northern health

Public Session

AGENDA

June 13, 2022
Coast Inn of the North by APA - Nechako Meeting Room
Prince George, BC

AGENDA ITEMS	Responsibility of…	Expected Outcome	Time (Approx.)	Page
1. Call to Order & Welcome and Indigenous Land Acknowledgement	Chair Nyce		**1:15pm**	
2. Conflict of Interest Declaration	Chair Nyce	Discussion		
3. Approval of Agenda	Chair Nyce	Motion		1
4. CEO Report	C Ulrich	Information		**3**
4.1 Human Resources Report	D Williams	Information		**36**
5. Audit & Finance Committee				
5.1 Fiscal Year End 2021-22	M De Croos	Information		**46**
5.2 Capital Expenditure Plan Update	M De Croos	Motion		**47**
6. Performance, Planning & Priorities Committee				
6.1 Population Health – Partnering for Healthy Communities: Community Granting	T Hampe / Dr. J Kim	Information		**55**
7. Indigenous Health & Cultural Safety Committee	P Sterritt			
7.1 Northern Partnership Accord	N Cross	Information		**67**
7.2 Northern Health and Métis Nation BC Letter of Understanding	N Cross	Information		**68**
7.3 Cultural Safety Education Plan	N Cross	Information		**70**
8. Governance & Management Relations Committee				
8.1 Board Policy Manual BRD 200 Series	C Ulrich	Motion		**73**
8.2 HEMBC/Northern Health's Emergency Management 2021 in Review	S Raper	Information		**117**
8.3 Status of Annual Report	S Raper	Motion		**123**
8.4 Energy and Environmental Sustainability Portfolio	M De Croos	Information		**125**
8.5 Climate Change Accountability Report	M De Croos	Information		**130**
8.6 Physician Quality Improvement Virtual Action Learning Series Graduation	Dr R Chapman	Information		**148**
9. Presentation: Northern Health's Pandemic Response Timeline **Guest:** *Mary Charters, Director, Health Emergency Management BC, Northern Health*	S Raper	Information		**-**
Adjourned			**3:30pm**	

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Public Motions *Meeting Date:* June 13, 2022				
Agenda Item		**Motion**	**Approved**	**Not Approved**
2.	Conflict of Interest Declaration	Does any Director present have a conflict of interest they wish to declare regarding any business before the Northern Health Board at this meeting?		
3.	Approval of Agenda	The Northern Health Board approves the June 13, 2022 Public Meeting Agenda as presented.	☐	☐
5.2	Capital Expenditure Plan Update	The Northern Health Board receives the Period 13 update on the 2021-22 Capital Expenditure Plan	☐	☐
8.1	Board Policy Manual BRD 200 Series	The Northern Health Board approves the revised BRD 200 Series as presented	☐	☐
8.3	Status of Annual Report	The Northern Health Board approves the proposal of the creation of a two-year report for 2020-2022 and directs Management to move forward with next steps as outlined.	☐	☐

northern health
the northern way of caring

CEO Report – Northern Health Board

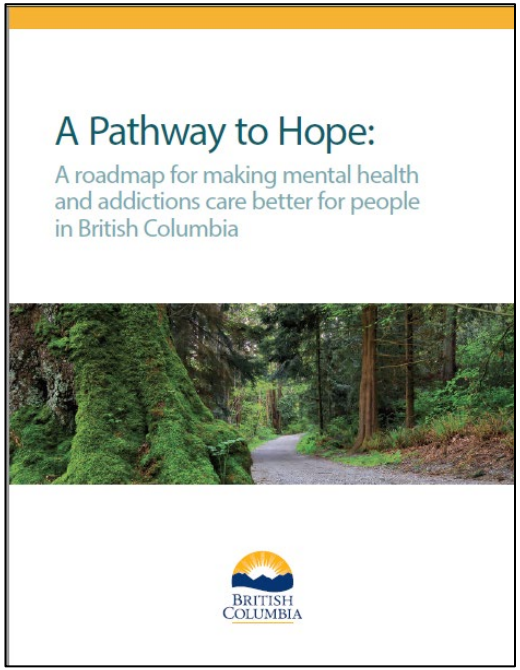
June 2022

Select Standing Committee on Health

- The Select Standing Committee on Health is an all-party committee that has been asked by the Legislative Assembly to examine the Toxic Drug Crisis in relation to:
  1. Responding to the crisis with reforms and initiatives by the Province and local governments, including those which may require federal approval;
  2. Continuing to build an evidence-based continuum of care that encompasses prevention, harm reduction, treatment, and recovery; and,
  3. Expanding access to safer drug supplies, implementing decriminalization, and disrupting illicit toxic drug supplies.
  4. Report back to the Legislative Assembly by November 2, 2022
- The Select Standing Committee is chaired by Niki Sharma, MLA Vancouver-Hastings (Parliamentary Secretary for Community Development and Non-Profits). The Deputy Chair is Shirley Bond, MLA Prince George-Valemount (Critic, Seniors Services & LTC; Critic for Health)
- Presentations have been made to the Committee from BCCDC, BC Centre for Substance Use, Dr. Bonnie Henry, Provincial Health Officer, Dr. Nel Weiman, Deputy Chief Medical Officer, FNHA, Lisa Lapointe, Chief Coroner, Michael Egilson, Chair of the Death Review Panel.

Select Standing Committee on Health

- On May 24, the Deputy Minister of Health and Deputy Minister of Mental Health and Addictions presented government's response over the last six years to the toxic drug crisis including the across government actions to realize the vision in A Pathway to Hope, from prevention, to harm reduction, and treatment and recovery. The presentation included Prescribed Safer Supply, Nurse Prescribing and work to expand access to harm reduction services.
- Health Authority presentations to the Select Standing Committee took place on Wednesday, May 25th.
- Northern Health presenters included:
  - Cathy Ulrich, President and Chief Executive Officer
  - Dr. Jong Kim, Chief Medical Health Officer
  - Kelly Gunn, Vice President Primary & Community Care and Professional Practice



Health Promotion & Prevention

NH stewards actions to foster healthy people in healthy communities:

- Community Services Team support to schools and students & families
  - Example: A May 2022 newsletter and social media focused on substance use and healthy behaviours such safer sex and the harms of binge drinking, vaping and distracted driving.

https://www.northernhealth.ca/sites/northern_health/files/health-information/health-topics/school-youth-health/documents/healthy-schools-newsletter-summer-2022.pdf

Health Promotion & Prevention

- Northern Resilience Grants to support mental wellness and community resilience initiatives across the north, examples include:
  - David Hoy Elementary in Fort St. James – sensory tools to be utilized in classrooms to support students exhibiting anxiety and social emotion dysregulation & expansion of elder in-residence program.
  - Xaaynangaa Naay Skidegate Health Centre – Facilitation of workshops with focus on grief, loss, and trauma through traditional healing practices.

Resilient communities grants

What is community resiliency?

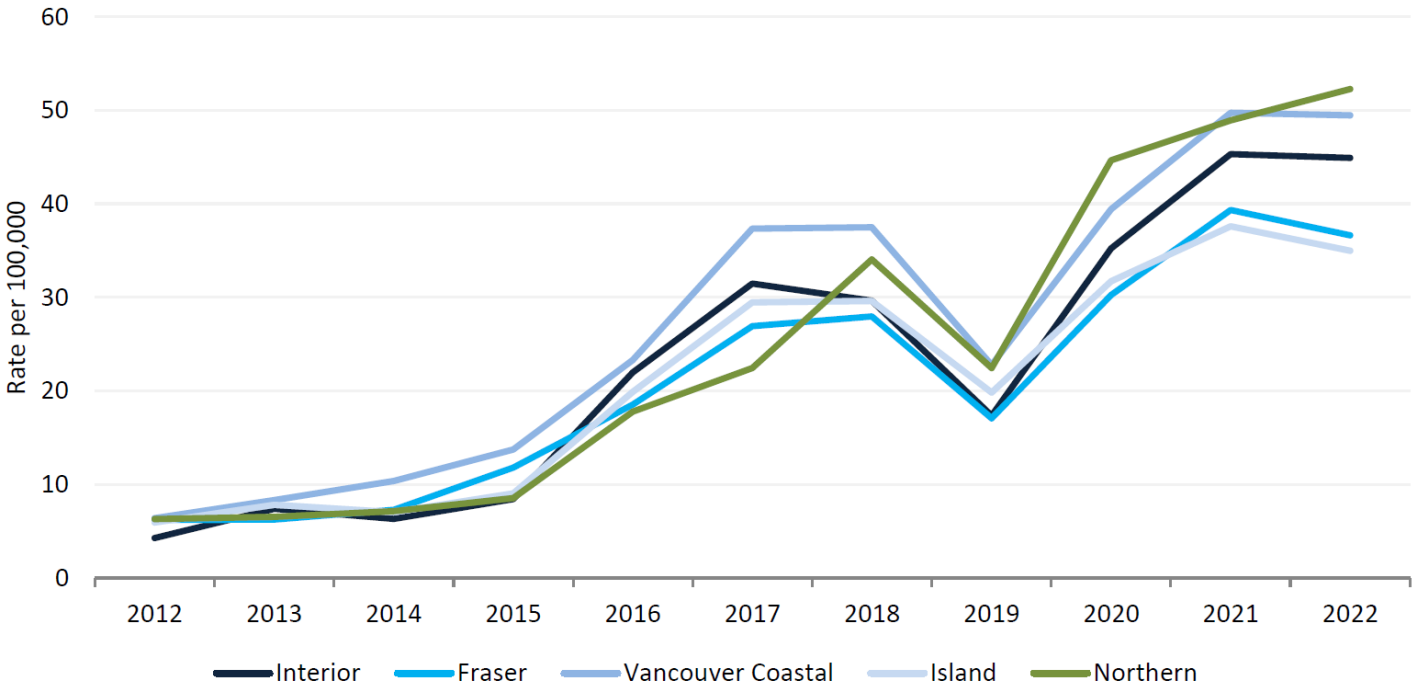
Communities are resilient when they are able to respond to, withstand, adapt, and recover from adverse situations. COVID-19 has created many challenges for northern communities and community service organizations: it has changed how you deliver services, communicate with members, and run programming.

This funding is aimed at supporting groups and organizations who need assistance adapting, maintaining or establishing practices in response to emerging community health and wellness needs. All proposed use of funds MUST abide by provincial public health orders and notices. Grants are available for a maximum of $10,000.

17 community-based initiatives in spring 2021 & 24 community-based initiatives in fall/winter 2021

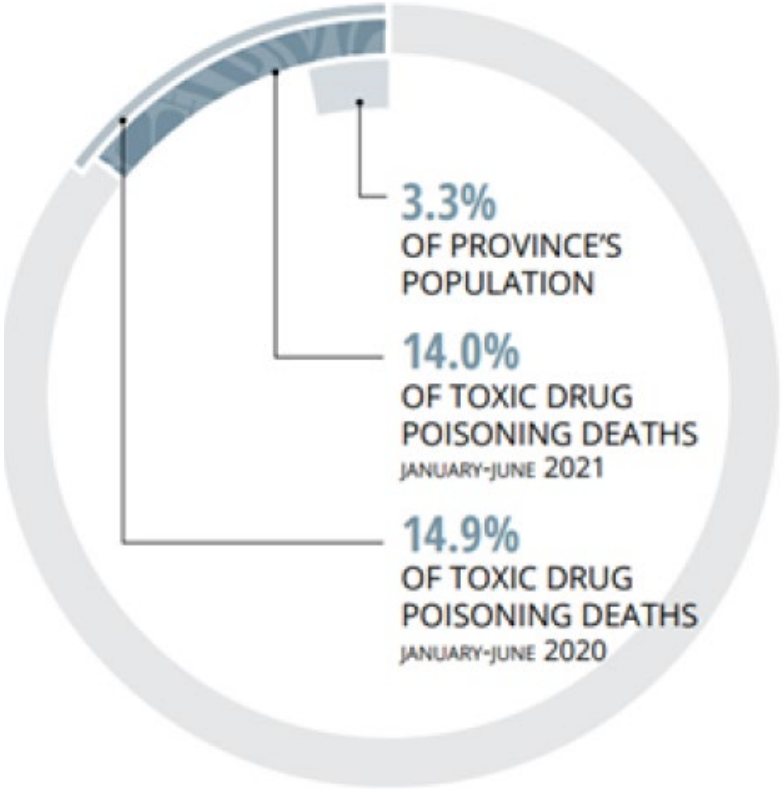
Drug Toxicity Deaths by Health Authority

Figure 8: Illicit Drug Toxicity Death Rates by Health Authority, 2012-2022



Source: BC Coroners Service, Illicit Drug Toxicity Deaths in BC, January 1, 2012 – March 31, 2022

Drug Toxicity Deaths

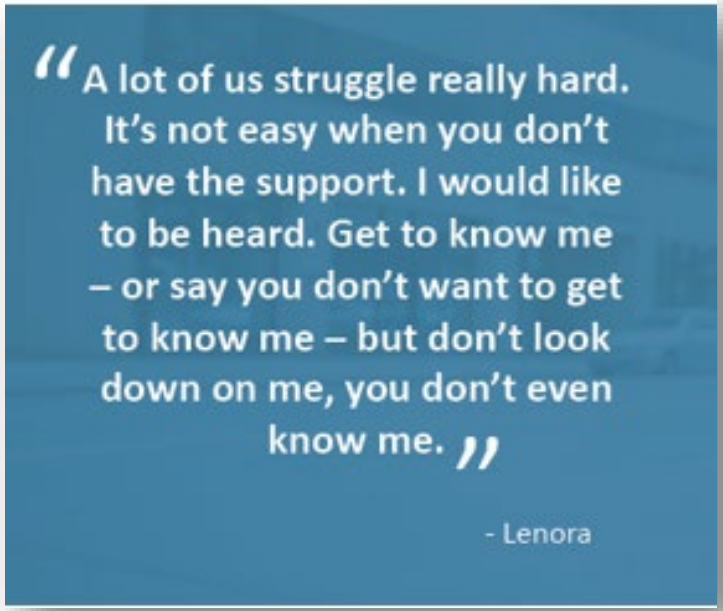


- 14% of overdose deaths in BC January to June 2021 were among First Nations peoples which is an overrepresentation based on population size
- First Nations people died at 4.8 times the rate of other BC residents in 2021 (January – June)

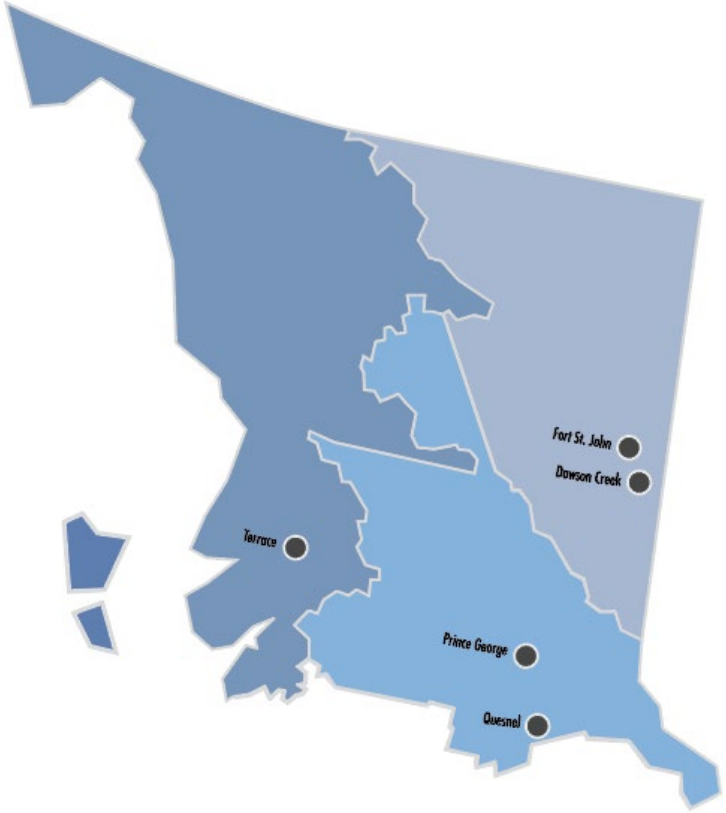
Source: First Nations Health Authority, 2021.

Peer Engagement and Stigma Reduction

- Northern Health has established a regional peer network:
  - Provide input and feedback on policy and program development.
  - Partner with FNHA to bring in First Nations perspectives and address cultural safety.
- Stigma reduction working group - initiatives include the development of online education modules for NH staff and an anti-stigma campaign for communities that include videos and stories told by 10 peers.
  - https://www.youtube.com/watch?list=PL9krkje3uygKuMA_BrwmiZXrCWdFqAL-n&time_continue=62&v=nTMR9ii3xeI&feature=emb_logo
  - https://www.northernhealth.ca/health-topics/stigma



Community Action Teams - Areas of Focus



Prince George
Engage peers, front line responders and staff in intervention planning, including peer led outreach.

Fort St. John
Community education, engage peers, front line responders and staff in intervention planning, identify treatment & recovery capacity in Fort St. John through community mapping and gap analysis.

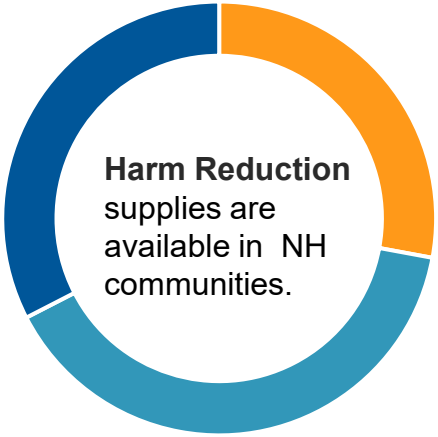
Dawson Creek
Cultural safety education, wrap around treatment readiness and post treatment support systems within Dawson Creek.

Quesnel
Support multiple approaches to overdose prevention services, engage First Nations communities and peers with lived experience, low barrier employment opportunities for peers in community.

Terrace
Add a formal Peer Coordinator and build a broader peer support network, expanding education and capacity building opportunities.

Harm Reduction

Harm Reduction Locations (by HSDA)



Harm Reduction – Seeks to reduce the health and social harms associated with substance use without requiring people to abstain or stop their drug use.

Harm Reduction Supply Distribution & Disposal includes:

- Safer injection supplies such as sterile needles, syringes and other equipment
- Safe disposal units such as personal sharps containers
- Safer inhalation supplies such as crack stems, meth bowl pipes and foil
- Safer sex supplies such as condoms

Overdose Prevention Services include:

- Safe, clean environments where people are supervised to use their pre-purchased drugs
- Take home naloxone kits
- Facility Overdose Response Box (FORB)
- Drug Checking

Harm Reduction

Take Home Naloxone – Program that provides Naloxone (a medication that reverses opioid overdose) kits to those at risk of an overdose or witnessing one.

- 198 Take Home Naloxone (THN) sites across Northern Health (NE – 40; NI – 89; NW – 69).
- Facility Overdose Response Box Program (FORB):
  - FORB boxes are for on-site overdose response (Clinics, Mobile Substance Use Services, Overdose Prevention Sites) and are provided free to not-for-profit locations.
  - 45 active FORB locations across Northern Health (NE – 7; NI – 30; NW – 8).

Harm Reduction

Overdose Prevention Services (OPS) – A harm reduction service providing safe, clean environments for people to inject or inhale pre-obtained drugs under the supervision of staff. Services at OPS sites provide:

- Drug testing
- Sterile supplies
- Nursing assessment and referral/facilitating connection to services
- Promotion of the Lifeguard App (connects to emergency responders)

There are currently 24 sites providing Overdose Prevention Services in the region, including:

- Overdose Prevention Services/Sites (OPSs)
- Episodic OPS (eOPS)
- Housing OPS (HOPS) located in shelters and other housing locations.

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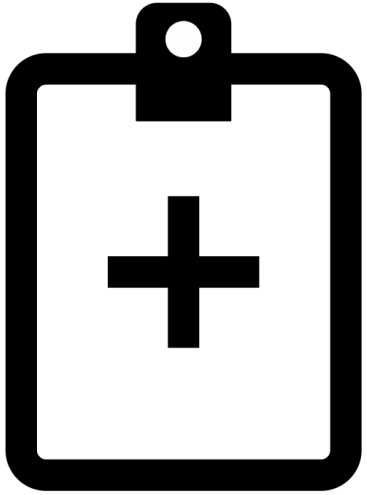
Access to Treatment and Support

Opioid Agonist Treatment (OAT) – Medication based treatment for people who are dependent on opioid drugs such as heroin, oxycodone, hydromorphone, fentanyl, etc. Common OAT medications include Methadone and Suboxone

- 16 Primary Care Homes offer OAT treatment
- Dedicated OAT clinics in: Terrace, Smithers, Dawson Creek, Fort St. John, Prince George, and Quesnel
- 105 prescribers providing OAT treatment; includes physicians and 12 Nurse Practitioners
- 6 Addictions Medicine Physicians in Northern Health with specialized training in Addictions Medicine (4 in Prince George, 2 in Smithers)

Access to Treatment and Support



RN/RPN Prescribing:

- 7 RN/RPNs have completed the required coursework through the BC Centre on Substance Use and are actively prescribing
- 10 RN/RPNs are undertaking the education
- A clinical practice standard is in place
- A Nurse Practitioner Regional Practice Lead is supporting the RN/RPNs
- Partnering with FNHA to support RNs in First Nations communities

Access to Treatment and Support

Prescribed Safer Supply – A harm reduction intervention. Involves the prescribing of pharmaceutical grade alternatives to opioids, stimulants and benzodiazepines to separate people from the toxic drug supply

- 18 prescribers are prescribing Safer Supply according to the Provincial Risk Mitigation Guidelines (safer alternatives to opioids, stimulants, benzodiazepines).
- 4 Nurse Practitioners prescribe Safer Supply
- Formed a Regional Working Group comprised of prescribers, pharmacy, peers, Medical Health Officers to develop a Prescribed Safer Supply Framework

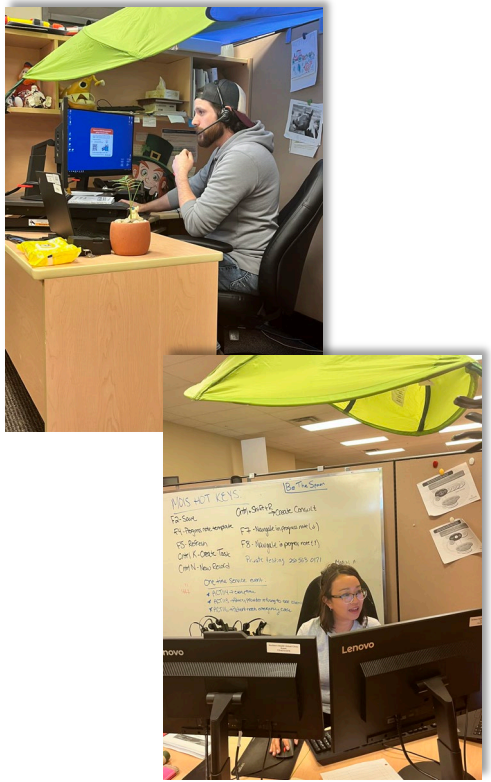
Prescribed Safer Supply Framework

- Define the care pathway for people experiencing addiction - community, primary care and community services, emergency departments and in patient units
- Integrate Safer Supply as an intervention available and supported throughout the care pathway
- Increase the number of prescribers and service locations to improve access
- Clarify the roles and responsibilities of prescribers and care teams across the care continuum
- Provide prescriber medication toolkits (BCCSU guidelines)
- Increase virtually enabled MHSU service provision
- Provide education and increased access to specialist consultation for practice support
- Evaluate to build an evidence base to iteratively improve service provision

Access to Treatment and Support

Virtual Services:

- Established a Regional Virtual Primary and Community Care Clinic in partnership with Ministry of Health, Rural Coordination Centre of BC, FNHA, Health Link BC, and the Northern Divisions of Family Practice (March 2020).
- Established a Regional Virtual Substance Use Clinic (May 2020).
- Integrated the Regional Virtual Substance Use Clinic into the Regional Virtual Primary and Community Care Clinic (April 2022). Services include:
  - Nursing substance use assessments to identify needs and intervene
  - Enable access to primary care provider (Physician/Nurse Practitioner)
  - Coordinate with the FNHA Virtual Doctor of the Day service (ends at 4 p.m. daily) and the FNHA Mental Wellness/Psychiatry service
  - Connect people to services and resources in their home communities
  - Services available 10am to 10pm, 7 days a week, including statutory holidays. Providers with specialized expertise in substance use treatment are available 5 - ½ days per week, Mon to Fri & on-call over the weekend



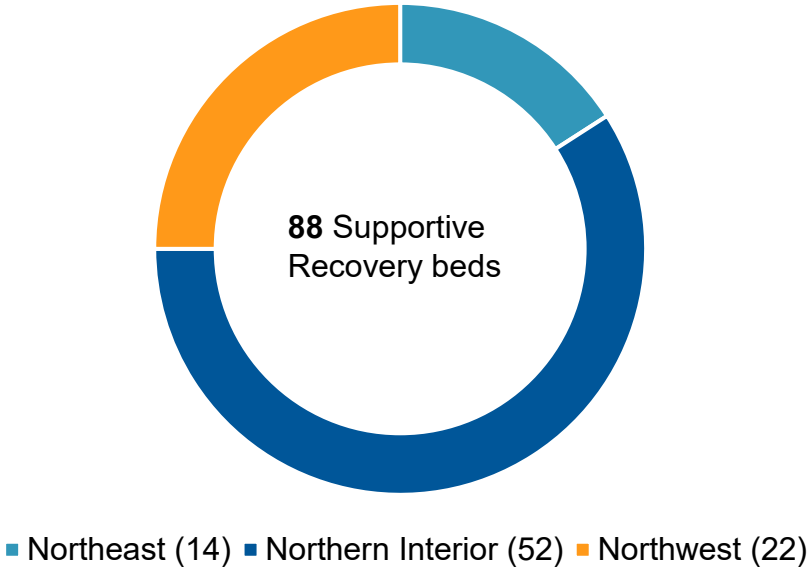
Access to Treatment and Support

Treatment Services:

- Adult Withdrawal Management Unit – 20 beds at UHNBC
- Nechako Youth Treatment Program – 7 treatment beds providing assessment, substance use withdrawal management and treatment services for youth ages 13-18 years.
  - 71 youth attended the program in 2021.
- 3 Youth Day Treatment Programs are in development (1 in each Health Service Delivery Area in the North) to offer group and 1:1 therapy.
- 2 Day Treatment Programs for Adults using a harm reduction model
  - 1 in the Northern Interior (based in Prince George) and 1 in the Northwest (based in Terrace), with plans to relaunch a Day Treatment Program in the Northeast
- Community based support through Primary Care Homes, Mobile Support Teams and Intensive Case Management teams (all ages)
- Partnerships with Friendship Centers services, Northern Treatment Centers such as Gya' Wa' Tlaab Healing Centre (Haisla FN), and provincial resources for allocated treatment beds at programs such as Red Fish Healing Centre on səmiqʷəʔelə in Coquitlam and Heartwood Centre for Women in Vancouver

Access to Treatment and Support

Supportive Recovery beds for people engaged in treatment across the North



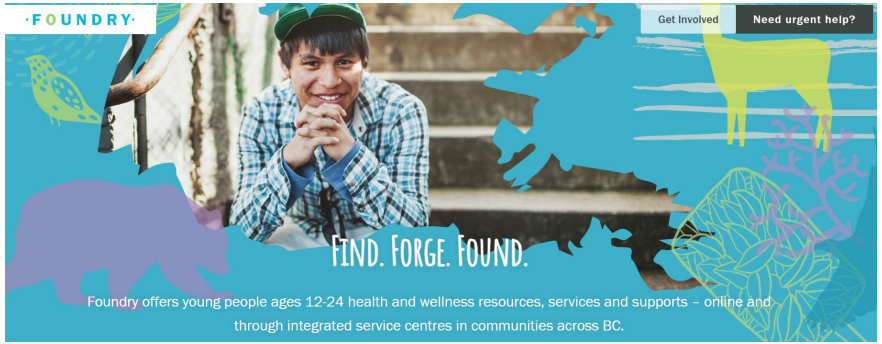
Supportive Recovery

- Interprofessional Teams and Specialized Community Services substance use clinicians coordinate care transitions for people returning to their home communities from treatment programs.
- This includes facilitating after care connections to primary care and supports such as housing, life-skills, Foundry, Alcoholics and Narcotics Anonymous, cultural and peer supports.

Access to Treatment and Support

Foundry Centres:

- Serve young people ages 12-24 years and provide mental health care, substance use services, primary care, social services, youth and family peer support.
- Staffing models vary with core services including NH substance use supports, MCFD-child youth mental health supports, primary care, community social services and peer and family support workers.
  - Foundry Terrace hosted by Terrace and District Community Services Society
  - Foundry Prince George hosted by the YMCA of Northern BC
  - Foundry Burns Lake hosted by Carrier Sekani Services is in development
  - Planning underway for a Foundry in the Northeast
  - All northern communities have access to Foundry Virtual.



Integrated Child Youth Teams

- Collaboration between Northern Health, MCFD, school and community staff in community-based interprofessonal teams
  - Coast Mountain School District 82 (Terrace, Kitimat, Stewart and Hazelton)
    - Two teams – one in Terrace and one in Hazelton. Team Leader positions currently posted.
  - Serves children, youth and their families residing within the school district boundaries in school settings and those who are not attending school.
  - Referrals by school staff, primary care, mental health and substance use services, Foundry Centres, Indigenous-led organizations including Friendship Centres and self-referral

Integrated Child & Youth Teams

First Nations Health Authority/Northern Health Partnership

- Northern Health and FNHA have developed a *Service Crosswalk Document* to describe shared services and intersection between services:
  - Describe shared services
  - Understand service gaps
  - Seek opportunities to share resources
    - Harm reduction action plans
    - Shared Positions (Intensive Case Management clinical and peer roles with a First Nations focus)
    - Participation in Partnered Meeting structures (Northern Health Regional Virtual Strategy Core Team, Regional Toxic Drug Crisis Response Table, Regional Complex Care Housing Committee).

Mental Health & Substance Use Mobile Support Teams

Northern Health, FNHA and First Nations Communities developed 11 Mental Health and Substance Use Mobile Support Teams in the 3 northern sub-regions:

- The teams are comprised of nursing, social worker(s) and a mental health or addictions counsellor.
- The teams are hosted by Northern Health (NH) or the First Nations community based on community's choice.
- All teams experiencing Health Human Resource constraints

11 Mobile Support Teams

Hosted by FN Community:

- Fort Nelson FN, Prophet River
- Lake Babine Nation
- Tahltan Nation - Dease Lake, Telegraph Creek, Iskut
- Skidegate, Old Masset
- Gitsegukla, Gitanyow, Gitwangak, Witset, Hagwilget, Sik-e-Dakh, Kispiox, Gitanmaax

Hosted by Northern Health:

- Blueberry River, Doig River, Halfway River, Saulteau, West Moberly
- Nazko, Lhoosk'uz Dené, Lhtako Dené,
- McLeod Lake, Lheidli T'enneh, Kwadacha, Tsay Keh Dene
- Nak'azdli Whut'en, Tl'azt'en Nation, Binche Whut'en

Shared Northern Health & FN:

- Haisla Nation, Kistumkalum, Kitselas

North Central Local Government
May Conference

- The 2022 North Central Local Government Association convention was an in-person event which was held in the City of Fort St John between May 3 – 6, 2022.
- Chair Colleen Nyce and Cathy Ulrich provided the opportunity for local government representatives to meet virtually with Northern Health following the convention.
- In total 8 meetings were scheduled:
  - City of Prince George, District of Vanderhoof, District of Houston, City of Kitimat, City of Terrace, District of Chetwynd, Village of McBride (rescheduled for later in June), and the Northwest Regional Hospital District
- Discussions focused on the following topics:
  - Capital projects
  - Mental Wellness and Substance Use
  - Recruitment and Retention of staff and physicians
  - Patient Transportation

Quality Forum 2022 – BC Quality Awards

- A collaborative Northern Health, Prince George Cougars, and the Spirit of the North Healthcare Foundation won the *Strengthening Health and Wellness Award* for the *Spirit of Healthy Kids Regional Program.* The award was presented at the Quality Forum in Vancouver.
  - Hockey players visit elementary schools to engage with students to encourage adopting healthy behaviours and to give back to their communities.
  - 33,000 students across 220 elementary schools are eligible to participate

Spirit of Healthy Kids

- Launched a region-wide challenge, inviting schools to undertake a health promotion project that would have lasting benefits for future students.
  - W.L. McLeod Elementary in Vanderhoof - the school with the highest student participation in the challenge received the winning grant of $5,000 for their project – expanding the school food program in order to combat food insecurity.
  - $1,000 grants:
    - Margaret Ma Murray Community School in Fort St. John - decreasing anxiety and increasing attendance by engaging students in learning, fitness, and social activities.
    - Don Titus Montessori in Chetwynd - STEM kits and toys for its library.
    - Harwin Elementary in Prince George - installed a “Giving Tree” leading up to the winter holidays and through student donations, provided gifts and clothes to seven families, and food hampers for an additional six.

Quality Forum - Storyboards

- Tanya Stevens-Fleming, Outpatient Services Manager at Fort St. John Hospital and Cat Martin, Professional Practice Lead presented a storyboard on an initiative they have implemented successfully at the Fort St. John Hospital at the 2022 Quality Forum
- The Storyboard won the award for best storyboard at the Quality Forum in Vancouver.

Chronic Disease Program – Cardiac Device and Kidney Care Update

Cardiac Device Program:

- UHNBC's participation in the provincial PRE/PERI/POSTOperative Provincial Pacemaker Project resulted in improvements to the NH Cardiac Device Program:
  - Reduction in 30 day repeat procedure rates (exceeding provincial benchmark)
  - Reduction in length of hospital stay (currently at 3.3 days compared to 9.5 days in 2017/18)
  - Increase in percentage of pacemakers implanted in Northern Health.
  - Wait times for implants in Northern Health are shorter than for those transferred to other tertiary centres.
- Implementation of cardiac device remote monitoring kiosks in Terrace (May 2021) and Fort St John (July 2021) with plans to implement in another 6 sites in 2022.

Kidney Care Action Plan:

- 2020-2025 Kidney Care Action Plan developed through a collaborative effort between staff, physicians, patients, and leadership following the completion of the 2014-2019 Strategy.
  - Successful implementation of 24/7 Regional Nephrology and Emergency Hemodialysis Services at UHNBC
  - Development of multidisciplinary Chronic Kidney Disease Continuing Medical Education for rural primary care providers and teams modeled after the Project ECHO (Extension for Community Healthcare Outcomes) guided-practice approach.
  - Aims to increase education and outreach opportunities between the regional program and primary care providers and teams in the rural Northern Interior.

Northern Collaborative Baccalaureate Nursing Program

- A pinning ceremony took place at the Charles Jago Sports Centre on Saturday, May 28, 2022, where 65 nursing students were recognized for graduating from the Northern Collaborative Baccalaureate Nursing Program.
- A total of 97 students graduated from the program across the North at the sites in Terrace, Quesnel and Prince George.
- The Northern Collaborative Baccalaureate Nursing Program is offered collaboratively by UNBC, the College of New Caledonia and Coast Mountain College. The integrated program of studies leads to a Bachelor of Science in Nursing (BScN), awarded by UNBC. Graduates are eligible to write the National Council Licensure Examination and to apply for registration with the British Columbia College of Nurses and Midwives.

Canadian Institutes of Health Research
June 2, 2022

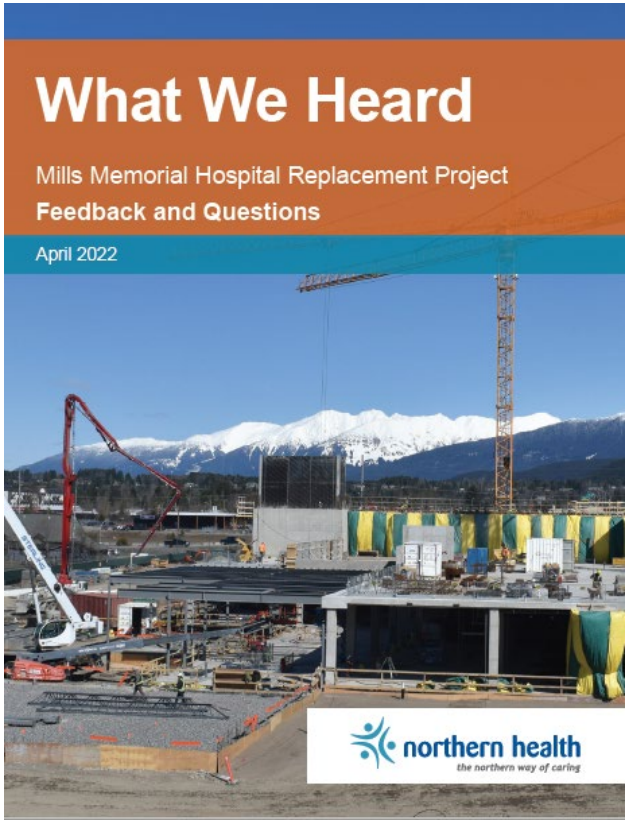
- On Thursday June 2, 2022 the Canadian Institutes of Health Research (CIHR) and the University of Northern British Columbia announced:
  - Dr. Margo Greenwood has been appointed the Interim Scientific Director of the CIHR Institute of Indigenous Peoples' Health for a term of the next three years.
  - The Institute of Indigenous Peoples' Health will now be hosted at the University of Northern BC

Stuart Lake Hospital Replacement Project
Ground Blessing Ceremony

- A ground blessing ceremony was held on Friday, May 27, 2022 in preparation for the beginning of the construction of the new Stuart Lake Hospital and Health Centre.
- The ceremony was led by Jolene Prince on the traditional territory of the Nak'azdli Whut'en First Nation. During the ceremony, members of the health community and surrounding Nations joined members of Nak'azdli Whut'en to share blessings for the health of the land, for those who work at the hospital, for those who will build the hospital, and for those who come to the hospital for healing.
  - Northern Health Board Director, Wilf Adam, attended representing the Northern Health Board.

Stuart Lake Hospital Replacement Project
Ground Blessing Ceremony

Mills Memorial Hospital Replacement Project



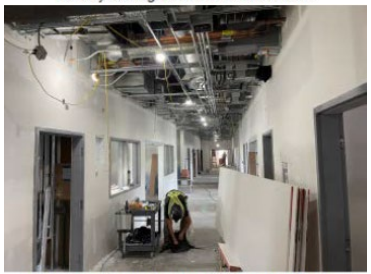
- This project is funded by the Ministry of Health through Northern Health and the Northwest Regional Hospital District.
- Construction is proceeding in scope and on schedule.
- Since the beginning of construction between 34 and 42% of the workers on site were local to Terrace or the surrounding communities. Over 50 local businesses have been contracted to provide a range of duties.
- Over the fall of 2021, the draft designs were released for public feedback. A report was released on the feedback and questions received. Further dialogue is planned throughout 2022.

GR Baker Hospital Critical Care and Emergency Dept Redevelopment


From Walkem looking North


Hallway looking West into Trauma Room


From highway looking West


From Ambulance Bay Vestiblue looking South


Main Vestibule looking North


Main Entry Vestibule looking South

- The GR Baker Hospital Critical Care and Emergency Department Redevelopment project was approved in 2019.
- The project budget is $27 Million with the Cariboo Chilcotin Regional Hospital District contributing 40% towards the project.
- The project is being constructed by True Construction Limited from Kamloops.
- Early works were completed in May 2020 and construction commenced in the fall of 2020.
- Completion of construction, installation of equipment and commissioning of the facility is expected to be completed by early fall 2022.

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

HR REPORT

Workforce Planning

The Human Resources Planning and Analytics (HRPA) team is responsible for the development and implementation of a workforce planning strategy for Northern Health (NH). Over the past five years, the HRPA team has been working on various initiatives to support NH's enabling priority Our People; with a focus on understanding our workforce and planning for future needs within the context of a Northern population.

Some of the key successes and upcoming initiatives include:

- Continuing automation of workforce analytics
- Full refresh of the HHR Strategy, including development of additional profession plans
- Contributing to the pandemic response efforts
- Facilitating Operational Workforce Planning.

Workforce Analytics

Our workforce is our greatest asset and workforce analytics allows our organization to recognize trends, more efficiently address challenges and make informed decisions. HRPA has been developing more automated and accessible reporting. This reporting is in the form of dashboards that are available to any leader at any time with up-to-date metrics and analytics relevant to their span of management, see *3P Reference Package* for samples. Each of the reports underwent a trial period and feedback from the user group was incorporated into reporting improvements. This includes reporting on the following:

- Demographic Profiles
- Turnover & Churn Reporting
- Time-to-Fill and Difficult-to-Fill Reporting
- Vacancy Reporting
- Sick reporting

The following automated dashboards are still under development and will be available later this year:

- Scorecard Summary
- Overtime Hours Analysis
- Hours for Regularization Review
- Casual Pool Analysis
- Staffing Key Performance Indicators

Pandemic Response

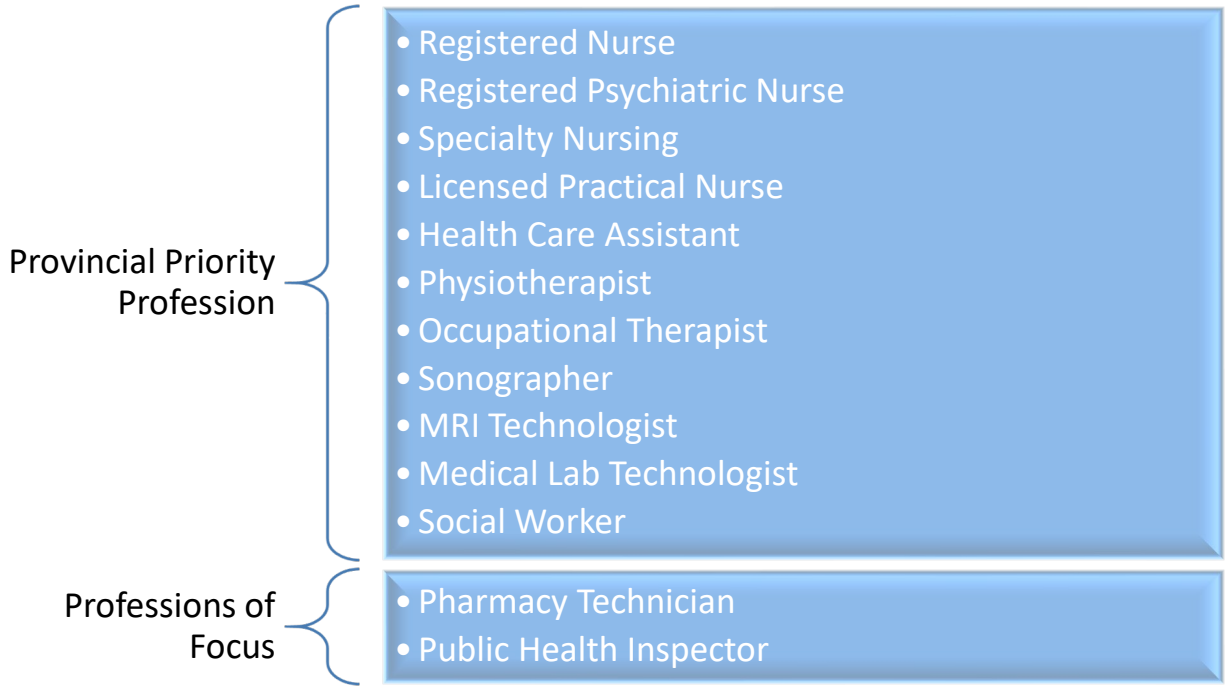
Over the past few years, there has been a significant increase in workload due to the COVID-19 pandemic response. For the past year, the focused areas of work included:

- Continued monitoring and reporting to ensure compliance with the Provincial Health Officer (PHO) Single Site Order[1].
- Providing relevant workforce and forecasting information to support staffing needs for staff redeployment and outbreak management.
- Collaboration with the pandemic response team on the vaccine roll out priority groupings for staff and progress reporting.
- Reporting and monitoring of employees to ensure compliance with the PHO Vaccination Status Information & Preventative Measures Order[2].

HHR Strategy Refresh

NH has developed a comprehensive HR Strategy to address the challenges facing our health care workforce in the North, and other key areas of HR that require attention such as workforce planning, recruitment and retention, education and training, and health and safety. This strategy highlights regional initiatives, and strives to align with the provincial workforce strategy as it evolves.

Figure 1: Provincial Priority Professions and Professions of Focus for NH



Included in the NH HR Strategy is a detailed profession plan for each of the nursing and allied health priority professions that were identified by the Ministry of Health, as well as professions which have been identified as a profession of focus for the north. See Figure 1: Provincial Priority Professions and Professions of Focus for NH for the full list of professions. These

[1] **Province of British Columbia. (2020). Order of the Provincial Health Officer Facility Staff Assignment Order**
[2] **Province of British Columbia. (2021). Order of the Provincial Health Officer COVID-19 Vaccination Status Information and Preventative Measures Order**

profession plans include the unique challenges faced for each profession, supply/demand gap forecasts, and the strategic initiatives that are forthcoming or underway to address these challenges.

In 2021, HR undertook a full refresh of this HR Strategy to ensure the plan contained current information and metrics, as well as an update on all strategic initiatives. As well, the additional profession plans developed included:

- Social Worker
- MRI Technologies
- Medical Laboratory Technologist
- Environmental Health Officer

Operational Workforce Planning

The operational workforce planning processes facilitates information sharing, supports evidenced based decision making and identifies leading workforce planning strategies to address workforce challenges. Operational workforce planning is a focus for the 2022 calendar year, and HRPA is currently meeting with operational leaders to support them in this process. The workforce planning process includes:

- One to one support and training for leaders on utilization of the new automated dashboards.
- Collaboration from stakeholders from multiple teams on the development of a workforce plan for the department or unit.
- Knowledge transfer of planning strategies across region/units with similar workforce challenges.

HRPA continues to support the organization with any additional information requests to support workforce sustainability and evidenced based decision making.

Workforce Sustainability

Provincial Alignment: Over the last several months, the Northern Health has been working with the Ministry of Health to develop BC's Health Human Resource (HHR) Plan for the health sector guided by four cornerstones: *Recruit, Retain, Train, Redesign*. The Ministry of Health has established the Provincial HHR Coordination Centre (PHHRCC) to bring together representatives from each of the Health Authorities to plan and implement systems level solutions in the areas of recruitment, retention, training and redesign. The PHHRCC will be establishing integrated project teams, with NH representation, to progress this work, beginning with the following areas:

- **Internationally Educated Care Providers** – this project team aims to establish a provincial approach to expedite recruitment and licensure for internationally educated nurses, and other care providers, in coordination with federal agencies.

- **Incentives** – this project team aims to create recommendations for a provincial framework and principles for incentives, with a focus on equity and coordination across the province.

Northern Health Priority: Workforce Sustainability (WFS) has been identified as a critical strategic priority as we move into pandemic transition over this fiscal year. The aim of this strategic priority is to *identify and implement sustainable strategies to address the gap between labour supply and demand (vacancy rates) while maintaining a high level of workforce fulfillment and satisfaction*. This work necessitates coordinated short- and long-term actions across all program and service areas, in alignment with the PHHRCC and BC's HHR Plan in collaboration with provincial and regional partners from various sectors. The WFS work includes stabilizing actions, intended to be implemented in the next 3-6 months, and longer-term innovative solutions. Stabilizing actions that have been identified include:

- **Alignment with PHHRCC Work Plan** – NH is working with the ministry on actions around the recruitment and retention of internationally educated care providers, and an equitable incentives framework.
- **Using Data to Inform WFS Actions** – NH is developing enhanced data tools, such as a predictive model to inform decision-making and mitigate unintended consequences of actions, while applying a Gender-Based Analysis (GBA+)[3] lens.
- **Team and Manager Supports** –NH is working to reinforce supports to leaders and teams around quality improvement, human resource management, project coordination, and change management. This will allow leaders to more effectively implement improvements to support recruitment, retention, and training.

[3] GBA+ is an analytical process that provides a rigorous method for the assessment of systemic inequalities, as well as a means to assess how diverse groups of women, men, and gender diverse people may experience policies, programs and initiatives. The approach considers many other identity factors such as race, ethnicity, religion, age, and mental or physical disability, and how the interaction between these factors influences the way we might experience government policies and initiatives.

Northern Health Recruitment Updates

Current Context:

- Health worker shortages are more than twice as high in rural areas than urban areas – World Health Organization (WHO) (2020)
- Northern Health current vacancy indicators:
    - 21.93% of our baseline positions are unfilled
    - higher for priority professions in rural and remote – 20%-37.5%
    - higher for nursing in rural and remote – 20%-39%
- Since January 2017, demand for Registered Nurses has been more than 3 times the available supply.
- NH workforce trends indicate that health service providers are departing the organization at nearly the same rate as they are recruited.
- Close to 50% of all NH new hires are new graduates, professionals that require enhanced support, orientation, and mentoring – especially in rural remote areas.
- New-Graduate hires typically do not stay in their first position placement. As they achieve experience, career aspirations lead them to seek career progression through specialty education or other advanced professional opportunities.
- In this post-pandemic period, we anticipate an increase in retirements and/or exits, which will further add to our workforce challenges.
- Length of Service:
    - On average 55% of departures from NH occur within 3 years
    - This experience is evident in rural/remote jurisdictions across Canada and Australia.
    - Indicators are that is related to staff wanting to develop skills in larger facilities or specialty nursing roles, challenges with living in small communities, and outcome of "incentivizing" recruitment into hard to recruit to communities (often with return of service commitments of 2 years).
- Demographics:
    - 17.10% of the workforce is over the age of 55, potential for retirement within the next 5 years.
    - 36.33% of the workforce is between the ages of 21-35 where we see the highest proportion of maternity/paternity leaves (currently 8.13% of this age range is on maternity/paternity leave).

Current Action:

Provincial Ministry Initiatives:

- Health Career Access Program:
  To alleviate the shortage of qualified Health Care Assistants in BC, the Health Career Access Program (HCAP) is a provincially sponsored training opportunity that provides paid education and on-the-job training to become a registered Health Care Assistant. Applicants start employment as a Health Care Support Worker (HCSW) before advancing to a Health Care Assistant (HCA) position upon completion of their health care assistant education requirements. Successful applicants to the HCAP will be paid

for all hours worked and receive a stipend when undertaking education. Participants sign a Return of Service Agreement that requires a 12-month term of employment as a Health Care Assistant.

This program has reduced our forecasted HCA gap by 47%, and we expect up to 158 HCAP HCA graduates in 2022.

- Development of the Provincial Health Human Resources Coordination Center (PHHRCC) with a specific focus on developing a provincially coordinated approach to incentives.

- Provincial announcement to address increasing demand for nursing by making it easier for eligible Internationally Educated Nurses (IENs) to enter the province's health system to support health care needs sooner. Elements of this initiative will include:

  - Streamlining regulatory assessment

  - Removing financial barriers. The Province will support IENs with bursaries to offset the costs of assessment services, language testing, skill evaluation and educational upgrading. Bursaries available for IENs range from $1,500 to $16,000, depending on the assessments or upgrading required.

    - National Nursing Assessment Service application: $1,200
    - Application to BCCNM (partial): $300
    - English language testing: up to $400
    - Nursing Community Assessment: $3000 travel/accommodation for Assessments: up to $860.
    - Education upgrading up to $10,000.

  - New marketing campaign and website to raise awareness

  - Adding personal navigation support to walk with IENs throughout the process

Specific Northern Health Ministry Initiatives:

- Prototype Rural Retention Incentive (PRRI).

  A prototype program that incentivizes retention and minimizes churn of priority health care workers in our North East Health Service Delivery Area (HSDA) and Prince Rupert community.

  These communities were selected for the prototype program due to current and historical challenges with recruitment and retention of priority professions.

  The communities identified are not the only communities facing staffing challenges in the North, this prototype program will be used to inform Ministry of Health Provincial Health Human Resource Plan.

A total of 61 new external regular hires to these communities/professions since prototype program implementation of October 2021.

- Funding to continue the Travel Resource Program (TRP), which supports more than 40 registered nurses (RN) and licensed practical nurses (LPN).
- Funding to develop a childcare program to support expanded net new childcare spots and expanded hours of operation to meet the needs of health-care workers who are often working extended hour shifts. An example of this work is the partnership with YMCA-Northern BC and School District 60. With a potential implementation in September 2022 (renovations pending), launching an extended day childcare program at Robert Ogilvie School in Fort St John that will have priority placement for NH extended shift employees.
- Funding to develop a housing program in communities where suitable market housing is barrier to permanent staffing and short-term deployments. A number of Northern communities already partner with Northern Health on housing resourcing, this funding enables exploration of additional options. Examples of recent expansion under this program include rental and leased properties in Kitimat, Prince Rupert, Dawson Creek and Ft. St John.
- Targeted funding to create management supports for Prince Rupert and the Northeast that will build capacity to support new graduates, provides more resources for management competency development and improves management support systems. Twelve positions created (Clinical Nurse Educators, Patient Care Coordinators, Operations Management Assistants, Recruitment Ambassador, Human Resource Assistants)

Northern Health Initiatives:

- Travel Resource Program

  Since its creation in 2018, the Northern Health Travel Resource Program (TRP) has been actively recruiting nurses who have an interest in working in rural and remote communities but may not be able to relocate to those communities.

  The support of the TRP contributes directly to service stability in rural and remote regions of the health authority. Nurses are deployed through a triaging process to communities and facilities with the greatest predicted need.

  Our most recent statistics reflect the following program growth:

  - The TRP currently employs 82 Registered Nurses, Licensed Practical Nurses, and Registered Psychiatric Nurses who provide support in acute, community, and long term care settings. It should be noted that 23 nurses

have joined the TRP from home addresses outside BC borders. These nurses are net new to our provincial system.
    - In addition to these numbers, 16 nurses have been offered positions with the TRP and more applicants are being interviewed.
    - On a monthly basis, the TRP now provides approximately 6000 hours of service to Northern Health. The majority of these hours are provided in underserved communities in the North East and North West.

- Agency Deployment Office

  In October 2021, a regional approach to more effectivity utilize Employment Agencies to fill staff vacancies was piloted. The Agency Deployment Office (ADO) identifies resource availability from Agencies and through a triaging process, "matches" those resources to known gaps in operations. It is a more "proactive" approach that has had success.

- Health Human Resources Situation Response Team

  The Health Human Resource Situation Response Team – also known as "Situation Table" - provides short-term support for sites and leadership teams experiencing critical staffing shortages. The team originated as a support to address staff challenges during the pandemic and has since expanded to address critical staffing challenges regardless of root cause.

- Internationally Educated Nurses (IEN)

  While the provincial work is underway, Northern Health has an opportunity to work with our communities to identify internationally educated health care professionals to either support them in the IEN provincial program or identify supports/pathways for those that are not nurses.

  Northern Health has began working with Dawson Creek community leaders to undertake a review of IENs and other internationally educated health care professionals within that community. Community Leaders held a focus meeting April 4, 2022 and provided NH contact information of a total of 40 internationally educated health care professionals. The majority were Internationally Educated Nurses, in addition to Internationally Educated Pharmacists, Physiotherapists, Medical Technologists and a Physician.

  NH has onboarded a Coordinator: International Educated Health Care Professionals temporary project position, to streamline both internal processes and to support provincial transition.

  Focus of the role:
    - Focus on individual communities starting with Dawson Creek, and expanding to high need communities with the ability to partner.
    - Support Health Match BC IEN program
    - Support other trained health care professionals to enter health care positions and/or obtain credentialing
    - Work with our internal Education and Professional Practice leaders to determine where internationally educated individuals can take on positions within NH while working on credentials and/or roles that fits their current skill set.

- Advocate for the IEN process incorporate regional assessments, in Northern communities with a critical mass of IENs.

- First Nations Health Authority (FNHA) and Northern Health have collaborated to hire a joint FNHA/NH Talent Sourcing Specialist.

- NH Communications Specialist dedicated to Recruitment who develops and implements Northern Health's digital recruitment and marketing strategies including the development of a dedicated recruitment Facebook and Instagram page.

- NH Recruitment has expanded incentives for difficult-to-fill professions to address ongoing challenges in recruiting to the area within an increasingly competitive market.

    - Lab Assistants (NH wide)

    - Critical Care Nursing Incentives (Terrace, Fort St. John, and Dawson Creek

    - Diagnostic Imaging- North West, North East, and Northern Interior Rural

    - Pharmacy Technicians – North West and North East

- Creating the culture and environment that allows health care professionals to flourish is essential in rebalancing our supply/demand ratio. Recognition and Reflection has been an integral component of the NH Pandemic Recovery plan – this is work that will need ongoing focus, and we are committed to sustainable recovery.

Community Collaboration and Partnerships:

Collaboration between NH and all our Community partners reflects a deep appreciation by Northern providers of education, health and municipal services of the challenges facing rural/remote communities. Our work together has called on us to reflect on what, how, and where creative solutions can be provided, to be flexible and to drive for outcomes that serve the North. We have experienced success with working with our Post-Secondary Institutions and University on seat expansion, local municipalities on "red carpet" welcomes to potential and new hires, staff education support, and housing initiatives, and with local school districts and other stakeholders on increasing availability of childcare seats. There is more to be done, and we welcome future collaboration and partnership.

The Face of Northern Health

As at May 17, 2022

Summary of Employees by Status	Headcount	%	FTE
Active: Total	8,870	100%	5,455
Full-time	4,147	47%	
Part-time	1,946	22%	
Casual	2,777	31%	
Non-Active: Total	1,021	100%	792
Leave	599	59%	414
Long Term Disability (LTD)	422	41%	378

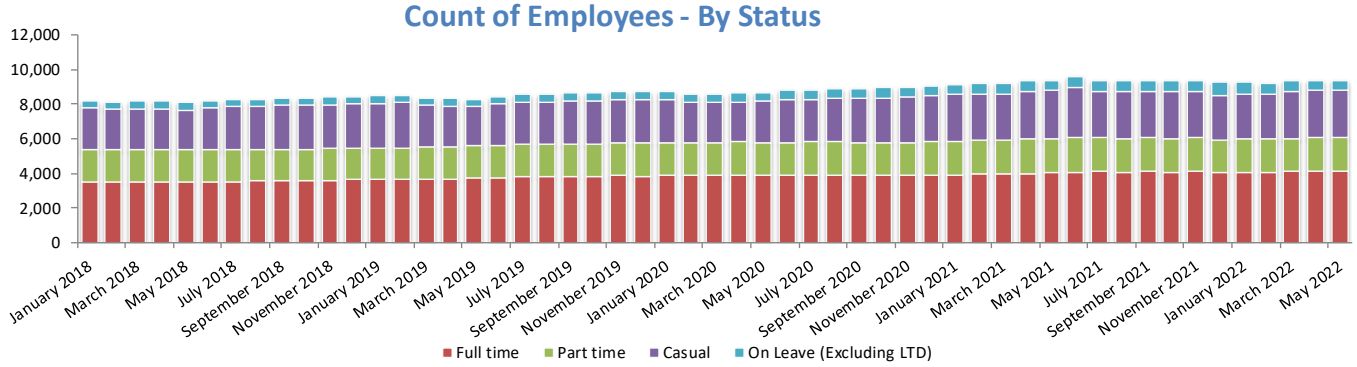
Active Employees by Region	Headcount	%
Active: Total	8,870	100%
North East	1,304	15%
North West	1,996	23%
Northern Interior: Prince George	2,825	32%
Northern Interior: Rural	1,152	13%
Regional	1,593	18%

Active Employees by Collective Agreement	Headcount	%
Active: Total	8,870	100%
Nurses	2,686	30%
Facilities	3,469	39%
Health Sciences	1,095	12%
Community	872	10%
Excluded	748	8%

Active Nursing	Headcount	%
Active: Total	2,686	100%
RN/RPN	2,035	76%
LPN	651	24%

Clinical vs. Support	Facilities	Community
Active: Total	3,469	872
Clinical	1,491	495
Non-Clinical	1,978	377

Count of Employees - By Status



BOARD BRIEFING NOTE

Date:	May 25, 2022	
Agenda item	2021-22 Year End Financial Statements – Public Disclosure	
Purpose:	☒ **Information**	☐ **Decision**
Prepared for:	NH Board of Directors	
Prepared by:	Mark De Croos – VP, Finance & Chief Financial Officer	

Purpose:

To provide an update on the status of the audit of Northern Health's 2021-22 financial statements, and government requirements regarding disclosure of the audited financial statements to the general public.

Background:

Northern Health ended fiscal year 2021-22 on March 31, 2022. The annual financial statements are being audited by PricewaterhouseCoopers (PwC).

- Upon conclusion of the audit, the audited financial statements will be presented to Northern Health's Board of Directors for approval.

- Following Board approval, the audited financial statements will be submitted to the Ministry of Health for its review and approval to release to the general public. Once Ministry approval is received, Northern Health's 2021-22 audited financial statements will be posted on its website – www.northernhealth.ca.

Recommendation:

For information only.

BOARD BRIEFING NOTE

Date:	May 25, 2022	
Agenda item:	Capital Public Note	
Purpose:	☐ **Discussion**	☒ **Decision**
Prepared for:	NH Board of Directors	
Prepared by:	Deb Taylor, Regional Manager Capital Accounting	
Reviewed by:	Mark De Croos, VP Finance & Chief Financial Officer	

The Northern Health Board approved the 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 13 (ending March 31, 2022), $204.6M was spent towards the execution of the plan as summarized below:

$ million	**YTD**
Major Capital Projects (> $5.0M)	163.0
Major Capital Projects (< $5.0M)	8.1
Major Capital Equipment (> $100,000)	14.3
Equipment & Projects (< $100,000)	10.1
Information Technology	9.1
	204.6

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	Complete	MOH
Fort St. James	Stuart Lake Hospital Replacement	$116.12	In Progress	SNRHD, MOH
Granisle	Granisle Health Centre Leasehold Improvements	$1.15	Complete	SNRHD, MOH
McBride	Boiler Plant Upgrade	$0.40	Complete	MOH
Mackenzie	General X-Ray Replacement	$0.95	In Progress	FFGRHD, MOH, NH
Prince George	UHNBC Cardiac Services Department Renovation	$12.5	In Progress	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	Closing	FFGRHD, MOH
Prince George	UHNBC Washing Machine 1	$0.96	Closing	FFGRHD, MOH
Prince George	UHNBC OR Electrical Upgrade and Lights	$0.25	Complete	MOH
Prince George	UHNBC Panther Fusion	$0.73	Complete	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)
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, NH
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	Closing	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	Closing	MOH, RHD
Vanderhoof	St. John Hospital Heat Pumps and Coils	$0.59	Closing	SNRHD, MOH, NH

Community	Project	Project $M	Status	Funding partner (note 1)
Vanderhoof	St. John Hospital Sterile Compounding Room Upgrade	$1.97	In Progress	SNRHD, MOH, NH
Vanderhoof	St. John Hospital Ultrasound Replacement	$0.25	Closing	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	Closing	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	Closing	NWRHD, MOH
Terrace	MMH Ultrasound 2 Replacement	$0.26	Closing	NWRHD, MOH
Hazelton	Hazelton Long Term Care Business Plan	$0.60	In Progress	NWRHD
Hazelton	Wrinch Ultrasound Replacement	$0.26	Closing	NWRHD, MOH
Northern Haida Gwaii	Observation Room	$0.99	On Hold	NWRHD, NH
Prince Rupert	PRRH Chemistry Analyzers Replacement	$0.59	In Progress	NWRHD, MOH

Community	Project	Project $M	Status	Funding partner (note 1)
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	Closing	NWRHD, MOH
Smithers	BVDH Sterile Compounding Room Upgrade	$2.51	On Hold	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	Closing	PRRHD, MOH
Dawson Creek	DCDH Automated Medication Dispensing Cabinet	$0.17	In Progress	MOH

Community	Project	Project $M	Status	Funding partner (note 1)
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, PRRHD, 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	In Progress	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

Community	Project	Project $M	Status	Funding partner (note 1)
All	FNHA Community Health Record EMR Collaboration	$1.34	In Progress	NH
All	SurgCare	$0.93	In Progress	MOH
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, NH spent $10.1M on such items. This includes $0.87M 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 13 update on the 2021-22 Capital Expenditure Plan.

BOARD BRIEFING NOTE

Date:	June 13, 2022	
Agenda item	Partnering for Healthy Communities Update	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	NH Board of Directors	
Prepared by:	Breanne Frenkel, Community Granting Coordinator Petrina Bryant, Regional Nursing Lead – Injury Prevention Flo Sheppard, Team Lead – Population Health Chief Dietitian Sabrina Dosanjh-Gantner – Regional Manager, Healthy Living & Chronic Disease Prevention Lindsay Seegmiller – Regional Manager, Healthy Settings	
Reviewed by:	Tanis Hampe, VP Population and Public Health Dr. Jong Kim, Chief Medical Health Officer	

Issue & Purpose

Update on growth and development of Community Granting Program, as a reflection of Population and Public Health's advances in partnering with, and supporting, healthy communities.

Background:

For the past 14 years, Northern Health has offered annual community grants through the Population & Public Health community granting program.

This program contributes to Northern Health's priority of healthy people in healthy communities (see Attachment 1 2020/21 Grants Issued and 2021/22 Grants Issued) by supporting community-based initiatives that enable people to live well and prevent disease and injury. Community grants build and strengthen partnerships between the Health Authority and community partners, they foster goodwill, and they generate good news stories (see: Resilient communities grant: Terrace art workshops good for artists, gallery, participants, and community and IMAGINE Grants in Action: Meet the Snow Dog).

In 2021-222, Northern Health's Community Granting Program included the standing Northern Resilient Communities (NRC) Grant, along with two new provincially-funded programs: Rural, Remote and Indigenous Food Action Grant (RRIFA), and Vision 0 in Road Safety and (See Table 1 for program-specific details).

Key Actions, Changes & Progress:

1. **Program Growth**. Northern Health's Community Granting portfolio doubled to a total of $614,000 (as of April 1, 2021 budget was $280,000) because of two additional provincial granting programs. The new granting streams were introduced in 2021-22 and have been renewed for 2022-23. These funds come to Northern Health with specific focus areas (food security, road safety), as articulated by the funding Ministries.

2. **Distribution of Funding Across the North.** With increased funding and more diverse granting streams, we awarded more grants to communities across the North. We funded projects across HSDAs; however as with previous cycles, there tends to be the most interest and awards in the Northwest, followed by the Northern Interior and then the North East. Most granting cycles were considerably over-subscribed, indicating opportunity for further growth and partnership.
    - NRC Grants: 100 applications received in two cycles, 41% funded in NHA of which 12% were in FN communities
    - RRIFA Grants: 72 applications received in one cycle, 8% funded in NHA, of which 100% were in FN communities.
    - Vision Zero: 6 applications received in one cycle, 83% funded in NHA, of which 40% were in FN communities.

3. **Partnership within PPH, and with FNHA North.** Collaboration within and beyond Northern Health strengthened grant processes with respect to inclusiveness, accessibility, and cultural safety. For example, the design, promotion, assessment, and evaluation processes for the RRIFA grants were fully shared with FNHA North. This continued partnership will build a strategic approach to the next grant cycle and share support for unfunded programs in the most recent cycle.

Risks:

Risk Area 1: Last minute establishment of new granting programs. Two new provincial granting streams were announced in late 2021, with a goal of fund distribution no later than March 31, 2022. This resulted in extremely quick program development, promotion, application and adjudication, while aligning with provincial processes in the case of Vision Zero. This created challenges for applicants, who were thus required to develop complex projects addressing community health priorities with limited time.

> **Mitigation Strategies:** Looking into 2022-23, these new granting streams have been confirmed with much more notice, giving us more generous timelines. This will result in more generous timelines for promotion and application periods, which will likely generate additional community interest. The Community Granting Program is also developing new structures and systems, including potential grant management software, to manage concurrent granting streams, increasing capacity to administer programs without increasing FTE. All granting programs will undergo regional (NRC, RRIFAI) or provincial (Vision 0) evaluation processes to identify areas for improvement for the upcoming cycle.

Risk Area 2: Low grant applicant success rate. Despite rapid application timelines, most of our community granting programs were significantly oversubscribed (8% success rate for our most demanded program). Significant unsuccessful rates (up to 92%), even with the offering of in-kind supports to unfunded applications, is disillusioning for community organizations. Without being able to further expand community granting programs, we risk the alienation of potential community partners, as well as limiting community health work.

> **Mitigation Strategies:** We are working to further articulate granting parameters to potential applicants through additional mediums (website, webinars, 1-1 conversations), to ensure those organizations that do apply are truly aligned with funding focus areas. We are also seeking partnership with internal and external partners, to further bolster available funding. However, a degree of this risk is unmitigated as when community granting programs align well with community health priorities, there is inevitably much need for funding to support that we have not been historically able to meet as a program.

Risk 3: Contraction of granting budgets. Historically, the granting program's annual budget has contracted in response to organizational fiscal pressures, particularly towards year end. While understandable, further contracting this program risks alienating partners and limiting community health benefits.

> **Mitigation Strategy 3:** As mentioned in Mitigation Strategy 2, we are seeking partnerships internally and externally to bolster available grant funding. We are also seeking support to insulate community grant funding from contraction while organizational fiscal pressures are addressed.

Table 1: Summary of Community Granting Programs (2021 - 22)

	Vision Zero in Road Safety Grant Program	Community Food Action Initiative (CFAI) - Rural, Remote, Indigenous focus	Northern Resilient Communities (NRC)
Total Fund	$99,000 Targeted funding from Ministry of Health & the Ministry of Transportation and Infrastructure	$235,000 Targeted funding from Ministry of Health	$290,000 - base NH funding Funded by Northern Health.
Eligible Applicants	Local governments, First Nations organizations, non-profit organizations within NH region Schools and school districts (Vision Zero and NRC only) within NH region		
Content Focus	Advancing evidence-informed **road safety improvements** that will result in a reduction in the number and severity of vulnerable road user injuries.	Increasing awareness/knowledge about **food systems**, **food access**, building community capacity to address **food security**, developing community food security policy.	Supporting communities to adapt, maintain or establish practices in response to emerging **community health and wellness needs.**
Geographic Focus	Underserved communities, Indigenous communities, small and remote communities Equitable HSDA representation	Rural, remote and Indigenous communities Equitable HSDA representation	Northern Health region Equitable HSDA representation
Grant Amount	$5,000 - $20,000 per applicant	Up to $50,000 per applicant	Up to $10,000 per applicant
Northern Health Role	Program development and evaluation established via Ministry of Health NH responsible for adjudication of applications and disbursing funding	Northern Health develops and executes full program, in reflection of provincial objectives	Northern Health develops and executes full program, in reflection of Northern Health objectives
Further Information	Vision Zero in Road Safety Grant Program | BCIRPU (injuryresearch.bc.ca)	Food Security (bccdc.ca)	Resilient communities grants | Northern Health

Note: Table 1 does not include the Peer Granting Program, which is administered by the Strategic Lead, Overdose Prevention and Response in coordination with the Community Granting Programs. This program has granted $50,000 to peer organizations each year for the past two fiscal years.

NORTHERN INTERIOR				
COMMUNITY	**ORGANIZATION**	**PROJECT**	**BRIEF DESCRIPTION**	**AMOUNT FUNDED**
Quesnel	Literacy Quesnel Society	Supporting Senior Literacy	Expanding current programming to provide one-on-one tutoring and workshops focused on senior digital literacy	$9,900.00
Burns Lake	Ride Burns Mountain Bike Association	Project Trails	Volunteer program in partnership with Lakes District Secondary that promotes students volunteering their time to maintain and enhance bike trails.	$10,000.00
Quesnel	Northern Network of Peers for Equality (NOPE)	Strengthening the Circle	Expanding current outreach program hours of operation to better reach vulnerable populations	$10,000.00
Quesnel	Coalition of Substance Users of the North (CSUN)	Program Honorarium / Cold weather essentials	Shift expansion to extend current outreach program as well as cold weather supports for unhoused or vulnerable community members	$10,000.00
Valemount	Valemount Senior Citizens Housing	Enhancing Social Connection for Valemount Seniors	Creation of Seniors well-being programs to promote recreation activities and socialization	$6,580.00
Fort St. James	David Hoy Elementary	Mental Wellness and Health Classroom Supports Project	Purchase of sensory tools to be utilized in classrooms to support students exhibiting anxiety and social emotional dysregulation. Expansion of Elder in Residence program	$10,000.00

Prince George	Farm to School BC (F2SBC)	Connecting Schools to Community Through Place-Based Learning	Workshops and field trips provided to all school in Prince George through hands-on food literacy exposure to various foods and activites to promote healthier relationships with food and better mental health	$9,149.10
McBride	McBride Centennial Parent Advisory	Centennial Snack Cart & Fun Food Fridays	Creation of "Snack Cart" to provide access to food for all kids as well as delivering food literacy program through "Fun Food Fridays" cooking classes	$5,850.00
Burns Lake	Lake Babine Nation	Standing Strong	Grief and loss community workshops though traditional practices	$10,000.00
6 Communities	**9 Organizations**	**9 Projects**		**$81,479.10 total funding in NI**

NORTHWEST				
COMMUNITY	**ORGANIZATION**	**PROJECT**	**BRIEF DESCRIPTION**	**AMOUNT FUNDED**
Kitwanga	Kitwanga Community Association	Caring for Elders	Meal delivery services for those elders living in remote areas and providing weekly check-ins to prevent social isolation	$6,604.80
Stewart	Stewart Community Connections Society	Stewart's Better Together Initiative	Expansion of youth and seniors wellness programming to promote mental health and social support in the community	$10,000.00
Telkwa	Telkwa & District Seniors Society	Telkwa Seniors Centre Re-opening	Support to re-start senior's programming and re-open centre after pandemic closures	$6,508.94
Skidegate	Xaaynangaa Naay Skidegate Health Centre	Tllyahda – Make it Right Healing Circle to Help Reclaim Personal Power & Heal from the Residential School Experience	Facilitation of workshops with focus on grief, loss and trama through traditional healing practices.	$10,000.00
Kitwanga, Gitwangak, Glen Vowell/Sik-e-Dakh, Kispiox, Kispiox Valley, Hagwilget, Gitsegukla, Gitanmaax, Gitanyow, Witset, Smithers, the Hazeltons	NkashAytkn (Our Relations)/ Indigenous Birthkeeper Doula Training	Birthkeeper Doula Training	Doula training for Indigenous community members, giving them the tools to provide doula care for Indigenous pregnant people in a low-access areas	$10,000.00

Skidegate	Qay'llnagaay Heritage Centre Society	Cultural Wellness Program at K̲ay'llnagaay	Workshops to share traditional knowledge of food gathering, harvesting and preparation.	$10,000.00
Terrace	Skeena Diversity Society	Food Security Through Cross-Cultural Connections	Workshops to share knowledge of gardening, gathering and food preservation.	$9,861.02
Hazelton	Upper Skeena Development Centre Society	Bee Healthy	Supporting community food sovereignty in area through bee-keeping workshops and skills-building to support the growth of a healthy local food economy	$10,000.00
Prince Rupert, Terrace, Hazelton and Smithers	Public Health Association of BC	Northwest Seed Library	Creation of seed library to support food sovereignty and knowledge sharing	$9,950.00
Telkwa	Treehouse Housing Association	The Ark Outdoor Safe Fun Project	Purchase of snowshoes and helmets to promote outdoor activity in winter months	$2,687.72
Terrace	Ecole Jack Cook	Outdoor Learning Space & Stage	Creation of outdoor space to expand education spaces within school	$10,000.00
Stewart	Stewart Historical Society	Storywalk	Facilitation of Storywalk program to promote community connectedness, well-being, physical activity and literacy through guided trail walks	$10,000.00
18 Communities	**12 Organizations**	**12 Projects**		**$105,612.48 total funding in NW**

NORTHEAST				
COMMUNITY	**ORGANIZATION**	**PROJECT**	**BRIEF DESCRIPTION**	**AMOUNT FUNDED**
Fort Nelson	Northern Lamplighters Activity Centre Association	Seniors Health and Wellness: A Lifestyle Approach	Community workshops for seniors with focus on nutrition, exercise and fitness, medication management, mental health and wellness, and social programming.	$8,000.00
Fort Nelson	Northern Rockies Regional Municipality	Gardening at Grace Manor	Greenhouse/garden program involving youth volunteers assisting seniors by increasing their access to fresh produce while improving their physical mobility and mental health in isolating times.	$3,950.00
Fort St. John	Fort St. John Association for Community Living	Growing Connections - Theraputic Indoor Nursery	Conversion of existing indoor space into a garden nursery where vulnerable populations can grow and tend to a range of plants, including flowers, houseplants, and First Nations medicines.	$3,710.16
2 Communities	**3 Organizations**	**3 Projects**		**$15,660.16 total funding in NE**
	24 Organizations	**24 Projects**		**$202,751.74 overall total funding**

Northern Resilient Communities Grants: Spring 2021

NORTHERN INTERIOR				
COMMUNITY	**ORGANIZATION**	**PROJECT**	**BRIEF DESCRIPTION**	**AMOUNT FUNDED**
Prince George	Westwood Elementary School	Helping Students Build Resiliency During A Pandemic	Continuing to help students learn healthy self-regulation strategies to become more resilient in our changing world. Project will allow expansion of the current sensory room in the school that supports sensory integration and provide a therapeutic and calm setting.	$4892.51
Prince George(with reach to Prince Rupert)	Big Brothers Big Sisters of Prince George	Sparking Potential throughout Northern BC	Expansion of virtual mentoring program throughout Northern BC. Programming currently supports children and youth facing societal barriers and adversities through 1:1 mentoring.	$5,000.00
Prince George	Child Development Centre of PG	Adapted Climbing Program	Continuation of free programming for children and youth experiencing health and social vulnerabilities.	$5,000.00
Valemount	Valemount Senior Citizens Housing Society	Enhanced Meals on Wheels for Valemount	Enhancement of existing food delivery program that supports Valemount's senior population.	$5,000.00
Prince George	Prince George New Hope Society	New Hope Drop-in & Support Services	Expanding the availability of supports available to marginalized women during the pandemic	$4,752.00
Prince George	Connaught Youth Centre Society	Bridging Generations During COVID - A Virtual Film Program	Adapting current youth film program by creating new virtual program	$5,000.00
7 Communities	**6 Organizations**	**6 Projects**		**$29,644.51 in total funding**

NORTHWEST				
COMMUNITY	**ORGANIZATION**	**PROJECT**	**BRIEF DESCRIPTION**	**AMOUNT FUNDED**
Smithers	Kyah Wiget Education Society	The Garden Holds Us Together	Creation of community to garden to provide a sense of purpose, pride and nutrition for students.	$2,675.00
Terrace	Parkside Secondary School	Parkside Trauma Response Program	Adaption of current learning space to assist with increased levels of anxiety, frustration, and depression for vulnerable youth	$3,000.00
New Hazelton	Skeena Supported Employment Society	Bread Slicer Replacement	Continuing to provide employment opportunities to underserved populations in the region	$5,000.00
Hazelton	Upper Skeena Community Learning Society	Weaving Community Resilience	Rebuilding community connectedness by creating outdoor space to host weaving workshops	$5,000.00
Sik-E-Dakh	Sik-E-Dakh (Glen Vowell Band)	COVID 19 Safe Pickle Ball Bubble League	Creation of Pickle Ball league to promote physical activity and social interaction	$5,000.00
Terrace	Suwilaawks Community School	Accessing Outdoor Education	Purchasing rain gear to allow students to access outdoor learning spaces comfortably	$5,000.00
Terrace	Terrace & District Community Services Society	Residential Garden Project	Creation of garden for individuals with developmental disabilities to assist with safe social activity after long periods of isolation.	$4,713.00

Terrace	Rotaract Terrace	Open Air Visits: Terraceview Outdoor Facilities Project	Development of outdoor space to allow outdoor visitations for senior populations living in assisted living facility and experiencing isolation	$5,000.00
Smithers	Dze L K' ant Friendship Centre	Meal Kit Initiative	Meal Kit program would be intended for individuals that are currently not eligible do not fit the criteria for current programming	$5,000.00
9 Communities	**9 Organizations**	**9 Projects**		**$40,388.00 in total funding**

NORTHEAST				
COMMUNITY	**ORGANIZATION**	**PROJECT**	**BRIEF DESCRIPTION**	**AMOUNT FUNDED**
Dawson Creek	Society for Narcotic and Opioid Wellness	Peer Community Garden Project	Creation of garden space to engage those with lived and living drug use experience (peers). This garden will also provide peers with payment for their work and food to take home.	$5,000.00
Dawson Creek	Dawson Creek Pride Society	Supporting DC's Queer Youth Community during COVID-19	Adapting current programs to utilize virtual programming platforms. Programming will provide educational opportunities and support for you.	$4,970.00
2 Communities	**2 Organizations**	**2 Projects**		**$9,970.00 in total funding**

BOARD BRIEFING NOTE

Date:	**June 13, 2022**	
Topic	**Northern Partnership Accord**	
Purpose:	☒ **Discussion**	☐ **Decision**
Prepared for:	**Northern Health Board of Directors**	
Prepared by:	**Nicole Cross|Noxs Ni'isyuus, VP Indigenous Health**	
Reviewed by:	**Cathy Ulrich, CEO**	

Purpose:

To provide an update on the Northern Partnership Accord and implementation of the Northern First Nations Health and Wellness Plan.

Background:

The *Northern Partnership Accord* was written in 2012. The *Accord* is a five-year agreement that lapsed in 2017. Since that time the working and governance relationship between FNHA, northern First Nations and NH has continued in the same manner as in previous years. Between 2017-2019 FNHA completed an evaluation of the Northern Partnership Accord. In 2019 meetings between FNHA and NH senior leadership ensued, and the *Northern Partnership Accord* was revised in draft. The revised *Accord* was endorsed at the Board Planning session in October 2020. The revised *Northern Partnership Accord* was to be taken to the First Nations Regional Caucus in 2020 for ratification. Due to pandemic-related challenges, quorum was not reached at that meeting so the document was unable to be ratified.

In Spring of 2022, FNHA moved forward with a virtual voting process for Chiefs to ratify the *Northern Partnership Accord*. On May 6, 2022 the results of the vote concluded with ratification of the *Northern Partnership Accord*.

The Northern Health Board of Director Chair and NH President and CEO and executive were invited to a signing ceremony held on May 10, 2022 for an evening celebration at the Northern Caucus.

Moving forward NH Indigenous Health and FNHA Northern team will work collaboratively on the discussion and corresponding development to implement key deliverables

Recommendation:

That the Northern Health Board of Directors receive this for information and feedback or input.

BOARD BRIEFING NOTE

Date:	**June 13, 2022**	
Agenda item	**Northern Health and Métis Nation BC Letter of Understanding**	
Purpose:	☒ **Discussion**	☐ **Decision**
Prepared for:	**Northern Health Board of Directors**	
Prepared by:	**Nicole Cross|Noxs Ni'isyuus, VP Indigenous Health**	
Reviewed by:	**Cathy Ulrich, CEO**	

Purpose:

To provide an update to the Northern Health Board of Directors regarding the Northern Health and Métis Nation BC (MNBC) Letter of Understanding (LOU).

Background:

A *Letter of Understanding between Metis Nation British Columbia and Northern Health Authority* was signed on June 8, 2020. The purpose set out in the Letter of Understanding is to recognize and acknowledge that:

1. The Parties have common goals of: (a) equitable access to health services and (b) improved health and wellness outcomes for Métis people within the Northern Health Region.
2. The Parties agree that the Métis Nation BC Regional Governance Councils of the North Central, Northwest and Northeast in the Northern region have the responsibility as elected officials of MNBC to advise and influence the delivery of Indigenous health services provided within the Northern Health region, for their respective communities.
3. The parties agree to ensure that the planning and delivery of health services to Métis individuals, families and communities within the Northern region are culturally appropriate (p.2 of the Letter of Understanding).

The LOU enabled the establishment of the MNBC-NH Leadership Committee.

Key Actions, Changes & Progress:

The MNBC-NH Leadership Committee has committed to meeting regularly, with leadership having met 4 times since the LOU was singed,

During this time frame documents guiding the work of the MNBC-NH Leadership Committee have been created. Specifically, at the Leadership Committee meeting in January 2022 the VP Indigenous Health, NH and the Senior Director of Health MNBC reviewed a newly drafted MNBC-NH Health and Wellness Plan with the members. Language regarding priorities reflects that articulated within the LOU between MNBC and NH. The four health priorities as identified by the MNBC-NH Leadership committee are as follows:

1. Anti-Indigenous Racism Training
2. Complaints Processes
3. Health Services: Access, Data Collection, and Delivery
4. Human Resources

A second document articulating a Terms of Reference for the MNBC-NH Leadership Committee was drafted February 23, 2022. This document, along with the Health and Wellness Plan, will be reviewed at the next upcoming meeting.

Key activities NH has undertaken alongside MNBC include establishing a Métis-specific Aboriginal Health Improvement Committee (AHIC) and implementation of new and existing positions supporting Métis people's health and wellness (described below). Recently a Métis Aboriginal Health Improvement Committee (AHIC) was established and financial support from NH totaling $10,000 was used to develop and implement health-promoting resources including a resource tool for Northern Health with information on locations of all Métis chartered communities including community-based resources and contacts within the Métis Nation. The work of the Métis AHIC also included development of Wellness Bags for community members distributed through BC Cancer and publication of a patient resource around the topic of cervical cancer.

In addition to the work supporting the LOU above, a new position supporting Métis people's health and well-being in NH is being implemented in the context of the enhanced Indigenous Patient Liaison Program coordinated by Indigenous Health. One Métis Cultural Wellness and Health Services Liaison position is being funded through the targeted funding from the Ministry. The Regional Director, NH Indigenous Health has worked with the Northern Regional Health Coordinator and Senior Director of Health, MNBC to finalize a job description with a view to posting in May 2022.

To further uphold commitments outlined in the LOU, NH provided MNBC funding to support MNBC's Northern Regional Health Coordinator position, for one year (2021/22).

Recommendation:

That the Northern Health Board of Directors receive this for information.

BOARD BRIEFING NOTE

Date:	**June 13, 2022**	
Agenda item	**Cultural Safety Education Plan**	
Purpose:	☒ **Discussion**	☐ **Decision**
Prepared for:	**Northern Health Board of Directors**	
Prepared by:	**Nicole Cross|Noxs Ni'isyuus, VP Indigenous Health**	
Reviewed by:	**Cathy Ulrich, CEO**	

Purpose:

To provide an update on the *Cultural Safety and Anti-Indigenous Racism Education Strategy in Northern Health*, to the Northern Health Board of Directors.

Background:

Anti-racism, cultural humility and trauma-informed training and education are key to achieving culturally safe environments where Indigenous peoples access health care services free of discrimination.

Recommendations 18 and 20 to 23 in the *In Plain Sight* report (Nov. 2020, pp. 199 - 201) focus on the role of post-secondary education in addressing discrimination and anti-Indigenous racism. Specifically, Recommendation 20 advises:

> that a refreshed approach to ant-racism, cultural humility and trauma-informed training for health workers be developed and implemented, including standardized learning expectations for health workers at all levels, and mandatory, low-barrier components. This approach co-developed with First Nations governing bodies and representative organizations, MNBC, health authorities and appropriate educational institutions, to absorb existing San'yas Indigenous Cultural Safety Training.

Recommendations from the Ministry of Health's investigation are integrated into Northern Health's change agenda. In response to the Recommendations indicated above, Northern Health developed an Education Strategy that articulates

components of an approach for the provision of cultural safety education and training for NH staff and physicians. The intent of the Strategy is to support the provision of culturally respectful and safe health care services within NH.

The organizational accountability for the actions detailed in the document is to the Indigenous Health and Cultural Safety and Humility Committee. In addition to Recommendation 20 above, the Strategy is informed and guided by *Northern Health's Strategic Plan* (2020) and elements of the *Northern Partnership Accord* (2022). The Strategy also aligns with the Letter of Understanding (2020) between Métis Nation BC and NH.

The Education Strategy is comprised of 5 pillars of activities. They are:

1) Orientation
2) Respectful Relationships Culturally Safe Indigenous Health Care: A Series of Learning Modules
3) On the land cultural experiences
4) Tailored cultural safety and anti-Indigenous racism workshops
5) Professional development

The following paragraphs offer an update regarding work underway in NH to implement the Strategy and ensure NH employees have opportunities for accessing cultural safety and anti-racism training, inclusive of existing programs, such as Sany'as Indigenous Cultural Safety Training.

Key Actions, Changes and Progress:

To fully implement Pillar 2 of the Education Strategy, a new 20-hour, asynchronous (online), self-paced cultural safety curriculum for the organization entitled *Respectful Relationships: Culturally Safe Indigenous Health Care* was piloted from February 17 – April 30, 2022 with approximately 40 individuals from clinical and regional program across NH enrolled in the course and providing course evaluations.

The overarching goals of the 4-module curriculum are to:

- Understand cultural safety in context of respectful relationships
- Gain understanding of the roles of past events in contemporary realities for Indigenous peoples
- Acquire and enhance critical self-reflection in practice
- Develop, enhance and deepen understanding through the practical application of the skills and knowledge gained in this learning series to case studies and scenarios

The course was developed in partnership between NH and the National Collaborating Centre for Indigenous Health (NCCIH) with technical and financial support provided by the University of Northern British Columbia and offered through Continuing Studies, UNBC. NH Indigenous Health and the NCCIH are currently revising course content following review of evaluative feedback from the pilot phase. The course is anticipated to be available in Summer 2022 to all NH staff and physicians wishing to register for this

educational opportunity. The course will be Continuing Medical Education (CME) accredited for a minimum of 20 and maximum 32 hours of Group Learning Credits with an application for CME accreditation in progress.

Adhering to Pillar 3, on-the-land educational experiences will require a co-development process with First Nations and Métis representatives and shared implementation. Early discussions in this area have been underway with partners since Fall/Winter 2021.

To develop and implement activities in all five Pillars articulated in the Education Strategy, three new Leads of Indigenous Community Engagement and Education were necessary; new hires were introduced to the Indigenous Health team in March 2022. The lead roles are integrated into each of the three Health Service Delivery Area (HSDA) Senior Leadership Teams operationally.

A key focus of these leads' positions is to attend to the engagement of First Nations and Métis communities and lead cultural safety and anti-Indigenous racism education initiatives for NH staff and physicians. The leads will develop and organize targeted workshops (Pillar 4) and support scheduling of training and engagement activities across each HSDA.

Next Steps:

1. Finalize the *Respectful Relationships Culturally Safe Indigenous Health Care* course for Northern Health employees and physicians.
2. Continue to develop and deliver tailored, interactive workshops for NH staff and physicians during the 2022/23 operational and budget planning cycle.

Recommendation:

That the Northern Health Board of Directors receive this for information and feedback.

BOARD ROLE AND GOVERNANCE OVERVIEW BRD 200

Introduction

The Board of Directors of Northern Health (the "Board") is responsible for the strategic direction of the organization and, through the President and Chief Executive Officer (the "CEO"), ensures that appropriate management processes are established to realize the strategic direction.

Principal Stakeholders

The Board is appointed by, and is responsible to, the Government of British Columbia through the Ministry of Health, pursuant to the BC *Health Authorities Act*, recognizing and considering the interests of all stakeholders, including:

- patients/residents/clients & family members
- employees
- medical staff
- public

Board Size

Keeping in mind governance effectiveness, considerations of diversity of background and expertise, along with open and effective dialogue, the Government has established that the Board will generally be composed of ten Directors[1].

Best Interest of Northern Health

Directors are expected to utilize their individual expertise and points of view to contribute to decision making that is in the best interest of Northern Health.

Director's Terms

1. Directors are appointed by the Minister of Health through an Order in Council for one-, two- or three-year terms[2].
~~1.~~2. The Chair of the Board is appointed by the Minister of Health through an Order in Council
~~2.~~3. Directors will normally be appointed for a maximum of six years. In order to achieve staggering of appointments, to avoid too many Directors leaving at the same time, terms may be for other lengths, and in extraordinary circumstances a request may be made to the Minister of Health through the Crown Agencies and Board Resourcing Office (CABRO) for an extension beyond the normal 6-year limit.
~~3.~~4. Director appointments may be rescinded by the Minister of Health, or on the recommendation of the Board Chair.

Terms of Reference

[1] This is the normal complement and can be more or fewer as circumstances warrant
[2] A Director's first term is usually a 1-year appointment. The final decision rests with the Minister of Health.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 15, 2021 (r)

1. Terms of reference for the Board Chair (Policy BRD120), the CEO (Policy BRD130), Directors (Policy BRD140), the Deputy Chair (Policy BRD150), the Corporate Secretary (BRD160), and guidelines for Committees (Policy BRD300) and Task Forces (Policy BRD340) are in place for the guidance of the Board.
2. The Governance and Management Relations Committee (GMR) reviews the above noted terms of reference annually and proposes changes to the Board for approval as required.

Key Board Responsibilities

1. The Board, in conjunction with the Deputy Minister of Health, is responsible to hire the CEO to whom the management of the organization is delegated. (Policy BRD130)
2. The Board, through the GMR Committee, is responsible to ensure that both an annual performance evaluation is conducted for the CEO and that a CEO succession plan is in place in the event of an unexpected incapacity or unavailability of the CEO. (Policy BRD 400 & 435)
3. The Board is responsible to ensure that strategic planning processes are established and maintained, with particular attention to quality and budget management. The strategic plan will generally have a five-year horizon and is to be reviewed and/or updated annually. The Board participates in the review/update process, approves the strategic plan, and monitors progress. (Policy BRD420)
4. The Board maintains a continuing understanding of the material risks associated with the organization's objectives. The CEO and the management team are responsible to ensure that the Board and its committees are kept current on material risks.
5. The Board commits to maintaining open and clear communications with the medical staff in the interest of optimal patient care and service (Policy BRD170).The medical staff bylaws describe the accountability relationship of the medical staff to Northern Health and the advisory role of the NH Medical Advisory Committee to the Board and the CEO.
6. The Board is responsible to ensure a communications plan is established that provides pertinent and relevant information to the Government and other stakeholders. See Policy BRD220, which outlines process and spokespeople for Northern Health.

Board Committees

Board committees are a mechanism that permits deeper examination of major areas for which the Board has governance responsibilities. The role of committees is to support the Board in handling its responsibilities. Board committees are not established to assume functions or responsibilities that properly rest with management or with the Board as a whole. Refer to Policy BRD300, which outlines terms of reference and guidelines for Board committees.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 15, 2021 (r)

Task Forces

Task Forces are Board committees established for a defined period of time to undertake a specific task and are then disbanded. Refer to Policy BRD340, which outlines terms of reference and guidelines for task forces.

Board Meetings and Agenda

1. The Board meets at least six times within the calendar year.
2. The Board may also meet at the call of the Board Chair or in his/her absence, the Deputy Chair or as provided for in the Bylaws. (Policy BRD600)
3. The GMR Committee develops the agenda for each Board meeting in consultation with the CEO and the Corporate Secretary.
4. Under normal circumstances, the agenda and meeting material will be distributed to Directors ten days[3] before the meeting.
5. It is normal Board practice for all agenda items to be considered at the appropriate committee meetings prior to being placed on the Board agenda. A Director or the CEO may, however, suggest urgent additions to the agenda through the Board Chair prior to adoption of the Board agenda. (Policy BRD530)
6. A consent agenda package will be provided with materials for the interest of the Board members for information only. This information will not be discussed during the Board meeting; however, there will be opportunity at the beginning of each Board meeting to review the consent agenda material and move items to the regular agenda for discussion.
7. Article 6.9 of the Board by-laws indicates that meetings will be conducted in accordance with Robert's Rules of Order. The Board will, however, normally conduct its business based on consensus unless Robert's Rules of Order become necessary.

Public Board Meetings

1. At the discretion of the Board, all or part of the Board meeting may be open to the public.
2. The Board may exclude the public from a meeting, or a portion of a meeting, in order to protect the interest of a person or the public interest, or if withholding information outweighs the desirability of public disclosure. (Policy BRD 220 & 600)

Board Meetings without Management

1. Practices that provide opportunity to build relationships, confidence and cohesion among Directors are essential to allow the Board to develop an understanding of its role. One such practice is a regular meeting of Directors without management

[3] Usually two weekends and the intervening work week prior to the Board meeting

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present, usually at a predetermined time scheduled during the regular Board meeting time period.

2. Such meetings can be used to provide feedback about Board processes, including the adequacy and timeliness of information being provided to the Board. At times, such meetings might also focus on substantive issues that may be more difficult for some Board members to discuss with management present. They can also provide opportunities for the Board Chair to discuss areas where the performance of the Directors could be strengthened.
3. It is important that these opportunities occur regularly, even if the meetings are short, so that they become a recognized and accepted governance practice. Any issues arising in these sessions that bear on the relationship between the Board and management should be communicated quickly and directly to the CEO by the Board Chair.

Non-Directors at Board Meetings

The Board appreciates the value of having management team members and other advisors or visitors present who can provide information and opinions to assist the Directors in their deliberations at Board meetings. The Ministry of Health may request/require the attendance of a Government representative at Board meetings. The Government representative is normally recommended by the Ministry of Health and/or the CEO and approved by the Board[4].

Board/Management Relations

1. Directors may direct general questions or concerns to the CEO, Board Chair, or to the Chair of the GMR Committee.
2. Directors must respect the organization's management structure. A Director has no authority to direct any staff member.

New Director Orientation and Continuing Director Development

1. The GMR Committee and the CEO share the responsibility to ensure that there is an orientation process for new Directors and that all Directors receive continuing education/development as required.
2. New Directors will be provided with an orientation and education program, which will include written information about the duties and obligations of Directors and the business and operations of the organization, documents from recent Board meetings and opportunities for meetings and discussion with the senior management of Northern Health.
3. The orientation program for each new Director will be tailored according to that Director's needs and areas of interest and depending on the Director's committee assignment and the HSDA in which they reside.
4. An education plan is to be developed and approved by the Governance Management Committee and should be focused on relevant changes in the

[4] This practice is inconsistent and varies over time.

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operating environment and critical and emerging issues impacting the health care system.

Assessing Board Performance

The GMR Committee is responsible for ensuring that there is a process for annually assessing the performance of the Board, its committees or individual Directors, and ensuring that the process includes an opportunity to identify how the performance of the Board or of Directors could be improved. (Policy BRD410)

Outside Advisors for Committees and Directors

Occasionally, a committee or a Director may need the services of a consultant or an advisor to assist with matters involving their responsibilities. A committee or Director wishing to engage an outside advisor at the expense of Northern Health must first obtain the authorization of the Board Chair or the Chair of the Committee, normally in consultation with the CEO.

Transparency

The Board will publish, on the Northern Health website, the following:

a. The name, appointment term, and a comprehensive biography for each Director
b. In compliance with Treasury Board Directive 2/20, section 46.2, the compensation paid to each director for the preceding year
c. The records of activities and decisions of the Board, including agendas, minutes and board policies

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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~~and apply the principles of the Framework when making board decisions.

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

[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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Board Chair. If there is a concern with the Board Chair, the issue should be referred to the Chair of GMR.

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.

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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.

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.

~~3.~~

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[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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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 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.

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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:
    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, complete a declaration that confirms they have reviewed the Code and state any actual or potential conflicts of interest that exist currently or arose in the preceding 12 months. The willingness and ability to sign the Code is a requirement of all Directors.

Breach of Code

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

Where to Seek Clarification

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

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DIRECTOR DECLARATION FORM

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

In completing this declaration, consider your current positions, activities, and interests, and those of the past 12 months.

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

_____

_____

_____

_____

_____

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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

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COMMUNICATION POLICIES V1 **BRD 220**

This document includes all Board policies that relate to communication:

1. Board Internal Communications
2. Media Relations Protocol
3. Board Meetings

1. BOARD INTERNAL COMMUNICATIONS POLICY

This policy provides a procedure for the Board of Directors of Northern Health (the "Board") to follow regarding communication of information to its members.

Communication to the Board will occur according to the following process:

Critical or Politically Sensitive Information

Information of this type is outside the bounds of normal Northern Health operations. Some of these items will be 'crisis-oriented' while others will generally be non-recurring in nature. This information will be communicated to Directors on an urgent basis:

a. Matters relating to the President & Chief Executive Officer (the "CEO") position that affect the entire region's operations (e.g. appointment, resignation)
b. Major service delivery crisis (e.g. service disruption, adverse event)
c. Matters relating to Directors (appointment, resignation)
d. Other issues deemed extraordinary by the Board Chair

On-going Major Regional Operations Issues Information

Information that updates Directors on Northern Health's major operational issues will be communicated, on an on-going basis, according to a structure and time frame of reporting agreed to by the Board in consultation with the staff.

Duties and Responsibilities

Other than information relating to the CEO position, which will be communicated by the Board Chair or designate if the Chair is absent, it is the CEO's responsibility to ensure that information is communicated to Directors in a timely manner.

Directors are requested and encouraged to bring to the attention of the Chair, CEO, and Director of Communications issues of concern in a community about which they may have information.

Monitoring

The Governance and Management Relations Committee ("GMR" or "the Committee") will monitor the implementation and effectiveness of this policy, and make recommendations to the Board for amendment as deemed necessary.

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2. MEDIA RELATIONS PROTOCOL

The media relations protocol governs how Board decisions are communicated to the public. It is composed of two sections:

a. Guiding Principles for Directors
b. Communication Roles and Responsibilities – Board Chair, Directors, CEO, Communications Staff

Guiding Principles for Directors (See BRD 140)

a. Directors shall represent the best interests of the entire region, not just their home community.
b. Once the Northern Health Board makes a decision, it is the responsibility of the Directors to abide by and support that decision in all subsequent communication.

Communications Roles and Responsibilities

Board Chair:

The Board Chair is the primary spokesperson for the Board (BRD 120). It is appropriate for the Board Chair to speak on matters such as: governance issues (Board decisions, appointments/departures of Directors); CEO issues (recruitment); and political issues (reactions to government decisions, budgets, elections, appointments of Health Ministers). The Board Chair may also speak on behalf of the CEO if the CEO is unavailable. If the Board Chair is unavailable, the CEO may speak on the Chair's behalf; the Deputy-Chair or an alternate Board member can also be designated (BRD 130 & 150).

Directors:

While the Board Chair is the primary spokesperson for the Board, individual members of the Board may be called upon to speak on behalf of the Board in instances where the Board Chair is not available (e.g. at Northern Health events that feature the opening of a new facility) – BRD 140. On such occasions, it is appropriate for the Director present to speak on behalf of the Board according to the following general guidelines:

a. Always keep comments at a strategic level and where possible, use the opportunity to demonstrate alignment with Northern Health's mission, vision, values and priorities
b. Abide by the guiding principles as stated above
c. Defer operational questions to the CEO or designate

When the need for a Director to speak is anticipated, Communications staff will provide support as required

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CEO:

The CEO is the primary spokesperson for operational matters of Northern Health. This covers areas such as facility or service changes, staffing issues, crisis communication, labour action, Northern Health financial and management issues. The CEO may appoint a designate from the executive or senior management to speak on specific facility or program issues (BRD 130).

Communications Staff:

The Communications Department is the main contact point for media, and has primary authority to issue press releases on behalf of Northern Health. All media calls should be directed to the Communications Department to help ensure a timely response. Using this protocol as a guide, it is the responsibility of the Communications Department to direct the call to the appropriate spokesperson. Working in cooperation with the Communications Department, Northern Health staff shall endeavour to respond to media inquiries promptly.

If required, the Communications Department can also prepare support material such as key messages to be used by spokespeople in responding to specific issues.

3. BOARD MEETINGS POLICY

The purpose at all Board meetings, whether public or in-camera, is to conduct the business of the Board. See BRD 600.

The Board is scheduled to meet six times a year. The frequency of meetings may be changed at any time at the discretion of the Board.

The schedule of Board Meetings will be available on the Northern Health website.

Every scheduled meeting of the Board will, unless the Board otherwise determines, be a combination of an "open" session and an "in camera" session. Meetings will include consideration for Regional Hospital District engagement as well as community round-table sessions.

Where the Board has determined that all agenda items for a particular meeting are to be addressed in camera there will be no open session of the Board meeting.

Business conducted within Committees of the Board will be in camera, and not be open to the public (BRD 300).

When a decision of the Board is required outside of the planned meeting schedule, the Executive Assistant to the CEO and Board of Directors will support arranging a task-specific meeting, in person or virtually, to enable discussion and decision-making. To facilitate open dialogue and transparency, the Board does not support a process for voting outside of a meeting.

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Board Meeting Locations

The Board will endeavour to meet face-to-face whenever possible; however, meetings may occur virtually when required, as contemplated in the Organization and Procedure Bylaws (BRD 600).

When meeting face-to-face, the Board will normally schedule three meetings outside of Prince George in each calendar year - one meeting within each of the three Health Service Delivery Areas.

Due to the logistical issues of travel, accommodations, and appropriate meeting space, the Board will not normally hold its regular meetings in communities with a population under 4,000. Communities where the Board could hold its meetings include:

- Fort St. John
- Dawson Creek
- Fort Nelson
- Prince George
- Quesnel
- Vanderhoof
- Smithers
- Terrace
- Prince Rupert
- Kitimat

For exceptional issues, the Board may consider meeting in an individual community other than those listed above.

Each Board meeting held outside of Prince George will be planned with emphasis on the opportunity for Board networking with community leaders. This will include extending an invitation to community leaders in the surrounding communities

In-Camera Board Meeting

In order to protect the personal privacy of individuals, the business interests of individuals and companies, or the public interest, some items of business will not be addressed during the open Board session and will be addressed in an in-camera session of the Board. The Board will determine the items of business that will be conducted in-camera. The Board, in exercising its discretion to address certain items of business in camera, will use the *Freedom of Information and Protection of Privacy Act* (FIPPA) and the *Evidence Act* as guides. Similarly, communication of decisions taken by the Board in in-camera meetings will follow these statutes, but may be expanded to include explanatory or background material related to the decisions. (Policy BRD 600)

In preparing the agenda, the GMR Committee will recommend the items of business that should be addressed in camera. The recommendations of the GMR Committee will be circulated to the Directors approximately one week prior to the scheduled meeting. Any Directors who do not endorse the GMR Committee's recommendations will notify the Executive Assistant to the CEO & Board of Directors within three days of receipt of the proposed agenda for the consideration of the Board Chair in finalizing the Board meeting agenda.

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At the beginning of the meeting the Board will, in-camera, pass a motion approving the in-camera agenda.

Open Board Meetings

Open Board sessions are meetings of the Board conducted in public at which the public may attend and observe the meeting. In addition to attendance in person at meetings, members of the public may also attend Board meetings at a distance according to the provisions outlined in Schedule A.

Any person wishing to attend open meetings of the Board is entitled to do so and is welcomed by the Board. Because of space limitations seating is available at the meeting on a first come first served basis, and to comply with fire and other regulations attendance may be restricted to a maximum number.

The agenda for the open session of the Board meeting will be available to the public on the Northern Health website seven (7) days in advance of the meeting. The full open session meeting package is posted on the Northern Health website the day of the meeting.

Open Board Meeting Procedures

The meeting will be held in accordance with the by-laws of Northern Health (BRD 600) and Roberts Rules of Order (BRD 200).

Participation in the discussion of the Board, except as noted above, is limited to Directors, the CEO, and other management personnel or third parties who may be present at the invitation of the Board.

The Board vests in its Chair or presiding officer the authority to adjourn the meeting prior to the conclusion of Board business if, in the opinion of the Chair, reasonable decorum is not being observed.

The Board vests in its Chair or presiding officer authority to end discussion during the public meeting on any public meeting agenda item and refer the matter to the Board's in-camera meeting if in the opinion of the Chair the discussion is likely to breach the personal privacy of individuals, the business interests of individuals or companies, or the public interest as reflected in previous Board decisions for public or in-camera discussion (BRD 200).

Public Presentations

The Board wishes to consult with the public on the provision of health services. To do this, provision will be made for structured consultations within Health Service Delivery Areas, meetings with Regional Hospital Districts and representatives of municipal government, and through the provision of information on the delivery of health services. In addition to these means, the Board will provide time for public presentations within the agenda of its open meetings. While the Board seeks public consultation on health issues for communities, individuals with very specific concerns may be encouraged to contact Northern Health managers directly in the interest of a timely response.

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The Board will schedule opportunities for the public to make presentations to the Board at each meeting. Time for these presentations will be scheduled at the will of the Board before, after or during the Board's regular meeting.

Requests to Address the Board

Persons or groups wishing to make presentations to the Board must submit their request in writing to the Executive Assistant to the CEO & Board of Directors via a "Request to Address the Board" form indicating the name of the presenter, the group/delegation they represent, the topic, and a brief summary of the presentation.

Instructions shall be posted on the Northern Health website.

The request and all supporting material must be received at least ten (10) business days in advance of the date of the meeting.

Given the limited number of presentations that the Board is able to hear, individuals or groups who have made presentations to the Board on a similar or related subject within the past year will be given lower priority than individuals or groups who have not yet had the opportunity to present to the Board.

The Chair may decline to hear any presentation, but will report the request for the presentation to the Board at its next meeting.

The Chair may permit an individual or delegation to make a presentation where the individual or delegation has not complied with the requirements of this policy.

Public Presentation Procedures

The time allotted for each presentation is ten (10) minutes. The Chair may extend this time limit if the Board decides that an extension of time is necessary in order to permit the delegation to give a complete outline of its position.

The total time for all public presentations at a particular meeting will be limited to 45 minutes, including time for questions by the Board.

Presenters must be recognized by the Chair and must preface their presentation by an announcement of their name, address and group affiliation.

The Executive Assistant to the CEO & Board of Directors will advise all parties indicating an interest in making a presentation to the Board that presentations are heard in public meetings and that media, including TV cameras may be present.

The Chair will advise presenters that the Board is there to listen rather than to debate issues.

Questioning will be limited to Directors initially and should be restricted to obtaining clarification of the presentation. After Directors' questions have been dealt with, members of the Northern Health Executive are welcome to ask further clarification questions.

In those instances where errors of fact are presented it may be appropriate for these to be courteously corrected by the Board for the benefit of everyone in attendance.

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When presenters voice severe personal problems, it is appropriate for the Chair and CEO to be empathetic. Although presenters may describe important deficiencies in the services provided by Northern Health or the conduct of its affairs, Directors will not respond beyond acknowledging the issue until they have had an opportunity to review background information from staff or review the results of any investigation of the concern raised.

The following considerations will guide the decision to grant a request to make a public presentation to the Northern Health Board:

1. The Board is the most appropriate audience for the topic and the presenter's intention is to address the Board rather than attempting to reach a broader audience with their issues through the Board public meeting.
2. Northern Health employees generally do not make presentations to the Board during the public presentations portion of the meeting unless requested to do so.
3. Physicians who wish to make a presentation to the Board will be asked to discuss their presentation topic with Medical Administration prior to requesting an opportunity to address the Board. If a discussion with Medical Administration has not occurred, the physician's presentation will not likely be approved to come forward as a public presentation to the Board. If a discussion has occurred, Medical Administration's advice will be sought regarding whether the presentation is appropriate for a public forum or if a different arrangement needs to be made.

The Board Chair has the authority to terminate the presentation of an individual or group that does not adhere to the rules established.

The Board recognizes the great interest and commitment of many citizens to health and health services and recognizes that many different perspectives exist.

The Board Chair has the authority to maintain reasonable decorum at all meetings to enable differing views to be expressed and has the authority to request any individual who chooses not to observe reasonable decorum to leave the meeting.

As follow up to any presentations made to the Board:

1. The Board will review the presentations received, and will identify the key issues requiring further follow up by staff.
2. Staff will review the issues identified and provide the Board with the necessary background information.
3. If and when the Board deems it necessary, a full written response will be provided after the Board has obtained further information from staff.
4. Where a proper review of a situation by Staff will take more than two (2) weeks, a letter will be sent thanking the presenter and advising that further information is being sought before responding.
5. A copy of the responses sent to the presenters will be included in the subsequent Board meeting information package.

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Regional Hospital District Engagement

The Board will provide an opportunity to meet separately with each Regional Hospital District Board on an annual basis. This meeting will normally be arranged when a Board meeting is held within or near the geographic jurisdiction of that Regional Hospital District.

The purpose of this meeting is to offer Regional Hospital Districts an opportunity to directly discuss health issues with the Board.

Meetings with a Regional Hospital District Board will normally be one hour in length. Format and duration may be changed at the discretion of the Chair.

Northern Health will ask an invited Regional Hospital District to provide topics of discussion in advance of a meeting. This will provide the Board and staff an opportunity to prepare background material to inform discussions.

The Board's meeting with Regional Hospital Districts will be ~~considered~~ closed to media and the public.

Community Round Table Session

The Board may invite community representatives to a round-table session, particularly when Board meetings are conducted outside of Prince George.

This meeting may:

1. Offer community partners an update on Northern Health services and initiatives in a given community and Health Service Delivery Area; and
2. Provide an opportunity for partners to ask questions with reference to local health issues.

Community partners may include Members of the Legislative Assembly of British Columbia, local government and Regional Hospital District representatives, local First Nations representatives, local health advocates, Chambers of Commerce, and other representatives as the Board deems appropriate.

Round table sessions will generally consist of a presentation by Northern Health followed by group table discussions focusing on topics relevant to the Health Service Delivery Area where the Board meeting is taking place. The table discussions may be facilitated by a senior executive member and may include at least one Board member at each table. This discussion will provide participants an opportunity to provide input and feedback to Northern Health.

The community round table session will be approximately 90 minutes in length and light refreshments will be provided to attendees. Format and duration may be changed at the discretion of the Chair.

The Board's community round table will be an invitation-only session. It will be ~~considered~~ closed to media. It is expected that participants will attend the session in the capacity in which they were invited rather than in other roles they may hold within the community.

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Media Availability

As a significant employer and service provider in northern British Columbia, Northern Health's Board meetings are of particular interest to media outlets.

The Board Chair and CEO will provide reporters attending Board meetings with media availability through a press conference at a scheduled time during the day of the open Board meeting. This media availability will usually occur after the public presentations portion of the meeting and will provide reporters with an opportunity to receive updates from the Board and ask relevant questions. If facilities permit, the press conference will also include teleconferencing availability for out of town media.

The Communications Department will develop a news release following regular Board meetings with the approval of the Board Chair. As per the direction of the Board Chair, the Communications Department will also assist in arranging contact with regional media unable to attend a regular Board meeting following the meeting.

SCHEDULE A: Distance Access to Northern Health Board Meetings

Northern Health is committed to providing region-wide public access to the Open and Public Presentation sessions of Board meetings.

The provision of distance access to Board meetings will be subject to limitations based on budget and technology infrastructure available in the Northern Health region.

Northern Health and the citizens of the Northern Health region will share in the responsibility of setting up this access efficiently and effectively. Access will be set up on an as-requested basis only.

Telecommunications Access to Northern Health Board Meetings

Using telecommunications technology, Northern Health will provide region-wide public access to the Open Board and Public Presentation sessions of Northern Health Board meetings if and as able depending on availability of the required technology.

a. This access will be provided in response to requests from the public for access.
b. The maximum number of sites that will be connected at any one Board meeting will be a total of three, by video-conference, telephone conference, or a combination of both. This number may be modified at the discretion of the Chair of the Board.
c. Northern Health will inform key stakeholders region-wide of the opportunity to attend the Open and Public Presentation sessions.
d. Northern Health will consider use of third-party video-conferencing capabilities if required but will not be responsible for addressing any compatibility issues impeding the use of third party equipment.

The Board Chair or designate will have the discretion to decide on the applicability of telecommunications access requests.

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All by-laws, regulations, and standards of decorum for the Northern Health Board meetings will apply to remote locations linked by telecommunications equipment.

Procedure for Telecommunications Connection

Members of the public who are unable to attend a Northern Health Open Board and/or Public Presentation Session but would like to participate via telecommunications technology may request a link that is most appropriate to their location. Requests for telecommunication links must be forwarded to the Executive Assistant to the CEO & Board of Directors not less than fourteen (14) days prior to the meeting date.

a. Placing a request for a presentation via telecommunications link does not guarantee placement on the Public Presentation Session agenda.
b. Presenters will be informed of their position on the agenda as well as the logistics of their telecommunications link no later than five (5) days in advance of the Board meeting.

In the event of technical issues disrupting a telecommunications link, Northern Health will attempt to correct the problem immediately. If a solution cannot be identified, and the telecommunications glitch interrupts the delivery of a presentation, Northern Health will offer a suitable time for the presentation to be delivered at a future Board meeting.

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EXECUTIVE LIMITATIONS BRD 230

Purpose and Scope

1. This policy enables the Board of Directors of Northern Health (the "Board") to:
   a. Delegate signing authority to the President and Chief Executive Officer (the "CEO") for the approval of financial transactions within Board approved criteria
   b. Require internal controls to provide assurance that financial transactions are in compliance with Board approved policies and procedures

2. This policy applies to the financial signing authority of the Board and CEO of Northern Health ("NH")

3. This Policy should be read in conjunction with the Terms of Reference for the President and Chief Executive Officer (BRD 130)

Policy Statements and Principles

1. The Board has the general and overriding power to enter into all financial transactions that are binding for NH

2. The CEO shall not knowingly cause or allow any organizational practice to occur, which violates legislation, commonly accepted business standards, or professional ethics, and shall only consider formal business relationships[1] that are in the best interest of NH as an independent organization

~~2.~~3. The Board has access to the Northern Health business account with the Canada Revenue Agency. This access is limited to the Board Chair and the Deputy Chair, in alignment with their role authority assigned in the Northern Health banking policy.

~~3.~~4. The restrictions to spending authority for the CEO and other personnel who have been delegated authority and responsibility are outlined in Appendix 1

~~4.~~5. The Board may authorize the CEO to approve financial commitments or obligations that are not normally within the authority of the CEO

~~5.~~6. The intentional unbundling of items to reduce the spending threshold is not permitted

~~6.~~7. Financial transactions spread over more than one year shall be valued based on the total contractual commitment for the duration of the contract or commitment

[1] Such as a Service Level Agreement or Memorandum of Understanding or any other formal agreement that may indicate an expression of willingness and intent to cooperate for mutually beneficial purposes.

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~~7.~~8. Prior to approval, the CEO shall bring to the attention of the Board any financial transactions within the CEO's authority, regardless of value, that have a high risk factor, involve any controversial matter, or that may bring the activities of NH under public scrutiny

~~8.~~9. The Board authorizes the CEO to set travel expense reimbursement rates for excluded employee expenses, including but not limited to travel costs, per diem meal claims and mileage. Limitations should be set in consideration of Ministry of Finance Policy 10.0 Travel[2]. The Audit and Finance Committee is to be provided, as information, the NH Travel Expense Reimbursement policy at minimum annually or when a revision has been made.

~~9.~~10. The CEO is not authorized to approve financial transactions where the CEO has a conflict of interest or where there are reasonable grounds to believe that there may be or may be seen to be a potential conflict of interest. The CEO must not approve a transaction that might confer a personal benefit. This includes expenditures such as all expense reimbursement claims, conference fees, educational expenses, travel expenses, advances, membership fees, items that could be used personally, and items that are intended to be located within an individual's home.

~~10.~~11. The Chief Financial Officer (the "CFO"), or the CFO's delegate, is authorized to approve financial transactions related to regulatory payments, utilities and payroll deductions without limit

~~11.~~12. The CFO will maintain a listing of all financial transactions greater than $1 million and will report annually to the Audit and Finance Committee of the Board

Designations

The CEO may designate limits of spending authority to the CFO, Chief Operating Officers, Vice Presidents, and other senior management staff with specific areas of responsibility. A Signing Authority Policy[3] outlining any such designated spending authorities will be maintained.

[2] http://www.fin.gov.bc.ca/ocg/fmb/manuals/CPM/10_Travel.htm
[3] DST 4-4-2-030
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APPENDIX 1

Restrictions of Authority

The CEO and any other personnel to whom authority and responsibility has been delegated, are restricted as to signing authority for the following[4]:

1. Borrowing
   1.1. Subject to approval by the Minister of Health, the Board must authorize any borrowing of funds on behalf of NH

2. Real Property
   2.1. Subject to approval by the Ministry of Health, the Board must authorize any purchase of real property and/or the mortgage, sale, transfer or change to the use of real property owned or administered by NH

3. Capital Assets
   3.1. Capital assets identified in the Board approved Capital Plan may be purchased
   3.2. Where urgent, to maintain operational services, the CEO may authorize additional capital asset purchases up to a unit cost of $500,000.
      3.2.1. The CEO may consult with the Board Chair and if not available the Board Deputy Chair or Chair of the Audit and Finance Committee before proceeding with approval
      3.2.2. The CEO will report all such purchases, identify the source of funds, and provide the rationale for the purchases to the Audit & Finance Committee or the full Board at its next meeting, whichever comes first
   3.3. Where urgent, to maintain operational services, the Board Chair and Chair of the Audit and Finance Committee may authorize the CEO to approve additional capital asset purchases with a unit cost of $500,000 to $2 million. The CEO will report all such purchases to the full Board at its next meeting.
   3.4. Subject to approval by the Minister of Health, capital leases for equipment used directly in the provision of health services (e.g. CT scanner) will be authorized by the Board. Capital Leases for non-patient care (e.g. photocopiers) do not require Minister of Health approval, but must be included in the Board approved Capital Plan for purchase to occur.

[4] The terms of the *Health Authority Act* and the Health Authority Financial Management Policy Guidelines are considered part of this policy

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4. Operating Expenditures

4.1. Routine operating expenditures within the Board approved Operating Budget may be authorized by the CEO or as designated in the Signing Authority Policy (DST 4-4-2-030)

4.2. The CEO is authorized to sign financial transactions subject to:

4.2.1. The financial transaction not exceeding $10 million;
4.2.2. The financial transaction is within Board approved operating budget; and
4.2.3. Compliance with any other applicable policies, procedures or instructions issued by the Board

4.3 Financial transactions in excess of $1 million that are not within the Board approved operating budget must be approved by the Board

4.4 In exceptional circumstances, financial transactions between $1 million and $10 million that are not within the Board approved operating budget but require urgent approval must be:

4.4.1 Reviewed, prior to approval, by the CFO;
4.4.2 Approved by the CEO.
a) The CEO must consult with the Board Chair and if not available the Deputy Chair or Chair of the Audit and Finance Committee before proceeding with approval; or
b) In the absence of the CEO, approved jointly by the Acting CEO and the CFO. The Acting CEO and CFO must consult with the Board Chair and if not available the Board Deputy Chair or Chair of the Audit and Finance Committee before proceeding with approval.
4.4.3 And in both instances reported to the Audit & Finance Committee or the full Board at its next scheduled meeting, whichever comes first

4.5 Operating leases in excess of $250,000 annually must be authorized by the Board

4.6 Encumbrances on an individual Northern Health real property cumulatively in excess of $250,000 must be authorized by the Board

5 Compensation and Benefit Programs

5.1 The Board reserves the authority to approve:
5.1.1 The CEO's compensation
5.1.2 The annual compensation plan for non-contract staff and new benefits programs or material changes to existing programs for non-contract staff

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5.2 The CEO:

5.2.1 Shall provide to the Board for approval an annual compensation plan that ensures that compensation and benefits for non-contract staff are consistent with the Health Employees Association of BC ("HEABC") compensation plans

5.2.2 Shall provide to the Board an annual review to ensure compensation and benefits for non-contract staff are consistent with HEABC compensation plans for the skills employed

5.2.3 Shall not promise or imply lifelong employment to anyone

5.2.4 Shall not change his/her own compensation or benefits

6 Collective Agreements

6.1 Only the Board has the authority to ratify collective agreements.

7 Banking

7.1 The Board approves the appointment of the banking institution/s and the appointment of the signing officers for banking purposes[5]

8 External Auditor

8.1 The Board will appoint the external auditor

9 Non-Audit Services

9.1 The Board reserves the authority to approve all non-audit services to be undertaken by the external auditor (BRD 315)

10 Shared Services

10.1 The Board will authorize all shared services agreements

10.2 Agreements for shared services shall:

10.2.1 Work to balance the interests of NH with the interests of the overall health care system in British Columbia

10.2.2 Provide mutually beneficial opportunities to accomplish the goals set forth by each organization

10.2.3 Remain in effect until terminated in accordance with the terms of the agreement

10.3 The CEO shall put processes in place to ensure that:

10.3.1 The appropriate Memoranda of Understanding, Service Level Agreements and/or other documentation are in place that provide clarity regarding how business will be conducted between the shared services providers and NH

[5] See Banking Policy 4-4-6-040

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10.3.2 The agreements established with the shared services providers are in alignment with NH's mission, vision and values and Strategic Plan

10.3.3 The agreements established with the shared services providers are in compliance with NH's administrative and financial policies

10.3.4 The shared services providers understand how they will relate to NH's governance and management structure

10.3.5 Harmonious working relationships are maintained with shared services providers and effective problem solving and conflict resolution processes are in place to ensure continuity of operations

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FACILITY AND FUND NAMING POLICY BRD 240

POLICY

Northern Health may recognize outstanding and significant contributions to Northern Health, or Foundations and Auxiliaries affiliated with Northern Health, by naming or attaching the name of a person, company, society or other organization to a particular asset.

This policy establishes criteria for naming assets, an approval process, and the general terms and conditions surrounding naming opportunities. This policy must be used in accordance with the Government of British Columbia's Naming Privileges Policy (Appendix 2).

The naming of physical assets in recognition of financial or in-kind contributions must be submitted to the Intellectual Property Program by way of a Naming Opportunity Request Form (Appendix 3), regardless of the size of the asset.

DEFINITIONS

Approving Agent: person(s) within Northern Health with the delegated level of authority to approve a naming request recommendation (see the Approval by Asset section)

Significant Contribution: may include a gift from a donor (financial or in-kind), sponsorship, or a distinctive achievement in furthering the mission and goals of Northern Health.

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PROCEDURE

1. **Initial Request**
   a) The Asset Naming Nomination Form (Appendix 1) is completed, and submitted to the appropriate Health Service Delivery Area (HSDA) Chief Operating Officer (COO).
   b) The COO reviews and forwards the request to the Chief Financial Officer (CFO), who is the Office of Record, as soon as possible.
2. **Response to Request**
   a) The CFO consults with the President and Chief Executive Officer (CEO) to consider the appropriateness of the nomination.
      i. If not appropriate, the CFO, in consultation with the COO, will notify the applicant.
      ii. If appropriate, the CFO and CEO will designate a Naming Committee Chair and convene a Naming Committee.
3. **Naming Committee**
   a) The formation, membership, and duties of the Naming Committee will vary depending on the class of the asset in question. Refer to the Naming Committee Decision Matrix for direction.
   b) The Naming Committee will abide by the Terms of Reference and evaluation criteria set out in this policy.
   c) The Naming Committee forwards their recommendation to the appropriate Approving Agent, as defined in the Naming Committee Decision Matrix.
      i. Depending on the class of asset, additional approvals may be required. Refer to the Naming Committee Decision Matrix for direction.
4. **Communication**
   a) Publicity surrounding the naming of an asset, or the change or revocation of the naming of an asset will be handled by Northern Health's Communications Department in conjunction with provincial government, as necessary.

NAMING COMMITTEE – TERMS OF REFERENCE

1. **Standing members of the Naming Committee are:**
   - Vice President, Financial & Corporate Services/CFO
   - Vice President, Indigenous Health
   - COO of applicable HSDA in which asset resides
   - Regional Director, Capital Planning and Support Services
   - Regional Director, Business Development
   - ~~Chief Communications Officer/Regional Director, External Relations~~Vice President, Communications and Public Affairs
   -
   - Ad hoc members will be appointed to the Naming Committee as set out under the Approval by Asset Section of this policy.
   - Naming Committee Chair: Selected by committee members or appointed by CEO

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2. Duties and Obligations:

- Assess naming opportunities submitted to the Naming Committee abiding by the established evaluation criteria;
- Make recommendations with respect to pricing, term and any other material conditions that should be tied to the naming right, using the guidelines set out in this policy.
  - For proposals with no financial or in-kind consideration attached, the Naming Committee will determine whether the applicable asset has a high potential for donation and if the naming right to the asset should therefore be reserved for financial or in-kind donor recognition.
  - In this situation, the Naming Committee will recommend to the CEO that the proposal be declined and the CEO will respond accordingly.
- Ensure consultation takes place with the individuals (NH staff/physicians) most closely associated with the applicable asset. The Naming Committee may wish to include the site manager (or most senior level manager responsible for the applicable asset/program) in the evaluation/approval process.
- Notify the approving agent (as identified in the Approval by Asset Section) of any reason for deviating from the guidelines set out in this policy respecting pricing and/or term.
- Endeavour, to the extent reasonably practicable, to balance its responsibility to maintain transparent processes and provide full disclosure to the public, with its responsibility to maintain confidentiality regarding third party interests.
- Reach agreement, and recommend approval or denial of a naming right to the appropriate approving agent.

3. Evaluation Criteria (Applicable to all Naming Requests):

1. The naming of any asset must be compatible with NH's goals, mission, vision and values as articulated in NH's Strategic Plan.
2. No naming opportunity should be approved if it:
   a. May be inconsistent with Northern Health's legal obligations
   b. Is likely to result in an employee of a public sector body or an elected official receiving any benefit or personal gain
   c. Is likely to have a negative impact on the image or reputation of or damage public respect for NH or any of its affiliated Foundations and Auxiliaries.
   d. Conveys a message that might be deemed to be prejudicial to race, religion, gender, or sexual orientation, or cause offence to a community group.
   e. Is likely to be associated with an unhealthy lifestyle (e.g. alcohol or tobacco usage, obesity etc.)
   f. Implies endorsement of a partisan political, ideological or religious position. This includes use of the name of an elected official currently in office but does not preclude use of the name of an individual who has previously held public office.

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g. Implies endorsement of a specific commercial product. This does not preclude using the name of an individual or company that manufactures or distributes commercial products.

3. Naming associated with a particular facility or endowment will not preclude further naming within the facility, program or clinical area.
4. Naming opportunities supported by financial or in-kind gifts may be named after the donor or a third party at the request of the donor.
5. Except where the naming opportunity pertains to the recognition of distinguished service, donations must represent a significant portion of the cost of the facility or activity to be named and/or be critical for the completion of such facility or activity.
6. Where a naming request proposes to honour distinguished service of Board members, staff or physicians, it is recommended that at least three years has passed after the nominee has ended their service with Northern Health or an affiliated Foundation or Auxiliary.
7. Any revenue generated from a naming opportunity that is obtained through a capital campaign organized by a Foundation or Auxiliary affiliated with Northern Health or submitted to the Naming Committee by a Foundation or Auxiliary affiliated with Northern Health will be retained by such Foundation or Auxiliary and used in accordance with the donor's wishes. Final determination of any naming, however, remains with Northern Health. In all other cases, the Naming Committee will make a recommendation as to how revenue should be distributed (including, in the case of Northern Health, which department will receive all or any portion of the proceeds) provided that the donor's wishes will be honoured to the greatest extent possible.
8. When naming recognition has been extended for a gift received, it will be honoured in accordance with the agreement that is made with the donor. In the event of a change in circumstances that would preclude honouring of the donor's wishes, NH reserves the right to determine the form of name recognition in consultation with the donor, or donor's agent, when possible.
9. Where a naming request proposes to honour an individual, it is recommended that the Naming Committee obtain some form of documentation verifying that the person being honoured is in agreement with the proposal, or by a legal representative should the individual be deceased.
10. When the proposed naming of an entire facility would recognize an individual, the complete name of the individual will be used. The surname of the individual so honoured may be used in referring informally to the facility and may be used on a name plaque affixed to the facility.
11. For Class I naming requests, community consultation should be considered, including but not limited to: First Nations communities, local government and provincial political leaders, local support societies and advocacy groups

4. Additional Criteria for Distinguished Service Nominations (Without Financial Consideration)

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In addition to consideration of criteria set out in the Evaluation Criteria section, the Naming Committee shall use the following criteria to evaluate proposals in recognition of distinguished service:

1. A distinguished service nominee shall have made an extraordinary contribution in terms of a professional or public service nature over a considerable length of time. The contribution must be well documented and broadly acknowledged within the community in which the applicable asset resides. Specifically, the nominee will have achieved distinction in one or more of the following:
   a. While serving the organization in a professional capacity, the individual has demonstrated high professional distinction and/or has earned national or international recognition;
   b. While serving the organization in an important administrative capacity, the individual has rendered distinguished service which warrants recognition of the individual's exceptional contributions to the welfare of the organization; or
   c. The individual has contributed in truly exceptional ways to the welfare of the organization or community in which the applicable asset resides, or has achieved such distinction as to warrant recognition.
2. How the nominee's contribution relates to Northern Health's mission, vision, values and strategic plan.
3. How naming the asset in honour of the nominee will reflect the history, purpose and diversity of the organization.
4. Whether the contribution of the nominee is likely to be recognized two or three decades into the future.
5. The relationship of the applicable asset to the nominee.

5. Internal Naming Requests

1. Northern Health may wish to name its own assets, by way of an executive choice, or a request from a staff member or physician.
2. All applicable evaluation criteria in sections 3 and 4 should be considered in the naming process.
3. Where the naming request is a tribute to a geographical feature of the region (e.g. a river or lake), the Office of Record will be consulted and will maintain a listing of named assets to minimize duplication in naming across multiple facilities.

6. Process to Revoke or Change a Naming Right

A naming right may be revoked or changed at any time by the applicable approving agent upon recommendation of the Naming Committee. Any recommendation put forward by the Naming Committee must provide the applicable approving agent with the following information:

a. Description of the naming right involved, including the value of the naming right and the name of the donor.

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b. Reasons for recommending the revocation of the naming right.
c. Names of those members of the Naming Committee who do not support revocation of the naming right and reasons for dissent.
d. Financial impact, if any.

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NAMING COMMITTEE DECISION MATRIX						
Asset	**Class I**	**Class II**	**Class III**	**Class IV**	**Class V**	**Class VI**
Classification	External Facility (e.g. building, road, park)	Internal Facility (e.g. floor, wing, laboratory)	Program (e.g. clinical unit, health/wellness program, room, lounge)	Equipment	Research/Academic Position	Tribute Marker (e.g. plaque, medallion, other marker usually associated with feature such as tree, bench or small monument)
Ad Hoc Members (additional to standing members)	• Health Services Administrator (HSA) for the community where the applicable external facility resides • Senior representative from the Foundation representing the community where the applicable external facility resides		• If applicable, the manager responsible for the program itself or for the clinical area managing the program • If the program is site-specific, the HSA for the site and a senior representative of the	• HSA for the site where the equipment will be used • If applicable, the manager responsible for the clinical area utilizing the equipment, and • A senior representative of the Foundation	N/A	N/A

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NAMING COMMITTEE DECISION MATRIX						
Asset	**Class I**	**Class II**	**Class III**	**Class IV**	**Class V**	**Class VI**
			Foundation connected to the site	for the site where the equipment will be used		
Pricing	The Naming Committee will assess the value of a naming right in accordance with current capital and operating costs of the applicable asset, and/or other factors pertinent to the asset.					
Term	A defined period of time (normally not to exceed 35 years) or the life of the structure, whichever occurs first	A defined period of time (normally not to exceed 20 years) or the earlier of the life of the internal facility or the life of the building housing the internal facility, whichever occurs first	A defined period of time (normally not to exceed 10 years) or commensurate with funding support for the room, lounge or the length of the program, whichever occurs first	The length of the equipment's useful life	A period of time commensurate with funding support	Negotiable
Approving Agent	Northern Health Board, upon recommendation of the CEO and GMR Committee The CEO will consult with, and receive the recommendation of, the		CEO, upon recommendation of the Naming Committee	COO responsible for the site(s) or clinical area(s) where the equipment will be used, upon	The Naming Committee will delegate the naming of a tribute marker to the appropriate Chief Operating Officer	

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 15, 2021 (r)

NAMING COMMITTEE DECISION MATRIX						
Asset	**Class I**	**Class II**	**Class III**	**Class IV**	**Class V**	**Class VI**
	Naming Committee prior to submitting a final recommendation to the GMR Committee and the Board. Before submitting a name for approval to the Board, preliminary discussions should be held with the provincial government to ensure there will be no government barrier to approval.			recommendation of the Naming Committee		
Additional Provincial Government Approval	Where the proposed naming of an entire facility, or significant portion thereof, is to receive Board approval, additional consultation with the provincial government is required to ensure compliance with government policy. Refer to "Government of British Columbia Naming Privileges Policy" (Appendix 2.) In some cases, further approval from Cabinet may be required. Prior to submitting recommendation for GMR and Board approval: For naming opportunities for all classes of asset that are accompanied by a financial or in-kind contribution,					

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 15, 2021 (r)

NAMING COMMITTEE DECISION MATRIX						
Asset	**Class I**	**Class II**	**Class III**	**Class IV**	**Class V**	**Class VI**
	complete the "Naming Request Form" appended to the Government of British Columbia Naming Privileges Policy and submit to the applicable government Ministry. An additional step is required for Class I (entire facility) assets. Upon confirmation that the responsible government Ministry requires no further approval, further application must be made as follows: Hospital: This type of facility is designated under the *Hospital Act* by way of a Ministerial Order. Any change to an existing facility name requires the Ministry of Health to rescind the original designation and re-designate the facility with the new name. Residential Care Facility: This type of facility falls under the *Community Care & Assisted Living Act*. The facility is licensed by the Health Authority (therefore a Ministerial Order is not issued by government); the name of the facility is designated					

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 15, 2021 (r)

NAMING COMMITTEE DECISION MATRIX						
Asset	**Class I**	**Class II**	**Class III**	**Class IV**	**Class V**	**Class VI**
	by way of the Health Authority's licensing process. As a courtesy, the Ministry of Health should be consulted during the naming process, prior to the facility being licensed. Upon consultation with the appropriate provincial government bodies, proceed with GMR recommendation/Board approval process.					

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 15, 2021 (r)

APPENDIX 1

ASSET NAMING NOMINATION FORM

**Format: Electronic fillable form linked above & Regular form attached next page*

APPENDIX 2

Government of British Columbia "Naming Privileges Policy"

APPENDIX 3

Government of British Columbia "Naming Request Form"

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 15, 2021 (r)

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Asset Naming Nomination Form

Name of donor or sponsoring entity	Contact information

Proposed asset to be named	Proposed name	Proposed term of naming right

For proposed name honouring an individual (if applicable)

Full name	Date of birth	Date of death (if applicable)	Occupation (or former occupation)	Length of service to Northern Health

Consideration for naming opportunity (if applicable)

☐ Financial	☐ In-kind (describe)	☐ Distinguished service (no financial or in-kind gift)	☐ Other (describe)

For nomination honouring distinguished service:
Have at least 3 years elapsed since the individual last worked with Northern Health? ☐ Yes ☐ No

Association of proposed name to the asset being named

Association with and main contribution(s) to Northern Health and/or local community

Background and/or biographical information demonstrating significance of proposed name to the community

***Optional:* Other reason(s) for proposed name** (to reasonably assist the committee's deliberations)

Source(s) of above information

Completed nomination form is to be submitted to Northern Health's COO responsible for community in which the application asset resides.

10-300-7052 (LC - Appr. - 06/16)

Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 15, 2021 (r)

CORPORATE CONDUCT v1 **BRD 260**

Introduction

The Board of Directors of Northern Health (the "Board") is committed to exemplary standards of corporate conduct, which will inform and guide organizational behaviour and standards of practice. It holds that only by a consistent focus on this goal, and through consistent modelling of expected behaviour by the Board and management, can the organization earn and maintain the trust of those whom it serves.

The Board is obliged to ensure that Northern Health establishes and maintains standards of conduct that all personnel are expected to follow, approved by the Public Sector Employers' Council~~, in order to address taxpayer accountability principles~~.

Commented [UC[1]]: This is outdated language.

To this end the Board must establish clear policy objectives for its own conduct, and must also ensure that management, through the President and Chief Executive Officer (the "CEO"), develops, implements and enforces practical, well defined policy for the organization as a whole so that individuals may have clear direction in the discharge of their individual roles and understand their own personal obligation to report known or suspected violations.

Policy Scope

Management shall ensure policies are developed for standards of conduct and other corporate issues[1] as deemed prudent and reasonable:

- Ethical b~~B~~ehaviour
- Confidentiality
- Conflict of interest
- Respect in the workplace
- Theft, fraud, corruption, and non-compliance
- Whistleblower or safe reporting

Compliance

The Board expects that management will:

1. Ensure that specific standards are established and clearly communicated to all staff members, and that any updates are communicated to those affected on a timely basis.

[1] Not an exhaustive list but representative of the areas for which policy shall be created and promulgated.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 15, 2021 (r)

2. Inform all staff members as to where they can obtain information needed to interpret these standards in relation to their individual circumstances.

3. Make it clear that compliance with the approved standards is considered to be a condition of continued association with Northern Health.

4. Maintain established internal and management controls designed to prevent or detect failures to apply corporate standards.

5. Ensure that reports of non-compliance are regarded, except as otherwise dictated by legislation, as confidential and that no penalties are imposed on those reporting alleged violations in good faith.

6. Lead by example and consistently exhibit high standards of personal conduct in dealing with staff and others with whom they may be in contact in the discharge of their duties.

7. Deal with known and proven breaches in an appropriate manner including discipline up to and including discharge where justified.

8. Provide regular reporting regarding the application of this policy to the Governance and Management Relations Committee in accordance with the Committee's work plan.

These guidelines are not intended to abridge statutory rights, rights conferred by a collective agreement, or the obligations arising from a professional designation. The purpose is solely to promote an enterprise-wide commitment to standards of personal conduct that earns Northern Health a reputation for integrity.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 15, 2021 (r)

HEMBC/Northern Health Emergency Management 2021 in review

Date:	April 20, 2022	
Topic	HEMBC, North 2021 In Review	
Purpose:	☒ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☐ **Decision**
Prepared for:	Northern Health Board Governance and Management Relations Committee & Northern Health Board of Directors	
Prepared by:	Mary Charters – Director, HEMBC, North	
Reviewed by:	Steve Raper, VP Communications and Public Affairs	

Topic:

This report will summarize Health Emergency Management BC, North's (HEMBC) activities in emergency preparedness and response for Northern Health (NH) during 2021 within the context of the COVID-19 global pandemic and additional seasonal disaster response and emergencies that impacted NH operations and healthcare services.

Northern Health 2020 - 2023 Strategic Plan:

Priority 1: Healthy People in Healthy Communities - Northern Health will partner with communities to support people to live well and to prevent disease and injury

Priority 3: Quality - Northern Health will improve continuously

Priority 4: Our People - Northern Health will provide a positive, dynamic environment where staff and physicians make a difference for the people we serve

Background:

HEMBC fundamentally holds the responsibility of supporting Northern Health in all aspects of emergency preparedness and management in preparation for emergencies of any type and magnitude that may impact service delivery.

Services range from "information only" to a full-extended response as has been required during the course of the global COVID-19 pandemic. The HEMBC team supports NH's leadership by offering response support and acts as a liaison for a multitude of external partners. Through a 24/7 on-call service, HEMBC is the initial contact for external partners and emergent event notification for all 3 HSDAs in NH. HEMBC assists external partners to navigate the complex healthcare system to support interoperability and collaboration at all levels of emergency management.

HEMBC provides these supports and services through several mechanisms and strategies that include (please see the Addendum for full descriptions of each strategy):

- Risk Assessment and Mitigation
- Engagement and Leadership
- Planning
- Education and Training
- Exercises
- Response

HEMBC's Service Activity Review*:*

- Exclusive to Northern Health, HEMBC held a critical role in all levels of COVID-19 vaccine campaigns from designated responsibility for ordering and training safe-handling techniques for NH staff.
- HEMBC was embedded in NH pandemic response actions at all levels from frontline to Executive and brought forth many creative and innovative strategies that stretched previous designated scopes of work. Below is a breakdown of the many strategies and initiatives that HEMBC was the holder of providing to NH, specifically related to the pandemic.
- In conjunction with the pandemic, our province experienced an unprecedented and record-breaking year in weather and infrastructure impacts as a result. The summer of 2021 brought the Heat Dome with high temperatures not seen since the early 1900s that brought on a subsequent fire season with aggressive wildfires engulfing much of the province and decimating an entire town and impacting several urban areas. HEMBC, North supported our provincial partners in liaising between health authorities and collaborated in receiving 8 Long Term Care patients from Interior Health.
- Team Coordinators were deployed to BC Wildfire Service HQ in Kamloops as a Situational Awareness Liaison and another to Summerland and Surrey to activate Deployable Alternate Care Sites.
- During the staffing overcapacity crisis mid-2021, HEMBC supported the Patient Transfer and Flow Office in repatriation process for all critical care patients transferred out of health authority.

2020/2021 Emergency Response Support		
#	Type of Response	Description of Response
34	Situation Awareness	Situational alerts & information sharing
69	Situation Awareness & Monitoring	Situational alerts / monitoring and updates provided during an emergent event.
32	Response Support & Monitoring	Support provided on the structure of NH's Emergency Operation Center (EOC) and ongoing situational awareness for the duration of the event.
11	Full Response Support	Support & participation in the design, modification and ongoing response functionality, liaison with internal/ external partners and ongoing situational awareness.
3	Extended Full Response Support	Support & participation in the design, modification and ongoing response functionality, liaison with internal/ external partners and ongoing situational awareness.

Processes:

- In early 2020 with rising concerns for rural, remote and Indigenous communities in response to COVID-19, HEMBC was heavily involved in the creation of the innovative works of the Rural, Remote and First Nations COVID-19 Response Framework. Subsequent to the published document, HEMBC continued as the holders of implementation of several new processes developed therein in order to meet the needs of bridging equitable healthcare access for rural, remote and Indigenous communities in northern BC.
- HEMBC and NH activated the "Isolation Response Team" comprised of seconded HEMBC team members and Northern Health employees of varying clinical and non-clinical backgrounds who collaboratively supported 180+ individuals unable to safely isolate with wraparound supports including; meals, accommodation, cultural supports and any specific medical requirements while isolating.
- Collaborated with First Nations Health Authority, Northern Health Medical Health Officers and Population and Public Health in order to establish a process of collaboration and partnered approaches for community clusters via "Cluster Coordination Calls."
- Northern Health experienced increasing community tensions and acts of violence impacting health care facilities and staff throughout the course of the pandemic, whether as a result of COVID-19 or not. Most notable, the first pediatric clinic held at the House of Ancestors in Prince George on December 6, 2021 brought protestors in droves and shift patterns breaching protest regulations and safe designation areas impeding access and intimidating children and guardians. This protest initiated a full in-person response from HEMBC in collaboration with the RCMP and on-site staff and security to diffuse and mitigate and garnered local and provincial media attention. Subsequent actions and processes included extending identified safety measures for all immunization sites in the north.

Pandemic-Specific Training:

- Creation of E-learning on LearningHub applicable for Northern Health and First Nations Health Authority on isolation support pathways
- Tabletop exercises conducted focused on COVID surges for Acute Care Sites
- 14 x Tabletop exercises facilitated by HEMBC held with Northern Health, First Nations Health Authority, Indigenous community leaders and Bands on COVID-19 escalation processes and isolation support pathways
- COVID-19 Outbreak Management Planning Tabletop held with fish processing facilities in collaboration with Environmental Health Officers and industry partners
- After Action Review for Long-Term Care outbreaks in the first wave of the pandemic
- Safety Planning sessions held with acute care Operations staff in preparation for the Mandatory Visitor Vaccination Policy implementation in October 2021

Deployable Provincial Assets:

HEMBC facilitated the deployment and activation of Temporary Morgues from the Provincial Operations Team asset pool to the following sites:

- 2 to UHNBC in Prince George in 2020,
- 1 to Mills Memorial Hospital in Terrace in November 2021
- 1 more to UHNBC in Prince George in December 2021
- 1 to Fort St. John Hospital in March 2022

Vaccine:

- HEMBC Coordinator secondment to the NH regional Covid-19 vaccination campaign
- Helped develop vaccine logistical framework (Three Hub system)
- Responsible for training all NH staff handling and cold chain requirements for vaccine
- Lead NE pharmacy pilot vaccine campaign
- Liaison between BC Centre for Disease Control
- Supported FNHA vaccine campaign as emergency cold chain contact
- Lead NH contact for BC Pharmacy Association booster program
- Developed transportation documentation process
- Coordinator for logistical movement of vaccine from HA to HA
- Responsible for ordering all COVID vaccine into NH

HEMBC's Training Statistics:

Training and Support provided to **755** Northern Health staff by HEMBC for the 2020/21 fiscal year. Included in this training and support are:

- 34 Facility Emergency Completions
- 15 5-Minute Drills conducted across the Northern Health Authority
- 14 Tabletop Exercises

- 6 After Action Reviews (AAR) and subsequent reports to capture lessons-learned from significant incidents affecting health services. This includes the NH 2021 Heat Dome AAR with the information and lessons-learned provided to the provincial review of this significant heat event in BC.

Provincial Collaborative Efforts:

- Provincial Code Silver Working Group - The learnings from NH's Active Threat Personal Preparedness Workshop pilot project and ongoing educational efforts led to the creation of the provincial working group to develop standardized response guidelines for BC health authorities. HEMBC, North remains as the designated lead for the working group.
- Inter/Intra Health Authority Evacuation Working Group – representatives from each health authority to collectively review healthcare wildfire evacuations to develop standardized evacuation resources and guidelines.
- Provincial Mortuary Working Group – HEMBC maintains membership in weekly monitoring and reporting of mortuary capacity to identify needs and solutions.

HEMBC's Service Delivery - Operational Strategies for 2022:

- HEMBC, North launching the new *HEMBC Indigenous Liaison* 2-year term position as a direct connection and enhanced communication pathway between northern Indigenous communities and Indigenous organization partners in accessibility to training and collaborative initiatives with HEMBC and Northern Health.
- Emergency Code Accountability and Responsibility Working Group implemented to develop detailed frameworks that identify designations and shared responsibilities in relation to Hospital Emergency Code development, training implementation and evaluation with adherence to Accreditation Canada Standards and internal Northern Health driven standards.
- HEMBC, North is working with provincial counterparts in establishing a Service Level Exercise Cycle based on Accreditation Standards Canada, best-practice and legislation requirements further premised in the work from the Emergency Code Accountability and Responsibility Working Group
- HEMBC, North is leading the provincial initiative and Ministry of Health sanctioned new hospital code – *Code Silver (active Threat)* to be a recognized and applied emergency code for all healthcare facilities in British Columbia. Included in this work is the development of an online training module to the new code and a facilitator package to support health authorities who choose to adopt in-person training in the rollout.
- HEMBC, North continues to regularly liaise and collaborate with the Ministry of Health and the Emergency Management Unit on seasonal readiness actions at the provincial level to implement within the context of the northern region in relation to extreme heat and weather notifications and alert processes and readily available messaging and resources for healthcare staff and northern communities.

- Extensive consultations and planning currently underway in the development of a project plan for a full-scale mass casualty incident exercise to be held at Mills Memorial Hospital in Terrace projected for Spring of 2023

Addendum

Health Authority Service Delivery Mechanisms and Strategies Summary:

- **Risk Assessment and Mitigation** - Hazard, Risk, and Vulnerability Assessments (HRVAs) and Business Impact Assessments (BIAs) gather information that supports decisions about mitigation and prevention activities and the development of emergency management and business continuity plans.

- **Engagement and Leadership** – engagement with NH at all service levels including Acute Care, Health Centers and Community Programs, Corporate programs, Clinical / Non-Clinical Support Services in order to provide planning support and consultation, delivering training, and exercises, and supporting response.

- **Planning** - Includes all aspects of emergency planning, including general / all hazards emergency plans, as well as code procedures, business continuity plans, response structures (e.g. Emergency Operations Centres (EOCs), Incident Command Posts (ICPs), etc.), and hazard specific plans.

- **Education and Training** - providing general staff education on emergency management basics and personal preparedness, as well as training on a variety of topics, including colour codes response procedures, the Incident Command System, and response structures (e.g. Emergency Operations Centres (EOCs), Incident Command Posts (ICPs), etc.).

- **Exercises** - This includes all ways that HEMBC validates / test HEM plans and procedures. HEMBC will have tools and training available to support facilities and programs running their own exercises. HEMBC will provide expertise, consulting, and planning support as per a HA, facility, or program's HEM workplan. HEMBC will establish processes for recording the outcomes from exercises and ensuring lessons learned get factored into plans, training, and future exercises.

- **Response** - Response describes the way that HEMBC supports the response to emergency incidents. In general terms, the impacted facility or service / program must be prepared to respond to an incident. HEMBC will provide response management advice and support to the impacted facilities or programs, which may take a variety of forms. In some situations, HEMBC staff may directly support the response and attend an EOC in person or by phone (depending on what has been activated), and may also support the liaison function to external agencies (e.g. local governments, Emergency Management British Columbia), and support the flow of information to the Ministry of Health.

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BRIEFING NOTE

Date:	**May 6, 2022**	
Topic	**Status of Annual Report**	
Purpose:	☒ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☒ **Decision**
Prepared for:	**Governance & Management Relations Committee & Northern Health Board of Directors**	
Prepared by:	**Mike Erickson, Regional Manager, Corporate & Program Communications**	
Reviewed by:	**Steve Raper, Chief, Communications and External Relations**	

Topic:
Update on 2020-2021 Annual Report and proposal for a two-year report for 2020-2022.

Background:
Since 2017-2018, Northern Health has produced an electronic version of the annual report (no printed highlights document) at the end of each fiscal year

As a result of COVID-19 work and staff reassignments in 2021 – particularly related to immunization and in response to variants – an annual report was not produced for 2020-2021.

There are two options.

1. We can produce a two-year annual report that reflects the unique period of the Pandemic – it will look different in that it would need to cover two years, but also reflective of the unique environment we were in and would have more content related to recognizing our staff and medical practitioners.

2. We can produce a 1-year report for this year with a notice that a report was not completed last year due to the Pandemic.

Recommendation:

Option 1 – recognize the unique period we were in over the last two years and build it around acknowledging our staff and medical practitioners.

Next steps include:

1. Create CEO introduction with Cathy Ulrich.
2. Connect the report to the timeline presentation to tell the story
3. Reach out to the following for content:
    - Mark De Croos: Financials
    - Various stakeholders related to pandemic response
    - Mike Hoefer and Mark Hendricks: Capital Projects
    - Fiona MacPherson: Connections bus service
4. Capture regional stories to weave throughout the document – with photos where possible
5. Source a cover photo
6. Gain approval from Government Communications and Public Engagement (GCPE)
7. Post on www.northernhealth.ca and to social media

Motion: The Northern Health Board of Directors approves the proposal of the creation of a two-year report for 2020-2022 and directs Management to move forward with next steps as outlined.

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BRIEFING NOTE

Date:	**May 18, 2022**	
Topic	**Energy and Environmental Sustainability (E&ES) Portfolio**	
Purpose:	☒ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☐ **Decision**
Prepared for:	**GMR Committee & NH Board of Directors**	
Prepared by:	**Rose St Pierre, Manager, Energy & Environmental Sustainability** **Jesse Gadzinowski, Energy Specialist** **Ken Van Aalst, Director, Facilities Maintenance, Engineering and Environmental Sustainability**	
Reviewed by:	**Mike Hoefer, Regional Director Capital Planning and Support Services**	

Issue:

Annually, the Board's Governance and Management Relations (GMR) Committee receives Northern Health's (NH) Energy and Environmental Sustainability (E&ES) Portfolio Briefing Note for information.

2020-2023 Strategic Plan

The activities under the E&E) Portfolio are aligned with NH's strategic priorities:

- *Communications, Technology, and Infrastructure.*
  NH's efforts related to carbon neutrality are part of building, maintaining, and managing facilities and infrastructure in support of service delivery.
- *Healthy People in Health Communities*
  Reducing our greenhouse gas emissions and managing our resources contributes to healthy communities and environments.

Background:

NH's energy initiatives, described more fully in the Strategic Energy Management Plan (SEMP), encompass a series of actions designed to produce long term, sustainable reductions in our overall energy consumption, primarily natural gas, electricity, propane, and water. These efforts

are led by the E&ES team with the support of Facilities Maintenance, Capital Planning & Support Services.

NH's work towards E&ES align with the Climate Change Accountability Act which includes legislated targets for reducing greenhouse gases, a climate change accountability framework, and requirements for the provincial public sector.

The following provides highlights of the 2021/22 fiscal year (F2022) and plans for the 2022/23 fiscal year (F2023).

Demand Considerations

In F2022, NH experienced the following new demand pressures:

Natural gas price increases: Compared to end of year 2020, natural gas costs as of April 1, 2022 have risen on average 37% and as much as 47% in some territories.

Heat dome: NH's cooling demand and capacity were tested to their limits during the 2021 heat dome. Events such as these increase electrical demand to run cooling and ventilation equipment.

Southern BC flooding: Although not a direct energy impactor, the logistics effects from the flooding impacted all capital energy projects.

Energy Efficiency, Energy Reduction, and the Effect on Carbon Costs

Carbon offsets reporting: NH continues to be carbon neutral through the purchase of carbon offsets as per provincial legislation. The price is $25/tonne of CO_2 equivalents (tCO_2e), which for natural gas works out to $1.28/GJ. All government entities are required to self-certify the data submitted through a declaration by a Designated Representative.

For the 2021 calendar year, NH will purchase 21,956 tonnes of carbon offsets at a cost of $548,900 (plus GST); about an 11% decrease from 2020. Contributions to this reduction include weather, increased capital investment in carbon reduction projects, and changes to BC's electricity emission factor.

Carbon tax: BC's F2023 carbon tax rate is $50/$tCO_2e$, which for natural gas works out to $2.56/GJ. The carbon tax is collected by the utilities on behalf of the Province on each invoice. The carbon tax rate is expected to increase in F2024 to $65/$tCO_2e$ on April 1, 2023 ($3.33/GJ on natural gas). The F2023 combined cost of carbon (tax plus offsets) on natural gas is $3.84/GJ, or $75/$tCO_2e$.

Climate Change Accountability Report (CCAR): As in previous years, NH will submit a report to the Climate Action Secretariat on our actions toward reducing our carbon footprint. This report highlights work identified in this Briefing Note. The report is signed by NH CEO and is posted on the BC Government website along with reports from other PSOs.

Carbon Neutral Capital Program (CNCP) and other HVAC upgrade impacts on emissions: The CNCP program provides capital funds to help implement projects to reduce our carbon footprint. NH's F2022 CNCP allocation was $1.96 million. The F2022 projects were complimented with a 40% funding contribution from the Regional Hospital Districts. Below is a summary of the F2022 and F2023 CNCP projects.

Table 1. F2022 CNCP Projects

Site	Project	Budget	Carbon Savings (tCO_2e/yr)	% Site Carbon Reduction
Fort Nelson General Hospital	Boiler upgrade and heat recovery	$743,598	109	29%
Chetwynd General Hospital	Boiler upgrade	$573,140	19	10%
Dunrovin Park Lodge	Boiler upgrade	$631,948	30	10%
Houston D&T Centre	Air handler upgrade	$866,715	34	36%
Prince Rupert Regional Hospital	Domestic hot water upgrade	$478,998	16	2%
	F2022 Total	**$3,294,399**	**208**	**1%***

*reduction of total NH emissions compared to 2019 reported emissions

Table 2. F2023 CNCP Projects

Site	Project	Budget	Carbon Savings (tCO_2e/yr)	% Site Carbon Reduction
UHNBC	Domestic hot water decoupling	$906,228	106	2%
Lakes District Hospital – Nurses Residence	Zoning controls and domestic hot water decoupling	$111,098	8	37%
Terraceview Lodge	Boiler and controls upgrades	$368,577	79	19%
Prince Rupert Regional Hospital	Boiler upgrade and heat pump	$794,402	112	12%
Stewart Health Centre	Boiler upgrade	$850,030	71	25%
	F2023 Total	**$3,030,335**	**376**	**1.5%***

*reduction of total NH emissions compared to 2020 reported emissions

HVAC systems upgraded under routine capital often compete with carbon reduction goals while maintaining CSA standards. In these cases, we investigate recovering heat from the increased airflow required to meet such standards. When heat recovery is an option, this can help improve carbon outcomes.

Northern Haida Gwaii Hospital is working with Old Massett Village Council on a biomass district heating project. If this type of project were to be done at a natural gas heated site, this could save ~40 $kgCO_2e/m^2$ annually. In NGH's case, offsetting electricity that provides heating for that site will not pass carbon savings to NH given the reporting arrangement with BC Hydro.

Emission reduction performance:

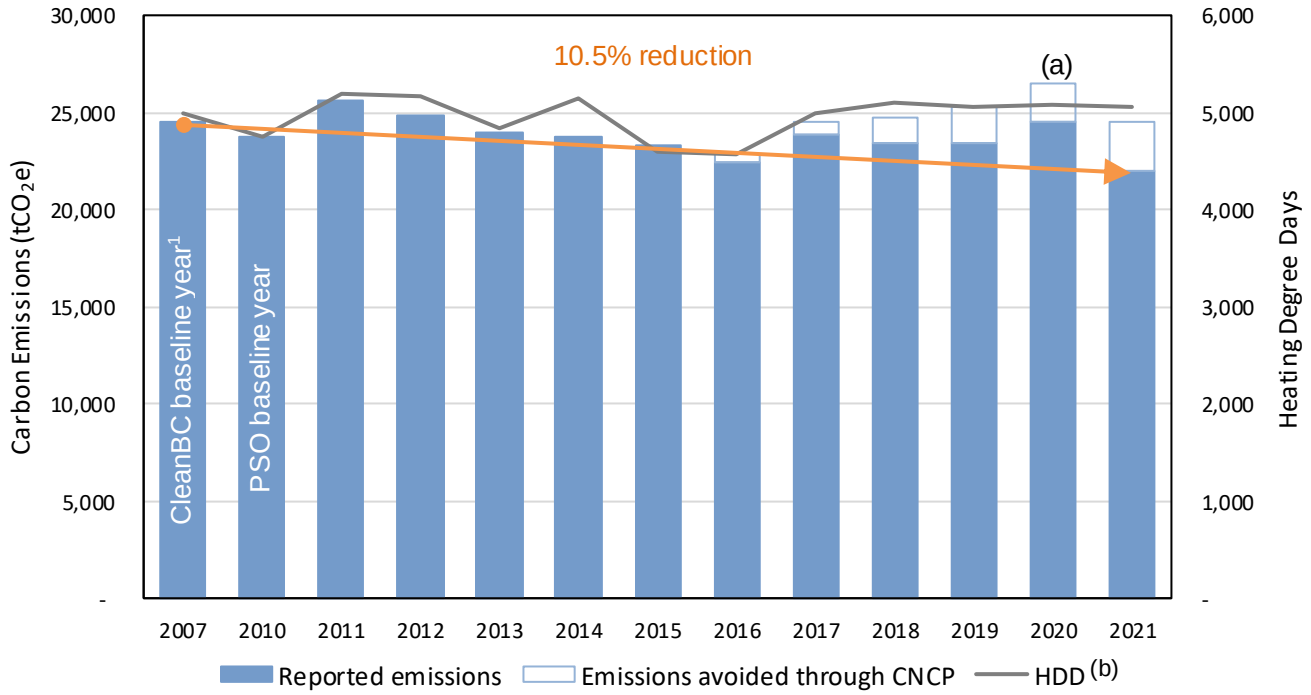

Figure 1. NH carbon reduction trend since CleanBC baseline year[1]. (a) Increased 2020 emissions compounded by ventilation increases and increased electricity imports resulting in a higher electricity emissions factor. (b) Heating degree days (HDD) is the degrees that a day's average temperature is below 18 °C and provides a reference for heating fuel demand.

Energy management: Currently the E&ES portfolio is managed under the Director of Facilities Maintenance, Energy & Environmental Sustainability. BC Hydro partially funds the Energy Manager and FortisBC partially funds the Energy Specialist under this portfolio.

Energy awareness: NH continues to participate in an Energy Wise Network program focusing on energy saving behaviour by staff. Recent campaigns have focused on facilities maintenance education. There is ongoing support from the E&ES team to support Green Working Groups at interested sites.

[1] PSO baseline year differs from the CleanBC baseline year given the availability of PSO data. For this BN, the estimated (+/-0.5%) 2007 data was used given that 2010 was an unusually warm year.

CleanBC projects: In 2021, NH completed a 2-year $1.4 M CleanBC project (with a $200,000 CleanBC incentive) at St. John Hospital, Vanderhoof. This project consisted of low temperature condensing boilers and a heat pump system. The project is estimated to reduce carbon emissions at SJH by 49% and save the site $100,000/year in energy costs.

NH is currently in phase 1 of a $2.2 M CleanBC project (with a $200,000 CleanBC incentive) at Prince Rupert Regional Hospital. This project consists of optimizing the domestic hot water system, low temperature condensing boilers, and a heat pump. The project is estimated to reduce carbon emissions at PRR 46% and save the site $140,000/year in energy costs.

The new Mills Memorial Hospital Development is eligible for a $500,000 CleanBC incentive with an agreement pending.

Utility incentives: With the sustained increase in CNCP funding, NH continues to implement a number of energy projects that attract incentives from BC Hydro, FortisBC, and Pacific Northern Gas. About $300,000 in incentives were earned in F2022 with another $300,000 expected for F2023.

Provincial Environmental Technical Team (PETT): NH participates on a provincial health authority environmental committee reporting to the BC Health Authorities Service Delivery Steering Committee. Among the guiding principles going forward are climate change mitigation, adaptation, resiliency, and LEED Gold Buildings. This committee has standing representation from Provincial Health Services Authority Supply Chain, Ministry of Health, Climate Action Secretariat, BC Hydro, and FortisBC.

Recommendation(s):

For information only

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BRIEFING NOTE

Date:	**May 6, 2022**	
Topic	**Climate Change Accountability Report – Executive Summary**	
Purpose:	☒ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☐ **Decision**
Prepared for:	**GMR Committee & NH Board of Directors**	
Prepared by:	**Rose St Pierre, Manager, Energy & Environmental Sustainability** **Jesse Gadzinowski, Energy Specialist** **Ken Van Aalst, Director, Facilities Maintenance, Engineering and Environmental Sustainability**	
Reviewed by:	**Mike Hoefer, Regional Director Capital Planning and Support Services**	

Issue:

Annually, the Board's Governance and Management Relations (GMR) Committee receives Northern Health's (NH) Climate Change Accountability Report (CCAR) executive summary for information.

2020-23 Strategic Plan

The activities under the CCAR are aligned with Northern Health's strategic priorities:

- *Communications, Technology, and Infrastructure.*
  NH's efforts related to carbon neutrality are part of building, maintaining and managing facilities and infrastructure in support of service delivery.
- *Healthy People in Health Communities*
  Reducing our greenhouse gas emissions and managing our resources contributes to healthy communities and environments.

Background:

The Carbon Neutral Government program requires public sector organizations (PSOs) to submit a CCAR, legislated under the Climate Change Accountability Act. The purpose of the CCAR is to provide an annual update on PSO progress towards carbon neutrality. The CCAR is due May 31, 2022 and the draft report is submitted for NH executive review a few weeks prior. Similar to

previous years, there is potential that final carbon offset amounts will not be invoiced until a few days before the deadline, thus creating a potential for small (<1%) adjustments to the CCAR reported numbers reviewed by the GMR and the final carbon offset owed amount. Last year, the carbon offset invoices were received May 26.

2021 CCAR Executive Summary

Many new conversations happened in 2021. Northern Health continued to adapt to the COVID-19 pandemic and started to plan for future management of pandemic response. We caught up with postponed surgeries and forged ahead with projects that were put on hold. The historical heat dome event at the end of June 2021 and the catastrophic November flooding that hit southern BC fueled conversations on what we were doing to respond to what the BC Government acknowledges as a climate crisis. In the Energy & Environmental Sustainability portfolio, more communication happened this year bridging conversations between population and public health, clinical operations, facilities, capital planning, finance, business development, and support services.

The focus of this Climate Change Accountability Report (CCAR) is to report on measurable actions that Northern Health is taking to reduce carbon emissions from buildings, paper, and fleet. In 2021, Northern Health released 22,000 tonnes of carbon emissions from our buildings, fleet, and paper consumption. This was an 11% reduction from 2020. We will pay $550,000 in carbon offsets to meet our carbon neutrality obligations. In 2021, we initiated five major capital energy projects and a dozen small energy projects that will reduce carbon emissions by over 220 tonnes.

While Northern Health is making considerable progress in reducing carbon emissions, we recognize that this is only a portion of the actions needed to mitigate climate impact as fugitive emissions and embodied carbon should also be considered. Additionally, we acknowledge beyond the scope of this CCAR, the work that will be needed to prepare ourselves for future climate conditions and challenges. With the launch of BC's draft Climate Preparedness Adaptation Strategy mid-2021, Northern Health now has a framework to align our strategic actions and evaluate our ability to respond.

We are pleased to present our 2021 CCAR to communicate and foster important conversations about how Northern Health is striving to be better stewards of climate action. We remain committed to operational actions that will help mitigate climate change impacts and sustainable actions that promote healthy environments for future populations of Northern BC.

Recommendation(s):

For information only

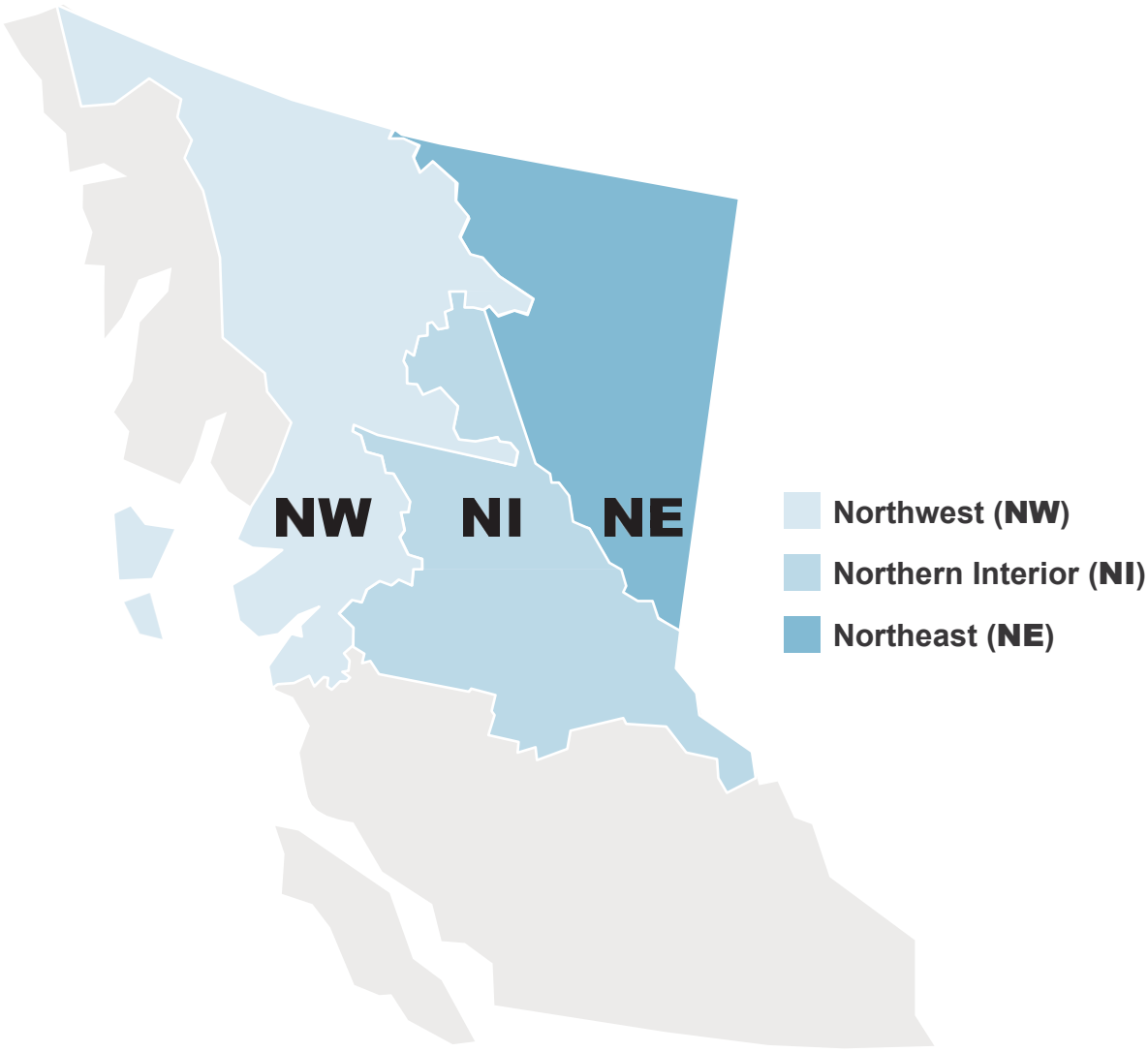
NORTHERN HEALTH

2021 Climate Change Accountability Report

northern health
the northern way of caring

NORTHERN HEALTH REGION

We acknowledge with respect and gratitude that this report was produced on the territory of the Lheidli T'enneh First Nation, part of the Dakelh peoples', and that the Northern Health region is shaped by 54 First Nation territories.



DECLARATION STATEMENT

The Climate Change Accountability Report for the period of January 1, 2021 to December 31, 2021 summarizes Northern Health's carbon emission profile from building, fleet and paper, the total offsets required to meet net-zero, our 2021 actions that contributed to reducing our carbon emissions, and our plan forward to continue to reduce our carbon emissions.

CONTENTS

Cover photo credit: Alanna Wilson, Tow Hill, Haida Gwaii.

EXECUTIVE SUMMARY

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The focus of this Climate Change Accountability Report (CCAR) is to report on measurable actions that Northern Health is taking to reduce carbon emissions from buildings, paper, and fleet. In 2021, Northern Health released just over 22,000 tonnes of carbon emissions from our buildings, fleet, and paper consumption. This was an 11% reduction from 2020. We will pay $560,000 in carbon offsets to meet our carbon neutrality obligations. In 2021, we initiated five major capital energy projects and a dozen small energy projects that will reduce carbon emissions by over 220 tonnes.

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We are pleased to present our 2021 CCAR to communicate and foster important conversations about how Northern Health is striving to be better stewards of climate action. We remain committed to operational actions that will help mitigate climate change impacts and sustainable actions that promote healthy environments for future populations of Northern BC.

May 31, 2022
Cathy Ulrich
President and CEO, Northern Health

RETIREMENT OF OFFSETS

In accordance with the *Climate Change Accountability Act* [S. 6(1)] (Queen's Printer, 2007) and the *Carbon Neutral Government Regulation* [S. 7(1)] (Queen's Printer, 2008), Northern Health (NH) is responsible for arranging the retirement of the offset obligation reported in Table 1 for the 2021 calendar year, along with any adjustments reported for past calendar years. The Ministry of Environment and Climate Change Strategy (the Ministry) ensures that these offsets are retired on NH's behalf, and NH remunerates the Ministry at $25 per tonne of offsets plus GST.

Effective January 1, 2021 the Climate Action Secretariat updated the electricity intensity emission factors (BC Ministry of Environment and Climate Change Strategy, 2022) used by Public Sector Organizations to better reflect emissions from electricity that is imported from out of province. The adjustment recorded in Table 1, reflects the change to the 2020 data that was reported before the finalized change.

Table 1. Northern Health 2021 Emissions and Offset Summary Table

Northern Health 2021 GHG Emissions and Offset Summary		
Total emissions	21,985	tCO_2e
Total $bioCO_2$	29	tCO_2e
Total offsets	21,956	tCO_2e
Offsets adjustment	379	tCO_2e
Grand total offset to be retired for the 2021 reporting year	22,335	tCO_2e
Offset investment ($25 per tCO_2e + GST)	**$558,375**	

Photo credit: Elle Ambrosi, Nechako River.

2021 GREENHOUSE GAS EMISSIONS

Greenhouse gases (GHG) from various sources have been converted to metric tonnes of carbon dioxide equivalent (tCO_2e) for comparison. For this reason, GHG emissions are commonly referred to as carbon emissions. Figure 1 summarizes the breakdown of our 2021 carbon emissions by source. Our building emissions include emissions from stationary fuel combustion and electricity use. Examples of stationary fuel combustion are consumption of natural gas, propane, or diesel for space or water heating. Our total carbon emissions for 2021 was 21,956 tCO_2e. Stationary fuel consumption accounted for 95% of our GHG emissions and electricity consumption contributed 3%. Vehicle fleet accounted for 4% of our GHG emissions and paper accounted for 1%.

Figure 1. 2021 Northern Health GHG Emissions by Source.

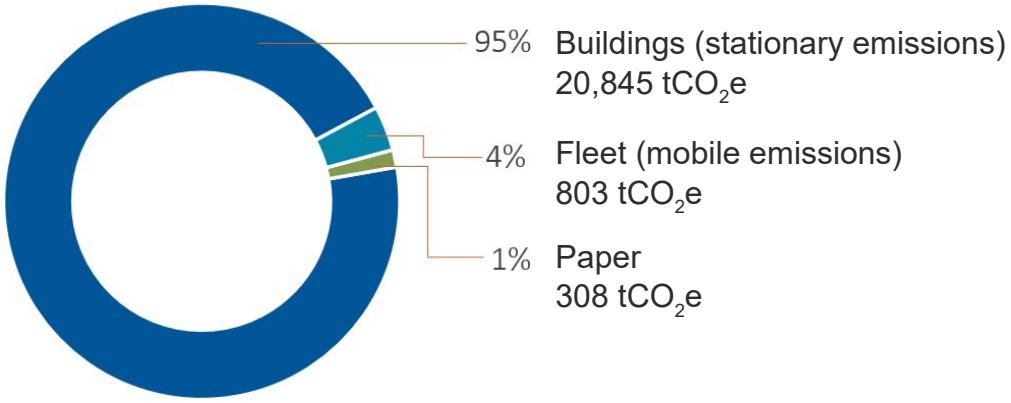


Photo credit: Ashley Ellerbeck, Hazelton.

GREENHOUSE GAS REDUCTION ACTIONS

COMMITMENT

Northern Health shows commitment towards greenhouse gas reduction and climate action through projects, programs, and allocation of human and fiscal resources. Each year, our Energy and Environmental Sustainability (E&ES) team collaborates across departments for a multi-disciplinary approach to our Strategic Energy Management Plan (SEMP). This SEMP details progress and actions in planning, resource allocation, and stakeholder engagement plans to work towards our carbon reduction targets. The SEMP is evaluated by a third party for its alignment in key focus areas such as commitment, situational analysis, and actions. The E&ES team also took a collaborative and multi-disciplinary approach to the development of this CCAR.

SITUATIONAL ANALYSIS

Our organization is made up of approximately 7,000 health care professionals and support staff that provide care for about 300,000 people in the NH region. The NH region makes up almost two thirds of BC's land mass and is home to about 80 First Nations and Indigenous communities. Compared to 2020, we saw over a 10% increase in inpatient days and over a 16% increase in outpatient visits in 2021. Last year, we logged 207,800 inpatient days and 985,500 outpatient visits.

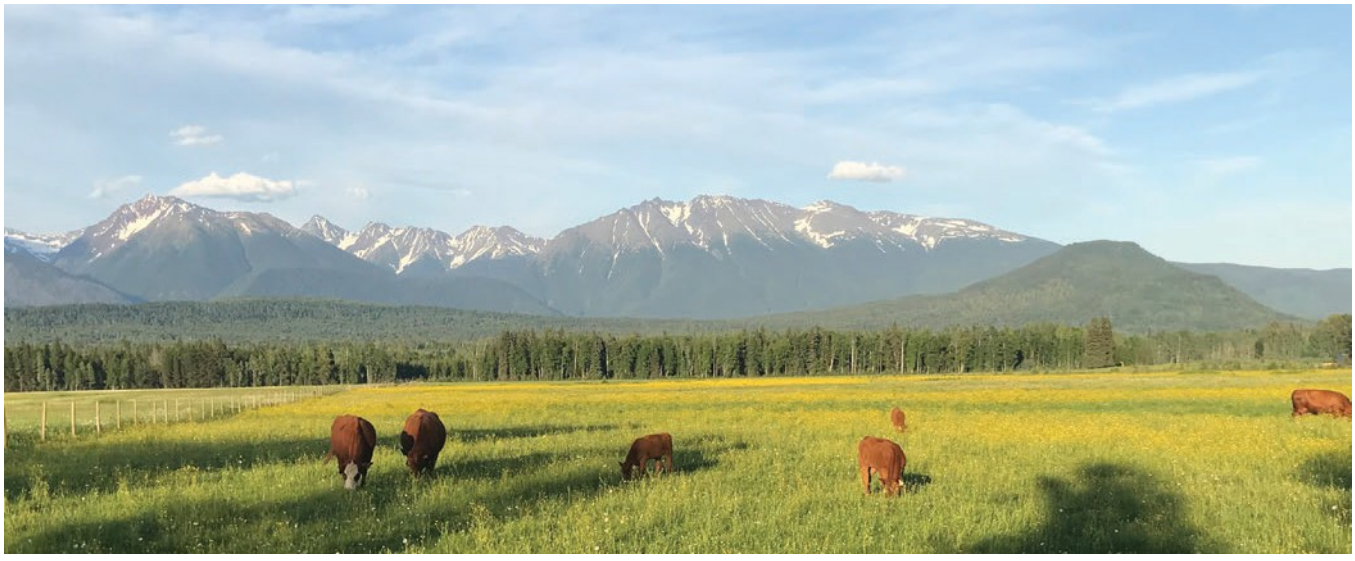


Photo credit: Yvonne de Boer, Kispiox Valley.

ACTIONS

Three large sources of carbon emissions from our operations are from our buildings, our fleet, and our paper consumption. Focusing on these three sources of carbon emissions for emission reduction actions, will have the largest impact on our operating carbon footprint. As mentioned in our Commitment section above, our SEMP details our actions in more depth, as this CCAR serves as a high-level summary.

Buildings

Northern Health currently owns and operates over 300,000 m2 of clinic, acute care, and long-term care floor space. In 2021, we wrapped up six major capital energy projects and initiated another five major capital energy projects under the provincial Carbon Neutral Capital Program (CNCP). The six projects that were completed are estimated to save just under 400 tCO_2e per year and the five projects that were initiated are estimated to save over 220 tCO_2e per year. Examples of major capital energy projects that were carried out include high efficiency boiler upgrades, heat recovery, ventilation upgrades, and improvements to heating and ventilation controls.

In 2021, approximately 10% of our sites received minor energy retrofits such as controls improvements, lighting upgrades to LEDs, and introducing additives to heating systems to help transfer heat more efficiently. Approximately 8% of our sites received major or deep retrofits under the above mentioned CNCP program.

For new construction, NH has collaborated with the other health authorities and the Ministry of Health Capital Services Branch to publish two new chapters in the Health Capital Policy

Haida Gwaii Hospital and Health Centre.

Manual in 2021. Chapter 11 is titled Environmental Sustainability and LEED Gold Certification and addresses such requirements for new healthcare construction. Chapter 12 is titled Carbon Neutral and Climate Resilient Health Care Facilities and addresses such requirements of new healthcare builds. To help support Chapter 12, NH collaborated with the other health authorities to develop Climate Resilience Guidelines for BC Health Facility Planning and Design. No new buildings were completed in 2021, so there are no updates to our LEED Gold portfolio.

Vehicle Fleet

Our fleet size increased by 13% as a response to external logistic and transportation business changes in Northern BC. During the COVID-19 pandemic, we had difficulties coordinating with many local ground carriers, which prompted Northern Health to establish an internal logistics department. Although we are reporting a 15% increase in fleet emissions for 2021 (803 tCO_2e compared to 696 tCO_2e in 2020), our reliance on external ground carriers has dropped by roughly 20%. It is speculated that the 2021 increase in fleet usage is largely attributable to a change in NH's logistics structure rather than increased staff travel, as many remote work and virtual meeting arrangements continued in 2021.

Our fleet now contains about 240 vehicles, one of which is fully electric. Fleet emissions contribute to just under 4% of our total carbon emissions.

Procurement

Provincial Health Services Authority (PHSA) is responsible for managing a large portion of the supply chain for BC health authorities. We continue to support PHSA along with the other health authorities in embedding environmental criteria in their processes for future procurements. This initiative is known as Environmentally Preferable Purchasing and our goal is to implement formal processes in our Supply Chain to weigh products and services against environmental criteria. A working group was established within PHSA in 2021 to draft an ethical and environmental procurement policy along with a Supplier Code of Conduct. A draft policy is expected to be issued in 2022 followed by an implementation plan.

Waste

In 2020, we initiated a sharps recycling program in over a dozen of our sites. From 10 months of data collected, we have diverted 14 tonnes of plastic from the landfill by using recyclable sharps containers. Since this is our first year of implementation, we believe further education and better selection of container sizes can improve our plastic diversion volumes. Our target when launching this program was to divert 17 tonnes of plastic from landfills annually, and we are on track to meet that goal.

NH has also partnered with Daniels Health to collect data on biomedical waste. This will enable future action to reduce the amount of waste that needs to be sterilized or incinerated, both of which are energy and carbon intensive processes.

PLANS

Buildings

Northern Health will continue to audit our buildings to identify the most impactful energy projects that will contribute to carbon emission reductions. Examples of some projects that may be considered are heat recovery projects or building control upgrades to improve heating, ventilation, and cooling efficiency. At the same time, projects will be assessed for co-benefits such as improving quality of care, occupant comfort, air quality, and climate risk adaptation and resiliency. Northern Health will also be participating in a provincial health authority wide energy modeling exercise to evaluate the capital investment needed by the BC Health Sector to meet the CleanBC carbon emission reduction targets.

For our new builds and business cases, we are working with the other health authorities and the Ministry of Health Capital Services Branch to further adapt the new Capital Policy Manual Chapters 11 Environmental Sustainability and LEED Gold Certification and 12 Carbon Neutral and Climate Resilient Health Care Facilities that were published in 2021. The purpose of these new chapters is to ensure new builds evaluate climate action criteria in their business plans and design. Northern Health will also continue collaborating with other health authorities to improve and implement the Climate Resilience Guidelines for BC Health Facility Planning and Design to help new construction projects meet the new Climate Resilient Health requirements as listed above.

Vehicle Fleet

Options are being strategically explored to reduce the carbon emissions of our fleet and add more infrastructure to our facilities to support fleet electrification. As funding comes available, fleet assessments and charging infrastructure feasibility studies will be carried out. As fleet vehicles retire, zero emission vehicles will be considered.

Fort St. John Hospital.

Waste

The biomedical waste data we collected with Daniels Health from 2021 will enable us to:

- Improve use of biomedical waste bins
- Reduce general waste in biomedical waste streams

It was observed that many biomedical bins slated for sterilization or incineration were half full or less. By ensuring that we select the right containers, we can improve fill rates. This helps avoid added costs and carbon emissions associated with sterilizing or incinerating partially full containers. A second opportunity for improvement is to audit the type of waste that ends up for biomedical disposal. Additional carbon and cost savings could be realized if we keep general waste from getting mixed in with biomedical waste.

OTHER SUSTAINABILITY PLANS

Going forward, we would like to expand our Green Working Group initiatives to more regional levels. The Green Working Groups enable internal teams, including physicians, support staff and facilities maintenance to collaborate and identify opportunities to either reduce, recycle, or sustainably handle waste at our facilities. An example of an initiative that is in progress with the UHNBC Green Working Group is bringing awareness to the greenhouse gas emissions released from anesthetic gas use. Opportunities exist to manage what anesthetics are used and what alternatives exist with a consideration to environmental impact.

Photo credit: Darren Smit, Prince George.

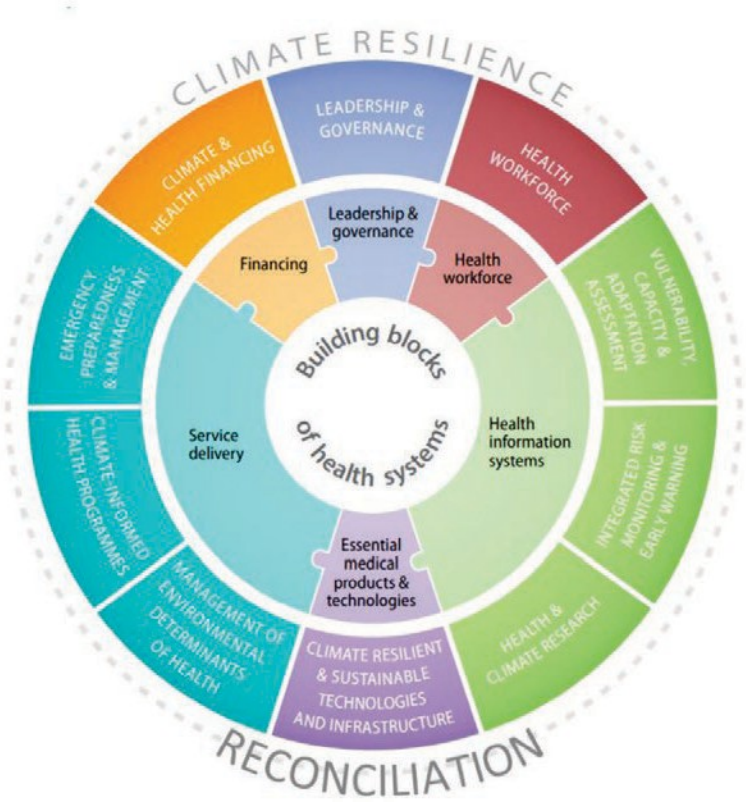
NORTHERN HEALTH LEADERSHIP IN CLIMATE ACTION

CLIMATE RISK MANAGEMENT

Northern Health collaborates with other BC Health Authorities and government ministries on the provincial and federal level to address climate risk to healthcare. We now have a framework to align efforts with our health sector colleagues under the launch of the BC Government draft Climate Preparedness and Adaptation Strategy (CPAS) (BC Ministry of Environment and Climate Change Strategy, 2021). Health sector phase 1 work under the CPAS consisted of a Baselines Assessment and has been completed. This assessment surveyed health organization across BC in areas identified by the WHO framework for building resilient health systems as shown in Figure 2 (World Health Organization, 2015). Northern Health's Energy and Environmental team and Population and Public Health team worked together to align Northern Health priorities when responding to this survey.

Health sector Phase 2 work under the CPAS proposes budget development and identifying key focus areas.

Figure 2. Adapted from WHO Operational Framework for Building Climate Resilient Health Systems.



Other initiatives undertaken by Northern Health in response to climate risk management include:

- UNBC Health Promotion Course Student Projects, which includes a climate change website review, extreme heat messaging for rural communities, and a pilot community survey regarding climate resiliency.
- XDI pilot collaboration between health authorities and the Ministry of Health to model and assign climate risk values to assets.
- Onboarding a Climate Change and Health Internship Student with the Pacific Institute for Climate Solutions.
- Applying for seed funding which seeks to inform future research and strategic planning for NH to begin targeted climate change adaptation supported by researchers at the PHSA and UNBC.
- Inclusion of a climate change section in our NH Environmental Scan.
- Increased Climate Change communications and presentations to NH Population and Public Health
- Participation with the BC Health and Smoke Exposure Coordination Committee
- Collaboration with other health authorities and the Ministry of Health Capital Services Branch to update the Health Capital Policy Manual to include chapters on:
    - Environmental Sustainability and LEED Gold
    - Carbon Neutral and Climate Resilient Health
- Collaboration with other health authorities to develop the Climate Resilience Guidelines for BC Health Facility Planning and Design to help new construction projects meet the new Climate Resilient Health requirements as listed above.

RESOURCES

BC Ministry of Environment and Climate Change Strategy. (2022). ***Electricity emission intensity factors for grid-connected entities***. Retrieved from https://www2.gov.bc.ca/gov/content/environment/climate-change/industry/reporting/quantify/electricity

BC Ministry of Environment and Climate Change Strategy. (2021). ***Climate preparedness and adaptation***. Retrieved from https://www2.gov.bc.ca/gov/content/environment/climate-change/adaptation

Queen's Printer. (2008). ***Carbon Neutral Government Regulation***. Retrieved from BC Laws: https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/392_2008#section7

Queen's Printer. (2007). ***Climate Change Accountability Act***. Retrieved from BC Laws: https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/07042_01

World Health Organization. (2015). ***Operational framework for building climate resilient health systems***. Retrieved from World Health Organization https://www.who.int/publications/i/item/9789241565073

Photo credit: Elle Ambrossi, Dawson Creek.

northern health
the northern way of caring

BOARD BRIEFING NOTE

Date:	May 12, 2022	
Agenda item	Physician Quality Improvement Virtual Action Learning Series Graduation	
Purpose:	☒ **Discussion**	☐ **Decision**
Prepared for:	Governance & Management Relations (GMR) Committee meeting May 17th, 2022	
Prepared by:	Laura Parmar, Physician Quality Improvement Coach Candice Manahan, Regional Director, Physician Quality, Engagement & Education	
Reviewed by:	Cathy Ulrich, CEO and Dr. Ronald Chapman, VP Medicine	

Purpose

The Physician Quality Improvement (PQI) program supports physicians, their co-leadership partners, and interdisciplinary teams to learn quality improvement skills and techniques, as well as lead quality improvement projects with the support of PQI coaches across the region. The program is instrumental in the development of a flourishing culture of quality within Northern Health (NH). PQI supports physicians and teams to advance a culture of quality and safety through continuous learning, innovation, and employing quality improvement techniques. The PQI program has been successful in supporting teams to use quality improvement tools to implement evidence-informed best practices with a person and family-centered care approach.

The program fosters collaborative and respectful working relationships. Physicians and other members of the health care team learn and work together on projects that are identified by the teams, align with NH strategic priorities, and truly matter to those leading and engaged in the improvements. Physicians develop leadership skills and embrace opportunities to create positive change that is purpose-driven and fulfilling for everyone involved. This presentation will provide the Board with a brief overview of the program and a summary of the various projects that were recently presented by graduates of the PQI program.

Background:
The PQI program is one of the major initiatives of the Specialist Services Committee (SSC) of BC (*sscbc.ca*) The PQI team is dedicated to providing training and support to physicians, through technical resources and expertise, to co-lead QI projects, which build QI capacity, increase physician involvement in QI, and enhances the delivery of quality patient care.

The Northern Health PQI program (*nhpqi.ca*) developed curriculum for the Virtual Action Learning Series (VALS) as a way to support physician quality improvement education virtually during the Covid pandemic. VALS provides high caliber, virtual QI education, along with a mix of virtual and in-person coaching, using curriculum that is similar to other PQI programs across BC. In response to physician feedback, the curriculum was designed to be delivered in 8, synchronous virtual 90 minute sessions spaced three weeks apart. Between sessions, the teams work with their PQI coach to trial a QI project that is meaningful to their local context.

One of the most innovative components of the VALS curriculum is the opportunity for physicians to attend the QI training with their dyad partners and project teams. Team members have been very engaged in the work, including physicians, social work, mental health clinicians, dietetics, nurses, nurse practitioners, pharmacist, residents, medical students, administrative partners, a PSP coach, and a patient partner. This is an exceptional opportunity to engage diverse participants in QI education and develop capacity to support physician led QI initiatives in the future.

The virtual delivery has supported equity across the region enabling physicians and teams in rural and remote locations to participate. We have welcomed teams from all HSDAs and were delighted to support access to QI training for two physician teams in Dease Lake in the second cohort.

Key Actions, Changes & Progress:
Since 2020, three VALS cohorts have graduated and a fourth is in progress (see Appendix A for Timeline). For more information on previous VALS cohort projects or other PQI supported projects, see the:

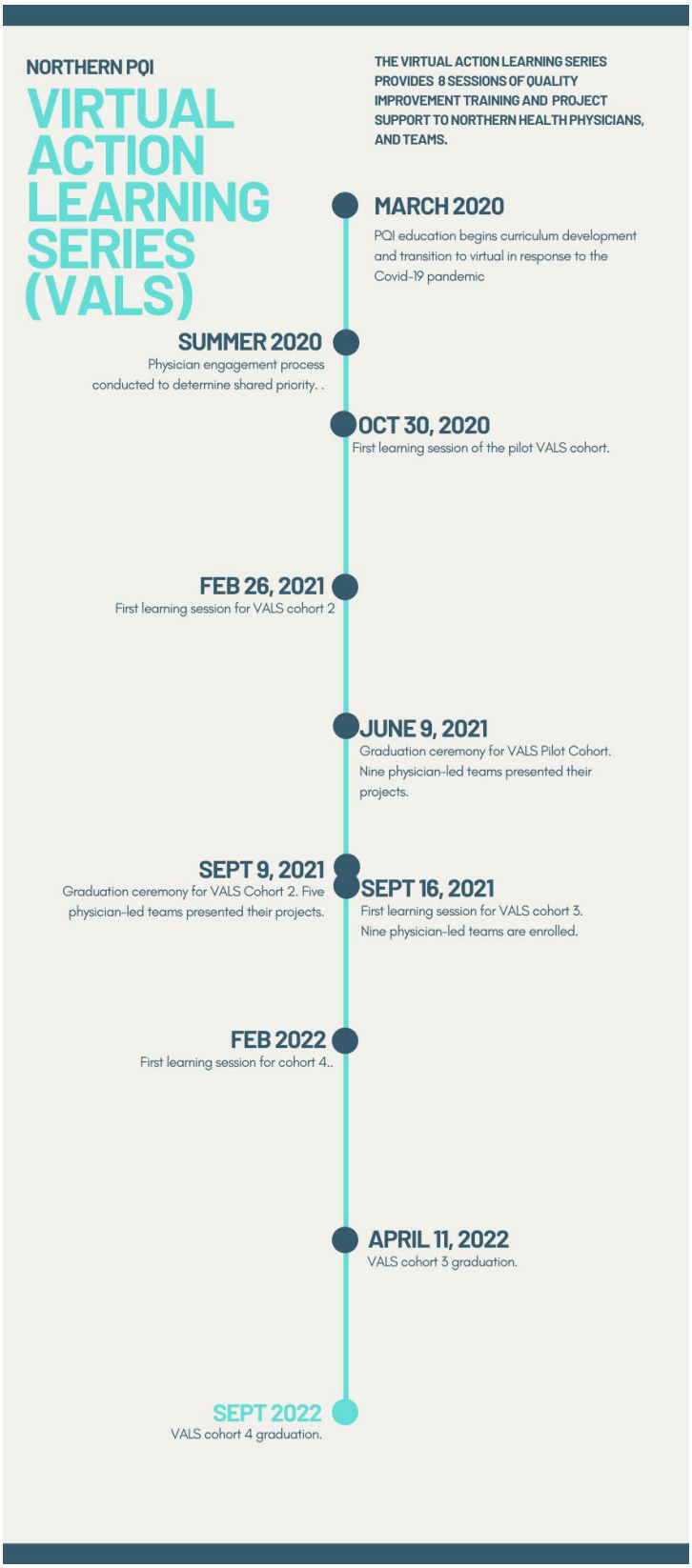
- NH PQI Project Map (*nhpqi.ca/project-map),*
- PQI Storyboards (*nhpqi.ca/storyboards*)
- Or hear from some of the graduates themselves on the new PQI podcast QualitycastNorth (*nhpqi.ca/podcast).*

The third cohort celebrated their graduation on April 11th in a virtual ceremony where physicians and teams were given the opportunity to present their projects and successes. Projects represent diverse regions, specialties, and areas of practice and demonstrated strong alignment with the Northern Health Strategic Plan and Critical Priorities.

The following table outlines the nine projects in the third cohort. Please note that the project summaries and presentations reflect where these projects were at the time of their graduation from the 6 month VALS program. PQI coaches continue to support the QI work with the teams until they have completed their projects.

Lead	Community	Project Title	Alignment
Dr. Sophie Harrison	Prince Rupert	Hypertension in pregnancy: applying best practices	• Quality • Perinatal
Dr. Devan Reddy & Ashley Stoppler	Regional	Improving Referrals to the UHNBC Pain Clinic	• Coordinated and Accessible Services • Chronic Pain
Dr. Kyle McGivery	Terrace	Mills Memorial Hospital Emergency Department Industrial Transfers	• Coordinated and Accessible Services • Patient Transfers
Dr. Herman Johal	Prince George	Development of the UHNBC ER Intubation Checklist	• Quality • Emergency
Dr. Jonathan Fine & Pat Tresierra	Quesnel	Continuum of Care for frail elderly population within Quesnel Health Services	• Coordinated and Accessible Services • Quality • Elder Services
Dr. Gurpreet Narang	Prince George	Improving Patient Wait times for CT at UHNBC	• Coordinated and Accessible Services • Diagnostic
Dr. Magda Duplessis	Dawson Creek	A Collaborative Approach to Prenatal Care Using Quality Improvement Strategies	• Coordinated and Accessible Services • Quality • Perinatal & Primary Care Networks
Dr. Ingrid Cosio, Dr. Alym Abdulla, Dr. Denise McLeod, Dr. Maria Odulio & Dr. Kristian Malpass	Prince George	Physician Peer Support for Prince George	• Our People • Psychological Health and Safety
Dr. Danette Dawkin	Chetwynd	Chetwynd General Hospital Self Reflection and Anti-Racism – creating a safe space to practice as a community	• Healthy People in Healthy Communities • Cultural Safety • Equity • Our People • Quality

Appendix A


NORTHERN PQI
VIRTUAL ACTION LEARNING SERIES (VALS)
THE VIRTUAL ACTION LEARNING SERIES PROVIDES 8 SESSIONS OF QUALITY IMPROVEMENT TRAINING AND PROJECT SUPPORT TO NORTHERN HEALTH PHYSICIANS, AND TEAMS.
MARCH 2020
PQI education begins curriculum development and transition to virtual in response to the Covid-19 pandemic
SUMMER 2020
Physician engagement process conducted to determine shared priority. .
OCT 30, 2020
First learning session of the pilot VALS cohort.
FEB 26, 2021
First learning session for VALS cohort 2
JUNE 9, 2021
Graduation ceremony for VALS Pilot Cohort. Nine physician-led teams presented their projects.
SEPT 9, 2021
Graduation ceremony for VALS Cohort 2. Five physician-led teams presented their projects.
SEPT 16, 2021
First learning session for VALS cohort 3. Nine physician-led teams are enrolled.
FEB 2022
First learning session for cohort 4..
APRIL 11, 2022
VALS cohort 3 graduation.
SEPT 2022
VALS cohort 4 graduation.