identify potential candidates known to them through personal or community contacts. Candidates determined to have the required qualifications will be interviewed by the Board Chair and discussed with the GMR Committee. During the course of the interviews, the Board Chair will ensure that candidates have a clear understanding of the requirements of a Director and are prepared to make the necessary commitments of time, energy and expertise if appointed.
7. The GMR Committee will make its recommendations to the Board. Once the Board has approved the candidates to be nominated, the Corporate Secretary will forward its recommendations to the CABRO for consideration by the Minister of Health.
8. All recommendations to the Minister will be based on an objective assessment of the fit between the skills and qualifications of the prospective candidate or candidates and the needs of the organization. While care will be taken in identifying candidates who can effectively represent the regional, ethnic, age and gender diversity of northern British Columbia, the overriding principle is selection based on merit.

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9. To achieve a good balance between continuity of experience and injection of fresh perspectives to the Board, appointments to the Board should be staggered. Generally, appointments are not renewed beyond a maximum of six years.
10. Individuals who have been employed in the provincial health system during the past two years or individuals who are currently serving in an elected public office are not eligible as candidates for Board appointment, unless otherwise directed by the CABRO.

See also:

BRD140 – Terms of Reference - Director

BRD200 - Board Role and Governance Overview

BRD210 - Code of Conduct and Conflict of Interest Guidelines for Directors

Author(s): Governance & Management Relations Committee

Issuing Authority: Northern Health Board

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## **PRESIDENT & CHIEF EXECUTIVE OFFICER SUCCESSION PLANNING PROCESS V1**

**BRD 435**

### **INTRODUCTION**

The Board of Directors of Northern Health (the “Board”) has laid out a process for President and Chief Executive Officer (the “CEO”) succession planning, which assigns responsibility to the CEO for preparation of a succession plan. This plan is provided to the Governance & Management Relations Committee (the “GMR Committee”) for review; the responsibility for approval of the plan rests with the Board.

### **PROCESS**

There are three components to CEO succession and coverage planning:

**1. Vacation and other short term coverage.**

It is expected that there will be times when the CEO will be unavailable for short periods due to vacation or participation in events or conferences. During these occasions the CEO will ensure that appropriate executive level coverage is in place and communicated.

**2. Immediate coverage should the CEO become unavailable indefinitely or for an uncertain period.**

Should the CEO not be available, Northern Health will require interim leadership until a replacement can be found, or until the incumbent is able to return. During this time, the organization’s primary need is for stability of direction, stability of financial management, and effective communication between the Board, executive team, key external bodies, and the provincial government.

Upon notification that the CEO has become unavailable, the following actions occur:

- a. The Board Chair (the “Chair”) will convene a meeting to advise the Board of the situation and seek a decision by the Board that the succession plan should be implemented
- b. The Chair will consult with the Minister of Health and/or Deputy Minister regarding a proposed candidate for interim CEO
- c. The Chair will communicate to the interim CEO the need to assume acting duties for an interim period, and develop with the interim CEO an immediate communication to all staff and medical staff, Board members, and key external audiences identifying the appointment of an interim CEO

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The Board will normally designate an interim CEO from the Executive due to their familiarity and knowledge of Northern Health and of Board and Ministry of Health processes. The Chair, in consultation with the Board, will assess the needs and issues facing the organization and recommend an interim CEO to the Board who is best positioned to address these needs. The Board may choose to select an interim CEO external to the organization if circumstances are such that an external appointment will best serve the needs of Northern Health.

If the interim CEO is designated from the Executive, the Chair should provide the interim CEO with an opportunity to develop a plan to reassign their existing duties to ensure that the CEO duties will be assumed on a full time basis. Upon assignment of these duties, the Chair will confirm the appointment of the interim CEO. The interim CEO will exercise all authority resting in the CEO position subject only to such reporting and monitoring requirements as the Board may wish to adjust for the duration of the interim appointment.

### **3. Executive Search for a Permanent CEO**

When the Chair determines a permanent replacement for the CEO is required, the Chair will convene a meeting of the Board to establish a search committee and will normally assign to the Vice President - Human Resources the task of preparing recommendations for the search process for consideration by the Board. At this meeting consideration should be given to the likely duration of the acting assignment for the interim CEO and the approach to compensation that is warranted.

There is considerable depth of knowledge and skill on the executive team of Northern Health. A number of executive team members would potentially be capable of assuming the CEO position in Northern Health or elsewhere. The development of these senior leaders is a critical component of effective long term CEO succession planning.

Therefore, the CEO will identify those executive team members with the leadership attributes and competencies necessary to perform CEO level work. The CEO will work with these leaders to ensure that ongoing developmental and learning opportunities are made available. Annually, and in accordance with the GMR Committee work plan, the CEO will prepare a succession plan. The CEO will provide the Board, in a Board-only session, with a summary report outlining those executive team members who are demonstrating CEO level competencies and leadership attributes.

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## BOARD BRIEFING NOTE

Date:	December 3, 2018	
Agenda item	UNBC Memorandum of Understanding	
Purpose:	<input type="checkbox"/> Information	<input checked="" type="checkbox"/> Discussion
	<input type="checkbox"/> Seeking direction	<input type="checkbox"/> Decision
Prepared for:	Northern Health Board of Directors	
Prepared by:	Fraser Bell, VP Planning, Quality and Information Management	
Reviewed by:	Cathy Ulrich, CEO	

### **Issue:**

Northern Health has worked collaboratively with UNBC under a Memorandum of Understanding that dates back to 2010 (with a modest refresh in 2016). A new MOU has been developed and was signed at a formal event on November 1, 2018.

- On June 22, 2010 Northern Health established a Memorandum of Understanding (MOU) with the University of Northern British Columbia (UNBC) to bring organizational commitment and support to the strong interpersonal education/research relationships that have existed for many years
- The MOU committed to collaborative work toward alignment between education, research and health service delivery
- To enact the MOU an Executive Committee and Steering Committee were formed. Part of the MOU was an agreement to establish a supporting “Innovation and Development Commons” (IDC) – a physical and virtual one-stop-shop for information and support regarding innovation, knowledge translation and quality improvement
- At the time Northern Health committed \$2.5 million to support the work under the MOU. From time to time Northern Health has committed additional amounts toward specific initiatives/collaborations (e.g., AMCARE, Business Process Management, Data Centre)
- On December 7, 2016, Northern Health and UNBC renewed the MOU primarily to reflect a number of contextual changes that had come about since 2010

- The relationship under the previous and renewed MOUs has been very positive. Many successes have been realized and it is expected that this would continue
- In 2018 it was determined by stakeholders at both UNBC and NH that opportunity now exists for further mutual gain through a strengthened and even more comprehensive, action-oriented agreement
- A revised MOU (MOU #3) was developed in 2018 and was formally signed by the NH CEO and UNBC President on November 1, 2018
  - The signing took place November 1, 2018 from 1:00pm – 2:00pm on the UNBC campus
  - The event was Emceed by Geoff Payne, UNBC VP Research & Graduate Programs
  - Keynotes included Cathy Ulrich, CEO Northern Health, and Daniel Weeks, President UNBC
  - The MOU renewal was announced at the November 7, 2018 *Northern Research and Quality Conference*
- A copy of the final agreement is attached.

**Recommendation:**

For information.



## **Memorandum of Understanding**

**This agreement dated for reference the 1 day of November,  
2018 (effective date).**

**Between:**

**University of Northern British Columbia**

**-and-**

**Northern Health Authority (NH)**

**Preamble:**

UNBC and NH signed a facilitating MOU on June 22, 2010. The MOU was subsequently renewed on December 5, 2016. This MOU replaces those previous MOU's and builds upon these earlier commitments in recognition of past achievements and new contexts, opportunities and challenges. As always the MOU reflects a shared commitment to furthering knowledge about and developing the capacity for the advancement of the health of northern British Columbians through the integration of practice, education and research.

**Whereas:**

1. NH and UNBC have developed strategic plans outlining their vision, mission, values and strategic directions;
2. UNBC is committed to improving the quality of life in its region, the province and beyond, by attaining the highest standards of teaching, learning and research;
3. UNBC is committed to building partnerships in order to be innovative, resourceful, and responsive to student and community needs;
4. NH is committed to improving the health of people in the North;
5. NH is committed to working in partnership with organizations that will help further their mission;
6. UNBC and NH share co-terminus service areas, with the exception of Williams Lake and area;
7. UNBC and NH are committed to establishing and refining established structures and processes that enable creativity and innovation;
8. Both organizations recognize evidence, trends and strengthening provincial/national infrastructure that reflect the benefits of closer integration of practice, education and research;

9. Both organizations recognize evidence, trends and strengthening provincial/national infrastructure that reflects the benefits of deeper/richer involvement of people/patients, families and communities in prioritization and decision-making related to health and health service.

**Therefore**, the parties, UNBC and NH, agree to execute this Memorandum of Understanding to:

1. Renew the unique commitment between our organizations to work collaboratively to seek opportunities to further education, research and innovation for the purpose of improving the quality of life for people who live in the North;
2. Establish a basis upon which stakeholders from both organizations can further explore and realize opportunities to stimulate innovation and transformation in both organizations including those which will foster closer integration of health services and policy, health provider and professional education, and health research;
3. Recognize and establish a mechanism to reflect that true integration of practice, education and research involves stakeholders well beyond UNBC and NH. The MOU contemplates the potential that for some initiatives/instances:
  - a. UNBC and NH may need to engage partners beyond our two organizations but within the governance purview of this bipartite agreement
  - b. UNBC and NH may act to facilitate, establish and support relationships/activities that extend beyond the reasonable governance purview of this bipartite agreement
4. Recognize and establish a mechanism to build and work toward a system-wide approach toward involvement of northern people/patients, families and communities in health and health-service decision-making;
5. To capture and reflect a variety of elements expressed by the partnership to-date that will serve to further define its spirit, foci and mechanisms for prioritization and operationalization.

## **SECTION 1.0 – STATEMENT OF COMMON INTEREST**

1. UNBC and NH have a shared interest and commitment in furthering knowledge about and developing the capacity for advancement of healthy outcomes for northern British Columbians through integration of practice, education and research;
2. UNBC and NH have identified the following topical areas where health needs and service, research and education capacity align in northern British Columbia such that they may be considered as priority areas for developing knowledge and integrating knowledge into practice:
  - a. Primary and community care
  - b. Seniors health and well-being inclusive of frailty, home-based service provision, housing and dementia care

- c. Mental health and mental wellness
  - d. Healthy child development
  - e. Chronic disease prevention and management
  - f. Rural health services
    - i. Generalism and inter-professionalism
    - ii. Rural networks of clinical services (e.g., perinatal services, surgical services, critical care)
    - iii. Health human resources
    - iv. Connecting people to services (e.g., telehealth, transportation, etc.)
  - g. Industry/resource economy and the impact on the health of northern peoples;
3. UNBC and NH have a shared interest in creating an environment that is successful in recruiting and retaining skilled personnel;
  4. UNBC and NH have an interest in promoting our unique relationship to:
    - a. Share knowledge with other Northern and rural academic and service organizations focused on improving the health and well-being of northern and rural populations;
    - b. Engage other partners and stakeholders;
    - c. Build enthusiasm among relevant regulatory bodies and collaborators for
    - d. Proactively seek funding to support the capacity for innovation and partnered education, research and practice from traditional and non-traditional funding organizations.

## **SECTION 2.0 – PARTNERSHIP PRINCIPLES**

The principles of the partnership between UNBC and NH include:

1. A collaborative relationship between researchers, educators and knowledge users for the purposes of improving the quality of health services and improving health;
2. A “systems” view toward the involvement of people/patients, families and communities in health and health-service decision-making;
3. Mutual respect and acknowledgement of the skills and expertise each party brings to the partnership;
2. Open and transparent communication between the parties;
3. Attention to the needs and realities of northern British Columbia in the overall context of British Columbia;
4. Focus on building each organization’s capacity to be a competent partner in new knowledge development and in knowledge translation endeavours;
5. Strong foundations of research, education/training and health service capacity in the North for the North;
6. Attention to issues associated with the sustainability of each party’s contribution to the partnership;

7. Recognition of and respect for the intellectual property rights of individual researchers and each partner.

## **SECTION 3 – PARTNERSHIP MILESTONES/DELIVERABLES**

Stakeholders of UNBC and NH are granted broad scope to undertake activities that fall within the spirit of the agreement provided appropriate paths are established for approval/oversight including but not limited to those set out in Section 4 of this agreement. This MOU sets out the following minimum set of milestones and deliverables to be developed with the oversight and guidance of the structures described below:

1. Steering Committee structure to be reviewed and approved by the Executive Oversight Committee and appended to this MOU
2. Documentation of a vision for integrated research, education and practice to be reviewed and approved by the Executive Oversight Committee and reviewed/endorsed by the governors/directors of each organization. The vision should be communicated in a manner that can be used to inspire and guide future development work, promote and substantiate the partnership
3. Establish key objectives for partnered activity from an overarching perspective and specifically with respect to research capacity building, practice improvement/knowledge mobilization and education. See appendix 1 for objectives established to-date for research/knowledge mobilization
4. Development and implementation of a 5-year work plan that addresses the shared objectives and sets out collaborative activities in each of the priority areas for developing knowledge and integrating knowledge into practice
5. Development of a resource plan identifying activities and accountabilities for each of the parties and setting out applicable funding, human and capital resources
6. Development and implementation of a 5-year plan enhance the involvement of people/patients, families and communities in partnered decision-making and research activities
7. Given the significant aspirational nature of this MOU, development and implementation of a 5-year partnership promotion and funding plan aligning activities to potential funders – be they institutional or philanthropic funding entities

## **SECTION 4 – STRUCTURE FOR THE PARTNERSHIP**

1. An *Executive Oversight Committee* will conduct a semi-annual review of progress of the agreed strategic directions and the partnered initiatives underway to further

the UNBC/NH partnership and will ensure regional, provincial, and national relationships are fostered with policy and funding partners.

- a. Reporting: This agreement will be reviewed annually by the Executive Oversight Committee. Revisions will be mutually agreed to by both organizations and approved by the Board of Directors of NH and the Board of Governors of UNBC.
2. A *Steering Committee* will develop and oversee the implementation of a 5-year work plan that addresses the shared strategic directions and areas of focus. The Steering Committee will develop an annual report of actions undertaken and the outcomes that have occurred by implementing the work plan.
  - a. Reporting: The annual report will be submitted to the Executive Oversight Committee by June 30 each year. This report will include a reporting of the revenue and expenditures that have occurred through execution of this MOU.
  - b. Structuring the Steering Committee: The Steering Committee must reflect the breadth of involvement required to meet the objectives and principles described in this agreement. Membership, Chairmanship and support of the Steering Committee are to be determined by, and under the auspices of, the UNBC Vice President Research and Academic Provost, and the NH Vice President Planning, Quality and Information Management and Vice President Human Resources.

## **SECTION 5 – PARTNERING WITHIN AND BEYOND THE MEMORANDUM OF UNDERSTANDING**

1. Partnering within the MOU: To extend this partnership formally with others, the parties may enter into agreements for specific initiatives with other organizations. All such partnered initiatives will be governed by the Executive Oversight Committee and implemented accordingly by the Steering Committee.
2. Partnering beyond the MOU: At some point it may prove appropriate to envision governance and steering structures that are better suited than those described above for the advancement of multi-stakeholder collaboration and partnership across the North. AHSN and SPOR are initiatives that may evolve in this manner. In such instances this MOU will serve as a mechanism through which UNBC and NH can collaborate as appropriate.

## **SECTION 6 – TERM OF THE MEMORANDUM OF UNDERSTANDING**

1. This MOU will commence on the Effective Date and will continue until superseded or cancelled by one or more party.

## SECTION 7 – CHANGES TO THE MEMORANDUM OF UNDERSTANDING

1. Any changes to this MOU must be agreed to in writing by all parties. Any-and-all changes in writing to this MOU agreed to and signed by all parties will be deemed to form part of and to be incorporated into this MOU.

## SECTION 8 – EXECUTION OF THE MEMORANDUM OF UNDERSTANDING

***In Witness Whereof the parties have executed this agreement as of the date set out below:***

<p>Date: _____</p> <p>University of Northern British Columbia</p> <p>_____</p> <p>Chair, Board of Governors</p> <p>_____</p> <p>President and Vice Chancellor</p>	<p>Date: _____</p> <p>Northern Health Authority</p> <p>_____</p> <p>Chair, Board of Directors</p> <p>_____</p> <p>President and Chief Executive Officer</p>
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## **Appendix 1: Shared Objectives for Research/Knowledge Mobilization**

- Expanding the capacity and skill of both organizations to ask and answer questions
- Developing a culture of research and capacity to translate knowledge into policy and practice in Northern Health
- Fostering a culture of research at UNBC that is inclusive of integrating knowledge into practice
- Incorporating new knowledge and evidence into the way researchers, students and staff are educated in both organizations, inclusive of professional development and formal education
- Providing opportunities for partnerships with other organizations and for linkages with the broader community for the purposes of expanding the development and integration of knowledge into practice.

## BRIEFING NOTE

Date:	<b>November 18, 2018</b>	
Agenda item	<b>Status of Locum Tenens Report</b>	
Purpose:	<input checked="" type="checkbox"/> <b>Information</b>	<input type="checkbox"/> <b>Discussion</b>
	<input type="checkbox"/> <b>Seeking direction</b>	<input type="checkbox"/> <b>Decision</b>
Prepared for:	<b>Northern Health Board of Directors</b>	
Prepared by:	<b>Kelly Giesbrecht, Regional Manager, Physician Recruitment Donna Taylor, Regional Manager, Medical Administration and Physician Support</b>	
Reviewed by:	<b>Greg Marr, Regional Director Medical Affairs Dr. Ronald Chapman, Vice President Medicine</b>	

### Topic

The Governance and Management Relations Committee of the Northern Health Board requested an update for the September meeting on: 1) status of locums in the north, 2) locums appointed to full time positions in the North, and 3) the results and recommendations of the recent locum review.

### Background

“Northern Health uses the term ‘locum’ to refer to either a temporary position vacated by a regularly employed physician (vacancy) or a person filling – or willing to fill – a temporary vacancy (physician).” Locums are used to provide continued access to care in community and institutional settings when regularly practicing physicians are unavailable. Generally, there is a need for a locum to fill a planned vacancy when a local physician takes a holiday, participates in Continuing Medical Education (CME) and training, or temporarily fill an unplanned vacancy in a community<sup>ii</sup>. It is the responsibility of the physician needing coverage to secure a locum and access related rural programs through the provincial government.<sup>iii</sup> The importance of locum’s will be considered and integrated into the conversation regarding Northern Health’s overall long-term physician HR, Recruitment and Retention strategy.

### Types of Locums

Four different types of locum physicians were identified through the locum review, including:

1. **Visiting Locum:** A physician who comes from outside a community to fill a temporary vacancy at a specific practice;
2. **Floating Locum:** Where the physician’s presence is recorded in the Physician HR Plan, they reside permanently in a Northern community, and cover other physicians’ practices in the community. This may be provided by a physician who



has their own practice or a unique position may be created and coordinated by a Division of Family Practice in partnership with others;

3. **Community only:** Where the physician is on the HR plan and lives in the community (or one of the communities) where they practice, but they have relinquished hospital privileges. This is usually an indicator of semi-retirement for GPs;
4. **Term Locum:** Where a visiting physician is covering a long term leave or a vacancy, lives in the community, and will be there for a term less than 1 year (1 year terms qualify as permanent for purposes of recruitment bonuses etc.).

### **Status of Locums in Northern BC**

Physicians applying for medical staff membership are placed in a category as outlined in the Northern Health Medical Staff Bylaws and privileged for each facility within which they are providing services. A locum, as well as Provisional and Active members, can have locum privileges at multiple facilities. For example, one physician who is locum at one facility can be locum at 12 others.

The statistical information below regarding locum physicians within Northern Health is based on the categories outlined above.

- 634 total current number of locum physicians with privileges at all Northern Health facilities.
  - As per the physician example above, this individual would be counted as a locum 13 times.
- 371 of Locums reappointed for the 2018/2019 fiscal;
- 24 Locums who have moved to a full time position under the Provisional category from Jan 1, 2017 to Aug 7, 2018;
- 16 full time positions under the Active/Provisional category moved to Locum from Jan 1, 2017 to Aug 7, 2018;
- The vast majority of locums are used for coverage in Family Medicine.

### **Findings and Recommended Approaches from the Locum Review**

*Improving Sustainable Supply of Locums for the North*, a recent review conducted by Kyle Pearce from think:act, provides a better picture of the use, needs, and importance of locums in Northern BC. Below is a brief summary of some of the key findings and recommendations from this report. An overall key message is that “the experience of a locum in a community is an important driver of the willingness of the locum to return or recommend their colleagues to practice in the North.”<sup>iv</sup>

### **Main Sources of Locum Tenens**

The three main sources of locum tenens are:

1. **New graduates** who often practice as locums to gain experience in a variety of settings (aka. locuming around). Generational changes in how younger doctors want to work include an emphasis on team-based care where the burden of care is spread, opportunities for life-long learning and integration of technology. Health

Match BC observes that graduating physicians are spending more time as locums before settling into a regular practice.

2. **International Medical Graduates (IMG)** who bring a variety of professional training backgrounds, experiences and skill sets. IMG's come with a variety of clinical backgrounds – some having worked at similar scope of practice and many have had opportunities to develop culturally safe service delivery, although there may be issues related to understanding Canadian medical and social systems and norms.
3. **Physicians at or approaching the end of their career**, who are interested in working in challenging situations and supplementing revenues generated from their own practice.

## **Potential Approaches to Strengthen the Sustainability of Locum Supply**

### Integration

1. Integrate locum planning, recruitment and support into the overall strategy for recruiting and maintaining long term physician supply.
2. Leverage telehealth and other technological innovations to attract physicians to the North.

### Innovation

3. Explore how provincial programs can be modified to suit the needs of the North and provide enriching opportunities for locums.
4. Mentorship or other programs where locums can work in pairs, especially where one brings significant practice experience.

### Engagement

5. Support and learn from innovations being implemented throughout the region.
6. Engaging with Divisions playing a leadership role in networking to cover locum needs.
7. Engaging with specific communities to identify and test innovative approaches.
8. Working with Practice Residency directors to identify and promote opportunities for practice and engage with interested residents.

### **Recommendations:**

See potential approaches outlined above.

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<sup>i</sup> Locum review, page 3.

<sup>ii</sup> Locum review, page 1.

<sup>iii</sup> More detailed information available here:

<https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/physician-compensation/rural-practice-programs>.

<sup>iv</sup> Locum review, page 2