Meeting of the Northern Health Board
Public Session

Wednesday, October 23, 2019

Northern Health Brunswick Boardroom
1411-3rd Avenue, Prince George, BC

northern health
the northern way of caring

northern health

Public Session

AGENDA

October 23 2019
Brunswick Boardroom
Prince George, BC

AGENDA ITEMS	Responsibility of…	Expected Outcome	Time (Approx.)	Page
1. Call to Order of Open Board Session	Chair Nyce		**10:45am**	
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: June 10, 2019	Chair Nyce	Motion		**3**
6. Business Arising from Previous Minutes	Chair Nyce			**-**
7. CEO Report	C Ulrich	Information		**9**
7.1 Human Resources Report	D Williams	Information		**12**
8. Audit & Finance Committee				
8.1 Period 5 Comments & Financial Statements	M De Croos	Motion		**22**
8.2 Capital Expenditure Plan Update	M De Croos	Motion		**24**
8.3 Reappointment of External Auditor	M De Croos	Motion		**30**
9. Performance, Planning & Priorities Committee				
9.1 Strategic Priority: Quality				
9.1.1. Elder Services	K Gunn	Information		**32**
9.1.2. Perinatal	K Gunn	Information		**36**
9.1.3. Designate to Receive Report of Adult Abuse	K Thomson	Motion		**41**
9.2 Enabling Priority: Communications, Technology & Infrastructure				
9.2.1. Information Management and Technology Plan Overview and Progress Report	J Hunter	Information		**43**
9.2.2. Strategic Communications Update	S Raper	Information		**47**
10. Governance & Management Relations Committee				
10.1 Policy Manual BRD 300 Series	K Thomson	Motion		**56**
10.2 Annual Review of Enduring Board Motions	C Ulrich	Motion		**86**
10.3 Legislative Compliance Review: Amendments to the Community Care and Assisted Living Act	K Thomson	Information		**93**
Adjourned			**12:00pm**	

northern health

Public Motions

Meeting Date:
October 23, 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?	☐	☐
4.	Approval of Agenda	The Northern Health Board approves the October 23, 2019 public agenda as presented		
5.	Approval of Minutes	The Northern Health Board approves the June 10, 2019 public minutes as presented	☐	☐
8.1	Period 5 Comments & Financial Statement	The Northern Health Board receives the 2019-20 Period 5 financial update as presented.	☐	☐
8.2	Capital Expenditure Plan Update	The Northern Health Board receives the Period 5 update on the 2019-20 Capital Expenditure Plan.	☐	☐
8.3	Reappointment of External Auditor	The Northern Health Board approves the reappointment of PricewaterhouseCoopers LLP as external auditor to Northern Health for the fiscal year ending March 31, 2020, representing the third year of a five-year term of engagement.	☐	☐
9.1.3	Designate to Receive Report of Adult Abuse	The Northern Heath Board designates the role of Specialist, Adult Abuse and Neglect, as the recipient of reports of a substitute decision maker under section 22 of the HCCCFAA acting in an abusive or harmful manner towards an admitted adult.	☐	☐
10.1	Policy Manual BRD 300 Series	The Northern Health Board of Directors approves the revised BRD 300 Series.	☐	☐
10.2	Annual Review of Enduring Motions	The Northern Health Board approves the appointment of Drs. Raina Fumerton, Rakel Kling, Jong Kim and Andrew Gray as School Medical Officers pursuant to section 89(1) of the School Act, RSBC 1996, c 412, for the school districts within the geography of Northern Health.	☐	☐

northern health

Board Meeting

Date: June 10, 2018

Location: Fort St John, BC

Chair:	Colleen Nyce	**Recorder:** Desa Chipman
Board:	• Stephanie Killam • Frank Everitt • John Kurjata • Patricia Sterritt	• Edward Stanford • Rosemary Landry • Wilfred Adam • Brian Fehr
Executive:	• Cathy Ulrich • Fraser Bell • Mark De Croos • Angela De Smit • David Williams	• Dr. Ronald Chapman • Dr. Sandra Allison • Steve Raper • Dr. Helene Smith • Danielle Guglielmucci

Public Minutes

1. Call to Order Public Session

The Open Board session was called to order at 9:07am

2. Opening Remarks

Chair Nyce welcomed all guests to the meeting and shared recent announcements that Northern Health has been involved in with recognition to Angela De Smit, Chief Operating Officer, North East and David Williams, VP Human Resources for their contribution and support with UNBC and Northern Lights College in building the partnership to help bring nursing education to the northeast.

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 June 10, 2019 Public agenda.

4. Approval of Agenda

Moved by R Landry seconded by F Everitt
The Northern Health Board approves the June 10, 2019 public agenda as presented.

5. Approval of Board Minutes

Moved by S Killam seconded by R Landry
The Northern Health Board approves the April 15, 2019 minutes as presented

6. Business arising from previous Minutes

There was no business arising out of the previous minutes

7. CEO Report

An overview of the June CEO Report was provided to the Northern Health Board for their information with the following areas being highlighted:

- NCLGA: Healthy Communities Forum May 2019:
  - As part of the North Central Local Government Association convention the 4th annual Northern Health Communities Forum "Resilient & Healthy Communities" was attend by 75 local government officials, health authority staff, and community partners. This was the first time Northern Health has co-hosted this event with Interior Health.
  - This year's theme focused on resilience with the aim to support resilience at the community level by providing information, resources, and targeted recommendations for local government action. The topics included in the day were:
    - An overview of what resilience looks like, and the services available through Healthy Settings, the Health authorities, and the Province
    - Local-level health data to inform local action
    - Healthy & Resilient Communities: Food Security in BC, and
    - Housing for Resiliency and Community Well-being
- 2019 Indigenous Health Improvement Committee Gathering: Cultural Safety – A Journey of Partnership, Reflection and Understanding – May 28 and 29:
  - Northern Health, leaders and health care providers from First Nations communities and the First Nations Health Authority have worked together to establish Aboriginal or Indigenous Health Improvement Committees in each geographic area across the North.
  - These committees have been working together to improve the cultural safety of health care services for First Nations and Métis people. On May 28 and 29, the committees came together in an annual gathering. The overarching goals for the gathering were:
    - To share experiences and knowledge with each other,
    - To celebrate accomplishments
    - To explore bias and related concepts
    - To investigate roles in partnerships, and
    - To reflect and express thoughts through art
- BC College of Family Physicians (BCCFP) - Family Physician of the Year
  - The BCCFP gives out awards as a way to honour physicians from each of B.C.'s health regions. This year, Dr. Catherine Textor, a Prince George family practice physician has been recognized by the College of Family Physicians as BC's Family Physician of the Year.
  - Dr. Aryn Khan of Vanderhoof was also honoured by the BCCFP with the First Five Years of Practice Award.
  - Dr. Marlowe Haskins, based in Smithers, won the northern region's My Family Doctor Award as nominated by his patients.

7.1. Human Resources Report

Management provided a detailed overview of the three levels of workforce planning that Northern Health is continually undertaking:

- Provincial Workforce Planning:
  - The Provincial Integrated Health Human Resources Planning (IHHRP) initiative which aims to establish a single, comprehensive and collaborative process to align

supply, mix, and distribution of the workforce to meet patient and population health needs.

- Health Authority Human Resources Strategy:
  - Northern Health is developing a Human Resources (HR) Strategy which aims to optimize, support, and retain the existing workforce. This includes profession-specific workforce plans which summarize the unique challenges facing each of the priority professions. It also contains the strategic initiatives that are forthcoming or underway to address these challenges.
- Operational Workforce Planning:
  - The implementation of standardized workforce planning for the organization to support evidence-based decision making, improve engagement, and provide a better understanding of our workforce. This work is specific to departments and units within NH.
- Northern Health continues to focus on a variety of strategies to address difficult-to-fill vacancies. Information was provided on recent successes and ongoing efforts.

8. Audit and Finance Committee

8.1. Public Comments 2018-19 Fiscal Year End

- An update was provided to Directors on the status of the audit of Northern Health's 2018-19 financial statements, and government requirements regarding disclosure of the audited financial statements to the general public.
  - Northern Health ended fiscal year 2018-19 on March 31, 2019. The annual financial statements are being audited by PricewaterhouseCoopers (PwC).
  - Upon conclusion of the audit, the audited financial statements will be presented to Northern Health's Board of Directors for approval.
  - Following Board approval, the audited financial statements will be submitted to the Ministry of Health for its review and approval to release to the general public. Once Ministry approval is received, Northern Health's 2018-19 audited financial statements will be posted on the Northern Health website.

8.2. Public Capital Expenditure Plan Update

- 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 $50.3M, with funding support from the Ministry of Health ($18.5M, 37%), Six Regional Hospital Districts ($16.4M, 33%), Foundations, Auxiliaries and Other Entities ($4.6M, 9%), and Northern Health ($10.7M, 21%).
- A detailed summary of the 2018-19 outlined that $37.9M was spent towards the execution of the plan.

Moved by J Kurjata seconded by E Stanford
The Northern Health Board receives the Period 13 update on the 2018-19 Capital Expenditure Plan.

9. Performance, Planning & Priorities Committee

9.1. Strategic Priority: Quality

9.1.1. Overdose Prevention & Response Update

- Canada is facing a national opioid crisis affecting almost every region in the country. BC continues to see the highest total number of opioid related deaths and Northern BC remains one of the most impacted areas within BC. Fentanyl and other fentanyl-related substances continue to be a major driver of this crisis.

- This is a complex health and social issue requiring a response that is comprehensive, collaborative, compassionate and evidence-based.
- The response has involved engagement with people with lived experience, public education and targeted information campaigns, enhanced data collection and analyses, increased access to evidence-based treatment for opioid use disorder and rapid distribution of naloxone to reverse overdoses. Early findings of the overdose response strategies have shown that many lives have been saved through these efforts.
- Despite these lifesaving activities, the BC Coroners Service reports the number of deaths in BC due to illicit substance use continues to rise, from 1486 in 2017 to 1489 in 2018. Similarly, despite Northern Health's focus on the public health emergency, there was a 35% increase in the number of illicit drug deaths within our region from 2017 to 2018.
- NH also has the second highest rate of illicit drug deaths for 2018, with 31 deaths per 100,000, trailing behind Vancouver Coastal Health with 36 deaths per 100,000.
- Provincially, the Ministry of Mental Health and Addictions has established an Overdose Emergency Response Centre (OERC) to oversee the provincial response. The OERC plan is built on eight core interventions.
- Northern Health has established a Regional Response Team supported by Local Implementation Teams to develop regional and local level actions. Supporting the community based actions are community action teams (CATs) in Fort St John and Prince George which have been funded by the Ministry of Mental Health and Addictions to enable local action based strategies. Funding provided to the CATs has been extended for an additional year.
- Overall, an effective response to this crisis requires a whole system approach, a broad spectrum of services, as well as an enabling environment.

10. Presentation: Tackling the Opioid Crisis Locally: Fort St John Community Action Team and Health Fort St John

Amanda Trotter, Executive Director, Fort St John Women's Resource Society and Julianne Kucheran, Community Consultant, Urban Matters provided the Northern Health Board with a presentation on Tackling the Opioid Crisis Locally.

- The Northern Health Board of Directors found the presentation to be very powerful and expressed appreciation for the information and presentation.

11. Governance and Management Relations Committee

11.1. Policy Manual BRD 200 Series

- The revised policy manual BRD 200 Series was presented to the Board for review and approval.

Moved by F Everitt seconded by J Kurjata
The Northern Health Board of Directors approves the revised BRD 200 series

11.2. Policy BRD 510

- The revised policy BRD 510 was presented to the Board for review and approval.

Moved by F Everitt seconded by J Kurjata
The Northern Health Board approves Board Policy BRD 510 as revised.

11.3. 2021 Board Meeting Calendar

Moved by W Adam seconded by F Everitt
The Northern Health Board approves the 2021 Board meeting calendar as presented.

11.4. Annual Report: 2018-2019

- An update was provided on the current status of the Annual Report for 2018-2019 fiscal year. Northern Health plans to continue last year's practice of producing only an electronic version of the annual report
- Northern Health will also follow last year's practice of producing an infographic summarizing the fiscal year). As well, there is a plan to redesign the report and introduce a more interactive "flip" version.
- Next steps for 2018-2019 Annual Report:
  - May - July: Collect submissions and make final edits and approval of the report; create online version and infographic
  - By July 31: submission to the Government Communications and Public Engagement (GCPE) for approval
  - By August 31: Report will be completed and posted on the Northern Health website.

11.5. Emergency Preparedness

- Management provided the Board with an overall review of HEMBC, North's emergency management operations during 2018 and operational initiatives and system readiness for the upcoming 2019 wildfire/freshet season for information and discussion.
- 2018 Wildfire Response- Impacts to the Health Care Delivery System:
  - NH's involvement in the 2018 fire season was significantly different than in the 2017 Cariboo wildfires. NH's participation in 2017 was primarily supporting Interior Health Authority (IHA) by accepting evacuated patients. In 2018, NH's health care service delivery was directly affected by the wildfires.
  - There was an influx of evacuees from villages and rural areas into nearby centres due to evacuation orders and self-evacuees due to poor air quality. This movement had the potential to negatively impact or overwhelm the local healthcare delivery system.
  - Analysis of health care data, facility process reviews and a general After Action Review (AAR) were completed to understand the impacts to the health care system and to prepare for the recovery phase.
  - The 2018 season allowed HEMBC, North to validate quality improvement initiatives (QI) arising from 2017 wildfire reviews and recommendations. Actions such as the redesign of NH's Emergency Operations Center (EOC) structure, advanced planning techniques, and the distribution of a facility evacuation guide proved to be very helpful in the response to the 2018 wildfires.
- Preparations for system readiness for the 2019 wildfire/freshet season have included the following:
  - 5 Minute drill initiative
  - Coordination of Northern Health facility / program table top exercises
  - Emergency operations centre preparedness training
  - Complete facility evacuation planning & response support
  - Chemical Decontamination

Meeting was adjourned at 10:36am
Moved by S Killam

Colleen Nyce, Chair

Desa Chipman, Recording Secretary

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

CEO REPORT

Meeting:	Northern Health Board Meeting	Date:	October 8, 2019
Agenda Item:	CEO Report		
Purpose:	Information		
Prepared by:	Cathy Ulrich		

Urgent and Primary Care Centre Services in Prince George

The Urgent and Primary Care Centre opened at Parkwood Mall in June 2019. This Centre is operated by Northern Health through a partnership with the Nechako Medical Clinic, the Prince George Division of Family Practice and Northern Health. The Centre's hours of operation are:

Mon – Tues: 4 p.m. to 9 p.m.
Wed – Fri: 1 p.m. to 9 p.m.
Sat – 9 a.m. to 7 p.m.
Sun/Stat holidays – 10 a.m. to 7 p.m.

The Urgent and Primary Care Centre provides treatment for non-emergency injuries and illnesses that need medical attention within 12 to 24 hours. The services are provided on an unscheduled or drop in basis. In addition to the Medical Services provided by the Nechako Medical Clinic, there is access to nursing services and to Mental Health and Substance Use clinicians for short term counselling and crisis intervention.

Since the Urgent and Primary Care Centre opened, over 10,000 visits have occurred.

Seniors in northern communities received increased community-based seniors' services

In August the Ministry of Health announced that through Northern Health, they funded $100,000 in grants to an initial group of three organizations..

- **Dawson Creek Society for Community Living** – Received $100,000 to improve access to healthy food and social connection for seniors, and is currently conducting focus groups with and planning a survey for local seniors on these topics
- **Prince George Council of Seniors** – Received $100,000 to create a variety of programming in conjunction with community partners, including an Ambassador Program to assist seniors to integrate into participating community seniors centres in Prince George
- **Smithers Community Services Association** – Received $100,000 to improve social connections, encourage greater participation at existing programs, and work with community partners to more fully understand needs for new services and enhancements to current programs

This is part of a provincial initiative to help British Columbia's seniors maintain meaningful social connections through a series of community projects to support healthy aging in place and improve opportunities for social connection.

Carrier Sekani Family Services – 2019 Annual General Meeting

Carrier Sekani Family Services (CSFS) held their Annual General Meeting in Prince George on September 12 and 13. The focus of the AGM was to communicate the development of a new model for child welfare – one that will provide 'culturally safe services that are consistent with Carrier and Sekani traditional laws'. The passing of the federal Bill C-92: An Act respecting First Nations, Inuit and Metis children, youth and families will further enable this work. CSFS hosted an All Clans Feast (Bah'lats) on Friday September 13 to conduct the business related to introducing this new model of child welfare. Penny Anguish, Chief Operating Officer, Northern Interior, Margo Greenwood, Vice President, Indigenous Health, and Shane DeMeyer, Director, Specialized Services, Northern Interior and I were invited from NH as guests to participate in and witness this event.

Golden Apple Health Care Hero Awards – Health Employers Association of BC

Presented by the Health Employers Association of BC (HEABC), the BC Health Care Awards were created in 2007 to celebrate excellence and innovation in BC's health care community. Awards are given to initiatives that are improving health care delivery in BC and to individual health employees who inspire those around them. On June 24, 2019 the BC Health Care Awards were presented to Northern Health.

<u>Health Care Hero Award: Lexie Gordon, Quality Improvement Lead</u>

- Lexie Gordon has used her passion for improvement to help shift the quality culture across all of Northern Health. She started her career as a medical transcriptionist at the Fort St. John General Hospital and later found her calling when Northern Health's Quality and Innovation team sought someone to coordinate their accreditation process with a focus on quality.

- Lexie is recognized as a local, regional and provincial expert in quality improvement for her commitment to putting the patient at the centre of conversations about care, and for her promotion of comprehensive and consistent incident reporting as a critical component of quality improvement. She has been a tireless advocate for the province's Patient Safety Learning System.
- For 16 years, Lexie has represented Northern Health on the BC Patient Centred Measurement Committee, where she helped develop a provincially coordinated survey to measure the patient experience in BC's health care system. The results have been used to improve the patient experience across the spectrum of care.

Top Innovation – Merit Award: Jordon Oliver, Project Lead and Project Team members:

- Northern Health provides health care services for a diverse population of 330,000 residents in mostly rural and remote communities spread across 592,000 square kilometers. To do so successfully requires a great deal of coordination. Using state-of-the-art business intelligence software, the Northern Health Trauma Dashboard provides administrators and frontline health care providers with real-time information about trauma incidents and care across Northern Health, including trends, bottlenecks, transportation issues, and mortalities.
- A partnership among Northern Health, the University of Northern British Columbia's Business Intelligence Research Group, and Trauma Services BC, the Trauma Dashboard supports health care professionals to identify patterns and needs, and proactively allocate resources in support of improved trauma care for Northern Health residents.
- Northern Health's Trauma Program is co-led by Jordan Oliver, Executive Lead, Emergency and Trauma Services and Dr. Patrick Rowe, Medical Lead. The Project Team members include Dr. Waqar Haque, Jaimini Thakore, Lexine Heppner, Beth Ann Derksen and Kristy Zurowski.

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

HR REPORT

Workplace Health & Safety Structure

Northern Health's Workplace Health & Safety department is made up of two programs:

- **Health, Safety, and Prevention** – This department partners with Northern Health's leaders and external agents to build an occupational health and safety management system that controls hazards, and prevents workplace incidents and illnesses.
- **Disability Management** – This department helps support and guide injured or ill employees to recover and participate in return-to-work activities as soon as medically possible.

Workplace Health and Safety is focused on supporting a safe and healthy workplace, including:

- System-focused occupational health and safety program implementation.
- Deepening leadership/supervisor understanding of Occupational Health and Safety (OHS) program roles and responsibilities through resource development, education, and working to support Northern Health's senior and front line leadership with program implementation.
- Improving and sustaining injury management performance through application of best practice systems (fulsome participation in the Enhanced Disability Management Program, early intervention services and return to work outcomes).

Health, Safety, and Prevention

Joint Occupational Health and Safety Committees

Health Safety and Prevention Advisors met with the co-chairs of Northern Health's 42 Joint Occupational Health and Safety Committees to guide them through completion of their 2019 annual evaluation. The evaluation is a self-assessment tool that allows committees to determine current state and identify areas for improvement regarding how well they are meeting legislated requirements, working together as a committee to improve health and safety at the site, and engaging staff in health and safety.

Northern Health committees are in the process of finalizing and implementing action plans that resulted from the evaluation. This is the second year for the annual

evaluations. Last year, there was an identified need for additional supports for committee structure such as templates. This year, the conversations are identifying the need for consistency in meeting basic requirements (monthly meetings, posting minutes) and for committee member education.

Influenza Prevention and Employee Communicable Disease Immunity Reporting

Health Safety and Prevention is currently in the preparation phase of the Influenza Prevention Program, 2019/20 campaign. This annual program will kick-off in late October with three weeks of on-site clinics for employees, physicians, students, volunteers and contractors, ensuring timely and convenient access to immunization.

WorkSafeBC Compliance Agreement

On July 27, 2018, Northern Health and WorkSafeBC entered into a Compliance Agreement with two primary deliverables:

- All workplace parties know their OHS responsibilities specific to implementing corrective actions and taking the necessary actions without delay.
- Action status from multiple OHS processes (investigations, inspections and Violence Risk Assessments) is tracked and communicated.

The terms of the Compliance Agreement were completed and signed off by WorkSafeBC. Health, Safety and Prevention has consulted with the Chief Operating Officers and is developing a detailed implementation plan for spread across all Northern Health sites.

WorkSafeBC Inspection Activity

Northern Health continues to be responsive to inspections and any related orders stemming from this activity. Currently there is a focus on Joint Occupational Health and Safety Committee (JOHSC) roles and responsibilities, first aid programming, quality incident investigations and exposure control plan implementation. Health, Safety and Prevention is working with leadership, JOHSC, and staff in strengthening our organizational safety culture. Leaders are actively engaging in actions to improve workplace safety and achieve sustainable compliance with the Act and Regulations.

Provincial Violence Prevention Curriculum Delivery

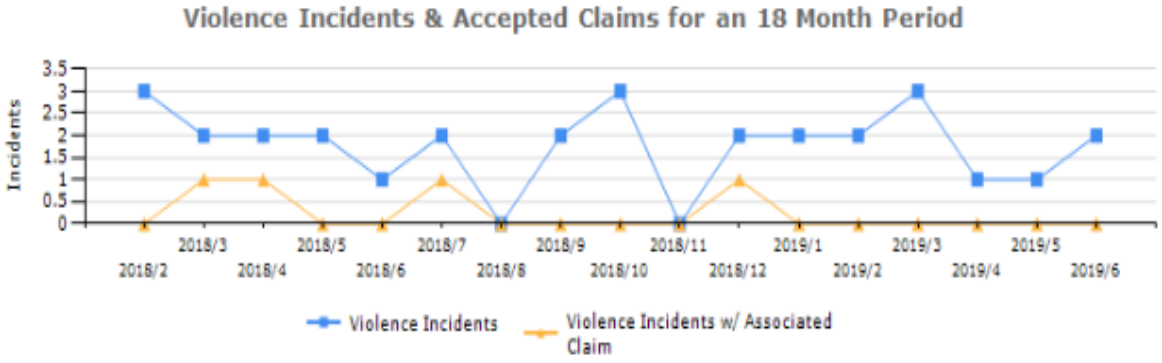
The Provincial Violence Prevention Curriculum is an education and training program for all BC health care workers. It is designed to reduce incidents related to violence in the workplace. Workplace Health and Safety continues to support the organization in sustaining this training. The curriculum consists of eight foundational online modules, Classroom training (7.5 hours) and Refresher training (30 minutes). Advanced Team Response training is provided at sites that have an advanced team response to Code

Whites (University Hospital of Northern BC, Mills Memorial Hospital, Dawson Creek and District Hospital, and GR Baker Memorial Hospital).

Northern Health values the dedication of local facilitators in assisting to sustain the Provincial Violence Prevention Curriculum Classroom and refresher training across the health authority.

Violent Incidents & Accepted Claims for Last 18 Months

Northern Health continues to demonstrate a positive reporting culture for violent incidents with a favourable ratio of report-only incidents (incidents that have the potential to cause an employee injury, but do not) compared to incidents that do result in an injury and a WorkSafeBC claim.



Disability Management

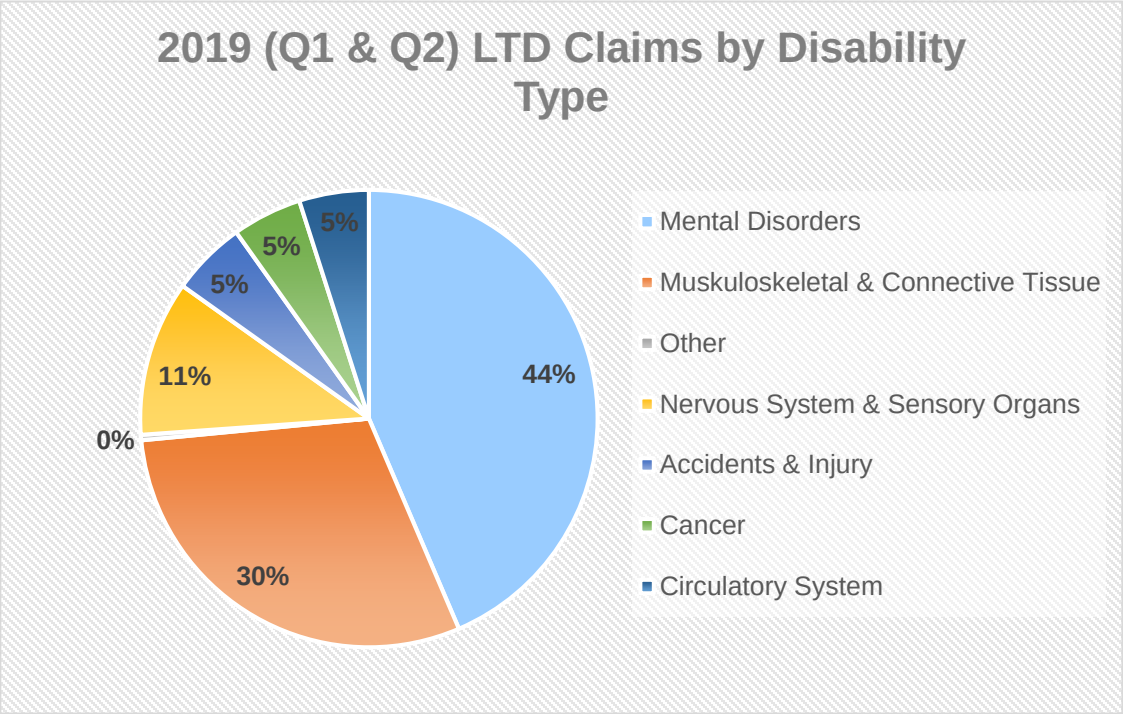
Enhanced Disability Management Program

The goal of the Enhanced Disability Management Program is to support employees when they are absent from work or struggling at work because of an occupational or non-occupational illness or injury. Holistic, proactive, and seamless support is the foundation of the program. The program and team strive to support the organization in fostering a healthy, supportive work environment that provides early and timely assistance and services to our workforce. The quick and safe recovery of the employee is the targeted outcome of the program.

Within the first two quarters of 2019 there were 790 program referrals, 91% of which were either enrolled in the Enhanced Disability Management Program (prompting comprehensive case management plans), or triaged with support, guidance, and monitoring, leading to successful return-to-work within 30 days.

Long-Term Disability

Northern Health's benefits plan includes long-term disability insurance for permanent employees who are unable to work for a prolonged period of time due to an illness or injury. As of September 25, 2019, Northern Health has 394 open claims. Northern Health continues to be below the industry incident rate for 2019.



A review of disability type trends for 2019 (similar to previous years) shows mental health conditions as the primary diagnosis.

The challenges for mental health return-to-work support are characterized by:

- Non-linear recovery (not a straightforward move to a state of well-being, occasional setbacks and waxing/waning of symptoms)
- Absence of recovery guidelines
- Functional abilities not translating to abundant accommodation opportunities in the workforce

Disability Management continues to focus on initiatives and support tools/resources aimed at fostering awareness and facilitating positive mental health and coping strategies for the many work and life stressors that exist.

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.

Occupational Injuries/Illnesses – Return to-Work Outcomes

Ill or injured employees should be offered support at work and/or return-to-work opportunities, such as transitional work or a return-to-work program. Immediately supporting an employee with modified duties (that they are capable of while their recovery continues) can help the employee protect their quality of life while reducing Northern Health's WorkSafeBC claim costs and work days lost.

As of quarter two 2019, Northern Health's average days lost was at 39.9, which has decreased in comparison to 2018 quarter one to quarter four of 46.2. Northern Health's average claim costs remain lower than the provincial average.

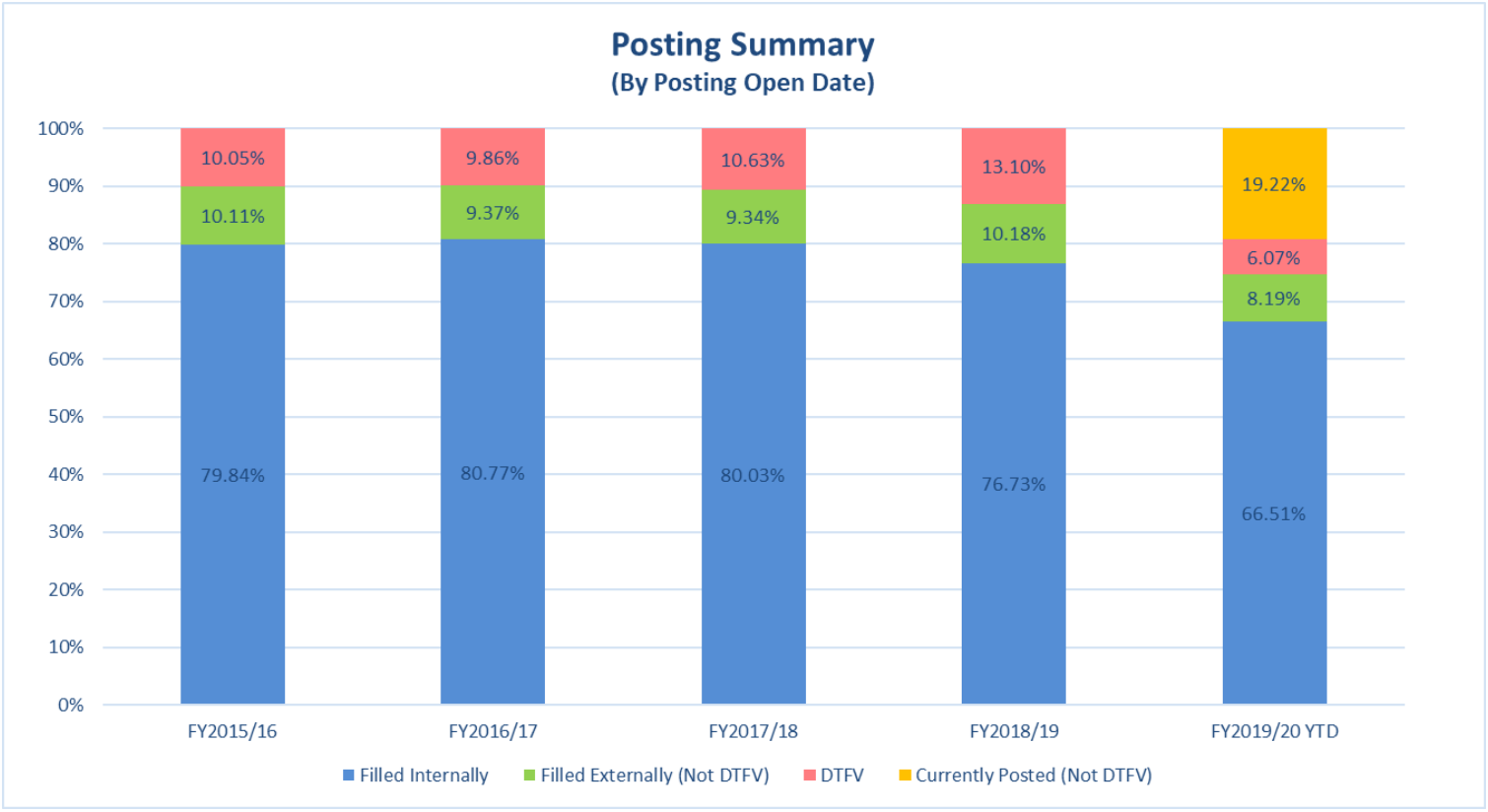
Personal and health factors that are influencing average days lost include:

- Barriers to timely access to treatment (e.g. physiotherapy) in a number of Northern communities negatively impacting early intervention and return to work prognosis.
- Return-to-work plans starting past the anticipated full recovery time (as per disability guidelines for sprains/strains) with demographics of our injured workers influencing delays in recovery (ex. BMI, age at date of injury, and pre-existing conditions).
- Complex injuries (e.g. shoulder injuries requiring surgery) with poor prognosis for return to owned occupation, prompting need for vocational rehabilitation (resulting in increased days lost).

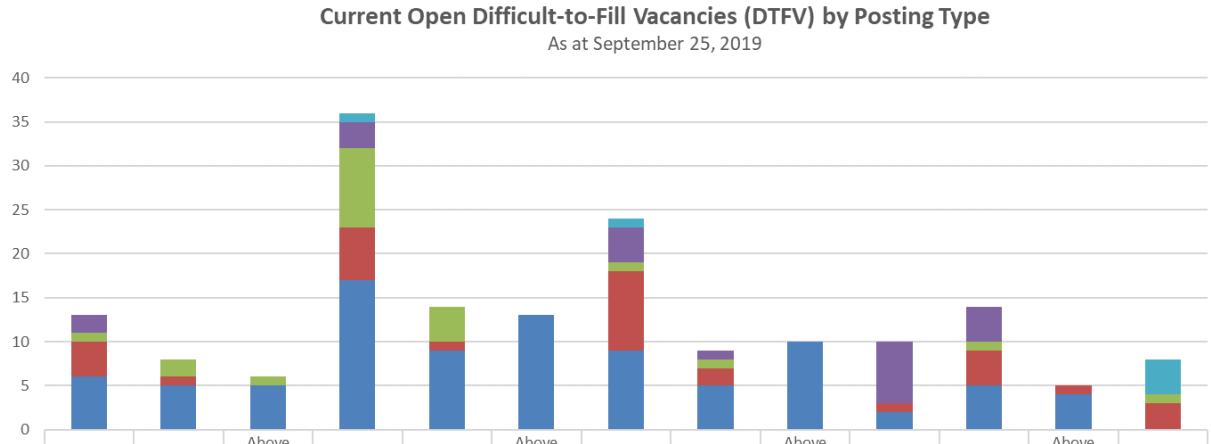
Northern Health Recruitment update

In fiscal year 2019/20 year to date, Northern Health has posted 1977 non-casual positions; 67% have been filled by internal staff (existing regular and casual staff) and 8% have been filled externally (qualified applicants from outside of NH) within 90 days. Some unfilled positions are currently in the competition phase. Positions that remain unfilled for more than 90 days become difficult-to-fill vacancies (DTFV). In addition to the postings that are filled externally, 11% of approximately 3200 external postings 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.



Difficult-to-Fill Vacancies



	Permanent	Relief/Term	Above Baseline	Permanent	Relief/Term	Above Baseline	Permanent	Relief/Term	Above Baseline	Permanent	Relief/Term	Above Baseline	Permanent
	NI Rural			North East			North West			Prince George			Regional
EXCLUDED				1			1						4
COMMUNITY SUBSECTOR	2			3			4	1		7	4		
FACILITIES SUBSECTOR	1	2	1	9	4		1	1			1		1
HEALTH SCIENCE PROFESSIONALS	4	1		6	1		9	2		1	4	1	3
NURSES PROVINCIAL AGREEMENT	6	5	5	17	9	13	9	5	10	2	5	4	

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

Position	Community Hired Into
Northern Interior	
Registered Nurse –ER (2 positions)	Quesnel
Primary Care Nurse	Valemount
Residential Care Program Lead	Burns Lake
North East	
Registered Nurse – Med/Surg (2 positions)	Dawson Creek
Primary Care Nurse	Tumbler Ridge
Primary Care Nurse	Fort St. John
Registered Nurse	Fort Nelson
North West	
Manager, Acute Care Services	Kitimat
Pharmacy Technician	Haida Gwaii
Registered Nurse –Emergency	Kitimat
Community Health Worker (2 positions)	Smithers
Primary Care Nurse	Hazelton

Recruitment strategies pertaining to the overarching recruitment philosophies include:

Recruitment Philosophies	Strategies
Foster an “In the North, for the North” recruitment and retention philosophy	• Travel Nurse Program has expanded to include Prince Rupert, Dawson Creek, and McBride in addition to Hazelton and Fort St. John. • NH’s “Grow Our Own” program encourages high school students in northern B.C. to pursue careers in health care in our communities. Recent activities include: ➢ Adventures in Healthcare in partnership with Rotary Yellowhead Northern Health Recruiters continue to

	present to students of School Districts on over 40 different healthcare career options ➢ Northern Health Recruiters presented to the Aboriginal Youth Science Camp about several career options in healthcare • To reach and engage newly-graduated registered and licensed practical nurses, the recruitment team continues to enhance the New Graduate Application Process. New hires to date include: o RN: ▪ 127 new graduates applied ▪ As of September 9th 101 have accepted positions o LPN ▪ As of September 9th, 29 new grads have been hired • In July 2019, NH Recruitment in collaboration with Professional Practice and site managers offered 3rd year Employed Student Nurses (ESNs) future employment. Students receive a job offer for casual employment with Northern Health for May 2020. This initiative supports recruitment and retention of northern cohort students. • Collaboration with northern post-secondary programs to increase awareness of employment opportunities o College of New Caledonia Sonography Cohort o Nursing Cohorts in Prince George, Quesnel and Terrace are contacted regularly • Collaboration with post-secondary schools across the North to increase applications/enrollment to Health Care Aide programs. • Successful application for NE Nursing Program supported by Northern Health and UNBC. The program is scheduled to start in September 2020.
Foster a culture of respect and cultural safety for Indigenous peoples	• Collaborate with NH Indigenous Health and First Nations Health Authority (FNHA) and other health authorities to develop an Indigenous Recruitment Strategy • Collaborate with FNHA on joint recruitment efforts • Collaborate with provincial health authorities by participating on Aboriginal Roundtable discussions
Cultivate an organizational approach emphasizing “recruitment and retention – everyone has a role”	• Employee Referral process has resulted in hiring to 17 difficult to fill positions since March 2019. • Multi-media recruitment strategies and enhanced branding which includes recently completed community recruitment videos and photos for Mackenzie, Quesnel, Burns Lake, Dawson Creek and Haida Gwaii. Upcoming community

	recruitment videos and photos include: Hazelton and Fort St. John. • Attend career and conference events targeting NH's most difficult-to-fill professions in partnership with Health Match BC (Health Match BC is a Provincially funded recruitment service with an objective to attract health care professionals to British Columbia) and operations leadership.
Enhance multi-stakeholder engagement through purposeful partnerships and relationships in support of the recruitment and retention strategy (candidate, employee, community and key stakeholders)	• Collaboration with HealthMatch BC to discuss priority professions with a current emphasis on Health Care Aides. • Collaboration with the Workforce Planning Advisory Provincial Group to develop provincial recruitment and retention strategies for priority professions. With a current focus on: o OR Nursing o Nurse Practitioners • Continue to leverage partnership with Health Match BC on recruitment and retention initiatives including attending international career fairs. Health Match BC is a health professional recruitment service funded by the Government of British Columbia.
Identify and determine the metrics to evaluate and help inform current and future recruitment strategies	• Participate in the Workforce Planning Advisory Group to review metrics specific to priority professions. • Monitor changes in supply and demand. • Focused efforts to support recruitment of difficult-to-fill vacancies.

The Face of Northern Health

As at September 25, 2019

Summary of Employees by Status	Headcount	%	FTE
Active: Total	8,207	100%	5,072
Full-time	3,813	46%	
Part-time	1,867	23%	
Casual	2,527	31%	
Non-Active: Total	830	100%	290
Leave	436	53%	290
Long Term Disability (LTD)	394	47%	-

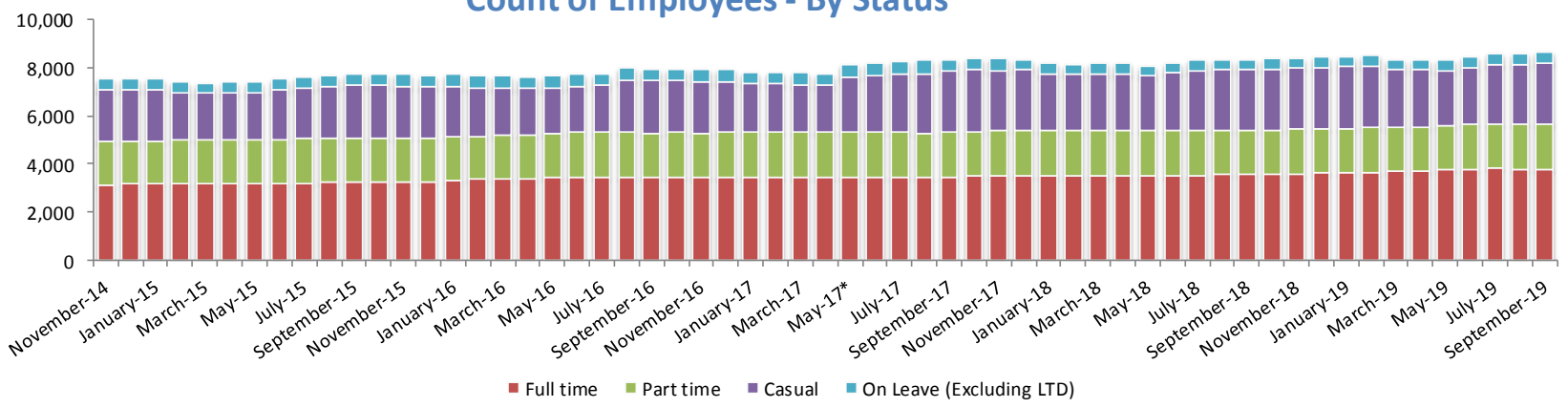
Active Employees by Region	Headcount	%
Active: Total	8,207	100%
North East	1,261	15%
North West	1,963	24%
Northern Interior: Prince George	2,573	31%
Northern Interior: Rural	1,153	14%
Regional	1,257	15%

Active Employees by Collective Agreement	Headcount	%
Active: Total	8,207	100%
Nurses	2,537	31%
Facilities	3,268	40%
Health Sciences	1,059	13%
Community	739	9%
Excluded	604	7%

Active Nursing	Headcount	%
Active: Total	2,537	100%
RN/RPN	1,886	74%
LPN	651	26%

Clinical vs. Support	Facilities	Community
Active: Total	3,268	739
Clinical	1,437	626
Non-Clinical	1,831	113

Count of Employees - By Status



northern health
the northern way of caring

BOARD BRIEFING NOTE

Date:	September 10, 2010	
Agenda item:	2019-20 Period 5 – Operating Budget Update	
Purpose:	☐ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☒ **Decision**
Prepared for:	NH Board of Directors	
Prepared by:	Mark De Croos, VP Financial & Corporate Services/CFO	

August 22, 2019 (Period 5)

Year to date Period 5, Northern Health (NH) has a net operating deficit of $5,417,000

Revenues are favourable to budget by $2.7 million or 0.8% and expenses are unfavourable to budget by $8.1 million or 2.3%.

The budget overage in Acute Care is primarily due to higher than expected patient volumes at a number of acute care facilities. The year to date FY2020 Period 5 average inpatient daily census was 586.5 vs a budget amount of 555.7. Additionally, due to a number of vacancies, primarily in specialized nursing positions, actual overtime hours are higher than budgeted.

The budget overage in Long term Care is primarily due to vacancies in a number of care aide positions across the region resulting in vacant shifts filled at overtime rates.

Recommendation:

The following motion is recommended:

> The Northern Health Board receives the 2019-20 Period 5 financial update as presented.

NORTHERN HEALTH
Statement of Operations
Year to date ending August 22, 2019
$ thousand

	Annual Budget	YTD August 22, 2019 (Period 5)			
		Budget	Actual	Variance	%
REVENUE					
Ministry of Health Contributions	686,773	269,517	270,447	930	0.3%
Other revenues	239,011	90,228	92,016	1,788	2.0%
TOTAL REVENUES	**925,784**	**359,745**	**362,463**	**2,718**	**0.8%**
EXPENSES (BY PROGRAM)					
Acute Care	491,230	190,998	197,704	(6,706)	-3.5%
Community Care	235,085	90,159	88,632	1,527	1.7%
Long term care	124,400	49,240	51,933	(2,693)	-5.5%
Corporate	75,069	29,348	29,611	(263)	-0.9%
TOTAL EXPENSES	**925,784**	**359,745**	**367,880**	**(8,135)**	**-2.3%**
Net operating deficit	**-**	**-**	**(5,417)**		

northern health
the northern way of caring

BOARD BRIEFING NOTE

Date:	September 9, 2019	
Agenda item:	Capital Public Note	
Purpose:	☐ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☒ **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 2019-20 capital expenditure plan in February 2019, and an amendment in June 2019. The updated plan approves total expenditures of $55.6M, with funding support from the Ministry of Health ($17.7M, 32%), Six Regional Hospital Districts ($22.9M, 41%), Foundations, Auxiliaries and Other Entities ($3.4M, 6%), and Northern Health ($11.6M, 21%).

Year to date Period 5 (August 22, 2019), $14.2M has been spent towards the execution of the plan as summarized below:

$ million	YTD	Plan
Major Capital Projects (> $5.0M)	2.1	6.7
Major Capital Projects (< $5.0M)	2.7	18.7
Major Capital Equipment (> $100,000)	2.4	9.2
Equipment & Projects (< $100,000)	2.7	9.2
Information Technology	4.3	11.9
	14.2	55.6

Significant capital projects currently underway and/or completed in 2019-20 are as follows:

Northern Interior Service Delivery Area (NI-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Prince George	Parkwood Reverse Osmosis	$0.56	Complete and in Operation	MOH
Prince George	Phoenix Outpatient Lab Renovation	$0.48	Construction In Progress	FFGRHD, MOH
Prince George	UHNBC C-Arm	$0.28	Received	FFGRHD, MOH
Prince George	UHNBC Microbiology Vitek 2XL	$0.22	Installed and in service	FFGRHD, MOH
Prince George	UHNBC Tomosynthesis	$0.19	Received	Spirit of the North Healthcare Foundation
Prince George	UHNBC OR Video Towers General Surgery	$0.36	Ordered	Spirit of the North Healthcare Foundation
Prince George	UHNBC Pharmacy Fastpak Verifier	$0.17	Planning	FFGRHD, MOH
Prince George	Urgent Primary Care Centre	$2.43	Complete and in operation	MOH, NH
Prince George	UHNBC Inpatient Bed Capacity Project	$8.00	Complete and in operation	MOH, FFGRHD, NH
Prince George	UHNBC Maternal OR	$0.88	Complete and in operation	Spirit of the North, FFGRHD, NH
Prince George	UHNBC Phone System Replacement Phase 1	$0.38	In Progress	FFGRHD, MOH
Quesnel	GR Baker X-Ray Replacement	$0.90	In Procurement	CCRHD, MOH, NH

Quesnel	GR Baker ER/ICU/DCS Addition	$27.0	Planning	CCRHD, MOH
Burns Lake	The Pines Cafeteria Expansion	$3.75	Complete and in operation	SNRHD, NH, MOH
Fraser Lake	FLC X-Ray	$0.56	Complete and in operation	SNRHD, NH, MOH
Fort St. James	Primary Care Leasehold Improvement	$3.40	Construction in Progress	SNRHD, NH
Fort St. James	Stuart Lake Hospital Replacement Planning	$3.00	In Progress	SNRHD
McBride	Ventilation System	$1.43	Complete and in operation	FFGRHD, NH
Vanderhoof	SJH Boiler Replacement	$0.84	Construction in Progress	SNRHD, NH
Vanderhoof	SJH C-Arm	$0.16	Complete and in Operation	SNRHD, MOH

Northwest Health Service Delivery Area (NW-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Terrace	MMH CT Suite	$2.04	In Progress	NWRHD, MOH, NH
Terrace	MMH Chiller Replacement	$0.95	Construction in Progress	NWRHD, MOH
Terrace	MMH Hospital Replacement Planning	$3.50	Complete	NWRHD
Terrace	MMH Hospital Replacement	$447.50	Planning	NWRHD, MOH
Hazelton	Wrinch X-Ray	$0.91	In Procurement	NWRHD, MOH
Atlin	Clinic Replacement	$2.23	Construction in Progress	NH
Smithers	BVDH CT Suite	$2.90	Complete and in operation	Bulkley Valley Healthcare and Hospital Foundation, NWRHD

Kitimat	KGH General Radiographic Room	$0.87	Complete and in operation	NWRHD, MOH
Northern Haida Gwaii	NHG Observation Room	$0.99	Planning	NWRHD, NH
Prince Rupert	PRRH Phone System Replacement	$0.33	In Progress	NWRHD, NH

Northeast Health Service Delivery Area (NE-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Chetwynd	CHT X-Ray Replacement	$0.89	In Procurement	PRRHD, MOH
Dawson Creek	Ultrasound Replacement #1	$0.25	Ordered	DCDH Hospital Foundation, PRRHD, MOH
Dawson Creek	Ultrasound Replacement #2	$0.25	Ordered	PRRHD, MOH
Dawson Creek	Medical Device Reprocessing Renovation	$2.08	Construction in Progress	PRRHD, NH, MOH
Dawson Creek	DCDH Hospital Redevelopment Planning	$5.00	In Progress	PRRHD
Dawson Creek	OR Chiller Replacement	$0.58	Construction in Progress	PRRHD, MOH
Fort Nelson	Automated Medication Dispensing Cabinet	$0.15	Complete and in operation	NRRHD, NH
Fort St. John	Ultrasound #1	$0.25	Ordered	Fort St. John Hospital Foundation, PRRHD, MOH
Fort St. John	Ultrasound #2	$0.25	Ordered	PRRHD, MOH
Fort St. John	Spect CT	$1.76	Ordered	PRRHD, NH, MOH
Fort St. John	Medical Clinic – 3rd Pod Renovation	$2.05	Construction in Progress	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	EmergCare	$4.35	Work In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Endoscopy System Replacement Phase 1	$0.78	Work In Progress	MOH, PRRHD, FFGRHD, CCRHD
All	PACS and Cardiology Information System	$3.48	Work In Progress	CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	MySchedule – Smart Leave, Annual Vacation	$0.29	Work In Progress	NH
All	Northern Lights – Personal Health Record and Portal	$1.20	Work In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Secure Texting	$0.79	Work In Progress	NH
All	Clinical Data Repository (CeDaR)	$1.53	Work in Progress	NH

In addition to the above major capital projects, NH receives funding from the Ministry of Health, Regional Hospital Districts, Foundations, and Auxiliaries for minor equipment and projects (less than $100,000). For 2019-20, it is forecasted that NH will spend $9.5M on such items.

Note 1: Abbreviations used:

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

Recommendation:

The Audit & Finance Committee recommends the following motion to the Board:

> The Northern Health Board receives the Period 5 update on the 2019-20 Capital Expenditure Plan.

BOARD BRIEFING NOTE

Date:	September 9, 2019	
Agenda item	Reappointment of External Auditor: 2019-20 Fiscal Year	
Purpose:	☐ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☒ **Decision**
Prepared for:	NH Board of Directors	
Prepared by:	Beverly Little, Regional Director, Finance & Controller Mark De Croos, VP Financial & Corporate Services/CFO	

Purpose:

Board approval is required for the reappointment of PricewaterhouseCoopers LLP ("PwC") as Northern Health's external auditor for the fiscal year ending March 31, 2020, representing Year 3 of a five-year term of engagement. The Committee is asked to endorse a Board motion to reappoint PwC for FY2019-20.

2016-21 Strategic Plan:

Compliance with Health Authorities Act to appoint a qualified auditor to audit the fiscal yearend financial statements.

Background:

In October 2017, the NH Board of Directors awarded a five-year contract to PricewaterhouseCoopers (PwC) for the provision of external audit services commencing with the 2017-18 financial statement audit.

Board approval is required annually for the reappointment of PwC for the remaining three years of this contract.

The audit of the 2018-19 financial statements was completed in accordance with the audit plan that was presented to the Committee. PwC met all key milestones and deliverables. Interaction with NH staff was professional and balanced auditor's need for access to staff members' time with the staff members' need to carry out operational tasks.

Recommendation:

Audit & Finance Committee endorses the following recommendation to go forward for approval at the October Board meeting:

> The Northern Health Board approves the reappointment of PricewaterhouseCoopers LLP as external auditor to Northern Health for the fiscal year ending March 31, 2020, representing the third year of a five-year term of engagement.

BRIEFING NOTE

Date:	September 17, 2019	
Topic	Elder Program Update	
Purpose:	☒ Information	☐ Discussion
	☐ Seeking direction	☐ Decision
Prepared for:	Performance, Planning and Priorities Committee	
Prepared by:	Aaron Bond, Executive Lead, Elder Program Dr. Raymond, Medical Lead, Elder Program	
Reviewed by:	Kelly Gunn, Vice President Primary & Community Care and Chief Nursing Executive Cathy Ulrich, President and CEO	

Topic:

Elder Program annual update to the Performance, Planning and Priorities Committee.

Background:

The Elder Program leads planning and quality improvement across Northern Health, in all care settings to improve care for seniors in accordance with Northern Health's Strategic Plan and the Seniors' Healthy Aging in the North Action Plan. The table below outlines the Clinical Quality Goals for the Elder Program and associated key actions.

Goal	**Key Actions**
Implement Re-designed Home Support Service Delivery Model *Strategic Plan Priority Area: Coordinated and Accessible Services*	It is essential that home support services meet the population needs across each community to support seniors and adults with complex medical conditions and/or frailty to live independently for as long as possible, to prevent or mitigate decline and improve quality of life. In June 2019, the B.C. Office of the Seniors Advocate released a report on Home Support titled "Home Support: We Can Do Better". The report analyzes current home support services in B.C. and the findings from discussions with seniors that note home support services are: • too restrictive in scope • inflexible in meeting the needs of clients and their families

	• restrictive in service hours • expensive and bureaucratic to access The report makes several recommendations that echo what we learned from our Board Consultation "Let's Talk About Healthy Aging in the North" - the vast majority of seniors want to remain living in their own home and home support is necessary for many to achieve this goal. The Elder Program is leading a Home Support redesign initiative: • Home Support Service Model that integrates or links home support with the primary care home to ensure coordinated service delivery • The development and monitoring of a Human Resource plan that includes analysis of current workforce and anticipated supply to meet service demand. • Implement enabling technologies to support efficient and effective service delivery (Procura Mobile, Scheduling Genius, and an upgrade to Momentum to include long-term care waitlist specific software). • Ensure progress to plan through reporting on quality performance indicators. • Develop a plan for home health monitoring in Northern Health. • Guided by the First Nations Health Authority, Northern Health coordinates and builds upon 'in community' services provided in First Nations communities. The goals of a re-designed Home Support Service Model are to: • Improve timely access to services. • Promote care provider continuity. . • Delay and/or prevent admissions to Long-term Care and Acute Care facilities. • Reduce readmissions of patients leaving the hospital. • Provide better support for informal care givers.
Increased Access & Improved Quality for Community Based Caregiver Support: Adult Day Programs *Strategic Plan Priority Area: Coordinated and Accessible Services*	Adult Day Programs are designed to support people at risk of losing their independence and to support informal care givers. The programs provide a range of health, personal, social and recreational services in a safe, therapeutic and caring environment. Examples of Adult Day Program services include: health monitoring and medication administration, assistance with personal care such as bathing programs, health education, and therapeutic social and recreational programs. Northern Health is undertaking the following to increase access and improve the quality of Adult Day Programs: 1. Define a standard set of characteristics of a high quality Adult Day Program including embedding a rehabilitative, therapeutic approach to activity programming. 2. Support Adult Day Programs to:

	a) Develop community implementation plans to address gaps and adopt high quality program practices. b) Improve the quality of Adult Day Program activities. c) Create more Program spaces to improve access and utilization of Adult Program services. This will: • Increase respite options to prevent caregiver burn out and/or support family members who are already struggling to cope with the care of their loved one. • Provide therapeutic, rehabilitative programming that promotes health, function and a sense of wellbeing- supporting seniors to live independently for as long as possible.
Regional implementation of the Service Model for Adults with Complex Medical Conditions and/or Frailty *Strategic Plan Priority Area: Coordinated and Accessible Services*	The Ministry of Health has developed a strategic vision for a person-centered, integrated health system in B.C. and has set out a series of policies for Primary and Community Care and Specialized Community Services Programs. Health Authorities are expected to establish Specialized Community Services Programs for the Medically Complex Frail (Seniors) and Mental Health and Substance Use populations as the priority. Northern Health is developing three-year implementation plans for Specialized Community Service Programs for discussion with the Ministry of Health by October 31st, 2019. Milestones to date include the development of: • A Service Model for the Medically Complex/Frail. This service model was developed collaboratively with the Divisions of Family Practice, Specialists and the First Nations Health Authority and contemplates the role of Specialists and Specialized Community Services to build the capacity of the Primary Care Home to deliver more high quality care for seniors over time. • A Service Flow that shows the levels of service available for people in the community, at the Health Services Delivery Area and Regional/Provincial Levels. We are in the process of validating this service flow with Divisions, Specialists and the First Nations Health Authority. • A draft Care Pathway for seniors. This document describes the specific care functions seniors can expect from each part of the care continuum. For example, the core set of functions provided in the Primary Care Home, the Specialized Community Services and in Specialists/Sub Specialist medical services. The Specialized Community Services Program will: • Increase the confidence and capacity for primary and community care providers to care for seniors living with frailty and dementia, including complex, acute and/or chronic medical and psychiatric illness that affects their physical, cognitive, social and/or functional status. This will minimize unnecessary transitions of care for

	seniors and their families, including the need to travel to access services that, with support, can be safely provided in the Primary Care Home. • Reduce admission to acute care, patient length of stay and readmission rates.
Development and implementation of Alternative Seniors Housing *Strategic Plan Priority Area: Coordinated and Accessible Care*	As seniors age, changes to their health and mobility may necessitate a move to housing that incorporates some health supports. Across B.C., housing options are limited by the availability of appropriate, affordable housing and by the policies, practices and regulations currently in place that determine eligibility for particular types of housing. This can result in people living in Assisted Living or Long-term Care prematurely, or having to move away from home and support systems when Long-term Care is not available in the community. Alternative Seniors Housing is intended to fill a service gap that exists for seniors who cannot be adequately supported in Assisted Living but do not require the intensity of services provided in Long-term Care. The Elder Program will: • Provide regional guidance in the planning and development of alternative seniors' housing projects, including advice founded in best practice and research. • Facilitate partnership with appropriate stakeholders including B.C. Housing, local municipalities, First Nations communities, community agencies and the University of Northern British Columbia to develop partnered dementia housing projects.
Accreditation Canada Required Organizational Practices	The Elder Program will provide regional leadership towards adherence to standards for: • Home Risk Assessments • Falls Prevention • Medication reconciliation in services for seniors

Recommendation(s):

The Elder Program submits this report for information and discussion purposes.

BOARD BRIEFING NOTE

Date:	September 17, 2019	
Agenda item	Perinatal Program Update	
Purpose:	☒ Information	☒ Discussion
	☐ Seeking direction	☐ Decision
Prepared for:	Northern Health Board	
Prepared by:	Vanessa Salmons, Executive Lead, Perinatal Program	
Reviewed by:	Kelly Gunn, VP Primary and Community Care and Chief Nursing Executive Cathy Ulrich, President and CEO	

Issue:

This Briefing Note is provided to the Northern Health Board as an update on the progress of the Perinatal Program.

Background:

The Perinatal Program leads Northern Health's (NH) goal to achieve and sustain high quality obstetrical services and perinatal community care.

The Perinatal Program Council has four Clinical Quality Goals for 2019/2020:

1. *Birthing Strategy* – develop a birthing strategy that supports a sustainable collaborative practice model that is inclusive of midwives and standardizes obstetrical care
2. *Perinatal Nursing Education Strategy* – develop a comprehensive perinatal nursing education strategy in collaboration with NH Education Services
3. *Perinatal Mental Health and Substance Use (MHSU) Strategy* - develop a Perinatal Mental Health and Substance Use Strategy inclusive of prevention, screening, diagnosis, treatment and support across the continuum of care (from the prenatal period through the postpartum period)
4. *Baby Friendly Initiative (BFI) 10 step Standardization* – continue to support facilities and communities' efforts to achieve the BFI 10 Steps recommended by the World Health Organization (WHO)

Goal	Quality Priorities
1. Birthing Strategy	The NH Birthing Strategy will bring together evidence from research, data, NH service reviews and other information sources to inform a sustainable, integrated, obstetrics practice model to sustain rural maternity services. Elements of the strategy include: <u>NH Midwifery Review</u> This review is progressing through the summer/fall of 2019 and will: • Identify challenges and explore existing and potential innovations to enhance and expand the midwifery contribution to NH obstetrical services • Build upon, sustain and spread the effective and collaborative obstetrical practice models that exist in rural communities to stabilize all planned delivery sites with low birth volumes and no caesarean section services e.g. Hazelton & Haida Gwaii. <u>Rural Surgical Obstetrical Network (RSON)</u> • RSON is sponsored by the Rural Coordination Centre of BC to support safe and appropriate surgery, operative delivery and maternity care 'closer to home • In Northern Health, the RSON project is guided by a Steering Committee to ensure alignment between the sites involved with regional strategies • The pillars for site consideration and applicability include: 1. Surgical scope and volume: to increase site surgical volume to sustain surgical and maternity services by an interdisciplinary team for both elective and emergency care and meet the provincial priority of reducing wait times for patients. This pillar is specific to sites with surgical capacity. 2. Clinical coaching and training: to maintain physician, midwife and nursing obstetrical skills and improve communication and engagement within their regional networks. Most sites would benefit from incorporating this pillar. 3. Remote presence technology: to enable teams, separated by distance and by training, to practice together through virtual health supports 4. Continuous quality improvement: to ensure ongoing and iterative improvement of local performance at a team level 5. Evaluation of the networks: for clinical surgical and obstetrical outcomes measurement at both a local and regional level, as well as a process evaluation for RSONs

	<u>Continued Monitoring of Vaginal Birth Rates</u> Northern Health set a vaginal birth rate target of 75%. Our performance is: • Provincial rate is 66% • NH average = 70% - consistent over several years • NW = 77%; NE = 75%; NI = 63% Initial data suggests the indications for primary (first) caesarean section include labour dystocia and non-reassuring fetal heart rate. Labour dystocia is defined as difficult or abnormally slow progress of labour often leading to a decision for caesarean section. The program will: • Examine the success of Fort St. John (NE) and Mills Memorial (NW) hospital sites with a view to share learnings with other sites; • Form an interprofessional labour dystocia working group - towards the reduction of the primary caesarean section rate (i.e. through labour triage, induction of labour practices and fetal health surveillance); and • Promote vaginal birth after caesarean through the adoption of the provincial Next Birth after Caesarean Shared Decision-making Process. This best practice process promotes a discussion between provider and parent based on objective, evidence based information and education to support an informed decision about natural versus caesarean birth.
2. Perinatal Nursing Education Strategy	A perinatal learning strategy and recommendations for perinatal nursing education is being developed to standardize and support perinatal nursing education and will address: • Perinatal acute care specialty nurse staffing challenges; • Develop the prenatal and postnatal skills of primary care nurses; • Minimize the need for maternity service diversion by ensuring sufficient numbers of staff with the appropriate skills are available at all delivery sites; • Support improved confidence and competence of staff in sites with low birth volumes and for sites that do not deliver but may need to respond to an unplanned, emergency delivery The strategy uses a tiered approach to education, calibrated to the Northern Health Distribution Model levels of service, whether the site offers planned or unplanned delivery services, and factors in community birth volume. The elements of the regional strategy include: • <u>Community Perinatal Services</u> – standardize the prenatal and postpartum learning resources to be used for interprofessional teams and formalize the public health resource nurse role in providing

	education support for primary care nurses for all level 1 - 5 communities. • Undergraduates & New Graduates – identify UNBC course preparation and professional practice supports for recruitment of staff into the nursing perinatal specialty area for level 4 and 5 communities. • Maternity Orientation and Transition – Formalize and translate UHNBC's orientation and training program for new hires for use in other hospital orientation programs • MOREOB – continued site support for the 11 MOREOB Core Teams championing local obstetrical quality improvement in Milestone/Year 13 of the program • Emergency RN Rural OB Course & Resources – education support for emergency/unplanned delivery sites and other identified low volume sites. Mackenzie, Chetwynd, Burns Lake and Fort Nelson received site education in 2019. Additional support includes MOREOB web platform access for 15 remote/rural sites and a printed Obstetrical Manual for Emergency Departments with no Obstetrical Services Onsite (available May 2019) – for level 1-3 communities • Perinatal Specialty Education – working with UNBC and BCIT to determine options and recommendations for specialty perinatal education for NH sites, specific to birth volume and level of service • Perinatal Certifications (Neonatal Resuscitation Program, Fetal Health Surveillance, Acute Care of At-Risk Newborns) - linking courses and provincial instructor training within the health authority for certification education in the sites • Clinical Placements – understand and track clinical placement needs for undergraduates, in-house learners, UNBC and BCIT specialty prepared nursing students • Workforce Planning – forecast specialty perinatal education needs in the north • Transfer & Transport – identify specific learning for the stabilization and transfer/transport of high risk maternal and newborn patients • Approaches to Care – ensure the themes of cultural safety & humility, person & family-centered care, trauma informed practice, harm reduction and gender-based violence are evident in the perinatal education strategy
3. Perinatal MHSU Strategy	The Perinatal Mental Health and Substance Use Strategy is a population specific component of an overarching Mental Health and Substance Use Strategy and is a collaboration between Northern Health program areas and the First Nations Health Authority (FNHA).The Perinatal Mental Health and Substance Use Strategy links to the perinatal nursing education strategy by supporting nursing competency in the detection and response to identified client/family vulnerabilities. Funding and logistical support for this work is

	available through the Provincial Perinatal Substance Use Project and will be pursued. The Strategy will be completed in early 2020 and will: • Follow the NH service distribution framework • Describe universal services (for all) and enhanced services (for identified/vulnerable clients/families) • Define perinatal nursing and provider education. • Update existing clinical practice standards and patient resources to incorporate the strategy outcomes to assist care delivery for this population group
4. Baby Friendly Initiative (BFI) 10 Steps Standardization	The BFI 10 steps outline the minimum care standards for mothers and their newborns. A long-standing development team has completed the following work: • Completion and implementation of the BFI: Protect, Promote and Support Breastfeeding Clinical Practice Standard in the Kitimat, Prince George, Quesnel and Fort St. John hospitals; • Continued promotion of "Step 2 Breastfeeding Essentials" breastfeeding education that is enabled on the Learning Hub – 141 learners have completed the course since April 2018; • Completion of a catalogue of Breastfeeding resources now available for staff on OurNH and for parents on the public webpage; • Development of National Breastfeeding Week promotions via social media, blog posts and an OurNH news release for October 2019; and • The adoption of the Breastfeeding Friendly Spaces decal program, supported by Perinatal Services BC and the BC-Baby Friendly Network. This replaces the Growing for Gold decal program that NH initiated in 2015.

Specialized Community Services Program Development: Perinatal and Young Families population

A draft perinatal and early childhood service model, an integrated perinatal and early childhood process model and a suite of prenatal, postpartum and early childhood development clinical practice standards have been completed. These are the care processes and clinical tools required to support healthy pregnancies and family dynamics as well as the identification and support for vulnerabilities in pregnancy and for families.

Recommendation(s):
This update is provided to the Board for information and discussion purposes.

BOARD BRIEFING NOTE

Date:	October 23, 2019	
Agenda item	Designation of a person to receive reports of abusive or harmful decisions by substitute decision makers under Part 3 of the *Health Care (Consent) and Care Facility (Admission) Act*	
Purpose:	☒ Information	☐ Discussion
	☐ Seeking direction	☐ Decision
Prepared for:	Northern Health Board of Directors	
Prepared by:	K. Thomson, Regional Director, Risk & Compliance	
Reviewed by:	C. Ulrich, CEO	

Issue:

Part 3 of the *Health Care (Consent) and Care Facility (Admission) Act* (HCCCFAA) is coming into force on November 4, 2019; this legislation requires, in section 23(5), a health authority board to designate a person to receive reports of a substitute decision maker acting in a manner that may be abusive or harmful to the admitted adult.

Background:

Part 3 of the *Health Care (Consent) and Care Facility (Admission) Act* (HCCCFAA; the Act) provides a process for assessing capability of adults to consent to care facility admission, and for obtaining consent from a substitute decision maker, in the event the adult is not capable of consenting.

Section 23(5)(a) requires that a regional health board designates an individual to receive reports of abusive or harmful behaviour by a substitute decision maker towards the admitted adult. In this context, the substitute decision maker is the person authorized under section 22 of the Act to consent to care facility admission specifically.

The Ministry of Health has further clarified that this designation does not require a health authority bylaw, nor does the designation require approval by the Minister of Health.

Northern Health has additional legislative responsibility under the *Adult Guardianship Act* to receive and respond to adult abuse, neglect and self-neglect concerns. This mandate is currently supported regionally by the Specialist, Adult Abuse and Neglect, who provides consultation and investigation support for any Northern Health staff engaged in receiving and responding to reports of adult abuse and neglect anywhere within Northern Health geography.

The role of Specialist, Adult Abuse and Neglect is currently filled by Melinda Allison. Melinda has been a social worker for over twenty five years, specializing in geriatric mental health, elder abuse and assessments of incapability. For the past ten years she has been the Adult Protection Lead for Northern Health, which became a regional role in 2015. In her current position she provides education, consultation, training and support to front line staff, managers, administrators and physicians with a primary focus on compliance with the BC *Adult Guardianship Act* and other relevant health legislation.

Given the breadth of experience of the Specialist, Adult Abuse and Neglect in addressing situations of adult abuse, this would seem to be the most appropriate role within NH to be designated, as required under the HCCCFAA.

Recommendation(s):

Motion:

The Northern Heath Board designates the role of Specialist, Adult Abuse and Neglect, as the recipient of reports of a substitute decision maker under section 22 of the HCCCFAA acting in an abusive or harmful manner towards an admitted adult.

BOARD BRIEFING NOTE

Date:	October 23, 2019	
Agenda item	Information Management and Technology Plan Overview and Progress Report	
Purpose:	☒ Information	☐ Discussion
	☐ Seeking direction	☐ Decision
Prepared for:	Northern Health Board of Directors	
Prepared by:	Jeff Hunter, Chief Information Officer	

Issue:

To provide an update on the Strategy for Information Management/Information Technology.

Background:

Starting in 2016, we undertook a planning process to develop a strategy for Information Management/Information Technology (IM/IT). This strategy covers core IM/IT and includes Health Information Management and Biomedical Engineering and is intended to run thirty-six months with an annual refresh.

This strategy focuses on what needs to be accomplished by IM/IT to help Northern Health achieve its strategic plan.

IM/IT Strategic Business Objectives

1. Improve IM/IT staff engagement and performance
2. Improve delivery of information to patients & providers
3. Improve the effectiveness of computer applications and infrastructure
4. Provide value driven support model
5. Improve risk management
6. Advance interoperability to support care coordination
7. Eliminate hybrid health record

8. Ensure NH Health Information Management standards, policies and procedures and supports are in place to support the quality of a patient health record throughout the continuum of care
9. Improve structured documentation

For each of the Strategic Business Objectives (SBO), critical success factors (CSF), along with measures have been developed.

Summary of Key Initiatives

Community Health Record
This project is well into implementation with an anticipated completion date of March 31, 2020. This project has been a significant effort, and it has required executive involvement to keep this scope and schedule on track. On a positive note, other areas (including First Nation Health Authority) have requested to utilize this system, and we are currently determining how to manage additional onboarding post project.

Patient Portals / Personal Health Records
We are on target for a pilot of two Personal Health Record offerings:

1. Supporting AIHS (vendor for NH's community health record and a physician electronic medical record – MOIS) to provide persons and their families electronic records within their Primary Care homes (online scheduling, record access, prescription renewals, care team messaging, and in some cases, e-visits).
2. General public access to our acute electronic medical records (Cerner) for diagnostic results, documents, and online scheduling through Apple/Android app. We have a signed contract and pilot go live in January 2020.

Desktop Management Services
This project is now well into the implementation phase, and we are planning the transition to the new provider (NTT) for a go-live of December 2019.

Cerner Code Upgrade / Remote Hosting
Cerner is Northern Health's Clinical Information System and is in use in all of Northern Health's acute care facilities. A major capital IM/IT expenditure this year is the Cerner Code upgrade, and the migration from internally hosted to the Cerner Remote Hosted Service. This project is on time, on budget and on schedule for December 2019.

As part of the IM/IT strategy, we have been improving the infrastructure to lay the groundwork for advancing our maturity and use of the electronic medical record in our acute facilities. Significant patient safety and administrative efficiency improvements can

be gained by further adoption of this tool and part of the October 21st, joint RHD/NH Board meeting has been devoted to an education session on what can be achieved and what we can learn from other organizations that have completed this journey.

As part of this education session, we will hear from the David White, Chief Nursing Information Officer from Northern Arizona Healthcare, Dr Shannon Freeman, Assistant Professor in the Faculty of Nursing at UNBC and Sophia Buyer, Enterprise Architecture and Strategy with NH.

Provincial Context

Over the past year, The Ministry of Health has replaced the existing provincial IMIT governance with a new 'Digital Health Strategy' (DHS) structure. The change is intended to better align the provincial, health technology spend towards a vision statement of "*transforming our health system so that all British Columbians can achieve optimal health and wellness*." The DHS goernance structure is attached to this Briefing Note.

DHS aims to achieve this by focusing on four key goal areas:

1. Patient empowerment - Empower patients as partners in their care and wellness
2. Integrated care - Create an integrated and comprehensive care experience for patients and clinicians
3. Improved care team experience - Build a culture of trust, collaboration and joy in work to support the care team in delivering quality health care
4. Enhanced decision support - Provide timely, accessible, accurate information and tools to support clinical and system planning decisions

These goals are intended to be achieved through enhancing digital health foundations and advancing work in five key areas, known as the *five strategic pillars,* which rest on this foundation to guide the transformation of health care delivery in the province:

1. Empower patients
2. Accelerate primary and community care transformation
3. Transform Hospital-Based Care
4. Advance Data Analytics and System Planning
5. Enhance Foundational Clinical Systems

Recommendation:

That the Northern Health Board of Directors receive this briefing note for information and discussion.

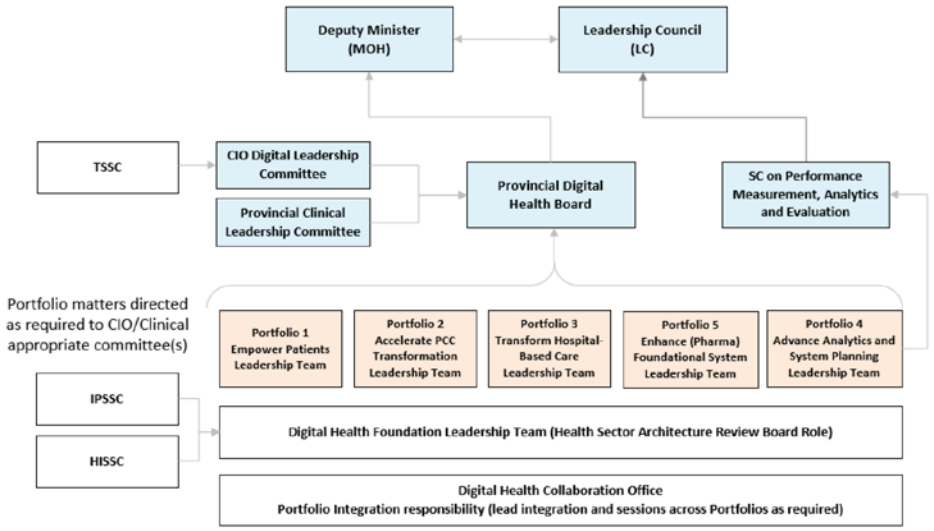
DHS Governance Structure - Year 1

Key stakeholder forums to consult and engage:

- Joint Collaborative Committees and the related standing committees, including GPSC

Strategic Governance

Delivery Portfolios



BOARD BRIEFING NOTE

Date:	October 23, 2019	
Agenda item	Strategic Communications Update	
Purpose:	☒ Information	☐ Discussion
	☐ Seeking direction	☐ Decision
Prepared for:	Northern Health Board of Directors	
Prepared by:	Steve Raper, CCO	
Reviewed by:	Cathy Ulrich, CEO	

Topic:

The following report will identify the working objectives that will measure our progress towards the goals in support of the Northern Health (NH) strategic plan to 2021.

This report will also include information on external relations functions.

Background:

The strategic communications plan has five (5) goals:

- Develop communications accountability across the organization
- Ensure plain language and accessible information
- Build partnerships
- Build trust through a strong brand
- Improve two way communications with physicians and staff

For 2019/20, there are ten (10) specific focus priorities that fall under the goals:

Complete

- Joint NH / First Nations Health Authority (FNHA) health promotions campaign
- Community Consultation – Heart Health
- Emergency management communications system (SNAPCOMMS)

In Progress (Green)

- Digital strategy implementation with brand ambassadors
- Central web based story/media hub
- Brand update (graphic design standards & process)

- E-mail & Text strategy
- Emergency Management Dashboard

In Progress (Yellow)

- NH Connections – FNHA partnerships awareness and route/criteria expansion promotions
- Stakeholder matrix customer relationship management (CRM) system (partnered solution with Human Resources (HR) and Population Health)

Develop communications accountability across the organization

1. Build accountability through ownership and clear roles/responsibilities that are embedded in communications plans and processes across all programs, portfolios and initiatives.

There are communication plans for all major projects and initiatives that provide for shared accountability and responsibility and provide clear direction for communications activities and actions. Plans continue to be developed for all program areas and initiatives as operational plans expand and develop. This will be a perpetual activity.

2. Ensure cultural humility through our use of appropriate language and terminology, images, materials and tools.

Through partnership with NH Indigenous Health and the FNHA we assess and provide feedback on the language and imagery we use in our materials, electronic and traditional. This is a process that is difficult to qualify and measure, though we are exploring survey methods to assist in that.

3. Continue to develop the matrix communications model of embedding communications staff within appropriate business units

This model is in place. Communications Specialists under a Regional Manager address the enterprise communications tools and initiatives. Communications Advisors under a Regional Manager support the program and portfolios with tactical communications advice and support.

4. Use data to inform and leverage opportunities and maximize effective use of resources

This is currently being done and data tables available below.

Ensure plain language and accessible information

1. Ensure all informational resources are developed to meet anticipated accessibility legislation, including plain language

The NH web, and our current font and material development (from Communications), meets planned BC Accessibility requirements by meeting the current Ontario Accessibility Legislation.

2. Develop communication plans that are targeted and meaningful to appropriate audiences.

All major projects have communications plans – smaller project plans continue to be developed. Market segmentation and focused campaigns continue to evolve and improve.

3. Develop and maintain a provincially leading web/digital/social media engagement platform and staff/physician intranet.

A complete digital strategy is under way that includes a focused community based social media plan supported with local brand ambassadors and influencers.

4. Introduce a comprehensive new media centre web portal (one stop media centre for all public information and stories)

Currently in development – expected launch in fall 2019.

5. Communicate new accessibility standards and set as baseline for organizational materials

Communications staff use these standards and are developing education and awareness plans for staff & physicians.

Build partnerships

1. Maintain strong, open relationships with media, government, industry/business and health organizations

Rigorous practices are in place to ensure quality engagement with key stakeholders such as provincial, local government and First Nations.

2. Leverage partnerships to access non-traditional channels and audiences through revenue generation or cost-neutral shared initiatives

An initial channel audit has been completed.

3. Develop a stakeholder relations matrix and dashboard

This is being developed in conjunction with a CRM.

4. Audit and develop third party channel based distribution model

Initial audit complete.

5. Cross-Pollinate content with partner publications

In progress – current actions focused on FNHA and cross sharing of information as well as joint campaigns.

Build trust through a strong brand

1. Tell our stories in creative and innovative ways

Story and content generation focus has led to significant growth in engagement with the public and internally. We have expanded to provincial and national publications with successful submissions.

2. Maintain an appropriate, responsive and effective issues management process that includes comprehensive media relationships.

NH has implemented very well developed issues management processes. In addition, a crisis communication framework is being developed and will be in place for 2020.

3. Reaffirm the importance of brand management and continue to ensure Northern Health's visual identity and brand integrity are protected and promoted in the context of all NH services, programs and people in our communities.

New Visual Identity Guide and materials have been developed and shared. In addition, we have been very active in improving the quality of design and production of promotional and organizational materials.

4. Develop engaging branded campaigns that use a measurable mix of traditional advertising, media and social media

See data in appendixes.

5. Develop opportunities for shared/co-branded and/or validator-led campaigns

Current focus is with NH Connections with Pacific Western Transportation/Diversified and FNHA, and with FNHA on focused topics.

Improve two-way communications with physicians and staff

1. Integrate strategic planning documents and processes into Our NH to provide clarity for people in how their roles relate to plans

In progress – ongoing with no end date

2. Address email issues and implement a new model for email use

RSS feeds implemented, simplified distribution channels and distribution list access check-points and owner in progress.

3. Build a model / catalogue for internal newsletter and other department driven communications

Work in progress – current inventory sits at 30+ newsletters and process to streamline is underway.

4. Ensure communications plans include staff/supervisor obligations for two way dialogue

Current practice in all communication plans, and the Terrace model for local two way communication being explored to look at replication on other sites.

5. Maintain an innovative annual plan for communicating with physicians

In place and being actioned daily.

External Relations:

Health Emergency Management BC (HEMBC):
There was extensive planning completed despite NH experiencing a slow wildfire season in 2019, Relocation guides for receiving/departing patients are complete, an electronic code dashboard is in place, and are continuing to develop 5 minute drills, after action reviews and tabletop exercises.

NH Connections & Patient Transportation
NHC has grown by 15% over the past year. Most of that is attributable to the new 60+ criteria, but also improved promotions, scheduling/location adjustments and increased exposure with FNHA and Indigenous communities. Our focus will be on the growing partnership with FNHA as well as improving the connectivity to IH facilities and communities.

Foundations:
There are a number or priorities and areas of work under way and near completion with our foundation partners. The foundations have entered a more mature phase in their relationship in that it is normal for them to connect and work together. NH will continue to nurture that to find opportunity to leverage the relationships for regional campaigns. In addition the early stages of planning and coordinating are developing quickly with local foundations in the context of fundraising (potential major gift – capital campaigns) for significant capital projects that are in various stages of planning.

Industry Relations:
Considerable work has been completed in mapping out and understanding the complex connections NH has with industry, and that has led to an improved system of coordination and organizational knowledge of the status of our various industrial relationships. With the maturity in this portfolio and the deeper day to day knowledge of industry in relation to health, the commitment to a formal commissioned industry report to the board has evolved into a proposal to deliver more regular and timely semi-annual confidential updates to the CEO providing the industry scan and forecast.

Government Relations:
While NCLGA and UBCM are focal points for purposeful comprehensive conversations, on-going support through operational leadership or direct with municipal and regional leaders

continues to be effective. In addition, we continue to manage the new ways of connecting to provincial ministries and staff as new processes for engaging are become normalized.

Recommendation(s):
For information purposes. See Appendixes with detailed data below.

Appendix 1 data - Media/Government Relations, Issues Management

We continue to receive significant attention in terms of media, government, and public inquiries. In addition to the traditional communications channels we use, we utilize other opportunities to provide information to the public. The goal of exploring non-traditional communication avenues is important with the changes within the traditional media market including the closures and restructuring of newspapers. This nature of this work remains reactive, but with an aggressive goal to continue putting proactive content in place to further positive messaging that supports our strategic plan.

Media and Call log

- 2018 --- 1757 queries
- 2017 --- 2820 queries
- 2016 --- 2399 queries
- 2015 --- 1750 calls & communication account emails
- 2014 --- 1580 calls & communication account emails

Media monitoring

- 2018 stories: 1311
  - Positive: 569
  - Neutral: 582
  - Negative: 193
- 2017 Stories: 1343 (now includes public engagement)
  - Positive: 305
  - Neutral: 903
  - Negative: 54
- 2016 Stories: 1080
  - Data unavailable
- 2015 Stories: 921 – Note increase in neutral stories due to better cataloguing
  - Positive: 377
  - Neutral: 418
  - Negative: 126
- 2014 Stories: 729
  - Positive: 328
  - Neutral: 261
  - Negative: 140

Appendix 2 data – Health promotions & Digital Strategy

External Websites

Northernhealth.ca	Page Views	Increase
April 1, 2018 – March 31, 2019	2,174,038	66%
April 1, 2017 – March 31, 2018	1,310,707	

Physicians.northernhealth.ca	Page Views	Decrease
April 1, 2018 – March 31, 2019	71,246	-8%
April 1, 2017 – March 31, 2018	77,802	

Careers.northernhealth.ca	Page Views	Decrease
April 1, 2018 – March 31, 2019	279,410	-1%
April 1, 2017 – March 31, 2018	282,670	

Nhconnections.ca	Page Views	Increase
April 1, 2018 – March 31, 2019	99,362	75%
April 1, 2017 – March 31, 2018	56,716	

Indigenoushealthnh.ca	Page Views	Decrease
April 1, 2018 – March 31, 2019	71,559	-11.86%
April 1, 2017 – March 31, 2018	81,185	

Intranet: OurNH

	Apr 1 2017-Ma 31 2018	**Apr 1 2018-Mar 31 2019**	**April 1, 2019 – Sept. 5, 2019**
Total Number of Page Views	2,727,677	3,354,836	1,847,392
Home page visits	2,031,166	2,183,068	1,243,847
News articles	312	489	251
RAARs	210	202	94
Site admins	545	626	N/A
Editors of all-staff pages	59	104	N/A
Staff Deals items	20	32	35
OurNH banners	46	82	31
Desktop Backgrounds	N/A	26	14
Average Daily Searches on OurNH	783	797	811

Top OurNH Pages

Page	Page Views Apr 1 2018- Mar 31 2019	Page Views April 1, 2019 – Sept. 5, 2019
Policies and Procedures	52,018	64,993
Community Corner	28,771	14,197
Staff Deals	25,878	12,628
Learning Hub	18,586	6,420
My schedule	15,349	9,143

Northern Health Matters

	Content		Audience		Engagement		
	# new posts	# contributors	Unique visitors	Visits	Average time spent on site	Average pages per visit	Total pageviews
2015-16	170	144	15,516	23,234	1:57	3.57	83,037
2016-17	131	168	17,329	23,631	1:45	3.31	78,176
2017-18	113	171	15,552	21,849	1:36	1.78	38,328
2018-19 (March 2018 – February 28 2019)	159	223	29,948	44,215	0:44	2.52	111,350
% change (2017-18 to 2018-19)	+58%	+30%	+92.5%	+102.3%	-62%	+41.5%	+190.5%
(2019 Quarterly below)							
2019: Jan – March	59	-	14,376	20,531	1:02	2.73	56,048
2019: April – June	60	-	16,243	23,525	0:51	2.72	63,906
2019: July & August	38	-	10,120	14,142	0:54	2.74	38,800

Social Media

"Followers" or "subscribers" to Northern Health on social media (fiscal year Mar – Feb)

	facebook	twitter	YouTube	LinkedIn	Instagram
2015-16	3,460	4,768	151	4,358	n/a
2016-17	4,337	5,805	181	5,003	n/a
2017-18	5,920	6,411	227	5,417	n/a
2018-19	8,669	6,933	292	6,636	1,018
% change	+46.44%	+8.14%	+28.63%	+22.5%	n/a

Reach and Engagement

	Facebook		Twitter		YouTube	
	Total reach	**People Engaging**	**Impressions**	**Engagement**	**Views**	**Watch time (in minutes)**
2015-16	522,554 (1,428 average/day	23,074 (63 average/day)	815,000 (2,233 average/day)	5,345 (15 average/day)	18,678	33,385
2016-17	1.34 million (3,674 average/day)	28,817 (79 average/day)	863,500 (2,366 average/day)	4,012 (11 average/day)	19,832	43,336
2017-2018	1.48 million (4,051 average/day)	126,770 (347 average/day)	723,100 (1,981 average/day)	3,820 (11 average/day)	30,013	63,708
2018-2019	2.88 million (7,886 average/day)	150,438 (412 average/day)	720,900 (1,975 average/day)	2960 (8 average/day)	33,700	72,900
(2019 Quarterly below)						
2019: Jan – March	740,809 (8,231 average/day)	36,789 (409 average/day)	138,600 (1,540 average/day)	645 (7 average/day)	10,100	22,800
2019: April - June	910,247 (10,003 average/day)	42,083 (462 average/day)	220,000 (2,444 average/day)	904 (10 average/day)	7,700	16,600

BOARD COMMITTEES V.1 BRD 300

PURPOSE

1. Board committees are a mechanism that permits deeper examination of major areas for which the Board of Directors of Northern Health (the "Board") has governance responsibilities, both continuing and emergent, and supports the Board in handling its responsibilities.
2. Only Directors may serve as voting members on Board committees.
3. Board committees and their respective mandates are established by the Board, and the Board may vary the committee structure from time to time to meet its governance needs. The current Board committees are:
    - Audit and Finance Committee
    - Governance and Management Relations Committee
    - Performance, Planning and Priorities Committee
4. From time to time the Board may assign exceptional tasks to a committee not captured by the committee's terms of reference.
5. The Board may delegate, by Board motion, specific areas of business to a committee to act on behalf of the Board between Board meetings and the committee must report thereon at the Board meeting immediately following.
6. Board committees are not established to assume functions or responsibilities that properly rest with management.

GENERAL GUIDELINES FOR COMMITTEES

1. Each committee reviews its mandate and terms of reference annually. These are submitted to the Governance and Management Relations Committee (GMR) for review in terms of alignment to policy standards, and then submitted by GMR to the Board for approval.

2. Each year the Board Chair is responsible for proposing to the Board the leadership and membership of each committee to be appointed. This will occur in accordance with the Board and Committee work plans or as needed to fill vacancies during the year.

3. In preparing recommendations for committee membership and leadership, the Board Chair will consult with the President and Chief Executive Officer (the "CEO") and take into account the preferences, skills and experience of each

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 16, 2018 (r)

Director. Periodic rotation in committee membership and leadership is to be considered in a way that recognizes and balances the need for new ideas, continuity, and maintenance of functional expertise.

4. The Board Chair will be an ex-officio and voting member of all committees on which the Board Chair is not a formal member.

5. The CEO shall be an ex-officio and non-voting member of all committees.

6. A committee member may be removed or replaced at any time by the Board and will cease to be a member upon ceasing to be a Director of the Board.

7. The number of members and composition of each committee is indicated in each committee's terms of reference.

8. Each committee will normally meet before each Board meeting or more frequently as deemed necessary by the committee. Generally, meetings will be scheduled each year in advance.

9. Business conducted by committees of the Board will not be open to the public (BRD220).

10. Each committee shall have a committee timetable and work plan that outlines when the committee will address each of its duties and responsibilities during the course of the year. The timetable and work plan shall be referenced in the committee's terms of reference, but does not form part of the terms of reference. Changes to the terms of reference require Board approval; changes to the timetable and work plan are the domain of the committee, can be made at any time, and must be recorded in the minutes of the committee. If, in the view of the committee, a work plan change is substantive, the terms of reference and work plan should be referred back to the Board for approval.

11. Notice of the time and place of every committee meeting shall be given in writing or by facsimile or email communication to each regular and ex officio member of the committee at least 48 hours prior to the time fixed for such meeting provided, however, that a member may in any manner waive notice of a meeting; and attendance at a meeting is a waiver of notice of the meeting, except where a member attends a meeting for the express purpose

of objecting to the transaction of any business on the grounds that the meeting was not lawfully called.

12. The Chair of a committee or any two members of a committee may call a meeting of the committee.

13. If a committee Chair is unable to attend or is not present at any meeting of a committee within thirty minutes after the time that the meeting is scheduled to commence, one of the other members of the committee present at the meeting shall be chosen by the committee to preside at the meeting.

14. A committee member may participate in a committee meeting by means of such telephonic, electronic or other communication facilities that permit all persons participating in the meeting to communicate adequately with each other. A member participating in such a meeting by any such means is deemed to be present at the meeting.

15. A quorum for the transaction of business at a committee meeting will be a majority of the voting members, which includes the Board Chair if in attendance as an ex officio member as per #4 above. Questions arising at a meeting will be determined by a majority of votes of the members present. Note: 50% is the majority for a quorum; more than 50% is a majority for the purpose of voting.

16. The committee shall designate a Recording Secretary who will ensure that the minutes of each committee meeting are prepared and given in a timely fashion to each committee member and to the Corporate Secretary. A complete meeting record will be maintained electronically by the Recording Secretary and the Corporate Secretary and shall be made available to Directors and the CEO.

17. A committee may invite such Director or, in consultation with the CEO, such Northern Health employees or consultants as may be considered desirable to attend meetings and assist in the discussion and consideration of the business of the committee.

18. A committee may, from time to time, require the expertise of outside resources, including independent counsel or other advisors. No outside

resource will be retained without the approval of the Board or Board Chair, generally in consultation with the CEO.

19. Committees will provide written reports to the Board through minutes as outlined in #16 above, and will report to the Board at each Board meeting with respect to specific recommendations or advice consistent with its mandate or other responsibilities as assigned by the Board. The Board will take whatever action it deems appropriate.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 16, 2018 (r)

TERMS OF REFERENCE FOR THE AUDIT AND FINANCE COMMITTEE

BRD 310

Commented [BS1]: Reviewed by AFC on May 21, 2019; the proposed edits as shown have been approved to go forward to GMR in September 2019

Purpose

The primary function of the Audit and Finance Committee (the "Committee") is to advise the Board of Directors of Northern Health (the "Board) in fulfilling its oversight responsibilities by reviewing financial planning and performance related to the operating and capital budgets, including:

a. The provision of financial information to the Government and other stakeholders
b. The systems of internal controls
c. Compliance with legal and regulatory requirements related to financial planning and performance
d. All audit processes conducted through the office of the Internal Auditor
e. All other external financial audits
f. Financial risk management
g. Oversight of investment management activities

This Committee is not intended to act on behalf of the Board unless specific delegated authorities have been given to it.

Composition and Operations

The Committee shall be composed of not fewer than three directors and not more than five directors. (see Membership section for complete Committee membership details).

The Committee shall operate in a manner that is consistent with the General Guidelines for Committees (BRD 300).

All Committee members shall be both independent and "financially literate" and at least one member shall have "accounting or related financial expertise"[1].

[1] The Board has defined "financial literacy" as the ability to read and understand standard financial reporting. Where there is a requirement for a Director to have "accounting or financial expertise", this means the Director shall have the ability to analyze and understand a full set of financial statements, including the notes attached thereto in accordance with Canadian GAAP.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 16, 2018 (R)

Northern Health's external auditor and the BC Office of the Auditor General (OAG) shall be advised of the names of the Committee members. The Committee shall meet with the external auditor and the OAG as it deems appropriate to consider any matter that the Committee, external auditor or the OAG determine should be brought to the attention of the Board.

Deleted: s

Deleted: s

Duties and Responsibilities

Subject to the powers and duties of the Board, the Committee will perform the following duties:

A. Financial Performance

The Committee shall:

1. Review and recommend for approval to the Board, the financial content of Northern Health's annual report and other significant reports required by government or regulatory authorities (to the extent such reports discuss the financial position or operating results) for consistency of disclosure with the financial statements themselves. While the Committee has that the authority to determine which reports it shall review, the Committee is dependent on the integrity and professionalism of the Chief Executive Officer ("CEO") and the Chief Financial Officer ("CFO") to identify the reports that are "significant" and require Committee review
2. Review and approve Northern Health's annual "Statement of Financial Information (SOFI)" (also referred to as "Public Bodies Report)[2]
3. Review normal periodic financial information provided to the Board, including:
   a. Periodic financial statements
   b. Capital budget reports that provide information on both a project and expenditure basis
   c. Annual audited financial statements
4. Request and review various other financial and operational information as needed to fulfil the Committee's oversight responsibilities.

[2] In accordance with BRD 300 as a delegated authority from the Board (Oct 19, 2010: Motion Public/10-18)

5. Ensure that:
   a. The Board receives timely, meaningful reports that keep it properly informed of Northern Health's financial situation and that provide the information needed for decision-making
   b. All reports to the Board clearly display the financial results of each principal area of activity and include cash flow for the period and year-to-date
   c. The Board receives, at each meeting, an up-to-date forecast of year-end results, which reflects events to date and known factors which may materially influence either revenue or expense components

6. Review and discuss:
   a. The appropriateness of accounting policies and financial reporting practices used by Northern Health
   b. Any significant proposed changes in financial reporting and accounting policies and practices to be adopted by Northern Health
   c. Any new or pending developments in accounting and reporting standards that may affect Northern Health
7. Review any proposed changes to the position and duties of the CFO

B. Budget Development

The Committee will, with the assistance of the CFO, make an examination of the budget development process, including:

1. The methodology used to establish the operating budget such as revenue estimates, base assumptions for expense projections, financial risk factors, inflation allowances
2. Planned capital expenditure by category and the projections for expenditures justified by a priority scoring method endorsed by the Committee, including rate of return
3. Alignment/correlation of planned operating and capital budget decisions to the strategic direction of Northern Health

The Committee will review the planned management summary presentation to the Board to ensure that it will provide the Directors with a clear, concise picture of the financial implications of the operating plan and the associated financial risks.

C. Financial Risk Management, Internal Control and Information Systems

The Committee will review and obtain reasonable assurance that financial risk management, internal control and information systems are operating effectively to produce accurate, appropriate and timely financial information.

This includes:

1. Reviewing Northern Health's financial risk management controls and processes relating to financial planning and performance
2. Reviewing management steps to implement and maintain appropriate internal control procedures
3. Obtaining reasonable assurance that the information systems are reliable and the systems of internal controls are properly designed and effectively implemented through discussions with and reports from management, the internal auditor and the external auditor
4. Reviewing the adequacy of security of information, information systems and recovery plans and annually receiving affirmation of security and integrity
5. Monitoring compliance with statutory and regulatory obligations relating to financial planning and performance (such as the Taxpayer Accountability Principles)

Level of Spending Authority

The Committee shall:

6. Develop with management a comprehensive statement of authorities for operating and capital expenditures, in compliance with Northern Health's executive limitations policy, and present these authorities to the Board for approval
7. Monitor compliance with the approved signing authority policy[3] through the internal audit process and recommend to the Board any changes which may be necessary from time to time

[3] Policy 4-4-2-030-P: Finance>Accounts Payable>Signing Authority

D. Internal Audit

The Committee will oversee Northern Health's internal audit function and the internal audit relationship with the external auditor and with management.

This includes:

1. Reviewing the objectivity and independence of the internal auditor
2. Reviewing goals, resources and work plans
3. Reviewing any restrictions or issues
4. Reviewing significant recommendations and management responses
5. Meeting periodically, and at least twice per year, with the Regional Director of Internal Audit without management present
6. Reviewing proposed changes in the internal audit function

E. External Audit

The Committee will review the planning and results of audit activities and the ongoing relationship with the auditor.

This includes:

1. Assessing the performance of, and recommending to the Board for approval, engagement of the auditor
2. Reviewing the annual audit plan, including but not limited to the following:
   a. engagement letter
   b. objectives and scope of the external audit work
   c. materiality limit
   d. areas of audit risk
   e. staffing
   f. timetable
   g. proposed fees
3. Meeting with the external auditor to discuss Northern Health's annual financial statements and the auditor's report including the appropriateness of accounting policies and underlying estimates

4. Reviewing and advising the Board with respect to the planning, conduct and reporting of the annual audit, including but not limited to:
   a. Any difficulties encountered, or restrictions imposed by management, during the annual audit
   b. Any significant accounting or financial reporting issue
   c. The auditor's review of Northern Health's system of internal controls, procedures and documentation
   d. The post audit or management letter containing any findings or recommendations of the external auditor, including management's response thereto and the subsequent follow-up to any identified internal control weaknesses
   e. Any other matters the auditor brings to the Committee's attention
5. Reviewing any disagreements between management and the auditor regarding financial reporting
6. Reviewing and receiving assurances on the independence of the auditor
7. Reviewing the internal audit services and non-audit services to be provided by the auditor's firm or its affiliates (including estimated fees), and consider the impact on the independence of the audit
8. Meeting periodically, and at least annually, with the auditor without management present

F. Banking and Investment Management Activity

The Committee shall:

1. Annually review Banking and Investment policy[4] and recommend any needed revisions to the Board.
2. At minimum, annually receive report of all bank accounts, including their purposes and signing officers.
3. At minimum, annually receive report on Northern Health's investment holdings (including Central Deposit Program.)

G. Other

The Committee shall:

[4] Policy 4-4-6-040: Finance>General Accoutning>Banking and Investment

1. Review annually a Business Development report detailing progress on goals and objectives set out for the prior and current fiscal years
2. Review annually insurance coverage of significant risks and uncertainties
3. Review annually material litigation and its impact on financial reporting
4. Institute and oversee special examinations or investigations, as needed
5. Receive reports regarding Ministry of Health funding models, as needed
6. Review annually the Committee work plan and the Committee terms of reference as part of the regular Board Policy Review cycle
7. Confirm annually that all responsibilities outlined in the work plan attached to these terms of reference have been carried out

Accountability

The Committee is accountable to the Board and will maintain minutes of its meetings and will bring forward advice and recommendations for Board deliberation and decision-making at the next Board meeting.

Membership

- Committee Chair (Board member)
- Minimum two additional Board members (to a maximum of four)

Ex Officio:

- Northern Health Board Chair (voting)
- President and Chief Executive Officer (non-voting)

Executive and Management Support:

- Vice President, Financial & Corporate Services/Chief Financial Officer
- Regional Director, Internal Audit
- Regional Director, Capital Planning and Support Services

Recording Secretary:

- Executive Assistant to Vice President, Financial & Corporate Services/Chief Financial Officer

Ad Hoc:

Presenters to the Committee will be called upon from time to time, at the request of the Committee Chair, including:

- Chief Information Officer
- Regional Director, Business Development
- Regional Director, Finance & Controller
- Regional Director, Financial Planning & Budgeting

COMMITTEE WORK PLAN

The Recording Secretary shall maintain the Committee's annual work plan and will:

1. Ensure that changes to the Committee's terms of reference are reflected in the work plan, and
2. In accordance with G.(7), annually provide to the Committee a report that:
    a. Reconciles the Committee's Terms of Reference to the Committee's work plan for the upcoming year
    b. Reconciles the Committee's work plan to actual performance in the previous year, noting any exceptions and providing an explanation for these.
3. Committee reviews and approves the work plan for the upcoming year.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 16, 2018 (R)

EXTERNAL AUDITOR INDEPENDENCE BRD 315

Commented [BS1]: Reviewed by AFC on May 21, 2019: no changes proposed; forward to GMR in September 2019

PURPOSE

Policy BRD 310, *Terms of Reference for the Audit & Finance Committee* (the "Committee"), assigns to the Committee the responsibility of reviewing the planning and results of external audit activities, and for overseeing the ongoing relationship with the external auditor.

The Committee recommends engagement of the external auditor to the Board of Directors of Northern Health (the "Board"). As specified in the section entitled "External Audit", it is also required to:

- *review and receive assurances on the independence of the external auditor; and*
- *review the non-audit services to be provided by the external auditor's firm or its affiliates (including estimated fees) and consider the impact on the independence of the external audit*

The objectivity and integrity of the external auditor is fundamental to the public confidence in the reliability of the external auditor's report and hence the public accountability of Northern Health.

Since the external auditor is required to have a relationship with the client, absolute independence is not possible. The significance of economic, financial and other relationships must therefore be evaluated in the light of what a reasonable and informed third party would conclude as acceptable.

The purpose of this policy is to establish principles and controls designed to provide reasonable assurance that the external auditor maintains an adequate degree of independence to ensure objectivity and integrity.

The principles and controls set out below concern the engagement of the external auditor, the justification of non-audit services, and the hiring of audit staff.

ENGAGEMENT OF THE EXTERNAL AUDITOR

1. The external auditor's independence can be influenced by a number of threats including, but not limited to:
   a. Self-review threats that occur when an external auditor provides assurance on his or her own work

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 16, 2018 (R)

b. Self-interest threats that occur when an external auditor could benefit from a financial interest in a client or when there is an undue dependence on an assurance[1] client
c. Advocacy threats that occur when an external auditor promotes a client's position or opinion
d. Familiarity threats which occur when an external auditor becomes too sympathetic to a client's interests
e. Intimidation threats which occur when an external auditor is deterred from acting objectively by actual or perceived threats from a client

2. It is expected that the external auditor will maintain a quality control system which recognizes these and other threats and provides reasonable assurance that his or her independence is not impaired.
3. The external auditor is required to give the Committee annual assurances concerning independence.
4. The external auditor is expected to adhere to a rotation policy that provides a balance between effectiveness, efficiency and independence. This rotation must be at intervals of no more than seven years for the lead partner responsible for the audit.

   An exemption on an annual basis from these requirements can be granted by the Committee if circumstances require such an exemption. Where there is only one partner engaged, the Committee may request that a partner from another location of the same firm be utilized in at least one year.
5. The external auditor should not hire and involve any of the following individuals to participate in the audit within twelve months of the cessation of their employment with Northern Health:
   a. Individuals who were previously employed as senior management of Northern Health, or
   b. Individuals who were previously employed as participants in processes or areas subject to external audit procedures.
6. Once the Committee is satisfied that the external auditor recognizes and accepts these principles and responsibilities it will authorize the Board Chair and the President and Chief Executive Officer (the "CEO) to jointly co-sign the letter of engagement.

[1] An 'assurance client' is a client who is receiving external audit services

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 16, 2018 (R)

INTERNAL AUDIT SERVICES

1. Internal audit services encompass assurance and consulting activities undertaken by the Internal Audit department of Northern Health. Internal Audit may, during the course of the year, seek assistance on projects through contract relationships with qualified individuals or firms.
2. The Chartered Professional Accountants of British Columbia (CPABC) Code of Professional Conduct specifically prohibits performance of an external audit engagement if:

   "... during either the period covered by the financial statements subject to audit or review or the engagement period, the member, the firm or a network firm or a member of the firm or network firm provides an internal audit service to the entity or a related entity unless, with respect to the entity for which the internal audit service is provided:

   (i) the entity designates an appropriate and competent resource within senior management to be responsible for internal audit activities and to acknowledge responsibility for designing, implementing and maintaining internal controls;

   (ii) the entity or its audit committee reviews, assesses and approves the scope, risk and frequency of the internal audit services;

   (iii) the entity's management evaluates the adequacy of the internal audit services and the findings resulting from their performance;

   (iv) the entity's management evaluates and determines which recommendations resulting from the internal audit services to implement and manages the implementation process; and

   (v) the entity's management reports to the audit committee the significant findings and recommendations resulting from the internal audit services."
3. The external auditor should not provide internal audit services where the services comprise a significant portion of the internal audit activities.
4. Certain internal audit activities may impair the independence of the external auditor and should not be undertaken by the external auditor:
   a. Performing ongoing monitoring or quality control activities that relate to the execution, accounting for, or approval of transactions
   b. Determining which, if any, recommendations for improving the internal control system should be implemented
   c. Reporting to the Board or the Committee on behalf of management or Internal Audit

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 16, 2018 (R)

   d. Approving or being responsible for the overall internal audit work plan, including the determination of the internal audit risk and scope, project priorities, and frequency of performance of audit procedures
5. The licensed firm is required to identify threats to its independence and either apply safeguards to reduce the threats to an acceptable level or refuse to accept the external audit engagement.[2]
6. A proposal by Internal Audit to engage the external auditor for any internal audit services must be approved in advance by the Committee. The proposal will provide an estimate of fees and a description of safeguards to ensure independence of the external auditor is maintained. The proposal must be accompanied by a statement by the external auditor that such services:
   a. Will not be provided by external audit staff members participating in an external audit of Northern Health within twelve months of the provision of internal audit services
   b. Will be supervised and reviewed by an external audit partner other than that responsible for the provision of external audit services
   c. Will exclude audit items covered in the annual external audit
   d. Will exclude activities outlined in #4 above
7. The total fees incurred in the provision of internal audit services by the external auditor will not exceed 25% of the regular external audit fee for the year as approved by the Board.

NON-AUDIT SERVICES

1. External audit services are those related to the formulation of an opinion on financial statements prepared by management and include advice on accounting policies. Non-audit services are those services other than external or internal audit services.
2. Non-audit services undertaken by the external auditor create actual and/or perceived self-review, self-interest or advocacy threats to the independence of the external auditor. The degree of the threat depends on the nature, scale and scope of the non-audit services.
3. In relation to the provision of non-audit services, the term external auditor shall be interpreted as meaning the external auditor and any of its affiliates. The term affiliates will be interpreted by reference to the substance of a relationship with the audit firm but will generally include any entity controlled by the audit firm or under common control, ownership or management.

[2] Ibid, 204.2.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 16, 2018 (R)

4. The external auditor may be engaged to provide non-audit services where there are good reasons and the services to be provided do not create a material threat to the independence of the external auditor. Good reasons for the external auditor to be appointed to perform non-audit services include:
   a. It is economical in terms of skill and effort for the external auditor to provide such services as a result of his or her intimate and specialised knowledge of the business
   b. The information required is a by-product of the audit process
   c. The services are required by legislation or regulation
5. Certain categories of non-audit services are considered to be potentially incompatible with the independence of the external auditor and should normally be avoided. These categories include:
   a. Performance of management functions or making management decisions
   b. Financial statement preparation services and bookkeeping services
   c. Valuation services
   d. Actuarial services
   e. Designing or implementing a hardware or software system
   f. Designing or implementing internal controls over financial reporting
   g. Legal services
   h. Recruiting services
   i. Certain corporate finance activities that create an unacceptable advocacy or self-review threat including making investment decisions or having custody of assets such as securities
6. A proposal by Northern Health management to engage the external auditor for any services in the categories set-out in #5 above must be approved in advance by the Committee. In the review of such proposals the Committee will, where further detailed guidance is considered necessary, refer to standards and guidelines issued by CPA Canada and CPA British Columbia.
7. Except for those services set out in #5 above, management may arrange the provision of non-audit services by the external auditor provided that:
   a. A formal procurement is followed in accordance with NH procurement policies
   b. The costs of such services do not exceed an amount equal to 25% of the regular external audit fee for the year as approved by the Board
   c. The costs of the service to be provided, combined with the cost of any other non-audit or internal audit services provided by the external auditor in the same year do not exceed an amount equal to 50% of the regular audit fee

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 16, 2018 (R)

d. All such services are reported to the Committee at the next scheduled meeting along with the reasons therefore
e. Any proposal to engage the external auditor for the provision of non-audit services, the costs of which will exceed the limits set out in 7(b) and (c), must have the prior approval of the Committee. Where the need for such services is time sensitive, the CFO may request the Chair of the Committee to convene a special meeting of the Committee.

8. Taxation services comprise a broad range of services, including compliance, planning, provision of formal taxation opinions and assistance in the resolution of tax disputes. Such assignments are generally not seen to create threats to external auditor independence.

HIRING OF EXTERNAL AUDIT STAFF

1. Any individual that was employed by the external audit firm and participated in the external audit within the last three months will not be hired to a position at the Regional Director level or above.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 16, 2018 (R)

TERMS OF REFERENCE FOR THE GOVERNANCE & MANAGEMENT RELATIONS COMMITTEE V.3 BRD 320

PURPOSE

The primary function of the Governance and Management Relations Committee ("GMR" or the "Committee") is to assist the Board of Directors of Northern Health (the "Board") in fulfilling its oversight responsibilities by providing advice to the Board in the following areas of responsibility:

- Overseeing the development of Board meeting agendas to address the critical issues emerging from the deliberations of Board Committees and elsewhere in the organization
- Assessing and making recommendations regarding Board effectiveness, providing direction in relation to ongoing Director development and leading the process for recommending Director criteria to the government for consideration when appointing Directors, and setting and reviewing Board policies and procedures
- Providing guidance to the Board Chair and to the President & Chief Executive Officer (the "CEO") regarding the development and management of government relations
- Developing the agreement between Northern Health and the Government of British Columbia as set out in the mandate letter
- Assisting the Board in fulfilling its obligations related to management compensation policy and overseeing plans for the continuity and development of senior management

This committee is not intended to act on behalf of the Board unless specific delegated authorities have been given.

COMPOSITION AND OPERATIONS

The Committee shall be composed of the Chair of the Audit and Finance Committee, the Chair of the Performance, Planning and Priorities Committee, the Board Chair, and one or two Directors, one of whom will serve as Committee Chair. (See Membership section for complete committee membership details).

The Committee shall operate in a manner that is consistent with committee guidelines outlined in policy BRD 300 of the Board policy manual.

DUTIES AND RESPONSIBILITIES

The duties and responsibilities of the Committee will include:

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 16, 2018 (R)

A. Governance

The Committee shall:

1. Develop Board meeting agendas with a focus on the strategic and critical issues emerging from Board Committee deliberations.
2. Establish the key internal and external communication messages arising from the Board meeting agenda and initiate the development of Board communication releases based on these messages.
3. Oversee the creation and distribution of the annual report.
4. Recommend to the Board the plan for Northern Health's community consultation strategy and oversee the implementation of this strategy.
5. Oversee the development and monitoring of Northern Health's enterprise-wide Integrated Risk Management Framework.
6. Review and advise the Board with respect to risk management issues including major incident/negligence summaries, and issues involving litigation.
7. Review and advise the Board with respect to Privacy and the Patient Care Quality Office (PCQO).
8. Oversee the engagement in research, education and quality improvement partnerships with academic organisations to create a learning environment throughout NH.
9. Develop, and annually update, a long-term plan for Board composition that takes into consideration the current strengths, skills and experience on the Board, retirement dates and the strategic direction of Northern Health.
10. Develop recommendations regarding the essential and desired experiences and skills for potential Directors, taking into consideration the Board's short-term needs and long-term succession plans.
11. In consultation with the Board Chair and the CEO, recommend to the Board for subsequent recommendation to government, criteria and potential candidates for consideration when they are appointing Directors.
12. Review, monitor and make recommendations regarding Director orientation and ongoing development.
13. Recommend to the Board, and annually implement, the appropriate evaluation process for the Board.
14. Review annually, for Board approval, a board manual outlining the policies and procedures by which the Board will operate including, but not limited to, the terms of reference for the Board, the Board Chair, the CEO, individual Directors and Board committees.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 16, 2018 (R)

15. Ensure there is a system that enables a committee or Director to engage separate independent counsel in appropriate circumstances, at Northern Health's expense, and be responsible for the ongoing administration of such a system.
16. Review annually, for Board approval, all Board Enduring Motions to ensure that they are still current and relevant.
17. Monitor compliance with laws and regulations and ensure that procedures have been established to receive and address reports and complaints regarding non-compliance.
18. Recommend to the Board any reports on governance that may be required or considered advisable.
19. Oversee the development, revision and renewal of the Memorandum of Understanding between Northern Health and the University of Northern British Columbia
20. Oversee the development, revision and renewal of the Northern Partnership Accord between the First Nations Health Council: Northern Regional Caucus, Northern Health, and the First Nations Health Authority
21. Oversee the development, revision and renewal of the Memorandum of Understanding with the Foundation(s), and the development and maintenance of a productive relationship with the Auxiliaries and Societies that support Northern Health.
22. At the request of the Board Chair or the Board, undertake such other governance initiatives as may be necessary or desirable to contribute to the success of Northern Health.
23. Provide direction for content of the annual Board planning session and build items arising from this planning into the Board's work plan.
24. Review the existence and application of the corporate conduct policy on an annual basis (BRD 260).

Deleted: including the Innovation and Development Commons (IDC)

B. Management Relations

The Committee shall:

1. Recommend a performance planning and review process for the CEO and, when approved, lead the implementation of the process.
2. Review and recommend the CEO's compensation to the Board for approval, subject to the legislative guidelines.
3. Review policy and procedures related to the review and approval of the CEO's expenses.
4. Review the CEO's analysis of the senior management team structure, processes, and performance.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 16, 2018 (R)

5. Review with the CEO the succession planning strategy across all management levels and ensure that comprehensive succession plans are in place for all senior executive positions.
6. Review and recommend Northern Health's compensation philosophy and guidelines and ensure compliance with any applicable guidelines established by Health Employers' Association of BC (HEABC) and the Public Sector Employers Council (PSEC).
7. Review and recommend to the Board the ratification of collective agreements. Only the Board has the authority to ratify collective agreements.
8. Review with the CEO any significant outside commitments the CEO is considering before the commitment is made. This includes commitments to act as a Director or Trustee of for-profit and not-for-profit organizations.

C. Government Relations

The Committee shall:

1. Provide advice to the Board Chair and CEO in relation to regular interactions with government through such forums as the Board Chairs/CEO meeting, Northern Caucus, meetings with the Minister of Health, and other ministries and government bodies.
2. Create an environment that fosters productive relationships with the North Central Local Government Association (NCLGA), Regional Hospital Districts (RHD), and MLAs through regular communication, management of issues, and opportunities for interaction with the Board during regular Board meetings.
3. Receive reports and provide advice regarding Board Chair and CEO meetings with local government at the NCLGA and Union of British Columbia Municipalities (UBCM) meetings.
4. Organize opportunities for the Board to interact with the Minister and Ministry of Health leadership in relation to Northern Health's performance in achieving the priorities outlined in the mandate letter to the Board of Directors from the Minister of Health and the bilateral letter to the CEO from the Minister of Health.
5. Oversee the communications processes between Northern Health, Government Communications & Public Engagement (GCPE), the Ministry of Health and other government organizations and bodies.
6. Oversee the relationship between Northern Health and the Provincial Health Services Authority (PHSA) in relation to their provincial mandate for:

Deleted: as relevant to Northern Health priorities and issues.

i. Provincial clinical policy
ii. Provincial clinical service delivery
iii. Provincial commercial services; e.g. supply chain and accounts payable
iv. Provincial digital and information technology

7. Oversee the relationship between Northern Health and HEABC and Healthcare Benefit Trust (HBT).
8. Annually review Northern Health's (a) Energy and Sustainability Policy, and (b) Carbon Neutral Action Report.

ACCOUNTABILITY

The Committee is accountable to the Board and will maintain minutes of its meetings and will bring forward advice and recommendations for Board deliberation and decision making at the next Board meeting.

MEMBERSHIP

- Northern Heath Board Chair
- Chairs of the Standing Committees (Audit & Finance; Performance, Planning and Priorities)
- 1 or 2 other Board Members one of whom will serve as the Committee Chair

Ex Officio:

- President and Chief Executive Officer (non-voting)

Executive and Management Support:

- Regional Director, Risk Management & Compliance
- Executive Assistant, Northern Health Board & President/CEO

Recording Secretary:

- Executive Assistant, Vice President Human Resources

Ad Hoc:

- Presenters to the Committee will be called upon from time to time, at the request of the Committee Chair

COMMITTEE WORK PLAN

The Recording Secretary shall maintain the Committee's annual work plan and will:

1. Ensure that changes to the Committee's terms of reference are reflected in the work plan, and

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 16, 2018 (R)

2. Annually provide to the Committee a report that:
    a. Indicates all elements of the work plan were undertaken in the previous year.
    b. Notes any exceptions and provides an explanation,
    c. Affirms that the work contemplated in the Terms of Reference is reflected in the Committee work plan.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 16, 2018 (R)

TERMS OF REFERENCE FOR THE PERFORMANCE, PLANNING AND PRIORITIES COMMITTEE BRD 330

PURPOSE

The purpose of the Performance, Planning and Priorities Committee ("3P" or the "Committee") is to assist the Board of Directors of Northern Health (the "Board") in fulfilling its oversight responsibilities by providing advice to the Board in the following areas of responsibility:

- Oversight of quality and patient safety review processes for the purpose of improving the quality of health care or practice within Northern Health (NH)
- Development and review of the Strategic Plan
- Setting of strategic priorities designed to enable the organization to meet the goals set out in the Strategic Plan
- Monitoring performance of the organization in achieving the goals set out in the Strategic Plan and the performance expectations set forth by the Ministry of Health in the Minister's mandate letter to the Board of Directors and the Ministry of Health bilateral letter to the CEO.
- Ensuring a Communications Strategy is developed, implemented and monitored

This Committee is not intended to act on behalf of the Board unless specific delegated authorities have been given.

COMPOSITION AND OPERATIONS

The Committee shall be composed of not fewer than three Directors and not more than five Directors. (See Membership section for complete Committee membership details).

- The Committee shall operate in a manner that is consistent with the Committee Guidelines outlined in Policy BRD 300 of the Board Manual
- Each committee meeting will focus on one (or two) strategic priorities with the understanding that there may be the need to include additional agenda items that are time sensitive
- Each Committee meeting will include a review of the scorecard indicators for the strategic priority being reviewed

Deleted: October 16, 2018 (R)

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): May 14, 2019

DUTIES AND RESPONSIBILITIES

The duties and responsibilities of the Committee will include:

1. **Strategic Plan**
   The Committee will oversee the development and review of the Strategic Plan and will provide guidance in setting the strategic priorities and directions required to achieve the expected outcomes by:
   a. reviewing organizational priorities
   b. reviewing the operational plan

2. **Service Plan**
   The Committee will oversee and approve Northern Health's public Service Plan each year by:
   a. reviewing the Ministry of Health mandate letter and the bilateral letter to the CEO
   b. overseeing the development of the annual Service Plan
   c. monitoring and evaluating NH's performance as per the annual Service Plan and the bilateral letter
   d. reviewing and overseeing clinical quality priorities

3. **3P Terms of Reference**
   The Committee will annually review and update the 3P Terms of Reference to ensure it accurately reflects the performance, planning and priorities identified for the Board and Northern Health.

4. **Strategic Priority: Healthy People in Healthy Communities**
   The Committee will oversee the work done to partner with communities to support people to live well and to prevent disease and injury by:
   a. reviewing scorecards[1] for Healthy People in Healthy Communities
   b. reviewing initiatives within Population and Public Health including partnering for healthy communities
   c. Receiving and reviewing health status reports prepared by the Chief Medical Health Officer

5. **Strategic Priority: Coordinated and Accessible Services**
   The Committee will oversee the provision of health services based in a Primary Care Home and linked to a range of specialized community service programs, which support each person and their family over the course of their

[1] The Committee will regularly analyze scorecards in an effort to measure performance and management's success in achieving the goals and targets as set out in the Strategic Plan, annual Service Plan and Ministry of Health performance expectations.

Deleted: Public Health Protection¶
reviewing initiatves within Population Health such as partnering for healthy communities.

Deleted: ¶
overseeing and reviewing work being done by Preventive Public Health

Deleted: – – – – – – – – – – Page Break – – – – – – – – – –

Deleted: s

Deleted: October 16, 2018 (R)

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): May 14, 2019

lives from staying healthy, to addressing disease and injury, to end-of-life care by:

a. reviewing scorecards[1] for Coordinated and Accessible Services
b. reviewing person and family centered care within Northern Health
c. reviewing primary care and community services to ensure that NH is collaborating with the Divisions of Family Practice to plan, implement, evaluate and improve quality and that interprofessional teams are established including Northern Health's collaborative work with Divisions of Family Practice on the planning and implementation of Primary Care Networks and Urgent and Primary Care Centres.
d. reviewing the implementation of community specialized service programs connected to specialist physicians, with service pathways for the person and their family
e. overseeing the distribution of services by community size in a rural and remote geography including partnering with FNHA regarding First Nations community access to services
f. reviewing the work done by Indigenous Health to understand and implement the Northern First Nations Health & Wellness Plan as well as Joint Project Board Initiatives

6. Strategic Priority: Quality

The Committee will oversee the development and implementation of the quality improvement framework including the policies, standards, structures and processes necessary to support quality improvement and patient safety. The Committee will ensure a culture of continuous quality improvement in all areas by reviewing client safety information at each meeting, including:

a. reviewing scorecards[1] for quality
b. reviewing the key priorities for each clinical service network to ensure establishment of quality improvement goals at the program level and to oversee quality monitoring:
    i. Chronic Disease
    ii. Critical Care
    iii. Elder Services
    iv. Mental Health & Substance Use
    v. Perinatal
    vi. Surgical Services
    vii. Child & Youth
    viii. Emergency & Trauma
c. Reviewing implementation progress related to: :
    i. quality education
    ii. quality improvement processes including Accreditation required organization practices

Deleted:
Deleted: s
Deleted: teams
Deleted: the Northern First Nations Partnership Accord
Deleted: high level work of
Deleted: programs
Deleted: Addictions
Deleted: information
Deleted: from local teams and departments that design and test innovative solutions within the Innovation and Development Commons through
Deleted: resources
Deleted: October 16, 2018 (R)

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): May 14, 2019

iii. Research

Deleted: innovation

d. reviewing patient satisfaction surveys from facilities throughout NH
e. reviewing and advising the Board with respect to an Annual Quality Review and receiving reports arising from quality review committees properly constituted within the provisions of Section 51 of the *Evidence Act [RSBC 1996] Chapter 124*[2]
f. reviewing annual reports on Patient Safety and Learning System (PSLS) events
g. overseeing the development and review of the Integrated Ethics Framework

7. Enabling Priorities: Our People

The Committee will oversee the provision of services through its people and will work to have those people in place and to help them flourish in their work by:

a. reviewing scorecards[1] for Our People
b. overseeing the development, monitoring and evaluation of the Health Human Resource Plan
c. overseeing the development, monitoring and evaluation of the Workforce Sustainability Strategy

Deleted: Recruitment and Retention

d. overseeing the development, monitoring and evaluation of the employee education framework and plan
e. overseeing the development, monitoring and evaluation of Workplace Health and Safety
f. reviewing Northern Health's policies, structures and processes for the development of the Physician Human Resource Plan

8. Enabling Priorities: Communications, Technology and Infrastructure

The Committee will oversee the implementation of effective communications systems and sustain a network of facilities and infrastructure that enables service delivery by:

a. reviewing scorecards[1] for Communication, Technology and Infrastruture
b. reviewing an annual overview of the Information Management and Information Technology Plan and progress to the plan
c. overseeing the development, implementation, and evaluation of the Communication strategy and policies including:
    i. internal communications
    ii. external communications
    iii. media relations

[2] The 3P Committee does not itself conduct quality reviews under Section 51 of the Evidence Act.

Deleted: October 16, 2018 (R)

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): May 14, 2019

iv. social media

d. Providing advice to the Board Chair and President and Chief Executive Officer (the "CEO") regarding emerging communication issues involving the Board

ACCOUNTABILITY

The Committee is accountable to the Northern Health Board and will maintain minutes of its meetings and will bring forward advice and recommendations for Board deliberation and decision making at the next Board meeting.

Membership

- Committee Chair (Director – not the Board Chair)
- Two to four additional Directors

Ex Officio:

- Board Chair (voting)
- CEO (non-voting)

Executive & Management Support:

- Vice President, Planning, Quality and Information Management
- Regional Director, Internal Audit

Recording Secretary:

- Executive Assistant, VP Planning, Quality and Information Management

Ad Hoc:

- Presenters to the Committee will be called upon from time to time, at the request of the Committee Chair.

COMMITTEE WORK PLAN

The Recording Secretary shall maintain the Committee's annual work plan and will:

1. Ensure that changes to the Committee's terms of reference are reflected in the work plan, and
2. Annually provide to the Committee a report that:
   a. Indicates all elements of the work plan were undertaken in the previous year.
   b. Notes any exceptions and provides an explanation,
   c. Affirms that the work contemplated in the Terms of Reference is reflected in the Committee work plan.

Deleted: October 16, 2018 (R)

TASK FORCES V.1 BRD 340

A task force is a committee of the Board of Directors of Northern Health (the "Board") established for a defined period of time, normally not longer than six months, to undertake a specific task, and is then disbanded.

Guidelines for Task Forces

1. A task force operates according to a Board approved mandate, which outlines its duties and responsibilities.
2. Each task force must have terms of reference with the following headings:
    - Purpose
    - Composition
    - Duties and Responsibilities
    - Completion Date
3. A task force must get an extension approved to go beyond the time limit specified in its terms of reference. The Guidelines for Committees (Policy BRD 300) also apply to task forces established by the Board.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 16, 2018 (r)

northern health
the northern way of caring

Board & Administration Offices
#600 – 299 Victoria Street
(P) 250-565-2922

BRIEFING NOTE

Date:	**October 2, 2019**	
Agenda item	**Enduring Motions**	
Purpose:	☒ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☐ **Decision**
Prepared for:	**Northern Health Board of Directors**	
Prepared by:	**D Chipman, Executive Assistant to the CEO and Board**	
Reviewed by:	**C Ulrich, Chief Executive Officer**	

Issue:

Annual review of Enduring Board Motions.

Background:

Enduring motions are motions that remain in force until the Board passes a new motion to rescind or change the old motion. Enduring motions are different from transactional motions such as the approval of minutes, a report, or even more substantive issues such as approval of the annual budget. Transactional motions are intended to conclude a matter with no expectation that the motion will have to be revisited.

The problem with enduring motions is that the Board can forget that it has passed these motions as years go by and as Directors and staff support change. In January 2013 the Board added to its work plan, through GMR, the task of conducting an annual review to determine if all enduring motions passed by the Board are still current or if they require action.

Due to recent staff changes, the motion related to the School Medical Officers designations needs to be amended. The amended motion is articulated below for review

All other Enduring Motions still in force as at September 16, 2019 have been reviewed with the respective Executive Leads. The attached summary provides an outline of the Enduring Motions.

Recommendation(s):

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

September 2019			
HSDA	School District	School Medical Officer/Contact Info	
NW	#50 - Haida Gwaii/ Queen Charlottes	Dr. Raina Fumerton	O: 250-631-4261 C: 250-641-1758
	#52 - Prince Rupert		
	#54 - Bulkley Valley		
	#82 - Coast Mountains		
	#87 - Stikine		
	#92 - Nisga'a		
	#93 - Conseil Scolaire Francophone Re: Jack Cook Elementary, Terrace BC		
NI	#28 - Quesnel	Dr. Rakel Kling	O: 250-565-5618 C: 250-640-5893
	#57 - Prince George		
	#91 – Nechako Lakes		
	#93 - Conseil Scolaire Francophone Re: Duchess Park Secondary and Ecole Franco-Nord		
NE	#59 - Peace River South	Dr. Jong Kim	O: 250-261-7235 C: 250-793-3751
	#60 - Peace River North		
	#81 - Peace River Fort Nelson		
*Northern Health wide alternate		Dr. Andrew Gray	O: 250-565-7461 C: 778-349-4398

northern health

ENDURING BOARD MOTIONS

The purpose of this document is to keep track of motions passed by the Board of Directors of Northern Health (the "Board") that are outside the ordinary day to day transactional business of the Board. Such motions are made to convey some authority to a person or committee with no termination date. As Board member and management staff turnover occurs, institutional memory as to the purpose, or even the existence, of these motions may be forgotten.

This summary is maintained by the Corporate Secretary and reviewed annually. The Corporate Secretary will provide an annual update to GMR. Any proposed changes are taken to the Board through the appropriate Board Committee by the most responsible Executive Lead.

Current up to and including September 2019

2018: Moved by G Parmar seconded by R Landry
The current four School Medical Officer motions on file be rescinded and replaced with the following:

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

NH Public/18-25
Carried

2019-09-09 request to amend due to staff changes. See briefing note.

August 2018			
HSDA	School District	School Medical Officer/Contact Info	
NW	#50 - Haida Gwaii/ Queen Charlottes #52 - Prince Rupert #54 - Bulkley Valley #82 - Coast Mountains #87 - Stikine #92 - Nisga'a #93 - Conseil Scolaire Francophone Re: Jack Cook Elementary, Terrace BC	*(Dr. Raina Fumerton – on leave)* Dr. Sandra Allison	O: 250-565-7424 C: 250-612-2582
NI	#28 - Quesnel #57 - Prince George #91 – Nechako Lakes #93 - Conseil Scolaire Francophone Re: Duchess Park Secondary and Ecole Franco-Nord	Dr. Andrew Gray	O: 250-565-7461 C: 778-349-4398
NE	#59 - Peace River South #60 - Peace River North #81 - Peace River Fort Nelson	Dr. Jong Kim	O: 250-261-7235 C: 250-793-3751

2014: Moved by L Burgart Seconded by S Hartwell
The Board approves the following:

WHEREAS the Board of Directors of Northern Health (the "Board") has established the Performance, Planning and Priorities Committee (3P) and the Northern Health Medical Advisory Committee (NHMAC) for the purpose of improving the quality of health care within Northern Health, therefore be it resolved:

THAT it is affirmed that 3P and NHMAC (the "Committees") are mandated to study, investigate, and evaluate the care and services provided to patients within Northern Health *and report back to the Board the results and findings, and are further mandated to investigate practice and care, in hospital settings and in collaboration with other agencies in relation to matters of common interest among those agencies under s.51 (b.1) of the Evidence Act* , and

THAT both Committees may delegate specific quality review functions to sub-committees or ad-hoc committees or to individuals as the Committees may consider necessary, and

THAT the activities of all committees and individuals identified above, carried out for the purpose of quality improvement and quality assurance purposes, properly constituted, are conducted within the provisions of Section 51 of the *Evidence Act [RSBC 1996] Chapter 124*.

In Camera/14-56
Carried

2019-09-09: Still current. No changes recommended.

Moved by S Killam seconded by R Landry
WHEREAS the Board of Directors of Northern Health (the "Board") has established the Performance, Planning and Priorities Committee (3P) for the purpose of improving the quality of health care within Northern Health, and

THAT the 3P Committee may delegate specific quality review functions to sub-committees, therefore be it resolved:

THAT the Northern Health Board approves the establishment, through the 3P Committee, of the following named Committees (the "Committees") in accordance with Section 51 (b.1) of the *Evidence Act*:

1. BC Radiology Quality Improvement System (RQIS) Data Review and Validation Committee (DRVC)
2. Cardiac Services BC – Provincial Advisory Panel on Cardiac Health (PAPCH)
3. Trauma Services BC – Performance Improvement and Patient Safety (PIPS) Committee

As committees that are established or approved by the boards of management of two or more hospitals, that include health care professionals employed by or practicing in any of those hospitals

and is for the purposes of improving medical or hospital practice or care in those hospitals, or during transportation to or from those hospitals and is of a matter of common interest among those hospitals, and

THAT it is affirmed that Northern Health agrees to participate in these joint quality assurance activities with other health authorities, whereby the Committees or the Northern Health participant will direct reports and anonymized data relevant to quality issues identified therein to the 3P Committee of Northern Health.

In Camera/ 15-66
Carried

2019-09-09: Still current. No changes recommended.

2017: Moved by S Killam seconded by S Hartwell
WHEREAS the Board of Directors of Northern Health (the "Board") has established the Performance, Planning and Priorities Committee (3P) for the purpose of improving the quality of health care within Northern Health, and

THAT the 3P Committee may delegate specific quality review functions to sub-committees, therefore be it resolved:

THAT the Northern Health Board approves, through the 3P Committee, the establishment of the BC Colon Screening Program Quality Management Committee in accordance with Section 51 (b.1) of the *Evidence Act* as a committee:

- established or approved by the boards of management of two or more hospitals, that includes health care professionals employed by or practicing in any of those hospitals; and
- that carries out or is charged with the function of studying, investigating or evaluating the medical or hospital practice of, or care provided by, health care professionals in those hospitals, in relation to a matter of common interest among those hospitals

THAT it is affirmed that Northern Health agrees to participate in and adopt the Quality Management Committee as a joint quality assurance activity with other health authorities with its reports being directed to the 3P Committee of the Northern Health Board, and that the Quality Management Committee or its participating Northern Health member will report anonymous data relevant to the quality issues identified by the committee through the 3P Committee of the Northern Health Board.

In Camera/17-27
Carried

2019-09-09: still current. No changes recommended.

Moved by E Stanford seconded by S Killam
The Northern Health Board supports the establishment of the British Columbia Transplant Quality Improvement and Patient Safety Committee (BCT QIPS).

WHEREAS the Board of Directors of Northern Health (the "Board") has established the Performance, Planning and Priorities Committee (3P) for the purpose of improving the quality of health care within Northern Health, and

THAT the 3P Committee may delegate specific quality review functions to sub-committees, therefore be it resolved:

THAT the Northern Health Board approves, through the 3P Committee, the establishment of the British Columbia Transplant Quality Improvement and Patient Safety Committee (BCT

QIPS) as a committee established or approved by the boards of management of two or more hospitals, that include health care professionals employed by or practicing in any of those hospitals and is for the purposes of improving medical or hospital practice or care in those hospitals, or during transportation to or from those hospitals and is of a matter of common interest among those hospitals, and

THAT it is affirmed that Northern Health agrees to participate in these joint quality assurance activities with other health authorities, whereby the Committees or the Northern Health participant will direct reports and anonymized data relevant to quality issues identified therein to the 3P Committee of Northern Health.

In Camera/17-82
Carried

2019-09-09: still current. No changes recommended.

2010: Moved by D Shannon Seconded by G. Milne
The Board approves the recommended revisions to the BRD 300 series of policies and, specifically in relation to BRD 310, conveys authority to the Audit & Finance Committee to review and approve the Statement of Financial Information (SOFI) report annually and to bring forward the SOFI report for information at the Board meeting immediately following the A&F meeting where the SOFI report was approved.

Public/ 10-18
Carried

(Note: This is footnoted in the Terms of Reference of the Audit & Finance Committee BRD310**)**

2019-09-09: still current. No changes recommended.

Moved by D. Nyce Seconded by D. Shannon
The Board delegates the Chief Operating Officers as directors under the Mental Health Act and rescinds the delegation to Jim Campbell and directs administration to communicate this change to the Ministry of Health Services and Office of the Public Guardian and Trustee.

In Camera/10-49
Carried

2019-09-09 still current. No changes recommended.

2008: Moved by D Nyce seconded by G Milne
That the Board delegate the authority to designate Environmental Health Officers under Section 78 of the Public Health Act to both the Regional Director for Health Protection & Disease Prevention and the Chief Medical Health Officer.

NH/18-24
Carried

2019-09-09: still current. No changes recommended.

2009: Moved by D Bumstead seconded by A Downing
That the Board appoint the Chief Medical Health Officer to prepare annual reports as outlined in section 73.6 of the Act.

NH/09-14
Carried

(Note: The Act referred to in NH/09-14 is the *Public Health Act***)**

2019-09-09: Still current as Cathy Ulrich, Chief Executive Officer

Document Created: 2012-11-27
Last Update: 2019-09-09 D Chipman

Risk & Compliance
#600-299 Victoria Street, Prince George, BC V2L 5B8
T: (250) 645-6417, F: (250) 565-2640

BOARD BRIEFING NOTE

Date:	**2019 September 13**	
Agenda item	**Regulatory Framework – Legislative Compliance** • ***Community Care and Assisted Amendment Act* and the amended regulations coming into force**	
Purpose:	☒ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☐ **Decision**
Prepared for:	**Northern Health Board of Directors**	
Prepared by:	**K. Thomson, Regional Director, Risk & Compliance**	
Reviewed by:	**C. Ulrich, CEO**	

Issue:

To provide an update on the legislative compliance review process.

Background:

1. Current Review

The *Community Care and Assisted Living Amendment Act* received Royal Assent on May 19, 2016, providing revisions to the *Community Care and Assisted Living Act* to both improve the quality of assisted living residences and to enable those requiring care to stay longer in an assisted living environment before requiring long-term care admission.

The most substantive changes made by the Act affect registered Assisted Living residences and include:

- Removing restrictions on assisted living operators to provide only 2 prescribed services;
- Replacing ‘prescribed services’ with ‘assisted living services’;
- Clarifying who is appropriate to live in assisted living; and
- Increasing the powers of the Assisted Living Registrar

These changes are brought into effect by means of the newly passed Assisted Living Regulation, which repeals the previous Assisted Living Regulation and the Community Care and Assisted Living Regulation. The new Regulation comes into force December 1, 2019 and provides more detail to support s.25(1) of the *Community Care and Assisted Living Act,* which requires that the Assisted Living Registrar allow registration only where satisfied that the housing, hospitality services and prescribed services will be provided to residents in a manner that will not jeopardize their health or safety. Whereas the previous Regulation did not provide much detail, the new Regulation is very prescribed, akin to the Residential Care Regulation.

The Regulation defines classes of assisted living residences, provides processes for registration with the Assisted Living Registrar, standards for operations respecting the physical facility, staffing and employees, emergency preparedness, care plans, and the provision of assisted living services. Ensuring assisted living residences are in compliance with the regulation sits with the Assisted Living Registrar.

2. Completed Reviews

The running list of completed reviews is maintained in a separate spreadsheet stored in the GMR Committee folder on the network drive.

3. Next Review

TBD

Recommendation(s):

That the Board receives this briefing note for information.

northern health

RISK AND COMPLIANCE
LEGISLATIVE COMPLIANCE RECORD

COMMUNITY CARE AND ASSISTED LIVING AMENDMENT ACT (BILL 16); ASSISTED LIVING REGULATION, CHILD CARE LICENSING REGULATION, AND THE RESIDENTIAL CARE REGULATION

Date	Action
2019 September 13	Document Created
2019 September 23	GMR Review
2019 October 5	Board Review
2021 September	Next full review

Summary

Bill 16 – 2016, the *Community Care and Assisted Living Amendment Act*, received Royal Assent in May 19, 2016, The Bill amends the *Community Care and Assisted Living Act*, for two purposes: enabling people requiring care support to remain at home, or in a home-like care setting, for longer, and for increasing the powers of the registrar with respect to inspection, protection and oversight.

The first significant change is the repealing of the definition of "prescribed services", which previously described health and personal care needs, and adding two categories of services: "professional health services" and "assisted living services". Whereas, previously, a resident requiring more than two prescribed services would be ineligible for placement in an assisted living facility, the Act now allows for any number of required supports or interventions, provided that no regular unscheduled professional health services are required, and that the person is able to make decisions on their own behalf that are necessary to live safely. Section 26.1 now provides a very concrete definition of criteria that would make a person not suitable for assisted living placement. The other change in s. 26.1 allows for a resident who would otherwise be excluded from an assisted living residence to be placed or remain in care, provided they have a spouse also living there who is able to make decisions on behalf of the resident.

The other area of significant change is regarding the authority of the assisted living registrar. The new legislation authorises the provincial assisted living registrar to inspect any registered assisted living residence, and gives powers to enter and inspect unregistered assisted living premises, under certain circumstances. Both the Director of Licensing and the Medical Health Officer retain the duties of inspecting community care facilities, both licensed and unlicensed. There is new language in the Act clarifying these powers in sections 9 and 9.1.

The Act also incorporates strength and clarity about safeguards for those who report abuse of a person in care in either a community care facility or an assisted living residence.

On July 15, 2019, Cabinet passed the new Assisted Living Regulations, which come into force December 1, 2019, making amendments to the Child Care Licensing Regulation and the Residential Care Regulation, and repealing the Community

Care and Assisted Living Regulation, and the previous Assisted Living Regulation.

The Assisted Living Regulation has significantly expanded in scope, providing direction akin to that of the Residential Care Regulation. The Regulation provides processes for registration, and standards for operation including standards for accommodation, employees, emergency preparedness, resident care plans, resident health and safety, and the provision of assisted living services. As for the Residential Care Regulation, the Regulation provides a list of reportable incidents which must be reported to the Assisted Living Registrar, the resident's contact person, and, if applicable, the funding program, if the resident is a beneficiary of a funding program.

Under the Act, the Assisted Living Registrar has responsibility for ensuring that registered assisted living residences maintain compliance with the requirements of the Act and the regulations.

A. Review

Section	Description	Comments	Compliance[1]	Likelihood[2]	Impact[3]
1(a)	Definition of "assisted living residence" is a premises or part of a premises, other than a community care facility, in which housing, hospitality services and assisted living services are provided by or through the operator to 3 or more adults who (i) are not related by blood or marriage to the operator of the premises, and (ii) do not require, on a regular basis, unscheduled professional health services	Removal of limit of "not more than 2 prescribed services" Eligibility for residence is further described in s. 26.1 The focus is on unscheduled services, which would result in ineligibility.			
1(b)	Definition of "assisted living services" means one or more of the following: (a) assistance with the activities of daily living, including eating, moving about, dressing and grooming, bathing and other forms of personal hygiene; (b) assistance with managing medication; (c) assistance with the safekeeping of money and other personal property; (d) assistance with managing therapeutic diets;	In keeping with the previous definition of "prescribed services" which has been repealed No limits to the number of assisted living services that a resident may require			

[1] Compliance = degree to which NH currently complies with this requirement. Key: H= High; M = Medium; L = Low; U = Unranked
[2] Likelihood = residual risk in light of processes already in place
[3] Impact = impact on operations, sustainability or reputation if NH were to inadvertently fail to meet this requirement

Section	Description	Comments	Compliance	Likelihood[2]	Impact[3]
	(e) assistance with behaviour management; (f) psychosocial supports; (g) other types of prescribed assistance or support				
1(e)	Definition of "professional health services" are health services provided (a) by a person who is registered as a member of a college of a health profession designated under the *Health Professions Act*, or (b) by a social worker who is a registrant as defined in the *Social Workers Act*	Pertains to the limitation of "unscheduled professional health services" for residing in an assisted living residence			
3	Section 9 is repealed and the following substituted: 9(2) The director of licensing or a medical health officer may do the following during the hours of operation of a licensed community care facility: (a) enter and inspect any part of the community care facility; (b) require the licensee to produce for inspection or for the purpose of obtaining copies or extracts the financial and other records that can reasonably be presumed to contain information relevant to the purpose for entering the community care facility (c)inquire into and inspect all matters concerning the community care facility, its operations, employees and persons in care, including any treatment or rehabilitation program carried out in the community care facility				

Section	Description	Comments	Compliance	Likelihood[2]	Impact[3]
	9.1 (2) If there are reasonable grounds to believe that a premises is an unlicensed premises or that there is a risk to the health or safety of a person residing at or attending unlicensed premises, the director of licensing or a medical health officer ay exercise the following powers: (a) enter and inspect any part of the unlicensed premises (b) require the owner of the unlicensed premises or occupant having control to produce for inspection or for the purpose of obtaining copies or extracts the financial and other records that can reasonable be presumed to contain information relevant to the purpose for entering the premises; (c) request from the owner of the unlicensed premises, the occupant or the staff full information respecting: (i) the purpose for which the premises is being used or is intended to be used (ii) the operations and staff at the premises and the persons residing at or attending the premises, (iii) the treatments or rehabilitation being given to persons residing at or attending the premises, and (iv) the health and safety of persons residing at or attending the premises	Subject to 9.1(3) – consent of the owner or occupant; or with a warrant issued by a justice 9.1 (6) An unlicensed premises may be entered with consent or a warrant if there are reasonable grounds to believe that there is an immediate risk to the health or safety of a person residing at or attending the unlicensed premises.			
9	Adds section 25	Subsections (a) and (c) are additions to the			

Section	Description	Comments	Compliance	Likelihood[2]	Impact[3]
	(2) The registrar must not register an assisted living residence unless (a) the applicant applies in a manner that is satisfactory to the registrar, (b) the registrar is of the opinion that the housing, hospitality services and assisted living services to be provided to residents will be provided in a manner that will not jeopardize their health or safety, and (c) the registrar is of the opinion that the applicant has the training, experience and other qualifications required under the regulations	existing requirements for registration of an assisted living residence.			
9	Adds section 25.1 (2): The registrar may do the following during the hours of operation of a registered assisted living residence: (a) enter and inspect any part of the assisted living residence (b) require the registrant to produce for inspection or for the purpose of obtaining copies or extracts the financial and other records that can reasonably be presumed to contain information relevant to the purpose for entering the assisted living residence; (c) inquire into and inspect all matters concerning the assisted living residence, its operations, employees and residents, including hospitality	The registrar may not enter and inspect the personal residence of a resident unless the resident consents, or a warrant has been issued by a justice.			

Section	Description	Comments	Compliance	Likelihood[2]	Impact[3]
	services and assisted living services provided at the residence				
9	Adds section 25.2 (2) If there are reasonable grounds to believe that a premises is an unregistered premises or that there is a risk to the health or safety of a resident, the registrar may exercise the following powers: (a) enter and inspect any part of the unregistered premises; (b) require the owner or occupant of the non-dwelling area to produce for inspection or for the purpose of obtaining copies or extracts the financial and other records that can reasonably be presumed to contain information relevant to the purpose for entering the unregistered premises; (c) request from the owner, occupant or staff of the non-dwelling area full information respecting: (i) the purpose for which the unregistered premises is being used or is intended to be used (ii) the operations, residents and staff at the premises; (iii) the services being provided to residents at the premises, and (iv) the health and safety of residents	Subsection (c) is an addition to the existing powers of the registrar The registrar may not enter and inspect the dwelling unit of a resident unless the resident consents, or a warrant has been issued by a justice; or if there are reasonable grounds to believe that there is an immediate risk to the health or safety of a resident.			
11	Adds section 26.1 (1): A registrant of an assisted living residence must	New criteria replacing the notion of prescribed			

Section	Description	Comments	Compliance	Likelihood[2]	Impact[3]
	not allow a person to reside in the residence if the person (a) is unable to make, on their own behalf, decisions that are necessary to live safely, (b) cannot recognize an emergency, take steps to protect themselves in an emergency or follow directions in an emergency, (c) behaves in a manner that jeopardizes the health or safety of others, or (d) requires, on a regular basis, unscheduled professional health services.	services. Subsection (1) does not apply if the resident has a spouse residing with them who is able to make the decisions referred to in subsection (1)(a) on the resident's behalf.			
Assisted Living Regulation					
3	The following classes of assisted living residences are established: a) Mental Health b) Seniors and Persons with Disabilities c) Supportive Recovery				
29	Admission Screening Before accepting a person as a resident, a registrant must first be satisfied, based on all available information, of all of the following: a) That the person does not require care; b) That the person is not prohibited from residing in an assisted living residence, under s.26.1 of the Act; c) That the person may reside in the assisted				

Section	Description	Comments	Compliance	Likelihood[2]	Impact[3]
	living residence without jeopardizing the health and safety of that person or of any other resident, given (i) that person's needs and capabilities, and (ii) the assisted living services provided by or through the registrant				
43	Resident concerns and complaints (2) A registrant must display in a prominent place in the assisted living residence the information described in s.31(3)(b) *(residence agreement)* respecting complaints to the registrar				

Assisted Living Regulation.pdf