

Meeting of the Northern Health Board Public Session

Monday, February 11, 2019

**Best Western Plus - Eagle View Meeting Room
Valemount BC
(1950 Highway 5 South)**



northern health
the northern way of caring

AGENDA

February 11, 2019
Best Western Plus – Eagle View Meeting Room
1950 Highway 5 South,
Valemount BC

AGENDA ITEMS	Responsibility of...	Expected Outcome	Time (Approx.)	Page
1. Call to Order of Open Board Session	Chair Nyce		9:00am	
2. Opening Remarks	Chair Nyce			-
3. Conflict of Interest Declaration	Chair Nyce	Discussion		-
4. Approval of Agenda	Chair Nyce	Motion		1
5. Approval of Previous Minutes: December 3, 2018	Chair Nyce	Motion		3
6. Business Arising from Previous Minutes	Chair Nyce			-
7. CEO Report	C Ulrich	Information		8
7.1 Human Resources Report	D Williams	Information		13
8. Audit & Finance Committee				
8.1 Public Period 9 Comments & Financial Statement	M De Croos	Information		24
8.2 Major Capital Projects Summary (Period 9)	M De Croos	Information		26
9. Performance, Planning & Priorities Committee				
9.1 Strategic Priority: Quality				
9.1.1. Accreditation Canada Distinction in Trauma Services	F Bell	Information		31
9.2 Accreditation Canada – Recognizing Achievement of Governance Standards	F Bell	Information		34
9.3 Strategic Priority: Our People				
9.3.1. Presentation: Education & Development	F Bell	Information		36
Presentation: Virtual Health Care to Improve Rural Emergency Services Presenter: Dr. Ray Markham, Chief of Staff for Robson Valley	P Anguish	Information		-
10. Governance & Management Relations Committee				
10.1 Policy Manual BRD 500 Series	C Ulrich	Motion		44
10.2 Policy Manual BRD 600 Series	C Ulrich	Motion		48
10.3 Legalization of Non-Medicinal Cannabis	Dr. S Allison	Information		58
10.4 Relationship with Foundations and Fundraising Societies	S Raper	Information		68
Adjourned			10:30am	

Public Motions <i>Meeting Date:</i> February 11, 2019				
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 February 11, 2019 public agenda as presented		
5.	Approval of Minutes	The Northern Health Board approves the December 3, 2018 public minutes as presented	<input type="checkbox"/>	<input type="checkbox"/>
10.1	Policy Manual BRD 500 Series	The Northern Health Board approves the revised BRD 500 Series	<input type="checkbox"/>	<input type="checkbox"/>
10.2	Policy Manual BRD 600 Series	The Northern Health Board approves the revised BRD 600 Series	<input type="checkbox"/>	<input type="checkbox"/>

Board Meeting

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

Public Minutes

1. Call to Order Public Session

The Open Board session was called to order at 1:19pm

2. Opening Remarks

Chair Nyce welcomed members of the public to the December meeting and acknowledged that we were meeting on the Traditional Territory of the Lheidli T'enneh. Appreciation was expressed to two Board members Ben Sander and Maurice Squires who will be completing their term on the Board as of December 31, 2018.

3. Conflict of Interest Declaration

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

- There were no conflict of interest declarations made related to the December 3, 2018 Public agenda.

4. Approval of Agenda

Moved by R Landry seconded by S Killam

The Northern Health Board approves the December 3, 2018 public agenda as presented

5. Approval of Previous Minutes

Moved by M Squires seconded by F Everitt

The Northern Health Board approves the October 16, 2018 minutes as presented.

6. Business Arising from Previous Minutes

There was no business arising from the October 16, 2018 minutes.

7. CEO Report

An overview of the December CEO Report was provided for discussion with the following areas being highlighted:

- In October the Honourable Adrian Dix, Minister of Health traveled to the north to make the following capital project announcements for the north:
 - On October 9th the approval of the concept plan for the redevelopment of the Stuart Lake Hospital and Health Centre in Fort St James was announced. 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.
 - On October 10th the announcement of the development of an Urgent Primary Care Centre (UPCC) in Quesnel was made. 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.
- 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.
- Staff and physicians in the Northern Health region will be recognized by the BC Patient Safety and Quality Council's 2019 Quality Awards. The following 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.
 - Northern Health's IMAGINE Community Grants were recognized as the winner in the Staying Healthy category.
- 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. 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 15th and 16th, in Vancouver.
- From October 21st to 25th, 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.
 - The report from Accreditation Canada will be shared with the Northern Health Board in January for review and discussion.

7.1. Human Resources Report

An overview of the Human Resources report was provided for information and discussion. The following areas were the focus of this report:

- **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 several proactive initiatives which were outlined in the report.
- **Multi-media recruitment strategies and brand awareness**
 - Recruitment is developing a candidate sourcing strategy that includes a social media strategy and raising brand awareness in a competitive candidate market. As this strategy takes shape, the recruitment department is increasing its presence in the digital realm. Social media metrics are being used to evaluate the digital work and will be an aspect of the sourcing strategy.
 - For several years, UNBC and Northern Health have been working together on a proposal for a nursing program in the Northeast. Northern Health has provided UNBC with information and support for UNBC's proposal to the Ministry of Advanced Education, Skills and Training.
- **Difficult-to-fill vacancies**
 - To address difficult-to-fill positions, the recruitment department 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. The recruitment department 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 implement additional approaches to recruiting to these positions.
- **Manager training updates**
 - The recruitment department is updating curriculum for managers' orientation and ongoing training focused on internal and external recruitment processes and roles and responsibilities.
- To date in fiscal year 2018/19, Northern health has posted 2457 position, 70% have been filled by internal staff and 8% have been filled externally. Some unfilled positions are currently in the competition phase.

8. Audit and Finance Committee

8.1. Period 7 Comments & Financial Statements

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

Moved by B Sander seconded by S Killam

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

8.2. Period 7 Capital Projects 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 7 (October 18, 2018), \$18.2M has been spent towards the execution of the plan.

Moved by B Sander seconded by M Squires

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

9. Performance, Planning & Priorities Committee

9.1. LNG Canada Export Terminal

- On October 1st, 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.
- 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).

10. Presentation: Northern BioBank Initiative

- 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.
- Dr. Nadine Caron, MD, MPH, FRCSC Associate Professor, UBC Northern Medical Program, Co-Director, UBC Centre for Excellence in Indigenous Health joined the meeting to present to the Northern Health Board an overview of the Northern Biobank Initiative.

11. Governance and Management Relations Committee

11.1. Policy Manual BRD 400 Series

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

Moved by G Parmar seconded by R Landry

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

11.2. Review of Memorandum of Understanding between Northern Health & University of Northern British Columbia

- Northern Health has worked collaboratively with UNBC under a Memorandum of Understanding that dates back to 2010 (with a modest refresh in 2016).
- 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 both UNBC and NH that opportunity now exists for further mutual gain through a strengthened 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.

11.3. Status of Locums Tenens Report

- 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 vacation, participates in Continuing Medical Education (CME) and training, or to temporarily fill an unplanned vacancy in a community. It is the responsibility of the physician needing coverage to secure a locum and access related rural programs through the provincial government.
- The importance of locum's will be considered and integrated into Northern Health's overall long-term physician HR, Recruitment and Retention strategy.

Meeting was adjourned at 2:35pm
Moved by M Squires

Colleen Nyce, Chair

Desa Chipman, Recording Secretary

CEO REPORT

Meeting:	Northern Health Board Meeting	Date:	January 31, 2019
Agenda Item:	CEO Report		
Purpose:	Information		
Prepared by:	Cathy Ulrich		

IMAGINE Community Grants

We are pleased that the IMAGINE Community Grants program is the recipient of the prestigious 2019 BC Patient Safety and Quality Council award for Quality in the Staying Healthy category. The program is being recognized for its outstanding contributions to wellness in the communities Northern Health serves and for being an innovator in the delivery of high-quality funding programs for health-related projects. The award ceremony will be held at the BC Patient Safety and Quality Council Quality Forum in Vancouver in February.

In addition to this significant accolade, IMAGINE has recently distributed \$128,925.00 to community groups who applied to the Fall 2018 program intake. These funds will support 31 projects in 19 communities across the Northern Health region. The supported projects address diverse focus areas, with a prevalence of food and nutrition related projects involving community and classroom gardens and a wide variety of physical activity related projects. Highlights of the intake include a program in Fort Nelson that enables seniors to go walking in a comfortable and safe environment through the winter, an innovative strategy in Prince George focused on enhanced medication adherence through nutrition, and a project in Terrace that supports positive mental health in elementary age children through social contact and mindfulness techniques.

The Spring 2019 intake of IMAGINE opens March 1, 2019. We are honored to continue supporting groups who collaborate to make positive changes in Northern BC.

Northern Diagnostic Medical Sonography Program

Sandra Rossi, Regional Director, Recruitment and Organizational Development along with Dr. Shyr Chui, Radiologist with Northern Health attended the College of New Caledonia Sonography Grand Opening event on January 7, 2019. This is one of only two publicly funded sonography education programs in British Columbia.

Dr. Chui spoke on behalf of Northern Health, where he discussed the importance of training in the north to support Northern Health's Recruitment and Retention needs. Seven of the eight students are from the north including Prince George, Quesnel and Burns Lake. The one student from outside of our region has been going to school at UNBC the last few years and plans to stay in the region after graduation.



Physician Quality Improvement Training

In November, the Physician Quality Improvement (PQI) program delivered quality improvement (QI) training to its 100th physician participant.

For the past two years, the PQI program has supported NH physicians and their teams to undertake QI training and to lead QI projects that enhance patient care. Since the program's inception, PQI coaches have:

- delivered 14 QI workshops to 186 participants (including 118 physicians and 68 allied health practitioners and NH staff).
- provided at-the-elbow support to physicians on 20 QI projects

The first province-wide PQI Summit was also held in November 2018 and over 400 physicians attended from across the province. The PQI Summit opened with an inspiring talk by Edwina Nearhood, a patient representative from Fort St John. Several Northern Health physicians and teams presented their quality improvement initiatives, including Dr. Dawid Van Rensburg, who delivered a presentation about recent work done in Terrace to design and deliver an intensive, hands-on QI training curriculum for the local Medical Staff Association. The training was designed to help physicians take QI learnings from theory to practice, while increasing collaboration across organizational boundaries.



Dr. Dawid Van Rensburg, Dr. Jaco Fourie, & Dr. Rob Woollard



Dr. Denise Jaworsky, Candice Manahan, & Edwina Nearhood

Burns Lake Health Services Community Sustainability Project

- Over the course of the past three-years, the Lakes District has been working towards sustainability of health and medical services in the community by focusing on the attraction, recruitment and retention of healthcare providers. With funding from the provincial Joint Standing Committee on Rural Issues many people and partners have come together to work on this initiative.
- Several initiatives have been achieved over the course of this three year project, some highlights include:
 - Physician Recruitment & Retention: Four new physicians were recruited to the Lakes District Hospital during the beginning phase of the project and the Primary Care Clinic, based at the Hospital was able to expand its capacity to provide primary care services to more patients and families.
 - Medical Informatics: The project team, in partnership with the Northern Interior Rural Division of Family Practice, worked with the physicians at the Burns Lake Medical Clinic to implement an electronic medical record (MOIS)
 - Community Engagement: A working group was formed to execute a community engagement plan that would help inform future health services planning in the Lakes District. This working group included Northern Health, Carrier Sekani Family Services, physicians, and First Nations communities. Part of the engagement plan was a community survey that was conducted in the late summer/fall of 2018. Members of the working group promoted the survey through a variety of methods including direct conversations with community partners and setting up a booth at the mall where people could talk with healthcare leaders and complete the survey.
 - The response rate for the survey (284 responses) provided rich information. The results of the survey were summarized and presented at a community engagement workshop in early November. Participants at the consultation represented a diverse group of community programs, local sectors and knowledge bases. These included both current and former medical professionals and emergency service representatives, family and child development professionals, First Nations community representatives, the hospital's Aboriginal Patient Liaison, Burns Lake Council members and those currently involved in, or retired from, local economic and social development. Key themes emerged and several action items are underway. Relationship building and collaboration will continue as the next steps are undertaken.

Northern Interior Health Service Delivery Area

Northern Health has welcomed two new Health Services Administrators to the Northern Interior:

- Laura Wessman officially took on her new role as Health Service Administrator in Prince George in early December. Her responsibilities include leadership at UHNBC. Laura has come to Northern Health from a Chief Operating Officer role in Churchill/Winnipeg with the Winnipeg Regional Health Authority.
- Marie Hunter, Health Services Administrator in the Lakes District recently retired after over 40 years in nursing and leadership roles in health care. We would like to take this opportunity to thank Marie for her leadership and many years of service. Vicky Rensby will be replacing Marie as the Health Services Administrator in the Lakes District. Vicky is a

long term employee of Northern Health and served most recently as the Community Services Manager.

- In addition, the Health Services Administrator in the Omenica area is on an extended leave. Tracee Dunn, the Long Term Care Manager, Stuart Nechako Lodge has agreed to provide interim leadership in the Health Services Administrator role.

Robson Valley

- This month, Northern Health is recognizing the extraordinary philanthropy and generosity of the Foundations and Hospital Auxiliaries across the north who enable Northern Health to improve the care and services provided. The McBride Hospital Auxiliary is one of those organizations. Recently, the McBride Hospital Auxiliary purchased the eleventh patient lift for the McBride Hospital. The lift is valued at \$10,000. These lifts are used to ensure safety for both patients and staff in lifting, moving, positioning and mobilizing patients.
- Several highlights about service improvements in the Robson Valley include:
 - A new Full time Social Worker has been recruited and is undertaking orientation with Social Work colleagues in Quesnel and Prince George. This is a newly created position to enhance the community health service team in the Robson Valley and will be a very valuable resource.
 - The provision of educational sessions for people caring for persons with Dementia. Once a month the Primary Care team provides understandable education to people who care for a person with dementia. While the nurse is providing the education and answering questions, a care aide takes care of the individual with the dementia. This allows for the caregivers to participate fully in the education and peer support without worrying about their loved one. It also provides companionship as well as respite and those participating learn coping skills from others.
 - McBride Hospital has initiated daily joint physician and nursing rounds (Monday to Friday) to improve collaborative care planning for patients and their families. The practice is seen as valuable by physicians and nurses in improving patient care.
 - Northern Health and other community partners have been invited by the Valemount Affordable Rentals Society to provide input into the planning for a potential new 13-unit housing complex for seniors and families.



Highlights from other communities across the Northern Interior:

- Northern Health is expanding access to clinical videoconferencing between Quesnel and Wells BC. Once this is set up, people who are patients of the Nurse Practitioner who visits Wells once a month will be able to have follow-up visits without having to travel to Quesnel. The Nurse Practitioner's regular visits to the community will continue and an internet-enabled tablet that the District of Wells has purchased will be available to provide a secure connection for patients to their primary care provider.
- Quesnel Community Caring for People with Addictions Committee – The City of Quesnel was successful in receiving a Compassion, Inclusion and Engagement (CIE) grant and has hired a project coordinator who will lead the collaboration necessary to

implement 12 recommendations that were developed from a mental health and substance use service review completed in the Spring of 2018. The coordinator will also hire a peer to assist with this work. The contract is in place from January 2019 to September 2019.

- The Quesnel Urgent Primary Care Centre continues to undertake staff training. A physician engagement session occurred on December 18 and was facilitated by the Medical Staff Association leadership team. As of January 9, 2019, 507 visits have occurred with 5 pm to 6 pm Monday to Friday being the busiest time. Recruitment for physicians and nurse practitioners for the Urgent Primary Care Centre continues.



HR REPORT

Meeting: Northern Health Board Meeting Date: February 2019
Agenda Item: Human Resources Report
Purpose: Information

Psychological Health and Safety in the Workplace

In 2017, BC health authorities, including Northern Health, committed to a three-year process to implement the [Psychological Health and Safety in the Workplace Standard](#) (called “the Standard”), which addresses 13 factors that make up psychologically safe and health workplaces. The national standard is within the [Canadian Standards Association](#). Successful implementation of the Standard is a critical element of the Ministry of Health’s (and Northern Health’s) vision of a healthy, skilled, engaged, and well-led workforce. The Standard offers a coherent and evidence-based framework that supports the transition toward an integrated, team-based health care system that is culturally safe.

In a culturally safe health care work environment:

- Staff and leaders recognize that differences and similarities exist between cultures and that the workplace culture is inclusive of those differences and similarities.
- Health care services are free of racism and discrimination.
- Employees, patients, residents, and their families are supported to draw strength from their identity, culture, and community.

Supporting the health care system to be culturally safe for Indigenous people is one of Northern Health’s top priorities.

Northern Health is committed to increasing psychological health and safety awareness in our workplaces and to reduce the stigma surrounding mental health. It is important to recognize, address, and treat mental health with the same attention as physical health or any other health-related condition. In Northern Health, the well-being of every worker is a priority.

When the well-being of every person in the workforce is a priority, the conditions for a high-functioning organization are created. Staff are more satisfied, less likely to experience burnout, and less likely to leave the organization or their profession. Healthy, well, and engaged employees are also more likely to go beyond the call of duty and consistently provide exceptional health services for the people they care for.¹

The enabling priority “Our People” (from Northern Health’s strategic plan) states: “Northern Health provides services through its people and will work to have those people in place and to help them flourish in their work.” Organizations that focus on their people recognize the importance of optimizing, supporting, and retaining their most valuable asset: their people.

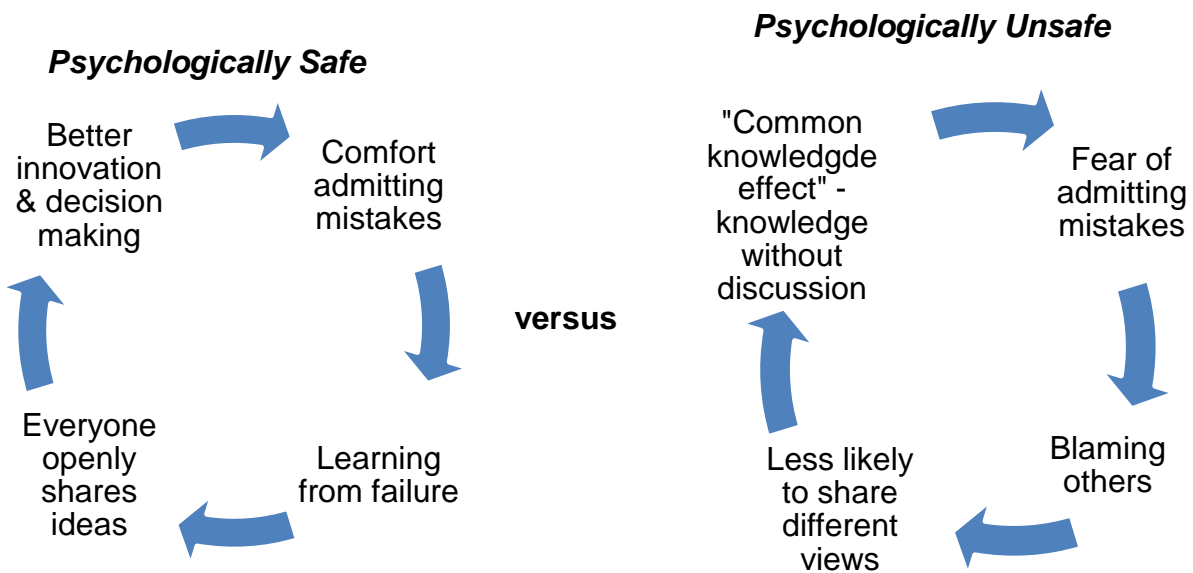
What does psychological health and safety at work look like?

The overarching goal of a psychologically and culturally safe work environment is for people to feel respected and safe, both as a health care worker or as a person receiving care. Psychological health and safety at work is:

- The result of every reasonable effort being made to protect the mental health of employees and to promote the psychological well-being of all workers.
- A workplace that prevents harm to employees’ mental health and helps to keep workers safe, engaged, and productive.

¹ Ministry of Health. (2015). Enabling Effective, Quality Population and Patient-Centred Care: A Provincial Strategy For Health Human Resources. Victoria, British Columbia, Canada. Retrieved from Government of British Columbia: <http://www.health.gov.bc.ca/library/publications/year/2015/health-human-resources-policy-paper.pdf>

It looks like this:²



Overview of the 13 Factors

Successful implementation of the Standard is incumbent on widespread adoption and targeted actions focussed on the 13 psychosocial factors that can impact the mental health of workers and contribute to safer health care workplaces.

Below is a brief description of all 13 factors:

1. **Psychological Support** - an environment supportive of employees' psychological and mental health concerns, and responds appropriately.
2. **Organizational Culture** - a work environment characterized by trust, honesty, and fairness.
3. **Clear Leadership & Expectations** - effective leadership and support that helps employees know what they need to do, how their work contributes to the organization, and whether there are impending changes.
4. **Civility & Respect** - where interactions are respectful and considerate.
5. **Psychological Competencies & Requirements** - a good fit between employees' interpersonal and emotional competencies and the requirements of the position.
6. **Growth & Development** - encouragement and support for the development of employee interpersonal, emotional and job skills.
7. **Recognition & Reward** - appropriate acknowledgement and appreciation of employees' efforts in a fair and timely manner.

² Stanford University. (n.d.). *Stanford Environmental Health & Safety*. Retrieved from Biosafety Manual 2018: https://ehs.stanford.edu/wp-content/uploads/2201_EHS_Biosafety_Manual_v5-final_web_comp_3.pdf

8. **Involvement & Influence** - where employees are included in discussions about how their work is done and how important decisions are made.
9. **Workload Management** - where tasks and responsibilities can be accomplished successfully within the time available.
10. **Engagement** - where workers feel connected to their work and are motivated to do their job well.
11. **Balance** - where there is recognition of the need for balance between the demands of work, family and personal life.
12. **Psychological Protection** - where psychological safety is ensured, workers feel able to ask questions, seek feedback, report mistakes and problems, or propose a new idea without fearing negative consequences.
13. **Protection of Physical Safety** - where appropriate action to protect the physical safety of employees.

The factors cut across each other, involving all levels of leadership and management, occupational health and safety, organizational development, and human resources to foster a psychologically and culturally safe workplace. Successful implementation of the Standard requires a high degree of coordinated planning, collaboration, and communication within Northern Health, and with external partners such as unions, Doctors of BC, WorkSafeBC, and, as needed, the academic/research community.

In 2017, Northern Health conducted a current-state assessment of the Standard's 13 factors. Northern Health's implementation is well underway with initiatives that involve all 13 factors. Examples of some of those initiatives include the continued focus on Northern Health's Respectful Workplace Program, fostering a culture of workplace health and safety, as well as raising the awareness and understanding of psychological protection within the work environment.

Another example of an ongoing initiative is the San'yas Indigenous Cultural Safety course, which focuses on cultural safety. It is designed to further develop individual competencies leading to positive partnerships, better service access, and improved health outcomes for Aboriginal peoples. All Northern Health staff and physicians have access to this free, online course.

Programs that Support Employee Health and Wellness

An employee's health and wellness play a vital role in sustaining a well-balanced life, both inside and outside of work. All Northern Health employees, including their families, have exclusive access to four of the best health and wellness resources available:

- Employee Family Assistance Program
- LifeSpeak
- Pacific Blue Cross
- My Good Health

All four programs offer distinct health and wellness benefits, and complement each other so that employees have access to the resources, counseling, or supports they need when it's needed.

Employee Family Assistance Program

Northern Health provides an Employee and Family Assistance Program (EFAP) to all employees and their families. It provides free-of-charge, proactive supports and services that can be accessed in person or via telephone, video, or e-counselling, at home or at work. EFAP services to help employees deal with personal and emotional issues, including:

- Urgent mental health issues
- Critical incident supports
- Assessment through short-term counselling
- Coaching
- Information and training to employees and families

In 2018, slightly over 15% of all eligible Northern Health staff and physicians, as well as their family members, used EFAP. The industry and national average trends at 12% EFAP use. A higher use rate is expected because the Human Resources department has been actively marketing EFAP services to encourage the well-being staff and their families. Marketing has included several campaigns focusing on various topics related to overall wellness.

LifeSpeak

LifeSpeak is an online video platform that helps employees be present, productive, and to thrive. The platform makes it easy for employees and their families to access the resources they need without having to overcome hurdles that may delay or prevent timely and just-in-time access.

LifeSpeak's resources are accessible from any computer, tablet, or smartphone with internet access. The program has over 500 videos that cover a wide spectrum of health

and wellness topics. The program also has quarterly campaigns that include six video modules, tip sheets, and “ask the expert” sessions.

In December 2018, LifeSpeak has launched a series of videos that align with all 13 factors related to the Standard. Northern Health will begin promotion and marketing of these videos.

Pacific Blue Cross

Pacific Blue Cross is Northern Health’s extended health benefits provider. The entire benefits package can be accessed via the Pacific Blue Cross application, which includes health and wellness tips, benefit coverage, and services, as well as health-related challenges that employees can participate in.

My Good Health

My Good Health is available online through Pacific Blue Cross. The website has a wealth of information and tools related to health and wellness. Employees are able to develop their own health profiles which then provides them with health tips, tools, resources, and community support groups.

Northern Health & the Provincial Steering Committee

The BC health authorities, in partnership with internal and external stakeholders, have formed a provincial steering committee to plan the Standard’s implementation. The steering committee meetings are facilitated by the Health Employers Association of British Columbia.

The provincial steering committee is guided by the following principles:

- **Commitment:** a desire by the health authorities, unions, and Doctors of BC to work collaboratively to develop implementation and evaluation plans for the Standard.
- **Collaboration:** processes are established to ensure that health authorities, unions, and Doctors of BC develop plans based on shared interests.
- **Inclusiveness:** collaboration is done in a manner that ensures that all provider voices are heard.
- **Transparency:** collaboration is built on open conversations, authentic feedback, and trust.
- **Flexibility:** recognize that collaboration may take different forms depending on an organizations structure, geography, and other factors.

Northern Health is meeting with its local union representatives in a collaborative partnership to guide implementation of the Standard. The above guiding principles align with Northern Health's implementation plan. The goal of Psychological Health and Safety in the Workplace within Northern Health aligns with the Standard's requirements for a documented and systematic approach to developing and sustaining a psychologically healthy and safe workplace

Northern Health conducts an annual review of the Standard's implementation plan which is shared with all stakeholders including HEABC and the unions. The Human Resources Strategy is also reviewed on an annual basis including quarterly reviews to Northern Health's executive team.

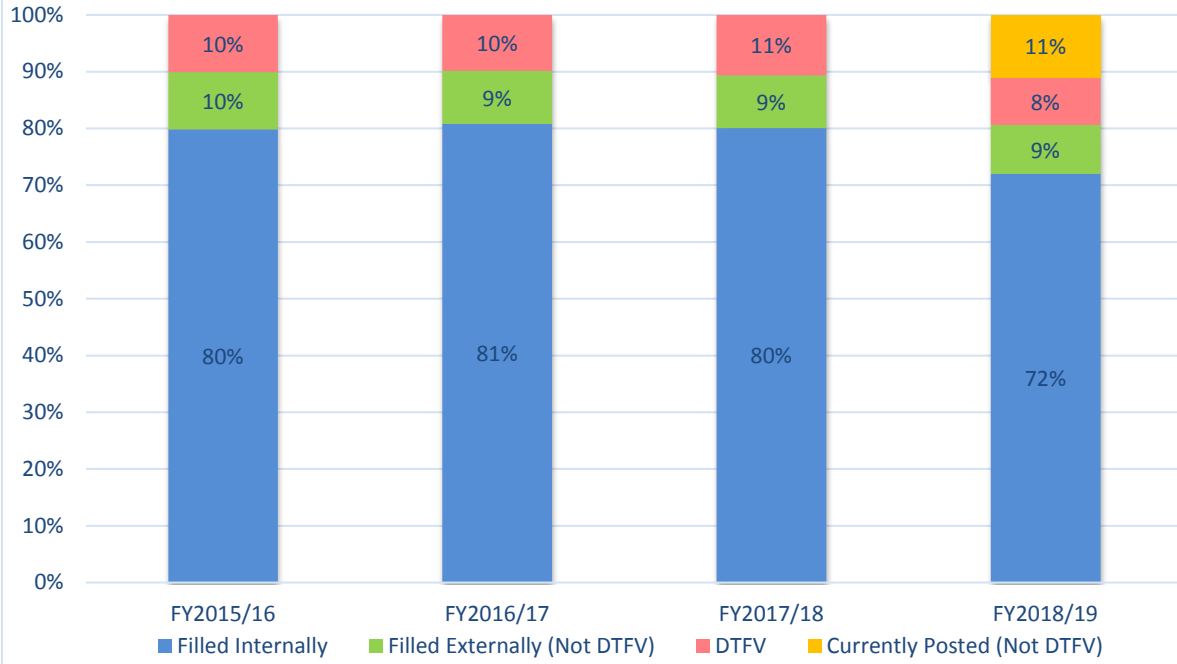
Recruitment

Posting Summary

To date in fiscal year 2018/19, Northern Health has posted 3041 positions, 72% have been filled by internal staff (existing regular and casual staff) and 9% have been filled externally (qualified applicants from outside of Northern Health). Some unfilled positions are currently in the competition phase. Positions that remain unfilled for more than 90 days become difficult-to-fill vacancies (DTFV). On average, only 10% of approximately 3000 positions go to DTFV.

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

Posting Summary (By Posting Open Date)



Difficult-to-Fill Vacancies

Northern Health recruitment continues to focus on a variety of ongoing strategies to address difficult-to-fill vacancies. Recent successes of note include:

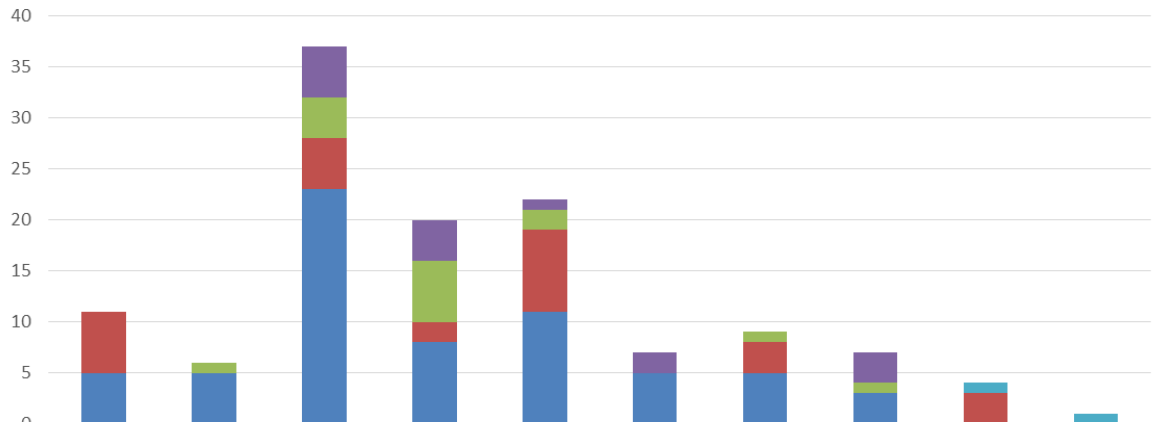
Position	Community
Practice Support Coach	Fort St. James
Speech Language Pathologist	Terrace
Primary Care Nurse	Burns Lake
Primary Care Nurse	Tumbler Ridge
Registered Nurse- Medical/Surgical	Dawson Creek

Recruitment highlights and updates include:

Initiative/Highlight	Update
Profession-based plans	Recruitment continues to develop profession based plans for high priority professions: <ul style="list-style-type: none"> • Health Care Aides • Pharmacy Technicians • Ultrasonographers • Registered Nurses (including specialty nurses) • Licensed Practical Nurses • Physiotherapists/Occupational Therapists
Relocation reimbursement program redesign	Recruitment is collaborating with Finance and Operations Leaders to streamline the relocation process, creating reimbursement options that appeal to various demographics.
Employee Referral Program	To better attract qualified candidates to difficult-to-fill professions and positions, Recruitment has updated the criteria and increased incentive amounts to qualify for the referral program. An updated communications plan related to the program is in development.
New Graduate Nursing Program	Recruitment has started the New Graduate Nursing Program for the 2019 graduating class. Nursing students are encouraged to apply to a “New Graduate” post. Once they have applied, a recruiter connects with each applicant for the pre-screen process. Applicants are moved to postings that match their skills, abilities, and community preference.

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

As at Jan 23, 2019



	Permanent	Relief/Term	Permanent	Relief/Term	Permanent	Relief/Term	Permanent	Relief/Term	Permanent	Relief/Term
	NI Rural		North East		North West		Prince George		Regional	
■ EXCLUDED									1	1
■ COMMUNITY SUBSECTOR			5	4	1	2		3		
■ FACILITIES SUBSECTOR		1	4	6	2		1	1		
■ HEALTH SCIENCE PROFESSIONALS	6		5	2	8		3		3	
■ NURSES PROVINCIAL AGREEMENT	5	5	23	8	11	5	5	3		

The Face of Northern Health

As at January 23, 2019

Summary of Employees by Status	Headcount	%	FTE
Active: Total	8,082	100%	4,922
Full-time	3,675	45%	
Part-time	1,843	23%	
Casual	2,564	32%	
Non-Active: Total	787	100%	626
Leave	418	53%	301
Long Term Disability (LTD)	369	47%	325

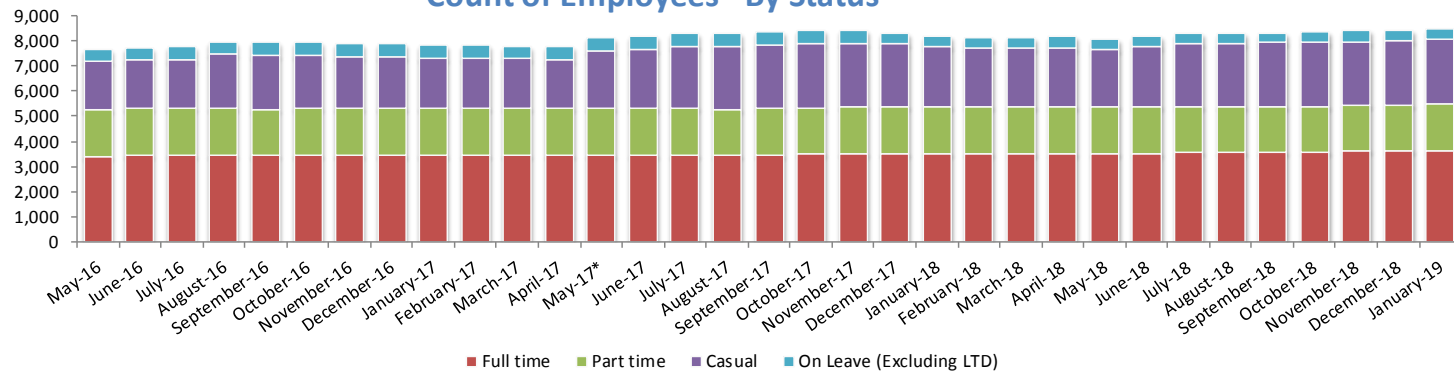
Active Employees by Region	Headcount	%
Active: Total	8,082	100%
North East	1,241	15%
North West	1,936	24%
Northern Interior: Prince George	2,487	31%
Northern Interior: Rural	1,173	15%
Regional	1,245	15%

Active Employees by Collective Agreement	Headcount	%
Active: Total	8,082	100%
Nurses	2,496	31%
Facilities	3,209	40%
Health Sciences	1,054	13%
Community	725	9%
Excluded	598	7%

Active Nursing	Headcount	%
Active: Total	2,496	100%
RN/RPN	1,908	76%
LPN	588	24%

Clinical vs. Support	Facilities	Community
Active: Total	3,209	725
Clinical	1,383	426
Non-Clinical	1,826	299

Count of Employees - By Status



BOARD BRIEFING NOTE

Date:	January 14, 2019	
Agenda item:	2018-19 Period 9 – Operating Budget Update	
Purpose:	<input checked="" type="checkbox"/> Information	<input type="checkbox"/> Discussion
	<input type="checkbox"/> Seeking direction	<input type="checkbox"/> Decision
Prepared for:	Board of Directors	
Prepared by:	Mark De Croos, VP Financial & Corporate Services/CFO	

December 13, 2018 (Period 9)

Year to date Period 9, Northern Health (NH) has a net operating deficit of \$3,744,000

Revenues are favourable to budget by \$5.1 million or 0.8% and expenses are unfavourable to budget by \$8.9 million or 1.5%. 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 9 financial update as presented.

NORTHERN HEALTH
Statement of Operations

Year to date ending December 13, 2018 (Period 9)

\$ thousand

	Annual Budget	YTD December 13, 2018 (Period 9)			
		Budget	Actual	Variance	%
REVENUE					
Ministry of Health Contributions	645,529	447,989	447,953	(36)	0.0%
Other revenues	229,450	158,089	163,239	5,150	3.3%
TOTAL REVENUES	874,979	606,078	611,192	5,114	0.8%
EXPENSES (BY PROGRAM)					
Acute Care	474,424	326,349	339,474	(13,125)	-4.0%
Community Care	212,708	148,036	143,823	4,213	2.8%
Long term care	119,683	83,561	84,855	(1,294)	-1.5%
Corporate	68,164	48,132	46,784	1,348	2.8%
TOTAL EXPENSES	874,979	606,078	614,936	(8,858)	-1.5%
Net operating surplus before extraordinary items		-	(3,744)		
Cost of wildfire response		-	153		
Less anticipated supplemental funding from Ministry of Health		-	(153)		
Net extraordinary items		-	-		
Net operating deficit	-	-	(3,744)		

BOARD BRIEFING NOTE

Date:	January 15, 2019	
Agenda item:	Capital Public Note	
Purpose:	<input checked="" type="checkbox"/> Information	<input type="checkbox"/> Discussion
	<input type="checkbox"/> Seeking direction	<input type="checkbox"/> Decision
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 amendments in June and November 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 9 (December 13, 2018), \$25.9M 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)	2.3	0.9
Major Capital Projects (< \$5.0M)	8.2	22.4
Major Capital Equipment (> \$100,000)	4.0	7.4
Equipment & Projects (< \$100,000)	5.7	8.0
Information Technology	5.6	11.5
	<u>25.9</u>	<u>50.3</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)
McBride	Ventilation System	\$1.43	Construction In Progress	FFGRHD, NH
Prince George	Parkwood Reverse Osmosis	\$0.56	Ordered	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	Received	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	Project Closing	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	Project Closing	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	Project Closing	Spirit of the North, FFGRHD, NH
Prince George	UHNBC OR Video Towers	\$0.32	Ordered	Spirit of the North

				Healthcare Foundation
Quesnel	GR Baker Urgent Primary Care Centre	\$0.10	Project Closing	NH
Vanderhoof/Southside	Phone Systems	\$0.26	Project Closing	SNRHD, NH
Burns Lake	The Pines Cafeteria Expansion	\$3.75	Construction In Progress	SNRHD, NH, MOH
Fraser Lake	FLC X-Ray	\$0.56	Ordered	SNRHD, NH, MOH
Fort St. James	Primary Care Leasehold Improvement	\$3.40	Planning	SNRHD, NH
Fort St. James	Stuart Lake Hospital Replacement Planning	\$3.00	Planning	SNRHD

Northwest Health Service Delivery Area (NW-HSDA)

Community	Project	Project \$M	Status	Funding partner (note 1)
Terrace	MMH C-Arm	\$0.22	Received	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	Project Closing	NWRHD, MOH
Atlin	Clinic Replacement	\$1.06	Planning	NH
Smithers	BVDH CT Suite	\$2.90	Ordered, Construction in Progress	Bulkley Valley Healthcare and Hospital Foundation, NWRHD
Smithers	BVDH Digital Mammography	\$0.95	Complete	MOH
Smithers	BVDH Radiology Room #1	\$0.90	Complete	NWRHD, NH
Kitimat	KGH Fire Alarm System Panel	\$0.29	Construction In Progress	NWRHD, NH
Kitimat	KGH General Radiographic Room	\$0.87	Received	NWRHD, MOH
Kitimat	KGH Phone System	\$0.33	Ordered	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	Ordered	NRRHD, NH
Fort St. John	Ultrasound	\$0.24	Received	Fort St. John Hospital Foundation, NH
Fort St. John	X-Ray Rad Rex Room #1	\$0.64	Received	PRRHD, NH, MOH
Fort St. John	Medical Clinic – 3 rd 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	\$3.48	Work In Progress	CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	MySchedule Enhancements	\$0.19	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 \$8.7M on such items.

Note 1: Abbreviations used:

- MOH Ministry of Health
- FFGRHD Fraser Fort George Regional Hospital District
- SNRHD Stuart Nechako Regional Hospital District
- NWRHD Northwest Regional Hospital District
- CCRHD Cariboo Chilcotin Regional Hospital District
- PRRHD Peace River Regional Hospital District
- NRRHD Northern Rockies Regional Hospital District
- NH Northern Health

Recommendation:

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

The Northern Health Board receives the Period 9 update on the 2018-19 Capital Expenditure Plan.

BOARD BRIEFING NOTE

Date:	February 11, 2019	
Agenda item	Accreditation Canada Distinction in Trauma Services	
Purpose:	<input checked="" type="checkbox"/> Information	<input type="checkbox"/> Discussion
	<input type="checkbox"/> Seeking direction	<input type="checkbox"/> Decision
Prepared for:	Northern Health Board of Directors	
Prepared by:	Jordan Oliver, Executive Lead Emergency and Trauma Program	
Reviewed by:	Fraser Bell, VP Planning, Quality and Information Management	

Issue:

This briefing note provides the Northern Health Board of Directors a summary on the final Accreditation Canada, Trauma Distinction Decision Report based on the on-site survey that NH Trauma Program participated on October 21st - 25th, 2018.

2016-21 Strategic Plan

The Accreditation Canada, Trauma Distinction Program recognizes organizations that demonstrate clinical excellence and an outstanding commitment to leadership in the field of trauma care. It promotes a culture of continuous quality improvement throughout the system by ensuring essential standards and performance indicators are met to assure optimal trauma care.

Accreditation is provided to NH as an organization. Accreditation Canada assesses sample sites at each of the various levels of care facilities to assess how trauma services are provided in the different contexts.

Background on Trauma Distinction Program:

Key components of the Trauma Distinction Program include:

1. **Standards:** essential components that Level I to V trauma centres need to have in place to ensure the successful functioning of the trauma system as a whole.
 - 75% or more of all criteria for trauma standards must be met (111 standards)
 - 90% or more of high priority standards must be met (21 out of 111 standards)
2. **Performance Indicators:** a requirement to submit data on a regular basis and meet key performance thresholds as applicable.

- All seven (7) of the core performance indicators must be submitted
 - Two (2) out of nine (9) optional performance indicators must be submitted
3. **Protocols:** evidence based protocols are required to promote a consistent approach to care and increase effectiveness and efficiency across the organization.
 - Six (6) out of the ten (10) protocols must be implemented
 4. **Excellence and Innovation:** must demonstrate implementation of a project or initiative that aligns with best practice guidelines, utilizes the latest knowledge, and integrates evidence to enhance the quality of trauma care.

Overview of Results:

1. **Trauma System Standards:** NH met **96.1%** of all high priority criteria which are considered foundational requirements for delivering safe and quality services as well as **94.1%** of all the other trauma criteria standards.
2. **Trauma Centre Standards:** The following NH Sites were assessed during the onsite survey and **achieved successful trauma centre designation** based on the percentage of met trauma centre criteria below.

NH Site Evaluated	Trauma Centre Designation	% of Trauma Centre Criteria Met
University Hospital of Northern BC	Level 3	98.5 %
Fort St. John Hospital	Level 4	97.2 %
GR Baker Hospital	Level 4	97.2%
Mills Memorial Hospital	Level 4	91.4%
Mackenzie & District Hospital	Level 5	83.3%

3. **Performance Indicators:** UHNBC met **all but one** of the core indicator thresholds – ‘Emergency Department Length of Stay’ was unmet. Optional indicators were also submitted and recognized as achieved.
4. **Protocols:** NH achieved **100%** for having all the high priority trauma protocols in implemented across the health authority.
5. **Excellence and Innovation:** The NH Trauma Dashboard was presented as our organization’s Excellence and Innovation Project and scored **100%** meeting all the distinction criteria requirements.

Summary of Accreditor Observations:

Strengths Noted:

- Robust trauma education and training of staff and physicians at all levels throughout the organization
- State of the art simulation labs used for regular trauma training
- Appropriate prioritization of trauma care in the emergency departments
- Established 'No Refusal' policies for the acceptance of trauma patients
- Quality data collection and concurrency
- Comprehensive regional Performance Improvement and Patient Safety Program
- Trauma Team Leader Program at UHNBC with rapid response to the ER
- Access to Diagnostics, Lab and Transfusion Services at NH sites
- Trauma Transfer Checklist implementation
- NH Trauma Dashboard (Excellence and Innovation Project)

Criteria Unmet:

- Inconsistent 24/7 access to specialty services at Mills Memorial, Fort St. John and GR Baker Hospitals (i.e. *General Surgery, Orthopedics and Internal Medicine coverage*)
- Frequent challenges with timely transfer of trauma patients to higher level of care across the health authority
- Minimal access to critical care paramedics for transporting trauma patients
- Client and family feedback related to trauma population
- Sporadic use of telehealth for trauma care across region

Report Recommendations:

- Develop formal evaluation process to gather feedback from patients and families on the effectiveness of transfers and follow-up planning from their perspective

Final Results:

Northern Health was commended on its commitment to using the Trauma Distinction Program to improve the quality and safety of services it offers to its patients and the communities it serves. Based on the Accreditation Canada evaluation, we were awarded Distinction in Trauma Services and successful trauma centre designations.

Recommendation(s):

This summary of the Accreditation Canada Distinction in Trauma Services decision is provided to the Northern Health Board of Directors for information.

BOARD BRIEFING NOTE

Date:	February 11, 2019	
Agenda item	Accreditation: Recognizing Achievement of Governance Standards	
Purpose:	<input checked="" type="checkbox"/> Information	<input type="checkbox"/> Discussion
	<input type="checkbox"/> Seeking direction	<input type="checkbox"/> Decision
Prepared for:	Northern Health Board of Directors	
Prepared by:	Tanis Hampe, Regional Director, Quality & Innovation	
Reviewed by:	Fraser Bell, VP Planning, Quality and Information Management	

Issue:

Accreditation is an important tool to help assess how well we are meeting national standards of care and to guide continuous improvement so we can consistently deliver high quality services at Northern Health (NH).

The purpose of this briefing note is to highlight outstanding achievements from the 2018 Accreditation Canada survey.

Background:

In June 2018 NH acute care and long term care services were evaluated through an Accreditation Canada survey. Leadership and Governance standards were also assessed at this time.



Over two thousand criteria were assessed (2125), with the organization meeting 94.8% of the criteria. NH received “accredited” status with requirements to provide evidence by May 2019 that the organization is meeting the unmet criteria identified through the survey.

NH was successful in achieving **100% compliance** with healthcare standards in three areas:

- Infection Control,
- Reprocessing of Reusable Medical Devices, and
- Governance.

Staff across the region contributed to the outstanding achievement of infection control and medical device reprocessing standards. The Infection Prevention and Control team, under the leadership of Deanna Hembroff, Regional Manager, and the Medical Device Reprocessing Program, led by Bonnie Mackenzie, Regional Coordinator, have been recognized with certificates of achievement and NH Quality Lives Here mugs.



Governance standards cover four functional areas:

- Functioning as an effective governing body
- Developing a clear direction for the organization
- Supporting the organization to achieve its mandate
- Being accountable and achieving sustainable results

Congratulations to the Northern Health Board of Directors for outstanding achievement of governance standards!

Recommendation(s):

Recognize and celebrate the achievement.



Photo from the NW: Annela Sterling



Photo from the NE: Jackie Winkler



Photo from the NW: Daniel Egli

Education and Development

2016-2021 Plan

Northern Health Education and Development aims to provide high quality, innovative, accessible, and evidence-based educational services, enabling students, staff, and physicians to flourish as they perform the duties of their job. Northern Health values and supports education and development as key drivers for excellence in rural and remote health service delivery.

Focused and Integrated Learning Themes

- Cultural Safety; Cultural Humility
- Person & Family Centred Care
- Trauma-Informed Practice
- Rural and Remote Lens

Post-Secondary Training & Collaboration

- Academic partnership
- Tuition and post-graduate support for staff
- Clinical placement coordination and preceptorship
- Student practice education core orientation
- Specialty education

Leadership Development

- Leadership pathway
- Coaching community of practice and coaching workshops

Nursing Orientation

- Standardized orientation program beginning with nurse orientation
- Phased orientation:
 - Phase One- General Orientation
 - Phase Two- Streamed Orientation (Community, Facility, Residential, Specialised services)
 - Phase Three- Department/Unit specific education
 - Phase Four- Specialty education
- General orientation beginning January 2019

Organizational Culture Development

- Defining and measuring culture
 - Drawing from values, quality, safety, workplace safety, person & family centred care, cultural humility & safety
 - Define attributes of Northern Health culture
 - Measurement system
- Living our values
 - Working with leaders to facilitate coaching and mentoring with tools/resources in support of living our values
 - Establishing a visual icon for each value (Empathy, Respect, Collaboration & Innovation)
 - Networking leaders together to learn from one-another

Learning Hub

The Learning Hub continues to provide standardized, high-quality learning which is accessible from any NH or home computer. The Learning Hub currently has over 13 thousand users affiliated with Northern Health including employees, affiliates, students, physicians, and volunteers. Northern Health has over 400 online courses and over 300 classroom courses housed on the Learning Hub.

DIRECTOR LIABILITY V.1**BRD 510**

Members of the Board of Directors of Northern Health (the “Board”) act both as agents of Northern Health and as directors of Northern Health’s assets. Directors¹ are responsible to act only within the authority given to them by governing legislation, regulations and policy, and Northern Health’s by-laws. Directors are expected to exercise the care, diligence and honesty expected of a reasonable person, in similar circumstances.

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

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

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

Liability of members

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

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

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

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

Author(s): Governance & Management Relations Committee

Issuing Authority: Northern Health Board

Date Issued (I), REVISED (R), reviewed (r): February 19, 2018 (r)

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Coverage is provided for a Director for all loss resulting from a claim for a wrongful act arising solely out of their duties. Examples of exclusions to this coverage include: any act, error or omission resulting from a Director failing to act honestly and in good faith in the best interest of Northern Health; any act, error or admission outside the course of the Director's duties with Northern Health; or any loss arising out of a dishonest, fraudulent, criminal or illegal act or omission of a Director. However, for the purposes of this exclusion, knowledge possessed by any one Director shall not be imputed to any other.

Author(s): Governance & Management Relations Committee

Issuing Authority: Northern Health Board

Date Issued (I), REVISED (R), reviewed (r): February 19, 2018 (r)

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PROCESS FOR DIRECTORS TO RAISE PUBLIC CONCERNS V.1
530**BRD****Introduction**

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

Process**A. Administrative Concerns & Complaints****a) From the Public**

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

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

b) From Directors

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

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

If the concern is about a Northern Health staff member or service, a physician, or any other matter dealing with the operation or management of Northern Health, the Director shall first raise their concern directly with the CEO either verbally or

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in writing. The same timely process for response as delineated under 'From the Public' shall be followed.

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

B. Clinical or Patient Care/Safety Concerns & Complaints

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

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

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

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

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

¹ Policy [4-2-1-030-P Health Care Protection Program \(HCPP\): Reportable Incidents](#)

ORGANIZATION AND PROCEDURE BYLAWS**BRD 600****DEFINITIONS****1.1 In these bylaws**

- a. “Act” means *Health Authorities Act*, and the regulations made there under.
- b. “Board” means Northern Health Authority as designated pursuant to the Act and, as the context requires, also refers to the full board of Members for the Northern Health Authority (the “Board”).
- c. “Bylaws” means the bylaws of the Board.
- d. “Chief Executive Officer” means the President and Chief Executive Officer engaged by the Board to manage its affairs (the “CEO”).
- e. “Health Facility” means the facilities, agencies or organizations by or through which the regional services (as defined in the Act) are provided for the Region.
- f. “Health Services” means those services which the Board has agreed to manage or undertake through an agreement with the Province of British Columbia, and includes Housing Services.
- g. “Housing Services” means the acquisition, construction, holding, owning, supplying, operating, managing and maintaining of housing accommodation and incidental facilities.
- h. “Member” means a person appointed to the Board, by the Minister, pursuant to Act and in accordance with Ministry policy from time to time.
- i. “Minister” means the Minister of Health of the Province of British Columbia.
- j. “Other Acts” means all other statutes which pertain to the management and operation of the Health Services for which the Board has been delegated authority by the Minister and the regulations made there under.
- k. “Ordinary Resolution” means a resolution passed by a simple majority of the persons entitled to vote who are present in person, by telephone or by videoconference at a meeting of the Members.
- l. “Special Resolution” means a resolution passed by a majority of 2/3 or more of the persons entitled to vote as are present in person, by telephone or by videoconference at a meeting of the Members of which notice specifying the intention to propose the resolution as a Special Resolution has been duly given.

Author(s): Ministry of Health Services; Governance & Management Relations Committee

Issuing Authority: Northern Health Board

Date Issued (I), REVISED (R), reviewed (r): February 19, 2018 (r)

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- m. "Region" means the region designated for the Health Authority as determined pursuant to the Act.
- 1.2 The definitions in the Act on the date these bylaws become effective apply to these bylaws.
- 1.3 In these bylaws, words importing the singular include the plural and vice versa.

ARTICLE 2 - NORTHERN HEALTH AUTHORITY

- 2.1 **General** - The Board shall have the powers and purposes as are set out in the Act and as defined in these bylaws and in the Other Acts, and the property and affairs of the Board shall be managed by the Board in which shall be vested full control of the assets, liabilities, revenues and expenditures of the Board.
- 2.2 **Contracts and Agreements** - The Board may by Ordinary Resolution designate that orders and other contracts which exceed a stated monetary limit may only be entered into on written authority of the Board. Additionally all contracts for the acquisition or disposal of real property shall be authorized by Ordinary Resolution. In respect of orders or contracts not involving real property or which cost or involve sums less than the amounts specified or limited by the Board, the CEO and other senior staff designated by the CEO shall have the power to make such orders and contracts on behalf of the Board.
- 2.3 **Banking** - The banking business of the Board shall be transacted with such banks, trust companies, or other firms or bodies corporate as the Board may designate, appoint or authorize from time to time and all such banking business, or any part thereof, shall be transacted on the Board's behalf by such one or more Officers or other persons as the Board may designate, direct or authorize from time to time and to the extent thereby provided.
- 2.4 **Board to Govern Operations** - The Board may make rules and regulations governing its operations and the operations of the Health Facilities, which are not inconsistent with the Act, the Other Acts, or the provisions of these bylaws.

ARTICLE 3 - MEMBERS

- 3.1 **Appointment of Members** - Each Member will be appointed by the Minister to the Board in accordance with the Act.
- 3.2 **Vacancy on Board** - The Board will advise the Minister if a vacancy occurs on the Board for any reason.
- 3.3 **Nominations for Board** - The Board may provide the Minister with recommendations for new Members of the Board.

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

ARTICLE 4 - OFFICERS

- 4.1 **Chair** - The Minister will designate the Chair of the Board.
- 4.2 **Other Officers** - The Board may elect such other Officers for such other terms of office as the Board may determine and may fill vacancies in such offices as the Board shall determine.
- 4.3 **Secretary** - The CEO shall be the Secretary to the Board unless the Board otherwise determines. The appointment of the CEO to hold office does not entitle the CEO to be a Member, nor to vote at meetings of the Board or any of its committees.
- 4.4 **Officers** - The Board may decide what functions and duties each Officer will perform and may entrust to and confer upon such Officer any of the powers exercisable by the Board upon such terms and conditions as they think fit and may from time to time revoke, withdraw, alter or vary any of such functions, duties and powers.

ARTICLE 5 - COMMITTEES OF THE BOARD

- 5.1 **Committees** - The Members may appoint one or more committees consisting of such Member or Members of the Board as they think fit and may delegate¹ to any such committee any powers of the Board; except, the power to fill vacancies in the Board, the power to change the membership of or fill vacancies in any committee of the Board, and the power to appoint or remove Officers appointed by the Board.
- 5.2 **Procedures of Committees** - All committees may meet and adjourn as they think fit. A quorum for any Board Committee meeting will consist of two or more Members of the Board. All committees will keep minutes of their actions and will cause them to be recorded in books kept for that purpose and will report the same to the Board at such times as the Board requires. The Board will also have

¹ It is the practice of the Northern Health Board not to delegate powers of the Board to a Committee except in rare and well defined circumstances.

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power at any time to revoke or override any authority given to, or acts to be done by, any such committees except as to acts done before such revocation or overriding, and to terminate the appointment or change the membership of a committee and to fill vacancies in it. Committees may make rules for the conduct of their business². The CEO will act as official secretary for all Board Committees and through consultation with the Chair of the Committee, delegate this task as appropriate.

ARTICLE 6 – MEETINGS OF THE BOARD

- 6.1 **Proceedings** - The Board shall meet at such times and as frequently as the Board shall determine. At the discretion of the Board, part or all of the proceedings of the Board at a Board meeting may be open to the public, but the Board shall exclude the public from a meeting or portion of a meeting if the Board considers that, in order to protect the interests of a person or the public interest, the desirability of avoiding disclosure of information to be presented outweighs the desirability of public disclosure of that information.
- 6.2 **Quorum** - The quorum for any meeting of the Board shall be a majority of the Members of the Board³.
- 6.3 **Participation by Telephone and Other Means** - A Member may participate in a Board meeting or committee meeting by telephone call or videoconference and is not required to be physically present to be counted as part of the quorum.
- 6.4 **Notice** - Notice of each meeting of the Board shall be given to each Member in writing or by fax or email delivery. Notice of committee meetings shall be reasonable notice in the circumstances.
- 6.5 **Right to Vote** - Each Member is entitled to vote at all meetings of the Board.
- 6.6 **Number of Votes** - Each Member, including the Chair, is entitled to one vote.
- 6.7 **Method of Voting** - Voting in a committee meeting or a Board meeting is by a show of hands unless determined otherwise by the Board for a particular

² It is the practice of the Northern Health Board that Terms of Reference and Work Plans of Committees must be approved by the Board.

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

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resolution or to accommodate a Member participating by telephone call or video conference.

- 6.8 **Adjourned Meeting for Lack of Quorum** - In the event a meeting of the Board cannot be held due to a lack of quorum such meeting shall have been deemed to be adjourned to a future date set by the Members present at the meeting. The date of adjourned meeting shall allow sufficient time for notice of adjournment to be given to all Members. There shall be no quorum requirements for the holding of an adjourned meeting.
- 6.9 **Rules of Procedure** - Except where otherwise provided by the Board or these bylaws all matters of procedure at any meetings of the Board shall be decided in accordance with the most recently revised edition of Roberts Rules of Order.
- 6.10 **Appoint Chair** - The Chair or in his or her absence, the Deputy Chair, shall preside as Chair at every meeting of the Board.
- 6.11 **Consent Resolutions** - A resolution in writing signed by all Members shall be valid and effectual as if it had been passed at a meeting of the Members duly called and constituted. Consent resolutions may be validly passed by execution by Members, delivered in counterparts and by facsimile.
- 6.12 **Ordinary Motions** - All ordinary motions will be approved by a simple majority of Members present and eligible to vote.

ARTICLE 7 – LIABILITY AND OBLIGATION OF MEMBERS/OFFICERS

- 7.1 **No Action** - No action for damages lies or may be brought against a Member or Officer because of anything done or omitted in good faith:
- a. in the performance or intended performance of any duty under the Act or Other Acts; or
 - b. in the exercise or intended exercise of any power under the Act or Other Acts.
- 7.2 **Disclosure of Interest** - A Member or Officer who is, directly or indirectly, interested in a proposed contract or transaction with the Board shall disclose fully and promptly the nature and extent of his or her interest to each Member and have such disclosure recorded in the minutes of the next meeting of the Board.
- 7.3 **Indemnity** - Subject to the provisions of the *Society Act* (BC), which is applicable pursuant to Order in Council #1236 under the Act, a Member of the Board of Directors of the Northern Health Authority and his or her heirs, executors, administrators and assigns may be indemnified against all costs, charges and expenses including any amount paid to settle an action or satisfy a judgment, actually and reasonably incurred by an indemnity in a civil, criminal or administrative action or proceeding to which such a Member is made a party by

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reason of being or having been a Member of the Board, including any action brought by the Board if:

- a. the Member acted honestly and in good faith with a view to the best interests of the Board; and
- b. in the case of a criminal or administrative action or proceeding, the Member had reasonable grounds to believe his or her conduct was lawful.

ARTICLE 8 - CORPORATE ADDRESS

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

ARTICLE 9 - EXECUTION OF DOCUMENTS

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

ARTICLE 10 - GENERAL

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

ARTICLE 11 - ADOPTION OF BYLAWS AND AMENDMENTS

- 11.1 **Special Resolution Required** - The bylaws may only be amended by Special Resolution.
- 11.2 **Ministerial Approval** - Bylaws and amendments to the bylaws are subject to the Minister's approval.

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

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DIRECTOR COMPENSATION AND EXPENSE GUIDELINES V.1**BRD 610****BOARD REMUNERATION****Introduction**

The purpose of this policy is to ensure that there is a clear description of the amounts payable to members of the Board of Directors of Northern Health (the “Board”) for their time while discharging their duties on behalf of Northern Health¹. The policy also addresses reimbursement of expenses.

Annual Retainers

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

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

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

Payment for Attendance at Board and Committee Meetings

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

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

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

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

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Travel Time Compensation

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

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

Maximum Daily Compensation

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

Annual Compensation Limits²

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

Expense Reimbursement

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

Directors are reimbursed for transportation, accommodation, meal and out-of-pocket expenses incurred in the course of their duties in accordance with Treasury Board directives³. Expense claims, must be supported by receipts. Directors should consider the following guideline for reasonable meal expenses:

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

² The sum of retainer plus meeting fees and travel time

³ Board members are reimbursed using the same rates payable to Northern Health non-contract staff, which is also consistent with Treasury Board guidelines.

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

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

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

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

Payment

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

Reimbursement of expenses will be made to Directors upon submission of approved Board Member Expense Claim Forms. All claim forms are to be submitted to the Corporate Secretary for processing⁴.

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

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

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

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BOARD BRIEFING NOTE

Date:	4 December 2018	
Agenda item	Legalization of Non-Medicinal Cannabis	
Purpose:	<input checked="" type="checkbox"/> Information	<input type="checkbox"/> Discussion
	<input type="checkbox"/> Seeking direction	<input type="checkbox"/> Decision
Prepared for:	GMR Committee and NH Board of Directors	
Prepared by:	Kirsten Thomson, Regional Director, Risk & Compliance	
Reviewed by:	Cathy Ulrich, Chief Executive Officer	

Issue:

On October 17, 2018, possession and use of cannabis for non-medicinal purposes became lawful, under the federal *Cannabis Act*. The aims of this legislation are:

- To keep cannabis out of the hands of youth
- To keep profits out of the pockets of criminals, and
- To protect public health and safety by allowing adults access to legal cannabis.

The regulation of cannabis is a hybrid of the regulation of tobacco and alcohol:

- Minimum age is 19 years
- Retailers can be government or private (with appropriate licensing)
- Hours of sale are 9 am to 11 pm
- Public consumption in same areas as tobacco smoking, with additional restrictions on areas frequented by children and in vehicles.

Northern Health prepared for this change in legislation by forming a working group which:

- Reviewed and updated existing policies to reflect the change
- Published a new policy on staff substance use, with a focus on fitness for work
- Prepared an internal resource page for staff, with information that can be used to support staff, patients and families
- Prepared public health guidance for external partners, including local governments and schools

2016-21 Strategic Plan

The aim of the work to understand the effect and support the implementation of legalized cannabis was to:

- Support people to live well by addressing health risk factors and supporting healthy living
- Embed a person- and family-centred care approach
- Identify and manage risks to the organisation and service delivery

Background:

In order to consider the impact of the legalization of non-medicinal cannabis, a working group was formed with representation from Risk Management, Public Health, Human Resources, Professional Practice, Mental Health and Substance Use, Pharmacy, Communications, and the Policy Office.

With support of the Policy Office, an environmental scan of existing policy was conducted, identifying policies requiring revision or updating to reflect the changing status of cannabis. Most changes made were to include cannabis smoke as a prohibition, along with tobacco smoke, in various settings, to be compliant with the *Tobacco and Vapour Products Control Act*.

A need for a fitness for work policy was identified to make the expectations about substance use for staff and physicians while at work. The Substance Use (for staff) policy was created and published September 28, 2018, with a focus on staff and management responsibilities to ensure that all staff are fit for work, as opposed to a focus on particular substance use.

The existing policy regarding patient and visitor substance use required significant revision; this work is still underway with the expectation that a policy will be ready for stakeholder review in the early new year.

The Medical Cannabis policy will remain in force and unchanged. The Cannabis Regulation, under the *Controlled Drugs and Substances Act*, has been brought into force and now includes the provisions previously found in the Access to Cannabis for Medical Purposes Regulation; however the provisions respecting procurement and use of medical cannabis are unchanged.

Public Health gathered and developed various resources to support staff, patients and families with respect to cannabis use. There is a page on ourNH with links and information developed by the working group that can be searched and access by all NH staff and physicians.

Public Health also distributed a letter to all local governments (municipalities and Regional Districts) containing guidance on best practices to mitigate the negative health effects of cannabis use in the population. A similar letter is being drafted for schools. Additional work is ongoing to reduce injuries due to cannabis-impaired driving.

Lastly, messaging was developed and distributed to all NH staff and physicians to introduce the legislative changes, the Substance Use policy, and the available support and resources. Additionally, the working group presented the changes and available resources at a policy rounds, with attendance of staff from across the health authority.

Recommendation(s):

That the GMR Committee and Northern Health Board of Directors receive this for information purposes.

Cannabis Legalization

The Northern Health Perspective

Population and Public Health

Federal Context

Bill C-45:

The purpose of this Act is to protect public health and public safety and, in particular, to:

- **Keep cannabis out of the hands of youth**
- **Keep criminal element out of cannabis**
- **Provide safe and legal access to quality- controlled cannabis**

Legal Framework in B.C.

	Alcohol	Tobacco	Cannabis
Minimum Age	19	19	19
Retailers	Government and Private	Private	Government and Private
Hours of Sale	9 a.m. – 11 p.m.	24 hours a day	9 a.m. – 11 p.m.
Public Consumption	Not to be consumed in a public place unless licensed or designated by municipality/region.	Not to be consumed in an enclosed structure or vehicle, workplace, near doorways; many communities ban use in parks, on trails, beaches, etc.	Same as tobacco smoking, with additional bans on areas frequented by children and for all occupants in vehicles.

Source: Fraser Health and Government of B.C.

Northern Health Activities

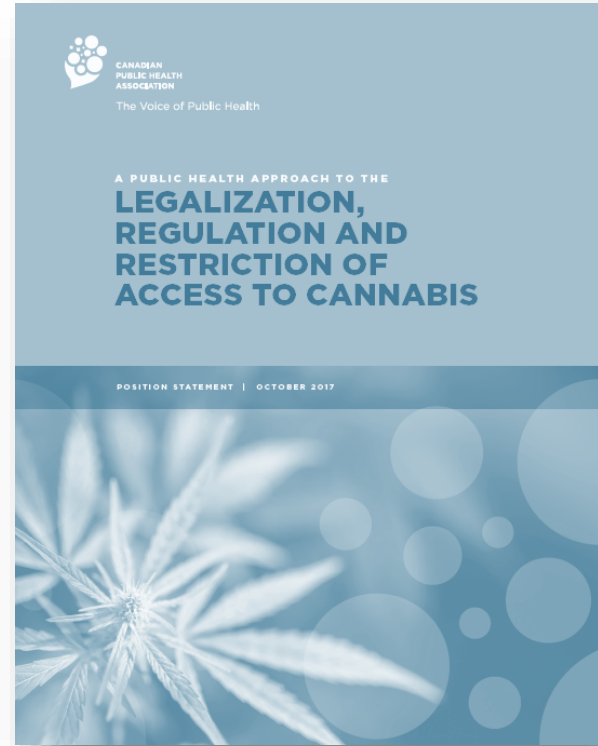
- Reviewed and updated existing policies
- Published a new policy on staff substance use, with a focus on fitness for work
- Prepared an internal OurNH Cannabis resource page for staff, with information that can be used to support staff, patients and families
- Provided Q&A webinar for any Northern Health members to ask questions
- Presented cannabis information to Public Health Resource Nurses.
- Letters to local governments providing recommendations and contact information for support (August 2018).

Northern Health Activities

- Letter to schools (in draft) providing recommendations and contact information for support (projected distribution Jan/Feb 2019).
- Information on our public website
- Internal and External communications
- Ongoing discussions and information sharing with the Ministry of Health and each of the provincial health authorities
- NH continues to have a Non Medical Cannabis Legislation working group with representation from key portfolios

Public Health Approach

- Helping people, including health-care providers and community leaders, understand the risks of using non-medical cannabis
- Striving to minimize the harms associated with its use
- Respecting the philosophy of choice and supporting people to make informed choices



Next Steps

- Continue to monitor and adjust response as needed given non-medical cannabis health knowledge and impact of legalization will be evolving.
- Be aware of new information emerging about edible products and any required action for NH. Edibles (accidental consumption, overdose) remain one of the primary concerns experienced by other places that have legalized, and they are expected to become legalized in Canada in October 2019.
- Continue to look at prevention strategy and inform and advise on lower risk cannabis use for people who do use substances, within a healthy communities context.



BRIEFING NOTE

Date:	January 14, 2019	
Agenda item	2018 Annual Review: Relationship with Foundations & Fundraising Societies	
Purpose:	<input checked="" type="checkbox"/> Information	<input type="checkbox"/> Discussion
	<input type="checkbox"/> Seeking direction	<input type="checkbox"/> Decision
Prepared for:	GMR Committee & NH Board of Directors	
Prepared by:	Steve Raper, CCO	
Reviewed by:	Cathy Ulrich, CEO	

Issue:

To provide the GMR Committee and NH Board of Directors with an update on the relationship with Foundations and Fundraising Societies.

Background:

The foundations and auxiliaries across Northern Health continue to do exceptional work; providing funding for equipment, providing services such as hospital gift shops, and organizing events that build a positive presence in northern communities.

In 2017/18, the foundations and auxiliaries committed **\$2,183,623** million to Northern Health.

These funds do not include the countless hours that volunteers committed to raising those funds, to organizing activities & events, and providing services. These hours make a big difference to the people we serve.

The total given from the previous three years is:

2016/17	\$2.716 M
2015/16	\$2.661 M
2014/15	\$3.462 M
2013/14	\$3.254 M

*** It is important to note that the amount we receive isn't necessarily the amount raised by each foundation. This is the amount they have spent on behalf of Northern Health. Some campaigns run multi-years, some build endowments, and some is raised through planned giving.

The breakdown of the amounts gifted to Northern Health by each foundation and/or auxiliary are detailed below:

**Summary of Donations Committed
For the Year Ending March 31, 2018**

Charity Name	Amount
Bulkley Valley District Hospital Auxiliary	153,537
Bulkley Valley Health Care & Hospital Foundation	40,866
Chetwynd Hospital Foundation	11,473
Dawson Creek Hospital Auxiliary	2,675
Dawson Creek Hospital Foundation	134,047
Dr. REM Lee Foundation	215,300
Fort Nelson Hospital & Healthcare Foundation	4,416
Fort St. John Hospital Auxiliary	43,907
Fort St. John Hospital Foundation	131,467
GR Baker Hospital Auxiliary	75,863
Keystone Life Foundation	4,975
Kitimat General Hospital Ladies Auxiliary	23,977
Kitimat Hospital Foundation	73,536
MacKenzie Hospital Auxiliary	7,717
McBride & District Hospital Auxiliary	18,211
Mills Memorial Hospital Auxiliary	132,375
Prince Rupert Regional Hospital Auxiliary	23,578
QCI Hospital Days Foundation	7,765
Spirit of the North Healthcare Foundation	923,829
St. John Hospital Auxiliary Society	69,144
Stuart Lake Hospital Auxiliary Society	8,867
Tumbler Ridge Health Centre Foundation	71,883
Wrinch Memorial Hospital Foundation	4,215
Grand Total	<u>2,183,623</u>

As a group, the foundations that represent Northern Health continue to meet semi-annually. They meet face-to-face once, and via videoconference once. At these meetings, the foundations discuss how they can learn from each other and work together as a large group, or as sub regional groups. In addition, there is interest in learning and developing capacity, including in major gifts and planned giving. There is interest in ongoing work together on region wide or sub-regional joint campaigns or projects. Our current

development as a group is focused on non-capital initiatives, for example how to grow the Imagine Grant program to enable more investment in upstream health initiatives.

The UHNBC Auxiliary is celebrating 100 years this year and we, along with Spirit of the North, have some exciting plans that are soon to be unveiled to recognize and commemorate this exceptional milestone. I have attached a brief history of the auxiliary and some of the gifts they have provided as prepared and shared with us by Spirit of the North.

On behalf of Northern Health, I thank our foundations and auxiliaries regularly for the work they do on behalf of the residents of northern BC and the communities in which they serve.

Recommendation:

That the Board formally provide recognition in the form of a letter of congratulations to the UHNBC Auxiliary leadership at the February 20th event and in the form of a permanent plaque at the UHNBC site.

In recognition of the 100 anniversary of the UHNBC Hospital Auxiliary
January 2019

The first known hospital in Prince George built in the early 1900's was a make shift log shack often described as a large tent. (Mothers were often seen taking their babies and sacks of potatoes to bed with them to keep both from freezing). The railway seen a need for a proper hospital and by 1914 the Grand Trunk Railway Hospital was in existence.



(Grand Trunk Railway Hospital)

The Auxiliary was first started in August 1919 to primarily raise money to support a new privately owned hospital located on 8th Avenue in Prince George. Mrs. Cowie, first President, was a driving force, building the Ladies Auxiliary. With much enthusiasm they set out to raise money mainly for linen, drapes, and other incidentals.

After the flu epidemic in 1918 a move was started for a proper City Hospital, but not until 1920 was this built, to be known as Pine Manor, located at the NE corner of 13th Ave. and Alward Street. In 1923 the Auxiliary purchased their first piece of equipment for the hospital, an x-ray machine. The Auxiliary held hospital teas, served hot dogs and doughnuts at the local ski hill, served lunches for dances, catered dinners, held May Day celebrations and Tag days to raise funds.



(Pine Manor)

During the 1930 depression, as money was scarce, members worked even harder going by horse and buggy collecting produce, storing donations in root cellars and preserving the rest for patients. During the war the Auxiliary did not hold regular meetings or carry on with fund raising social events but under President Margaret Lund they were able to carry on hospital services. Following the war, Jessie Cunliffe became President and the Auxiliary was reorganized.



(Military Hospital)

With the expansion of the city after the Second World War, the old hospital was outgrown and with the availability of the military hospital, plans were made to move. So in 1947 the hospital moved to Laurier and Lethbridge Streets to the Army Barracks. Because the 80 bed facility had wards 120 ft. long, the joke of the day was that nurses should be paid mileage. In 1949 the Auxiliary joined the Provincial Hospital Society and sent President Jessie Cunliffe as their delegate.

With the event of Hospital insurance in the late 1940's the Auxiliary's role changed. No longer linens and produce were needed and the Auxiliary started purchasing smaller types of equipment such as oxygen tents, bottle warmers furnishings and incubators. Many fund raising projects were seen and the Auxiliary became well known for their many *FANCY DRESS BALLS AND FASHION SHOWS*.



**AUXILIARY TO UNIVERSITY HOSPITAL OF
NORTHERN BRITISH COLUMBIA**

DONATION LIST 2006-2015

2006

Fetal Monitor	75,620.00	Nov 26/2006
Ceiling Lifts	98,000.00	Feb 24/2006
Appliances	1,740.20	Aug 21/2006
Paeds Room Pledge	30,000.00	Sep 6 /2006
Safety Tubs	64,610.00	Sep 6 /2006
Video Cystoscope	36,598.49	Sep 13/2006
Therapeutic	3,400.00	Dec 13/2006
	309,968.69	

2007

Video Cystoscope	91,296.83	Sep 30/2007
Music Program	3,500.00	Mar 20/2007
2 Leather Recliners	2,754.00	May 15/2007
	97,550.83	

2008

Jubilee Redo	1,673.00	Oct 28/2008
Transition Unit	5,000.00	June 17/2008
Transition Unit T.V.	25,000.00	June 3/2008
Jubilee Lodge - reno	25,000.00	June 3/2008
Adolescent Psyc Upgrade	20,000.00	May 13
Paeds covered deck		Not sure?
Therapeutic Music Program Jubilee	3,400.00	Apr2
Jubilee Redecorating	25,000.00	Apr2
Furnishing Paeds	25,000.00	Feb 5/2008
Jubilee Relocation	1,000.00	Oct 28/2008
Music Therapy	25,000.00	Apr 15/2008
Jubilee Redecorating	1,000.00	Oct 28/2008
	157,073.00	

2009

Vein Viewer	38,281.36	Sep 9
Faxitron Unit DX50 for Radiography	73,064.00	Sep1 10
Biopsy Forceps	5,496.32	June30
Staxi Chairs	24,532.60	Apr 20/2009
Adolescent Detox	1,500.00	Feb 3/2009
Video Cystoscope (2)	35,804.04	Apr14

2015	Hillrom Total Care ICU beds (2)	78,825.41 Jan.
	Roche Urine Analyzer	43,000.00 Apr.
	Cabinet Warming Blanket-Medical overflow	5,500.00 Apr.
	Nuclear Medicine-Angel Lift	12,500.00 May
	Acute Care- 6 Ceiling Lifts	39,000.00 May



Northern Health Foundations & Auxiliaries

The Difference that makes a difference!

Last year!

In 2017/18, the foundations and auxiliaries committed **\$2.184 million** to Northern Health (this is not what they raised, but what they invested).

The total given from the previous three years is:

- 2016/17: \$2.716
- 2015/16: \$2.660 million
- 2014/15: \$3.462 million
- 2013/14: \$3.254 million
- 2012/13: \$3.186 million

Strong Community Support!

Charity Name	Amount
Bulkley Valley District Hospital Auxiliary	153,537
Bulkley Valley Health Care & Hospital Foundation	40,866
Chetwynd Hospital Foundation	11,473
Dawson Creek Hospital Auxiliary	2,675
Dawson Creek Hospital Foundation	134,047
Dr. REM Lee Foundation	215,300
Fort Nelson Hospital & Healthcare Foundation	4,416
Fort St. John Hospital Auxiliary	43,907
Fort St. John Hospital Foundation	131,467
GR Baker Hospital Auxiliary	75,863
Keystone Life Foundation	4,975
Kitimat General Hospital Ladies Auxiliary	23,977
Kitimat Hospital Foundation	73,536
MacKenzie Hospital Auxiliary	7,717
McBride & District Hospital Auxiliary	18,211
Mills Memorial Hospital Auxiliary	132,375
Prince Rupert Regional Hospital Auxiliary	23,578
QCI Hospital Days Foundation	7,765
Spirit of the North Healthcare Foundation	923,829
St. John Hospital Auxiliary Society	69,144
Stuart Lake Hospital Auxiliary Society	8,867
Tumbler Ridge Health Centre Foundation	71,883
Wrinch Memorial Hospital Foundation	4,215
Grand Total	2,183,623

Highlights from around the region!

Every year we ask our foundations & auxiliaries to provide us with their highlights for the past year.

The following slides showcase some of those highlights, in no set order.

North Coast Health Improvement Society

The North Coast Health Improvement Society has begun a number of initiatives over the last 6 to 12 months

Accomplishments include a very successful charity golf scramble which resulted in the purchase of an Infant Bed Warmer at a cost of \$35,000.

Other initiatives completed include fundraising for the purchase of Scope Guides (\$40,000), a Bariatric Bed (\$20,000) and installing a new T.V. and entertainment set-up in the Acropolis Manor's assisted-living facility (\$5,000).

The major fundraising effort at this time is a \$200,000 upgrade to the Oncology / Cancer Care Unit at the Prince Rupert Regional Hospital. To date we have fundraised \$152,000 for this project.

Kitimat Hospital Foundation

The Kitimat General Hospital Foundation (KGHF) had another successful year in 2018:

The final purchase of CADD Infusion Pumps was completed for Kitimat General Hospital and Health Centre. The total raised for eight (8) Infusion Pumps was approximately \$36,680 . The Single Mother's Bathtub of Gifts continues – baby bathtubs are filled with gifts provided by a donor from Hazelton.

Funding was provided (through fundraising and grants) for:

- The Music Program at Mountainview Lodge (\$8,000)
- The new kitchen facilities at Delta King Assisted Living (\$20,000)
- \$120,000 for a new state-of-the-art ultrasound and examination table for the Diagnostic Imaging Department
- A new exam table for visiting OB/Gyn specialists

KGHF has partnered with the R.E.M. Lee Foundation in Terrace to fund raise for an ophthalmic Microscope. \$15,000 was committed by KGHF towards their project. KGHF also held their second successful annual Gala and Silent Auction in May that provided an additional \$20,000 for projects/equipment at Kitimat General Hospital and Health Centre.

A recent initiative undertaken by the society includes plans for a Dementia Care/Alzheimer's Facility. The Directors of Kitimat General Hospital Foundation established a second society on March 18, 2018 to over-see the development and management of a pilot project to construct a Dementia/Alzheimers Care facility in Kitimat. The Kitimat Valley Housing Society has been working diligently in obtaining land, subdivision approval and geo-technical engineering on 12 acres donated to KGHF by Civeo Corporation. Once charitable status has been obtained by the Housing Society, the land will be transferred from KGHF to the Kitimat Valley Housing Society. This project is currently in the Business Plan process for submission to Northern Health.

REM Lee Hospital Foundation – Terrace

Some of the equipment purchased includes:

- \$230,000 c-arm and table
- \$49,000 OPMI Pico Microscope for ENT
- \$30,000 point of care ultrasound
- \$20,750 software upgrade for ultrasound unit

This year the Tempo hosted a 5 km Walk for Health through the land surrounding the Kitsumkalum Nation. Organizers raised \$17,500 from business sponsors and participants who collected pledges, with all funds going toward the \$150,000 ophthalmic microscope. The event was very successful and plans are already under way for next year's walk.

2018-2019 Projects include:

- \$150,000 ophthalmic surgical microscope
- \$50,000 colposcopy for cervical cancer screening. Shoppers Drug Mart partnered with us to raise funds for this equipment through their annual Shoppers Love You campaign and raffle ticket sales.
- \$48,000 Panda warming unit for maternity. Thornhill Neighbourhood Pub has partnered with us to raise funds through their annual toy run, meat and 50/50 draws.

Bulkley Valley Hospital Foundation

The Foundation held a Father's Day Fishing Raffle with \$20K in proceeds directed towards acquiring wifi at the Bulkley Lodge. This allows residents the opportunity to skype and facetime with family and friends, reducing feelings of isolation and improving general quality of life.

Investments also include:

- \$55,000 towards an ENT microscope
- \$16,000 water birth ceiling lift,
- \$30,000 fetal monitoring system
- A replacement cuddle cot were also supported out of the Foundation's Maternity Fund.

On September 29, 2018 the Foundation held its 7th Annual Fundraising Gala which was once again a sell out success and raised \$67,000.

Third party campaigns such as the Raffle at Round Up (Mining Convention) and Subway's Cookies for a Cause have continued to provide excellent contributions.

In December, the AGM took place and added 4 new faces to the Board of Directors and the Foundation's website has gotten a facelift and is now live at bvhealthfoundation.ca

Fort Nelson Hospital Foundation

In 2018 the foundation received \$40,000 in donations. The Foundation is also inheriting a house and its contents. Once the legal process is complete, it will be sold.

In December 2017 the foundation partnered with the Hospice Society for the 'Celebrate a Life' service and the 'Meal Voucher Program' at the Hospital. This program was started to allow people sitting with hospice patients or parents of young children who are admitted to have one meal tray per day brought to them if needed.

The foundation put on game shows 'Family Feud', 'Minute to Win It', and 'The Price is Right' in 2017 and in early 2018 we did the game show, 'Are You Smarter Than a 5th grader.

Equipment purchased to date includes:

- A tonometer (for measuring eye pressure),
- A 'Bair Hugger' (temperature management system to maintain a patient's core body temperature, possibly from hypothermia),
- 2 heavy-duty wheelchairs (for patients over 450 lbs),
- 4 standard wheelchairs (2 x 16" wide and 2 x 18" wide)
- A Broda Elite tilt recliner for Long-Term Care.

The total cost for these items is \$16,909.65.

Fort St John Hospital Foundation

The Foundation recognized Mrs. Mucci for her donation of \$50,000 in 2017 for the Mr. & Mrs. Mucci Endowment fund with a focus on supporting the Cancer Treatment Centre.

The Foundation celebrated raising over \$1 Million in the fiscal year! Since its inception in 1994 they have raised over \$14.1 million and the Endowment Fund is currently valued at \$2 Million.

\$315,000 was raised through the Annual Be an Angel Campaign last year, which is a combination of the Mail Out, Bank Drops, Gala and the 'Light a Moose' campaign.

Purchases that were partially or fully funded include:

- The new MRI, MRI chair, IV stand, Intensive Care Unit Beds, Fetal Heart Monitor, Bravery Bell, Bipap Machine and Wireless Fetal Monitor, Slings with remotes, IOL Master for pre cataract surgery, Panda Warmer, ISO Flex Mattresses, Dental Tools, Electric Dialysis Chairs, ENT Chair and more.

Spirit of the North

SOTN has \$1.3 Million committed in projects and is funding close to \$400k in the fall 2018 granting cycle. Just over \$200k of it is included in the cardiac campaign piece.

Fall 2018 Granting Cycle –Payable to Northern Health

23-Feb-18	Portable ECHO Ultrasound and probe	Auxiliary	\$91,567.19
27-Mar-18	Monitor - ECG x3	2017 Wine Lovers	\$25,650.86
27-Mar-18	Incubator – Transport (Vanderhoof)	2017 Costco Campaign for Kids	\$30,867.61
27-Mar-18	Wound Management Shower Room Renos	Burn Fund	\$5,217.94
11-May-18	Family Care Funding	Variety	\$1585.00
17-May-18	Hovermat – Nuclear Medicine	Auxiliary	\$4,777.18
31-May-18	Exercise Bike @ Gateway	Staff Lottery	\$8,119.44
17-Aug-18	Ultrasound, Cardiac	PA Woodward Grant	\$107,310.75
23-Aug-18	Cart - Crash	Harley	\$29,690.74
23-Aug-18	Warmer - Fluid (Rapid Transit Transfuser)	Auxiliary	\$21,559.22
23-Aug-18	Ultrasound Table	Auxiliary	\$15,692.18
23-Aug-18	Manoscan Gastric Motilities System	Auxiliary	\$46,375.50
23-Aug-18	Analyzer - Erythrocyte Sedimentation Rate	Gaming General	\$6,410.60
31-Aug-18	Burn Wound Management - Multiple	Burn Fund	\$958.73
			\$395,782.94

Dawson Creek & District Auxiliary

The new 400sqft. Auxiliary Gift Shop opened in July - located in the front lobby of the hospital. It is accessible by wheelchairs, walkers, and scooters

The auxiliary participated in supporting the Prevent Shaken Baby Syndrome BC program, by encouraging local knitters to knit purple baby caps; collecting 105 donated caps for the campaign.

The two student bursary awards are now \$1000.00 each.

The following items were purchased for the hospital and Rotary Manor in recent years:

- Cups for Rotary Manor (our senior long-term care facility)
- Special Bed for Rotary Manor (our senior long-term care facility)
- Specialized pumps for bed mattresses for the hospital
- Warmer cabinet for blankets for the hospital
- Ice/water dispenser for patients for the hospital
- Specialized medical/surgical bed for the hospital
- 15 washable mattresses for the Rotary Manor (our senior long-term care facility)

Fort St John Hospital Auxiliary

During the year our 28 Members, including 7 Life Members provided over 3600 hours of volunteer service through the operation of our Gift Shop and Vending Machines and donated over \$86,000.00 toward equipment purchases including \$50,000.00 for the new MRI unit and \$36,000.00 for benches.

Last May resting benches were installed to assist residents navigating long hallways.

Volunteers managed and supported the Memorial Wall, Memorial Rose Garden and Junior Volunteer Programs, sent a representative to the BCAHA Education Forum in Harrison Hot Springs in April, honoured the Margaret Miller annual \$5,000.00 scholarship and provided two \$2,000.00 bursaries to students seeking future studies in health care and employed a summer student in the Gift Shop. In addition, Members visited and socialized with patients and residents, assisted with special facility events, donated “fidget” panels for the residents and baby blankets and toques to the Pregnancy Care Programme.

The Auxiliary entered into a successful partnership with the *Flower Hut* to supply fresh flower bouquets on site and in May entered into an agreement with a local nurse/artist to carry a line of baby crafts including pictures, mugs and onesies.

The Auxiliary to the Kitimat General Hospital & Health Centre

By the end of 2018 the long term goal of a ceiling lift above every bed (36 in multi-level care and 22 in acute care) was achieved. The Auxiliary contributed to 19 ceilings lifts and 2 manual lifts - at a cost of \$171,000.00

The Auxiliary committed \$11,316.29 toward the purchase of an ice machine, a refurbished drying stretcher for the home care tub room along with protective non slip pads.

In June 2018 a \$1,500.00 Auxiliary Scholarship was awarded to a Graduating Student who has chosen to continue with their post-secondary education in a health field, and \$1,200.00 has been committed to purchase a Christmas Gift for the residents in Multi-level care.

The Oncology staff requested the Auxiliary make head bands (turban type hats) for their patients. They are now well stocked.

Home Support Nursing Staff asked the Auxiliary to make "Feely Hearts" no bigger than 2 inches in size and small enough to be carried in a pocket. Made from different materials and stuffed with baton they have been found to bring comfort to those who have lost a loved one (particularly in the case of children) - 50 little hearts were made and delivered to Home Support.

Multilevel Care requested that Fidget Blankets be made for residents suffering from various forms of dementia. Six have been made and two more are in the making. Two Activity Pouches containing a variety of different textured fabrics have also been made and two more are in the making.

UHNBC Auxiliary

Reaching an exceptional milestone, is the UHNBC auxiliary - Celebrating 100 years of service to the hospital!!

The auxiliary operates the gift shop, provides volunteers in the hospital, and commits countless hours making the hospital as comfortable as possible for patients and their families. In addition, the auxiliary also operates a thrift shop on 3rd Ave.

The auxiliary provided almost \$200k in funding for equipment such as the Boditrak pressure mapping system, a portable echo sound cardiac machine, hover mat in nuclear medicine, Manoscan gastric motilities system, an ultrasound table, and a rapid transfuser.

The auxiliary also awards bursaries to college and university students

Thank You

A Special thanks to the volunteers from our Foundations & Auxiliaries, their donors, and their supporters!