

Meeting of the Northern Health Board Public Session

Monday, December 2, 2019

Prince George Conference & Civic Centre
Room 208, 808 Canada Games Way
Prince George, BC



northern health
the northern way of caring

AGENDA

December 2, 2019
Prince George Conference & Civic Centre
Room 208

AGENDA ITEMS	Responsibility of...	Expected Outcome	Time (Approx.)	Page
1. Call to Order of Open Board Session	Chair Nyce		8:45am	
2. Opening Remarks	Chair Nyce			
3. Conflict of Interest Declaration	Chair Nyce	Discussion		
4. Approval of Agenda	Chair Nyce	Motion		
5. Approval of Previous Minutes: October 23, 2019	Chair Nyce	Motion		3
6. Business Arising from Previous Minutes	Chair Nyce			
7. CEO Report	C Ulrich	Information		10
7.1 Human Resources Report	D Williams	Information		13
8. Audit & Finance Committee				
8.1 Period 7 Financial Statements	M De Croos	Motion		24
8.2 Capital Expenditure Plan Update	M De Croos	Motion		26
9. Performance, Planning & Priorities Committee				
9.1 Strategic Priority: Coordinated & Accessible Services				
9.1.1. Primary Care & Community Services and Specialized Services	K Gunn	Information		32
9.2 Strategic Priority: Quality				
9.2.1. Quality Program	F Bell	Information		40
10. Presentation: Prince George Urgent & Primary Care Centre	P Anguish	Information		-
11. Governance & Management Relations Committee				
11.1 Policy Manual BRD 400 Series	K Thomson	Motion		45
11.2 Board Development and Education Plan	C Ulrich	Motion		59
11.3 Legislative Compliance Review:				
11.3.1. Safety Standards Act	K Thomson	Information		61
11.3.2. Food and Drug Act: Amendment – Vanessa’s Law	K Thomson	Information		71
Adjourned			10:15am	
Public Presentation: Peace of Mind Campaign <i>Presenters: Margaret Jones-Bricker, Manager, Annual Giving and Aimee Cassie, Annual Giving Officer, Canadian Cancer Society, BC & Yukon</i>				
Adjourn			10:25am	

Public Motions				
<i>Meeting Date:</i> <i>December 2, 2019</i>				
Agenda Item		Motion	Approved	Not Approved
3.	Conflict of Interest Declaration	Does any Director present have a conflict of interest they wish to declare regarding any business before the Northern Health Board at this meeting?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Approval of Agenda	The Northern Health Board approves the December 2, 2019 public agenda as presented		
5.	Approval of Minutes	The Northern Health Board approves the October 23, 2019 public minutes as presented	<input type="checkbox"/>	<input type="checkbox"/>
8.1	Period 7 Financial Statements	The Northern Health Board receives the 2019-20 Period 7 financial update as presented.	<input type="checkbox"/>	<input type="checkbox"/>
8.2	Capital Expenditure Plan Update	The Northern Health Board receives the Period 7 update on the 2019-20 Capital Expenditure Plan.	<input type="checkbox"/>	<input type="checkbox"/>
11.1	Policy Manual BRD 400 Series	The Northern Health Board of Directors approves the revised BRD 400 Series.	<input type="checkbox"/>	<input type="checkbox"/>
11.2	Board Development & Education Plan	The Northern Health Board of Directors approves the Board Development & Education Plan.	<input type="checkbox"/>	<input type="checkbox"/>

Date: October 23, 2019

Board Meeting

Location: Prince George, BC

Chair:	Colleen Nyce	Recorder:	Desa Chipman
Board:	<ul style="list-style-type: none">• Stephanie Killam• Frank Everitt• John Kurjata	<ul style="list-style-type: none">• Edward Stanford• Rosemary Landry• Patricia Sterritt	
Regrets:	<ul style="list-style-type: none">• Wilfred Adam• Brian Fehr		
Executive:	<ul style="list-style-type: none">• Cathy Ulrich• Fraser Bell• Mark De Croos• David Williams• Kelly Gunn	<ul style="list-style-type: none">• Dr. Ronald Chapman• Steve Raper• Kirsten Thomson• Dr. Helene Smith• Danielle Guglielmucci	

Public Minutes

1. Call to Order Public Session

The Open Board session was called to order at 10:46am

2. Opening Remarks

Chair Nyce welcomed guests to the Northern Health Board meeting and acknowledged that the meeting was being held on the traditional territory of the Lheidli T'enneh. Chair Nyce commented that the Northern Health Board participated in two engaging days of planning and education sessions where they received presentations on Advances in Technology in Support of Clinical Service Delivery in a Rural and Remote Geography and had focused discussions on the operational and budget management plan for the organization.

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 was no conflict of interest declarations made related to the October 23, 2019 Public agenda.

4. Approval of Agenda

Moved by S Killam seconded by J Kurjata

The Northern Health Board approves the October 23, 2019 public agenda as presented.

5. Approval of Board Minutes

Moved by R Landry seconded by F Everitt

The Northern Health Board approves the June 10, 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 CEO Report was provided for information and discussion with the following areas being highlighted:

- Urgent and Primary Care Centre Services in Prince George:
 - The Centre opened at Parkwood in June 2019 and 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 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
 - Prince George Council of Seniors
 - Smithers Community Services Association
 - 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.
- 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 employees.
 - Lexie Gordon, Quality Improvement Lead received the Health Care Hero Award
 - Jordan Oliver, Project lead and Project Team members received the Top Innovation – Merit Award
- Northern Health Strategic Plan refresh:
 - Based on discussion at the October 22, 2019 Northern Health Board and Executive Planning session, management is seeking approval from the Board to refresh the Northern Health Strategic Plan.
 - Management is recommending that the vision, mission and value statements will remain as they are however a review of the Strategic Plan will occur with a focus on the four critical initiatives which are:
 - Strengthen our Quality & Safety Culture
 - Enhance Workforce Sustainability
 - Improve Primary and Community Care
 - Ensure Care in the Right Place
 - Timeline for the refresh will be as follows:
 - At the December 1, 2019 meeting, there will be time dedicated for Board members to participate in the refresh process to ensure input is received. A draft refresh of the Strategic Plan will be presented at the February Board meeting with

- the final refreshed Strategic Plan being presented for approval at the April Board meeting.
- Board members acknowledge and agree that it is timely to refresh the Northern Health Strategic Plan.

Moved by S Killam seconded R Landry

The Northern Health Board directs management to refresh the strategic plan.

7.1. Human Resources Report

The October Human Resources report focuses on the Workplace Health & Safety Structure:

- Northern Health's Workplace Health & Safety department is made up of two programs:
 - Health, Safety and Prevention
 - Disability Management
- 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).
- 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.
- The report also included an overall 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.

8. Audit and Finance Committee

8.1. Period 5 Comments & Financial Statements

- An overview of the Period 5 Financial statement was provided to the board for information and discussion as follows:
 - 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.

Moved by J Kurjata seconded by E Stanford

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

8.2. Capital Projects Expenditure Plan update

- 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 and was summarized in the briefing note.

Moved by J Kurjata seconded by S Killam

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

8.3. Reappointment of External Auditor

- 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 Board is asked to endorse a motion to reappoint PwC for FY2019-20.
- 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 the external auditor’s need for access to staff members’ time with the staff members’ need to carry out operational tasks.

Moved by J Kurjata seconded by E Stanford

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

9. Performance Planning and Priorities Committee

9.1. Strategic Priority: Quality

9.1.1. Elder Services

- The Elder Program stimulates, stewards and supports 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.

- An outline and associated key actions for the Clinical Quality Goals for the Elder Program was included in the report for information and discussion.

9.1.2. Perinatal

- The Perinatal Program stimulates, stewards, and supports 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:
 - *Birth Strategy* – develop a birthing strategy that supports a sustainable collaborative practice model that is inclusive of midwives and standardizes obstetrical care.
 - *Perinatal Nursing Education Strategy* – develop a comprehensive perinatal nursing education strategy in collaboration with NH Education Services.
 - *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).
 - *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).

9.1.3. Designate to Receive Report of Adult Abuse

- 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.
 - 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.

Moved by S Killam seconded by R Landry

The Northern Health 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.

9.2. Enabling Priority: Communications, Technology & Infrastructure

9.2.1. Information Management and Technology Plan Overview and Progress Report

- An update was provided on the planning process, which began in 2016, to develop a strategy for Information Management/Information Technology (IM/IT). The strategy covers core IM/IT and includes Health Information Management and Biomedical Engineering and is intended to cover 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.

9.2.2. Strategic Communications Update

- A report was presented to the board to identify the working objectives that will measure our progress towards the goals in support of the Northern Health (NH) strategic plan to 2021. The report will also include information on external relations functions.

10. Governance and Management Relations Committee

10.1. Policy Manual BRD 300 Series

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

Moved by F Everitt seconded by J Kurjata

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

10.2. Annual Review of Enduring Board Motions

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

Moved by F Everitt seconded by S Killam

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.

10.3. Legislative Compliance Review: Amendments to the Community Care and Assisted Living Act

- 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.
- 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.

Meeting was adjourned at 12:05pm
Moved by F Everitt

Colleen Nyce, Chair

Desa Chipman, Recording Secretary

CEO REPORT

Meeting:	Northern Health Board Meeting	Date:	November 18, 2019
Agenda Item:	CEO Report		
Purpose:	Information		
Prepared by:	Cathy Ulrich		

Aging in Rural & Northern Regional Workshop

On November 6, 2019, Colleen Nyce, myself and a number of NH staff had the privilege of attending the Aging in Rural and Northern Regional Workshop at the University of Northern British Columbia. This workshop was organized by the Centre for Technology Adoption for Aging in the North (CTAAN) in collaboration with Northern Health and UNBC. Following an afternoon workshop for the partners, an evening public event was held entitled, Let's Talk Technology and Aging in the North.

The goals of the afternoon workshop were:

- To prioritize the top 3-5 technologies/types of technology to focus on bringing to the region for immediate impact on health care delivery and/or aging in place in the north
- To inspire participants about the opportunities with technology
- To identify challenges and mitigation strategies for introduction, implementation, and sustainability of technology solutions in rural and northern communities

The workshop sessions included:

- How technology is changing homes of the future – Dr. Richard McAloney
- Steadiwear demonstration – Mark Elias
- Technology for injury prevention in seniors – Dr. Stephen Robinovitch
- Sensors and analytics for monitoring mobility and memory – Dr. Frank Knoedfel and Dr. Bruce Wallace

Caring for Older Adults Symposium

The following two days, November 7th and 8th, the BC Academic Health Science Network (BCAHSN) and Canadian Frailty Network (CFN) hosted a symposium at the Prince George Conference & Civic Centre. The event program was co-developed by the Rural Coordination Centre of BC, the Canadian Frailty Network and the BC Academic Health Science Network with support from Northern Health, First Nations Health Authority and UNBC.

The first day of the symposium was focused on the following topics:

- Improving the quality of life of persons living with dementia and their caregivers with a focus on rural dementia care and Indigenous populations.
- Frailty: Tailoring care to need and vulnerability
- AVOID – Activity, Vaccination, Optimize meds, Interact, Diet & Nutrition

- An overview of current research including:
 - The CARES project: Early frailty identification and management of ‘at risk’ seniors in primary care
 - MINT and C5-75: Enhancing primary care for older adults living with memory difficulties and frailty
 - Giving voice to older adults who have life-limiting conditions and their family caregivers
 - British Columbia guideline on frailty in the elderly – Impact on care providers, patient and caregivers

The second day provided the opportunity to participate in workshops focused on healthy aging, AVOID, Risk – Awareness, Acceptance and Amelioration, and a session led by Isobel Mackenzie, Seniors Advocate entitled “Reality and Promise in BC”

This symposium provided the opportunity to learn together and network with decision makers, clinicians, caregivers, patient partners and researchers about how to improve care for older adults in rural and remote jurisdictions.

First Nations Health Council – North Region Caucus: Northern Shared Regional Health Assembly & FNHA Celebration and Acknowledgement Banquet

The First Nations Health Council – North Region Caucus hosted their regional health assembly in Prince George on November 12 to 14. On November 13, the First Nations Health Authority (FNHA) hosted a celebration and acknowledgement banquet. Dr. Margo Greenwood, Vice President, Indigenous Health and I were able to attend this event celebrating and honouring First Nations students from the Northern Region that have participated in FNHA Regional Training over the last two years. Students from each training program shared their learning experiences and the difference this training and education has made in their lives.

- Presentations were provided on the following education programs:
 - Northern BC Indigenous Youth Science Camp 2019
 - Indigenous Focused Oriented Therapy Training
 - First Responder Training
 - Health Care Assistant Program
 - Indigenous Tools for Living Training
 - Emergency Medical Responder Training
 - FNHA & Dudes Club Train the Trainer
 - Critical Incident Stress Management
 - UNBC/FNHA First Nations Community Education Program
- The event also included traditional cultural performances from the Lake Babine Nation and the Gitsegukla Dancers.

Adult Day Program and Respite Services

Northern Health is expanding adult day program services in a number of communities. New Adult Day program services have been established in Mackenzie and McBride. The program in Mackenzie is well integrated into the Long Term Care service within the hospital and offers extended hours service.

In the Robson Valley, an Adult Day Program was started on November 1, 2019. This program has been integrated into the Long Term Care service at the McBride Hospital and is available to families three days a week. The program provides respite for caregivers up to 10 hours a day (Mon./Wed./Fri.) .



Downtown Prince George Health Services

In 2018, Northern Health worked with a number of our service delivery partners to review the health services provided to vulnerable populations in Prince George. Work is continuing to implement the recommendations outlined in the Downtown Health Service Review. Some of the actions underway include:

- Partnering with the City of Prince George and BC Housing on the 1st Avenue Housing Health Project – the 52 unit housing for people with mental health and/or substance use issues that will include intensive community mental health services.
- Partnership development with the Downtown Prince George Business Association and the RCMP to find solutions to reducing issues of garbage accumulation associated with harm reduction strategies.
- Participating in the initial stages with the First Nations Health Authority, RCMP, BC Ambulance Service and some non-profits on a collaborative service model for a sobering centre.
- Working with the Division of Family Practice to fund, expand and support the services provided through Central Interior Native Health Society and the Blue Pine Clinic.
- Participating in the delivery of services to vulnerable youth at the Foundry Prince George.
- Expanding access to opioid agonist therapy.



HR REPORT

Northern Health Staff Recruitment

External Recruitment provides services and support to Northern Health’s hiring managers in efforts to recruit qualified health care professionals. Recruitment is led by the Regional Manager and consists of five recruiters, a recruitment sourcing coordinator, and a recruitment assistant. In addition, NH Recruitment works with Health Employers Association of British Columbia (HEABC) Recruitment Solutions on strategic provincial initiatives and the attraction of qualified health care professionals.

The NH Recruitment philosophies guiding recruitment services are as follows:

- Foster an “In the North, for the North” recruitment and retention philosophy
- Foster a culture of respect and cultural safety for Indigenous peoples
- Cultivate an organizational approach emphasizing “recruitment and retention – everyone has a role”
- Enhance multi-stakeholder engagement through purposeful partnerships and relationships in support of the recruitment and retention strategy (candidate, employee, community and key stakeholders)
- Identify and determine the metrics to evaluate and inform current and future recruitment and retention strategies

This report focuses on specific strategies pertaining to the identified NH Recruitment Philosophies.

Foster an “In the North, for the North” Recruitment and Retention Philosophy

Travel Nurse Program

The Travel Nurse Program is a collaborative effort between NH and the BC Nurses’ Union which strives to provide innovative solutions to serve rural and remote communities and provide opportunities to nurses to expand their scope by discovering new experiences in nursing.

The Travel Nurse Program has been in place approximately 1.5 years, fully operational for approximately one year. The pilot was funded by the Ministry of Health, and the nurse staffing model was defined through an MOU with the BC Nurses’ Union (BCNU). The Travel Nurse Program provides travel nursing opportunities in Prince Rupert, Hazelton, McBride, Fort St. John and Dawson Creek.

NH is focused on maximizing recruitment efforts for the Travel Nurse Program. NH is working collaboratively to identify areas of leverage and opportunities. In addition, NH is completing a marketing strategy to enhance brand awareness and identify opportunities to showcase Travel Nurse Program vacancies across Canada.

NH Grow Our Own

Grow Our Own is an expansive program which targets grade 10-12 students within northern BC to increase awareness and engagement in health care career options. This program is in alignment with the recruitment philosophy 'In the north, for the north' and seeks to engage the next potential generation of medical professionals in northern BC.

In the 2019-2020 school year, NH is planning to complete six events that support the Grow Our Own Program. These events will be a combination of the following:

- In-school medical simulations: NH Recruiters in partnership with the UHNBC Clinical Simulation Lab will travel to high schools throughout northern BC to demonstrate medical procedures using medical simulation machines with support from local medical professionals.
- Student career counselling sessions: NH is conducting focused on one-on-one career counselling sessions with high school students to provide information on careers to support students in clarifying details of any healthcare careers they may wish to pursue.

Adventures in Healthcare

Adventures in Healthcare is an annual event that provides a unique opportunity to students to come together to better understand and increase awareness of over 45 different opportunities in health care opportunities in northern BC. Adventures in Healthcare is a partnership led by Rotary between Northern Health, College of New Caledonia, University of Northern British Columbia, and AimHi (Prince George Association for Community Living).

Every year approximately 40 to 50 grade 10-11 high school students from across BC gather in Prince George to take part in a week of educational sessions hosted by each of the four partners over four consecutive days. NH provides students with an enriching experience that ranges from a medical simulation session, career counselling session and other creative events which vary each year. The next upcoming Adventures in Healthcare is scheduled for May 2020.

Northern BC Indigenous Youth Science and Health Camp

NH participated in the Northern BC Indigenous Youth Science and Health Camp at UNBC. The purpose of the camp was to introduce northern BC Indigenous youth to a post-secondary environment and encourage them to learn more about health and sciences, potentially inspiring them to pursue health and science-related education and careers.

New Graduate Nursing Application Process

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:

RNs:

- As of October 29, 2019: 112 new graduates that applied via the new grad application process have accepted positions. 70% of new hires are UNBC graduates and 30% are from institutions within BC and surrounding provinces.

LPNs:

- As of October 28, 2019: 34 new grads have been hired

In July 2019, NH Recruitment in collaboration with Professional Practice and site managers offered third-year Employed Student Nurses (ESNs) future employment. Students receive a job offer for casual employment with NH for May 2020. This initiative supports recruitment and retention of northern cohort students.

Additional Northern Post Secondary Recruitment

NH Recruitment continues to conduct classroom visits with northern cohort students to increase awareness of employment opportunities at Northern Health. Northern cohort students include:

- College of New Caledonia (CNC) Sonography Cohorts. Two cohorts are scheduled to graduate in December 2020 and Spring 2021.
- University of Northern British Columbia (UNBC) Nursing Cohorts in Prince George, Quesnel and Terrace. Cohorts are scheduled to graduate May 2020.
 - NE Nursing Baccalaureate program is scheduled to start in September 2020.
- Coast Mountain College (CMC), CNC, and Northern Lights College (NLC) Health Care Aide programs. The following graduation dates for each cohort are as follows:
 - Two CMC cohorts are scheduled to graduate in 2020. The Terrace cohort is scheduled to graduate in September 2020 followed by the Smithers cohort in October.
 - CNC cohort May 2020
 - NLC cohort May 2020
 - CNC, CMC, and NLC Licensed Practical Nurses. The following graduation dates for each cohort are as follows:
 - CNC cohort May 2020
 - CMC cohort June 2020
 - NLC cohort June 2020

NH is also seeking opportunities to offer conditional offers of employment upon successful graduation for Sonographers, Health Care Aides, and Licensed Practical Nurses.

Foster a Culture of Respect and Cultural Safety for Indigenous Peoples

Northern Health, First Nations Health and our local communities have shared goals surrounding the need for enhanced recruitment, retention and support of Indigenous professionals in healthcare delivery in Northern BC. Some examples of ongoing work include:

- Research Project (in partnership with UNBC): Cultural Agility in Northern BC's Healthcare System: Increasing Indigenous Employment Participation and Responsiveness to Indigenous Well-Being aims to bring about a more culturally safe and humble health care environment in which to both provide and receive care. This project also aims to inspire new generations of Indigenous professionals to join the healthcare systems of northern BC. The work builds on a successful pilot project launched in 2016, with both projects part of the jointly funded "Healthy and Productive Work Initiative" created by the Social Sciences and Humanities Research Council (SSHRC) and the Canadian Institutes of Health Research (CIHR).
- *Northern Indigenous Recruitment and Retention Strategy*: Being developed in collaboration with FNHA and NH Indigenous Health. This work is guided by the Northern Partnership Accord (NPA). Through the NPA, the *Northern First Nations Health and Wellness Plan* (NFNHWP) was developed jointly by northern First Nations, the First Nations Health Authority and Northern Health. The NFNHWP is focused on improving health outcomes of First Nations peoples residing in the north region. The NFNHWP also outlines specific goals related to health human resources, of which the development of a HR strategy is a component.
- The strategy identifies shared human resource priorities, with a particular focus on partnered recruitment initiatives. Through NH's strategic plan, NH is committed to partnering with First Nations communities and FNHA to establish culturally safe pathways between First Nations services and NH services.
- *Northern BC Indigenous Youth Science and Health Camp*: NH participated in the Northern BC Indigenous Youth Science and Health Camp at UNBC. The purpose of the camp was to introduce Northern BC Indigenous youth to a post-secondary environment and encourage them to learn more about health and sciences, potentially inspiring them to pursue health and science-related education and careers.

Cultivate an Organizational Approach Emphasizing “Recruitment and Retention – Everyone has a Role”

Employee Referral Program

The purpose of the Employee Referral Program is to use the power of NH's (approximately) 8,000 employees to help recruit new employees to the organization. Employees may receive the incentive (which was increased in May 2019) if they refer a successful candidate to a priority position as identified by NH and the Ministry of Health

(MoH) as a difficult-to-fill position. As a result of the changes to the program, NH has hired 21 difficult-to-fill positions- ten in the north east, two in the northwest, and seven in the northern interior.

Robyn referred Janine to the Clinical Audiologist position in Prince George. This position was vacant for 229 days. Through Robyn's efforts, Janine was successfully hired into the Clinical Audiologist position and started work June 26th, 2019. Here is Robyn's story:

"I have known Janine since, technically, before we were born as our mom's attended the same prenatal group in Victoria. We lived about five houses apart until the age of two then her family moved, and a few years later my family moved. Turns out both our families moved to the same new neighborhood, when we were about seven years old our paths crossed and we were re-connected. Close friends ever since.

I moved to Vanderhoof three years ago and have raved about my role and the many adventures the north offers. With Janine finishing her audiology program she has been looking to see about job opportunities. The job in PG came up, and is still open, and as a person who also likes adventure and exploring, she applied. She also sees the north fitting into her future. So, between me living here, the north looking to work for her future, and the opportunity for adventure she has applied, and will hopefully be hired!"

Multi-media Strategies

In 2019, NH continued to place emphasis on the development of multi-media recruitment strategies. The completion of recruitment videos included Mackenzie, Quesnel, Burns Lake, Dawson Creek, Fort St. John, Hazelton and Haida Gwaii. In each video, a NH employee and profession was featured to showcase the benefits of working and living in northern BC. These professions included:

- Primary Care Nurse
- Critical Care Nurse
- Occupational Therapist
- Licensed Practical Nurse
- Health Care Aide
- Manager of Patient Care Services
- Registered Nurse

Enhance multi-stakeholder engagement through purposeful partnerships and relationships in support of the recruitment and retention strategy (candidate, employee, community and key stakeholders)

HEABC Recruitment Solutions

NH worked collaboratively with HEABC Recruitment Solutions in the development in the marketing and recruitment campaign known as Choose2Care. This initiative features the Choose2Care website which provides a central repository of information for those considering a career as a Health Care Assistant. Choose2Care.ca is being supported by a provincial advertising campaign, which includes both digital and offline (print, radio, billboards, pamphlets) media. Advertisements are currently running on transit and in community print and digital media across the province. Other digital advertising includes Facebook ads, retargeting display campaigns, and other campaigns running through the Google audience and Google advertising platforms. The campaign also includes targeted social media on the following platforms: Facebook, Twitter, and Instagram.

NH continues to leverage partnership with HEABC Recruitment Solutions 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.

Workforce Planning

NH participated in the Ministry of Health's (MoH) Integrated Health Human Resources Planning (IHHRP). The purpose of this planning is to provide the framework for a coherent, comprehensive and sustained health workforce planning process in BC. Information provided in the health authority submissions is used to guide provincial investment and decision making with respect to the health workforce in areas such as:

- Education and training
- Labour and collective agreements
- Policy, legislation and regulation
- Provincial support for recruitment and retention

The process was in alignment with the Workforce Planning Advisory provincial group which develops provincial recruitment and retention strategies for provincial priority professions. Work on the following professions is underway:

- Nurse Practitioners
- OR Nursing
- Physiotherapy

Identify and determine the metrics to evaluate and inform current and future recruitment and retention strategies

Difficult-to-fill Vacancies

NH focuses on a variety of ongoing strategies to address difficult-to-fill vacancies. These strategies include:

- Relief postings in the Northeast and Northwest that have not attracted qualified candidates are being considered as Advanced Hire postings where appropriate. Advanced Hires provide the opportunity to recruit externally to a permanent full

time and permanent part time positions.

- Recruitment has a mitigation strategy to work collaboratively with managers to review positions that have been posted between 60-90 days in an effort to mitigate the number of positions that become difficult-to-fill after 90 days of being posted.
- Positions are reviewed on a monthly basis with the VPHR.
- Recruitment offers monthly reports and connections to the Chief Operating Officers to discuss difficult-to-fill vacancies.

Highlighted difficult-to-fill successes since October 2019:

Position	Community
Regional Public Health Engineer	Prince George
LPN Long Term/Complex Care	Fort St. John
Care Aide	Fort St. John
Registered Nurse	Hazelton

Employee Referral Program

NH tracks health service delivery area specific metrics of the number of employees that are hired through the Employee Referral Program.

Year	# of hires in NE HSDA	# of hires in NW HSDA	# of hires in NI HSDA
2017	4	1	3
2018	1	5	3
2019	10	2	7

New Graduate Nursing

NH tracks health service delivery area specific metrics of the number of registered nurses that are hired through the New Graduate Application Process.

Year	# of hires in NE HSDA	# of hires in NW HSDA	# of hires in NI HSDA
2017	17	26	51
2018	21	25	67
2019	17	28	67

Post-Secondary Institutions

NH Recruitment works collaboratively with NH Education Services to track the number of programs being offered, seat availability, seats filled, and number of students expected to graduate. Recruitment will be networking with student cohorts to engage them in career opportunities with NH.

Additional Areas of Focus:

Primary Care Network (PCN) Recruitment

NH is focused on the specific recruitment and retention needs of Primary Care Networks (PCN). In response to increased demand in this area resources have been deployed to support all PCNs. Additional resources have allowed for the following activities:

- Increased wrap around service meetings for primary care teams across the north to promote proactive recruitment initiatives
- Enhanced brand awareness, social media, and advertising strategies
- Planning for enhanced onboarding strategies to support retention of all primary care network health care professionals
- Planning for increased nursing efforts for speciality and new graduates
- Planning for dedicated resource to enhance the Health Care Aide strategy
- Develop a strategy to engage with post-secondary institutions to partner on international recruitment strategies

Allied Health & Pharmacy Tech Career Support Sponsorships

NH implemented a Career Support Sponsorship for experienced Allied Health professionals including:

- Physiotherapists
- Occupational Therapists
- Speech Language Pathologists
- Audiologists
- Pharmacy Technicians

This initiative assisted in the successful recruitment of a Pharmacy Technician for Masset.

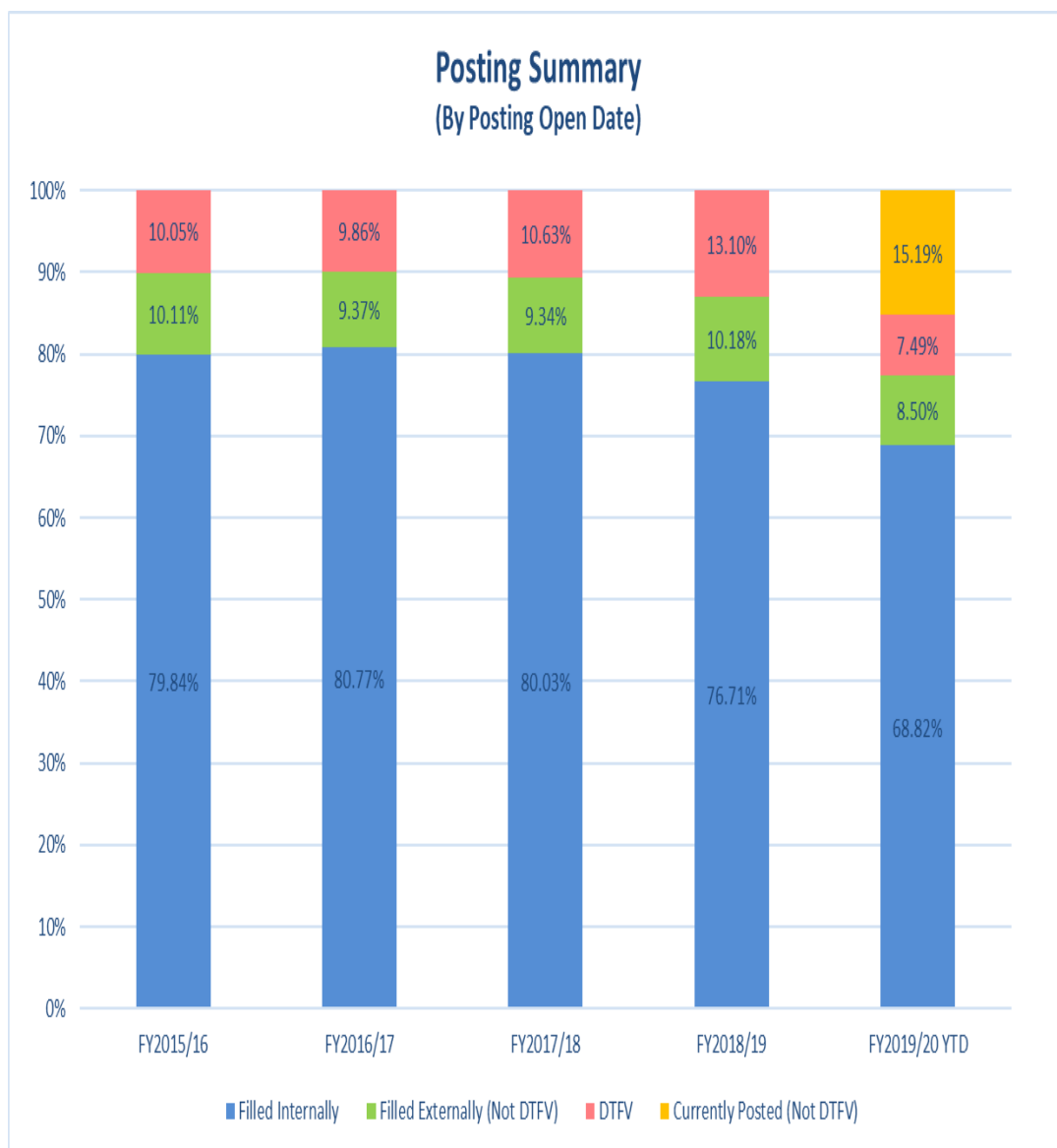
Exit Interviews

Exit interviews are conducted by a third-party contractor. NH implemented significant improvements to the exit Interview process in an effort to increase response rates. Improvements include restructuring of the format, refined questions, and the ability to provide the exit interview through both work and personal email addresses.

Northern Health Recruitment Charts

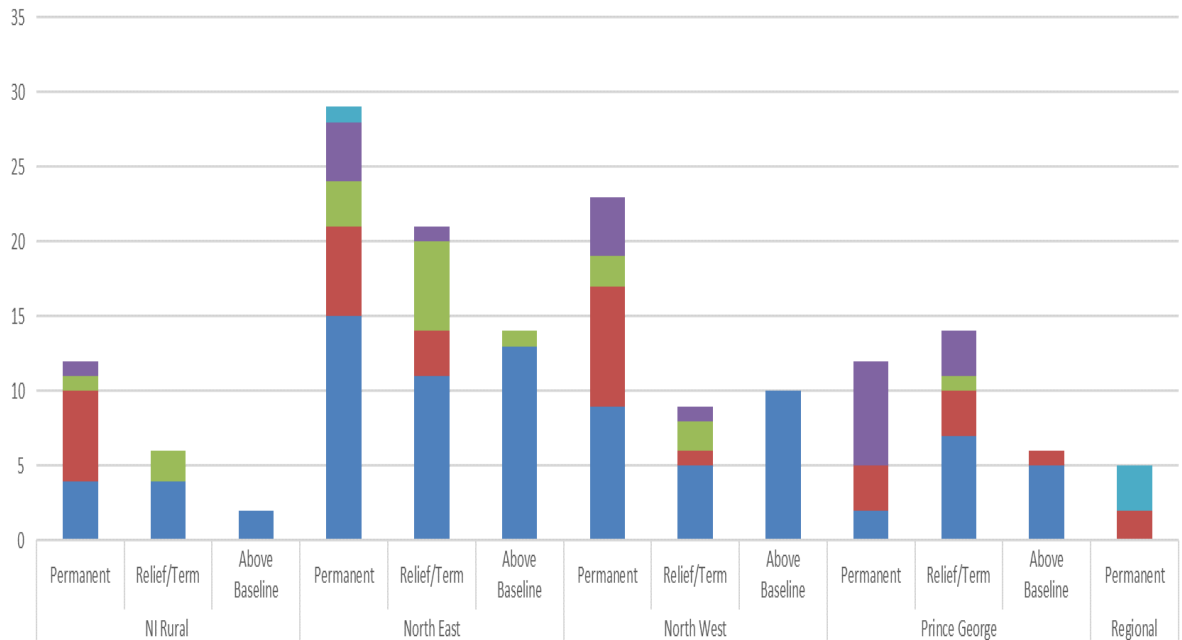
In fiscal year 2019/20 year to date, Northern Health has posted 2364 regular or relief positions; 69% have been filled by internal staff (existing regular and casual staff) and 8.50% have been filled externally (qualified applicants from outside of NH) within 90 days. Some unfilled positions are currently 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, 10.23% of approximately 3200 postings become a DTFV posting.

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.



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

As at Nov 4 2019



EXCLUDED				1									3
COMMUNITY SUBSECTOR	1			4	1		4	1		7	3		
FACILITIES SUBSECTOR	1	2		3	6	1	2	2			1		
HEALTH SCIENCE PROFESSIONALS	6			6	3		8	1		3	3	1	2
NURSES PROVINCIAL AGREEMENT	4	4	2	15	11	13	9	5	10	2	7	5	

The Face of Northern Health

As at November 4, 2019

Summary of Employees by Status	Headcount	%	FTE
Active: Total	8,282	100%	5,139
Full-time	3,869	47%	
Part-time	1,882	23%	
Casual	2,531	31%	
Non-Active: Total	811	100%	293
Leave	427	53%	290
Long Term Disability (LTD)	384	47%	3

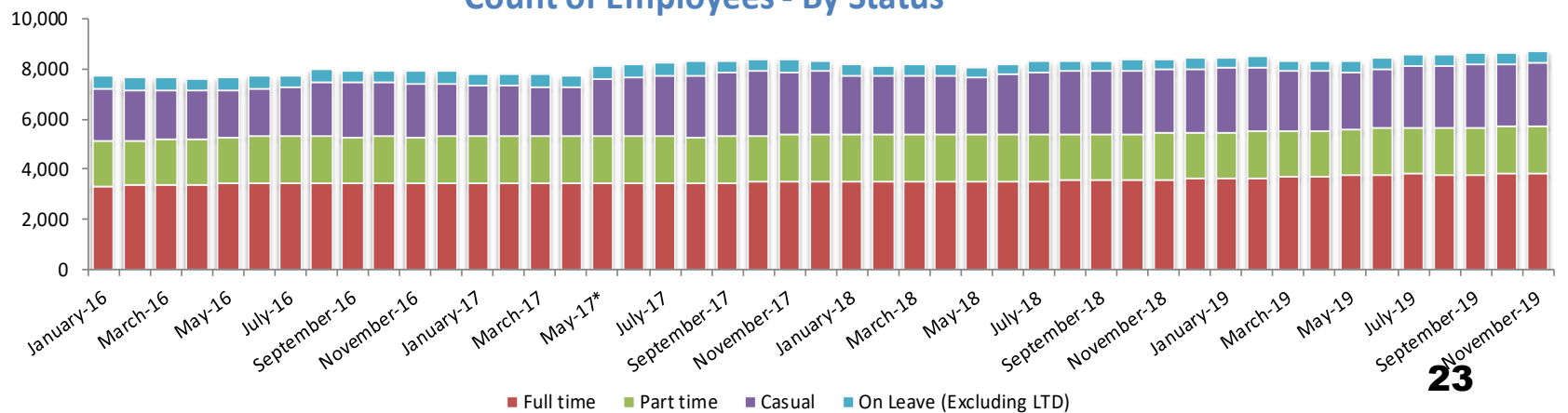
Active Employees by Region	Headcount	%
Active: Total	8,282	100%
North East	1,269	15%
North West	1,982	24%
Northern Interior: Prince George	2,585	31%
Northern Interior: Rural	1,172	14%
Regional	1,274	15%

Active Employees by Collective Agreement	Headcount	%
Active: Total	8,282	100%
Nurses	2,546	31%
Facilities	3,294	40%
Health Sciences	1,075	13%
Community	755	9%
Excluded	612	7%

Active Nursing	Headcount	%
Active: Total	2,546	100%
RN/RPN	1,890	74%
LPN	656	26%

Clinical vs. Support	Facilities	Community
Active: Total	3,294	754
Clinical	1,453	637
Non-Clinical	1,841	117

Count of Employees - By Status



BOARD BRIEFING NOTE

Date:	November 15, 2019	
Agenda item:	2019-20 Period 7 – Operating Budget Update	
Purpose:	<input type="checkbox"/> Information	<input type="checkbox"/> Discussion
	<input type="checkbox"/> Seeking direction	<input checked="" type="checkbox"/> Decision
Prepared for:	Board of Directors	
Prepared by:	Mark De Croos, VP Financial & Corporate Services/CFO	

October 17, 2019 (Period 7)

Year to date Period 7, Northern Health (NH) has a net operating deficit of \$7,231,000

Revenues are favourable to budget by \$2.8 million or 0.6% and expenses are unfavourable to budget by \$10.1 million or 2.0%.

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 average inpatient daily census was 586.4 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 7 financial update, as presented.

NORTHERN HEALTH
Statement of Operations
Year to date ending October 17, 2019
\$ thousand

	Annual Budget	YTD October 17, 2019 (Period 7)			
		Budget	Actual	Variance	%
REVENUE					
Ministry of Health Contributions	689,338	375,808	375,975	167	0.0%
Other revenues	238,560	128,506	131,187	2,681	2.1%
TOTAL REVENUES	927,898	504,314	507,162	2,848	0.6%
EXPENSES (BY PROGRAM)					
Acute Care	492,902	267,468	276,373	(8,905)	-3.3%
Community Care	235,423	127,613	124,727	2,886	2.3%
Long term care	124,400	68,211	71,990	(3,779)	-5.5%
Corporate	75,173	41,022	41,303	(281)	-0.7%
TOTAL EXPENSES	927,898	504,314	514,393	(10,079)	-2.0%
Net operating deficit	-	-	(7,231)		

BOARD BRIEFING NOTE

Date:	November 15, 2019	
Agenda item:	Capital Public Note	
Purpose:	<input checked="" type="checkbox"/> Information	<input type="checkbox"/> Discussion
	<input type="checkbox"/> Seeking direction	<input type="checkbox"/> Decision
Prepared for:	Board of Directors	
Prepared by:	Deb Taylor, Regional Manager Capital Accounting	
Reviewed by:	Mark De Croos, VP Finance & Chief Financial Officer	

The Northern Health Board approved the 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 7 (October 17, 2019), \$21.2M has been spent towards the execution of the plan as summarized below:

<i>\$ million</i>	<u>YTD</u>	<u>Plan</u>
Major Capital Projects (> \$5.0M)	3.5	6.7
Major Capital Projects (< \$5.0M)	4.7	18.7
Major Capital Equipment (> \$100,000)	3.9	9.2
Equipment & Projects (< \$100,000)	3.8	9.2
Information Technology	5.2	11.9
	<u>21.2</u>	<u>55.6</u>

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	\$0.25	Complete	FFGRHD, MOH
Prince George	UHNBC Microbiology Vitek 2XL	\$0.16	Complete	FFGRHD, MOH
Prince George	UHNBC Tomosynthesis	\$0.19	Received	Spirit of the North Healthcare Foundation
Prince George	UHNBC OR Video Towers General Surgery	\$0.37	Received	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	\$0.83	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 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	\$0.39	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	\$0.10	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
Terrace	McConnell Estates Roof Repairs	\$0.11	In Progress	Replacement Reserve
Terrace	Terraceview Lodge Roof Repairs	\$0.30	In Progress	Replacement Reserve
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	Complete	DCDH Hospital Foundation, PRRHD, MOH
Dawson Creek	Ultrasound Replacement #2	\$0.25	Complete	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 Nelson	Fort Nelson Hospital Roof Repairs	\$0.37	In Progress	MOH
Fort St. John	Ultrasound #1	\$0.25	Complete	Fort St. John Hospital Foundation, PRRHD, MOH
Fort St. John	Ultrasound #2	\$0.25	Ordered	PRRHD, MOH
Fort St. John	Spect CT	\$1.76	Planning	PRRHD, NH, MOH
Fort St. John	Medical Clinic – 3 rd 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	\$0.79	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	\$0.36	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:

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

The Northern Health Board receives the Period 7 update on the 2019-20 Capital Expenditure Plan.

BRIEFING NOTE

Date:	December 2, 2019	
Agenda item	Implementation of the Idealized System of Services: Primary and Community Care Services and Specialized Services	
Purpose:	<input checked="" type="checkbox"/> Information	<input checked="" type="checkbox"/> Discussion
	<input type="checkbox"/> Seeking direction	<input type="checkbox"/> Decision
Prepared for:	The Northern Health Board	
Prepared by:	Kelly Gunn, VP Primary and Community Care and Chief Nursing Executive	
Reviewed by:	Cathy Ulrich, CEO	

Issue & Purpose:

This briefing note is an update on Primary and Community Care and Specialized Community Services in Northern Health.

Background:

In 2017, the Ministry of Health released a policy that provided guidance to all health authorities to work with the Ministry of Health and Divisions of Family Practice to establish Primary Care Networks. Funding was provided to Northern Health in May 2018 which enabled the increase and strengthening of the way community health providers such as nurses, social workers, physiotherapists work together with physicians and nurse practitioners to improve the care experience for people and families served by the networks. The Primary Care Networks also ensure access to Urgent and Primary Care services to care for injuries and illnesses that should be seen within 12/24 hours but that do not require the services provided in Emergency Departments. Urgent and Primary Care services extend team based care service hours, including weekends and statutory holidays, and help connect people who do not have a family physician or a nurse practitioner to a medical practice for ongoing care. Achievement of the Ministry policy is enabled by the Northern Health Strategic Plan and in particular, the Strategic Direction to achieve Coordinated and Accessible services for people and their families.

Key Actions, Changes & Progress:

There are 3 priority areas of focus.

- 1) **Primary Care Networks (PCNs):** are in various phases of development in the North with the following Division of Family Practice involvement and for the following geographical areas:

- Prince George Division- Prince George
- Pacific North West Division - Bulkley Valley/Witset and Houston; Haida Gwaii; Prince Rupert/ Coast Tsimshian; Coast Mountain (Terrace, Dease Lake, Stewart Kitsumkalum, Kitselas, Nisga'a, Tahltan).
- North Peace Division- Fort St. John
- Northern Interior Rural Division- Fort St. James, Fraser Lake, Vanderhoof, McBride, Valemount, Mackenzie, Quesnel, Burns Lake/Lake Babine Nation (in discussion with FNHA and Carrier Sekani Family Services).

The Prince George PCN is implementing their Service Plan with 17 of 25 new positions filled and enhancing services to the Blue Pine Primary Care Clinic and Central Interior Native Health Services (CIHNS), adding clinical pharmacy support to physicians and nurse practitioners and to staff the Urgent and Primary Care Centre. The North Peace Division and Northern Interior Rural Division PCN Service Plans have been submitted to the Ministry of Health and are being reviewed. The Pacific Northwest communities are developing their Service Plans for submission to the Ministry of Health.

- 2) **Urgent and Primary Care Services-** Urgent and Primary Care services are operating in Quesnel and Prince George. There are early discussions regarding the location of Urgent and Primary Care services in the Northwest.
- 3) **Primary and Community Care Initiative and four subsidiary projects** – This initiative will improve the way physicians, nurse practitioners and community health care providers work together to ensure accessible and coordinated services in the community, prevent unnecessary patient presentation to Emergency Departments, avoid preventable admission to hospital, and enable supported discharge to shorten hospital lengths of stay.
The four projects are:
 - Improve Team Based Care
 - Redesign Home Support Services
 - Increase Immunization rates for infants and school aged children
 - Complete the implementation of the Community Health Record.

* First Nations led Primary Care Initiatives- 17 First Nations led primary care initiatives are planned for the province. In the north, FNHA has been engaging directly with the Gitksan and Wet'suwet'en Nations over the summer to discuss a First Nations led Primary Care service in the Hazelton's: the Gitksan communities of Gitanyow, Gitwangak, Gitsegukla, Hagwilget, Gitanmaax, Glen Vowell and Kispiox; and the Wet'suwet'en community of Witset. A project charter is being developed by FNHA and the Nations.

Risks:

Sufficient Health Human Resources are a primary risk to the achievement of Primary Care Networks inclusive of Urgent and Primary Care Services and the Primary and Community Care Initiative. This is consistent with the experience across the province.

Issue & Purpose:

An update on Specialized Community Services

Background:

In 2018, the Ministry of Health released a policy that provided guidance to all health authorities to implement Specialized Community Service Programs linked to Primary Care Networks across

British Columbia in 2019/20. The Northern Health Strategic Plan and in particular the Strategic Direction Accessible and Coordinated Services for people and their families, also enables the achievement of this provincial policy. The Ministry of Health has prioritized:

- Adults with complex medical conditions and/or frailty including seniors
- People experiencing mental health and substance use concerns

Key Actions, Changes & Progress:

Northern Health is developing Specialized Community Services Programs in a distributed service model where people receive primary care and some specialized services from their physician or nurse practitioner in their own communities, with support from teams of health professionals. When more specialized services are required for people and their families, pathways have been developed to ensure the care team and the person and family know where and how to access the kind of care required, including access to specialists, in a timely manner and as close to home as possible.

Northern Health is developing three Specialized Community Services, one in each Health Service Delivery Area, for people with medical complexity or frailty (seniors) and for people experiencing mental health and/or substance use concerns.

The priority areas of focus for the Medically Complex Frail (seniors) population are:

- Implement enhanced home support services and increase the capacity of physicians, nurse practitioners and teams to deliver more specialized services for seniors in their communities. This is being achieved by adding nurses and physicians with specialized knowledge in seniors' care to work with the person's family physician, nurse practitioner and local health care team to guide care decisions and actions.
- Extending and increasing the flexibility of home support hours in all communities.
- Increasing more specialized seniors care clinics via virtual health in Fraser Lake, Burns Lake, Vanderhoof, Mackenzie, McBride, Valemount, Terrace, Kitimat, Prince Rupert, Smithers, Hazelton, Haida Gwaii, Houston, Fort St. John, Dawson Creek, Chetwynd, Tumbler Ridge and Fort Nelson.
- Providing shared learning session opportunities for physicians, nurse practitioners, specialists and teams to increase knowledge in seniors care.

The priority areas of focus for Mental Health and Substance Use concerns are:

- Increase the ability to rapidly and appropriately respond to people with complex mental health and substance use concerns in Emergency Departments and community. Also to increase access to treatment for people with opioid addiction.

Key Actions, Changes & Progress

- We are increasing the number and hours of service provided by nurses with special knowledge and expertise in mental health and substance use to stabilize and support people who present in UHNBC, Fort St John and Dawson Creek Emergency Departments. These nurses coordinate community based services to enable people to be cared for outside the hospital setting. For those people requiring admission to hospital, these nurses assist physicians and hospital staff to plan care and shorten a person's length of stay through supported discharge planning. In Terrace a mobile outreach service is provided to support people before they present to the Emergency Department.

- Continued focus on recruiting and implementing 10 Mobile Support Services teams in partnership with FNHA and First Nations communities for in-community mental health and substance use and crisis response support for First Nations communities across the north.

Mobile Support Team	Serving the First Nations communities of:
Fort St. John	Blueberry River, Doig River, Halfway River
Fort Nelson	
Tahltan	Dease Lake, Telegraph Creek, Iskut
Haida Gwaii	Skidegate, Old Masset
Hazelton	The Gitksan communities of Gitanyow, Gitwangak, Gitsegukla, Hagwilget, Gitanmaax, Glen Vowell and Kispiox and the Wet'suwet'en community of Witset
Terrace	Haisla Kitsumkalum, Kiselas
Quesnel	Nazko, Lhoosk'uz Dene, Lhtako Dene
Burns Lake	Lake Babine
Fort St. James	Nak'azkli, Tl'azten Nation, Binche
Prince George	MacLeod Lake, Lheidli T'enneh, Kwadacha, Tsay Keh Dene

- Continued recruitment, training and support for primary care providers (physicians and nurse practitioners) to provide treatment for opioid addiction. We provide opioid treatment services in the communities of Fort St. John, Houston, Hazelton, Kitimat, Mackenzie, Masset, Prince George (2), Prince Rupert, Quesnel, Haida Gwaii, Smithers, Terrace, Valemount, and Vanderhoof.

Risks:

Sufficient Health Human Resources are critical to expand the specialized nursing positions and the Mobile Support services.

Recommendation(s):

This report is presented to the Northern Health Board for information and discussion purposes.

Overnight Home Support supporting seniors in Burns Lake

By Bailee Denicola

Burns Lake has extended its home support hours to include overnight coverage. Now, town residents who use the [Lifeline program](#) have access to scheduled or unscheduled home support services through the night.

The overnight home support program started on November 1, 2018. As the pilot community for the extended hours, Burns Lake is currently the only BC community receiving the additional coverage. There are nine people signed up at the assisted living facility, [Tweedsmuir House](#), as well as a couple community members who've scheduled check-ins linked to their Lifeline service.

How does the Lifeline program work?

With Lifeline, if you need help for any reason, you can press a small, waterproof personal help button (worn on a neck cord or wristband). Pressing the button calls a cell phone that's managed by a home support worker. The home support worker can respond and tend to your needs.

In Burns Lake, a person can sign up with Lifeline, then opt into the extended overnight home support.

You must sign up for Lifeline. When setting it up, you must choose where to direct the calls. In the past, if a patient had no family close by, they might list an ambulance service as the main contact. Now that there's overnight home support, the first call can be to the overnight home support worker, avoiding unnecessary trips to the emergency room.

Helping seniors feel safe in their homes

Lifeline helps seniors feel secure and safe in their home; they know help is just a button push away. For example, when a patient falls, they press their Lifeline to call a home support worker. The home support worker can go see the patient in their home to determine if they need an ambulance or if family members should be contacted. If the call is beyond what the home support worker can do, they will support the senior until the ambulance or family member arrives.

Home support workers do scheduled overnight safety checks at Tweedsmuir House – even assisting clients who wake up very early in the morning. For instance, one client gets up extremely early (while the overnight home support worker is still on shift). Overnight home support workers are able to help him with his personal morning routine before the day shift starts. This frees up time for the daytime home support workers to see more clients.

Home support workers also help people who need assistance getting to the bathroom at night. This lets people stay in their home longer, which is usually where they want to be.

The home support service is also available for people who are still living in their own homes within the village limits of Burns Lake.

Helping people return home from the hospital

In the past, having no overnight support at home has prevented people from leaving the hospital. They're often well enough to go home, but still need overnight support for certain things and don't have family who can assist. Overnight support service lets people return home with peace of mind, knowing they'll be checked on when needed.

If you or a family member in Burns Lake is interested in Lifeline's overnight home support services, please call 1-800-387-1215. **You must live in the town of Burns Lake** as the current support only covers people living within town limits. The hope is that the service will be expanded later. At this time, staff safety and sustainability are the first priority.

Bringing care to where the people are – nurse on Mobile Support Team brings care to Carrier Nations

By Bailee Denicola

“I know that I need to be flexible in my role. I need to be ready when the people are ready,” says Jolene Pagurut, a nurse on the Mobile Support Team in Quesnel.

Jolene travels to provide mental health and wellness support to three Southern Carrier Nations around Quesnel – Lhoosk’uz, Ndazko, and Lhtako. This Mobile Support Team is a partnership with Northern Health, First Nations Health Authority, and the three nations. The communities have renamed this Mobile Support Team to “Dakelh Wellness.” Dakelh is the Carrier word for Carrier.

“The best part of this position is the people from the communities I serve – being able to help people along their healing journey in a good way,” says Jolene. “The support of Northern Health, the community leaders, elders, and First Nations Health Authority makes it possible to use traditional and creative interventions to meet people where they are at and to help them reach their wellness goals. Really, so much of the success of this program is the partnership with NH and the community leaders.”

Right now, Jolene is the only team member, but works very closely with the team of health care professionals that provide primary and community care in Quesnel. A social worker will be joining Dakelh Wellness on May 15, and they’re looking for a counsellor for the team as well.

Jolene works to help people overcome the discrepancies in the social determinants of health, including things like low-income, housing, access to food, and other challenges with navigating the health care system. She supports individuals who live on and off reserve. Many of them are couch surfing or homeless and she’ll go to help them where they’re at – in their homes, on the riverbank, in a homeless shelter, or on the street.

This is Jolene’s third year in the role and she’s now better known in the community. She now knows where the people are. Jolene often receives messages from family members who will let her know they’re worried about a family member and tell her where they can find them. Jolene will go to them, wherever they may be at the time, and bring them a coffee or water and sit with them, listen, and help with setting goals with where they’re at. The next time she meets with them, she’ll help them move towards their bigger goals.

“My hope is that when I find them somewhere, I’ll leave them in a better place than when I found them. This often involves using harm reduction strategies and lowering barriers to receiving health care. For example, providing naloxone training and kits, or talking to someone who’s using IV heroin about smoking instead, or giving them new needles,” says Jolene. “The next time I meet them, they might be interested in hearing about the Suboxone program.”

The people that Jolene works with are overcoming so many challenges; many are homeless or live over two hours away from Quesnel. Some individuals have challenges with reading and writing, and Jolene is able to help them with filling out forms or better understanding medications. Jolene will also help by taking them to the pharmacy, or connecting with the pharmacist and making a plan to get the medication out to them in the community. They work to help their patients overcome the barriers in creative and meaningful ways.

“Filling a prescription when the person lives two hours away can be like a relay race – we get the prescription at the pharmacy in Quesnel and can get it on a medical van to one community and another community member can bring it to the final destination. We work hard and make it happen,” says Jolene.

Jolene also organizes community events as a way for people to disconnect from trauma, stress, or anxiety. She held a handbag making workshop last week. The intent was to train the elders to make the handbags and then they would teach the youth.

It turned out that some of the Elders were experts at sewing and were farther ahead than expected; they had to provide additional projects for them to work on. The youth also caught on very quickly and were soon helping the Elders. The event was a huge success, with people showing up at 8 am and staying until midnight. In the past, Jolene has also organized a food-dehydrating workshop and a canning workshop.

“It’s all about listening to what they want to do,” says Jolene.

Some of the other work Jolene does includes supporting people with severe and persistent mental illness, working with the methadone doctor and doing Suboxone inductions, and referring individuals or families to treatment. She works with the team of health care professionals in the community and connects patients to the team for other services when needed, and will also attend doctor’s appointments with the patient. She strongly advocates for the patient. If she’s already in the community for a visit and something else comes up, like a dressing change on a wound or a baby check, she’ll use Skype or Telehealth and connect the family to a doctor right away.

“I’m working to help people increase their safety and support. I’m a safe person to talk to who can connect them to more people for physical, emotional, mental, spiritual support. I’m building on what’s already there with such resilient people,” says Jolene.

BOARD BRIEFING NOTE

Date:	December 2, 2019	
Agenda item	Quality Program	
Purpose:	<input type="checkbox"/> Information	<input checked="" type="checkbox"/> Discussion
	<input type="checkbox"/> Seeking direction	<input type="checkbox"/> Decision
Prepared for:	Northern Health Board of Directors	
Prepared by:	Tanis Hampe, Regional Director, Quality and Innovation	
Reviewed by:	Fraser Bell, VP Planning, Quality and Information Management	

Issue:

This briefing note is to update the Northern Health Board of Directors on key initiatives in the Quality Program:

- Person and family-centred care (PFCC)
- Quality framework
- Accreditation
- Quality improvement training and education

Person and Family-Centred Care

The PFCC Strategy and Steering Committee developed a comprehensive strategy to enhance person and family centredness across Northern Health (NH) services. The strategy involves 21 objectives that are drawn from leading practice evidence.

Current and upcoming activity under the strategy includes:

- Embedding PFCC as one of the four dimensions of NH's organizational culture. The definition and measurement of organizational culture is being advanced through a priority initiative to March 31, 2020.
- A Lead, Person and Community Engagement is now in place in NH with a mandate to support the implementation and evaluation of the PFCC strategy. This role is focused on strengthening and supporting the engagement of individuals and families in decision making, quality improvement and research. The role was developed by leveraging funding through Northern Centre of the BC SUPPORT Unit which is the research partnership between UNBC and NH under

Canada's (Canadian Institutes of Health Research – CIHR) Strategy for Patient-Oriented Research (SPOR).

- Education of NH leadership in PFCC continues via monthly interactive webinars. Online curriculum is under development. All staff and physicians completing the Intermediate Quality Improvement program and Lean Green Belt (~45 per year) receive PFCC education including a session with a patient panel.
- Patient engagement information session is scheduled during NH's Quality Celebration month (more information about the Quality Celebration is contained in this briefing note)
- Patient partners are involved in an increasing number of NH projects/initiatives and embedded in standard setting and decision-making structures such as service networks. NH works closely with the Patient Voices Network to engage with patient partners who have received training through the BC Patient Safety and Quality Council.
- Over 40 NH staff and patient partners were involved in the development and early implementation of the PFCC strategy. These individuals will reconvene in January 2020 to recognize and celebrate the efforts and achievements to date and to inform the next steps under the strategy. This is an important step to 'close the loop' on the development phase, particularly with our patient partners. A new Strategic Advisory Group is envisioned to form from this session to guide PFCC activity and direction including consideration of how executive priorities can impact and influence PFCC.

Northern Health Quality Framework

Northern Health's first quality framework was developed in 2014. It is a foundational document that defines what quality is and how we undertake quality improvement, including organizational structures and priorities. In the past five years the framework has been updated modestly as the organization matures. An action from this year's "Building a Collective Picture of Quality Health Care in Northern BC" event with physicians, clinicians, quality improvement coaches, patient partners, NH leadership, First Nations Health Authority, UNBC, Divisions of Family Practice and Medical Staff Associations, is to refresh the quality framework and broaden it to be reflective of health care quality in northern BC. Another key activity in 2019 was the BC Patient Safety and Quality Council convening a group to inform a new [BC Health Quality Matrix](#) which is expected to be publicly released by the end of the year. The Health Quality Matrix defines the dimensions of quality for health care in BC and forms a basis for Northern Health's Quality Framework.

A consultative process with partners is planned with the objective of a refreshed framework by the end of March 2020.

Accreditation

Northern Health is in a third follow-up period to submit evidence of compliance with acute and long term care service standards assessed in the 2018 Accreditation Canada survey. The organization is also preparing for the upcoming survey of primary and community care services and population health in **June 2020**.

Acute and long term care service standard follow up (due January 20, 2019)

Northern Health submitted further evidence for a number of Required Organizational Practices and other criteria following the 2018 survey.¹ Most outstanding issues have been addressed while two ROPs: Suicide Prevention and Safe Surgery Checklist, require further evidence to maintain accreditation status. Northern Health has made significant changes to work toward the ROPs of Suicide Prevention and Safe Surgical Checklist. These changes involved revised policies, as well as new forms and processes that required new engagement and education across the organization before implementation could proceed. The organization is well positioned to be able to supply the further evidence for both Suicide Prevention and Safe Surgical Checklist in the required timeframe of January 20, 2020.

Primary and Community Care and Population Health (June 2020)

To better reflect the service model we are working toward in Northern Health, we engaged with Accreditation Canada and the Health Standards Organization to develop a consolidated set of standards for primary and community care services and population health. The [Primary and Community Care Services and Population Health manual](#) compiles 10 separate standard sets which had been individually assessed in past Accreditation Canada surveys but reflect the traditional way of thinking about and delivering these health services.

Alongside continued Interprofessional Team (IPT) development and maturity these service standards are being introduced to teams. Every IPT is undertaking a self-assessment process with the standards through a community- or cluster-based group process. Physicians and leadership are included in this self-assessment process. Self-assessments will be completed October 31, 2019. Themes emerging across self-assessments will be raised and directed to appropriate regional and operational leadership (e.g., service networks, senior leadership teams) and communities are also undertaking local improvement work based on their self-assessment results. The Chief Medical Health Officer (Acting) is providing leadership to Northern Health's self-assessment of standards that apply to regional services and population health.

Communities/sites to be visited and assessed in June will be determined in January 2020.

Communities and teams will have the opportunity to participate in 'mock tracers', an activity that involves walking through a survey process facilitated by a NH staff person and supported by the appropriate service network/clinical program lead.

¹ In the 2014 Accreditation survey that assessed all NH services, further evidence was required on 45 ROP major criteria, 27 ROP minor criteria and 15 other criteria as follow-up to maintain accreditation status. The 2014 follow-up was achieved in two evidence submission periods.

Quality Improvement Training and Education

Northern Health offers an in-house training program in addition to promoting external training opportunities offered by organizations like the BC Patient Safety and Quality Council and the Institute for Healthcare Improvement.

The quality training numbers have been compiled into a one page infographic as part of the 2019 Quality Celebration (presented on the next page).

2019 Quality Celebration

Northern Health hosts an annual conference for learning and celebration of quality improvement. In 2019 the traditional two-day conference was transformed to a month-long online celebration of quality improvement in NH.

The theme of the celebration is “Quality Lives Here” and is an opportunity to showcase what individuals or teams have done to improve everyday practice and the experience of staff, physicians, patients and families in the places that they work.

Throughout the month, staff, physicians, academic, community and patient partners are invited to attend presentations on quality improvement projects and topics of interest (e.g., psychological health and safety, NH critical priority initiatives). There is a [calendar of events](#) and other information and activities on the [Celebration website](#).

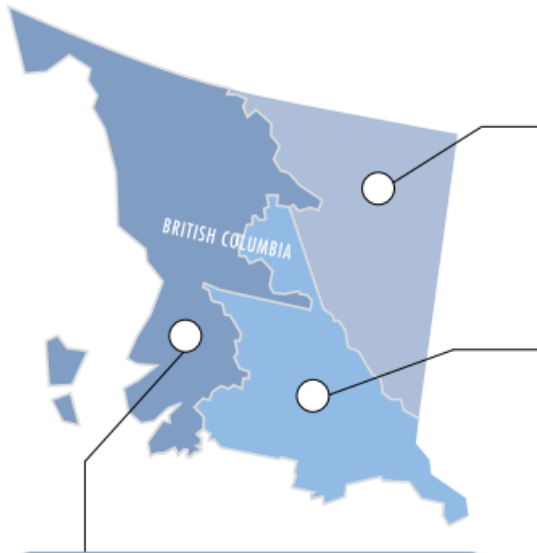
Other celebration activities include a [Storyboard Book](#) (i.e., a collection of posters describing quality improvement projects in NH) and the presentation of the Best Storyboard Award based on staff and physician votes.

Recommendation(s):

This briefing note is for information and discussion.

QUALITY IMPROVEMENT TRAINING NUMBERS

Highlights from 2010 to 2019



NORTHEAST TOTALS

Intro to Quality Improvement	272
White Belt	112
Yellow Belt	60
Intermediate Quality Improvement	31
Green Belt	43
Black Belt	2
Quality Academy	2

NORTHERN INTERIOR TOTALS

Intro to Quality Improvement	774
White Belt	323
Yellow Belt	332
Intermediate Quality Improvement	58
Green Belt	55
Black Belt	4
Quality Academy	10

NORTHWEST TOTALS

Intro to Quality Improvement	344
White Belt	173
Yellow Belt	192
Intermediate Quality Improvement	34
Green Belt	36
Black Belt	1
Quality Academy	4

REGIONAL POSITIONS TOTALS

Intro to Quality Improvement	288
White Belt	27
Yellow Belt	31
Intermediate Quality Improvement	33
Green Belt	31
Black Belt	3
Quality Academy	21

TOTALS

Intro to Quality Improvement	1,678
White Belt	635
Yellow Belt	615
Intermediate Quality Improvement	156
Green Belt	165
Black Belt	10
Quality Academy	37

INTERMEDIATE QUALITY IMPROVEMENT

67 in progress **23** NH staff mentors for QI students

111 Physician-focused Principles of Quality Improvement: Level 1

QUALITY IMPROVEMENT CONFERENCES

755 Participants
2014 to 2018

 **196** Storyboards presented
2014 to 2018



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

Introduction

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

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

Key Result Areas

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

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

The Process

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

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Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): December 3, 2018 (R)

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

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Timing and Responsibilities

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

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

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

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

GENERAL GUIDELINES

1. Northern Health will establish processes and procedures to conduct an assessment of the Board, individual Directors, Board committees and the Board Chair that are consistent with the *Governance and Disclosure Guidelines for Governing Boards of British Columbia – Public Sector Organizations 2006¹* and subsequent updates
2. The Governance and Management Relations Committee (the “GMR Committee”) is responsible for recommending to the Board the specific tools for, and approach to, the components of this assessment process
3. The Board review process, the committee review process, the individual Director review process and the Board Chair review process will normally be conducted in the spring of each year with the results completed and reported prior to, or in conjunction with, the annual strategic planning process usually held in the fall
4. The Board Review process shall generally follow a 4-year cycle:
 - a. Evaluation of the Board as a whole using a survey instrument
 - b. Peer-to-peer evaluation of individual Board member performance
 - c. Use of Accreditation Canada governance evaluation tools (in the year of an accreditation)

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

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- d. Board Chair interviews with each Director and summary report to the full Board
5. Consolidation of evaluations and assessments, and relevant report preparation is the responsibility of the Chair of the GMR Committee with support from the Corporate Secretary
6. The results of the Board assessment will be reviewed with the Board Chair and reported to the Board at a Board-only session
7. The results of the individual Director assessment will be provided to the Board Chair who will discuss the results with each Director individually
8. The results of the Board Chair assessment² will be discussed with the Chair of the GMR Committee and the Board Chair, and will be shared with the Board at a Board-only session
9. The results of the committee assessments³ will be discussed with the Board Chair and the Chair of the each Board Committee, and will be shared with the committee members
10. Should an opportunity to modify performance arise, the issues will be identified, agreed on and committed to in writing, and shall comprise a component of the relevant final assessment report

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

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

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

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

PROCEDURE

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

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- c. review the results of the annual Board evaluation¹
 - d. set the annual direction for Northern Health
 - e. ensure that Northern Health's Strategic Plan and organizational priorities are derived from the priorities of Government and the Ministry of Health's priorities for the BC health system
 - f. provide the basis for the development of the annual capital and operating plans.
5. Following the annual strategic planning session, management will prepare the capital and operating plans, including budgets, for the next fiscal year
 6. The CEO and Board Chair will liaise during the development of the capital and operating plans to ensure alignment between the Board and management and to facilitate timely communication with the Ministry of Health and other government officials
 7. The capital and operating plans for the next fiscal year will normally be presented for approval at the April meeting of the Board

¹ See BRD410: General Guidelines #3

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

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

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

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

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

OBJECTIVE OF BOARD SUCCESSION AND RENEWAL PLAN

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

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

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

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

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BOARD SELECTION CRITERIA PROFILE

General Profile for Potential Directors

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

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

Key Qualifications and Core Competencies

To fulfill the Board's complex roles, the Board is strongest and most effective when key qualifications and core competencies are represented on the Board as a whole. In addition to the general profile requirements, each Director should contribute knowledge, experience and skills in at least one or two areas of expertise/critical competencies¹:

1. Accounting/finance qualifications
2. Legal qualifications

¹ Refer to the Competencies Matrix for a Governing Board maintained by the Corporate Secretary

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

Commitment and Capacity to Contribute

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

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

Identifying Vacancies and Sourcing Qualified Candidates

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

² Items marked with a double asterisk ** are considered critical

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

Author(s): Governance & Management Relations Committee

Issuing Authority: Northern Health Board

Date Issued (I), REVISED (R), reviewed (r): December 3, 2018 (r)

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

See also:

BRD140 – Terms of Reference - Director

BRD200 - Board Role and Governance Overview

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

Author(s): Governance & Management Relations Committee

Issuing Authority: Northern Health Board

Date Issued (I), REVISED (R), reviewed (r): December 3, 2018 (r)

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**PRESIDENT & CHIEF EXECUTIVE OFFICER SUCCESSION
PLANNING PROCESS V1****BRD 435****INTRODUCTION**

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

PROCESS

There are three components to CEO succession and coverage planning:

1. Vacation and other short term coverage.

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

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

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

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

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

Author(s): Governance & Management Relations Committee

Issuing Authority: Northern Health Board

Date Issued (I), REVISED (R), reviewed (r): December 3, 2018 (r)

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

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

3. Executive Search for a Permanent CEO

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

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

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

Author(s): Governance & Management Relations Committee

Issuing Authority: Northern Health Board

Date Issued (I), REVISED (R), reviewed (r): December 3, 2018 (r)

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BOARD BRIEFING NOTE

Date:	November 4, 2019	
Agenda item	Draft Board Development and Education Plan	
Purpose:	<input type="checkbox"/> Information	<input type="checkbox"/> Discussion
	<input type="checkbox"/> Seeking direction	<input checked="" type="checkbox"/> Decision
Prepared for:	Governance & Management Relations Committee & Northern Health Board of Directors	
Prepared by:	C Ulrich, Chief Executive Officer	

Issue:

The Board Education Plan requires updating for 2020.

Background:

The GMR work plan requirement for a Board Development and Education Plan relates to Board Policy BRD 200, which states: "...an education plan is to be developed and approved by the Governance & Management Relations Committee and should be focused on relevant changes in the operating environment and critical and emerging issues impacting the health care system".

A proposed Board Education Plan has been developed for 2020 (attached). The committee may wish to propose alternative topics for consideration.

Recommendation(s):

The Northern Health Board of Directors approve the proposed 2020 Board Education Plan.

Proposed Education Topics	Purpose of Education Session
<p>February 2020 – Burns Lake Education Topic: Strategic Plan Refresh Presenter: Ernie Nielsen</p> <p>Additional Education Opportunity</p> <ul style="list-style-type: none"> BC Patient Safety & Quality Council Quality Forum – February 26 & 27, 2020 	<p>Purpose: To ensure that the Strategic Plan is providing strategic direction to Northern Health in the context of the Northern region, the government mandate, and the critical implementation priorities over the next three years.</p> <p>Attendees:</p> <ol style="list-style-type: none"> Colleen Nyce Patricia Sterritt Wilf Adam
<p>Feb 2020 – Burns Lake Education Topic: Joint session with the First Nations Health Authority Board Presenter: FNHA Board of Directors</p> <p>Session to be determined and dependent on FNHA Board availability. If this is not possible in February, we will pursue this for the October 2020 planning session.</p>	<p>Purpose: To provide the Northern Health Board an opportunity to interact directly with the FNHA Board and share information regarding organizational mandates and priorities.</p>
<p>June 2020 – Dawson Creek Education Topic: Patient Transfer Network and NH Patient Transfer Office Presenter: BCEHS and Jordan Oliver, Executive Lead, Trauma and Emergency/Dr. Patrick Rowe, Medical Lead, Trauma and Emergency</p>	<p>Purpose: To provide the Northern Health Board with an orientation to the BC Emergency Health Services Patient Transfer Network roles and responsibilities and the Northern Health Patient Transfer Office functions.</p>
<p>October 2020 – Prince George Board Planning Session Education Topic: Presenter: TBD</p>	

BOARD BRIEFING NOTE

Date:	2019 November 5	
Agenda item	Regulatory Framework – Legislative Compliance • <i>Safety Standards Act</i>	
Purpose:	<input checked="" type="checkbox"/> Information	<input type="checkbox"/> Discussion
	<input type="checkbox"/> Seeking direction	<input type="checkbox"/> Decision
Prepared for:	GMR Committee & NH Board of Directors	
Prepared by:	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 *Safety Standards Act* regulates safety for workers, products and disciplines related to power engineers, electrical equipment, boilers, pressure vessels, and refrigeration. It applies to asset owners who own or manage facilities that have one or more regulated products such as escalators, boilers and gas appliances under one roof, which includes hospitals.

The Act is administered by Technical Safety BC, as delegated by Minister of Municipal Affairs and Housing. Asset owners have unique responsibilities under the Act and supportive Regulations throughout the equipment life cycle that are aimed at improving safety and lengthening equipment life. There are four main areas of responsibilities for asset owners including:

1. Design and purchase – newly built equipment or equipment purchased from outside of BC must be approved before installation

2. Installation – permits are required prior to operating newly installed electrical products, boilers, refrigeration systems, pressure vessels, and equipment or appliances operating with natural gas
3. Operation and maintenance – operation of regulated equipment requires an operating permit and maintenance requires the employ of qualified workers with the appropriate certification.
4. Sale and disposal – Technical Safety BC must be notified by the asset owner prior to sale or disposal of regulated equipment.

Part 10 of the Act names a number of prohibitions with respect to regulated work and equipment, as well as a number of offences for failing to comply, creating unsafe conditions, condoning prohibited activities and tampering with certification or product approval marks. Committing an offence could result in liability for damages if equipment fails and penalties for failure to comply with provisions of the Act, compliance orders, discipline orders, safety orders, or terms or conditions of a licence or permit.

Decisions of safety officers (namely Technical Safety BC) can be appealed in writing to the safety manager, and further appealed to the Safety Standards Appeal Board.

Northern Health is generally highly compliant with the obligations of this legislation. In reviewing the obligations with Facilities management, there are some identified areas of opportunity for improvement. There is not currently a complete NH inventory of all regulated equipment, and recently an unregistered asset was found during a Technical Safety BC inspection of an NH facility. However, Facilities management is working with Technical Safety BC to develop a comprehensive listing of all assets and permits so that NH will have continued assurance that all aspects of compliance are met.

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

Declaration on the Rights of Indigenous Peoples Act – new BC legislation implementing the United Nations Declaration on the Rights of Indigenous Peoples

Recommendation(s):

That the Board receives this briefing note for information.

RISK AND COMPLIANCE
LEGISLATIVE COMPLIANCE RECORD

SAFETY STANDARDS ACT

[SBC 2003] Chapter 39

Date	Action
2019 November 4	Document Created
2019 November 15	GMR Review
2019 December	Board Review
Executive Sign-Off Received:	M. De Croos (2019-11-07)
2024 November	Next full review

Summary

The *Safety Standards Act* regulates safety for workers, products and disciplines related to power engineers, electrical equipment, boilers, pressure vessels, and refrigeration. It applies to asset owners who own or manage facilities that have one or more regulated products such as escalators, boilers and gas appliances under one roof, which includes hospitals.

The Act is administered by Technical Safety BC, as delegated by Minister of Municipal Affairs and Housing. Asset owners have unique responsibilities under the Act and supportive Regulations throughout the equipment life cycle that are aimed at improving safety and lengthening equipment life. There are four main areas of responsibilities for asset owners including:

1. Design and purchase – newly built equipment or equipment purchased from outside of BC must be approved before installation
2. Installation – permits are required prior to operating newly installed electrical products, boilers, refrigeration systems, pressure vessels, and equipment or appliances operating with natural gas
3. Operation and maintenance – operation of regulated equipment requires an operating permit and maintenance requires the employ of qualified workers with the appropriate certification.
4. Sale and disposal – Technical Safety BC must be notified by the asset owner prior to sale or disposal of regulated equipment.

Part 10 of the Act names a number of prohibitions with respect to regulated work and equipment, as well as a number of offences for failing to comply, creating unsafe conditions, condoning prohibited activities and tampering with certification or product approval marks. Committing an offence could result in liability for damages if equipment fails and penalties for failure to comply with provisions of the Act, compliance orders, discipline orders, safety orders, or terms or conditions of a licence or permit.

Decisions of safety officers (namely Technical Safety BC) can be appealed in writing to the safety manager, and further appealed to the Safety Standards Appeal Board.

A. Review

Section	Description	Comments	Compliance	Likelihood ²	Impact ³
19	(3) A person performing regulated work must disclose to a safety manager or safety office any regulated product or regulated work that creates a risk of personal injury or damage to property.	<p>This requirement is known to staff performing regulated work.</p> <p>The NH Facilities Maintenance policy provides direction on staff adherence to all applicable Regulations, Acts, and Standards.</p> <p>Reports are made very rarely, as Facilities staff strive to ensure no safety hazards of this nature exist through regular inspection and maintenance of regulated equipment.</p>	H	L	L
23	(1) A person must not do any of the following unless licensed by a provincial safety manager or authorized to do so under this Act: (a) manage or direct individuals doing regulated work; (b) do regulated work for another person who is not a licensed contractor	Appropriate processes are in place to ensure that all contracts and NH employee job descriptions contain requirements for appropriate licences and certifications of contractors or staff performing regulated work.	H	L	H
27	(1) A person must obtain a permission to undertake regulated work or use a regulated	Permits are obtained from Technical Safety BC.	H	L	H

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
	product.	NH Facilities is working with Technical Safety BC to develop a repository of all regulated equipment to ensure that all equipment is appropriately accounted for and permitted.			
28	(1) A safety officer may issue an operating permit that allows the use of a regulated product or one or more disciplines.	New installations are often managed by contractors who hold the responsible to obtain the necessary permits. NH Facilities is aware and uses the online process for acquiring permits as required.	U	U	U
31	(1) To prevent, avoid, or reduce risk of personal injury or damage to property, a provincial safety manager may, in writing, issue a safety order. (4) A safety order may specify any requirement that is intended to prevent, avoid, or reduce the risk of personal injury or damage to property.	NH infrequently receives orders, and is compliant with directions given, as appropriate. There have been a few orders respecting qualifications of power engineers that resulted from an inspector's interpretation of the Regulation that NH successfully challenged, resulting in the orders being rescinded.	U	U	U
32	(1) A safety officer may issue, in writing, a variance to a person varying the application of a provision of the regulations with respect to a regulated product or regulated work.	As with safety orders, NH is compliant with any issued variances.	U	U	U
33	(1) A proposal for an alternative safety approach must be submitted to a safety manager in the form and in the manner acceptable to the safety	As with safety orders, NH is compliant with any alternate safety approaches that are approved.	U	U	U

Section	Description	Comments	Compliance	Likelihood ²	Impact ³
	manager				
36	(1) As soon as practicable after an incident occurs, the person in charge of the regulated product or regulated work, the owner of the regulated product and any other person specified by regulation are responsible for reporting the incident to the appropriate safety manager.	<p>This requirement is known to staff performing regulated work.</p> <p>The NH Facilities Maintenance policy provides direction on staff adherence to all applicable Regulations, Acts, and Standards.</p> <p>Reports are made very rarely, as Facilities staff strive to ensure no safety hazards of this nature exist through regular inspection and maintenance of regulated equipment.</p>	H	L	L
38	(1) A safety officer may, in writing, issue to a person a compliance order if there is: (a) risk of personal injury or damage to property due to improper work or improper use of regulated equipment (b) failure to comply with requirements of a safety officer (c) failure to comply with the Act and regulations	As with safety orders, NH is compliant with any compliance orders.	U	U	U
40	(1) A safety manager may impose a monetary penalty on a person who fails to comply with any of the following: (a) a provision of the Act or regulation (b) a compliance order (c) a discipline order	This provision highlights the potential financial consequences of failure to comply with the Act.	U	U	U

Section	Description	Comments	Compliance	Likelihood ²	Impact ³
	(d) a safety order (e) a term or condition of a licence, permit, certificate or variance (f) a requirement, term, or condition of an alternative safety approach				



Safety Standards
 Act.pdf

B. Risk Matrix

IMPACT	H			
	M			
	L			
		L	M	H
LIKELIHOOD				

C. Certificate(s) of Compliance

I, Mark De Croos, VP Finance and Chief Financial Officer, in my capacity as the Northern Health staff person with executive lead responsibility, do hereby certify Northern Health's compliance with the above reviewed sections of the ***Safety Standards Act***.

<u>Section(s)</u>	<u>Compliance</u>	
All	<input checked="" type="checkbox"/> Full, without reservation	<input type="checkbox"/> Substantial, with reservation – see notes below
	<input type="checkbox"/> Partial – see notes below	<input type="checkbox"/> Non-compliant – see notes below



 Signature

Nov 7, 2019
 Date

**BOARD AND ADMINISTRATION SERVICES
LEGISLATIVE COMPLIANCE RECORD**

FOOD AND DRUG ACT (CANADA)

Amendment – Vanessa’s Law

R.S.C., 1985 c. F-27

Date	Action
5 Nov 2019	Document Created
15 Nov 2019	GMR Review
Dec 2019	Board Review
Nov 2020	Next full review

Summary

On 6 November 2014, Bill C-17 received Royal Assent, amending the Food and Drugs Act of Canada to:

- a. Strengthen safety oversight of therapeutic products throughout their life cycle;
- b. Improve reporting by certain health care institutions of serious adverse drug reactions and medical device incidents that involve therapeutic products; and
- c. Promote greater confidence in the oversight of therapeutic products by increasing transparency.

This is also known as Vanessa's Law – Protecting Canadians from Unsafe Drugs Act

Much of the amendment focuses on safety in drug and medical device manufacturing facilities; section 21.8 requires mandatory health care institution reporting of adverse drug reactions (ADR) and medical device incidents (MDI) to Health Canada.

Subsequent to the passing of the Act, the Food and Drug Regulations and the Medical Devices Regulations have been amended to provide detail and process for ADR and MDI reporting. The new regulations comes into force on December 4, 2019

This review is presented for information only; no compliance certificates are attached as the mandatory reporting requirement is not yet in effect. A full review to assess compliance will be conducted next year to assess implementation of the new reporting requirements.

A. Review

Section	Description	Comments	Compliance ¹	Likelihood ²	Impact ³
21.1	(1) If the Minister believes that a therapeutic product may present a serious risk of injury to human health, the Minister may order a person to provide the Minister with information that is in the person's control and that the Minister believes is necessary to determine whether the product presents such a risk.	Pertains to what the ministry may require of us	-	-	-
	(3) The Minister may disclose confidential business information about a therapeutic product without notifying the person to whose business or affairs the information relates or obtaining their consent, if the purpose of the disclosure is related to the protection or promotion of human health or the safety of the public and the disclosure is to: (c) a provincial government or a public body established under an Act of the legislature of a province.	Pertains to what information the ministry may provide to us	-	-	-
21.3	(1) If the Minister believes that a therapeutic product presents a serious or imminent risk of injury to health, he or she may order a person who sells the product to: (a) recall the product; or (b) send the product, or cause it to be sent, to a place specified in the order.	Pertains to what the ministry may require of us	-	-	-

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 ¹	Likelihood ²	Impact ³
21.8	A prescribed health care institution shall provide the Minister, within the prescribed time and in the prescribed manner, with prescribed information that is in its control about a serious adverse drug reaction that involves a therapeutic product or a medical device incident that involves a therapeutic product.	Requirement for mandatory reporting	H	L	L
Food and Drug Regulations					
C.01.020.1	(1) Hospitals are the prescribed health care institutions that shall provide information that is in their control to the Minister about a serious adverse drug reaction	<p>Applies only to 'hospitals'; LTC facilities licensed under the CCALA are excluded from mandatory reporting</p> <p>NH is utilizing the PSLs Adverse Drug Reaction reporting form to collect reports; provincially, PSLs will be submitting PSLs ADR data directly to Health Canada.</p> <p>Regulation subsection (2) identifies the mandatory data elements; PSLs has ensured that the ADR form has been updated to capture all elements.</p> <p>NH Pharmacy, with support from the NH PSLs Coordinator, is leading with education and promotion of ADR reporting in PSLs.</p>	H	L	L
Medical Devices Regulations					
62	(1) Hospitals are the prescribed health care institutions that shall provide information that is in their control to the Minister about a medical device incident.	Applies only to 'hospitals'; LTC facilities licensed under the CCALA are excluded from mandatory reporting	H	L	L

Section	Description	Comments	Compliance ¹	Likelihood ²	Impact ³
		<p>NH is utilizing PSLs reporting to identify events involving medical devices; provincially, PSLs will be submitting PSLs MDI data directly to Health Canada.</p> <p>The NH PSLs Coordinator, working with NH Biomedical Engineering, will review events involving medical devices to verify whether they qualify for reporting to Health Canada.</p>			



Bill C-17 FDA.PDF



Canada Gazette,
Part 1, Volume 152,



Canada Gazette,
Part 1, Volume 152,

B. Risk Matrix

IMPACT	H			
	M			
	L	21.8 C.01.020.1 62		
		L	M	H
LIKELIHOOD				