Meeting of the Northern Health Board
April 12, 2021

Due to COVID-19 Pandemic the Northern Health Board did not host a Public Board meeting on April 12, 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 – April 2021

AGENDA ITEMS	Executive Lead	Page
1. Audit & Finance Committee		
1.1 Period 11 Comments & Financial Statement	M De Croos	2
1.2 Period 11 Capital Expenditure Plan Update	M De Croos	5
2. Performance, Planning and Priorities Committee		
2.1 Integrated Ethics Framework	F Bell	12
3. Indigenous Health & Cultural Safety Committee		
3.1 NH Culturally Safe Vaccine Clinics	Dr. M Greenwood	16
4. Governance & Management Relations Committee		
4.1 Board Policy Manual BRD 100 Series	K Thomson	100
4.2 Code of Conduct Signing (BRD 210)	K Thomson	75
4.3 Overview of Research Partnerships	J Bickford	85
5. Human Resources Report	David Williams	107
Adjourned		

BOARD BRIEFING NOTE

Date:	March 25, 2021	
Agenda item:	2020-21 Period 11 – Operating Budget Update	
Purpose:	☐ **Discussion**	☒ **Decision**
Prepared for:	Board of Directors	
Prepared by:	Mark De Croos, VP Financial & Corporate Services/CFO	

YTD February 4, 2021 (Period 11)

Year to date Period 11, Northern Health (NH) has a net operating surplus of $2.7 million (0.3% of budgeted expenditures).

Excluding extra-ordinary items, revenues are unfavourable to budget by $5.1 million or 0.6% and expenses are favourable to budget by $7.8 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 486.0 patient days, which is below the budget of 581.0 and, comparative prior year actual of 586.3.

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 $56.5 million in related extra-ordinary expenditure to the end of Period 1. The Ministry of Health is providing supplemental funding to offset pandemic related expenditure.

Recommendation:

The following motion is recommended:

> **The Northern Health Board receives the 2020-21 Period 11 financial update as presented.**

NORTHERN HEALTH
Statement of Operations
Year to date ending February 4, 2021
$ thousand

	Annual Budget	YTD February 4, 2021 (Period 11) Budget	Actual	Variance	%
REVENUE					
Ministry of Health Contributions	734,289	617,815	619,294	1,479	0.2%
Other revenues	242,415	206,797	200,202	(6,595)	-3.2%
TOTAL REVENUES	**976,704**	**824,612**	**819,496**	**(5,116)**	**-0.6%**
EXPENSES (BY PROGRAM)					
Acute Care	521,813	438,956	435,964	2,992	0.7%
Community Care	249,314	211,594	202,335	9,259	4.4%
Long term care	128,630	109,041	113,670	(4,629)	-4.2%
Corporate	76,947	65,021	64,801	220	0.3%
TOTAL EXPENSES	**976,704**	**824,612**	**816,770**	**7,842**	**1.0%**
Net operating surplus before extraordinary items	**-**	**-**	**2,726**		
Extraordinary items					
COVID-19 incremental expenditures	-	-	43,638		
Pandemic pay	-		12,911		
Total extraordinary expenses	-	-	56,549		
Supplemental Ministry of Health contributions	-	-	56,549		
Net extraordinary items	-	-	-		
NET OPERATING SURPLUS	**-**	**-**	**2,726**		

northern health
the northern way of caring

BOARD BRIEFING NOTE

Date:	March 25, 2021	
Agenda item:	Capital Public Note	
Purpose:	☐ **Discussion**	☒ **Decision**
Prepared for:	Board of Directors	
Prepared by:	Deb Taylor, Regional Manager Capital Accounting	
Reviewed by:	Mark De Croos, Vice President, Finance & CFO	

The Northern Health Board approved the 2020-21 capital expenditure plan in February 2020, and an amendment in February 2021. The updated plan approves total expenditures of $112.7M, 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 11 (February 04, 2021), $50M has been spent towards the execution of the plan as summarized below:

$ million	**YTD**	**Plan**
Major Capital Projects (> $5.0M)	24.0	61.8
Major Capital Projects (< $5.0M)	3.1	14.7
Major Capital Equipment (> $100,000)	7.5	15.7
Equipment & Projects (< $100,000)	9.5	10.3
Information Technology	5.6	10.3
	49.7	112.7

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	In Progress	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	$0.26	Completed	MOH
Prince George	UHNBC Cardiac Services Department Upgrade Planning	$11.0	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	Closing	FFGRHD, MOH, NH
Prince George	UHNBC GenExpert XVI	$0.12	Closing	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	In Progress	MOH
Prince George	UHNBC Panther Fusion	$0.83	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	Closing	FFGRHD, MOH, NH
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	FFGRHD
Prince George	UHNBC Sterilizer – Sterizone	$0.12	Complete	FFGRHD, MOH
Prince George	UHN – Sterile Compounding Room Upgrade Planning	$1.90	Planning	FFGRHD, MOH, NH
Prince George	OR Lights and Conversion	$.10	In Progress	MOH
Prince George	UHNBC Lab Chemistry Automation	$5.75	Planning	FFGRHD, MOH, NH
Quesnel	GR Baker X-Ray Replacement	$0.90	Closing	CCRHD, MOH, NH
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, NH
Quesnel	GR Baker Sterile Compounding Room Upgrade	$0.11	Closing	CCRHD, NH
Vanderhoof	SJH Boiler Replacement	$0.80	Complete	SNRHD, MOH
Vanderhoof	SJH Heat Pumps and Coils	$0.59	In Progress	SNRHD, MOH
Vanderhoof	SJH Sterile Compounding Room Upgrade	$1.97	In Progress	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	In Progress	NWRHD, MOH
Kitimat	KIT OR Anesthetic Machine Replacement	$0.17	Closing	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	Closing	MOH
Terrace	MMH – Ultrasound (unit 3)	$0.21	In Progress	DR REM Lee Foundation, MOH
Hazelton	Wrinch X-Ray	$0.91	Closing	NWRHD, MOH, NH
Hazelton	OR Anesthetic Machine Replacement	$0.16	In Progress	MOH
Houston	FM AHA Replacement (CNCP)	$.87	In Progress	NWRHD, MOH
Northern Haida Gwaii	NHG Nurse Call System	$0.16	Closing	NWRHD, MOH
Northern Haida Gwaii	NHG Observation Room	$0.99	Planning	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-remove?	BVDH OR Anesthetic Machine	$0.10	Complete	NWRHD, MOH
Smithers	BVDH Sterile Compounding Room Upgrade	$1.24	In Progress	NWRHD, NH
Smithers	Bulkley Lodge Domestic Hot Water Heaters and Tank and Repiping	$0.55	In Progress	NWRHD, 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	$0.47	Complete	PRRHD, MOH, NH
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	In Progress	PRRHD, MOH
Dawson Creek	DCH OR Video Towers Replacement	$0.21	Complete	MOH
Dawson Creek	DCH Portable X-Ray Machine 1 Replacement	$0.21	Complete	PRRHD, MOH
Dawson Creek	Rotary Manor Chiller Replacement	$0.29	In Progress	PRRHD, NH
Fort Nelson	FNH – Ultrasound Machine Replacement	$0.14	In Progress	MOH, Fort Nelson Hospital Foundation, NH
Fort Nelson	FM Domestic Hot Water Upgrade (CNCP)	$.21	In Progress	MOH
Fort St. John	Spect CT	$1.76	In Progress	PRRHD, NH, MOH
Fort St. John	Medical Clinic – 3rd Pod Renovation	$2.05	Closing	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
Tumbler Ridge	FM Cooling System Replacement	$.60	Planning	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	Closing	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	Work In Progress	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	MOH, NH
All	MySchedule – Partial Shifts, Prebooking	$0.18	Work In Progress	MOH, 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	MOH
All	Clinical Data Repository (CeDaR)	$1.53	Work in Progress	NH
All	DNS Replacement	$0.14	Work in Progress	MOH

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 $9.6M 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 $2.9M 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:

That the Audit & Finance Committees recommend the following motion to the Board:

The Northern Health Board receives the Period 11 update on the 2020-21 Capital Expenditure Plan.

BOARD BRIEFING NOTE

Date:	April 12, 2021	
Agenda item	Integrated Ethics Framework	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	Northern Health Board of Directors	
Prepared by:	K. Thomson, Regional Director, Legal Affairs, Enterprise Risk & Compliance	
Reviewed by:	C. Ulrich, CEO	

Issue & Purpose

To update the Board on the activities related to the Integrated Ethics Framework within Northern Health.

Background:

In October 2014, the Integrated Ethics Framework ("the Framework") was formally adopted by Northern Health. The Framework outlines the Northern Health integrated ethics approach to addressing ethical concerns, conflicts of interest and decision-making by providing an overview of:

- The NH Standards of Conduct
- Guidelines, policies, principles, resources and value statements that direct ethical behaviour and decision-making.

The Framework highlights three ethical domains: Organizational & Business Ethics, Clinical Ethics/Bioethics, and Research Ethics.

The Integrated Ethics Framework addresses the key areas of accountability identified in the Accreditation Canada Leadership Standard, which outlines the expectations of Northern Health in providing an Integrated Ethics Framework that supports ethical practices in all areas of the organization, including expectations around clinical ethics, research ethics, and governance and leadership ethics.

1. Organizational & Business Ethics

This ethical domain encompasses the expectations of governance and leadership ethics, as well as business ethics.

All NH staff are required to review the NH Standards of Conduct annually, and sign a declaration of acknowledgement and compliance with the Standards.
The NH Standards of Conduct were first published in 2014 and are currently under review. A revised and refreshed document is anticipated by the summer of 2021.

Additionally, the Code of Conduct and Conflict of Interest Guidelines for Directors (BRD 210) board policy makes specific reference to the Northern Health Integrated Ethics Framework. The Board Directors sign an annual declaration acknowledging the Code of Conduct and Conflict of Interest requirements.

Further, Northern Health is compliant with the Taxpayer Accountability Principles for public sector organizations to ensure transparency and accountability within the organization's business practices.

Northern Health contracted with a health care ethicist this year, and the Northern Health Ethics Committee has begun work on developing a framework to support ethical decision making related to business and operations decision-making.

2. Clinical Ethics

Northern Health has 3 HSDA Ethics Committees which receive and advise on clinical consultations with specific ethical concerns. Consultations are most often received from health care providers, but may also come from patients or their families.

The most common theme among the ethical consultation requests received by all three HSDA Ethics Committees is the right of an individual to accept risk in their lifestyle choices. Often, the consideration of right to accept risk is countered by capacity concerns, and concern as to whether the individual truly appreciates the consequence of the risk they are choosing.

In 2020/2021, Northern Health contracted with a clinical ethicist to provide education and support to the HSDA Ethics committees. The committees were introduced to new tools and documentation methods to support their consultation processes. The contracted ethicist continues to be available to provide ad hoc support to the committees, as required.

The COVID-19 pandemic raised many ethical issues, including issues around personal protective equipment (PPE) distribution, requirements for self-isolation, and vaccine distribution. Provincially, a health care ethics committee was established

under the direction of the Ministry of Health to provide an ethical lens to the numerous challenges that arose during the pandemic. The Provincial Healthcare Ethics Advisory Team (PHEAT) includes representation from each health authority and collaboratively produced provincial ethical advice, including the Framework for Ethical Decision Making in COVID-19, the Framework for PPE Allocation, and several topical discussion documents including Visitors in Long Term Care, Non-Beneficial Treatment in Long Term Care, and Care in Shared Rooms.

3. Research Ethics

To ensure research is conducted safely and appropriately, Northern Health (NH) has policy and procedures as well as a formal body, the Research Review Committee (RRC), that govern research that is conducted in NH facilities and programs, by NH staff or physicians, or with NH staff, physicians and/or patients. The RRC's function is to ensure that ethical principles and standards, as laid out in the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS-2), have been recognized and accommodated. The Committee is also directed to consider the impact of the research on the organization and provide an operational (or feasibility) approval.

In 2020, NH received 68 research applications, which is significantly higher than the number of studies received in 2019 (48). The majority of studies were led by researchers from the University of British Columbia (UBC) (36%). The number of studies led by UNBC researchers slightly increased (30%). The most common categories of research in 2020 shifted from previous years away from health systems to research focused on maternal/child care issues and COVID-19.

NH continues to participate in the harmonized review process, where research studies that span multiple institutions are collectively reviewed by representatives from each in a single review process, eliminating the need for a researcher to submit to multiple research ethics boards, and allowing for standardized processes and quality of proposal review. The total number of harmonized studies has been increasing year over year, with harmonized applications accounting for 96% of all NH research applications in 2020.

Key Actions, Changes & Progress:

The formation of the Provincial Healthcare Ethics Advisory Team has allowed for improved information sharing and collaboration between the health authority ethics teams; this has greatly benefited Northern Health both as a learning opportunity through committee participation, and from the ability to adopt or adapt resources generated by other health authorities.

The support of the contracted clinical ethicist has allowed the HSDA ethics committees to feel more confident in undertaking clinical ethics consultations. The NI Ethics

Committee, which had been struggling to meet, was fully reinstated and continues to meet regularly.

Risks:

Compliance – While NH has a comprehensive integrated ethics framework, there have been recent resource challenges that have limited access to clinical ethics consultation support. There is also a challenge with visibility of the ethics program within the organization. However, we have been cautious about over-advertising ethical services until such time as the HSDA committees were prepared to respond to consultation requests. With the support of the clinical ethicist throughout the past year, the committees are more prepared and will engage in further promotion of the program throughout 2021.

Recommendation(s):

That the Northern Health Board of Directors accept this report for information and discussion

BOARD BRIEFING NOTE

Date:	March 12, 2021	
Agenda item	Culturally Safe Vaccine Clinics	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	Indigenous Health and Cultural Safety Committee	
Prepared by:	Margo Greenwood, VP Indigenous Health	
Reviewed by:	Cathy Ulrich, CEO	

Issue and Purpose

The purpose of this briefing note is to inform the Indigenous Health and Cultural Safety Committee about the creation of the *Cultural Safety Plan for Mass Immunization Clinics Northern Health Region*.

Background:

On March 11, 2020, the World Health Organization (WHO) declared that the global spread of the SARS-CoV2 virus (COVID-19) could be a pandemic. In British Columbia, Dr. Henry, Provincial Health Officer declared a public health emergency related to the COVID-19 pandemic on March 17, 2020 and the next day the Government of British Columbia declared a provincial state of emergency which remains in place. These declarations have led to a series of actions at the society level and health care system level designed to slow the spread of COVID-19 and bend the epi-curve in the province while concurrently preparing and enabling the health care system to respond effectively to the pandemic.

In late January 2020, the first case of COVID-19 was confirmed in British Columbia (BC). Throughout 2020, important public health measures and infection control measures were put in place to prevent the transmission of COVID-19 in BC communities while global research was underway on vaccine development. In December 2020, the Pfizer-BioNTech and Moderna COVID-19 vaccines were authorized for use in Canada. The first COVID-19 immunizations in the Northern Health region began in remote First Nations communities, long-term care, and high-risk health care workers in late December 2020. Since that time, over 18,000 immunizations have been provided across the region, in almost every community.

The current immunization plan developed for the North, in partnership with the First Nations Health Authority, the Métis Nation of BC, and Northern Health, is in Phase 2 of BC's immunization plan.

The purpose of the *Cultural Safety Plan for Mass Immunization Clinics* is to set out a plan that will ensure the culturally safe delivery of immunization services to First Nations, Inuit and Métis peoples. The delivery of services builds upon partnerships with Indigenous organizations across the north including: the First Nations Health Authority, Métis Nation British Columbia, Friendship Centres, and other Indigenous-serving health organizations. The cultural safety plan also builds upon past joint experiences like the wildfires of 2017 where whole communities came together, Indigenous and non-Indigenous, for a common purpose and goal. The focus of this work is on:

- creating culturally safe and humble immunization services;
- increasing Indigenous involvement in health care service delivery; and
- improving access for Indigenous and non-Indigenous persons; and
- contributing to a positive culturally safe experience with the health care system for Indigenous and non-Indigenous persons.

Recommendation(s):

That the Indigenous Health and Cultural Safety Committee receive this for information and feedback or input.

Cultural Safety Plan for Mass Immunization Clinics

Northern Health Region

March 9, 2021
Ver. 6

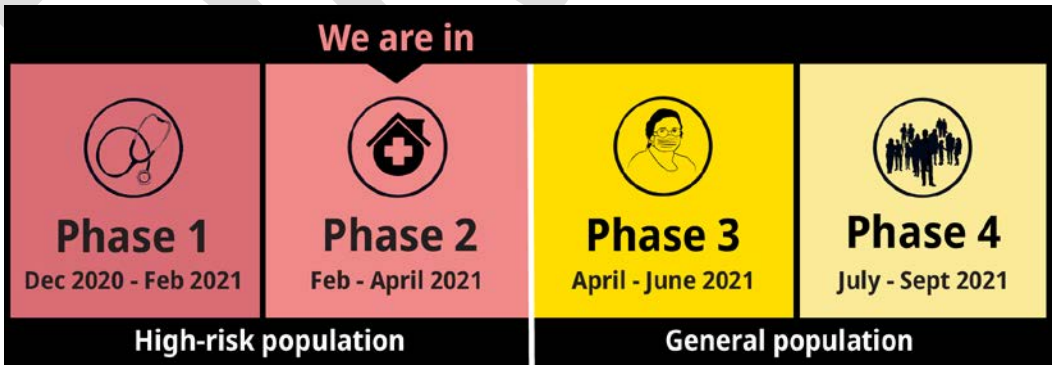
1.0 INTRODUCTION

1.1 Background

On March 11, 2020, the World Health Organization (WHO) declared that the global spread of the SARS-CoV2 virus (COVID-19) could be a pandemic. In British Columbia, Dr. Henry, Provincial Health Officer declared a public health emergency related to the COVID-19 pandemic on March 17, 2020 and the next day the Government of British Columbia declared a provincial state of emergency which remains in place. These declarations have led to a series of actions at the society level and health care system level designed to slow the spread of COVID-19 and bend the epi-curve in the province while concurrently preparing and enabling the health care system to respond effectively to the pandemic.

In late January 2020, the first case of COVID-19 was confirmed in British Columbia (BC). Throughout 2020, important public health measures and infection control measures were put in place to prevent the transmission of COVID-19 in BC communities while global research was underway on vaccine development. In December 2020, the Pfizer-BioNTech and Moderna COVID-19 vaccines were authorized for use in Canada. The first COVID-19 immunizations in the Northern Health region began in remote First Nations communities, long-term care, and high-risk health care workers in late December 2020. Since that time, over 18,000 immunizations have been provided across the region, in almost every community.

The current immunization plan developed for the North, in partnership with the First Nations Health Authority, the Métis Nation of BC, and Northern Health, (for individuals who reside in urban settings and First Nations people who live away from home) is in Phase 2 of BC's immunization plan.



The focus of Phase 2 is on protecting those most vulnerable to severe illness, first. Those in Phase 2 receiving their first vaccine dose in March and early April include:

- Seniors aged 80+ (born in or before 1941) who are not yet immunized
- Indigenous peoples (First Nations, Métis, Inuit) aged 65+, Elders (born in or before 1956),

- Additional communities not yet immunized Hospital staff, community GPs and medical specialists not yet immunized,
- Vulnerable populations in select congregated settings, and
- Staff in community home support and nursing for seniors

This document outlines a framework for administering vaccines to individuals with a focus on Phase 2 of the provincial plan. The framework includes:

- Introduction
    - Background
    - Purpose
    - Operational Principles
- Immunization Clinic Locations
- Operational Considerations
    - Partnerships
    - Communication
    - Education and Orientation Materials
    - Location and Clinic Environment
- Guiding Documents and Planning Tools
    - COVID-19 Mass immunization Clinic Site Preparedness Checklist
    - Clinic Environment Layout
    - Call Centre Script
    - Website location
    - Clinic Participant's "Takeaway" Information Package
    - Tip Sheet: Culturally safe communication happens when we …
    - 3-minute Educational Video: Supporting Cultural Safety at Northern Health COViD-19 Clinics
    - Tip Sheet: Frequently Asked Questions (written primarily for volunteers)

1.2 Purpose

The purpose of this document is to set out a plan that will ensure the culturally safe delivery of immunization services to First Nations, Inuit and Métis peoples. The delivery of services builds upon partnerships with Indigenous organizations across the north including: the First Nations Health Authority, Métis Nation British Columbia, Friendship Centres, and other Indigenous-serving health organizations. The cultural safety plan also builds upon past joint experiences such as the wildfires of 2017 where whole communities came together, Indigenous and non-Indigenous, for a common purpose and goal. The focus of this work is on:

- creating culturally safe and humble immunization services;
- increasing Indigenous involvement in health care service delivery; and
- improving access for Indigenous and non-Indigenous persons; and

- contributing to a positive culturally safe experience with the health care system for Indigenous and non-Indigenous persons.

1.3 Operational Principles

The following principles guide the operational activities identified in this document. The principles are:

- inclusion of Indigenous peoples in the delivery of the COVID-19;
- creation of an inviting environment;
- provision of COVID-19 information; and
- provision of support to Elders and seniors.

2.0 IMMUNIZATION CLINIC LOCATIONS

The following tables identify the Immunization Clinic Sites in relationship to First Nations Health Authority participation, location of Métis Chartered communities and Friendship Centres. The tables are:

- Immunization Clinic Sites;
- First Nations Health Authority Immunization Clinic attendance;
- Métis Chartered Communities closest immunization clinic site; and
- Friendship Centres locations relative to Immunization Clinic Sites.

Table 1: Immunization Clinic Sites – All Locations

The table below provides a list of all immunization clinics within Northern Health including name of the community, clinic population (i.e., whole community and/or age cohort), total doses that will be distributed at each site, and the community venue that will serve as the clinic site.

Table 1. NH Phase 2B - 80+/65+ Immunization Clinic Summary			
Community	**Clinic Population**	**Total Doses Required**	**Venue**
Haida Gwaii South *NH's role has been to support First Nation Immunization Clinics.	Whole Community	1,656	QC - Queen Charlotte Community Hall
			Tlell - Parks BC, Naikoon Park Headquarters
			Sandspit - Airport
Haida Gwaii North NH's role has been to support First Nation Immunization Clinics.	Whole Community	1,299	Massett - Howard Phillips Hall
			Port Clements Elementary School
Prince Rupert (total)	80+/65+	456	Jim Ciccone Civic Centre

Snow Country (Stewart)	Whole Community	449	Stewart Health Centre
Upper Skeena (Hazelton)	80+/65+	127	Erwin Stege Community Centre
Smithers (total)	80+/65+	478	Coast Mountain College
Houston	80+/65+	116	Coast Mountain College
Kitimat	80+/65+	343	Kitimat General Hospital - Multi-purpose Room
Stikine (Dease Lake)	Whole Community	446	Stikine Health Centre
Terrace (total)	80+/65+	674	Terrace Sportsplex
Quesnel (total)	80+/65+	1,071	Quesnel Community Health Services
Burns Lake North (Granisle)	Whole Community	400	Granisle Seniors Centre
Burns Lake (total)	80+/65+	83	Lakes District Hospital - Community Entrance
Burns Lake South (Southside)	80/65+	1,180	Southside Health & Wellness Centre
Vanderhoof (total)	80+/65+	231	Vanderhoof Health Unit
Fraser Lake	80+/65+	129	Fraser LakeCommunity Health Centre
Fort St. James	80+/65+	177	Fort St James Health Centre
Prince George (total)	80+/65+	3,065	Prince George Conference & Civic Centre
McBride/Valemount	80+/65+	155	Valemount - Golden Years Lodge
			McBride - Hospital & Health Centre
Mackenzie	80+/65+	72	Mackenzie & District Hospital & Health Centre
Dawson Creek (total)	80+/65+	687	Dawson Creek Health Unit - Multipurpose Room
Chetwynd	80+/65+	106	Chetwynd Primary Care Clinic - Boardroom
Tumbler Ridge	80+/65+	76	Tumbler Ridge Medical Clinic
Fort St. John (total)	80+/65+	681	Fort St. John Health Unit - Multipurpose Room
Hudson's Hope	80+/65+	48	Hudson's Hope Health Centre
Fort Nelson (total)	60+	570	Fort Nelson Recreation Centre
TOTAL		**14,775**	

Table 2: Immunization Clinic Sites – FNHA Attendance

The First Nations Health Authority has confirmed, but not limited to, attendance at sites distributing >400 doses of vaccine. The following table identifies NH vaccine clinics at which FNHA will have presence.

Table 2. First Nations Health Authority Clinic Attendance			
Community	**Clinic Population**	**Total Doses Required**	**Venue**
Haida Gwaii South	Whole Community	1,656	QC - Queen Charlotte Hall
			Tlell - Parks BC, Naikoon Park Headquarters
			Sandspit - Airport
Haida Gwaii North	Whole Community	1,299	Massett - Howard Phillips Hall
			Port Clements Elementary School
Prince Rupert (total)	80+/65+	456	Jim Ciccone Civic Centre
Snow Country (Stewart)	Whole Community	449	Stewart Health Centre
Smithers (total)	80+/65+	478	Coast Mountain College
Stikine (Dease Lake)	Whole Community	446	Stikine Health Centre
Terrace (total)	80+/65+	674	Terrace Sportsplex
Quesnel (total)	80+/65+	1,071	Quesnel Community Health Services
Burns Lake North (Granisle)	Whole Community	400	Granisle Seniors Centre
Burns Lake South (Southside)	80/65+	1,180	Southside Health & Wellness Centre
Prince George (total)	80+/65+	3,065	Prince George Conference & Civic Centre
Dawson Creek (total)	80+/65+	687	Dawson Creek Health Unit - Multipurpose Room
Fort St. John (total)	80+/65+	681	Fort St. John Health Unit - Multipurpose Room
Fort Nelson (total)	60+	570	Fort Nelson Recreation Centre

Table 3: Immunization Clinic Sites – Métis Chartered Communities
The following table identifies the 10 Métis Chartered Communities within the North-Central, Northwest and Northeast regions and closest NH vaccine clinic.

Table 3. Métis Chartered Communities and NH Vaccine Clinic Locations		
Métis Chartered Community	**Closest Immunization Clinic**	**Location**
Métis Nation New Caledonia Society	Vanderhoof Health Unit	3299 Hospital Rd, Vanderhoof, BC V0J 3A2
North Cariboo Métis Association	Quesnel Community Health Services	523 Front Street Quesnel BC V2J 2K7
Prince George Métis Community Association	Prince George Conference & Civic Centre	808 Canada Games Way, Prince George, BC V2L 5L1
Northwest BC Métis Association	Terrace Sportsplex	3320 Kalum St, Terrace, BC V8G 2N6
Prince Rupert & District Métis Association	Jim Ciccone Civic Centre	1000 McBride St., Prince Rupert, BC V8J 3H2
Tri-River Métis Association	Coast Mountain College	3966 2nd Aveniue, Smithers, BC V0J 2N0
Fort St John Métis Society	Fort St. John Health Unit - Multipurpose Room	10115 110 Ave, Fort St John, BC V1J 6M9
Moccassin Flats Métis Society	Primary Care Clinic Boardroom	5125 50th St SW, Chetwynd, BC
North East Métis Association	Dawson Creek Health Unit - Multipurpose Room	1001 110 Ave, Dawson Creek, BC V1G 4X3
River of the Peace Métis Society	Hudson's Hope Health Centre	10309 Kyllo St, Hudson's Hope, BC V0C 1V0

Table 4: Immunization Clinic Sites – Friendship Centre Locations
This table identifies Northern Health Immunization Clinic Sites in which Friendship Centres are also located.

Table 4. NH Immunization Clinic Locations with Friendship Centres	
Prince Rupert	Friendship House of Prince Rupert
Smithers	Dze L K'ant Friendship Centre Society
Terrace	Kermode Friendship Society
Prince George	Prince George Native Friendship Centre
Quesnel	Quesnel Tillicum Society Native Friendship Centre
Chetwynd	Tansi Friendship Centre
Dawson Creek	Nawican Friendship Centre
Fort St John	Fort St John Keeginaw Friendship Centre
Fort Nelson	Fort Nelson Aboriginal Friendship Centre

3.0 OPERATIONAL CONSIDERATIONS

The following four areas of work contain considerations for the operationalization of the immunization clinics in the north. The areas are: a) Partnerships, b) Communications, c) Education and Orientation Support Materials and d) Location and Clinic Environment.

A. Partnerships

Drawing on established relationships, groups are being contacted to participate in the culturally safe delivery of services. Those groups include:

- Friendship Centres
  See Friendship Centre names above.
  Prince George contact: Barb Ward Burkitt, Executive Director
  Contact info: bwardburkitt@pgnfc.com
- Métis Nation BC Northern Representative, Katina Pollard
  Contact info: kpollard@mnbc.ca
  Cell: 250-242-1649
- First Nations Health Authority
  Northern Region, Julie Morrison, Acting Regional Director
  Contact info: Julie.morrison@fnha.ca
- Other Indigenous-serving Health Organizations
  Local groups will be engaged to support the immunization of Indigenous peoples in their area.

B. Communication

The following communication activities, led by the Communication Portfolio, with the support of the Indigenous Health Team where appropriate, include:

- Establishing and maintaining a website
- Ensuring appropriate IT and software for clinics is available

- Review of all scripts, e.g., the Booking Script used by Telus staff, with a view to ensuring culturally safe language
- Ensure appropriate signage in and outside of the clinics
    - On-site signage and banners
        - Clear and obvious outdoor signage so individuals know they are in the right place
        - Clear and obvious indoor signage and information especially if there are no hosts or the host is busy when the individual arrives.
        - Creation of signs in the local Indigenous language, for example in Prince George *Hadih* is Carrier for *Hello*.

C. Education and Orientation Support Materials

The following activities, led by the Indigenous Health team and where appropriate in partnership with external Indigenous partners, include:

- Compiling and creating educational and informative print resources for Elders and seniors, and for staff at the clinics.
    - Specific NH staff resources created for implementation of these clinics include:
        - Tip Sheet: Culturally safe communication happens when we …
        - 3-minute Educational Video: Supporting Cultural Safety at Northern Health COVID-19 Clinics
        - Tip Sheet: Frequently Asked Questions (written primarily for volunteers
        - Partnering with MNBC, FNHA and the Friendship Centre to create a “takeaway package” for clinic visitors. Once finalized with our partners the “takeaway packages” will be distributed to the implementation leads in each HSDA.

D. Location and Clinic Environment

The following considerations focus on the actual environment and implementation of the immunization process within the clinic.

Local Implementation

One of the most crucial initial steps for ensuring success in this process is the establishment of the local implementation teams and the coordination of the internal activities and partnerships as well as external ones. It will be important to articulate a clear and consistent process across the north so that external partners know exactly what is to be expected of them. For example, the HSAs may reach out to the local Friendship Centre for support at the clinic itself. Some clinics are much larger than others and will require more involvement. The following considerations, while written for a large centre like Prince George, will offer ways and roles for partners that NH will engage with.

- **Cultural Blessing**
  A cultural blessing will initiate the opening of each clinic across the north. The blessing will be organized with FNHA northern region or one of NH's Indigenous partners.

- **Volunteer Safety**
  A significant consideration for volunteers is their personal safety by ensuring they are provided with medical masks or equivalent and gloves, sanitation supplies such as wipes or spray sanitizer and so. A quick 15 min orientation may be in order each day; this is something in PG, IH with direction from clinical staff will do.

- **Morning Huddles**
  It will be important that morning huddles occur with our partners staff and volunteers to ensure safety, go over roles, review informational materials, respond to questions and be introduced to the physical space and each other. Role clarification will happen in the daily huddles.

- **Wellness Supports**
  It will be very important to engage with NH partners to ensure there are cultural wellness supports available on site and accessible to immunization recipients once they go home.

- **Idealized Patient Journey in the Clinic**
  ** Throughout the journey supports will be offered, e.g. information will be shared, explanation of process will be clear, someone just to walk alongside the Elder or senior and so on.

<u>The Journey</u>

Appointments for immunization will have been pre-booked. During these appointments relevant information is shared and any questions they have are answered. However sometimes those questions may get asked again, so we need to be prepared with the basic information.

1. Individual arrives at clinic
   Met by an Indigenous 'Greeter(s)' from one or more of our partner organizations
2. Individual goes to area for registration/greeting/screening
   An Indigenous 'Way Finder(s)' may accompany the Elder or senior throughout the process of immunization.
3. Individual proceeds to waiting area. Area for vaccine information is nearby
4. Individual then proceeds to private area for assessment and administration of the vaccine
5. Individual proceeds to monitoring area and is offered water/juice/snack (Food safety (bccdc.ca). Individuals will also be informed of wellness supports available on site for them or when they go home.

An Indigenous 'Host(s)' will ensure Elders and seniors are comfortable and needs are being met, e.g. providing snacks/appropriate transportation is in place for departure.

6. Individual receives proof of immunization and take-away package. (This package is a collaborative activity between FNHA, MNBC, Native Friendship Centres and NH is in progress.)
7. Individual departs

Roles of the Indigenous *Greeters, Way Finders* and *Hosts* are identified below.

- **Greeter**: The role of the Greeter is to greet people at the registration table, give directions and to answer basic questions about the immunization process
- **Wayfinde**r: The role of the Wayfinder is to physically move through the immunization process with individuals being immunized if that is an individual's desire.
- **Host**: The role of the Host is to ensure the comfort of individuals after receiving the vaccine. This includes making sure there is comfortable seating and sufficient supplies in the rest area. The Host also answers basic questions and directs clinical questions to the clinic lead.

The Physical Environment

The layout of the physical space for the clinic is on pp. 18-19 of this document. You will note that the document includes patient flow. The greatest question to ask is if these idealized spaces took into account additional Indigenous specific supports.

- An Indigenous Host in the waiting area will ensure comfort for the Elders and seniors. This may include offering water bottles, juice boxes and individually wrapped biscuits. All of this must be within the COVID-19 food safe guidelines (INSERT GUIDELINE LINK HERE). Safe physical distancing and sanitizing seats and spaces as individuals move through the waiting space are also important considerations.

4.0 GUIDING DOCUMENTS AND PLANNING TOOLS

The following pages contain guiding documents and planning tools aimed at supporting the culturally safe delivery of immunization for Indigenous peoples residing across the north.

COMMUNICATION – Tool #1: Call Centre Script
(This is the most recent version but please note that this is ever changing.)

Hello, this is the Northern Health COVID-19 Immunization Booking Centre. My name is ___ and I am a booking appointment scheduler. What is the reason for your call today? Are you calling for yourself, or on behalf of someone else?

A. Cancellations: ***Can I please get your First Name, Last Name, Date of Birth and Personal Health Number and I will cancel your appointment?***
    1. Look up client and open encounters
    2. Update encounter status to cancelled
B. No confirmation email:
    1. Check the appointment to ensure that it is in the right daybook, time, location, check the chart for consent and email in the home email not work email.
    2. If appointment does not exist proceed through scheduling
C. Appointment Rescheduling*:*
    1. If no clinic available: Unfortunately, there is no clinic available at your location. Would you to keep your existing appointment?
        i. No: ***Please call us back at 844-255-7555 when you are ready to reschedule your appointment or please watch for provincial and health authority communication on how to book your appointment.***
            a. Cancel appointment (AS)
    2. If clinic is available: Here is the next available time
        i. Update appointment status to RESCHEDULE
        ii. Copy client appointment to appropriate daybook during an available slot
D. Booking: ***In order to book you an appointment I need to confirm if you are eligible to receive the vaccine at this time.***
    1. ***Could you please tell me your:***
        a. First/Last Name
        b. Date of Birth
        c. Personal Health Number
        d. Search client in the registry/PHN Lookup *If no PHN, register available demographics in CMOIS*
        e. Contact information
        f. E-mail (home)
    2. ***Do you Self-Identify as an Indigenous person, and were you born in 1956 or earlier?***
        i. If Yes, ***What is your indigenous identity? First Nations; First Nations and Inuit; First Nations and Metis; First Nations, Inuit and Metis; Inuit; Inuit and Metis, Metis; Unknown.*** Record response in CMOIS
        ii. If No, continue to 3.
    3. ***Have you already received your first dose of COVID-19 vaccine?***

i. If Yes, ***I am sorry, we are only offering first doses at this time. Please watch for provincial and health authority communication on when your second dose will be available.***
ii. If No, proceed to 4.

4. ***Please tell me if you are part of any of these priority groups:***
   a. ***Are you age 80 years or older?***
   b. ***Are you from one of these remote communities?***
      - Please refer to the community plan
      - ***Haida Gwaii (Masset, Skidegate, Queen Charlotte City, Tlell, Sandspit, Port Clements)***
      - ***Stewart***
      - ***Dease Lake, Telegraph Creek, Iskut***
      - ***Granisle***
      - ***Fort Nelson***
5. If Eligible, proceed to E. to start screening
6. If Not Eligible: ***I am sorry you are not currently eligible. Please plan to book into a later clinic when your age category is able to receive the vaccine. Please watch for provincial and health authority communication on when you will be eligible.***

E. ***Have you received a positive COVID-19 test in the last three months?***
1. If Yes**, "Current immunization guidelines require that you wait until three months after a positive COVID-19 test before receiving a dose of vaccine. Please plan to have your second dose done at a later clinic."**
2. If No, proceed to F.

F. ***Do you currently have any symptoms of COVID-19, including:***

Fever or chills	***Headache***	***Sore throat***
Cough	***Body aches***	***Loss of appetite***
Loss of sense of smell or taste	***Nausea or vomiting***	***Extreme fatigue or tiredness***
Difficulty breathing	***Diarrhea***	

1. If No to all symptoms above continue to G.
2. If Yes to any of the symptoms above, please talk with your primary care provider about your symptoms and about getting a COVID-19 test. Your primary care provider will advise you when you are able to receive the vaccine.
   i. End call
3. If you do not have a primary care provider, you can call the Northern Health Virtual Clinic **1-844-645-7811**, 7 days per week 10 am – 10 pm.
   i. End call

G. ***It appears there is an appointment available at a nearby clinic. Would you like me to look into appointment times for you? This may take a few minutes.*** Complete registration/scheduling

i. Verify Information in Registry/PHN Lookup
    a. Search for client in MOIS and register or verify and update demographics following Confluence Standards
    b. Ensure phone numbers are accurate for contacting if clinic is cancelled
    c. Ensure email (home) entered
    d. If self identifies as First Nation, Inuit, and/or *Métis* update Patient detail according to Confluence.
ii. After the scheduling step, ***We would like to send you an appointment verification email. By providing the email, you consent to being sent this email with your personal information and the date, time and location of your appointment.***
    i. If yes, ***Can I please get your email where you would like to receive this?***
        a. Ensure email is entered in Demographics
        b. Document Preference with EITHER ALLOW or NOT ALLOW to CONSENT
iii. Book into available slot
iv. Provide caller with the address/time/location for immunization
v. Provide caller with arrival instructions at the site

H. ***There is an appointment available on this date _____, at this time _____, at location _____. Would you like me to book this appointment time for you?***

Please ensure you call us back at 844-255-7555 if you change your mind about receiving the vaccine or need to reschedule your appointment. There is a limited number of vaccine doses available and once the vaccine is prepared for an appointment, there is a limited amount of time to be able to use each dose.

You may have a support person attend your appointment with you. Please ensure you bring a valid BC Care Card, BC Services Card, or Personal Health Number (this may be on the back of your driver's license) to your appointment if you have it. If you do not have a BC PHN, one will be assigned to you on arrival at the clinic. Please wear a mask and a short sleeve shirt to your immunization appointment. You will be asked to wait on site for 15 minutes after your immunization; please plan to be at the clinic for approximately 30 minutes total. Please do not arrive more than 5 minutes before your appointment to the clinic. Also, if you have not received an appointment confirmation email within 15 minutes please check your junk/spam mailbox. If you don't receive a confirmation today please call us back.

COMMUNICATION – Tool #2: Website addresses for Information Resources
INSERT HERE

EDUCATION AND ORIENTATION – TOOL #1: Tip Sheet: Culturally Safe Communication

Culturally safe communication happens when we…

Offer a warm welcome and ensure our words and manner project acceptance and caring.

- *Remember not everyone communicates in the same way. The words we use can sometimes be perceived as biased or discriminatory.*
- *Have 'Greeters' at the door to welcome Elders and seniors. Ensure Greeters have a name tag that may also include their place or employment or affiliation with an organization or group.*

Demonstrate care and compassion for Elders and seniors through our verbal and non-verbal language.

- *Be present. Listen carefully.*
- *Speak clearly and slowly, using plain language.*

Remember people can be experiencing stress about vaccinations including recalling past experiences.

- *Show genuine interest as Elders and seniors voice their fears, concerns and questions.*
- *Answer questions about the vaccine without rushing.*
- *Acknowledge that Indigenous peoples have had different experiences with the health care system – not all of them positive.*
- *Enlist the help of the Indigenous Greeter or Host if need be.*

Are aware that Indigenous cultures have different understandings of health and well-being.

- *If you don't know or you are unsure about something, ask in a polite and respectful way.*

Are the person that an Indigenous person will feel safe to talk to, ask questions and seek support from.

Remember that we are here to serve others. People need and deserve the best we can give them.

Thank you for the work you do every day!

EDUCATION AND ORIENTATION MATERIALS – Tool #2: “Takeaway” Information Package

INSERT HERE

EDUCATION AND ORIENTATION MATERIALS – Tool#3: *Frequently Asked Questions*

****Note – the COVID-19 vaccine rollout is a rapidly evolving situation; this resource may go out of date. If in doubt about content, please check the BC COVID-19 Immunization Plan website for the latest information.**

March 7, 2021

*Note to staff: **If contacted by media at any time**, please refer them to the Northern Health Media Line (Communications Department) for their questions: 877-961-7724.*

Please do NOT give this line to members of the public.

GENERAL KEY POINTS

- We appreciate people's patience as we shift into Phase 2 of the immunization plan, which includes immunizing seniors 80 years and older and Indigenous peoples 65 years and older, along with healthcare workers who have not yet been vaccinated, and people living in settings that make them vulnerable to outbreaks.
- With so many seniors in need of vaccine, BC has staggered the approach:
  - We've **reached out directly to some of the people** we have contact information for – seniors and high-risk people residing in independent living and senior's supportive housing (including staff), and home care support clients and staff
  - **Other seniors are, as of Monday March 8, able to (and need to) call to book appointments**, with older British Columbians becoming eligible first
- We understand that many are eager to register to receive their vaccinations and learn more about the process, and family and friends of seniors are eager to assist however they can.
- Within Phase 2, different groups will be eligible to receive the vaccine at different times, with the oldest British Columbians becoming eligible first
  - **In the North, there are also community-by-community variations to when different groups are able to call to book their appointments, given our smaller populations, especially in specific demographics/age-ranges**
  - **In some communities, we are taking a whole-community approach to eligibility to book appointments for, and receive vaccine**
    - **again, this is due to some of the unique demographic, geographic, and logistical realities in the north**

- Everyone living in B.C. who is eligible to receive the vaccine will be able to get it and nobody will miss their opportunity to be immunized
    - By the end of September, it is expected that most people in B.C. will have the opportunity to get the vaccine if they want it.
- Once you are eligible to receive a vaccine you are always eligible, you will not miss your chance to be vaccinated.
- You can learn more about when different groups will be eligible to get the vaccine on the BC Government website: www.gov.bc.ca/covidvaccine
- Information for Seniors 80+ and Indigenous Peoples 65+ is available at www.gov.bc.ca/bcseniorsfirst

More information about Phase 2 of B.C.'s Immunization Plan:

- **On March 1,** health authorities began contacting people living and working in independent living centres and senior's supportive housing, as well as long-term home support clients and staff to book appointments.
    - ***People in this group do not need to call anyone, they will be contacted.***
- Other seniors will be able to call in, starting March 8, 2021. The exact date someone can call to book an appointment depends on how old they are, **and in many cases the specific, staggered eligibility in their community**.
- **On March 1, 2021**, first dose immunizations begin for those living and working in independent living centres and senior's supportive housing, as well as long-term home support clients and staff.
    - **Health authorities are directly contacting those in this priority group to book appointments – there is no need to call.**
- **Beginning March 8, 2021**, seniors aged 90+ and Indigenous peoples aged 65+ can make one call to book their appointment through their local health authority call centre, according to a staggered schedule to avoid long waits and system overload. There is no need to register before booking. Immunization clinic locations will be confirmed at time of booking, with vaccinations starting as early as March 15.
- In many smaller, remote and Indigenous communities, appointment and vaccination schedule differ slightly from provincial schedule.
- The **call-in schedule to book appointments is staggered** to avoid long waits and system capacity.
    - **When to call is based on age, with a staggered schedule that may vary - and some communities may have different directions and eligibility. Northerners are encouraged to visit the Northern Health website for details on their local appointment eligibility schedules, as they may vary from community to community.**

    - **March 8: Seniors born in or before 1931** (90 years+)/Indigenous peoples born in or before 1956 (65 years+) may call to book their vaccine appointment,
    - **As early as March 10 in many Northern communities, seniors born in or before 1941** (80 years+) may call to book their vaccine appointment.
- A family member, caretaker, healthcare worker, advocate or friend can also book an appointment on their behalf.

(See below for specific questions callers may ask)

What is the Northern Health number to call to make a vaccination appointment, or to make an appointment on behalf of a loved one?

- **Vaccine call centres for seniors open March 8, 2021**
    - Northern Health Authority (NHA): 1-844-255-7555

I can't get through to my Health Authority call centre?

- Health Authority call centres are accepting bookings from people in eligible age categories during specific weeks, starting March 8 and onwards.
- We know some people will experience long hold times and challenges in getting through to a call centre representative.
    - We're working to provide capacity, but due to the size of the vaccination effort, some hold times will be inevitable.
    - As such, we appreciate everyone's patience as we all work together to book the next eligible groups for their vaccination.
    - If it's not your turn yet, please do not call in to book an appointment.
    - By waiting until it's your turn, you are helping our booking system operate more smoothly and helping us book appointments for high-risk groups quickly and efficiently.
    - Everyone who is eligible to book a vaccination appointment will be able to book one. Nobody will miss their chance.
- Community-by-community schedules for when age-groups are eligible to call, can be found on the NH website at <<link>>
- **We are urging those who are not yet eligible to book the vaccine to avoid calling the call centres in order to ensure there's capacity**.
    - Unless you are in the listed age group or are an advocate or family member acting for someone in the age group, please do not phone the call centre.
    - If you call before you're eligible to do so, it will just prevent someone who is eligible from getting through to the call centre.
- Anyone who is looking for information on when they are eligible can visit government's website at gov.bc.ca/covid vaccine

Can I go anywhere to book my appointment online?

- At this time, Northern Health does not yet have an online option; more information will be released when that option becomes available

I am a senior born in 1941 or earlier, or I am Indigenous and born in 1956 or earlier. When can I call to book my first dose?

- **Vaccine call centres for seniors open March 8, 2021.** You can book a vaccine appointment for yourself or your spouse.
- You can also have a family member or friend call for you. It's easy and safe to book over the phone.
- **When you call is based on your age – but in many Northern (smaller, remote and Indigenous) communities, appointment and vaccination schedule differ slightly from provincial schedule.**
    - If you are born in 1931 or earlier (and are 90+) or Indigenous and born in 1956 or earlier (and are 65+), please call the week of March 8
    - **As early as March 10 in many Northern communities, seniors born in or before 1941 (80 years+) may call to book their vaccine appointment.**

What will a typical phone call look like with my Health Authority? What are the steps?

- Confirm you are in the age group eligible for booking
- You will be asked for your:
    - Legal Name
    - Date of Birth
    - Postal code
    - PHN (if you have one)
    - Phone (of person or family/support member)
    - Email (of person or family/support member)
- **You will be advised of your nearest clinic location**, and together you will choose the timeslot that works for you.
- The call centre agent will confirm your appointment time and location and you will receive a confirmation by text or email if you've provided that contact information.
- **Please note to expect that you might wait on hold for some time.**

Do I have to call and book my own appointment/what if I'm not able to book my own appointment?

- A family member, caretaker, healthcare worker, advocate or friend can also book an appointment on their behalf. We ask that only one support person call in on behalf of a senior in order to protect our call centres.
- The call-in schedule to book appointments will be staggered to help avoid long waits and system overload.

Will I get an appointment scheduled on the day of calling – or will these be booked based on a call back approach?

- In every Health Authority, your vaccine appointment will be booked at the time of your phone call.
- Follow-up confirmation will be provided by text or email for those who provide that contact information.

Are supports available for someone who does not have access to transportation to and from an immunization appointment, or are not mobile enough to go to a clinic?

- If you, or someone you are booking for does not have access to transportation to the appointment, please mention this at the timing of booking
    - Supports will be available to ensure access to immunization, up to and including scheduling home immunization for those with critical transportation or mobility issues

Where will my local vaccine clinic be/where are mass clinics located?

- Appointment locations for people in Phase 2 will be confirmed at the time they book their appointment.
- **The full list of Phase 2 clinic locations is available on the Northern Health** COVID-19 Vaccine Plan web page.
    - The full list of mass clinic locations for **Phase 3** will be shared publicly at a later date.

How were clinic locations chosen in the Northern Health region?

- Northern Health will be using a combination of small, medium and large size clinics located in communities across the region.
    - The clinic locations have been chosen , and planning for these clinics is based on population size, diverse populations, geographical considerations, accessibility of the site for seniors in particular, available resources such as adequate wifi, parking, and other efficiencies
- Phase 2 clinics include venues in more than 30 northern BC communities; ranging from local health care facilities, to schools and local colleges, and conference and event centres, and Northern Health thanks each and every community for their help in allowing use of their venues in the planned COVID-19 vaccine rollout.

How were clinic locations chosen/why isn't there a clinic in my community or neighbourhood?

- The clinic locations have been chosen based on population size, diverse populations, geographical considerations, available resources, and efficiencies.
- Additional requirements include facility amenities, technology and equipment requirements, and accessibility.
- We have planned our clinics to meet key requirements and we are engaging with local communities and local governments to enlist support to ensure our seniors get vaccinated.

How were communities chosen for the whole of community approach?

- These communities have been chosen to be vaccinated all at once due to population size, remoteness, and accessibility.
    - **Examples include Dease Lake, Haida Gwaii, Fort Nelson, and many others in the Northern Health region and across BC.**

I have received my first dose – why has my second dose appointment been cancelled?

- There has been a change to the provincial COVID-19 vaccine schedule; Second doses are being postponed until 16 weeks after dose 1.
- The Canadian National Immunization Advisory Committee has concluded that there is a benefit to extending the time between first and second doses to four months.
- The BC Ministry of Health has decided that it is in the best interests of British Columbians to have as many people as possible immunized with one dose of a COVID-19 vaccine.

EDUCATION AND ORIENTATION MATERIALS – Tool#4: Supporting Cultural Safety at Northern Health COViD-19 Clinics

3-minute Educational Video: INSERT LOCATION HERE

COVID-19 MASS IMMUNIZATION CLINIC

SITE PREPAREDNESS CHECKLIST

Overview
The purpose of this document is to support the identification, preparation, and initiation of mass immunization clinics.
Instructions: The following items should be addressed when initiating a mass immunization site. - Fill in the site details and contact information. - Some items may need to be discussed in detail, while others only need verification. - Mark the appropriated box, “YES”, “NO” or “N/A”, after each item. - Add any necessary comments or action items. - **Bolded and highlighted** items are mandatory for clinic initiation

Clinic Site Information	**Checklist Completed By:**
Name of Clinic Site:	Name:
Community:	
Address:	
	Role:
Type of Facility:	
Total Square Feet:	

Site Availability
Timeframe Available (from-to):
Blackout Dates:
Other availability challenges:
Rental or Lease Quote:
Termination and/or extension provisions in contract:

Item	Yes	No	N/A	Actions / Comments
Clinic Location				
Located in a population dense area				
Easy to transport supplies to location				
Location is available on evenings & weekends				
Location is familiar to the community				
Location has or is near sufficient parking				
Venue capacity appropriate for community population				
Location is allowable for use under zoning and other regulation				
Location is near communities at increased COVID risk or who may have limited access to transport				
Location has access to loading dock/area				
Location has held immunization clinics before				
Easily accessible by public transportation				
Location has access to cellular coverage				

Item	Yes	No	N/A	Actions / Comments
Facility Layout & Amenities				
Clinic Model can be adapted to facility				
Sufficient washroom facilities are available (staff and clients)				
Separate entrance and exit for client flow is available that are clearly marked				
Sufficient and secure space for storage (Curtained-off area or adjacent storage room for storage over-night)				
Location has or is near sufficient parking				
Venue capacity appropriate for community population				
Location is allowable for use under zoning and other regulation				
Location is near communities at increased COVID risk or who may have limited access to transport				
Location has access to loading dock/area				
Location has held immunization clinics before				
Easily accessible by public transportation				
Location has access to cellular coverage				

Item	Yes	No	N/A	Actions/Comments
Furniture & Equipment				
First aid kits are available				
Adequate and sufficient seating available for clients and staff				
Adequate and sufficient tables and desks available for staff work spaces				
Anaphylaxis kits available				
Automated External Defibrillator (AED) available				
Ambulance access point identified				
Site safety plan is in place				
Naloxone kits available				
Carts or dollies available for transporting equipment and supplies				

Information Technology				
Site has land-line capability				
Facility has cellular, radio, and satellite communications				
Audiovisual equipment available on-site				
Communications equipment available on-site				
Extension cords and other cords needed for computers; way to secure cords to floors for safety				

Accessibility				
Accessible ramps				
Accessible washrooms				
Automated doors				
Space for expedited service – eg. Seated line-ups				

Cultural Safety & Humility				
Location is culturally safe (eg. Friendship Centre)				
Signage and clinic information follow the BCCDC COVID-19 Language Guide				

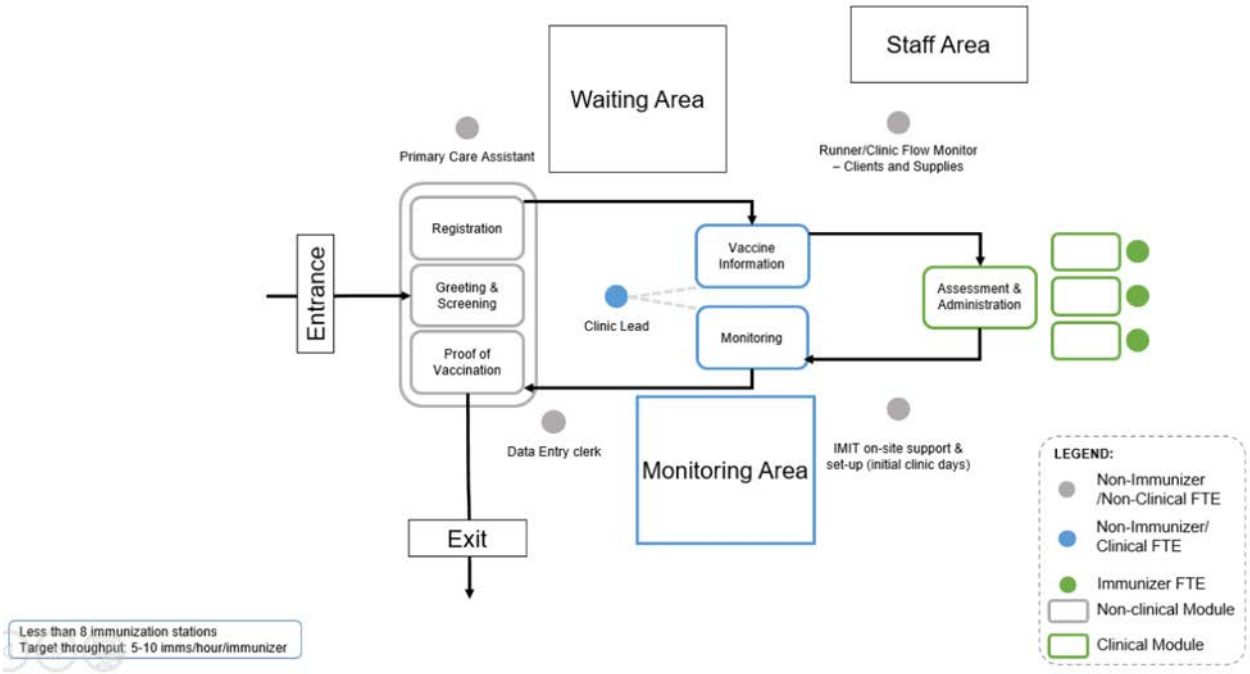
Space for traditional wellness and family immunization is available				
Signage and clinic information are available in local indigenous dialect				
Culturally appropriate wellness supports are available (eg. mental health clinicians)				
Food and drink are provided for immunization recipients				

LOCATION AND CLINIC ENVIRONMENT – TOOL #2: Layout

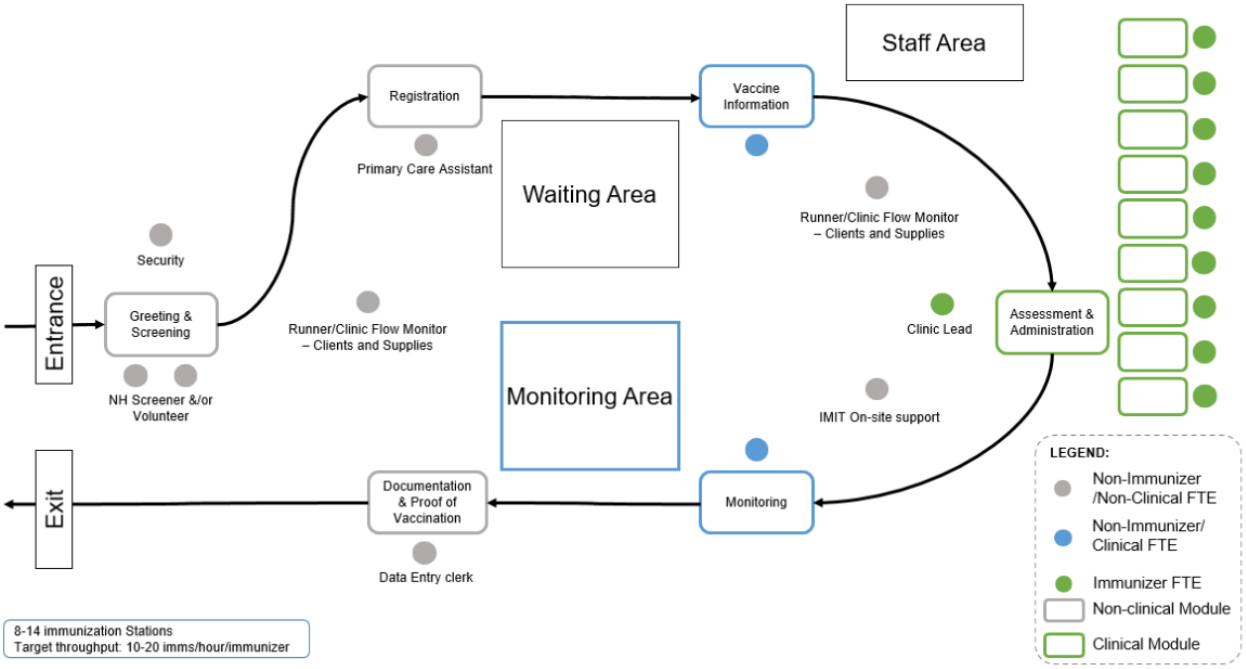
Clinic Environment

Layout

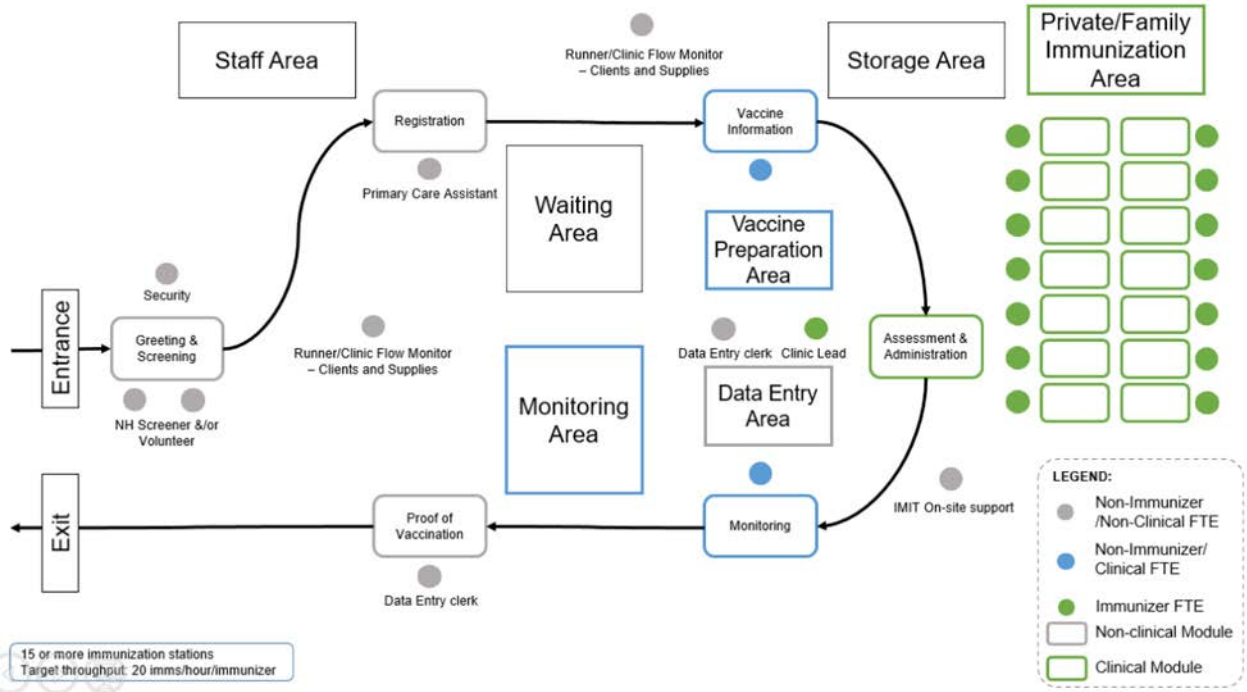
Small Clinic (population less than 5000)



Medium Clinic (Population between 5000-12,000)



Large Clinic (Population over 12,000)



MISSION, VISION, VALUES, AND PRIORITIES BRD 100

INTRODUCTION

The Board of Directors of Northern Health (the "Board) establishes the mission, vision, values, and priorities statements that guide the delivery of care and services in Northern Health.

SLOGAN

"The Northern way of caring"

MISSION

Through the efforts of dedicated staff and physicians, in partnership with communities and organizations, we provide exceptional health services for Northerners

VISION

Northern Health leads the way in promoting health and providing health services for northern and rural populations

VALUES

Value statements guide decisions and actions.

We will succeed in our work through:

Empathy
Seeking to understand each individual's experience.

Respect
Accepting each person as a unique individual.

Collaboration
Working together to build partnerships.

Innovation
Seeking creative and practical solutions.

STRATEGIC PRIORITIES

Health People in Healthy Communities
Northern Health will partner with communities to support people to live well and to prevent disease and injury.

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

Coordinated and Accessible Services

Northern Health will provide health services based in a Primary Care ~~Home~~ Network ~~and linked~~with a link to specialized and acute services. These services will support people and their families over the lifespan, from staying health, to living well with disease and injury, to end-of-life care. ~~to a range of specialized services which support each person and their family over the course of their lives, from staying healthy, to addressing disease and injury, to end-of-life care.~~

Quality

Northern Health will ~~ensure a culture of continuous quality improvement in all areas.~~improve continuously.

ENABLING PRIORITIES

Our People

Northern Health ~~provides services through its people and will work to have those people in place and to help them flourish in their work.~~will provide a positive, dynamic environment where staff and physicians make a difference for the people we serve.

Communications, Technology, and Infrastructure

Northern Health will ~~implement effective communications systems, and sustain a network of facilities and infrastructure that enables service delivery.~~advance communications, technology, and infrastructure.

BOARD CALENDAR BRD 110

The following items are brought forward to the Board for decision throughout the calendar year. Refer to committee work plans for additional detail (BRD 310, 320 & 330).

	LEAD	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
A. Strategies, Plans and Performance													
i) Review Mission, Vision and Values	Board Chair & CEO										X		
ii) Preliminary review of Strategic Plan	Board Chair & CEO												X
iii) Review and approval of Strategic Plan	Board Chair & CEO		X										
iii) Review and approval of Service Plan	Board Chair & CEO				X								
iv) Review and approval of Annual Budget Management Plan.	Chair Audit & Finance Committee & CFO				X								
iv) Review and approval of Annual Capital Plan.	Chair Audit & Finance Committee & CFO		X										
v) Performance Reporting against Strategic and Service Plan	CEO Board Committees	ONGOING OR AS REQUIRED											
vi) CEO's Report	CEO	ONGOING OR AS REQUIRED											

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

	LEAD	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
B. Financial Control													
i) Appoint External Auditors	Chair Audit & Finance Committee & CFO										X		
ii) Set Audit Fees	Chair Audit & Finance Committee & CFO										X		
iii) Approve Annual Statements	Chair Audit & Finance Committee & CFO						X						
iv) Review Operating and Financial Performance	CFO	ONGOING OR AS REQUIRED											
C. Governance & Management Relations													
i) Approve CEO Annual Objectives	Chair GMR Committee						X						
ii) CEO Performance Evaluation	Chair GMR Committee				X		X						
iii) Approve CEO Compensation	Chair GMR Committee						X						
iv) Review Management Succession and Development Plans	VP HR										X		
v) Compensation Policy Review	VP HR		X										
vi) Review Board Profile and Director Criteria	Chair GMR Committee	ONGOING OR AS REQUIRED											

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

	LEAD	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
vii) Recommend potential candidates to the Government	Chair GMR Committee & Board Chair	ONGOING OR AS REQUIRED											
viii) Appoint Committee Chairs and Members (Deputy Chair elected by Board - BRD150)	Board Chair						**X**						
ix) Board/Board Chair/Committee Evaluation/Individual Director Evaluation	Chair GMR Committee										X		
x) Bylaw review	Chair GMR Committee	ONGOING OR AS REQUIRED											
xi) Annual Report	Chair GMR Committee & Director Communications						X						
xii) Community Consultation (major initiative every second year)	Chair GMR Committee & Director Communications						X				X		

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

	LEAD	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
D. Medical Advisory Committee													
i) Medical Advisory Committee Report	Chair 3P Committee & VP Medicine	ONGOING OR AS REQUIRED											
ii) Medical Staff Annual Reappointment Process	Chair 3P Committee & VP Medicine												X
iii) New Medical Staff appointments	Chair 3P Committee & VP Medicine	ONGOING OR AS REQUIRED											
vi) Physician HR Planning	Chair 3P Committee & VP Medicine										X		
E. Government/Board Interface													
i) Meet with the Minister/Deputy Minister	Board Chair / CEO	ONGOING OR AS REQUIRED											
ii) Review annual Mandate Letter from the Minister of Health	Board Chair/CEO	ONGOING OR AS REQUIRED											

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

TERMS OF REFERENCE FOR THE BOARD CHAIR BRD 120

INTRODUCTION

1. The Board Chair is appointed by the BC Minister of Health.

2. The Board Chair's primary role is to act as the presiding Director at Board meetings and to manage the affairs of the Board of Directors of Northern Health (the "Board"). This includes ensuring that the Board is properly organized, functions effectively, and meets its obligations and responsibilities.

3. The Board Chair builds and maintains a sound working relationship with the President and Chief Executive Officer (the "CEO") and ensures an effective relationship between the Minister of Health, other government representatives and key stakeholders.

4. The Board Chair is an ex-officio member of Board committees where he/she is not appointed as a full member, including the Northern Health Medical Advisory Committee.

DUTIES AND RESPONSIBILITIES

Working with Management

The Board Chair:

1. Acts as a sounding board, counsellor and confidante for the CEO and assists in the review of strategy, definition of issues, maintenance of accountability, and building of relationships.

2. In conjunction with the CEO, represents Northern Health as required.

3. Ensures the CEO is aware of concerns of Government, the Board and other stakeholders.

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

4. Leads the Board in monitoring and evaluating the performance of the CEO, ensures the accountability of the CEO, and ensures implementation of the management succession and development plans by the CEO.

5. Works closely with the CEO to ensure management strategies, plans and performance are appropriately represented to the Board.

6. In conjunction with the CEO, fosters a constructive and harmonious relationship between the Board and the senior management group.

Managing the Board

The Board Chair:

1. Acts as the primary spokesperson for the Board.

2. Ensures the Board is alert to its obligations to Northern Health, the Government and other stakeholders.

3. Chairs Board meetings and ensures that the appropriate issues are addressed.

4. Establishes the frequency of Board meetings and reviews such frequency from time to time as considered appropriate, or as requested, by the Board.

5. Assists the Governance & Management Relations Committee in developing Director criteria and in identifying potential candidates to be recommended to the Government for appointment as Directors, and communicates with the Government regarding the criteria and names of candidates.

6. Recommends committee membership and committee Chair appointments to the Board for approval; and reviews and reports to the Board the need for, and the performance and suitability of, Board committees.

7. Liaises and communicates with all Directors and committee Chairs to coordinate input from Directors, and optimizes the effectiveness of the Board and its committees.

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

8. Ensures the coordination of the agenda, information packages and related events for Board meetings in conjunction with the CEO and the Corporate Secretary.

9. Ensures major initiatives have proper and timely Board understanding, consideration, oversight and approval.

10. Ensures the Board receives adequate and regular updates from the CEO on all issues important to the welfare and future of Northern Health.

11. Builds consensus and develops teamwork within the Board.

12. Reviews Director conflict of interest issues as they arise.

13. In collaboration with the CEO, ensures information requested by Directors or committees of the Board is provided and meets their needs.

14. Ensures regular evaluations are conducted of the Board, Board Chair, Directors and Board committees.

15. Engages independent counsel or advisors, as considered necessary, and provides approval to Board committees seeking to engage independent counsel or advisors, as appropriate.

Relations with the Government and other Stakeholders

In consultation with the Board, the Board Chair has the responsibility to establish regular interactions and relationships with individuals, groups, organizations and at meetings such as:

- Board Chair/CEO meetings
- Chair to Chair meetings
- Local & municipal governments
- Minister of Health
- MLAs
-

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

- First Nations Health Authority, Metis Nation of BC, First Nations Health Council – Northern Regional Caucus, and First Nations communities in the north
- NGOs (Alzheimer Society, Canadian Cancer Society, Canadian Red Cross etc.)
- North Central Local Government Association (NCLGA) & Union of British Columbia Municipalities (UBCM)
- Other provincial Ministries and government bodies
- Regional Districts (RD) & Regional Hospital Districts (RHD)

The Board Chair may authorise other Directors to participate in meetings with government and other stakeholders.

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

TERMS OF REFERENCE FOR THE PRESIDENT & CHIEF EXECUTIVE OFFICER BRD 130

INTRODUCTION

The President & Chief Executive Officer (the "CEO") reports to the Northern Health Board of Directors (the "Board") and maintains open communication with the Board Chair. The CEO is not a member of the Board.

The CEO is responsible for:

1. Providing leadership, management and control of the operations of Northern Health on a day-to-day basis in accordance with the strategies, plans and policies approved by the Board

2. Providing leadership and management to ensure strategic and annual plans are effectively developed and implemented, the results are monitored and reported to the Board, and financial and operational objectives are attained

DUTIES AND RESPONSIBILITIES

General

1. Leads and manages the organization within parameters established by the Board, as informed by Ministry of Health directives, and within Executive Limitations (BRD 230)

2. Ensures the safe and efficient operation of the organization

3. Ensures compliance with applicable laws and regulations, and with Board and Administration policies and practices

4. Fosters a corporate culture that promotes ethical practices, respect in the workplace, individual integrity, and social responsibility

5. Obtains Board approval prior to acceptance of significant public service commitments and/or outside Board appointments

Communication and Counsel to the Board

Information and advice to the Board shall be timely, complete, and accurate. Accordingly, the CEO shall:

1. Ensure the Board is aware of relevant trends, material risks, and significant internal and external organizational changes and anticipated adverse media coverage

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

2. Inform the Board of any contract that, in the judgement of the CEO, may be of special interest to the Board. These include contracts that could materially affect the standard of care, represent unusual risk, or have significant community impact.

3. Submit the appropriate information in a timely, accurate and understandable fashion to allow for fully informed Board decisions

4. Provide appropriate mechanisms for official Board communications

5. Normally deal with the Board as a whole, while recognizing that periodic interaction with individual members, officers and Board committees is necessary to perform the CEO's responsibilities

6. Report to the Board non-compliance with any Board policy

7. Keep the Board fully informed of all significant operational, financial and other matters relevant to the organization. This includes external items emanating from Governments and stakeholders

8. Co-sign with the Board Chair the quarterly & annual financial statements and the annual auditor engagement letter

9. Manage and oversee the required interfaces between Northern Health, Government and stakeholders, and acts as the principal spokesperson for Northern Health

10. Ensure effective communications with the general public and stakeholders and shall foster and maintain relationships with agencies, educational institutions, Government, health delivery organizations, other key stakeholders, professional regulatory bodies and special interest groups to encourage understanding and cooperation in the development, implementation and evaluation of operational and strategic plans

11. The CEO may speak on the Chair's behalf if the Board Chair is unavailable[1].

STRATEGIC PLANNING

1. The CEO shall develop and recommend processes to the Board regarding:
   a. The development, evaluation, and revision of NH's Strategic Plan including the mission, vision, values, and strategic directions
   b. Ensuring alignment of NH's Strategic Plan with NH's commitment to government through the Mandate Letter

[1] See also BRD220

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

2. The CEO shall establish organizational processes that enable the development of operational, financial, and capital plans that position NH to achieve the Strategic Plan

3. The CEO shall successfully implement the Board approved annual service, budget management, and capital plans

4. The CEO shall establish accountability processes (e.g. scorecard) for the Board regarding the performance of the organization in achieving the goals and targets set out in the operational plan

QUALITY

1. The CEO shall ensure the development and implementation of a quality improvement framework including:
   a. The policies, standards, structures and processes necessary to support quality improvement and patient safety
   b. Delegation of authority to individuals or positions to conduct quality reviews under Section 51 of the *Evidence Act*

WORKING ENVIRONMENT

Northern Health acknowledges that the staff is its most important resource and that there is both an obligation of, and the benefit to, the organization in maintaining a positive working environment. Accordingly the CEO shall:

1. Ensure that working conditions are respectful and safe, and in compliance with negotiated agreements or legislated employment standards

2. Develop organizational structures and processes that embrace diversity and ensure cultural safety

3. Develop and maintain a sound, effective organization structure

4. Ensure progressive employee training and development programs exist

5. Ensure that all members of the organization have their responsibilities and authorities clearly established

6. Establish and maintain a Board approved plan for senior management development and succession that is reviewed on an annual basis

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Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 20, 2020 (R)

7. Provide the Board, at Board and committee meetings, with exposure to key management personnel

FINANCIAL AND CAPITAL PLANNING

1. The CEO shall facilitate financial and capital planning which:
    a. Is consistent with established Board priorities
    b. Is fiscally prudent
    c. Is reflective of a generally acceptable level of foresight
    d. Plans the expenditure of funds in any fiscal year that are projected to be available in that period and if a shortfall is predicted, articulates the strategy to address the funding shortfall
    e. Allocates resources among competing budgetary need.
    f. Is consistent with long-term organizational planning
    g. Addresses fiscal contingencies

2. The CEO will implement financial and capital reporting processes that contain sufficient information to enable:
    a. Accurate projections of revenues and expenses
    b. Separation of capital and operational items
    c. Cash flow analysis
    d. Subsequent audit trails
    e. Disclosure of planning assumptions
    f. Accurate projections of any significant changes in the financial position

Asset Protection

The CEO shall ensure Northern Health's assets are protected, adequately maintained and not put at unreasonable or unnecessary risk. Accordingly, the CEO shall:

1. Identify the principal risks of the organization's business, and implement appropriate systems to manage these risks

2. Ensure that appropriate steps are taken to reasonably protect Northern Health, its Board and staff from claims of liability

3. Maintain adequate levels of insurance against:
    a. Theft, fire and casualty losses

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

b. Liability losses to Directors, staff and individuals engaged in activities on behalf of Northern Health
c. Losses due to errors and omissions on the part of Directors and staff

4. Receive, process, or disburse funds under controls developed in consultation with Internal Audit that are sufficient for the Board appointed external auditor to rely upon when expressing their opinion on the financial statements[2]

5. Invest or hold operating capital consistent with the approved Investment Policy[3]

6. Establish effective control and co-ordination mechanisms for all operations and activities. Ensure the integrity of internal control, management, and clinical systems.

Compensation and Benefits

With respect to employment, compensation and benefits to employees, consultants, contract workers and volunteers, the CEO shall not allow the fiscal integrity or the public image of Northern Health to be jeopardized. Accordingly, and as per BRD 230 - Executive Limitations, the CEO shall not change his/her own compensation or benefits

Other duties and responsibilities

1. Pursuant to the *Tobacco and Vapour Products Control Act,* The CEO is delegated by the Board to carry out the designation of smoking areas on health authority property where operationally appropriate.
    a. A decision to designate such an area will be based on a set of principles considering patient and staff safety.
    b. The CEO will report the decision to designate such an area to the 3P Committee of the Board.

[2] See DST 4-4-2-030: Finance>Accounts Payable>Signing Authority
[3] See DST 4-4-6-040: Finance>General Accounting>Banking and Investment

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

TERMS OF REFERENCE FOR A DIRECTOR **BRD 140**

INTRODUCTION

A Director of the Board of Northern Health (the "Board") has the following fundamental obligations.

FIDUCIARY RESPONSIBILITIES

Honesty and Good Faith

Common law requires a Director to act honestly and in good faith with a view towards the best interests of the organization. The key elements of this standard of behaviour are:

1. A Director must act in the best interests of the organization and not in his or her self-interest. This also means a Director should not be acting in the best interests of some special interest group or constituency.

2. A Director must not take personal advantage of opportunities that come before him/her in the course of performing his/her Director duties

3. A Director must disclose to the Board any personal interests that he/she holds that may conflict with the interests of the organization

4. A Director must respect the confidentiality requirements of the Board's Code of Conduct and Conflict of Interest Guidelines (BRD210)

Skillful Management

A Director shall exercise the degree of care, diligence and skill that a reasonably prudent person would exercise in similar circumstances. This means:

1. Directors are expected to bring their expertise to bear upon matters under consideration

2. The Director must be proactive in the performance of his or her duties by:

    a. showing diligence by examination of reports, discussion with other Directors, and otherwise being sufficiently familiar with the organization's activities

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Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 8, 2020 (R)

b. participating in a meaningful way

c. being vigilant to ensure the organization is being properly managed and is complying with laws affecting the organization

d. participating in the annual Board evaluation and the evaluation of individual Directors

STANDARDS OF BEHAVIOUR ESTABLISHED BY THE BOARD

The Board has established the following standards of behaviour for Directors.

General

As a member of the Board, each Director will:

1. Demonstrate a solid understanding of the role, responsibilities and legal duties of a Director and the governance structure of the organization as outlined in the Board manual

2. Demonstrate high ethical standards in personal and professional dealings

3. Understand the difference between governing and managing, and not encroach on management's area of responsibility

Strategies and Plan

As a member of the Board, each Director will:

1. Demonstrate an understanding of the organization's strategic direction

2. Contribute and add value to discussions regarding the organization's strategic direction

3. Provide strategic advice and support to the President and Chief Executive Officer (the "CEO")

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

4. Participate in monitoring and evaluating the success of the organization and the CEO in achieving established goals and objectives, including participation in the annual CEO performance planning and review process

Preparation, Attendance and Availability

As a member of the Board, each Director will:

1. Prepare for Board and committee meetings by reading reports and background materials distributed in advance

2. Maintain an excellent Board and committee meeting attendance record. The target is 100% attendance. Anything less than 80%, without extenuating circumstances, would create difficulties for the Board. Where a Board member anticipates an inability to meet the attendance requirements, he or she will discuss the circumstances with the Board Chair to determine an appropriate course of action. This may include an unpaid leave of absence or potential resignation from the Board.

3. Attend the entire Board or committee meeting, not just parts of meetings

4. Participate in committees and contribute to their purpose

5. Participate in Board meetings in person particularly those where the Board members are meeting members of the public. Some exceptions can be made in extenuating circumstances.

6. Attend other meetings attending to business of the Board, at the direction of the Board Chair, which may include meetings 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.

Communication and Interaction

As a member of the Board, each Director will:

1. Demonstrate good judgment

2. Interact appropriately with the leadership and management of the organization

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

3. Participate fully and frankly in the deliberations and discussions of the Board

4. Be a positive and constructive force within the Board

5. Demonstrate openness to other opinions and the willingness to listen

6. Have the confidence and will to make tough decisions, including the strength to challenge the majority view

7. Maintain collaborative and congenial relationships with colleagues on the Board.

8. Advise the CEO and the Chair in advance when introducing significant and/or previously unknown information or material at a Board or Board Committee meeting

9. Once a decision has been made, support the decision

10. While the Board Chair is the primary spokesperson for the Board (BRD120), individual Directors may be called upon to speak on behalf of the Board in instances where the Board Chair is not available (e.g. opening of a new facility). See BRD220.

Health Authority Knowledge

Each Director will:

1. Become generally knowledgeable about the organization's operation, health care issues, and how the organization fits into the provincial health care system

2. Participate in Director orientation and development programs developed by the organization from time to time

3. Maintain an understanding of the regulatory, legislative, social and political environments within which the organization operates

4. Become acquainted with the organization's senior managers

5. Be an effective ambassador and representative of Northern Health

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Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 8, 2020 (R)

6. Become generally knowledgeable about the population served and the partners of Northern Health, such as:
   a. Local & municipal governments
   b. provincial government political leaders e.g. MLAs
   c. First Nations Health Authority, Metis Nation of BC, First Nations Health Council – Northern Regional Caucus, and First Nations communities in the north
   ~~b.~~
   ~~c.~~d. NGOs (Alzheimer Society, Canadian Cancer Society, Canadian Red Cross etc.)
   ~~d.~~e. North Central Local Government Association (NCLGA) & Union of British Columbia Municipalities (UBCM)
   ~~e.~~f. Other provincial Ministries and government bodies
   ~~f.~~g. Regional Districts (RD) & Regional Hospital Districts (RHD)

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Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 8, 2020 (R)

TERMS OF REFERENCE FOR THE DEPUTY CHAIR BRD 150

INTRODUCTION

1. The selection of the Deputy Chair lies with the Board of Directors of Northern Health (the "Board"), through a nomination process.

2. The Deputy Chair shall be elected from among the Board members at the June Board meeting, or at a time determined by consensus of the Board. The election will be held by secret ballot.

3. In order to develop additional leadership strength, the role of Deputy Chair will provide a developmental opportunity for Directors.

4. The term of the Deputy Chair will typically be two years. The Board may, at any time, end the term of a Deputy Chair.

ROLE OF THE DEPUTY CHAIR

1. The Deputy Chair will perform the duties of the Board Chair when the Board Chair is unavailable or unable to act.

2. In the event of the Board Chair resigning, the Deputy Chair will perform the duties of the Board Chair, at the pleasure of Government, until a new Board Chair is appointed.

3. If both the Board Chair and Deputy Chair are unavailable or unable to act, the Board may elect from among its members an Acting Chair to conduct a meeting or for such other purposes as the Board may determine.

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

TERMS OF REFERENCE FOR THE CORPORATE SECRETARY BRD 160

GENERAL

The Corporate Secretary of Northern Health is the President & Chief Executive Officer (the "CEO") who has overall responsibility for the secretariat function and duties as outlined herein. The CEO may delegate certain aspects of these duties while maintaining overall oversight and accountability.

SPECIFIC RESPONSIBILITIES

1. Attends all meetings of the Board of Directors of Northern Health (the "Board") and Board Committees, including Board-only sessions, unless otherwise directed by the Board Chair

2. Organizes and ensures the proper recording of the activities of the Board and committee meetings

3. Ensures that Northern Health complies with its governing legislation and Organization and Procedure Bylaws (BRD600)

4. Reviews Organization and Procedure Bylaws to ensure their continued adequacy and relevance, and provides recommendations to the Governance and Management Relations Committee on necessary revisions

5. Keeps the corporate records

6. Maintains custody of the corporate seal

7. Reviews and keeps up-to-date on developments in corporate governance and promotes strong corporate governance practices

8. Advises and assists Directors with respect to their duties and responsibilities

9. Serves as the main source of governance expertise to the Board in relation to:

    a. Current developments in governance practice
    b. Effective relationships between Board and Executive

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

c. Policy and legislative compliance

10. Facilitates the orientation and on-going education of Directors, with direction from the Board

11. Acts as a channel of communication and information for Directors

12. Administers the Code of Conduct and Conflict of Interest Guidelines for Directors (BRD 210)

13. Verifies, authorizes and processes payment of:

    a. Board and Committee meeting fees
    b. Board Director expense and travel claims (BRD 610)

14. Monitors Board member terms and liaises with the Board Chair and the Board Resourcing and Development Office (BRDO) to ensure the timely processing of documentation for Board appointments and reappointments for Board continuity

15. Carries out any other appropriate duties and responsibilities as may be assigned by the Board Chair

Author(s): Governance & Management Relations Committee
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Date Issued (I), REVISED (R), reviewed (r): April 20, 2020 (r)

TERMS OF REFERENCE FOR THE CHAIR OF THE NORTHERN HEALTH MEDICAL ADVISORY COMMITTEE AT BOARD MEETINGS

BRD 170

INTRODUCTION

The Board of the Directors of Northern Health (the "Board") shall appoint a Northern Health Medical Advisory Committee (NHMAC)[1]

The Chair of the Northern Health Medical Advisory Committee ("NHMAC Chair") is appointed by the Board after consideration of the recommendation of the NHMAC[2]

The NHMAC Chair provides advice to the President and Chief Executive Officer of Northern Health (the "CEO") and to the Board on:

1. The processes in place to manage the appointment of Northern Health Medical Staff, including credentialing and privileging.
2. The deliberations and recommendations of the NHMAC regarding appointments to the Northern Health Medical Staff.
3. The provision of medical care within the facilities and programs operated by Northern Health
4. The monitoring of the quality and effectiveness of medical care provided within the facilities and programs operated by Northern Health
5. The adequacy of medical staff resources
6. The continuing education of the members of the medical staff
7. Planning goals for meeting the medical care needs of the population served by Northern Health

The Chair or Vice Chair of NHMAC shall provide a report to the Board and to the CEO on a regular basis

THE ROLE OF THE NHMAC CHAIR AT THE BOARD

The role of the NHMAC Chair at Board meetings is to provide a report on the deliberations, motions, recommendations and decisions of the NHMAC. The NHMAC Chair will also inform the Board of any items of discussion from NHMAC meetings that are not included in the minutes as necessary to contribute to the Board discussion.

The Board will be provided with copies of the 'draft' minutes of the NHMAC meetings in order that the Board may independently review the issues discussed by NHMAC and to ensure that they are familiar with the NHMAC's deliberations.

In addition, the NHMAC Chair may participate in Board discussions. The perspective of a practicing physician will be helpful to the Board when discussing certain issues.

[1] NH Medical Staff Bylaws Article 8.1.1
[2] NH Medical Staff Bylaws Article 8.2.2

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Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 20, 2020 (r)

Because of the size and diversity of the region and the opinion of the various medical communities, it is important that the NHMAC Chair is explicit when he/she is reflecting the opinion of the NHMAC and when the he/she is reflecting his/her own personal or professional opinion.

The NHMAC Chair will be encouraged to contribute to the Board agenda items that are related to quality of care and service delivery issues and items that are identified in the Medical Staff Bylaws.

The NHMAC Chair may request, or be requested, to attend meetings of Board committees to provide specific NHMAC advice and perspective to quality of care and service delivery issues being considered by Board committees. However, the NHMAC Chair is not expected nor entitled to attend Board committee meetings other than by specific invitation.

The Board recognizes and differentiates between advocacy for the interests of medical practitioners and the provision of professional advice regarding quality of care and service delivery issues of importance to patients. Advocacy for the former is a function of the Medical Staff Association, a companion to the medical staff organization. The NHMAC Chair is expected to differentiate between these perspectives and to restrict his/her function as NHMAC Chair to the provision of professional advice regarding quality of care and service delivery issues.

The NHMAC Chair will be excused from 'in camera' portions of Board meetings dealing with agenda items for which, in the opinion of the Board Chair, or of the Chairs of Board committees, the presence of the NHMAC Chair would create a conflict of interest for the NHMAC Chair, or which may prejudice the relationship between the Board and the NHMAC, medical staff or NHMAC Chair if the NHMAC Chair is present during discussions.

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

BOARD BRIEFING NOTE

Date:	26 March 2021	
Agenda item	Code of Conduct and Conflict of Interest Guidelines for Directors – Annual Declaration	
Purpose:	☐ **Discussion**	☒ **Decision**
Prepared for:	NH Board of Directors	
Prepared by:	K. Thomson, Regional Director, Legal Affairs, Enterprise Risk & Compliance	
Reviewed by:	C. Ulrich, CEO	

Issue & Purpose

Board policy *BRD 210-Code of Conduct and Conflict of Interest Guidelines for Directors* (attached) stipulates that each Director shall annually sign a declaration that they have read and considered the policy and agree to conduct him or herself in accordance with the policy.

Background:

This process is conducted annually.

BRD210 provides guidelines to Directors on ethical conduct in the role of Director. The guidelines support the requirement that Directors are familiar with and maintain compliance with the Northern Health Integrated Ethics Framework, and use the ethical framework to guide Board decision-making.

The Integrated Ethics Framework is reviewed annually at the March 3P Committee, and a copy has been included in the GMR package for information. The Framework outlines the Northern Health integrated ethics approach[1] to addressing ethical concerns, conflicts of interest and decision-making by providing an overview of:

- The NH Standards of Conduct, and
- Guidelines, policies, principles, resources and value statements that direct ethical behaviour and decision-making.

Risks:

Governance – Undeclared or unknown director conflict of interest could lead to lack of trust between directors and inhibit effective oversight by the board as a whole. The annual review of the Code of Conduct and Conflict of Interest policy, in conjunction with the signing of the Conflict of Interest declaration, ensures that Directors remain cognizant of their responsibilities and provides an opportunity to reflect on an potential conflicts that may exist, thus minimizing risk.

Recommendation(s):

It is recommended that:

1. Each Director be provided with a copy of Board policy BRD210 and the Integrated Ethics Framework in the April Board package.
2. Board policy BRD 210 be discussed at the Board meeting and any questions be answered.
3. Directors each sign the declaration and forward to the Corporate Secretary for filing.
4. The CEO report back to GMR in May when all declarations have been signed and report on any issues that may arise.

Attachments:

Board Policy BRD 210 Code of Conduct and Conflict of Interest Guidelines for Directors
Northern Health Integrated Ethics Framework

CODE OF CONDUCT AND CONFLICT OF INTEREST GUIDELINES FOR DIRECTORS

BRD 210

Introduction

The Board of Directors of Northern Health (the "Board") is committed to developing and maintaining a reputation for Northern Health as an ethical organization.

The fundamental relationship between each Director and Northern Health must be one of trust; essential to trust is a commitment to honesty and integrity. Ethical conduct within this relationship imposes certain obligations.

1. Directors are expected to use their best efforts to ensure that consideration is given to legal and/or statutory components of any decision taken by the Board. If in doubt, Directors are expected to ask for clarification.
2. No Director shall commit or condone an unethical or illegal act or instruct another Director, employee, or supplier to do so.
3. Directors have a responsibility to have some familiarity with the regulatory regime in which Northern Health operates. They are expected to recognize potential liabilities and to know when to seek legal advice. If in doubt, Directors are expected to ask for clarification[1].

Northern Health is continually under public scrutiny. Therefore, Directors must not only comply fully with the law, but must also avoid any situation which could be perceived as improper or indicate a casual attitude towards compliance. Directors must be familiar and compliant with the Integrated Ethics Framework[2], including using the ethical framework to guide Board decision-making.

Conflicts Of Interest

1. In general, a conflict of interest[3] exists for Directors who use their positions on the Board to:
    a. Benefit themselves, friends, relatives[4], or business associates, or
    b. Benefit other corporations, societies[5], suppliers, unions or partnerships in which they have an interest or hold a position, or
    c. Benefit the interests of a person to whom the Director owes an obligation.

    The above are hereafter collectively referred to as "Related Persons[6]".

[1] Throughout this policy, when Directors are requested to seek clarification or make a declaration, unless specific direction is otherwise given, Directors shall consult with either the Board Chair, the CEO, or the Corporate Secretary.
[2] Northern Health Integrated Ethics Framework
[3] *Conflict of interest* can be real or apparent; direct or indirect.
[4] *Relatives* generally means a spouse, child, parent or sibling of a Director and can include other relatives, direct or through marriage.
[5] Refer to *Schlenker v. Torgrimson 2013 BCCA 9*
[6] Not an exhaustive list, merely representative.

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

2. A Director must not take personal advantage of an opportunity available to Northern Health unless the Board or management has clearly and irrevocably decided against pursuing the opportunity, and the opportunity is also available to other Directors or the public.
3. A Director must not use his or her position with Northern Health to solicit clients for the Director's business or Related Persons.
4. Every Director must avoid any situation in which there is, or may appear to be, potential conflict which could appear[7] to interfere with the Director's judgment in making decisions in Northern Health's best interest.
5. There are several situations that could give rise to a conflict of interest. The most common are accepting gifts, favours or kickbacks, or the passing on of confidential information and using privileged information inappropriately.

Disclosure

Northern Health requires full disclosure of all circumstances that could conceivably be construed as conflict of interest.

1. Full disclosure enables Directors to resolve unclear situations before any difficulty can arise.
2. At the beginning of each meeting of the Board, or of one of its Committees or Task Forces, there shall be a standing agenda item requiring each Director present to declare any conflict of interest he/she may have with any item of business on the agenda.
3. Outside of meetings, a Director must, immediately upon becoming aware of a potential conflict of interest situation, disclose the conflict in writing to the Board Chair. This requirement exists even if the Director does not become aware of the conflict until after a transaction is completed.
4. If a Director is in doubt whether a situation involves a conflict, the Director must immediately seek the advice of the Board Chair or the Chair of the Governance and Management Relations Committee (GMR). It may also be appropriate to seek legal advice.
5. Unless a Director is otherwise directed by the Board Chair, a Director must immediately take steps to resolve the conflict or remove the suspicion that it exists.
6. If a Director is concerned that another Director is in a conflict of interest situation, the Director must immediately bring his or her concern to the other Director's attention and request that the conflict be declared. If the other Director refuses to declare the conflict, the Director must immediately bring his or her concern to the attention of the Board Chair. If there is a concern with the Board Chair, the issue should be referred to the Chair of GMR.

[7] *Apparent conflict of interest* means any situation where it would appear to a reasonable person that the Director is in a conflict of interest situation.

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Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 8, 2020 (R)

7. A Director is required to disclose the nature and extent of any conflict at the first meeting of the Board after which the facts leading to the conflict have come to that Director's attention. After disclosing the conflict, the Director:
   a. must not take part in the discussion of the matter or vote on any questions in respect of the matter. However, the Director may be counted in the quorum present at the Board meeting.
   b. may, if the meeting is open to the public, remain in the room, but shall not take part in that portion of the meeting during which the matter giving rise to the conflict is under discussion, and shall leave the room prior to any vote on the matter giving rise to the conflict.
   c. must, if the meeting is not open to the public, immediately leave the meeting and not return until all discussion and voting with respect to the matter giving rise to the conflict is completed.
   d. must not attempt, in any way or at any time, to influence the discussion or the voting of the Board on any question relating to the matter giving rise to the conflict.

Outside Business Interests

1. Directors must declare possible conflicting outside business activities at the time of appointment. Notwithstanding any outside activities, Directors are required to act in the best interest of Northern Health.
2. No Director may hold a significant financial interest, either directly or through a Related Person, or hold or accept a position as an officer or Director in an organization in a relationship with Northern Health, where by virtue of his or her position on the Board, the Director could in any way benefit the other organization by influencing the purchasing, selling or other decisions of Northern Health, unless that interest has been fully disclosed in writing to the Board Chair. A “significant financial interest” in this context is any interest substantial enough that decisions of Northern Health could result in a personal gain for the Director.
3. These restrictions apply equally to interests in companies that may compete with Northern Health in any of its areas of activity.

Confidential Information

1. Confidential information includes personal, proprietary, technical, business, financial, legal, or Director information, which the Board or management treats as confidential.
2. Directors may not disclose such information to any outside person unless authorized.
3. Similarly, Directors may never disclose or use confidential information gained by virtue of their association with Northern Health for personal gain, or to benefit Related Persons.

Directors are advised to seek guidance from the Board Chair or the President & Chief Executive Officer (the “CEO”) with respect to what is considered confidential.

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

Investment Activity

Directors may not, either directly or through Related Persons, acquire or dispose of any interest, including publicly traded shares, in any company while having undisclosed confidential information obtained in the course of work on the Board, which could reasonably affect the value of such securities.

Outside Employment or Association

A Director, who accepts a position with any organization that could lead to a conflict of interest or situation prejudicial to Northern Health's interests, shall discuss the implications of accepting such a position with the Board Chair, recognizing that acceptance of such a position may require the Director's resignation from the Board.

Public Office

1. No one who holds public elected office[8] is eligible to be a Director of Northern Health unless otherwise directed by the Crown Agency Board Resourcing Office (CABRO).
2. A Director may run for provincial or federal public office while a member of the Board, and shall while campaigning:
    a. Take a paid leave of absence from the Board, or
    b. Attend Board and Board Committee meetings with the proviso that:
        i. At the start of each meeting the Director's candidacy for elected office is declared and minuted, and
        ii. The Director excuses[9] themselves from any discussion/vote that could be viewed as partisan, and
    c. Not speak on behalf of Northern Health, and
    d. Not refer to their work on the Board other than a factual declaration of Board membership in their biography.
3. If elected, the Director must resign immediately unless otherwise directed by CABRO.

Entertainment, Gifts and Favours

1. It is essential to efficient business practices that all those who associate with Northern Health, as suppliers, contractors or Directors, have access to Northern Health on equal terms.
2. Directors and Related Persons shall not accept entertainment, gifts or favours that create or appear to create a favoured position for doing business with Northern

[8] Public elected office includes: Municipal Council, Band Council, School Board, Regional District/Regional Hospital District, Member of the Legislative Assembly of BC, Member of Parliament.
[9] When a Director excuses themselves from discussion in an in camera meeting they shall leave the room. The Director may remain in the room if during the public session. The minutes of the meeting shall note the Director's actions to excuse themselves from discussion.

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

Health. Any firm offering such inducement shall be asked to cease doing so. A sustained business relationship will be conditional on compliance with this code.

a. Inappropriate gifts received by a Director shall be returned to the donor and will be accompanied by a copy of this code with full and immediate disclosure to the Board Chair.

3. Similarly, no Director may offer or solicit gifts or favours in order to secure preferential treatment for themselves, Related Persons or Northern Health.
4. Under no circumstances may Directors offer or receive cash, preferred loans, securities, or secret commissions in exchange for preferential treatment. Any Director experiencing or witnessing such an offer must report the incident to the Board Chair immediately.

Use of the Authority's Property

1. A Director requires Northern Health's approval to use property owned by Northern Health for personal purposes, or to purchase property from Northern Health unless the purchase is made through the usual channels also available to the public.
2. Even then, a Director must not purchase property owned by Northern Health if that Director is involved in an official capacity in some aspect of the sale or purchase.
3. Directors may be entrusted with the care, management and cost-effective use of Northern Health's property and shall not make significant use of these resources for their own personal benefit or purposes. Clarification on this issue should be sought from the Board Chair.
4. Directors shall ensure all Northern Health property which may be assigned to them is maintained in good condition and shall be able to account for such property.
5. Directors may not dispose of Northern Health property except in accordance with the guidelines established by Northern Health.

Social Media

Directors' use of social media is appropriate; however Directors must be aware of the actual or potential effect of their comments or statements when they are recognised as Directors, regardless of whether the statements are made while acting personally or on behalf of Northern Health. Members of the public may be unable to distinguish the personal and fiduciary roles a Director holds, which can lead to an actual or apparent conflict of interest.

1. If participating in social media on behalf of Northern Health, prior approval and coordination must be arranged through the Northern Health Communications Department.
2. If participating in social media personally, Directors should:

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

a. If identifying as a Northern Health Director, or discussing Northern Health interests, include a non-affiliation statement such as “The views expressed here are my own and do not necessarily reflect the views of Northern Health”

b. Ensure confidentiality is not breached, by refraining from discussing patient personal information or other Northern Health confidential information.

c. Avoid any activity that could bring Northern Health into disrepute, including defamation, discrimination, or harassment.

d. Be respectful of copyright law

3. Directors are encouraged to participate in official Northern Health social media channels by commenting and sharing posts for the purpose of celebrating and sharing positive stories about Northern Health.

Responsibility

1. Each Director must adhere to the standards described in this Code of Conduct, and to the standards set out in applicable policies, guidelines or legislation.
2. Integrity, honesty, and trust are essential elements of Northern Health’s success. Any Director who knows or suspects a breach of this Code of Conduct and Conflict of Interest Guidelines has a responsibility to report it to the Board Chair.
3. To demonstrate determination and commitment, Northern Health requires each Director to review and sign the Code annually. The willingness and ability to sign the Code is a requirement of all Directors.

Breach of Code

A Director found to have breached his/her duty by violating the Code of Conduct will be liable to Board censure or a recommendation for dismissal to the Government.

Where to Seek Clarification

The Board Chair or the Chair of GMR will provide guidance on any item in this Code of Conduct and Conflict of Interest Guidelines. The Board Chair may at his/her discretion, or at the request of a Director, seek the advice of outside legal counsel.

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DIRECTOR DECLARATION FORM

I ACKNOWLEDGE that I have read, considered and understood the *Code of Conduct and Conflict of Interest Guidelines for Directors* of Northern Health (BRD210) and the Northern Health Integrated Ethics Framework.

A perceived direct or indirect conflict with my duty as a Director of Northern Health may arise because:

a. I hold the following offices or sit on the following Boards (appointed or elected):

☐ None

_____

_____

_____

_____

b. I receive financial remuneration (either for services performed by me, as an owner or part owner, Trustee, Director, employee or otherwise) from the following sources:

☐ None

_____

_____

_____

_____

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

Do you have relationships or interests with any of Northern Health's vendors as listed in the annual Statement of Financial Information (SOFI)?

☐ Yes ☐ No

Describe:

_____

_____

_____

_____

Other than disclosed above, do you have any relationships or interests that could compromise, either directly or indirectly, or be perceived to compromise, your ability to exercise judgement with a view to the best interests of Northern Health?

☐ Yes ☐ No

Describe:

_____

_____

_____

_____

I agree to conduct myself in accordance with the Code of Conduct and affirm, to the best of my knowledge, that I have no undeclared Conflict of Interest.

_____
Signature

_____ _____
Print Name Date

_____ _____
Corporate Secretary Date

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

Briefing Note

Date:	March 26, 2021	
Agenda item	Overview of Research Partnerships	
Purpose:	☒ **Discussion**	☐ **Decision**
Prepared for:	GMR Committee & Northern Health Board of Directors	
Prepared by:	Julia Bickford, Regional Director, Research, Evaluation & Analytics	
Reviewed by:	Fraser Bell, VP Planning, Quality and Information Management Cathy Ulrich, CEO	

Issue & Purpose:

This briefing note will update the Board on key research activities:

- Research occurring in NH – Research Ethics and Operational Approval 2020 Annual Report and NH funded research
- Research Growth– highlighting key areas of research growth for NH
- Strategy for Patient Oriented Research (SPOR)
- Opportunities

Over the last year, Northern Health has taken important steps to develop research capacity. Research is an important driver of innovation and excellence in care. By maturing our research culture, capacity and infrastructure at NH, we will enable: more equitable access to care (e.g., investigational therapeutics offered through clinical trials), opportunities to lead and partner with others on research topics that are a priority for the north, and opportunities to attract and retain highly qualified clinical and research personnel in the north.

A key theme that has emerged this year is the importance of genuine partnership in research. When NH is involved in identifying research questions, designing methods, and translating findings into practice, then research has greater value and meaning for us.

Key Actions, Changes & Progress:

Research in Northern Health

The NH Research Review Committee (RRC) facilitates the ethical conduct of health research. It is mandated by NH policy to approve, reject, propose modifications to or terminate any proposed or ongoing research involving humans that is conducted: in NH facilities/programs; by NH staff or physicians; or with NH staff, physicians and/or patients.

The RRC's function is to ensure that ethical principles and standards respecting the personal welfare and rights of research participants have been recognized and accommodated. The RRC is also directed to consider the impact of the research on the NH organization. A study requires both research ethics approval and NH operational approval before it can proceed.

The NH RRC was established in January 2007. To date, 642 research applications have been reviewed by the Committee.

Highlights from the 2020 Annual Report (Appendix A) include:

- 67 applications were received in 2020, representing more applications than in any previous year.

- The majority of principal investigators (lead researchers) were affiliated with the University of Northern British Columbia (UNBC) and the University of British Columbia (UBC) (including Northern Medical Program faculty and students, and clinical program residents practicing in the north)

- The primary topics of research projects were health systems and services, maternal child, chronic diseases and COVID-19.

- Through the last half of 2020, 11 COVID-19 related studies were received. These studies went through an expedited review process in collaboration with other institutions participating as study sites.

- In 2020, 96% of all applications received in NH were harmonized with other institutions and reviewed in partnership through Research Ethics BC.

NH Funded Research Activity

1. **Centre for Technology Adoption for Aging in the North (CTAAN)**
   CTAAN, led by Dr. Shannon Freeman, is a collaborating center for innovations in technology development and implementation to support older adults in rural and northern communities. In collaboration with NH, CTAAN is thinking differently about how to support older persons to remain independent for longer, and delay need for long-term care services. Through interlinked projects with NH, it is anticipated that CTAAN will enhance a streamlined uptake of technologies in the north. CTAAN received $194,000 in cash from NH. Key activities and progress in the last year include:
   - Established connections with new company partners interested to bring their technologies to the region – examples include Curovate, WInterlight, 16Bit, Nano-Lit
   - Dr. Rich McAloney joined CTAAN as Director in July 2020.

- CTAAN official launch event – Check out video here https://www.ctaan.ca/news-events. Of note is the announcement of the new project that will start this year with Kobo that will explore the use of eReaders to reduce apathy for those transitioning to care.
- Recently funded project to look at COVID-19 risk https://www2.unbc.ca/newsroom/unbc-stories/province-partners-interior-universities-covid-19-research-solutions
- Continue to collaborate with technology working group for the new dementia care facilities in Vanderhoof and Kitimat. We are advising on technology to incorporate in the new facilities.

2. Northern Biobank Initiative (NBI)

The Northern Biobank Initiative, led by Dr. Nadine Caron, is the first biobank of its kind in British Columbia. It will enable Northern B.C. to better contribute to large-scale provincial and national research by helping to understand the demographic and genetic makeup of different populations throughout the province. The biobank aims to support biomedical research to improve diagnostics, treatment and prognostication of cancer. At the same time, the biobank allows previously underrepresented residents of rural, remote and northern communities to actively participate in research programs, previously accessible only to residents of large metropolitan centers. This initiative is funded by Genome British Columbia, Northern Health Authority, the First Nations Health Authority, Provincial Health Services Authority and the BC Cancer Foundation. Currently, the NBI team is working toward expanding from a retrospective to a prospective biobank. Key activities and progress in the last year include: drafting Standard Operating Procedures (SOPs) for a prospective biobank in collaboration with key Northern Health stakeholders in the laboratory and pathology settings, process mapping of the patient and sample journey, collaboration and coordination with IT to include annotated data from BC Cancer. Goals for the next year are to obtain ethics approval and finalize SOPs and working practices to begin collecting samples for the Phase 3 prospective biobank.

3. Knowledge Mobilization Chair

The Knowledge Mobilization Chair, currently held by Dr. Martha MacLeod, was established in 2013 through funding from NH. Activities over the last year have included:

- Discussed findings of the national study, “Nursing Practice in Rural and Remote Canada II”, with the Provincial Nursing Advisors Task Force of the Federal, Provincial, Territorial Committee on Health Workforce, with the assistance of Penny Anguish, NH COO and Lead Decision-maker, along with NH HR, who assisted in placing research findings in the context of current recruitment and retention issues.
- The CIHR-funded, NH-partnered, Partnering for Change study is continuing with publications
- Currently working with NH leaders in Chetwynd to explore issues and plan for nursing recruitment and retention.

- The Knowledge Synthesis Centre – a joint UNBC-NH initiative, was implemented in 2020-2021.

Research Growth

1. Clinical Research:

- ***Building infrastructure – SOPs, policies, clinical research advisory committee***

  NH is focused on building a supportive research environment to enable residents of northern BC to participate in clinical trials in the north. An environmental scan was completed by BC Ethics to help define the key requirements before NH is able successfully and legally participate in trials. The environmental scan helped define the key foundational work that must be completed, including: developing and implementing policies and standard operating procedures including those focused on finances, building personnel capacity through targeted education and building strong relationships both internally and externally with key supporting departments including lab and diagnostic imaging as well as community stakeholders. A clinical research advisory committee was established this year with representation from clinical researchers and NH operations.

2. New Resources:

- ***Internal Knowledge Translation (KT) support***

  Through a $304,000 Michael Smith Foundation for Health Research award, NH was able to create several term roles to support research. This includes:

  a) A new role focused on Knowledge Translation and Research Ethics. This role has supported building capacity to support both internal growth around KT by building connections both internally and externally, developing and implementing tools and resources and providing support to teams. This role also enables NH to focus on improving research ethics processes and building in KT activities with researchers up front to ensure knowledge generated by research based in the North is used in practice.
  b) An ID HUB coordinator which supports coordination across the many analytics teams within NH. This includes supporting complex research data requests to enable more timely access to data.
  c) A Clinical Research Coordinator role which is critical for developing the infrastructure needed to support clinical trials in NH.
  d) A Research Privacy (currently hiring) role will enable more timely access to research privacy reviews, Information Sharing Agreements, and Privacy Impact Assessments.

3. Provincial Research Connections

Many new provincial connections have been established over this past year, with NH becoming a key partner in the provincial research landscape.

- Strong connections and weekly meetings have been established with BC Health Authority Research Directors, enabling sharing of documents, process and collectively advocating for more attention to research within the health care system in BC
- **Health Research Council of BC** – The Health Research Council of BC represents the research leaders of BC's health authorities, research-intensive universities, funders and government, and serves as a feedback mechanism for the Strategic Research Advisory Committee (SRAC) and for communicating initiatives across BC's research community.
- **COVID-19 Clinical Research Coordination Initiative (CRCI) Working Group** – This group was established at the beginning of the pandemic with B.C.'s Ministry of Health, academic institutions, regional health authorities, the Provincial Health Services Authority and the B.C. Centre for Disease Control. A collaborative approach to promoting feasible and successful clinical research on COVID-19 is required to respond rapidly to the pandemic in the province of BC. This group meets monthly to discuss and review scientific merit and feasibility of upcoming COVID-19 clinical research proposals. Northern Health presence at this table highlights the current inequities in capacity and infrastructure to participate in clinical research in the north.
- **HealthCareCan** – This is the national voice of action for health organizations and hospitals across Canada. We advocate in support of health research and innovation; to enhance access to high-quality health services for Canadians. NH participates in monthly meetings to advocate for funding and resources to support rural and emerging health research institutions which serve rural and northern populations.

4. BC Support Unit – Northern Centre

The Strategy for Patient Oriented Research (SPOR) Phase I ends March 31, 2021. Due to COVID-19, the start of Phase II has been delayed until April 2022, with a $375,000 bridge funding extension supporting the BC SUPPORT Unit, Northern Centre, which is co-led by NH and UNBC. Phase II will focus on four key pillars: the Learning Health System, patient and community engagement, data access, and Capacity Development. Cutting across these four themes are an emphasis on Indigenous Health and Equity, Diversity and Inclusion (EDI). Planning for Phase II activities is currently underway.

5. Opportunities

We are very excited about the research opportunities being developed at Northern Health. We have strong research champions across our organization, including the Indigenous Health team and the Population and Public Health team. Important research about cultural safety and equity as well as environmental health are planned for next year. See Appendix B, NH Strategic Plan and Northern Research Environment. We will continue to support and advance health services and population and public health research. In addition, we are committed to supporting a new area of research for NH, clinical research:

a) Building a Sustainable Clinical Research Environment in NH:
A thriving health research system is associated with a higher performing health system and improved patient outcomes. By developing our clinical research capacity at NH, we will enhance equity by expanding treatment options (including investigational therapeutics) to northerners, which are currently not available outside of major centres in BC. In addition, clinical research program at NH will contribute to NH workforce sustainability by attracting and retaining clinicians though offering a supportive environment to pursue research interests. Several key resources are required in order to support research in NH, including; a clinical research nurse, research pharmacist, research laboratory technician, and an additional resource to support timely ethics review and operational approval. We are currently developing clear overhead policies to enable cost-recovery and ongoing sustainability for these resources.

b) Northern Centre for Clinical and Lifesciences Research:
The Northern Medical Program (NMP), in collaboration with the Northern Health Authority (NH) and the University of Northern British Columbia (UNBC), has drafted a proposal for the development of a UBC Faculty of Medicine Northern Centre for Clinical and Life Sciences Research. Based in Prince George, this regional Centre will serve as a space for research excellence, knowledge exchange and translation, particularly focused on clinical and life sciences research with relevance to northerners. The goals of this Centre are to create a vibrant, interdisciplinary axis for researchers and clinicians interested in lifescience and clinical research in the north, to promote equity for northern BC residents, to build collaborations and partnership that will lead to new opportunities for research funding, and to increase research training opportunities. The critical mass of researchers and volume of activity is insufficient for each institution to be successful alone. However, under a Centre model, we can create cohesion amongst the diversity and needs of the clinical and life sciences research programs. This will create strategic opportunities to share resources among NMP faculty and local partners such as research staff training and recruitment. The proposal is currently being reviewed and finalized by key stakeholders at NH, UBC NMP, and UNBC and will be submitted to the UBC Faculty of Medicine in the spring of 2021.

Research Review Committee
Annual Report 2020

Appendix A

northern health
the northern way of caring

Table of Contents

Introduction and Background

All research conducted within or for Northern Health (NH) must be reviewed and approved by the NH Research Review Committee (RRC).

The RRC is mandated by NH policy to approve, reject, propose modifications to or terminate any proposed or ongoing research involving humans that is conducted: in NH facilities/programs; by NH staff or physicians; or with NH staff, physicians and/or patients. The RRC ensures that ethical principles and standards respecting the personal welfare and rights of research participants have been recognized and accommodated.

The Committee follows NH Research Policy and Principles, the Freedom of Information and Protection of Privacy Act (FIPPA) and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS-2).

The RRC is accountable to the Governance and Management Relations Committee of the NH Board of Directors.

2020 Membership

- Farzana Amin, Clinical Outcomes Analyst, Research, Evaluation and Analytics, NH
- Linda Axen, Regional Manager, Policies and Clinical Practice Standards, NH
- Jennifer Begg, Executive Lead, Child & Youth Health Program, NH
- Julia Bickford, Regional Director, Research, Evaluation and Analytics, NH
- Marcelo Bravo, Coordinator Research and Knowledge Translation, NH
- Tamara Checkley, Lead, Research, Evaluation and Analytics, NH (Chair)
- Damen DeLeenheer, Clinical Educator, NI Rural Communities, Mental Health & Addictions, NH
- Vash Ebbadi-Cook, Interim Regional Director, Quality and Innovation, NH
- Tanis Hampe, Interim Vice President, Pandemic Response, NH
- Roseann Larstone, Lead, Research & Community Engagement, Aboriginal Services, NH
- Kerensa Medhurst, Project Manager, OD Prevention and Response, NH
- Sam Milligan, Integrated Care Coordinator, Carrier-Sekani Family Services
- Robert Pammett, Research and Development Pharmacist – Primary Care, NH/UBC
- Kirsten Thomson, Regional Director, Risk and Compliance, NH
- Vanessa Salmons, Executive Lead, Perinatal Program, NH

Ad hoc member: Traci de Pape, Regional Manager, Privacy Office is included in the review process when Section 35 of FIPPA applies to a research application or consulted on other relevant privacy concerns or legislation.

Committee Chair: Tamara Checkley, Lead, Research, Evaluation and Analytics, NH

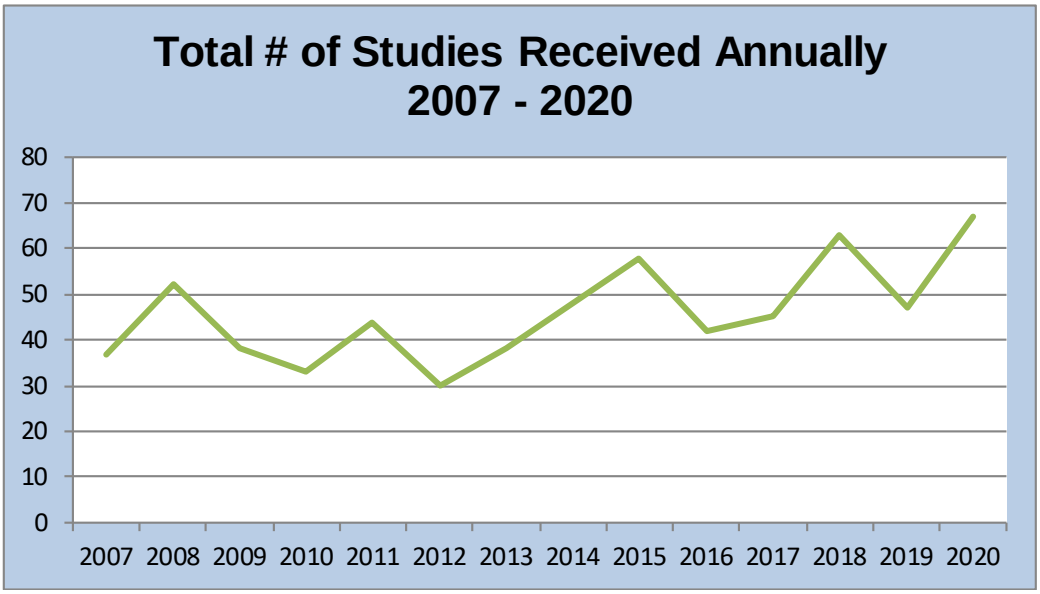
Administrative support: Diana Tecson, Administrative Assistant, Research, Evaluation and Analytics

Outgoing Members:
Northern Health would like to thank Dr. Jong Kim for his contribution and service to the RRC.

Research Reviewed

Sixty-Seven (67) studies were received by the Research Review Committee in 2020. Two (2) were subsequently withdrawn by the researchers because the study was placed on hold, decided not to proceed at NH sites, or determined to be outside of NH RRC jurisdiction (e.g., research conducted in a private family practice office).

There was a considerable increase in research studies received after a noted decline in 2019. More applications were received in 2020 than any other year in for the RRC.



In 2020, 96% of the studies reviewed by NH were completed through the Research Ethics BC harmonized review process with BC University and Health Authority partners. There continues to be a small proportion of studies occurring with intuitions in BC that are not part of the BC ethics harmonization partnership, are outside of BC and within Canada or are outside of Canada.

Northern Health Participation in BC Harmonized Reviews
2015: 24 (41% of total studies)
2016: 35 (83%)
2017: 38 (84%)
2018: 52 (95%)
2019: 41 (87%)
2020: 64 (96%)

Status of applications received in 2020 (as of February 17, 2020):

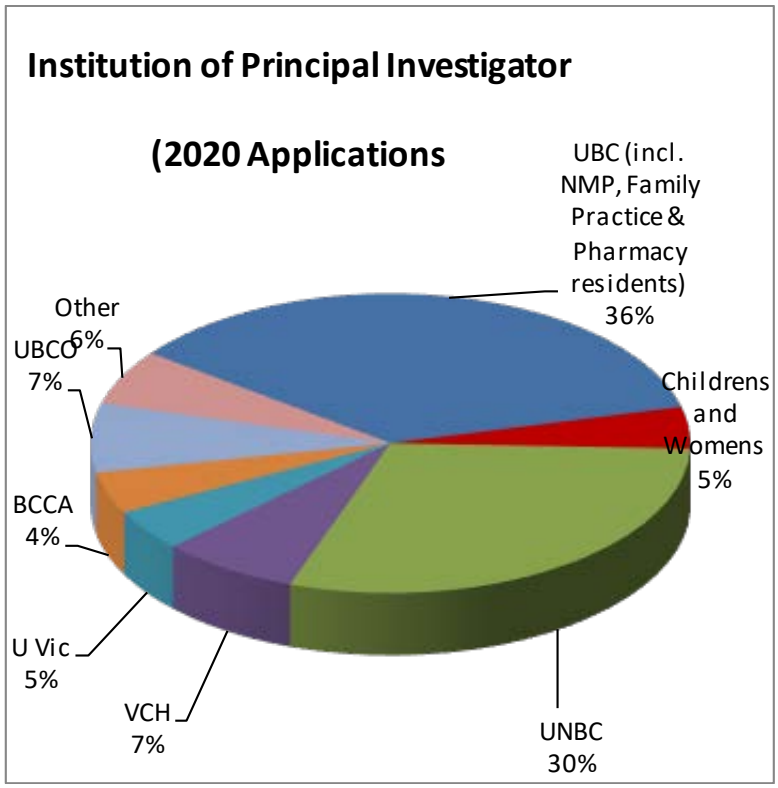
- 52 – Approved
- 30 – Ethics approval granted, operational approval required
- 13 – Provisos pending (e.g., initial review complete, clarifications/revisions required by researcher before Research Ethics Board/Committee approval)
- 2 – Withdrawn/on hold/determined to be outside NH jurisdiction

Table A contains a list of the 2020 research applications that has received both ethics approval by the RRC and operational approval.

Table B contains a list of the 2020 research applications that has received ethics approval by the RRC but operational approval is still required.

Principal Investigators

As in previous years, the majority of applications to the NH RRC were received from University of British Columbia (UBC) (36%) and University of Northern British Columbia (UNBC) Principal Investigators (PI) (30%). Research done by Northern Medical Program faculty and students or UBC clinical residency programs based in the north are included with the UBC PI total.



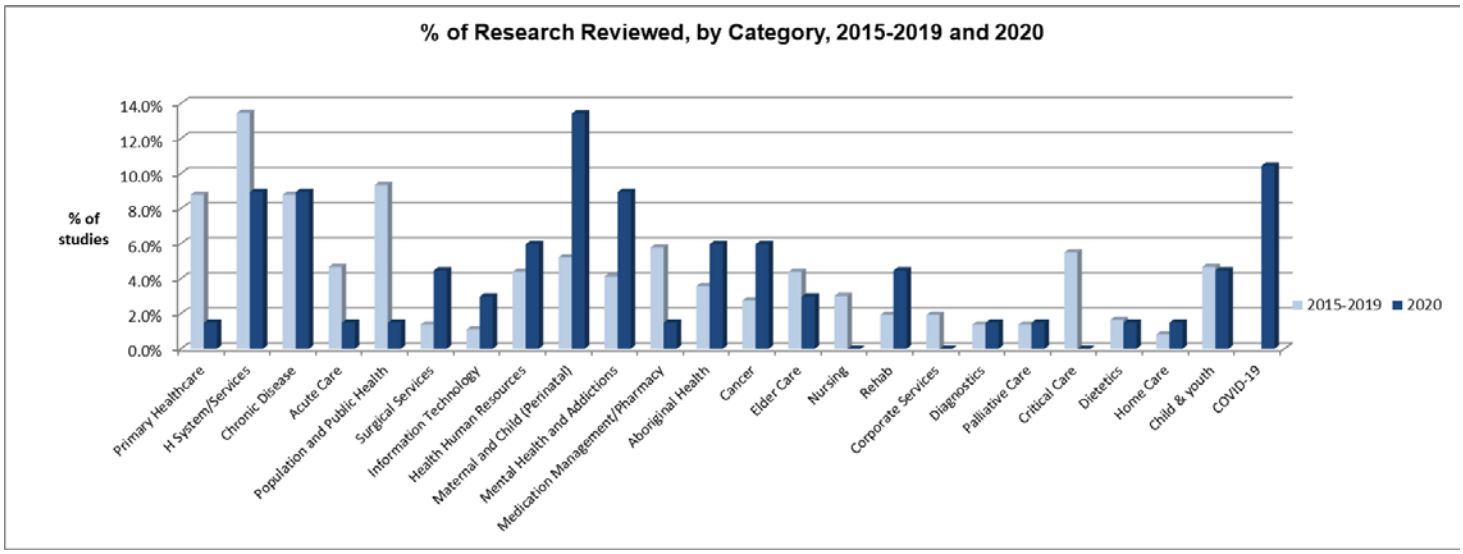
Thirty (30%) of 2020 applications involved a UNBC PI or Co-Investigator (compared with 19% in 2019, 47% in 2018, 23% in 2017, 33% in 2016 and 26% in 2015).

Category of Research

Northern Health categories

Starting in 2010, researchers were invited to select the most suitable categories for their study. Researchers identified up to three categories per study. The percentage of studies that were classified into each category in 2015-2019 and in 2020 are shown in the graph below. A new category was added in 2020, COVID-19, to reflect the shifting research priorities.

Key topic areas shifted in 2020 away from focus on health systems to maternal/child, chronic diseases and COVID-19.

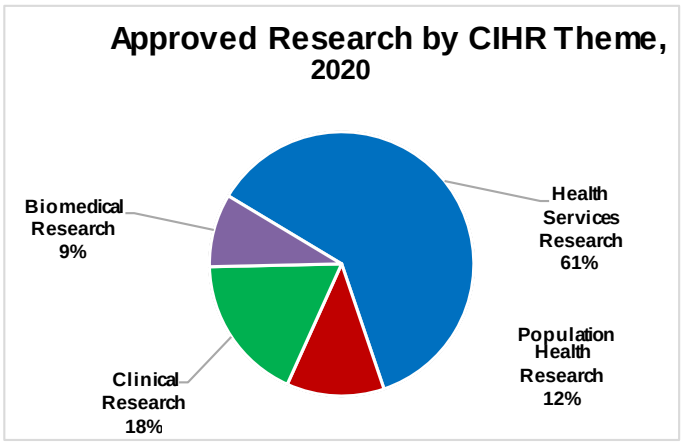


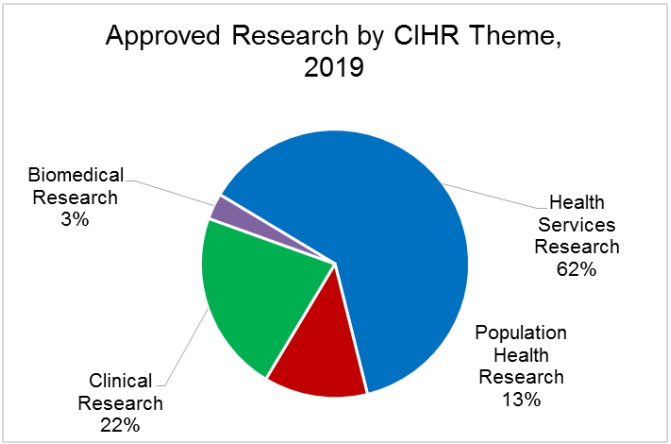
COVID Related Studies

To support expedited reviews of COVID related studies, Research Ethics BC facilitated developing and implementing rapid turn-around for COVID studies. In 2020, NH received 11 COVID related studies. These are inclusive of both COVID focused research and research amended to include COVID related lines of inquiry.

Canadian Institutes for Health Research (CIHR) categories

The CIHR categorizes research into four 'themes'. Definitions of the four themes of health research can be found in Table A.





Conclusion

Health research in northern BC experienced a rise in 2020. The 67 applications received covered a range of topics with the most prominent being health systems and services, maternal and child, chronic diseases and COVID-19. Over half of the studies were led by researchers affiliated with UBC. Due to COVID-19 there was also a noted decline in the number of studies conducted by students or clinical residents.

With the establishment and full implementation of the research ethics harmonization initiative in BC, 95% of all studies are now completed through the harmonization review process. Collaborative reviews with partner institutions have supported ongoing growth and skill in committee members' ethical review of studies.

Research is an important contributor to the high quality services in Northern Health. In 2021, we will continue to focus on process related improvements to support efficient and meaningful support of research ethics and operational approval in NH.

Table A: 2020 Research Projects, Ethics and Northern Health Approved to December 31, 2020

Including Canadian Institute for Health Research Themes (http://www.cihr-irsc.gc.ca/e/48801.html)

Theme 1: Biomedical Research (B)

Biomedical research is research with the goal of understanding normal and abnormal human functioning, at the molecular, cellular, organ system and whole body levels, including development of tools and techniques to be applied for this purpose; developing new therapies or devices that improve health or the quality of life of individuals, up to the point where they are tested on human subjects. Biomedical research may also include studies on human subjects that do not have a diagnostic or therapeutic orientation.

Theme 2: Clinical Research (C)

Clinical research is research with the goal of improving the diagnosis, and treatment (including rehabilitation and palliation), of disease and injury; improving the health and quality of life of individuals as they pass through normal life stages. Clinical research usually encompasses research on, or for the treatment of, patients.

Theme 3: Health Services Research (H)

Health services research includes research with the goal of improving the efficiency and effectiveness of health professionals and the health care system, through changes to practice and policy. Health services research is a multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviors affect access to health care, the quality and cost of health care, and, ultimately, Canadians' health and well-being.

Theme 4: Social, Cultural, Environmental, and Population Health Research (P)

Population and public health research comprises research with the goal of improving the health of the Canadian population, or of defined sub-populations, through a better understanding of the ways in which social, cultural, environmental, occupational and economic factors determine health status.

Title of Research	Principal Investigator	PI Institution	Northern Health Operational Approval	CIHR Theme
Received and Approved by Research Review Committee				
The Rural Social Intimacy Study	Martha Macleod	UNBC	Ciro Panessa, Northwest Chief Operating Officer	H
Embedding health care technologies in real-world contexts: developing the scale-up, spread, and sustainability of assistive technologies in homes, communities, and health systems.	Karen Kobayashi	UVIC	Aaron Bond, Executive Lead, Elder Program	H

Perceptions of Independent Prescribing of Health Authority and Community Pharmacists in Northern British Columbia	Robert Pammett	UBC	Katie Bellefeuille, Residency Coordinator, Pharmacy	H
Virtual Maternity Care Needs	Jude Kornelsen	UBC	Vanessa Salmons, Executive Lead, Perinatal Program, Clinical Programs	H
Tailor RT: A Randomized Trial of Regional Radiotherapy in Biomarker Low Risk Node Positive Breast Cancer	Timothy Whelan	BCCA	Sherri Tillotson, Director Regional Tertiary Services / UHNBC Clinical Support	C
BC PEWS ED - Health Admin Data	Theresa McElroy	Childrens and Womens	Melanie Moffatt, Regional Coding Coordinator / Health Record Administrator	H C
Usability Testing of Technology to Support Older Adults in Northern and Rural Communities	Shannon Freeman	UNBC	Aaron Bond, Executive Lead, Elder Program	C
Understanding engagement in care by patients who access opioid agonist therapy	Erin Wilson	UNBC	Helen Bourque, Lead, Nurse Practitioners / Regional Director, Nurse Practitioner	H
The Northern Pediatric Wellness (NPW) Survey	Kathryn Leccese	UNBC	Jennifer Begg, Executive Lead, Child & Youth Health Programs	P
Understanding the Experience of Rural Maternity Care Providers During the COVID-19 Response in British Columbia	Trina Fyfe	UNBC	Dr. M. Odulio, Department of Obstetrics & Gynecology Kara Hunter, Regional Director, Nurse Practitioner	C
The Impact of Structures and Systems present in Everyday Home Care Nursing Work on the Nurse-Patient Relationship in Northern British Columbia	Erin Wilson	UNBC	Julie Dhaliwal, Director, Community Services	H
Studying consensus methods in integrated knowledge translation to promote patient-oriented research	Nelly D. Oelke	UBCO	Fraser Bell, Vice President, Planning Quality & Information Management Laura Wessman, Former Health Services Administrator	H
COPD Alert! Metro Telehealth Study	Pat Camp	UBC	Idowu Koledoye, Chief Physiotherapist	C

Taking health into our own hands: leveraging community strengths and technology through self-screening to improve the health of Métis women living in Northwestern BC	Gina Ogilvie	BCCA	Sandra Stanley, Primary Care Nurse Lead	H
A Hermeneutic Perspective on Implementing Virtual Kidney Care in Northern BC	Martha Macleod	UNBC	Dr. Anurag Singh, Physician, Internal Medicine	H
District of Tumbler Ridge Seniors' Study	Marleen Morris	UNBC	Angela De Smit, Northeast Chief Operating Officer	H
Risk mitigation and peer support for people who use substances during dual public health emergencies	Bernie Pauly	UVIC	Michelle Lawrence, Executive Lead, Mental Health & Substance Use Program	H
Developing an interprofessional health sector research team to advance physical activity in northern BC	Chelsea Pelletier	UNBC	Sabrina Dosanjh-Gantner, Regional Manager, Healthy Living & Chronic Disease Prevention	P
The Comparative Impact of Job Satisfaction, Overtime and Organization Psychological Protection	Leanne O'Neill	UOL	Daryl Petsul, Health Services Administrator Cheryl Elliott, Clinical Practice Lead, Nurse Manager	H
Renewal and expansion of the rural birth index (RBI) in BC	Jude Kornelsen	UBC	John Short, Site Administrator Kerry Laidlaw, Site Administrator Vicky Rensby, Health Services Administrator James Simpson, Health Services Administrator Annette Weger, Health Services Administrator	H
A quality improvement study to improve crystalloid resuscitation in the management of shock in the emergency and critical care departments at the University Hospital of Northern BC	Christian Turner	UBC	Dr. Patrick Rowe, Department Head, Emergency, UHNBC Dr. Alasair Nazerali-Maitland, Acting Director, Critical Care Medicine, UHNBC Susan Miller, Pharmacy Manager, UHNBC	C

UBC Family Practice Resident Research Project: Understanding the demand for immediate postplacental intrauterine devices (IPPI) and quantifying the uptake following staff training	Sheona Mitchell-Foster	UNBC	Teresa Ward, Health Information Management Coordinator	C
IMPACT-AD BC	Mari DeMarco	UBC	Chantelle Wilson, Manager, Child & Youth Regional & Specialized Services	C

Table B: 2020 Research Projects, Ethics Approved, requiring Northern Health Operational Approval to December 31, 2020

More studies ended 2020 without securing operational approval than in previous years. Due to COVID-19, many studies were required to change methods to comply with COVID policies, while others have been unable to move forward due to excessive operational impacts on resource stretched areas. Researchers who did not engage with leadership early on in their research have experienced more challenges gaining approval.

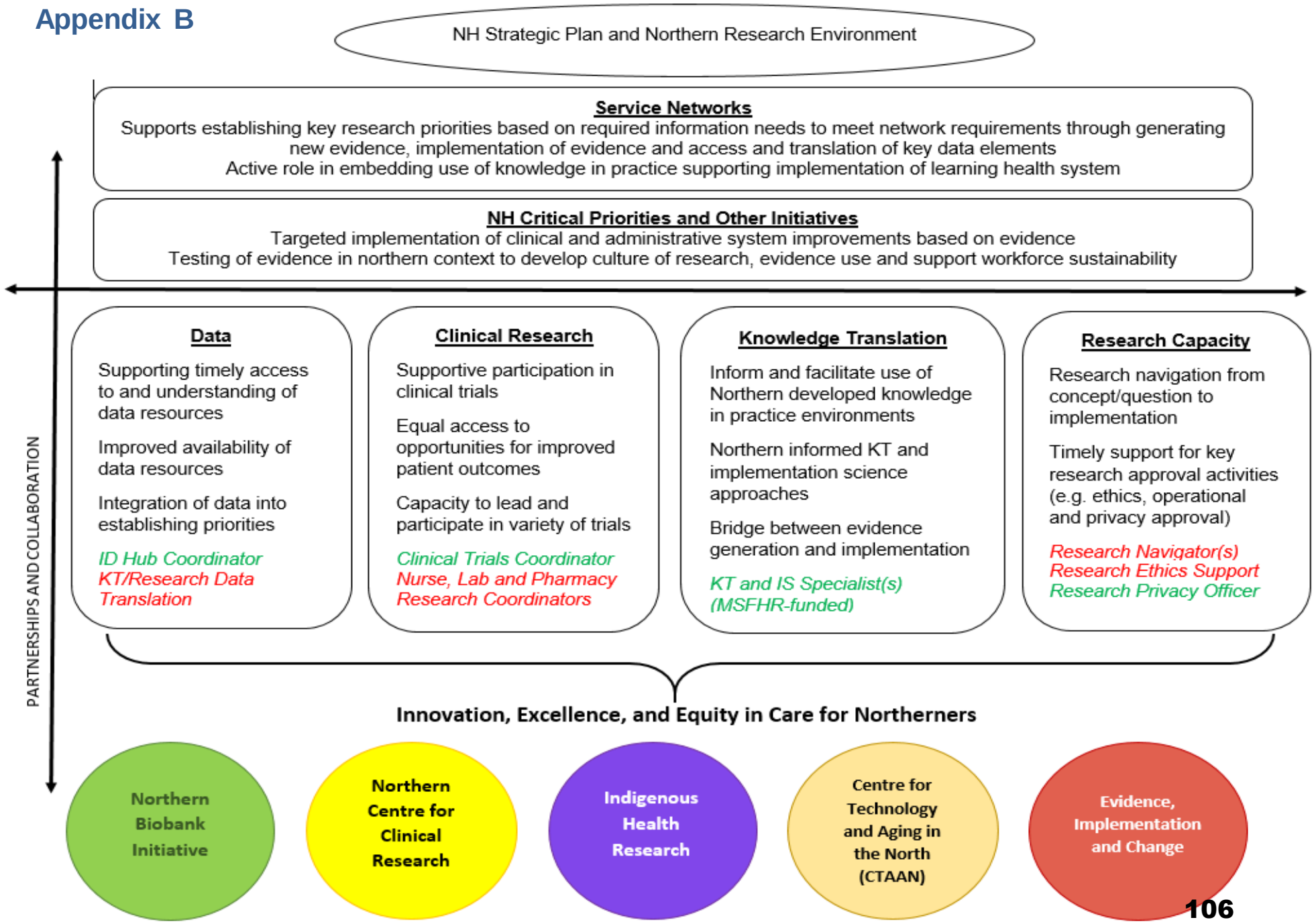
Title of Research	Principal Investigator	PI Institution
Harm Reduction in BC Emergency Departments	Victoria Bungay	UBC
Rural Surgical and Obstetrical Networks Outcomes Evaluation (RSON Admin Data)	Jude Kornelsen	UBC
Clinical and Pathologic Correlates of Prognosis and Treatment of Neuroendocrine Tumors	Michael Loree	BCCA
Vanderhoof Opiod ED Review	Eric Butler	UBC
HPV Vaccination and First Nations People Living in BC	Gina Ogilvie	UBC
BC PEWS ED Implementation Study	Theresa McElroy	Childrens and Womens
Rural Surgical and Obstetrical Networks - Remote Presence Technology Needs Assessment	Jude Kornelsen	UBC
PLURAL - Priorities for Rural Health	Mark Harrison	UBC
Making It Work: Supporting Indigenous Community Approaches to Integrated Service Models for People Living with HIV, Hepatitis C, Ill Mental Health, and/or Problematic Substance Use	Nancy Clark	UVIC

A Randomized Open-Label Trial of CONvalescent Plasma for Hospitalized Adults With Acute COVID-19 Respiratory Illness (CONCOR-1)	Andrew Shih	VCH
Do Relaxation Techniques Improve Recovery in Recently Concussed Individuals?: The Relax-Concussion Pilot Study	Jacqueline Pettersen	UNBC
Cultural Agility in Northern BC's Healthcare System: Increasing Indigenous Employment Participation and Responsiveness to Indigenous Well-Being	Sarah de Leeuw	UNBC
Exploring the feasibility of implementing an informed consent process for Rh immune globulin (RhIg) in northern British Columbia	Trina Fyfe	UNBC
Learning in a Time of Crisis: Creating a Canadian Emergency Department COVID-19 Registry	Corrine Hohl	UBC
UBC COVID Biobank - A Collection of Samples and Data collected during the COVID-19 pandemic for Research	David Schaeffer	VCH
Factors Influencing Physician Retention in Northern BC/Rural Practice	Dana Thomsen	UBC
Working Collaboratively in the Drug Addiction Care in Rural British Columbia; a Community Care Model Development.	Onuora Odoh	UBC
Rehabilitation Service Capacity for COVID19 Survivors	Pat Camp	Providence Health
Community based self-collected HPV testing in three FNHA communities	Gina Ogilvie	UBC
Exploring childrens independent mobility in Northern BC	Chelsea Pelletier	UNBC
Mobile Uninteruptable power supply (UPS) system for ventilators	Jian Liu	UBC
An Evaluation of the COPD Program in Fort St James	Shannon Freeman	UNBC

Quality-of-Life Measures for Rural Surgical and Obstetrical Nurses in British Columbia	Jude Kornelsen	UBC
Assessment of practitioner needs for providing virtual maternity care in rural and remote communities in British Columbia	Jude Kornelsen	UBC
Strategies to Relieve Suffering at End-of-Life (STRS-EOL)	Barbara Pesut	UBCO
Access to Family Planning Services in northern British Columbia	Wendy Norman	UNBC
UBC Family Practice Resident Research Project :Rh disease in Northern Health Newborns, A quality Improvement Audit	Trina Fyfe	UNBC
Mobilizing early management of mental health complications after mild traumatic brain injury (M4)	Noah Silverberg	UBC
Canadian Treatments for COVID19 (CATCO)	Srinivas Murthy	Childrens and Womens
EQUIP Emergency Research Phase II (Surveys)	Colleen Varcoe	UBC
Rh-Disease Awareness and Prevention (RhAP): Knowledge Assessment and Patient-led Advocacy Group Formation	Trina Fyfe	UNBC
CORVIX Study: A Spatial Approach to Exploring Vulnerability in the Context of COVID-19 in British Columbia	Valorie Crooks	SFU
Validation of the Personality Assessment Inventory - Short Form for Patients with Psychiatric Diagnoses	Harry Miller	UBCO
UBC Family Practice Resident Research Project: The Impact of Sociodemographics on Accessing Prenatal Care in Northern British Columbia, A Case Control Study	Eric Butler	UBC
The RESPCCT Study (Research Examining Stories of Pregnancy and Childbearing in Canada Today)	Saraswathi Vedam	UBC

Stroke Telerehabilitation in Rural British Columbia: Exploring the Perceptions of Stroke Survivors, Caregivers, Clinicians, and Health Administrators	Brodie Sakakibara	UBCO
A study of patients' perspectives on the impact of COVID-19 on the care and support for British Columbians living with asthma and COPD	Christopher Carlsten	UBC
The BC Glomerulonephritis Registry: the justification for a provincial registry of patients with glomerulonephritis.	Sean Jacob Barbour	VCH
Implementation of a Multi-institutional Preoperative Optimization Quality Improvement Initiative	Tom Wallace	IH
Improving Care Coordination for Patients Newly Diagnosed with Cancer in Northern British Columbia: A Feasibility Study	Erin Wilson	UNBC
Understanding the factors influencing physical activity behaviour in rural communities	Chelsea Pelletier	UNBC
Building Resilient Rural Communities: Understanding the Mental Health Impacts of Climate Change Events and COVID-19	Nelly D. Oelke	UBCO

Appendix B


NH Strategic Plan and Northern Research Environment
Service Networks
Supports establishing key research priorities based on required information needs to meet network requirements through generating new evidence, implementation of evidence and access and translation of key data elements
Active role in embedding use of knowledge in practice supporting implementation of learning health system
NH Critical Priorities and Other Initiatives
Targeted implementation of clinical and administrative system improvements based on evidence
Testing of evidence in northern context to develop culture of research, evidence use and support workforce sustainability
PARTNERSHIPS AND COLLABORATION
Data
Supporting timely access to and understanding of data resources
Improved availability of data resources
Integration of data into establishing priorities
ID Hub Coordinator
KT/Research Data Translation
Clinical Research
Supportive participation in clinical trials
Equal access to opportunities for improved patient outcomes
Capacity to lead and participate in variety of trials
Clinical Trials Coordinator
Nurse, Lab and Pharmacy Research Coordinators
Knowledge Translation
Inform and facilitate use of Northern developed knowledge in practice environments
Northern informed KT and implementation science approaches
Bridge between evidence generation and implementation
KT and IS Specialist(s) (MSFHR-funded)
Research Capacity
Research navigation from concept/question to implementation
Timely support for key research approval activities (e.g. ethics, operational and privacy approval)
Research Navigator(s)
Research Ethics Support
Research Privacy Officer
Innovation, Excellence, and Equity in Care for Northerners
Northern Biobank Initiative
Northern Centre for Clinical Research
Indigenous Health Research
Centre for Technology and Aging in the North (CTAAN)
Evidence, Implementation and Change

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

HR REPORT

Workplace Health and Safety

Northern Health's Workplace Health & Safety department consists of the following portfolios:

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

Health Safety and Prevention

COVID-19 Pandemic Response

COVID-19 pandemic response continues to dominate the Health Safety and Prevention department's efforts, while work on other priority occupational health and safety initiatives has continued to the degree possible.

During the pandemic response, Health Safety and Prevention has provided guidance on personal protective equipment (PPE) decisions and allocation, including: support for PPE champions and delivering urgent fit testing to high-risk departments. In addition, advisors developed tools, resources, and support for COVID-19 Workplace Safety Plans, in addition to department and facility risk assessments required to restart operations and reduce transmission of COVID-19 in our sites.

Recognizing a need to support one another during these challenging times, a COVID-19 Manager and Staff Toolkit has been developed, that includes a variety of Stress and Emotional Support resources, including guidance on: boosting team morale while working remotely; identifying and responding to crisis fatigue; self care during COVID-19, and; tips for managing fear and anxiety.

Northern Health's Employee Family Assistance Program (EFAP) is offering additional resources for staff and physicians as they cope with COVID-19, including COVID-specific webinars, a Virtual Fitness Partner program, and Additional counselling modalities, including Online Counselling.

Influenza Prevention Program

The Influenza Prevention Program immunizes upwards of 4500 health care workers annually within Northern Health facilities, via clinics and Peer Immunizers. This year's campaign resulted in a total reporting rate of 79% and immunization rate of 64% among healthcare workers, which is comparable to BC averages.

New COVID-19 guidelines to ensure health care workers' and community safety impact all areas of the program, most significantly the immunization service model. The mass immunization clinic format adapted to a localized model to align with safety and prevention measures. This season, Peer Immunizers were the primary service model for employees to receive immunization.

Joint Occupational Health and Safety Committees

A new Regional Occupational Health and Safety Advisory Committee has been established and meets quarterly. The vision of this committee is that Northern Health, along with its union partners and physician groups will work together to make recommendations and give advice on:

- protecting and enhancing worker and physician health, safety, and well-being in the workplace;
- continual improvement of occupational health and safety performance; and
- effective processes to identify and eliminate work-related hazards and control associated risks.

Provincial Violence Prevention Curriculum Delivery

The Provincial Violence Prevention Curriculum (PVPC) is an education and training program for all BC health care workers. It is designed to reduce incidents related to violence in the workplace. The curriculum consists of:

- Eight foundational online modules
- Classroom training (7.5 hours)
- Refresher training (30 minutes)

During the COVID-19 pandemic response, classroom training was put on hold. As part of the restart plan in June 2020, Health Safety and Prevention supported communities that have local facilitators to resume local planning and provision of in-person sessions with COVID safety precautions in place. To support communities that do not have a local facilitator, Health Safety and Prevention Advisors continue to provide regular online PVPC Classroom and refresher training.

Disability Management

Occupational Injuries/Illnesses – Return to-Work Outcomes

Workers who have become ill or injured as a result of work should be offered support at work and/or return-to-work as soon as possible, as transitional work or a graduated return-to-work program can help the employee protect their quality of life while reducing the employer's WorkSafeBC claim costs, work days lost, and premiums.

From 2020 quarter one to quarter four, Northern Health's average days lost was at 31.2, which has decreased in comparison to 2019 (44.4 average days lost). Northern Health also saw a decrease in the average claim cost ($2,884) in comparison to the provincial average ($8,475).

This positive trend of a decrease in average days lost and average claim cost was due to an increase in the number of workers we were able to accommodate with temporary or modified work.

Long-Term Disability – Non-Occupational Injuries/Illnesses

Northern Health's benefits plan includes long-term disability insurance for any permanent employee who is unable to work for a prolonged period of time due to an illness or injury. The qualification period ranges from four to five months off work, depending on the employee's collective agreement.

In partnership with Canada Life (formally Great West Life) and Healthcare Benefit Trust, Workplace Health and Safety continues to promote early, safe return-to-work programs, and temporary or permanent accommodation solutions to improve long-term disability performance and reduce overall claims.

For the active claims of 2020; 39% are Mental Health, 39% are Musculoskeletal and Connective Tissue, 10% Nervous System and Sensory Organs, 7% Cancer and 6% Accidents and Injury.

Mental Health claims have increased provincially, especially in the age band less than 45 years of age.

Northern Health has increased the number of referrals to Early Intervention Services. (i.e. claims referred during the qualification period to connect employees to services early, which positively impacts claim duration). The common factors impacting the rise in claims include: an aging workforce, staff with chronic illnesses, mental health conditions and staff with multiple barriers that may include personal, medical and workplace barriers. All of which can result in complex recovery journeys. The challenges for mental health return-to-work support are characterized by:

- Non-linear recovery (not a straightforward move to a state of well-being, occasional setbacks and waxing/waning of symptoms).
- Absence of hard/ set recovery guidelines as would occur for physical injuries.
- Functional abilities not translating to abundant accommodation opportunities in the workforce.

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

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

Disability Management Intake

Disability Management receives referrals from a variety of sources, payroll reports, the Workplace Health Call Centre, managers, employee self-referral, the union, etc. for employees who are in need of support services.

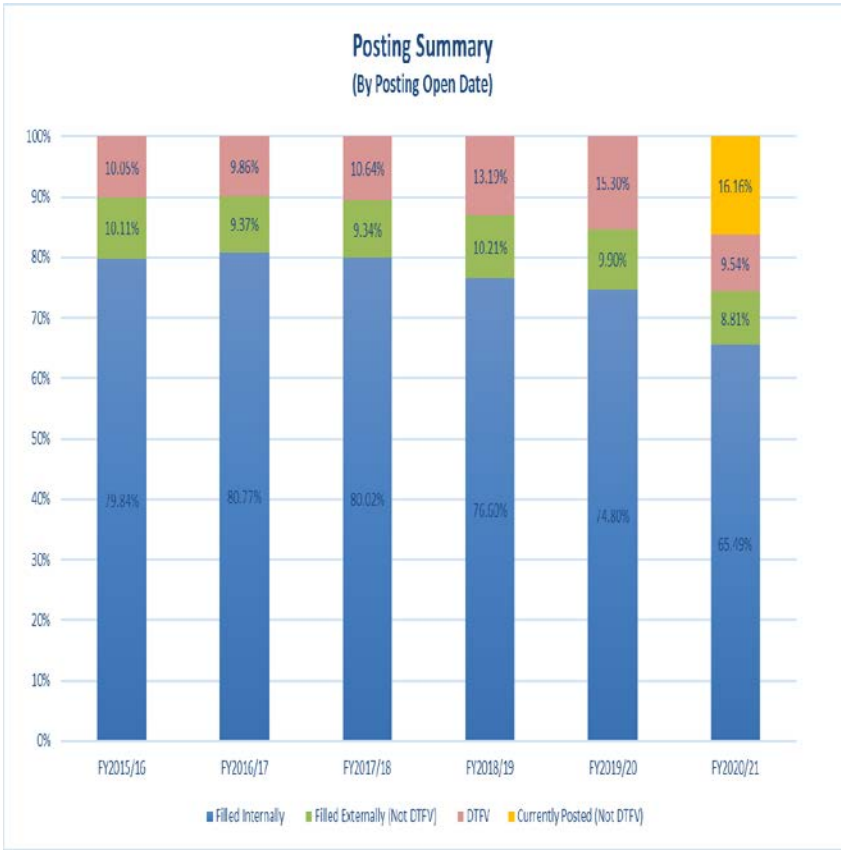
Since 2016, Disability Management has had a 56% increase in notifications. In 2020, Disability Management received 2303 notifications of which 737 staff have been enrolled in the Enhanced Disability Management Program (prompting comprehensive case management plans), as well as another 1,356 triaged with support, guidance and monitoring leading to a successful return to work within 30 days (i.e. return-to-work imminent).

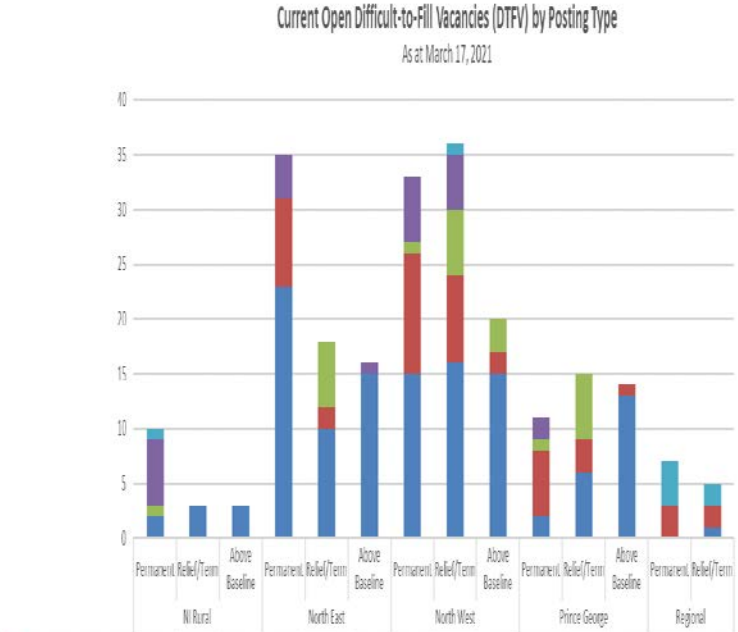
This increase is likely due to the pandemic which prompted an increase in the number of staff going off work due to being immunocompromised, pregnant, required to self-isolate, etc. Where possible, staff have been accommodated in their own department such as working from home or alternate location, or to low-risk departments such as the virtual care clinic and transporting of lab samples.

Northern Health Recruitment Updates/Charts

Posting Information: In fiscal year 2020/21 year to date, Northern Health has posted 4436 non-casual positions; 65.49% have been filled by internal staff (existing regular and casual staff) and 8.81% 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 12% of approximately 3500 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.





	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					4	7
COMMUNITY SUBSECTOR	6			4		1	6	5		2				
FACILITIES SUBSECTOR	1				6		1	6	3	1	6			
HEALTH SCIENCE PROFESSIONALS				8	2		11	8	2	6	3	1	3	2
NURSES PROVINCIAL AGREEMENT	2	3	3	23	10	15	15	16	15	2	6	13		1

The Face of Northern Health

As at March 17, 2021

Summary of Employees by Status	Headcount	%	FTE
Active: Total	8,665	100%	5,340
Full-time	3,988	46%	
Part-time	1,987	23%	
Casual	2,690	31%	
Non-Active: Total	970	100%	771
Leave	584	60%	428
Long Term Disability (LTD)	386	40%	343

Active Employees by Collective Agreement	Headcount	%
Active: Total	8,665	100%
Nurses	2,654	31%
Facilities	3,414	39%
Health Sciences	1,095	13%
Community	807	9%
Excluded	695	8%

Active Employees by Region	Headcount	%
Active: Total	8,665	100%
North East	1,321	15%
North West	2,024	23%
Northern Interior: Prince George	2,733	32%
Northern Interior: Rural	1,183	14%
Regional	1,404	16%

Active Nursing	Headcount	%
Active: Total	2,654	100%
RN/RPN	1,968	74%
LPN	686	26%

Clinical vs. Support	Facilities	Community
Active: Total	3,414	807
Clinical	1,437	471
Non-Clinical	1,977	336

Count of Employees - By Status