Meeting of the Northern Health Board
February 8, 2021

Due to COVID-19 Pandemic the Northern Health Board did not host a Public Board meeting on February 8, 2021 as originally scheduled.

The Northern Health Board met virtually to address regular Board business. Part of the meeting included a review of the material in this package.

Northern Health Board
Public Package – February 2021

AGENDA ITEMS	Executive Lead	Page
1. Audit & Finance Committee		
1.1 Period 9 Comments & Financial Statement	**Mark De Croos**	**2**
1.2 Period 9 Capital Expenditure Plan Update	**Mark De Croos**	**5**
2. Governance & Management Relations Committee		
2.1 Board Policy Manual BRD 500/600 Series	**Kirsten Thomson**	**12**
2.2 Legislative Compliance Review: Hospital Act ??	**Kirsten Thomson**	**27**
3. Human Resources Report	**David Williams**	**47**
Adjourned		

BOARD BRIEFING NOTE

Date:	January 19, 2021	
Agenda item:	2020-21 Period 9 – Operating Budget Update	
Purpose:	☐ **Discussion**	☒ **Decision**
Prepared for:	NH Board of Directors	
Prepared by:	Mark De Croos, VP Financial & Corporate Services/CFO	

YTD December 10, 2020 (Period 9)

Year to date Period 9, Northern Health (NH) has a net operating surplus (deficit) of nil.

Excluding extra-ordinary items, revenues are unfavourable to budget by $7.6 million or 1.1% and expenses are favourable to budget by $6.9 million or 1.0%.

The unfavourable variance in revenue is primarily due to shortfall in patient and client revenues. Health Authorities are able to bill for services provided to non-residents of BC. However, with travel restrictions due to COVID-19, service utilization by non-residents severely declined resulting in a shortfall in revenue. Additionally, reduction in utilization of diagnostic and rehabilitation services due to COVID-19 resulted in a reduction in revenue from third party payers such as Medical Services Plan and WorkSafe BC.

The favourable variance in Acute Care is primarily due to actual hospital occupancy at all NH hospitals being less than budgeted volumes. The year to date average daily occupancy is 481.4 patient days, which is below the budget of 581.0 and, comparative prior year actual of 585.8.

The favourable variance in Community programs is primarily due to vacancies.

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.

In response to the global COVID-19 pandemic, NH has incurred $45.2 million in related extra-ordinary expenditure to the end of Period 9. The Ministry of Health has approved supplemental funding to offset pandemic related expenditure and net revenue shortfalls

Recommendation:

The following motion is recommended:

> The Northern Health Board receives the 2020-21 Period 9 financial update as presented.

NORTHERN HEALTH
Statement of Operations
Year to date ending December 10, 2020
$ thousand

	Annual Budget	YTD December 10, 2020 (Period 9) Budget	Actual	Variance	%
REVENUE					
Ministry of Health Contributions	734,289	504,666	503,941	(725)	-0.1%
Other revenues	242,415	167,901	161,021	(6,880)	-4.1%
TOTAL REVENUES	**976,704**	**672,567**	**664,962**	**(7,605)**	**-1.1%**
EXPENSES (BY PROGRAM)					
Acute Care	521,829	357,750	354,944	2,806	0.8%
Community Care	249,314	172,210	164,460	7,750	4.5%
Long term care	128,630	89,207	92,692	(3,485)	-3.9%
Corporate	76,931	53,400	53,537	(137)	-0.3%
TOTAL EXPENSES	**976,704**	**672,567**	**665,633**	**6,934**	**1.0%**
Net operating deficit before extraordinary items	**-**	**-**	**(671)**		
Extraordinary items					
COVID-19 incremental expenditures	-	-	32,262		
Pandemic pay	-		12,911		
Total extraordinary expenses	-	-	45,173		
Supplemental Ministry of Health contributions	-	-	45,844		
Net extraordinary items	-	-	671		
NET OPERATING SURPLUS	**-**	**-**	**-**		

northern health
the northern way of caring

BOARD BRIEFING NOTE

Date:	January 19, 2021	
Agenda item:	Capital Public Note	
Purpose:	☐ **Information**	☒ **Decision**
Prepared for:	NH 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 2020-21 capital expenditure plan in February 2020, and an amendment in August 2020. The updated plan approves total expenditures of $112.2M, with funding support from the Ministry of Health ($67.4M, 60%), Six Regional Hospital Districts ($32.4M, 29%), Foundations, Auxiliaries and Other Entities ($2.1M, 2%), and Northern Health ($10.3M, 9%).

Year to date Period 9 (December 10, 2020), $38M has been spent towards the execution of the plan as summarized below:

$ million	**YTD**	**Plan**
Major Capital Projects (> $5.0M)	20.6	61.8
Major Capital Projects (< $5.0M)	1.9	14.2
Major Capital Equipment (> $100,000)	3.6	15.7
Equipment & Projects (< $100,000)	7.5	10.3
Information Technology	4.6	10.3
	38.3	112.2

Significant capital projects currently underway and/or completed in 2020-21 are as follows:

Northern Interior Service Delivery Area (NI-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Burns Lake	BLH FM Domestic Hot Water Heaters	$0.41	In Progress	MOH
Fort St. James	Stuart Lake Hospital Replacement	$116.12	Planning	SNRHD, MOH
Granisle	Granisle Health Centre Leasehold Improvements	$1.15	In Progress	SNRHD, NH
McBride	MCB Boiler Plant Upgrade	$0.40	In Progress	MOH
Prince George	UHNBC BioFire File Array	$0.28	In Progress	MOH
Prince George	UHNBC Cardiac Services Department Upgrade Planning	$1.0	Planning	FFGRHD, MOH, NH
Prince George	UHNBC DI Interventional Fluoroscopy	$2.89	In Progress	FFGRHD, MOH, NH
Prince George	UHNBC CT 320 Replacement	$2.59	In Progress	FFGRHD, MOH, NH
Prince George	UHNBC GenExpert XVI	$0.12	In Progress	MOH
Prince George	UHNBC Integrated Fault Detection & Diagnostics	$0.17	In Progress	FFGRHD, MOH
Prince George	UHNBC LND Washing Machine 1	$0.73	In Progress	FFGRHD, MOH
Prince George	UHNBC Low Temperature Sterilizer	$0.12	Complete	FFGRHD, MOH
Prince George	UHN OR Electrical Upgrade and Lights	$0.23	Planning	MOH
Prince George	UHNBC OR Microscopes	$0.36	Closing	MOH
Prince George	UHNBC Panther Fusion	$0.64	In Progress	MOH
Prince George	UHNBC Pharmacy Fastpak Verifier	$0.17	In Progress	FFGRHD, MOH

Prince George	UHNBC Phone System Replacement Phase 1	$0.38	In Progress	FFGRHD, MOH
Prince George	UHNBC Phone System Replacement Phase 2	$0.91	In Progress	FFGRHD, MOH
Prince George	UHN – New Acute Tower Business Plan	$5.00	In Progress	To be Determined
Prince George	UHNBC Sterilizer – Sterizone	$0.13	Complete	MOH
Prince George	UHN – Sterile Compounding Room Upgrade Planning	$0.36	In Progress	FFGRHD, NH
Prince George	OR Lights and Conversion	$.10	In Progress	MOH
Quesnel	GR Baker X-Ray Replacement	$0.90	In Progress	CCRHD, MOH
Quesnel	GRB CT Scanner Replacement	$1.92	In Progress	CCRHD, MOH
Quesnel	GR Baker ER & ICU Addition	$27.0	In Progress	CCRHD, MOH
Quesnel	GR Baker Kitchen Renovation	$5.00	In Progress	CCRHD, MOH
Quesnel	GR Baker Sterile Compounding Room Upgrade	$0.10	Complete	CCRHD, NH
Vanderhoof	SJH Boiler Replacement	$0.84	Closing	SNRHD, MOH
Vanderhoof	SJH Heat Pumps and Coils	$0.52	In Progress	SNRHD, MOH
Vanderhoof	SJH Sterile Compounding Room Upgrade	$0.67	Planning	SNRHD, NH, MOH

Northwest Health Service Delivery Area (NW-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)

Kitimat	KIT DI C-Arm Replacement	$0.19	In Progress	MOH
Kitimat	KIT DI Mini C-Arm Replacement	$0.10	In Progress	MOH
Kitimat	LND Washing Machine Replacement	$0.39	Planning	NWRHD, MOH
Kitimat	KIT OR Anesthetic Machine Replacement	$0.17	In Progress	MOH
Kitimat	KIT LAB Chemistry Analyzer Replacement	$0.18	In Progress	NWRHD, MOH, NH
Terrace	MMH Hospital Replacement	$447.50	In Progress	NWRHD, MOH
Terrace	MMH OR Anesthetic Machines	$0.45	In Progress	MOH
Terrace	MMH OR Automated Medication Dispensing Cabinet	$0.18	In Progress	MOH
Terrace	MMH OR Video System Tower 1 Replacement	$0.22	Complete	NWRHD, MOH
Terrace	MMH OR Video System Tower 2 Replacement	$0.24	In Progress	MOH
Terrace	MMH – Ultrasound (unit 3)	$0.21	In Progress	DR REM Lee Foundation, MOH
Hazelton	Wrinch X-Ray	$0.91	Closing	NWRHD, MOH
Hazelton	OR Anesthetic Machine Replacement	$0.16	In Progress	MOH
Northern Haida Gwaii	NHG Nurse Call System	$0.16	In Progress	NWRHD, MOH
Northern Haida Gwaii	NHG Observation Room	$0.99	In Progress	NWRHD, NH
Prince Rupert	PRR Chemistry Analyzers Replacement	$0.59	In Progress	NWRHD, NH
Prince Rupert	PRR MDRD Equipment Replacement and Centralization	$0.74	In Progress	MOH
Prince Rupert	PRR Sterile Compounding Room Upgrade	$0.65	In Progress	NWRHD, NH
Smithers	BVDH OR Anesthetic Machine	$0.10	Complete	NWRHD, MOH
Smither	BVDH Sterile Compounding Room Upgrade	$1.24	In Progress	NWRHD, MOH, NH

Smithers	Bulkley Lodge Domestic Hot Water Heaters and Tank and Repiping	$0.30	In Progress	MOH
Smithers	BVDH – 2nd Ultrasound	$0.25	Received	BVDH Hospital Foundation, MOH

Northeast Health Service Delivery Area (NE-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Chetwynd	CHT X-Ray Replacement	$0.89	Complete	PRRHD, MOH
Dawson Creek	DCH OR Anesthetic Machine Replacement	$0.16	In Progress	MOH
Dawson Creek	DCH Automated Medication Dispensing Cabinet	$0.17	In Progress	MOH
Dawson Creek	DCH Hospital Replacement	$377.86	Planning	PRRHD, MOH
Dawson Creek	DCH OR Video Towers Replacement	$0.21	Received	MOH
Dawson Creek	DCH Portable X-Ray Machine 1 Replacement	$0.21	Complete	PRRHD, MOH
Dawson Creek	Rotary Manor Chiller Replacement	$0.29	Closing	PRRHD, NH
Fort Nelson	FNH – Ultrasound Machine Replacement	$0.14	In Progress	Fort Nelson Hospital Foundation, NH
Fort St. John	Spect CT	$1.76	Ordered	PRRHD, NH, MOH
Fort St. John	Medical Clinic – 3rd Pod Renovation	$2.05	In Progress	PRRHD, NH
Fort St. John	FSH OR Anesthetic Machines Replacement	$0.20	Complete	PRRHD, MOH
Fort St. John	FSH Sterile Compounding Room Upgrade	$0.46	In Progress	PRRHD, NH

Regional Projects

Community	Project	Project $M	Status	Funding partner (note 1)
All	Breast Imaging Electronic Reporting Solution	$0.17	Work In Progress	MOH, PHSA
All	Community Health Record (Phase 3)	$4.90	Work In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Clinical Interoperability	$0.62	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	Physician eScheduling and OnCall	$0.49	Work In Progress	MOH, NH
All	Home Care Redesign	$1.29	Work In Progress	MOH
All	InCare Phase 1	$4.91	Planning	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	InTouch Virtual Care Clinic Platform	$0.12	Complete	MOH
All	MOIS/Momentum Interop	$0.16	Planning	MOH
All	MySchedule – Smart Leave, Annual Vacation	$0.36	Complete	NH
All	MySchedule – Partial Shifts, Prebooking	$0.18	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	Sharepoint Upgrade	$0.18	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 2020-21, it is forecasted that NH will spend $11.91M on such items.

NH has also received one-time funding for COVID and Surgical equipment under $100,000. It is forecasted that NH will spend $3.1M on such items.

Note 1: Abbreviations used:

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

Recommendation:

The following Board motion is recommended:

> The Northern Health Board receives the Period 9 update on the 2020-21 Capital Expenditure Plan.

DIRECTOR EXPOSURE AND LIABILITY V.1 BRD 510

Members of the Board of Directors of Northern Health (the "Board") act both as agents of Northern Health and as directors of Northern Health's assets. Directors[1] are responsible to act only within the authority given to them by governing legislation, regulations and policy, and Northern Health's by-laws. Directors are expected to exercise the care, diligence and honesty expected of a reasonable person, in similar circumstances.

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

Liability Coverage

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

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

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

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

Coverage is provided for a Director for all loss resulting from a claim for a wrongful act arising solely out of their duties. Examples of exclusions to this coverage include: any act, error or omission resulting from a Director failing to act honestly and in good faith in the best interest of Northern Health; any act, error or admission outside the course of the

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

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

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): February 10, 2020 (r)

This material has been prepared solely for use at Northern Health (NH). NH accepts no responsibility for use of this material by any person or organization not associated with NH. No part of this document may be reproduced in any form for publication without permission of NH. A printed copy of this document may not reflect the current, electronic version on the NH website.

Director's duties with Northern Health; or any loss arising out of a dishonest, fraudulent, criminal or illegal act or omission of a Director. However, for the purposes of this exclusion, knowledge possessed by any one Director shall not be imputed to any other.

Accident Coverage

Directors are covered for personal injury sustained during the course of business, including travel to and from Board meetings, Board Committee meetings, Meetings with the Ministry of Health and any other public meetings at which they represent Northern Health. This coverage is procured annually by Northern Health Risk Management through the BC Health Services Group Travel Accident Insurance program.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): February 10, 2020 (r)

This material has been prepared solely for use at Northern Health (NH). NH accepts no responsibility for use of this material by any person or organization not associated with NH. No part of this document may be reproduced in any form for publication without permission of NH. A printed copy of this document may not reflect the current, electronic version on the NH website.

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

Introduction

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

Process

A. Administrative Concerns & Complaints

a) From the Public

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

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

b) From Directors

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

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

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

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): February 10, 2020 (r)

This material has been prepared solely for use at Northern Health (NH). NH accepts no responsibility for use of this material by any person or organization not associated with NH. No part of this document may be reproduced in any form for publication without permission of NH. A printed copy of this document may not reflect the current, electronic version on the NH Website.

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

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

B. Clinical or Patient Care/Safety Concerns & Complaints

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

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

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

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

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

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

This material has been prepared solely for use at Northern Health (NH). NH accepts no responsibility for use of this material by any person or organization not associated with NH. No part of this document may be reproduced in any form for publication without permission of NH. A printed copy of this document may not reflect the current, electronic version on the NH Website.

ORGANIZATION AND PROCEDURE BYLAWS BRD 600

DEFINITIONS

1.1 In these bylaws

a. "Act" means *Health Authorities Act*, and the regulations made there under.

b. "Board" means Northern Health Authority as designated pursuant to the Act and, as the context requires, also refers to the full board of Members for the Northern Health Authority (the "Board").

c. "Bylaws" means the bylaws of the Board.

d. "Chief Executive Officer" means the President and Chief Executive Officer engaged by the Board to manage its affairs (the "CEO").

e. "Health Facility" means the facilities, agencies or organizations by or through which the regional services (as defined in the Act) are provided for the Region.

f. "Health Services" means those services which the Board has agreed to manage or undertake through an agreement with the Province of British Columbia, and includes Housing Services.

g. "Housing Services" means the acquisition, construction, holding, owning, supplying, operating, managing and maintaining of housing accommodation and incidental facilities.

h. "Member" means a person appointed to the Board, by the Minister, pursuant to Act and in accordance with Ministry policy from time to time.

i. "Minister" means the Minister of Health of the Province of British Columbia.

j. "Other Acts" means all other statutes which pertain to the management and operation of the Health Services for which the Board has been delegated authority by the Minister and the regulations made there under.

k. "Ordinary Resolution" means a resolution passed by a simple majority of the persons entitled to vote who are present in person, by telephone or by videoconference at a meeting of the Members.

l. "Special Resolution" means a resolution passed by a majority of 2/3 or more of the persons entitled to vote as are present in person, by telephone or by videoconference at a meeting of the Members of which notice specifying the intention to propose the resolution as a Special Resolution has been duly given.

Author(s): Ministry of Health Services; Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 20, 2020 (r)

This material has been prepared solely for use at Northern Health (NH). NH accepts no responsibility for use of this material by any person or organization not associated with NH. No part of this document may be reproduced in any form for publication without permission of NH. A printed copy of this document may not reflect the current, electronic version on the NH Website.

m. "Region" means the region designated for the Health Authority as determined pursuant to the Act.

1.2 The definitions in the Act on the date these bylaws become effective apply to these bylaws.

1.3 In these bylaws, words importing the singular include the plural and vice versa.

ARTICLE 2 - NORTHERN HEALTH AUTHORITY

2.1 **General** - The Board shall have the powers and purposes as are set out in the Act and as defined in these bylaws and in the Other Acts, and the property and affairs of the Board shall be managed by the Board in which shall be vested full control of the assets, liabilities, revenues and expenditures of the Board.

2.2 **Contracts and Agreements** - The Board may by Ordinary Resolution designate that orders and other contracts which exceed a stated monetary limit may only be entered into on written authority of the Board. Additionally all contracts for the acquisition or disposal of real property shall be authorized by Ordinary Resolution. In respect of orders or contracts not involving real property or which cost or involve sums less than the amounts specified or limited by the Board, the CEO and other senior staff designated by the CEO shall have the power to make such orders and contracts on behalf of the Board.

2.3 **Banking** - The banking business of the Board shall be transacted with such banks, trust companies, or other firms or bodies corporate as the Board may designate, appoint or authorize from time to time and all such banking business, or any part thereof, shall be transacted on the Board's behalf by such one or more Officers or other persons as the Board may designate, direct or authorize from time to time and to the extent thereby provided.

2.4 **Board to Govern Operations** -The Board may make rules and regulations governing its operations and the operations of the Health Facilities, which are not inconsistent with the Act, the Other Acts, or the provisions of these bylaws.

ARTICLE 3 - MEMBERS

3.1 **Appointment of Members** - Each Member will be appointed by the Minister to the Board in accordance with the Act.

3.2 **Vacancy on Board** - The Board will advise the Minister if a vacancy occurs on the Board for any reason.

3.3 **Nominations for Board** - The Board may provide the Minister with recommendations for new Members of the Board.

Author(s): Ministry of Health Services; Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 20, 2020 (r)

This material has been prepared solely for use at Northern Health (NH). NH accepts no responsibility for use of this material by any person or organization not associated with NH. No part of this document may be reproduced in any form for publication without permission of NH. A printed copy of this document may not reflect the current, electronic version on the NH Website.

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

ARTICLE 4 - OFFICERS

4.1 **Chair** - The Minister will designate the Chair of the Board.

4.2 **Other Officers** - The Board may elect such other Officers for such other terms of office as the Board may determine and may fill vacancies in such offices as the Board shall determine.

4.3 **Secretary** - The CEO shall be the Secretary to the Board unless the Board otherwise determines. The appointment of the CEO to hold office does not entitle the CEO to be a Member, nor to vote at meetings of the Board or any of its committees.

4.4 **Officers** - The Board may decide what functions and duties each Officer will perform and may entrust to and confer upon such Officer any of the powers exercisable by the Board upon such terms and conditions as they think fit and may from time to time revoke, withdraw, alter or vary any of such functions, duties and powers.

ARTICLE 5 - COMMITTEES OF THE BOARD

5.1 **Committees** - The Members may appoint one or more committees consisting of such Member or Members of the Board as they think fit and may delegate[1] to any such committee any powers of the Board; except, the power to fill vacancies in the Board, the power to change the membership of or fill vacancies in any committee of the Board, and the power to appoint or remove Officers appointed by the Board.

5.2 **Procedures of Committees** - All committees may meet and adjourn as they think fit. A quorum for any Board Committee meeting will consist of two or more Members of the Board. All committees will keep minutes of their actions and will cause them to be recorded in books kept for that purpose and will report the same to the Board at such times as the Board requires. The Board will also have

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

Author(s): Ministry of Health Services; Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 20, 2020 (r)

This material has been prepared solely for use at Northern Health (NH). NH accepts no responsibility for use of this material by any person or organization not associated with NH. No part of this document may be reproduced in any form for publication without permission of NH. A printed copy of this document may not reflect the current, electronic version on the NH Website.

power at any time to revoke or override any authority given to, or acts to be done by, any such committees except as to acts done before such revocation or overriding, and to terminate the appointment or change the membership of a committee and to fill vacancies in it. Committees may make rules for the conduct of their business[2]. The CEO will act as official secretary for all Board Committees and through consultation with the Chair of the Committee, delegate this task as appropriate.

ARTICLE 6 – MEETINGS OF THE BOARD

6.1 **Proceedings** - The Board shall meet at such times and as frequently as the Board shall determine. At the discretion of the Board, part or all of the proceedings of the Board at a Board meeting may be open to the public, but the Board shall exclude the public from a meeting or portion of a meeting if the Board considers that, in order to protect the interests of a person or the public interest, the desirability of avoiding disclosure of information to be presented outweighs the desirability of public disclosure of that information.

6.2 **Quorum** - The quorum for any meeting of the Board shall be a majority of the Members of the Board[3].

6.3 **Participation by Telephone and Other Means** - A Member may participate in a Board meeting or committee meeting by telephone call or videoconference and is not required to be physically present to be counted as part of the quorum.

6.4 **Notice** - Notice of each meeting of the Board shall be given to each Member in writing or by fax or email delivery. Notice of committee meetings shall be reasonable notice in the circumstances.

6.5 **Right to Vote** - Each Member is entitled to vote at all meetings of the Board.

6.6 **Number of Votes** - Each Member, including the Chair, is entitled to one vote.

6.7 **Method of Voting** - Voting in a committee meeting or a Board meeting is by a show of hands unless determined otherwise by the Board for a particular

[2] It is the practice of the Northern Health Board that Terms of Reference and Work Plans of Committees must be approved by the Board.
[3] 50% is a majority for the purpose of quorum.

Author(s): Ministry of Health Services; Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 20, 2020 (r)

This material has been prepared solely for use at Northern Health (NH). NH accepts no responsibility for use of this material by any person or organization not associated with NH. No part of this document may be reproduced in any form for publication without permission of NH. A printed copy of this document may not reflect the current, electronic version on the NH Website.

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

6.8 **Adjourned Meeting for Lack of Quorum** - In the event a meeting of the Board cannot be held due to a lack of quorum such meeting shall have been deemed to be adjourned to a future date set by the Members present at the meeting. The date of adjourned meeting shall allow sufficient time for notice of adjournment to be given to all Members. There shall be no quorum requirements for the holding of an adjourned meeting.

6.9 **Rules of Procedure** - Except where otherwise provided by the Board or these bylaws all matters of procedure at any meetings of the Board shall be decided in accordance with the most recently revised edition of Roberts Rules of Order.

6.10 **Appoint Chair** - The Chair or in his or her absence, the Deputy Chair, shall preside as Chair at every meeting of the Board.

6.11 **Consent Resolutions** - A resolution in writing signed by all Members shall be valid and effectual as if it had been passed at a meeting of the Members duly called and constituted. Consent resolutions may be validly passed by execution by Members, delivered in counterparts and by facsimile.

6.12 **Ordinary Motions** - All ordinary motions will be approved by a simple majority of Members present and eligible to vote.

ARTICLE 7 – LIABILITY AND OBLIGATION OF MEMBERS/OFFICERS

7.1 **No Action** - No action for damages lies or may be brought against a Member or Officer because of anything done or omitted in good faith:

a. in the performance or intended performance of any duty under the Act or Other Acts; or

b. in the exercise or intended exercise of any power under the Act or Other Acts.

7.2 **Disclosure of Interest** - A Member or Officer who is, directly or indirectly, interested in a proposed contract or transaction with the Board shall disclose fully and promptly the nature and extent of his or her interest to each Member and have such disclosure recorded in the minutes of the next meeting of the Board.

7.3 **Indemnity** - Subject to the provisions of the *Society Act* (BC), which is applicable pursuant to Order in Council #1236 under the Act, a Member of the Board of Directors of the Northern Health Authority and his or her heirs, executors, administrators and assigns may be indemnified against all costs, charges and expenses including any amount paid to settle an action or satisfy a judgment, actually and reasonably incurred by an indemnity in a civil, criminal or administrative action or proceeding to which such a Member is made a party by

This material has been prepared solely for use at Northern Health (NH). NH accepts no responsibility for use of this material by any person or organization not associated with NH. No part of this document may be reproduced in any form for publication without permission of NH. A printed copy of this document may not reflect the current, electronic version on the NH Website.

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

a. the Member acted honestly and in good faith with a view to the best interests of the Board; and

b. in the case of a criminal or administrative action or proceeding, the Member had reasonable grounds to believe his or her conduct was lawful.

ARTICLE 8 - CORPORATE ADDRESS

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

ARTICLE 9 - EXECUTION OF DOCUMENTS

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

9.2 **Routine Correspondence and Appointments** - In the absence of the Board Chair the CEO shall be empowered to execute on behalf of the Board routine correspondence and medical staff applications and appointments.

ARTICLE 10 - GENERAL

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

ARTICLE 11 - ADOPTION OF BYLAWS AND AMENDMENTS

11.1 **Special Resolution Required** - The bylaws may only be amended by Special Resolution.

11.2 **Ministerial Approval** - Bylaws and amendments to the bylaws are subject to the Minister's approval.

Author(s): Ministry of Health Services; Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 20, 2020 (r)

This material has been prepared solely for use at Northern Health (NH). NH accepts no responsibility for use of this material by any person or organization not associated with NH. No part of this document may be reproduced in any form for publication without permission of NH. A printed copy of this document may not reflect the current, electronic version on the NH Website.

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

Author(s): Ministry of Health Services; Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 20, 2020 (r)

This material has been prepared solely for use at Northern Health (NH). NH accepts no responsibility for use of this material by any person or organization not associated with NH. No part of this document may be reproduced in any form for publication without permission of NH. A printed copy of this document may not reflect the current, electronic version on the NH Website.

DIRECTOR COMPENSATION AND EXPENSE GUIDELINES V1 BRD 610

BOARD REMUNERATION

Introduction

The purpose of this policy is to ensure that there is a clear description of the amounts payable to members of the Board of Directors of Northern Health (the "Board") for their time while discharging their duties on behalf of Northern Health[1]. The policy also addresses reimbursement of expenses.

Annual Retainers

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

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

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

Payment for Attendance at Meetings

Directors will be compensated for attending meetings, including Board and Board Committee meetings, as well as other meetings attending to the business of the Board with local, municipal, and provincial government, Members of the Legislative Assembly (MLAs), Non-Government Organizations (NGOs), North Central Local Government Association (NCLGA), Union of British Columbia Municipalities (UBCM), Regional Districts and Regional Hospital Districts. The Board Chair may approve compensation for meetings other than those listed above, with discussion with the President and Chief Executive Officer ("the CEO"). Directors attending authorised meetings will be compensated as follows:

- For meetings in excess of 4 hours duration $500

[1] This document conforms to ~~Treasury Board Directive 2/17~~ Treasury Board Directive 2/20 dated ~~September 8, 2016~~April 1, 2020

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 8, 2020 (R)

This material has been prepared solely for use at Northern Health (NH). NH accepts no responsibility for use of this material by any person or organization not associated with NH. No part of this document may be reproduced in any form for publication without permission of NH. A printed copy of this document may not reflect the current, electronic version on the NH Website.

- For meetings of 4 hours or less duration $250

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

Travel Time Compensation

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

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

Maximum Daily Compensation

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

Annual Compensation Limits[2]

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

Expense Reimbursement

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

Directors are reimbursed for transportation, accommodation, meal and out-of-pocket expenses incurred in the course of their duties in accordance with Treasury Board directives[3]. Expense claims, must be supported by receipts. Directors should consider the following guideline for reasonable meal expenses:

[2] The sum of retainer plus meeting fees and travel time

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

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 8, 2020 (R)

This material has been prepared solely for use at Northern Health (NH). NH accepts no responsibility for use of this material by any person or organization not associated with NH. No part of this document may be reproduced in any form for publication without permission of NH. A printed copy of this document may not reflect the current, electronic version on the NH Website.

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

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

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

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

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

Payment

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

Reimbursement of expenses will be made to Directors upon submission of approved Board Member Expense Claim Forms. All claim forms are to be submitted to the Corporate Secretary for processing[4].

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

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

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 8, 2020 (R)

This material has been prepared solely for use at Northern Health (NH). NH accepts no responsibility for use of this material by any person or organization not associated with NH. No part of this document may be reproduced in any form for publication without permission of NH. A printed copy of this document may not reflect the current, electronic version on the NH Website.

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

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 8, 2020 (R)

This material has been prepared solely for use at Northern Health (NH). NH accepts no responsibility for use of this material by any person or organization not associated with NH. No part of this document may be reproduced in any form for publication without permission of NH. A printed copy of this document may not reflect the current, electronic version on the NH Website.

BOARD BRIEFING NOTE

Date:	25 January 2021	
Agenda item	Legislative Compliance Review: • *Hospital Act*	
Purpose:	☒ **Discussion**	☐ **Decision**
Prepared for:	GMR Committee & Northern Health Board of Directors	
Prepared by:	K. Thomson, Regional Director, Legal Affairs, Enterprise Risk & Compliance	
Reviewed by:	C. Ulrich, CEO	

Issue & Purpose
To provide an update on the legislative compliance review process.

Background:
The *Hospital Act* describes the general requirements for the operation of hospitals, both publicly and privately owned, and includes requirements for managing communicable diseases; managing gifts or testamentary bequests; providing abortion service; the role of the Hospital Appeal Board; conditions for receiving financial assistance for construction; responsibilities of hospitals respecting sale, lease or transfer of hospital land or equipment; and the exemption of hospital land from expropriation.

Pursuant to the Act, the Hospital Act Regulation provides further direction authorizing the board to designate an administrator, requiring the board to organize a medical staff and develop medical staff bylaws. The Regulation further describes processes for admitting and discharging patients, and requirements for documentation in a health record. Lastly, the Regulation contains a requirement for the administrator of a hospital to report adverse events resulting in severe harm or death to the Ministry of Health.

Northern Health is highly compliant with the requirements of the Act. One notable area of non-compliance is the current inability to provide abortion services at Kitimat General Hospital (as required under section 24.1(2) of the Act), due to the unavailability of a qualified physician. However, patients are able to access this service in Terrace.

Recommendation: That the Board receives this briefing note for information.

northern health

RISK AND COMPLIANCE
LEGISLATIVE COMPLIANCE RECORD

HOSPITAL ACT

[RSBC 1996] Chapter 200

Date	Action
27 January 2017	Last Full Review
25 January 2021	GMR Review
8 February 2021	Board Review
Executive Sign-Off Received:	P. Anguish (2021-01-11) R. Chapman (2021-01-14) M. De Croos (2026-01-06) A. De Smit (2020-12-04) J. Kim (2020-12-08) C. Panessa (2020-12-17) C. Ulrich (2021-01-17) D. Williams (2020-12-07)
January 2026	Next full review

Summary

The *Hospital Act* is divided into 4 parts: Part 1 discusses the general requirements for the operation of hospitals; Part 2 describes the responsibilities of private hospitals (and does not apply to any facilities in the Northern Health geography); Part 2.1 describes hospital provision of abortion services; and Part 4 describes general information related to creation of regulation under the Act; the role of the Hospital Appeal Board; conditions for receiving financial assistance for construction; responsibilities of hospitals respecting sale, lease or transfer of hospital land or equipment; and the exemption of hospital land from expropriation.

Relevant regulation created under the Act includes:

1. Hospital Act Regulation – this describes in detail the roles of practitioners in providing care to hospital patients, including criteria for admission and discharge. The Regulation also gives powers and obligations to the board to: designate a hospital administrator, organize a medical staff and develop medical staff bylaws. The Regulation further creates an obligation for the administrator of a hospital to report adverse events resulting in severe harm to the Ministry of Health. In Northern Health, this obligation is met through Risk Management completing the required Ministry of Health Adverse Events reporting template when such an event occurs.
2. Patients' Bill of Rights Regulation – this describes the responsibilities of private hospitals and extended care hospitals in relation to the *Community Care and Assisted Living Act*.

There have been no changes to the Act since the last review

A. Review

Section	Description	Comments	Compliance[1]	Likelihood[2]	Impact[3]
1	Definition of hospital: a nonprofit institution that has been designated as a hospital by the minister and is operated primarily for the reception and treatment of persons (a) Suffering from the acute phase of illness or disability (b) Convalescing from or being rehabilitated after acute illness or injury; or (c) Requiring extended care at a higher level than that generally provided in a private hospital (under Part 2)		U	U	U
2(1)	A hospital must: (a) Provide for the representation of the government and the board of the regional hospital district on the board of management of the hospital to the extent and in the manner provided; (b) Have full control of the revenue and expenditures of the hospital vested in its board of management;	Section 2(1)(a) is overridden by Section 4 of the *Health Authorities Act*.	H	L	M

[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]
	(c) Have a properly constituted board of management and bylaws or rules thought necessary by the minister for the administration and management of the hospital's affairs and the provision of a high standard of care and treatment for patients (d) Comply with further conditions prescribed by the Lieutenant Governor in Council				
2(2)	The constitution and bylaws or rules of a hospital, including medical staff bylaws, are not effective until approved by the minister.	Northern Health Bylaws and Medical Staff Bylaws are approved by the Minister.	H	L	M
3	A person suffering from a communicable disease who is required to be isolated by an order made under the *Public Health Act* must not be admitted to a hospital unless it can be established to the satisfaction of the minister that (a) In the hospital there is accommodation and facilities for the isolation of persons suffering from communicable diseases, and (b) The person will not be housed or treated anywhere in the hospital except in that accommodation during the period the person is required to be isolated.	Throughout the COVID-19 pandemic, individuals who have the disease, have been exposed to the virus, or have travelled to high-risk areas have been asked to self-isolate, but are not under orders under the *Public Health Act*. Individuals with COVID-19 who require hospitalization are accommodated in order to prevent the transmission of the virus.	H	L	H
4(1)	A hospital must not refuse to admit a person on account of the person's indigent circumstances.		H	L	M

Section	Description	Comments	Compliance[1]	Likelihood[2]	Impact[3]
4(2)	A hospital must take all reasonable measures to ensure that the limits on direct or extra billing established by Part 4 of the *Medicare Protection Act* are complied with in respect of service rendered to a beneficiary.		H	L	L
4(4)	A hospital providing extended care must (a) Display in a prominent place the Residents Bill of Rights (b) Make residents' rights known orally and in writing to adult patients and their representatives	Applies to The Pines (Burns Lake) and Jubilee Lodge (Prince George) as extended care facilities, and to extended care beds at Mackenzie, McBride, Fort St. James, Chetwynd, Haida Gwaii Applies to Simon Fraser Lodge as a contractor to NH. (This requirement is also included in the *Community Care and Assisted Living Act,* respecting licensed long term care facilities.) Confirmation received that all sites (owned and contracted) with long term care beds have the Residents Bill of Rights posted publicly	H	L	L
4.1 (2)	An employee at an extended care hospital must not (c) Act as a personal representative for a patient or former patient, unless the employee is a child, parent or spouse of the patient or former patient	Discussed in NH policy 5-5-1-110 Conflict of Interest	H	L	L
4.1 (3)	A provision of a will, change to a will, gift, benefit or other measure is void if it confers a benefit on an employee or the employee's spouse, relative or friend.	Discussed in NH policy 5-5-1-110 Conflict of Interest	H	L	L

Section	Description	Comments	Compliance[1]	Likelihood[2]	Impact[3]
24.1 (2)	Each hospital listed in the Schedule to this Act must provide the facilities and services, and be operated and maintained, as necessary to allow a qualified person to receive abortion services at that hospital.	The Schedule includes: • Bulkley Valley District Hospital • Dawson Creek and District Hospital • Fort St. John General Hospital • G.R. Baker Memorial Hospital • Kitimat General Hospital • Mills Memorial Hospital • Prince George Regional Hospital • Prince Rupert Regional Hospital Abortion services are not currently available at Kitimat General Hospital due to availability of physicians; however, patients are able to access abortion services in Terrace.	H	L	M
40 (2)	A hospital must be open to the inspection of the inspector and of a person appointed by the minister for that purpose.		H	L	L
41 (2)	No liability for damages or other relief arises or may be enforced against a member of a medical staff committee for anything done or omitted to be done by the member in good faith in carrying out the duties and powers of a member of the committee.		U	U	U
43	The administrator of every hospital or the secretary of the board of management of a hospital must forward to the chief inspector returns and reports requested by the		H	L	L

Section	Description	Comments	Compliance[1]	Likelihood[2]	Impact[3]
	chief inspector, in the form and manner and at times specified by the chief inspector				
44	All patients with tuberculosis of the respiratory tract treated at a hospital are subject to supervisions by a medical health officer appointed by the Lieutenant Governor in Council.	NH MHOs are able to provide supervision and monitoring as required for hospitalized patients with tuberculosis.	H	L	M
45 (1)	A hospital that provides primarily acute care must provide reasonable facilities in or near the hospital for giving clinical instruction to the medical students of The University of British Columbia by designated staff of the hospital and by professors and members of the teaching staff of the medical faculty of The University of British Columbia.		H	L	L
46 (2.1)	A practitioner may appeal to the Hospital Appeal Board if (a) The practitioner is dissatisfied with the decision of a hospital's board, or (b) A hospital's board fails to notify the practitioner of its decision within the prescribed time.		H	L	L
46.1 (7)	Information that is inadmissible before a court under section 51 of the *Evidence Act* is admissible in a proceeding before the Hospital Appeal Board.		U	U	U
48 (1)	If the government has granted financial assistance toward the planning, constructing, reconstructing, purchasing and equipping of a hospital, or the acquiring		H	L	M

Section	Description	Comments	Compliance[1]	Likelihood[2]	Impact[3]
	of land or buildings for hospital purposes, the owner or operator of it must do the following: (a) Secure the written approval of the minister before making i. A structural alteration to an area in the hospital used for housing or serving patients, if the total cost of labour and materials exceeds an amount determined by the minister, or ii. An increase or decrease in the space used for housing patients, or in the number of beds ordinarily maintained for patients, or before using an area designed for housing patients for any other purpose (b) If the hospital premises or equipment is damaged or destroyed, set aside from the payment received under an insurance policy covering the loss or from other compensation received in regard to the loss a sum determined by the minister to be proportionate to the amount of financial assistance granted by the government; (c) Secure the written approval of the minister to a proposed lease or transfer of the hospital land, building, or equipment, or any part of it, to another person and if a lease or transfer is				

Section	Description	Comments	Compliance[1]	Likelihood[2]	Impact[3]
	made, there must be set aside from the consideration or purchase price a sum determined by the minister in the manner set out in paragraph (b); (d) If the hospital land, building or equipment ceases to be used for hospital purposes, set aside a sum determined by the minister to be proportionate to the amount of financial assistance granted by the government.				
49 (1)	Section 48 applies, with the necessary modifications, to the owner or operator of a hospital in respect of financial assistance provided under the *Hospital District Act*.		H	L	M
51 (1)	A record regarding a patient that is prepared in a hospital by an employee or by a practitioner is the property of the hospital.		U	U	U
52 (1)	If the minister considers it necessary in the public interest, the minister may appoint an examining board to (a) Examine any aspect of the planning, construction or operation of a hospital, and (b) Hear and receive evidence about it.		U	U	U
53	(1) Land that is vested either in a person who owns a hospital is not liable to be entered on, used, or taken by a municipal or other corporation, or by a person		U	U	U

Section	Description	Comments	Compliance[1]	Likelihood[2]	Impact[3]
	possessing the right of taking land compulsorily, except with the written approval of the minister. (2) No power to expropriate enacted after April 3, 1970 extends to the land described in subsection (1), unless in the Act conferring the power it applies in express terms to that land.				


Hospital Act.pdf

B. Risk Matrix

IMPACT				
	H	3		
	M	2(1); 2(2); 4(1); 24.1(2); 44; 48(1); 49(1)		
	L	4(2); 4(4); 4.1(2); 4.1(3); 40(2); 43; 45(1); 46(2.1)		
		L	M	H
		LIKELIHOOD		

C. Certificate(s) of Compliance

I, Penny Anguish, NI Chief Operating 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 ***Hospital Act***:

Section(s)	**Compliance**	
4(4) **24.1**	☒ Full, without reservation	☐ Substantial, with reservation – see notes below
	☐ Partial – see notes below	☐ Non-compliant – see notes below

Signature

Jun 6/21
Date

C. Certificate(s) of Compliance

I, Dr. Ronald Chapman, Vice President, Medicine, 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 ***Hospital Act***:

Section(s)	**Compliance**	
4(1) **24.1** **45**	☒ Full, without reservation	☐ Substantial, with reservation – see notes below
	☐ Partial – see notes below	☐ Non-compliant – see notes below

RChapman

Signature

January 14, 2021

Date

C. Certificate(s) of Compliance

I, Mark De Croos, Vice President 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 ***Hospital Act***:

Section(s)	**Compliance**	
4(2) **48**	☒ Full, without reservation	☐ Substantial, with reservation – see notes below
	☐ Partial – see notes below	☐ Non-compliant – see notes below

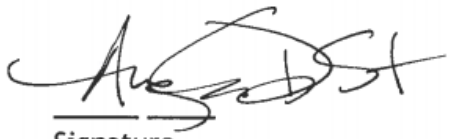
___Endorsed electronically___
Signature

__January 6, 2021_____
Date

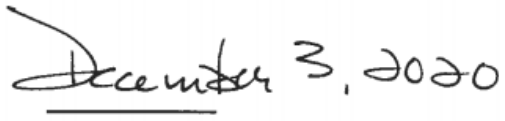
C. Certificate(s) of Compliance

I, Angela De Smit, NE Chief Operating 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 ***Hospital Act***:

Section(s)	**Compliance**	
4(4) **24.1**	☒ Full, without reservation	☐ Substantial, with reservation – see notes below
	☐ Partial – see notes below	☐ Non-compliant – see notes below



Signature



Date

C. Certificate(s) of Compliance

I, Dr. Jong Kim, Chief Medical Health 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 ***Hospital Act***:

Section(s)	**Compliance**	
3 **44**	☒ Full, without reservation	☐ Substantial, with reservation – see notes below
	☐ Partial – see notes below	☐ Non-compliant – see notes below

Signature

December 8, 2020
Date

C. Certificate(s) of Compliance

I, Ciro Panessa, NW Chief Operating 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 ***Hospital Act***:

Section(s)	**Compliance**	
4(4) **24.1**	☐ Full, without reservation	☒ Substantial, with reservation – see notes below
	☐ Partial – see notes below	☐ Non-compliant – see notes below

Abortion services are not currently available at Kitimat General Hospital due to availability of physicians; however, patients are able to access abortion services in Terrace.

Signature

December 17, 2020
Date

C. Certificate(s) of Compliance

I, Cathy Ulrich, Chief Executive 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 ***Hospital Act***:

Section(s)	**Compliance**	
2(1) and (2) **40 (2)** **43** **52(1)**	☒ Full, without reservation	☐ Substantial, with reservation – see notes below
	☐ Partial – see notes below	☐ Non-compliant – see notes below

Signature

January 17, 2021

Date

D. Certificate(s) of Compliance

I, David Williams, Vice President, Human Resources, 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 ***Hospital Act***:

Section(s)	**Compliance**	
4.1 (2)	☒ Full, without reservation	☐ Substantial, with reservation – see notes below
	☐ Partial – see notes below	☐ Non-compliant – see notes below

Signature

December 7, 2020
Date

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

HR REPORT

Northern Health's (NH) Human Resources (HR) Strategy

A Human Resources (HR) Strategy is an organization's documented strategic approach to aligning the organization's culture, employees, and systems to arrive at the desired business objectives. An HR Strategy must align with the organization's mission, vision, and values.

NH's HR Strategy, developed in 2019/2020-2023, is intended to address the ongoing and forecasted challenges and labor market projections facing our workforce in the North, and other key areas of HR that require attention such as workforce planning, recruitment and retention, education and training, and health and safety. NH's HR Strategy is aligned with NH's Strategic Plan (2016-2023) with a focus on Our People.

Being in the midst of a pandemic, COVID-19 has created a 'new normal' that all organizations (and in particular HR departments), are now working hard to keep up with. Phrases like 'unprecedented' and 'once in a generation' are used to describe the monumental shift in the labour market as the world is navigating uncharted territory and looking for ways to find their footing in a situation never experienced before.

NH's HR Strategy, updated on a yearly basis, is a multi-year endeavor to address the current and future challenges that urgent and longer-term issues will continue to bring, including alignment with ongoing changes/updates to the BC Ministry of Health's Provincial Workforce Strategy.

The BC Ministry of Health has identified that workforce pressures continue to build in the areas of:

- Population growth, demographic change, and technology which are driving service need
- Implementation of and additional funding dedicated to Ministry strategic priorities which are putting additional pressure on already high in-demand occupations

Further, it is anticipated that the following key issues and drivers will need to be addressed in order to guide a strategic path forward:

- Changes in our workforce and the structures that surround it
- Attraction and integration of new entrants
- Work environment and culture

NH's HR Strategy focuses on a strategic path forward that is flexible and adaptable in order to effectively address current and future key issues and drivers that are, and will undoubtedly continue to threaten a sustainable workforce.

Background:

In April 2018, the BC Ministry of Health identified four emerging issues in the health care sector[1]:

- Underutilization of the workforce/inefficient staffing models
- High rates of employees on sick and injury leave
- High incidences of workplace violence
- Lack of leadership/change management resources

To address these issues, five provincial strategies were identified:

- Reinforcing education, recruitment and retention to continue to grow the health care workforce
- Building and supporting interdisciplinary team-based care
- Development of effective change management and leadership strategies
- Promoting health and wellness in the workplace
- Increasing training for cultural safety/humility and trauma-informed care

NH's HR Strategy is aligned with the above provincial strategy which, collectively, ensures NH has the right supply, mix, and distribution of health care providers to meet patient and population needs. The Strategy is intended to produce an engaged, skilled, well-led, and healthy workforce that can provide the best possible person-centered care for Northern British Columbians. It aligns with NH's 2016-2023 Strategic Plan, supporting NH's enabling priority (our people) by creating a clear vision and targeted actions for sustaining its workforce.

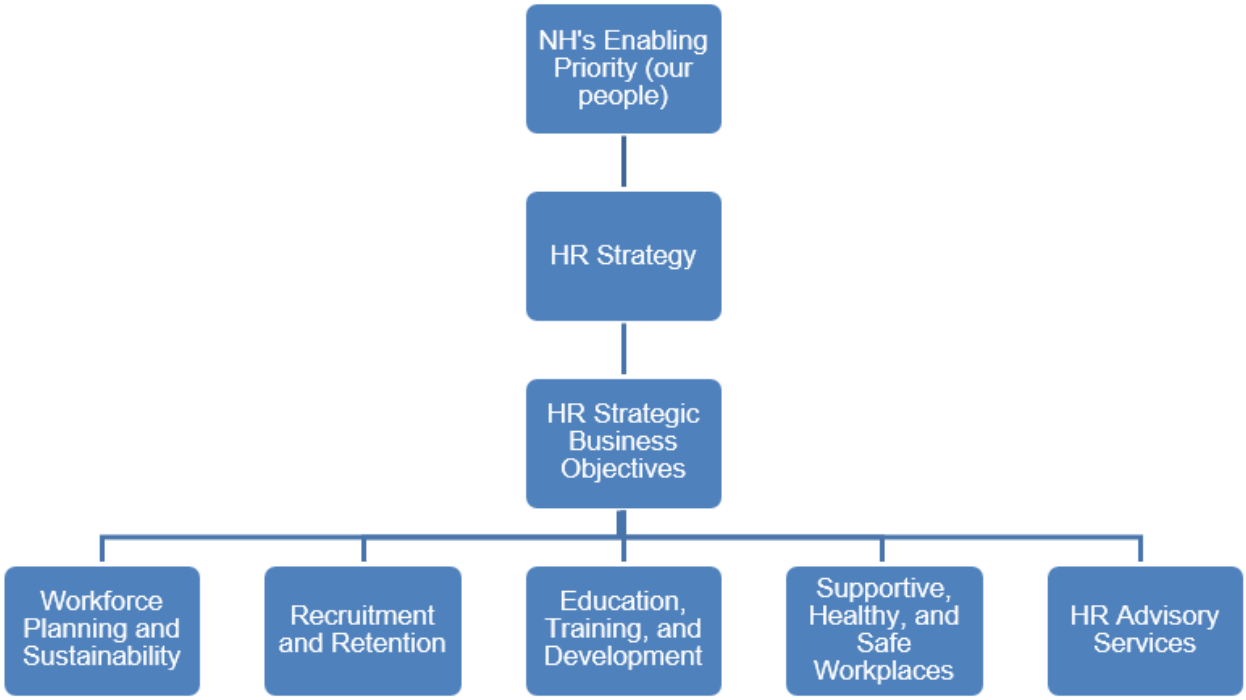
Key Actions, Changes & Progress:

The following are the three most important actions accomplished in this last period:

1) Completion of the HR Strategy identifying the five HR Strategic Business Objectives that represent the core business of its HR department:

    - Workforce Planning and Sustainability
    - Recruitment and Retention
    - Education, Training, and Development
    - Supportive, Healthy, and Safe Workplaces
    - HR Advisory Services

[1] BC Ministry of Health. (2018). *BC Provincial Health Workforce Strategy.*



The above five strategic business objectives are discussed in detail within the larger HR Strategy document, including a detailed section on HR's Strategic Initiatives corresponding to each business objective. The HR Strategy also includes a detailed Appendix highlighting the seven nursing and allied health provincial priority profession workforce plans (with the addition of pharmacy technicians for NH).

NH continues to experience significant recruitment challenges with the original seven professions; historically we have not experienced similar challenges with the additional three professions recently added provincially. Although that trend may be changing, difficult to fill vacancies, for MRI Technologist and Medical Laboratory Technologist have increased over the past year. Additionally, though recruiting to Social Work vacancies have been more constant, with additional Social Work positions being posted in areas like Primary Care, NH can expect additional recruitment challenges for this profession.

The diagram below identifies the seven original professions, with the addition of the last three: a) MRI Technologist, b) Medical Laboratory Technologist, and c) Social Worker recently added by the BC Ministry of Health.

Nursing, Allied Health, and Medical Staff Priority Professions

2) HR Strategic Initiatives

To support the needs of a vast rural and remote region, NH is seeking robust solutions/initiatives to address current workforce challenges, and proactively plan for the future. It is recognized that solutions to health human resources challenges will not be found in isolation. Innovative strategies, partnerships, and investments are necessary and required.

NH is proposing internal and external strategic initiatives with the goal of achieving a flexible and sustainable health care system for people in northern communities. Impactful outcomes will be achieved through actions focused on supporting the strategic business objectives that make up the core business of NH HR.

Some examples of strategic initiatives underway are:

- Northern Health implemented a Travel Nurse Pool (TRP) employing nurses assigned to various under resourced worksites throughout our region. There have been a number of lessons learned which are being applied to strategy and process, and we will be embarking on a 'reset' to support TRP in reaching its full potential. This will include, application to targeted rural/remote communities and eventual expansion to other allied health professions.
- Implement robust recruitment marketing and branding strategy to support a proactive hiring approach, depict NH as an attractive organization for health care

professionals to pursue and taking NH talent acquisition performance to the next level by moving from a push to pull approach.

- Developing a 'Move up North' or 'North Pride' campaign utilizing multiple platforms and marketing best practices, with a plan to make NH's culture and the pros of rural living visible and attractive provincially, nationally, globally.
- Northern Health, First Nations Health Authority and northern First Nations communities are partners with reciprocal accountability in a formal health governance structure guided by the *Northern Partnership Accord*. NH and FNHA have been working on creating an Indigenous Recruitment Plan to create a collaborative framework between Northern Health and First Nations Health Authority to identify shared human resource priorities, with a particular focus on partnered recruitment initiatives.
- Creation of a new employee onboarding program which focuses on: recognizing and celebrating important milestones from the date of hire to the employee's first year anniversary; establishment of a buddy system, conducting stay interviews at 6 and 12 months' from date of hire.

3) Partnership Model

Foundational to meeting HR's strategic initiatives is the ability for the HR team to partner with its operational partners. HR has taken inventory of the services it provides its operational partners, as well as the current service delivery model. A wraparound service model whereby the operational partner is at the center of the model, liaising with the appropriate HR team member, is critical in ensuring the needs of operations are met.

Summary

A long-range HR strategy is critical for NH to meet the current and emerging patient and population needs of Northern BC. NH's Human Strategy is the strategic pathway that communicates, promotes, and highlights how NH's HR team, together with its operational partners, address the multitude of challenges facing its workforce as well as other emerging HR issues. This pathway contains numerous strategic initiatives that correspond to each of NH HR Strategic Business Objectives.

At its foundation, NH's workforce planning process has been data-driven and collaborative. It continues to bring together the best ideas from the region, the province, and the health care industry in order to understand and respond to current and future workforce challenges so that the organization can deliver on its strategic and operational objectives.

NH's HR Strategy will be refreshed annually, ensuring it is aligned with provincial and local operational objectives.

Northern Health Recruitment Updates/Charts

Post-Secondary New Grad Recruitment:

Northern Health continues to incorporate improvements to the existing new graduate application process. This process involves recruiters meeting with northern post-secondary cohorts in the Registered Nurse and Licenced Practical Nurse programs. The recruiter then connects with individual students to outline employment opportunities to meet their needs. A process for the creation of advance hire positions for new grads was developed and implemented. In 2020 NH has expanded this practice to include Health Care Assistants and Sonographers. All Sonographers from the first graduating class from College of New Caledonia in 2020 were hired by Northern Health.

Employee Referral Program:

Northern Health enhanced the Employee Referral Program to leverage the power of NH's (approximately) 8,000 employees to help recruit new employees to the organization. Employees may receive an incentive for successfully referring candidates to a priority position as identified by NH and the Ministry of Health (MoH) as a difficult-to-fill position. The number of referrals increased from 15 to 24 in 2019/20 (as a result of enhanced focus and increased incentive amount). For 2020/21 we have had 12 referrals to date.

Health Care Assistant Registry:

Northern Health worked collaboratively with HEABC Recruitment Solutions and the Health Care Assistant (HCA) Registry and developed an affordable and expedited pathway for qualified Canadian training HCA's to work in BC.

Northern Health, in partnership with Northern Post-Secondary Institutions will be hiring into the Health Care Access Program (HCAP) positions over 2020/21. HCAP is a provincial sponsored training opportunity that provides paid education and on-the-job training to become a registered Care Aide. Successful applicants to the HCAP will be paid for all hours worked, receive a stipend when undertaking education, paid tuition and books. The first Early Adopter cohort for HCAP started on January 5, 2021 with 13 seats, 10 allocated to Prince George and 3 to Vanderhoof.

Posting Information:

In fiscal year 2020/21 year to date, Northern Health has posted 3233 non-casual positions; 67% have been filled by internal staff (existing regular and casual staff) and 9% 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, on average 11% of approximately 3200 postings become a DTFV posting each year.

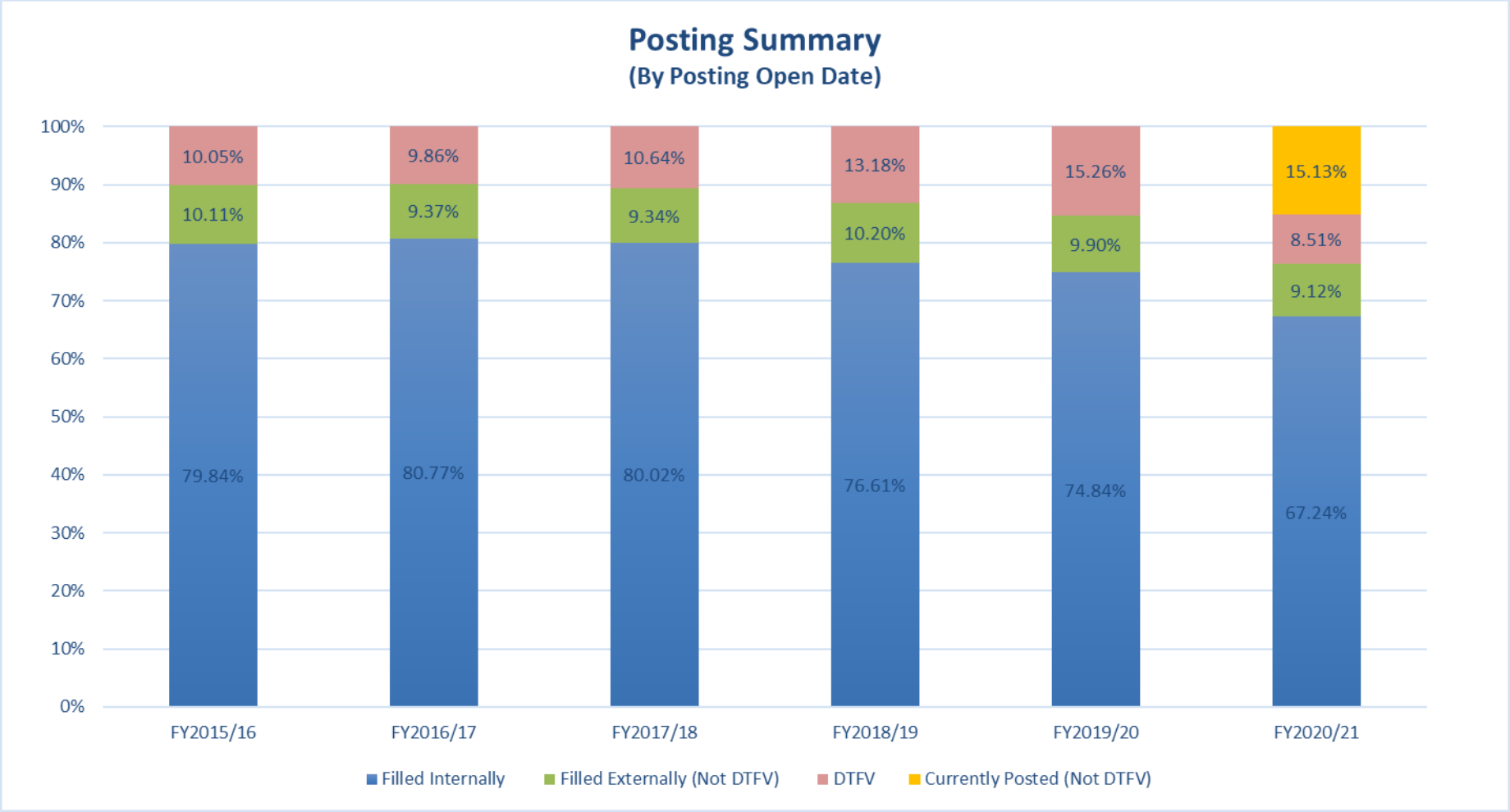
- Casual hires are not reflected in this data. On average, NH hires 1,000 casuals per year, many of these staff successfully bid into permanent, ongoing positions through our internal posting process.

- Northern Health implemented a process in which contact with qualified candidates was initiated within 48 hours of receipt of application. This process resulted in timely contact with candidates and increased collaboration between candidates and hiring managers.

Northern Health continues to see an increase in DTFV. The increase is a result of a continued net new growth in a variety of professions while the supply has remained flat. For example the Northeast RN program will increase net new RN graduates but due to COVID-19, the program start date was postponed to September 2021.

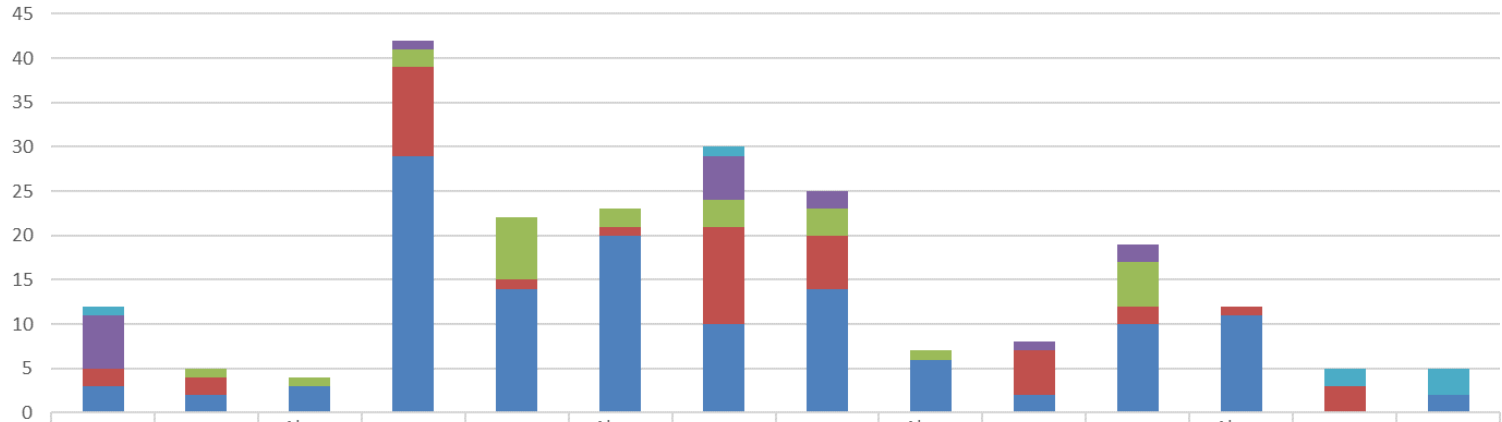
Northern Health Regional Office
600-299 Victoria Street
Prince George, BC V2L 5B8

HR REPORT



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

As at Jan 7, 2021



	NI Rural			North East			North West			Prince George			Regional	
	Permanent	Relief/Term	Above Baseline	Permanent	Relief/Term	Above Baseline	Permanent	Relief/Term	Above Baseline	Permanent	Relief/Term	Above Baseline	Permanent	Relief/Term
EXCLUDED	1						1						2	3
COMMUNITY SUBSECTOR	6			1			5	2		1	2			
FACILITIES SUBSECTOR		1	1	2	7	2	3	3	1		5			
HEALTH SCIENCE PROFESSIONALS	2	2		10	1	1	11	6		5	2	1	3	
NURSES PROVINCIAL AGREEMENT	3	2	3	29	14	20	10	14	6	2	10	11		2

The Face of Northern Health

As at January 7, 2021

Summary of Employees by Status	Headcount	%	FTE
Active: Total	8,560	100%	5,281
Full-time	3,955	46%	
Part-time	1,942	23%	
Casual	2,663	31%	
Non-Active: Total	949	100%	751
Leave	552	58%	397
Long Term Disability (LTD)	397	42%	353

Active Employees by Region	Headcount	%
Active: Total	8,560	100%
North East	1,304	15%
North West	2,008	23%
Northern Interior: Prince George	2,730	32%
Northern Interior: Rural	1,185	14%
Regional	1,333	16%

Active Employees by Collective Agreement	Headcount	%
Active: Total	8,560	100%
Nurses	2,672	31%
Facilities	3,362	39%
Health Sciences	1,083	13%
Community	782	9%
Excluded	661	8%

Active Nursing	Headcount	%
Active: Total	2,672	100%
RN/RPN	1,977	74%
LPN	695	26%

Clinical vs. Support	Facilities	Community
Active: Total	3,352	779
Clinical	1,416	665
Non-Clinical	1,936	114

Count of Employees - By Status