Meeting of the Northern Health Board
April 11, 2022

Due to COVID-19 Pandemic the Northern Health Board did not host a Public Board meeting on April 11, 2022 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

Northern Health Board
Public Package – April 2022

BOARD BRIEFING NOTE

Date:	March 18, 2022	
Agenda item:	2021-22 Period 11 – Operating Budget Update	
Purpose:	☐ **Discussion**	☒ **Decision**
Prepared for:	NH Board of Directors	
Prepared by:	Mark De Croos, VP Financial & Corporate Services/CFO	

YTD February 3, 2022 (Period 11)

Year to date Period 11, Northern Health (NH) has a net operating surplus of nil.

Excluding extra-ordinary items, revenues are unfavourable to budget by $8.2 million or 0.9% and expenses are favourable to budget by $6.8 million or 0.8%.

The unfavourable in Other revenues 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 Community Care, Mental Health and Substance Use, and Population Health and Wellness is primarily due to vacant staff positions.

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 being filled at overtime rates and with agency staff.

In response to the global COVID-19 pandemic, NH has incurred $66.1 million in expenditures in the current fiscal year. The Ministry of Health is providing supplemental funding to offset pandemic related expenditure ($66.1M) and lost revenue due to COVID ($1.4M).

Recommendation:

The following motion is recommended:

> The Northern Health Board receives the 2021-22 Period 11 financial update as presented.

NORTHERN HEALTH
Statement of Operations
Year to date ending February 3, 2022
$ thousand

	Annual Budget	YTD February 3, 2022 (Period 11) Budget	Actual	Variance	%
REVENUE					
Ministry of Health Contributions	781,544	657,477	660,904	3,427	0.5%
Other revenues	269,782	230,080	218,486	(11,594)	-5.0%
TOTAL REVENUES	**1,051,326**	**887,557**	**879,390**	**(8,167)**	**-0.9%**
EXPENSES (BY PROGRAM)					
Acute	553,415	468,794	469,399	(605)	-0.1%
Community care	177,911	148,381	145,847	2,534	1.7%
Long term care	133,931	112,718	123,453	(10,735)	-9.5%
Mental health and substance use	64,234	54,491	48,330	6,161	11.3%
Population health and wellness	34,468	29,280	25,277	4,003	13.7%
Corporate	87,367	73,893	68,429	5,464	7.4%
TOTAL EXPENSES	**1,051,326**	**887,557**	**880,735**	**6,822**	**0.8%**
Net operating deficit before extraordinary items	**-**	**-**	**(1,345)**		
Extraordinary items					
COVID-19 expenses	-	-	66,063		
Total extraordinary expenses	-	-	66,063		
Supplemental Ministry of Health contributions	-	-	67,408		
Net extraordinary items	-	-	1,345		
NET OPERATING SURPLUS	**-**	**-**	**-**		

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BOARD BRIEFING NOTE

Date:	March 18, 2022	
Agenda item:	Capital Expenditure Plan Update	
Purpose:	☐ **Discussion**	☒ **Decision**
Prepared for:	NH Board of Directors	
Prepared by:	Deb Taylor, Regional Manager Capital Accounting	
Reviewed by:	Mark De Croos, VP Financial & Corporate Services/CFO	

The Northern Health Board approved the 2021-22 capital expenditure plan in January 2021, with an amendment in July 2021. The updated plan approves total expenditures of $274.4M, with funding support from the Ministry of Health ($165.3M, 60%), Six Regional Hospital Districts ($90.7M, 33%), Foundations, Auxiliaries and Other Entities ($2.5M, 1%), and Northern Health ($15.8M, 6%).

Year to date Period 11 (ending February 3, 2022), $170.5M was spent towards the execution of the plan as summarized below:

$ million	**YTD**
Major Capital Projects (> $5.0M)	137.3
Major Capital Projects (< $5.0M)	5.9
Major Capital Equipment (> $100,000)	10.9
Equipment & Projects (< $100,000)	8.4
Information Technology	8.1
	170.5

Significant capital projects currently underway and/or completed in 2021-22 are as follows:

Northern Interior Service Delivery Area (NI-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Burns Lake	Lakes District Hospital Domestic Hot Water Heaters	$0.41	Closing	MOH
Fort St. James	Stuart Lake Hospital Replacement	$116.12	In Progress	SNRHD, MOH
Granisle	Granisle Health Centre Leasehold Improvements	$1.15	Closing	SNRHD, MOH
McBride	Boiler Plant Upgrade	$0.38	Complete	MOH
Mackenzie	General X-Ray Replacement	$0.95	In Progress	FFGRHD, MOH, NH
Prince George	UHNBC Cardiac Services Department Renovation	$12.5	Planning	FFGRHD, MOH
Prince George	UHNBC DI Interventional Fluoroscopy	$4.25	In Progress	FFGRHD, MOH, NH
Prince George	UHNBC DI General Fluoroscopy Replacement	$2.51	In Progress	FFGRHD, MOH, NH
Prince George	UHNBC DI Nuclear Medicine Waiting Area Renovation	$0.80	In Progress	FFGRHD, NH
Prince George	UHNBC Integrated Fault Detection & Diagnostics (CNCP)	$0.23	In Progress	FFGRHD, MOH
Prince George	UHNBC Washing Machine 1	$0.96	Closing	FFGRHD, MOH
Prince George	UHNBC OR Electrical Upgrade and Lights	$0.25	Completed	MOH
Prince George	UHNBC Panther Fusion	$0.73	Completed	SONHF, MOH
Prince George	UHNBC Pharmacy Fastpak Verifier	$0.17	Closing	FFGRHD, MOH, NH
Prince George	UHNBC Phone System	$0.91	In Progress	FFGRHD, MOH

Community	Project	Project $M	Status	Funding partner (note 1)
	Replacement Phase 2			
Prince George	UHNBC – New Acute Tower Business Plan	$5.00	In Progress	FFGRHD
Prince George	UHNBC – Sterile Compounding Room Upgrade Planning	$1.90	Planning	FFGRHD, NH
Prince George	UHNBC Lab Chemistry Automation	$5.75	Planning	FFGRHD, MOH
Prince George	Prince George Long Term Care Business Plan	$1.4	In Progress	FFGRHD
Prince George	UHNBC OR Dual Focus Lithotripter Replacement	$1.8	In Progress	FFGRHD, MOH
Prince George	Gateway Lodge Vocera	$0.50	In Progress	FFGRHD, MOH
Prince George	UHNBC ED Negative Pressure Upgrade	$0.36	In Progress	MOH
Prince George	UHNBC Transformer Replacement	$2.13	In Progress	FFGRHD, NH
Prince George	UHN Ultrasound Replacement	$0.25	In Progress	FFGRHD, MOH
Quesnel	Dunrovin Heating Boilers Replacement (CNCP)	$0.63	In progress	CCRHD, MOH
Quesnel	GR Baker CT Scanner Replacement	$2.32	In Progress	CCRHD, MOH, NH
Quesnel	GR Baker ER & ICU Addition	$27.0	In Progress	CCRHD, MOH
Quesnel	GR Baker Kitchen Renovation	$5.00	Closing	CCRHD, MOH, NH
Quesnel	Quesnel Long Term Care Business Plan	$0.90	In Progress	CCRHD
Quesnel	Substance Abuse Club Leasehold Improvement	$1.27	In Progress	CCRHD, NH
Quesnel	GR Baker Ultrasound Replacement	$0.25	In Progress	MOH, RHD

Community	Project	Project $M	Status	Funding partner (note 1)
Vanderhoof	St. John Hospital Heat Pumps and Coils	$0.59	Closing	SNRHD, MOH, NH
Vanderhoof	St. John Hospital Sterile Compounding Room Upgrade	$1.97	In Progress	SNRHD, MOH, NH
Vanderhoof	St. John Hospital Ultrasound Replacement	$0.25	In Progress	SONHF, SNRHD

Northwest Health Service Delivery Area (NW-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Kitimat	Kitimat Washing Machine Replacement	$0.39	Complete	NWRHD, MOH
Kitimat	Kitimat Lab Chemistry Analyzer Replacement	$0.22	Closing	NWRHD, MOH
Kitimat	Kitimat Ultrasound Replacement	$0.26	In Progress	Haisla Nation, NWRHD
Kitimat	Kitimat Large Piece Folder Replacement	$0.38	In Progress	NWRHD, MOH, NH
Terrace	MMH Hospital Replacement	$632.60	In Progress	NWRHD, MOH
Terrace	MMH Automated Medication Dispensing Cabinet	$0.18	In Progress	MOH
Terrace	MMH OR Video System Tower 2 Replacement	$0.11	Complete	MOH
Terrace	MMH – Ultrasound (unit 3)	$0.19	Complete	DR REM Lee Foundation, MOH
Terrace	Specialist Clinic Leasehold Improvement	$1.75	In Progress	NWRHD, NH
Terrace	MMH Ultrasound 1 Replacement	$0.26	In Progress	NWRHD, MOH
Terrace	MMH Ultrasound 2 Replacement	$0.26	In Progress	NWRHD, MOH
Hazelton	Hazelton Long Term Care Business Plan	$0.60	In Progress	NWRHD
Hazelton	Wrinch Ultrasound Replacement	$0.26	In Progress	NWRHD, MOH

Community	Project	Project $M	Status	Funding partner (note 1)
Northern Haida Gwaii	Observation Room	$0.99	Planning	NWRHD, NH
Prince Rupert	PRRH Chemistry Analyzers Replacement	$0.59	In Progress	NWRHD, MOH, NH
Prince Rupert	PRRH Medical Device Reprocessing Department Equipment Replacement and Centralization	$0.84	In Progress	MOH
Prince Rupert	PRRH Sterile Compounding Room Upgrade	$1.54	In Progress	NWRHD, MOH, NH
Prince Rupert	PRRH Domestic Hot Water Upgrade (CNCP)	$0.48	In Progress	NWRHD, MOH
Prince Rupert	PRRH Main Floor Renovation - Planning	$0.35	Planning	NH
Prince Rupert	PRRH Ultrasound 1 Replacement	$0.22	In Progress	NWRHD, MOH
Smithers	BVDH Sterile Compounding Room Upgrade	$2.51	In Progress	NWRHD, NH
Smithers	Bulkley Lodge Domestic Hot Water Heaters and Tank and Repiping	$0.55	In Progress	NWRHD, MOH
Smithers	Smithers Long Term Care Business Plan	$0.90	In Progress	NWRHD
Smithers	Bulkley Lodge FM Nurse Call System (CNCP)	$0.43	In Progress	NWRHD, NH
Stikine	Stikine X-Ray Machine Replacement	$0.54	Complete	NWRHD, MOH
Houston	Houston Air Handling Unit Replacement (CNCP)	$0.87	In Progress	NWRHD, MOH

Northeast Health Service Delivery Area (NE-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Chetwynd	Chemistry Analyzer Replacement	$0.22	Closing	Chetwynd Hospital Foundation, PRRHD, MOH
Chetwynd	Heating Boilers Replacement (CNCP)	$0.57	In Progress	PRRHD, MOH

Community	Project	Project $M	Status	Funding partner (note 1)
Dawson Creek	DCDH Automated Medication Dispensing Cabinet	$0.17	In Progress	MOH
Dawson Creek	DCDH Hospital Replacement	$377.86	In Progress	PRRHD, MOH
Dawson Creek	DCDH Phone System	$0.45	In Progress	PRRHD, NH
Dawson Creek	DCDH CT Replacement	$2.55	In Progress	PRRHD, MOH
Fort Nelson	FNH Domestic Hot Water Upgrade (CNCP)	$0.18	Complete	MOH
Fort Nelson	FNH Boiler Upgrade and Heat Recovery (CNCP)	$0.74	In Progress	NRRHD, MOH
Fort St. John	Fort St. John Hospital Spect CT	$1.76	Complete	PRRHD, FSJ Hospital Foundation, NH, MOH
Fort St. John	Fort St. John Hospital Reverse Osmosis Replacement	$0.49	In Progress	MOH, NH
Fort St. John	Fort St. John Hospital Sterile Compounding Room Upgrade	$1.0	In Progress	PRRHD, MOH, NH
Fort St. John	Fort St. John Hospital Lab Renovation	$1.22	In Progress	PRRHD, MOH, NH
Fort St. John	Fort St. John Hospital Patient Monitoring System Replacement	$0.66	In Progress	FSJ Hospital Foundation, MOH
Fort St. John	Overdose Prevention Site Leasehold Improvement	$2.83	In Progress	PRRHD, NH
Fort St. John	Fort St. John Long Term Care Business Plan	$1.2	In Progress	PRRHD
Tumbler Ridge	Tumbler Ridge Health Centre Cooling System Replacement	$0.60	In Progress	PRRHD, MOH

Regional Projects

Community	Project	Project $M	Status	Funding partner (note 1)
All	Community Health Record (Phase 3)	$5.0	Complete	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	EmergCare	$4.35	In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Endoscopy System Replacement Phase 1	$0.51	Complete	PRRHD, FFGRHD, CCRHD, MOH, NH
All	Physician eScheduling and OnCall	$0.49	In Progress	NH
All	Home Care Redesign	$1.29	In Progress	MOH
All	InCare Phase 1	$4.91	In Progress	CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, MOH
All	MOIS/Momentum Interop	$0.21	Planning	MOH, NH
All	MySchedule – Partial Shifts, Prebooking	$0.18	Closing	MOH, NH
All	Northern Lights – Personal Health Record and Portal	$1.20	Closing	CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Sharepoint Upgrade	$0.21	In Progress	MOH
All	Clinical Data Repository (CeDaR)	$1.53	In Progress	NH
All	DNS Replacement	$0.11	Complete	MOH
All	Computer Assisted Coding Software	$0.23	In Progress	NH
All	Core Network Infrastructure	$0.95	In Progress	CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, MOH, NH
All	FNHA Community Health Record EMR Collaboration	$1.34	Planning	NH
All	SurgCare	$0.93	Planning	MOH

Community	Project	Project $M	Status	Funding partner (note 1)
All	Virtual Clinic (COVID)	$1.48	Planning	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 2021-22, it is forecasted that NH will spend $13.1M on such items. This includes $1.2m for LTC equipment and furniture.

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
SONHF	Spirit of the North Healthcare Foundation

***Recommendation**:*

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

> The Northern Health Board receives the Period 11 update on the 2021-22 Capital Expenditure Plan.

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 12 2021 (R)

Coordinated and Accessible Services
Northern Health will provide health services based in a Primary Care Network with a link to specialized and acute services. These services will support people and their families over the lifespan, from staying healthy, to living well with disease and injury, to end-of-life care.

Quality
Northern Health will improve continuously.

ENABLING PRIORITIES

Our People
Northern Health 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 advance communications, technology, and infrastructure.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 12 2021 (R)

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 12, 2021 (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 12, 2021 (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 12, 2021 (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 V2 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~~they are 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
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Date Issued (I), REVISED (R), reviewed (r): April 12, 2021 (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
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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
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- 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): April 12, 2021 (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

3. Advising and assisting the Board of Directors with respect to their duties and responsibilities including:

    a. Current developments in governance practice
    b. Effective relationships between Board and Executive
    c. Planning the Board orientation and annual education and development plan

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

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): February 7, 2022 (R)

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

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].

[1] See also BRD220

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): February 7, 2022 (R)

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

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.~~ Appropriate committees and structures to be approved by the Board for conducting quality reviews under section 51 of the BC *Evidence Act*~~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

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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

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:

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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
   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

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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~~their 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~~them in the course of performing ~~his/her~~their Director duties

3. A Director must disclose to the Board any personal interests that ~~he/she~~they hold~~s~~ 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~~their 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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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”)

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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~~they 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

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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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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
   d. NGOs (Alzheimer Society, Canadian Cancer Society, Canadian Red Cross etc.)
   e. North Central Local Government Association (NCLGA) & Union of British Columbia Municipalities (UBCM)
   f. Other provincial Ministries and government bodies
   g. Regional Districts (RD) & Regional Hospital Districts (RHD)

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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.

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TERMS OF REFERENCE FOR THE CORPORATE SECRETARY BRD 160

GENERAL

The functions of the Corporate Secretary of Northern Health ~~is~~ are carried out by the President & Chief Executive Officer (the "CEO") or by a senior manager designated by the President & Chief Executive Officer, typically the Regional Director, Legal Affairs, Enterprise Risk & Compliance.~~,~~ The Corporate Secretary has overall responsibility for the secretariat function and duties as outlined herein. The President & CEO provides oversight and retains accountability for these functions.

SPECIFIC RESPONSIBILITIES

1. Attends meetings of the Board of Directors of Northern Health (the "Board") and Board Committees and attends Board-only sessions if requested 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. Works with the Executive Assistant, Board & CEO regarding the retention of the corporate records

6. Maintains custody of the corporate seal

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

8. Serves as the main source of governance expertise to the Board in relation to policy and legislative compliance

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9. Supports the President & CEO and Executive Assistant, Board & CEO to organize and deliver the orientation and ongoing education and development plan for Directors as approved by the Board of Directors

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

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

12. Verifies, authorizes and processes payment of:

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

13. Works with the Executive Assistant, Board & CEO to monitor Board Director terms to ensure the timely processing of documentation for Board appointments and reappointments for Board continuity

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

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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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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~~they are reflecting the opinion of the NHMAC and when ~~the he/she is~~they are reflecting ~~his/her~~their 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~~their 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.

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BOARD BRIEFING NOTE

Date:	23 March 2022	
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 only meeting and any questions be answered.
3. The briefing note be brought forward in the Board public session and that Directors each sign the declaration and forward to the Corporate Secretary for filing.
4. The Corporate Secretary will 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 *(Reference Package)*

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.

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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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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.

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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.

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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): April 12, 2021 (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.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 12, 2021 (r)

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
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Date Issued (I), REVISED (R), reviewed (r): April 12, 2021 (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): April 12, 2021 (r)

Research Review Committee
Annual Report 2021

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.

2021 Membership

Name	Title
Esther Alonso-Prieto	Chair, Ethics Lead, NH
Roseann Larstone	Regional Director, Indigenous Health, NH
Farzana Amin	Analyst, Clinical Outcomes, Research, Evaluation & Analytics, NH
Kerensa Medhurst	Research Facilitator, Physician Quality Improvement Special Services Committee, NH
Robert Pammett	Research and Development Pharmacist, Primary Care, NH
Sam Milligan	Carrier Sekani Family Services, NH
Ron Klausing	Privacy Officer, Research and Privacy Impact Assessments (PIA), NH
Rai (Theresa) Read	Elderly Services Nurse Consultant, NH
Chelsea Graham	Regional Dietetic Technician, NH
James Bruce	RN, MHSU Outreach, NH
Marcelo Bravo	Lead, Knowledge Translation, NH
Diane Suter	Community Member
Diana Tecson	Administrative Support, NH (non-voting)

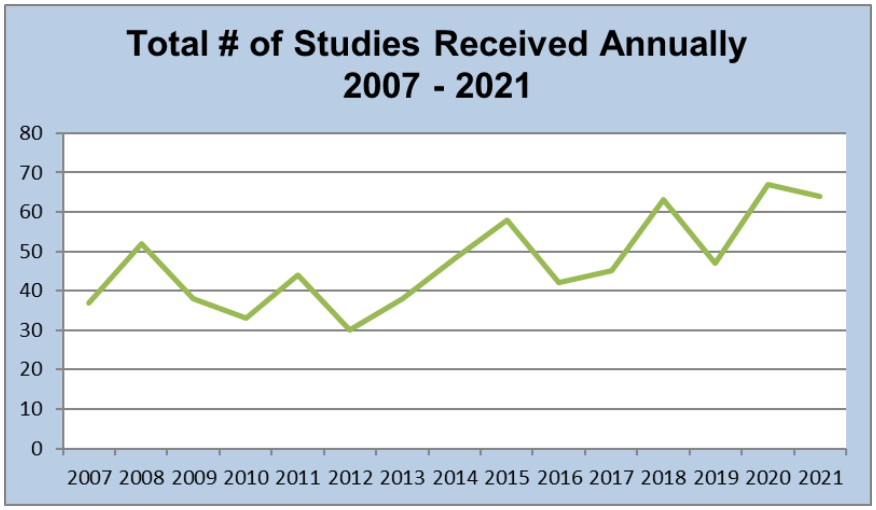
Ad hoc member: Traci de Pape, Regional Manager, Privacy Office is included in the review process when Section 35 of FIPPA applies to a research application or consulted on other relevant privacy concerns or legislation.

Outgoing Members: Northern Health would like to thank the following members for their contribution and service to the RRC:

- Linda Axen
- Jennifer Begg
- Julia Bickford
- Tamara Checkley
- Vash Ebbadi-Cook
- Damen DeLeenheer
- Tanis Hampe
- Vanessa Salmons
- Kirsten Thomson

Research Reviewed

Sixty-Four (64) studies were received by the Research Review Committee in 2021. Three (3) 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).



In 2021, 98% of the studies reviewed by NH were completed through the Research Ethics BC harmonized review process in collaboration with BC Universities and Health Authority partners.

Northern Health Research Partnered with Other Institutions

2015: 24 (41% of total studies)
2016: 35 (83%)
2017: 38 (84%)
2018: 52 (95%)
2019: 41 (87%)
2020: 64 (96%)
2021: 63 (98%)

Status of applications received in 2021 (as of February 28, 2021):

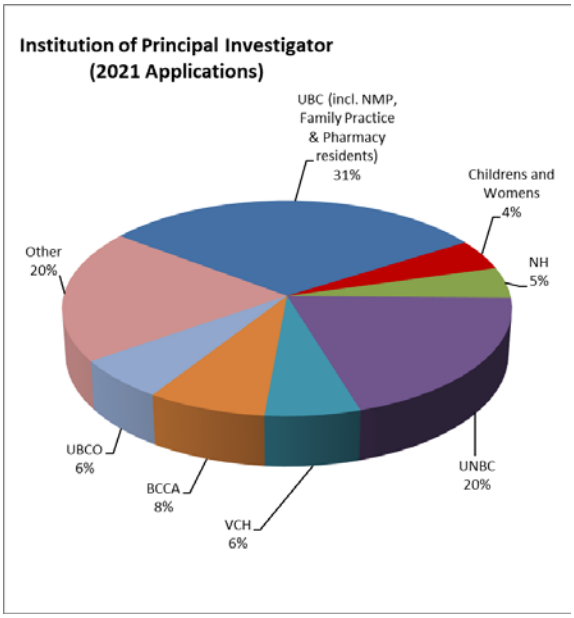
30 – Ethics approval granted, operational review, privacy impact assessment, or information sharing agreement still required
9 – Provisos pending (e.g., initial review complete, clarifications/revisions required by researcher before Research Ethics Board/Committee approval)
22 – Have received final NH Institutional authorization
3 – Withdrawn/on hold/determined to be outside NH jurisdiction

Table A contains a list of the 2021 research applications that have received final institutional approval.

Table B contains a list of the 2021 research applications that have received ethics approval by the RRC but additional approvals (e.g., Information sharing agreements, privacy impact assessments, operational approval) is required.

Principal Investigators

As in previous years, the majority of applications to the NH RRC were received from Principal Investigators (PIs) at the University of British Columbia (UBC) (31%) and University of Northern British Columbia (UNBC) (20%). Research conducted by Northern Medical Program faculty and students or UBC clinical residency programs based in the north are included with the UBC total.

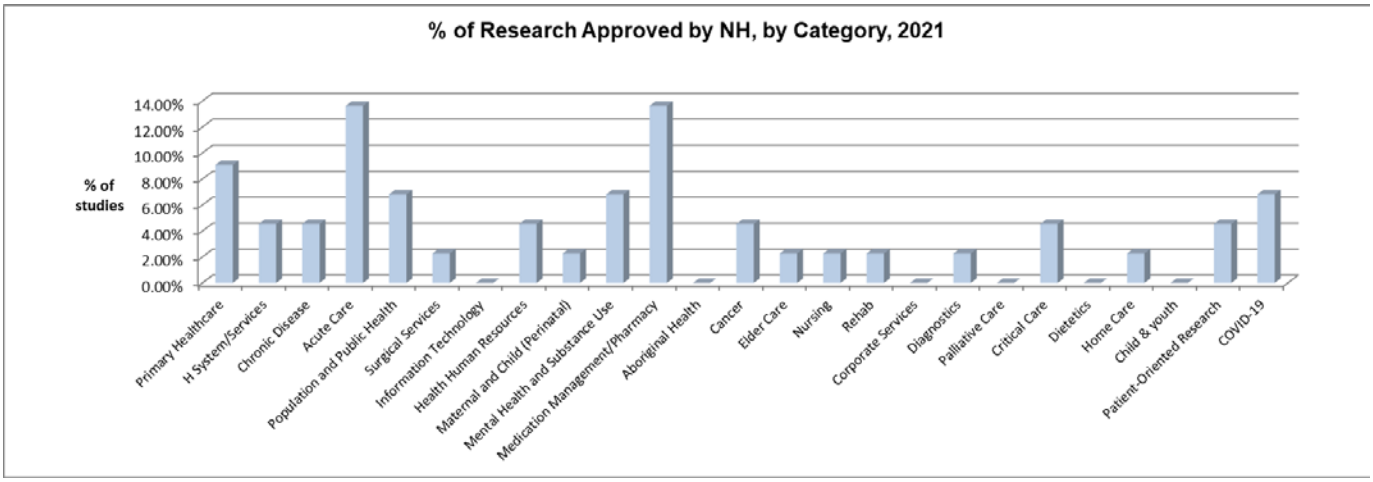


Thirty (20%) of 2021 applications involved a **UNBC PI or Co-Investigator** (compared with 30% in 2020, 19% in 2019, 47% in 2018, 23% in 2017, 33% in 2016 and 26% in 2015).

Category of Research

Northern Health categories

Researchers are invited to select up to three categories to describe the focus of their study. The percentage of studies that were classified into each category in 2021 are shown in the graph below. A new category was added in 2020, COVID-19, to reflect the shifting research priorities.

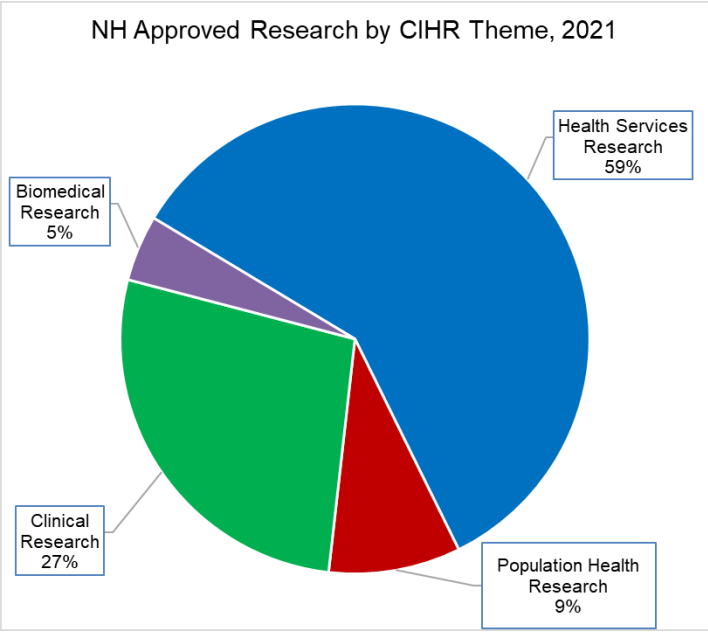


COVID Related Studies

To support expedited reviews of COVID related studies, Research Ethics BC facilitated developing and implementing rapid turn-around for COVID studies. In 2021, NH received 3 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.



2021 - 2022 Key Actions and Progress

Initiatives launched in the area of Research Ethics:

1. Strengthening the administrative infrastructure that supports the research review and approval process.
2. Revisiting the Research Review Committee structure, composition and governance.

Key outcomes:

Since December 2021, efforts have been undertaken to strengthen the administrative infrastructure required to review and approve research studies.

First, the Research Engagement Team (RET) was created. The RET is composed of experienced research administrators dedicated to helping investigators navigate the review-and-approval stage. The involvement of the RET significantly increases the efficiency of the process, which in turn shortens the time it takes for investigators to receive the final institutional authorization letter for the conduct of research studies.

Second, the gap between ethics and privacy reviews and data access has been mitigated. A privacy expert participates now in the early stages of the ethics review process to address privacy

requirements. Simultaneously, the Information and Data ID Hub coordinator supports the RET and facilitates conversations with the investigator about data curation and availability.

Third, the studies' operational review process has been revised. A monthly dialogue with senior NH operational leaders has been initiated to redesign the decision-making hierarchy, reducing the number of decision-makers and the time required to arrive at a decision.

Fourth, the Research Ethics Review Committee has been revitalized. Five new members have been added to the Committee, including a community member, which has expanded the committee's expertise and capacity. Additionally, the Committee is engaging with Patient Voices Network to identify patient partners interested in joining as ad-hoc members.

Additionally, the monthly Committee meetings, which had come to a halt during the COVID pandemic, have been reinitiated. During those meetings, new studies are reviewed, and education opportunities are provided. In between meetings, the Committee continues to review minimal risk studies.

Conclusion

Health research in northern BC experienced a slight decline in 2021. The 64 applications received covered a range of topics with the most prominent being primary health care, acute care, and medication management/pharmacy. Over half of the studies were led by researchers affiliated with UBC and UNBC.

Significant advancements were made to improve the Research administrative infrastructure. As a result, research processes have been streamlined, and efficient working practices have been introduced and NH research capacity has been strengthened.

Research is an important contributor to the high quality services in Northern Health. In 2022, we will continue to focus on process related improvements, establishing research partnerships across BC, supporting local research capacity to address local priorities and enhancing clinical trials infrastructure.

Table A: 2021 Research Projects, Ethics and Northern Health Approved to December 31, 2021

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				
Pharmacy Residence Research Project: Primary care pharmacists' perceived confidence and efficacy in managing patients with suicidal ideation – An assessment of a pilot educational module.	Shelby McGraw	UBC	Robert Pammett, Pharmacist, Primary Care	H

Dial-Mag Canada: Outcomes of a higher vs. lower hemodialysate magnesium concentration: A pragmatic cluster-randomized clinical trial in hemodialysis centres	Claire Harris	VCH	Mandy Levesque, Manager, Regional Renal Services	C
Retrospective Chart Review to Assess UHNBC's Management of Acetaminophen Overdoses	Aleisha Enemark	UBC	Susan Miller, Assistant Chief Pharmacist	C
Aging in place in rural and remote regions (APR3): A multi-case study of health care repositioning in BC's Interior	Wendy Hulko	TRU	Aaron Bond, Executive Lead, Elder Program	H
Short PeRiod IncideNce sTudy of Severe Acute Respiratory Infection	Srinivas Murthy	Children's & Woman's	Deanna Hembroff, Regional Manager, Infection Control	C
DETERMINE-A retrospective study of archival NSCLC biopsy samples to investigate the value of the DetermaIO® gene expression assay in identifying immune checkpoint inhibitor responses	David Saltman	BCCA	Sherri Tillotson, Director, Regional Tertiary Services and UHNBC Clinical Supports	B
Adherence to Melanoma Excisional Guidelines in the Northern Health Authority: a 10 year Retrospective Chart Review	Christopher Sladden	UBC	Dr. Kamran Azar, Pathologist	C
Contributing to Perinatal Health: A Case Study of Nursing in the Fort St. John Prenatal Clinic and Birthing Centre	Martha Macleod	UNBC	Patricia MacEwan, H.S.A.	H
Determining the safety and effectiveness of COVID-19 vaccination in the chronic kidney disease population	Adeera Levin	Providence	Sherri Tillotson, Director, Regional Tertiary Services and UHNBC Clinical Supports	H
Enhancing rural community resiliency to climate change and ecosystem disruption: Building on the lessons learned from the first year of the COVID-19 pandemic to strengthen rural community health and health services	Stefan Grzybowski	UBC	Esther Alonso-Prieto, Lead, Clinical and Research Ethics	H

Impact of increasing realistic extraneous stimuli on the cognitive load experienced by medical students and their performance participating in group based virtual simulation	Melissa Dymond	UBC	UBC, Faculty of Medicine, Learner Access Advisory Council	H
A Descriptive Study of Patients Receiving Injectable Opioid Agonist Therapy in a Rural and Remote Health Jurisdiction in British Columbia	Robert Pammett	NH	Dana Cole, Regional Director, Pharmacy Services	C
An Opportunity for Improving Patient Care: An Examination of Rehabilitation Patient Experiences When Their Discharge Date Changed	Michelle E. Pidgeon	SFU	Sherri Tillotson, Director, Regional Tertiary Services and UHNBC Clinical Supports	H
Psychological Impact of COVID-19 Pandemic and Experience: Healthcare Worker Survey	Theone SE Paterson	UVIC	Penny Anguish, COO	P
			Ciro Panessa, COO	
			Angela DeSmit, COO	
Building Dialogues for Clinical Research Collaboration and Leadership in Northern British Columbia	Davina Banner-Lukaris	UNBC	Esther Alonso-Prieto, Lead, Clinical and Research Ethics	H
MRSA Nares Screening: Finding the UtiLity in Predicting Culture-Proven MRSA Infections and Guiding Vancomycin Therapy at the University Hospital of Northern British Columbia (MRSA-FUL)	Alicia Rahier	NH	Kristi Hovland, Regional Manager, Coding and Analytics	C
Hospital Pharmacists and Optimizing Discharge Procedures in Canadian Inpatient Settings	Karen Dahri	VCH	Dana Cole, Regional Director, Pharmacy Services	H
Primary care clinical practice guidelines for a rural setting: a qualitative analysis	Eric Butler	UBC	Jason Jaswal, Regional Director, Medical Affairs	H
Partnering for Change II: Transforming Primary Health Care in Northern BC	Martha Macleod	UNBC	Kelly Gunn, VP Primary & Community Care, Chief Nursing Executive	H
Characterizing the Perceived Need for Advanced Clinical Pharmacy Training in BC	Gregory Michael Legal	Providence	Dana Cole, Regional Director, Pharmacy Services	H
	Tal Jarus	UBC	Penny Anguish, COO	P

Barriers for inclusion of clinicians with disabilities in health care professions in BC - the employers' perspective			Ciro Panessa, COO Angela DeSmit, COO	
Characteristics, Enablers, and Barriers of Clinical Pharmacy Service Delivery at Small Hospitals in British Columbia	Sean Gorman	IH	Dana Cole, Regional Director, Pharmacy Services	H

Table B: 2021 Research Projects, Ethics Approved, requiring Northern Health Operational Approval, Privacy Impact Assessment or Information Sharing Agreement to December 31, 2021

More studies ended 2021 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
IN-PoCUS Profiling and Prognosticating COVID-19 patients Using Big Data: A Pan-Pop-BC Data Artificial Intelligence Study	Teresa Tsang	UBC
Indigenous experiences of solid organ transplant in British Columbia	Eric Yoshida	VCH
Core Services for Sustainable Rural Hospitals in British Columbia	Jude Kornelsen	UBC
Stroke Telerehabilitation in Rural and Small Communities British Columbia: Exploring the Perceptions of Stroke Survivors, Caregivers, Clinicians, and Health Administrators	Brodie Sakakibara	UBCO
Feasibility and Acceptability of the Self-Management for Amputee Rehabilitation using Technology (SMART) program: A pilot study	William Miller	UBC
CANVAS Surveillance of Adverse Events Following Immunization among Individuals Immunized with the COVID-19 Vaccine	Julie Bettinger	BCCW
Intelligent Network for Point-of-Care Ultrasound Data Collection	Teresa Tsang	UBC
Vaccine Intentions Among Healthcare Workers in the Northern Health Region	Gina Ogilvie	Children's & Women's
Day-to-day living during COVID-19 – a community participation study exploring the pandemic's impact on the early years, ages 0-8 yrs, across Northern communities	Caroline Sanders	UNBC
RSON team quality survey	Jude Kornelsen	UBC

Gathering narratives on emergency medical transport in British Columbia from physicians, decision-makers and patients in rural, remote and Indigenous communities	Nelly Oelke	UBCO
Person-Centred Care in Residential Care Social Work: Possibilities in the current medical model in BC	Wendy Hulko	TRU
International medical graduates' experiences of psychological safety: Insights from a family medicine residency program	Laura E. Nimmon	UBC
Assessing the Health and Human Resource Impact of COVID-19 in the LTC Setting in Northern BC.	Shannon Freeman	UNBC
Health information goals and use of community and home-based programs by older adult during COVID-19	Trina Fyfe	UNBC
Rural Point-of-Care Ultrasound Survey	Tracy Morton	UBC
Optimizing Discharge Procedures in Canadian Inpatient Settings	Karen Dahri	VCH
Race, ethnicity, and language data collection in Canadian hospitals: a national survey of emergency departments	Niresha Velmurugia	UAB
A Prospective Cohort Study Effectiveness of COVID Vaccination in Patients with Hematological Malignancy on Treatment or within 1 year Post Autologous or Allogeneic Stem Cell Transplant	Heather J. Sutherland	BCCA
Development of a COVID-19 risk assessment decision support tool to identify level of COVID-19 risk among homecare clients in BC.	Shannon Freeman	UNBC
FLICS BC - Developing a Consensus Driven Format for Level of Intervention and Code Status for British Columbia	Julia Z. Ridley	BCCA
Emergency Department Clinical Pharmacy Services in Canadian Hospitals: 2021 National Survey Study	Richard Wanbon	IH
Lifestyle factors and biomarkers of prognosis in colorectal tumours: a pilot study	Parveen Bhatti	BCCA
Long COVID among long-term care residents in BC: a retrospective comparative cohort study	Clayon Hamilton	FH

Penicillin Allergy Delisting through Direct Oral Challenge in a Rural Community Setting	Stephen Bruce Beerman	UBC
Care following non-fatal opioid overdose at the University Hospital of Northern British Columbia Emergency Department: A retrospective chart review	Erin Wilson	UNBC
The impacts of team culture on primary care teams	Nelly Oelke	UBCO
SABR-COMET-3	Rob Olson	BCCA
Self-management for amputee rehabilitation using technology (SMART) program: a peer supported mHealth approach for rehabilitation after lower limb amputation	William Miller	UBC
Incidence of Small Bowel Neuroendocrine Tumours in Northern British Columbia	Erin L. Martin	NH

BOARD BRIEFING NOTE

Date:	April 11, 2022	
Agenda item	Diagnostic Accreditation Program – Diagnostic Services	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	Northern Health Board of Directors	
Prepared by:	Lisette Vienneau, Regional Director Diagnostic Services	
Reviewed by:	Dr. Ronald Chapman, VP Medicine	

Issue:
Diagnostic Services in BC are governed by the regulatory standards of the Diagnostic Accreditation Program (DAP), a branch of the College of Physicians and Surgeons of BC. The Diagnostic Accreditation Program standards apply to Laboratory Medicine, Medical Imaging, Neurology, and Pulmonary Function Services.

The Diagnostic Accreditation Program standards are revised on a regular basis with new version effective January 1st, 2022 for Diagnostic Imaging and February 1, 2022 for Laboratory Medicine including the International Standard Organization certification (ISO) 15189. Pulmonary function was last revised in 2017 and Neurodiagnostics April 2020. The accreditation process involves the introduction of a regional assessment designed to address standards which are common to all facilities. As well on-site surveys remain in place to address operational procedures and practices.

The accreditation standards reflect the highest level of regulated quality, and as such considerable technologist, Pathologist, Radiologist and Respirologist time and effort is required to achieve these standards.

Background:
Diagnostic facilities are accredited by the DAP on a four–year cycle and 2 year cycle for ISO 15189. This equates to approximately 6 Medical Laboratories, 6 Medical Imaging departments undergoing accreditation each year, 7 community spirometry biannual desktop assessment, 4 Pulmonary Function full service and one Neurodiagnostics service every 4 years.

Highlights of recent DAP activities

Medical Imaging (MI)

- A Diagnostic Assessment Readiness Team (DART), composed of the NH Medical Lead, Biomed Tech, Radiation Safety Officer, Chief Technologist and a member of the Regional Diagnostic Team visited the various NH sites to prepare the departments for accreditation.
- The results was that 20 out of 27 MI Sites have full accreditation, 6 are on track to receive full Accreditation and one site will be delayed receiving accreditation due to staffing shortages.

Laboratory Services

- New standards referencing ISO certification came into effect February 1, 2019.
- The DAP Committee has mandated participation in the DAP ISO 15189 accreditation cycle for facilities that provide a high volume of testing for patients in BC, or whose recent scope of accreditation consists of high-complexity diagnostic service. In NH, UHNBC is the only lab needing to meet ISO 15189 standards with assessment cycle starting March 2022.
- Result: The Regional Laboratory assessment received a Full Accreditation Award
- Result: 22 out of 27 NH Site laboratories have full accreditation, 1 is on track for full accreditation and 4 sites will be delayed receiving accreditation due to staffing shortages.

Neurology

- Diagnostic Neurology Services are limited to UHNBC, in Prince George. UHNBC accreditation is compliant with all DAP standards at the present. Next assessment will take place in 2023.

Respiratory

- The newly created Regional Respiratory Practice Lead and Medical Lead role supported all Respiratory Departments at 11 NH Sites and all 11 departments have achieved full accreditation status.
- Two departments (Fort St John and UHNBC) met all standards during the site assessment resulting in no outstanding mandatory requirement.

Recommendation:

This briefing note update is provided to the Northern Health Board of Directors for information.

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

HR REPORT

Workplace Health and Safety

Northern Health's Workplace Health and 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

Throughout 2021, Workplace Health and Safety continued to provide support for the COVID-19 pandemic response including guidance on personal protective equipment (PPE) decisions and allocation, mentorship to local personal protective equipment champions across Northern Health, support to the fit-testing network across Northern Health, ongoing consultation and support to sustain COVID-19 site safety plans.

Health, Safety, and Prevention is currently collaborating with Public Health and Infection Prevention and Control to implement site-based Communicable Disease Exposure Control Plans, assisting the transition from COVID-19 Safety plans to Exposure Control Plans.

Influenza Prevention

Northern Health's Influenza Prevention Program immunizes over 4,500 health care workers annually via clinics and peer immunizers. This season, peer immunizers provided primary immunization delivery for health care workers with supplemental clinics offered in various communities.

Joint Occupational Health and Safety Committees

Joint Occupational Health and Safety Committees play an important role in supporting safe workplaces at the local level. All of Northern Health's 48 committees are currently

completing their annual evaluation, and will develop action plans for continuous quality improvement.

Provincial Violence Prevention Curriculum Delivery

The Provincial Violence Prevention Curriculum is an education and training program for all BC healthcare workers. It is designed to reduce incidents related to violence in the workplace. Health, Safety, and Prevention partners with operations to sustain this training. The curriculum consists of:

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

During the COVID-19 pandemic response, virtual offerings of classroom training were expanded. Health Safety and Prevention is supporting a return to more local in-person classroom sessions where possible.

Additional Occupational Health and Safety Focus Areas

During 2021 Health, Safety, and Prevention supported all Northern Health sites with focused occupational health and actions, including completion of annual First Aid Assessments and annual Violence Prevention Program reviews. Supports were provided to the fit testing network to meet ongoing demand for fit testing in high-risk departments and adjustments prompted by respirator model supply changes. Chemical inventories and Safety Data Sheet updates have been completed with all 27 Northern Health Labs. Musculoskeletal injury risk assessments are being supported at long-term care and acute care sites.

Disability Management

Disability Management Intake

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

In 2021, Disability Management received 2029 notifications of which 794 staff were enrolled in the Enhanced Disability Management Program (prompting comprehensive case management plans), as well as another 1,235 triaged either leading to a successful return to work within 30 days (i.e. return-to-work imminent). The increase in 2020 and 2021 was partly related to COVID-19, with Disability Management following up with presumptive and positive cases of COVID-19.

Occupational Injuries/Illnesses – Return to Work Outcomes

Ill or injured employees are offered support at work and/or return-to-work opportunities, 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, workdays lost, and premiums.

In 2021, Northern Health's average days lost was at 40.8, in comparison to the provincial average of 58.9 days. Northern Health has also continued to see average claim cost ($4,444) significantly below the provincial average ($8,882) the past two years. This positive trend of the decrease in average days lost and average claim cost is due to an increase in the number of workers we were able to accommodate with temporary or modified work, both in their owned positions and alternate work, such as COVID related 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 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 and Healthcare Benefit Trust, Northern Health 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.

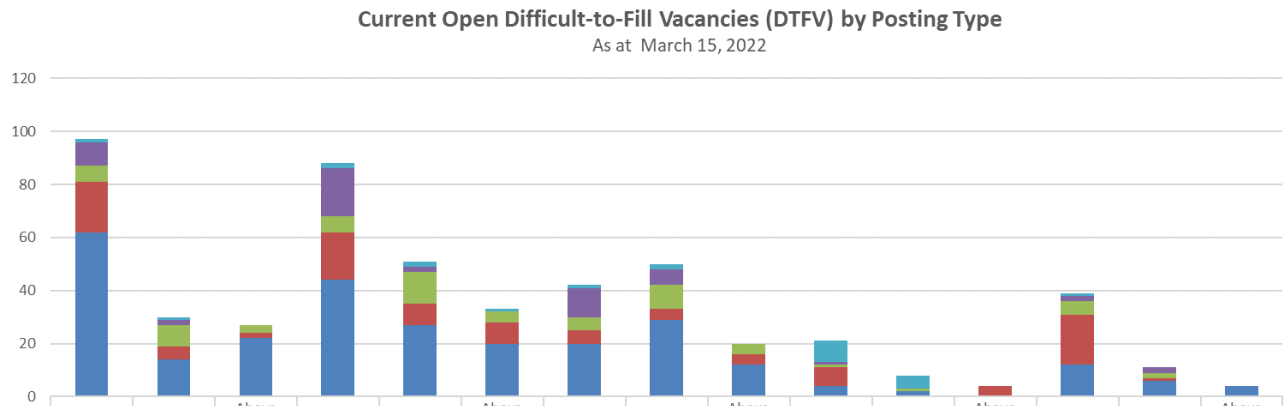
For the active claims, at the end of 2021; 43% are Mental Health, 34% are Musculoskeletal and Connective Tissue, 11% Nervous System and Sensory Organs, 6% Cancer and 6% Accidents and Injury. Mental Health claims have increased provincially, especially in the age band less than 45 years of age.

Northern Health 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.

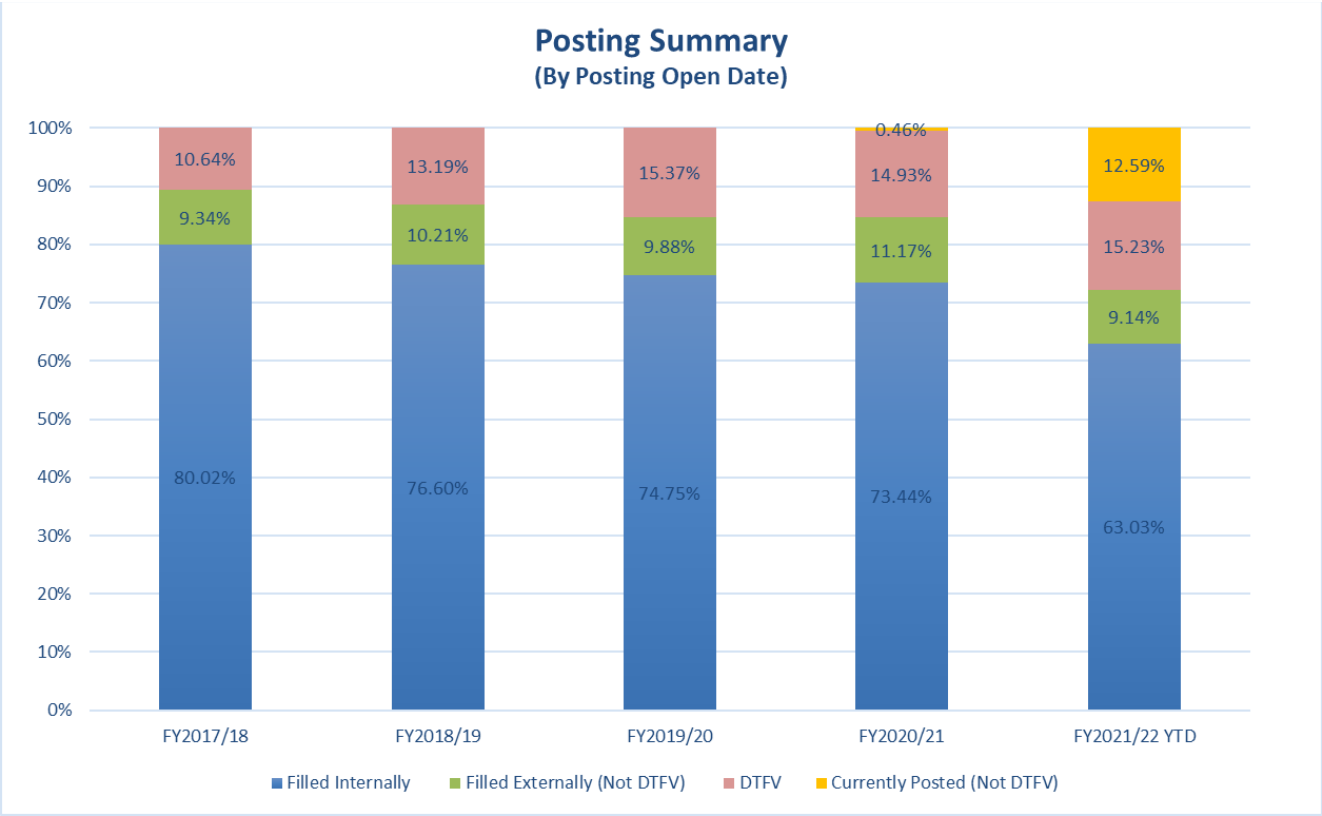
Northern Health Recruitment Updates/Charts

Posting Information: In fiscal year 2021/22 year to date, Northern Health has posted 4956 non-casual positions, compared to 4387 in the previous year. Of these postings, 63% have been filled by internal staff (existing regular and casual staff) and 9% have been filled externally (qualified applicants from outside of NH) within 90 days. Positions that remain unfilled for more than 90 days become difficult-to-fill vacancies (DTFV). Each year on average approximately 14% of our postings become DTFV. Some unfilled positions are currently in the competition phase.

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.



	North East			North West			Prince George			Regional			NI Rural		
	Permanent	Relief/Term	Above Baseline	Permanent	Relief/Term	Above Baseline	Permanent	Relief/Term	Above Baseline	Permanent	Relief/Term	Above Baseline	Permanent	Relief/Term	Above Baseline
EXCLUDED	1	1		2	2	1	1	2		8	5		1		
COMMUNITY SUBSECTOR	9	2		18	2		11	6		1			2	2	
FACILITIES SUBSECTOR	6	8	3	6	12	4	5	9	4	1	1		5	2	
HEALTH SCIENCE PROFESSIONALS	19	5	2	18	8	8	5	4	4	7		4	19	1	
NURSES PROVINCIAL AGREEMENT	62	14	22	44	27	20	20	29	12	4	2		12	6	4


Posting Summary
(By Posting Open Date)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
10.64%
9.34%
80.02%
13.19%
10.21%
76.60%
15.37%
9.88%
74.75%
0.46%
14.93%
11.17%
73.44%
12.59%
15.23%
9.14%
63.03%
FY2017/18
FY2018/19
FY2019/20
FY2020/21
FY2021/22 YTD
Filled Internally
Filled Externally (Not DTFV)
DTFV
Currently Posted (Not DTFV)

The Face of Northern Health

As at March 15, 2022

Summary of Employees by Status	Headcount	%	FTE
Active: Total	8,752	100%	5,430
Full-time	4,115	47%	
Part-time	1,949	22%	
Casual	2,688	31%	
Non-Active: Total	1,010	100%	782
Leave	589	58%	405
Long Term Disability (LTD)	421	42%	376

Active Employees by Region	Headcount	%
Active: Total	8,752	100%
North East	1,279	15%
North West	1,978	23%
Northern Interior: Prince George	2,774	32%
Northern Interior: Rural	1,128	13%
Regional	1,593	18%

Active Employees by Collective Agreement	Headcount	%
Active: Total	8,752	100%
Nurses	2,663	30%
Facilities	3,400	39%
Health Sciences	1,092	12%
Community	859	10%
Excluded	738	8%

Active Nursing	Headcount	%
Active: Total	2,663	100%
RN/RPN	2,022	76%
LPN	641	24%

Clinical vs. Support	Facilities	Community
Active: Total	3,400	859
Clinical	1,472	485
Non-Clinical	1,928	374

Count of Employees - By Status