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Public Session

AGENDA

October 18, 2022
Prince George Conference & Civic Centre, Room 208
Prince George BC

AGENDA ITEMS	Responsibility of…	Expected Outcome	Time (Approx.)	Page
1. Call to Order, Welcome and Indigenous Land Acknowledgement	Chairman Nyce		**2:45pm**	
2. Opening Remarks	Chairman Nyce			
3. Conflict of Interest Declaration	Chairman Nyce	Discussion		
4. Approval of Agenda	Chairman Nyce	Motion		**1**
5. Approval of Previous Minutes: June 13, 2022	Chairman Nyce	Motion		**3**
6. Business Arising from Previous Minutes	Chairman Nyce			**-**
7. CEO Report	Cathy Ulrich	Information		**10**
7.1 Population & Public Health Report	Dr Jong Kim / Tanis Hampe	Information		**19**
7.2 Human Resources Report	David Williams	Information		**31**
8. Audit & Finance Committee				
8.1 Period 5 Public Financial Statement	Mark De Croos	Motion		**47**
8.2 Capital Expenditure Plan Update	Mark De Croos	Motion		**50**
9. Performance, Planning & Priorities Committee				
9.1 Strategic Priority: Healthy People in Health Communities				
9.1.1. Climate Change	Dr. Jong Kim	Information		**59**
9.2 Strategic Priority: Quality				
9.2.1. Elder Services Program Update	Kelly Gunn	Information		**63**
9.2.2. Perinatal Service Network Update	Kelly Gunn	Information		**66**
9.2.3. NH/UNBC Innovation & Partnership	Fraser Bell	Information		**70**
9.2.4. Infection Prevention Update	Fraser Bell	Information		**73**
10. Governance & Management Relations Committee				
10.1 Policy Manual BRD 300 Series	Kirsten Thomson	Motion		**77**
10.2 Annual Review of Enduring Motions	Kirsten Thomson	Information		**112**
10.3 Internationally Educated Nurses (IENs)	D Williams	Information		**119**
Adjourned			**4:00pm**	

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Public Meeting Motions October 18, 2022				
Agenda Item		**Motion**	**Approved**	**Not Approved**
3.	Conflict of Interest Declaration	Does any Director present have a conflict of interest they wish to declare regarding any business before the Northern Health Board at this meeting?		
4.	Approval of Agenda	The Northern Health Board approve the October 18, 2022 In Camera agenda as presented.	☐	☐
5.	Approval of Minutes	The Northern Health Board approve the June 13, 2022 Public minutes as presented.	☐	☐
8.1	Period 5 Public Financial Statement	The Northern Health Board receives the 2022-23 Period 5 financial update as presented.	☐	☐
8.2	Capital Expenditure Plan Update	The Northern Health Board receives the Period 5 update on the 2022-23 Capital Expenditure Plan.	☐	☐
10.1	Policy Board Manual BRD 300 Series	The Northern Health Board of Directors approves the BRD 300 Series.	☐	☐

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Board Meeting

Date: June 13, 2022

Location: Prince George, BC

Chair:	Colleen Nyce	**Recorder:** Desa Chipman
Board:	• Frank Everitt • John Kurjata • Wilfred Adam • Linda Locke • Patricia Sterritt	• Shannon Anderson • Shayna Dolan • Russ Beerling • Brian Kennelly
Executive:	• Cathy Ulrich • Fraser Bell • Mark De Croos • David Williams • Kelly Gunn • Nicole Cross • Steve Raper	• Dr. Ronald Chapman • Dr. Helene Smith • Dr. Jong Kim • Tanis Hampe • Penny Anguish • Ciro Panessa • Angela De Smit

Public Minutes

1. Call to Order & Welcome and Indigenous Land Acknowledgement

Chair Nyce called the meeting to order at 1:18pm and acknowledged, with respect and gratitude, the Lheidli T'enneh traditional territory where the meeting was being held. Chair Nyce also welcomed participants to the first in person meeting in over two years and expressed how nice it was to see everyone together in one room.

2. Conflict of Interest Declaration

Chair Nyce asked if any Director present had a conflict of interest they wish to declare regarding any business before the Northern Health Board at this meeting.

- There were no conflict of interest declarations made related to the June 13, 2022 Public agenda.

3. Approval of Agenda

Moved by R Beerling seconded by J Kurjata
The Northern Health Board approves the June 13, 2022 public agenda as presented

4. CEO Report

- An overview of the Public CEO Report was provided for information with the following topics being highlighted:
  - <u>The Select Standing Committee on Health</u>
  - The Committee is an all-party committee that has been asked by the Legislative Assembly to examine the Toxic Drug Crisis in relation to:

    - Responding to the crisis with reforms and initiatives by the Province and local governments, including those which may require federal approval;
    - Continuing to build an evidence-based continuum of care that encompasses prevention, harm reduction, treatment, and recovery; and,
    - Expanding access to safer drug supplies, implementing decriminalization, and disrupting illicit toxic drug supplies.
    - Report back to the Legislative Assembly by November 2, 2022
- On May 24, the Deputy Minister of Health and Deputy Minister of Mental Health and Addictions presented governments 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 across 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
- The presentation provided details on work that Northern Health is undertaking to address the toxic drug crisis in the following areas:
    - Health Promotion and Prevention
    - Drug Toxicity Deaths by Health Authority
    - Peer Engagement and Stigma Reduction
    - Community Action Teams – Area of Focus
    - Harm Reduction
    - Access to Treatment and Support
- Quality Forum 2022
    - BC Quality Awards A Collaboration between 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. The program supports hockey players to visit schools to engage with students to encourage adopting healthy behaviours and to give back to their communities.
    - Storyboard 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 – Integrating Licensed Practical Nurses into the Fort St John Emergency Room Using a Primary and Team Nursing Model. The Storyboard won the award for the best storyboard at the Forum.
- Chronic Disease program
    - Cardiac Device
        - UHNBC's participation in the provincial PRE/PERI/POSTOperative Provincial Pacemaker Project resulted in improvements to the NH Cardiac Device Program.
        - 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 update
        - 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.
- Canadian Institutes of Health Research (CIHR)

- 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.

4.1. Human Resources Report

- An overview of the Human Resources report was provided with additional information on workforce planning strategies underway in Northern Health.
- Key successes and upcoming initiatives highlighted were:
  - 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.
- An update on the recruitment and the current context was provided which included information on Provincial Ministry Initiatives, specific Northern Health Ministry Initiatives and Northern Health Initiatives.

5. Audit and Finance Committee

5.1. Fiscal Year End 2021-22

- An update was provided 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.
- 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 the Northern Health's website.

5.2. Capital Expenditure Plan Update

- 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 which was summarized in the briefing note.

Moved by J Kurjata seconded by W Adam
The Northern Health Board receives the Period 13 update on the 2021-22 Capital Expenditure Plan.

6. Performance Planning and Priorities Committee

6.1. Population Health – Partnering for Healthy Communities: Community Granting

- An update on the growth and development of Community Granting Program, as a reflection of Population and Public Health's Advances in partnering with, and supporting, healthy communities.
- The 2021-22 Northern Health Community Granting Program included the standing Northern Resilient Communities Grant, along with two new provincially funded programs: Rural, Remote and Indigenous Food Action Grant and Vision 0 in Road Safety.
- Details were shared on key actions, changes and progress as follows:
  - **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.
    - **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.
    - **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 Rural, Remote and Indigenous Food Actions (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.
- The briefing note also included an overview of any risks and mitigation strategies in place.

7. Indigenous Health & Cultural Safety Committee

7.1. Northern Partnership Accord

- The Northern Partnership Accord was written in 2012 and lapsed in 2017, since that time the working and governance relationship between First Nations Health Authority, Northern First Nations and Northern Health has continued in the same manner as in previous years.
- 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 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.

7.2. Northern Health and Métis Nation BC (MNBC) Letter of Understanding

- An update was provided on the Letter of Understanding between Métis Nation British Columbia and Northern Health Authority which was signed on June 8, 2020. The Letter of Understanding enabled the establishment of the MNBC-NH Leadership Committee which is committed to meeting regularly.
- 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.
- 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 the Terms of Reference for the MNBC-NH Leadership Committee was drafted February 23, 2022. This document, along with the Health & 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
- 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.
- 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).

7.3. Cultural Safety Education Plan
- An overview and update was provided on the Cultural Safety and Anti-Indigenous Racism Education Strategy in Northern Health as follows;
- Recommendations from the Ministry of Health's investigation are integrated into Northern Health's change agenda. In response to the Recommendations, Northern Health has 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 Education Strategy is comprised of 5 pillars of activities which are:
    1. Orientation
    2. Respectful Relationships Culturally Safe Indigenous Health Care: A Series of Learning Modules
    3. Community – led cultural experiences
    4. Tailored cultural safety and anti-Indigenous racism workshops
    5. Professional development
- 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 Northern Health 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.
- Next steps are to finalize the *Respectful Relationships Culturally Safe Indigenous Health Care* course for Northern Health employees and physicians and to continue to develop and deliver tailored, interactive workshops for NH staff and physicians during the 2022/23 operational and budget planning cycle.

8. Governance and Management Relations Committee

8.1. Board Policy Manual BRD 200 Series
- The revised Board Policy Manual BRD 200 Series were presented for review and approval.

Moved by F Everitt seconded by J Kurjata
The Northern Health Board approves the revised BRD 200 Series as presented

8.2. HEMBC/Northern Health's Emergency Management 2021 in Review

- A report was provided that summarized Health Emergency Management BC, North's activities in emergency preparedness and response for Northern Health 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.
- A detailed list of the types of emergency response support provided in 2020/21 was outlined in the report along with the training and support provided to Northern Health staff.

8.3. Status of Annual Report

- As a result of COVID-19 work and staff reassignments in 2021 – particularly related to immunization and response to variants an annual report was not produced for 2020-2021.
- Management is seeking the preference of the Board on two possible options which are:
  - A two-year annual report can be produced that reflects the unique period of the Pandemic – it will look different in that it would need to cover years, but also reflective of the unique environment and would have more content related to recognizing our staff and medical practitioners.
  - A one-year report for this year with a notice that a report was not completed last year due to the Pandemic.

Moved by F Everitt Seconded by L Locke
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

8.4. Energy and Environmental Sustainability Portfolio

- An annual overview of the Energy and Environmental Sustainability portfolio was provided that outlined the series of actions designed to produce long term, sustainable reductions in the overall energy consumption, primarily natural gas, electricity, propane, and water.

8.5. Climate Change Accountability Report

- The annual Climate Change Accountability Report executive summary was presented to the Board for information. The Carbon Neutral Government program requires public sector organizations to submit a report legislated under the Climate Change Accountability Act. The purpose is to provide an annual update on progress towards carbon neutrality. The Board appreciated receiving the report.

8.6. Physician Quality Improvement Virtual Action Learning Series Graduation

- 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. PQI supports physicians and teams to advance a culture of quality and safety through continuous learning, innovation, and employing

9. Presentation: Northern Health's Pandemic Response Timeline
   - Mary Charters, Director, Health Emergency Management BC, Northern Health provided a presentation and overview of Northern Health's Pandemic Response to the Northern Health Board. The presentation included a detailed timeline of milestones, statistics, case totals along with what emergencies Health Emergency Management BC handled during the first five waves of the pandemic.

- Directors expressed appreciation for the presentation and the information shared. Chair Nyce thanked Mary Charters and all Health Emergency Management BC for their ongoing support and collaboration with Northern Health.

The meeting was adjourned at 3:57pm
Moved by L Locke

Colleen Nyce, Chair

Desa Chipman, Recording Secretary

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CEO Report – Northern Health Board

October 2022

Dajing Giids Ceremony and Feast

- The former Village of Queen Charlotte on Haida Gwaii is now officially recognized as the Village of Daajing Giids, restoring its ancestral Haida name.
- The name restoration comes through a provincial Order in Council following village council's unanimous vote in April 2022.
- Such a move is identified in the United Nations Declaration on the Rights of Indigenous People as an important step to reconciliation and recognizing, preserving and strengthening Indigenous histories, languages and cultures.
- This municipal name restoration is the first in the province.
- A feast, co-hosted by the Village of Daajing Giids and the Council of Haida Nation, was held in Skidegate to celebrate the name change on Aug 31st, which was attended by the Premier.
- Ciro Panessa, NW Chief Operating Officer and Julia Pemberton, Health Services Administrator along with management and staff on Haida Gwaii were in attendance from Northern Health.

Dajing Giids Ceremony and Feast

Fort St John Hospital & Peace Villa Facility 10th Anniversary Event

- Northern Health Directors Russ Beerling, John Kurjata and Shannon Anderson attended the Fort St John Hospital & Peace Villa Facility 10th Anniversary event held on Thursday, September 8, 2022.
- The event was well attended, guests were invited to attend the opening ceremony, a Barb-Q luncheon and to participate in tours of the facility.
- Pavilion displays by:
  - Fort St. John Hospital, Peace Villa and ACML
  - Hospital Auxiliary (90th Anniversary recognition)
  - Fort St. John Hospital Foundation
  - Division of Family Practice
  - Fort St. John Hospital Education Development and Volunteer Resources
  - Northern Lights College and UNBC


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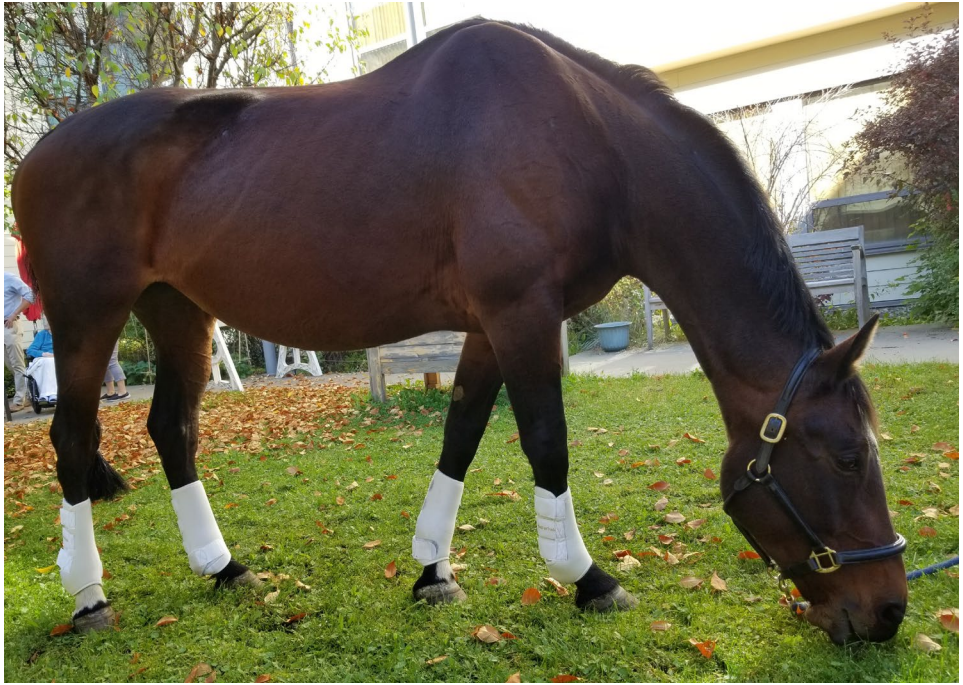
FORT ST. JOHN HOSPITAL
AUXILIARY
90 Years of Service 1932 - 2022


HAPPY 90TH ANNIVERSARY
FSJ HOSPITAL AUXILIARY

Gateway – Social Activity

- Kelly Gunn (VP Primary & Community Care and Clinical Programs) and her partner James brought their 16 year old horse Rapunzelle to visit the residents of Gateway Lodge Long-term Care on the warm, sunny afternoon of Friday, October 7.
- Gateway residents were able to feed Rapunzelle carrots, pet her snout, listen to Kelly answer questions about her and her history, and watch as she feasted on the lawn and leaves in the courtyard. Rapunzelle brought gleeful smiles to the faces of residents and staff alike, and sparked many memories from the residents who came out to meet her.



Population & Public Health Leadership Meeting

- Dr. Bonnie Henry, Provincial Health Officer was in Prince George in September. Northern Health's Population and Public Health Leadership met with Dr. Henry to discuss:
  - Provincial directions for Population and Public Health
  - Toxic Drug Crisis – Prevention and Response including a tour of the Overdose Prevention Services in Prince George
  - Childhood immunization
  - Communicable Disease Control
  - Public Health Protection – Environmental Health and Community Care Facilities Licensing
- Dr. Henry also met with Public Health, Community Services, Long Term Care, Infection Prevention and Control, and Mental Health and Substance Use Leadership to express appreciation for the pandemic response.

Union of BC Municipalities Convention
September 12 & 13, 2022

- Northern Health attended the UBCM meetings in September to meet individually with stakeholders to discuss healthcare in their communities and the north.
- Meetings were held over two days with the following stakeholders:
  - North East
    - District of Chetwynd and the Northern Rockies Regional Municipality,
  - North West
    - North Coast Regional District, City of Terrace, District of Kitimat, Town of Smithers, District of Houston, District of Port Edward and North West Regional Hospital District
  - Northern Interior
    - Village of Granisle, Village of Burns Lake, District of Vanderhoof, Village of Fraser Lake and the Regional District of Bulkley-Nechako
- Northern Health is looking forward to continued collaboration with communities on housing challenges for healthcare professionals, retention, recruitment and mental health and addictions supports.

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Population & Public Health Report

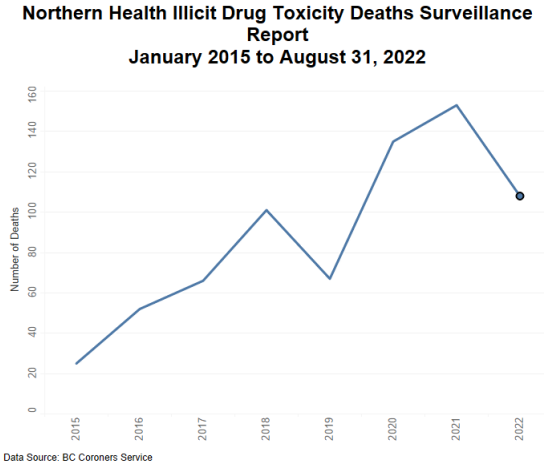
Dr. Jong Kim, Chief Medical Health Officer
Tanis Hampe, Vice President Population & Public Health

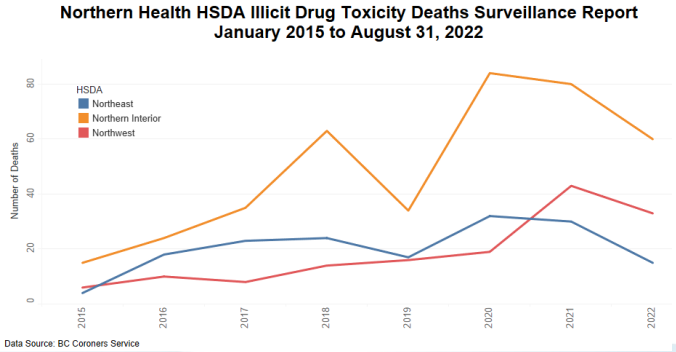
Opioid and Overdose Update

From January to August 2022 Northern Health has seen a rate of drug toxicity deaths of 52.4 deaths per 100,000 which is the third highest rate in the province

- **NW** – 63.5 deaths per 100,000 individuals
- **NI** – 57.1 deaths per 100,000 individuals
- **NE** – 30.7 deaths per 100,000 individuals

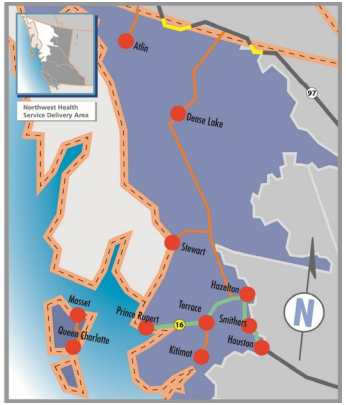
- The NW and NI HSDAs are in the top 5 highest rate of illicit drug toxicity deaths



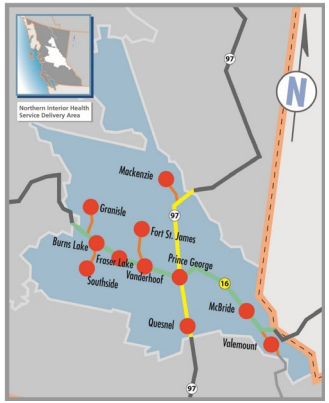


- NW has surpassed the NI in the rate of overdose deaths; however the NI has the highest number of deaths
- The NE has been showing a decline in both the number and rate of deaths

Expansion of Access to Opioid Agonist Treatment (OAT) in Northern Health



OAT Medication Providers:	41
Buprenorphine:	8
Buprenorphine/Naloxone:	31
Methadone:	23
Slow Release Oral Morphine:	11
OAT Patients:	277
OAT Retention:	72%



OAT Medication Providers:	75
Buprenorphine:	11
Buprenorphine/Naloxone:	49
Methadone:	45
Slow Release Oral Morphine:	17
OAT Patients:	649
OAT Retention:	57%

OAT Medication Providers:	13
Buprenorphine:	2
Buprenorphine/Naloxone:	12
Methadone:	4
Slow Release Oral Morphine:	1
OAT Patients:	179
OAT Retention:	55%

Strengthening Care Models and Pathways through separating people from the toxic drug supply

Prescribed Alternatives to Toxic Supply (PATS): NH formed a Regional Working Group comprised of prescribers, pharmacy, nurses, Addictions Medicine specialists and Medical Health Officers, to develop a framework that will guide our approach to integrate Prescribed Alternatives to Toxic Supply (PATS) as an available option supported through the care pathway.

This includes:

- Recommend Strategies to increase the number of prescribers as core to increasing access to treatment supports and care continuity across settings
- Ensuring prescribers have access and understanding of the clinical tools, supports & resources to expand their practice to include PATS
- Defining care pathways & defining interprofessional team roles throughout the pathway
- Increasing locations across the north to deliver Opioid Agonist Therapy & PATS
- Evaluate the northern approach to iteratively improve service provision

Decriminalization in BC: Key Features

Applies to **Adults 18+**

2.5g cumulative (total) threshold floor

Opioids, Crack/Powder Cocaine, MDMA, and Methamphetamines

Police will provide resource cards with information on local supports and will make voluntary referrals

Robust monitoring and evaluation framework

NO arrests or seizures under the threshold

NO fines, tickets or other administrative sanctions

Non-coercive: NO Mandatory treatment or diversion

- On May 31, 2022, Health Canada approved the Province's request to decriminalize people who use illicit substances in BC
- Decriminalization will come into effect on January 31, 2023 for an initial 3-year period.

Decriminalization in BC

Northern Health will support implementation by:

- Liaising with the Ministry of Mental Health and Addictions
- Maintaining health pathways and substance use services
- Facilitating voluntary referrals as needed
- Managing the development, production and maintenance of resource cards and updating relevant health authority websites
- Liaising with law enforcement
- Data Reporting to the ministry

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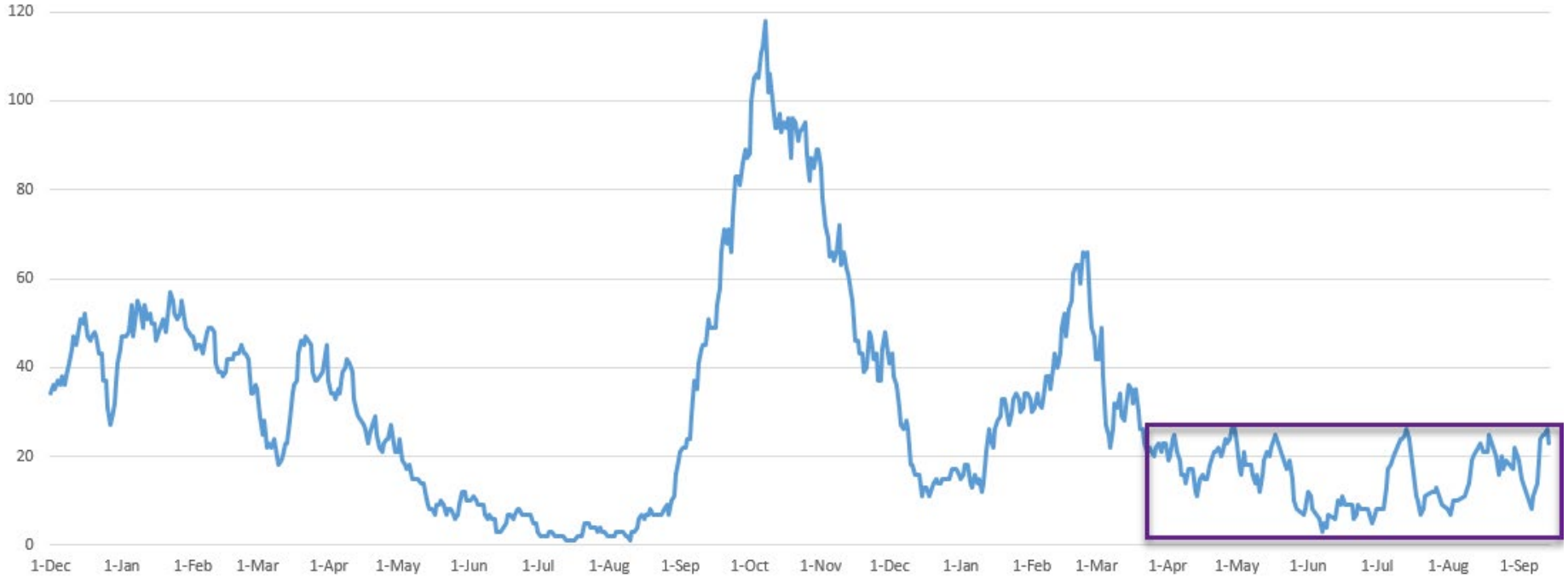
NH Pandemic Transition Plan Update

Pandemic Response

What we are expecting this winter



Transition from Pandemic Response

PURPOSE

To shift Northern Health services, facilities, and staff from a pandemic response state to continue with a persistent low level of COVID-19 and prepare for elevated response (surge) if required.

PRINCIPLES and ASSUMPTIONS

1. Staff and physicians are provided space and opportunity for recovery and acknowledgement of the difficulties and accomplishments through the pandemic
2. Some areas of pandemic response will need to continue through the next year; they are determined by provincial direction and NH analysis and plans.
3. In some areas we will need to be ready to respond to future waves or surges of COVID-19, particularly as we enter the respiratory season in the fall of 2022
4. Some areas of work can be discontinued

Evidence-informed Equity & Cultural Safety Collaborative & Holistic Person-centred
Flexibility Patience Transparency Efficiency & Sustainability

Northern Health Pandemic Response Transition Plan

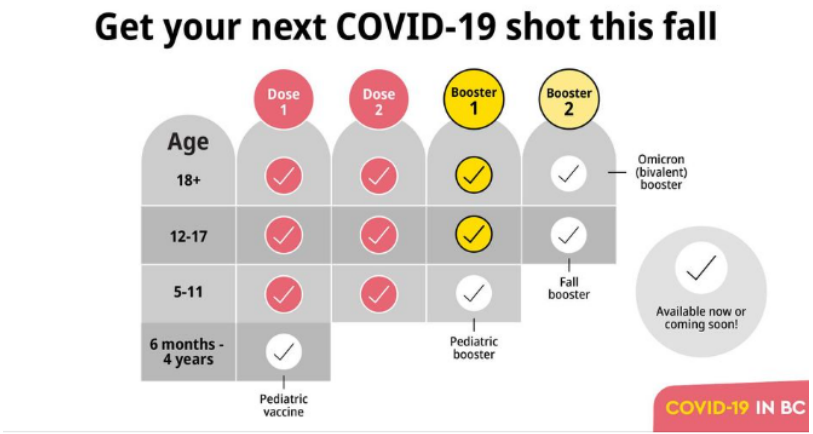
ACTIONS

COVID-19 Assessment, Collection and Testing	New COVID-19 self-assessment tool: https://covidcheck.gov.bc.ca/ Updates to testing guidelines
COVID-19 Treatment	
Public Health Management	Enhanced communicable disease management
Infection Prevention and Control	Updates to acute care outbreak management protocol, infection prevention & control guidelines
Primary and Community Care	Advancements in virtual care
Specialized Services	
Acute Care	Active monitoring and communication of service interruptions "Surge" planning
Long-term Care and Assisted Living	
Rural and Remote and First Nations Community Response Framework	How the framework will endure beyond pandemic response
Transportation and Logistics/Supply Chain	
Workplace Health and Safety	COVID-19 Site Safety Plans → Communicable Disease Exposure Control Plans Fit testing
Organizational/Administrative Support	
Pandemic Response/Organizational Oversight and Coordination	

COVID & Flu Immunization Update

Government of British Columbia
Favorites · 21h ·

Everyone in BC is eligible for a COVID-19 shot this fall. Make sure you are protected against serious illness from COVID-19 – book your appointment as soon as you get your invite. Learn more: gov.bc.ca/getvaccinated



Visit the COVID-19 Information Center for vaccine resources.
Get Vaccine Info

Influenza

- The provincial influenza vaccination campaign is set to start in October.
- Recommended and available for free for everyone aged 6 months and older.
- Seniors (65+) can get enhanced vaccines that provide additional protection.
  - FluzoneHD for seniors in long-term care and assisted living
  - Fluad (Adjuvanted vaccine) seniors living in the community
- Influenza vaccine will be offered to BC residents at community COVID-19 booster clinics, pharmacies, as well as physician and nurse practitioner offices.

COVID-19 IN BC 23

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Human Resources Report

David Williams, Vice President Human Resources

Current Context

Northern Health current **vacancy indicators**:

- 20.05% 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%-50%

Health worker shortages are more than twice as high in rural areas than urban areas – WHO (2020)

Service Demand Growth. Since January 2017, demand for Registered Nurses has been more than 3 times the available supply.

- Since 2019, the NH workforce as a whole has experienced a growth of 10.95% in demand, with a corresponding 1.83% growth in supply:
  - Nursing had a 9.84% growth in demand, but no increase in supply
  - Health Sciences had a 14.08% growth in demand, but only a 3.77% growth in supply
  - Facilities had a 5.51% increase in demand, but only a 1.12% increase in supply
  - Community has a 14.97% increase in demand, but no increase in supply

Current Context

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.
- This is related to:
  - staff wanting to develop skills in larger facilities or specialty nursing roles,
  - challenges with living in small communities,
  - the outcome of “incentivizing” recruitment into hard to recruit to communities (often with return of service commitments of 2 years).

Current Context

Workforce Trends

- NH workforce trends, and Exit and Stay interviews, 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 workforce challenges.
- Recruitment alone will not solve our health care workforce shortage – retaining staff and expanding supply are equally important.

Current Context

Exit Interviews:

- Interviews are offered to all staff that exit Northern Health – information is collated and shared with leadership and human resources for learning. This is conducted by an external organization.
- Response rate has increased over past few years to 39%.
- Exploring opportunity to undertake exit interview for internal churn movements.

Stay Interviews:

- Provides leading indicators of intent to stay
- Critical in evaluating effectiveness of Northern Health's onboarding program and assessing how new hires are settling in and what else they may require during their first year with a new organization.
- Can be used for all staff in a unit (new and long serving) to enable a pulse check.

What does the literature tell us about workforce sustainability in rural and remote contexts?

ORIGINAL RESEARCH – QUANTITATIVE

The importance of organizational commitment in rural nurses' intent to leave

Norma J. Stewart[1] | Martha L. P. MacLeod[2] | Julie G. Kostenluk[3] | Janna Olynicki[3] | Kelly L. Penz[2] | Chandima P. Karunanayake[3] | Judith C. Kulig[3] | Mary Ellen Labrecque[1] | Debra G. Morgan[3]

International Journal of Mental Health Nursing

ORIGINAL ARTICLE

Mental health nursing practice in rural and remote Canada: Insights from a national survey

rrh. Rural and Remote Health — James Cook University ISSN 1445-6354

ORIGINAL RESEARCH

An explanation of turnover intention among early-career nursing and allied health professionals working in rural and remote Australia - findings from a grounded theory study

AUTHORS

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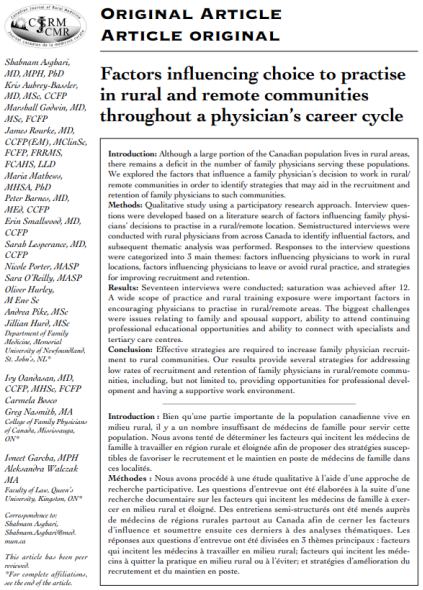


ORIGINAL ARTICLE
ARTICLE ORIGINAL

Factors influencing choice to practise in rural and remote communities throughout a physician's career cycle

NURSING RESEARCH

Recruitment and Retention in Rural Nursing: It's Still an Issue!

Judith C. Kulig, RN, PhD
Professor, Faculty of Health Sciences, University of Lethbridge, Lethbridge, AB

Kelley Kilpatrick, RN, PhD
Assistant Professor, Faculty of Nursing, Université de Montréal and Hôpital Maisonneuve-Rosemont Research Centre, Montreal, QC

February 2018

AN INDEPENDENT AUDIT OF THE RECRUITMENT AND RETENTION OF RURAL AND REMOTE NURSES IN NORTHERN B.C.

www.bcauditor.com

Office of the Auditor General of British Columbia

northern health
the northern way of caring

- National Study on Nursing Practice in Rural and Remote Canada II (2012 - 2016) – examined determinants of intention to leave nursing position in rural and remote areas within the next year (Stewart *et al*, 2020)
- Individual variables:
  - characteristics of the nurse – sociodemographics including age; health & wellbeing including burnout
  - Individual nurse's professional practice (employment status)
- Practice Issues (scope of practice)
- Workplace characteristics:
  - input into work schedule, requirement to be on-call, experiencing physical assault in the workplace
  - these were the responsibility of the employer
- Work/community characteristics:
  - fit with rural and remote community life

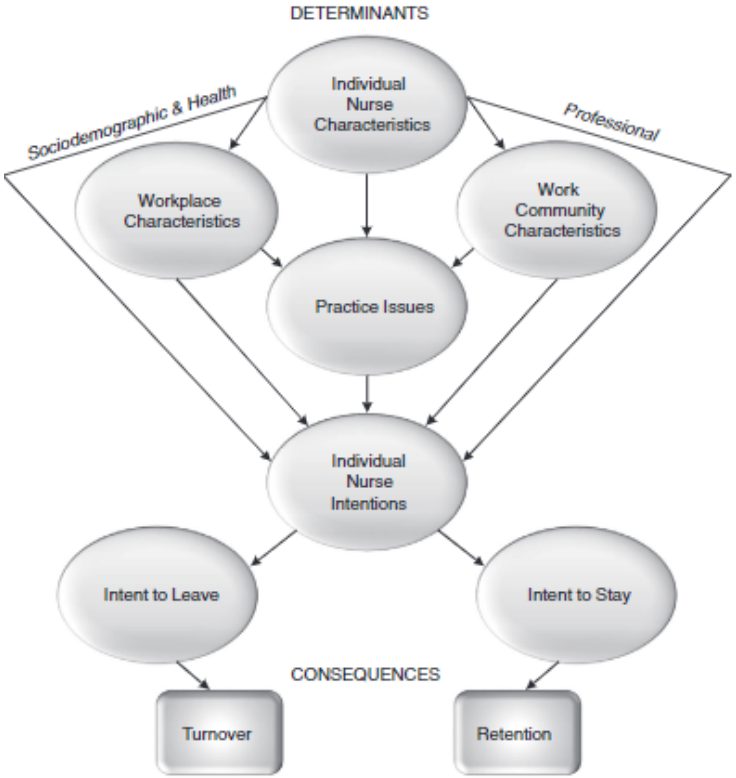


FIGURE 1 Decisions to leave or stay in a nursing position in rural and remote settings. Adapted from Stewart et al. (2011)

Northern Health Initiatives

Include:

- Travel Resource Program
- Housing Prototype Program
- Childcare Prototype Program
- Health Career Access Program
- Health Human Resources Situation Response Team
- Internationally Educated Nurses (IEN)
- First Nations Health Authority (FNHA) and Partnership
- NH and Provincial incentives for difficult-to-fill professions
- Collaboration with Northern Post Secondary Institutions
- Community Collaboration and Partnerships

New Graduate Hiring/Mentoring Strategy

Virtual Clinical Support/ Mentorship for rural remote areas

Team Based Care	**HHR Cornerstone of Focus – Redesign** **To expand the application of a Team Based Care approach to all care settings throughout NH. This project will establish a common toolkit to support strong teamwork and scope optimization for all professions, which will positively impact patient and provider satisfaction, recruitment, and retention of talent.**
Early Career Lifecycle Supports	HHR Cornerstone of Focus – Recruitment & Training To develop a systematic approach to engagement and support spanning from first point of contact (Elementary or Secondary School) through to potential post-retirement mentorship roles. This project will be subdivided into two work streams: First contact – 1-year post-hire (WS1), and 1 year post-hire – post-retirement (WS2).
Support in the Right Place Implementation	HHR Cornerstone of Focus – Retention Development, prototype implementation, and plan for scaling of Wrap-Around Support structure including coordination of regional support resources, as recommended in Support in the Right Place project.
Alternative Scheduling Models	HHR Cornerstone of Focus – Retention To develop and prototype an alternative scheduling model that will allow staff to self-select a portion of their rotation, addressing a driver of attrition and reluctance to accept regular positions.

BC's HHR STRATEGY

Four Cornerstones

FOUR CORNERSTONES

RETAIN: Foster healthy, safe and inspired workplaces, supporting workforce health and wellness, embedding reconciliation, diversity, inclusion and cultural safety and better supporting and retaining workers in high-need areas, building clinical leadership capacity and increasing engagement.

REDESIGN: Balance workloads and staffing levels to optimize quality of care by optimizing scope of practice, expanding and enhancing team-based care, redesigning workflows and adopting enabling technologies.

RECRUIT: Attract and onboard workers by reducing barriers for international health-care professionals, supporting comprehensive onboarding and promoting health-care careers to young people.

TRAIN: Strengthening employer supported training models; enhancing earn and learn programs to support staff to advance the skills and qualifications; expanding the use of bursaries, expanding education seats for new and existing employees.

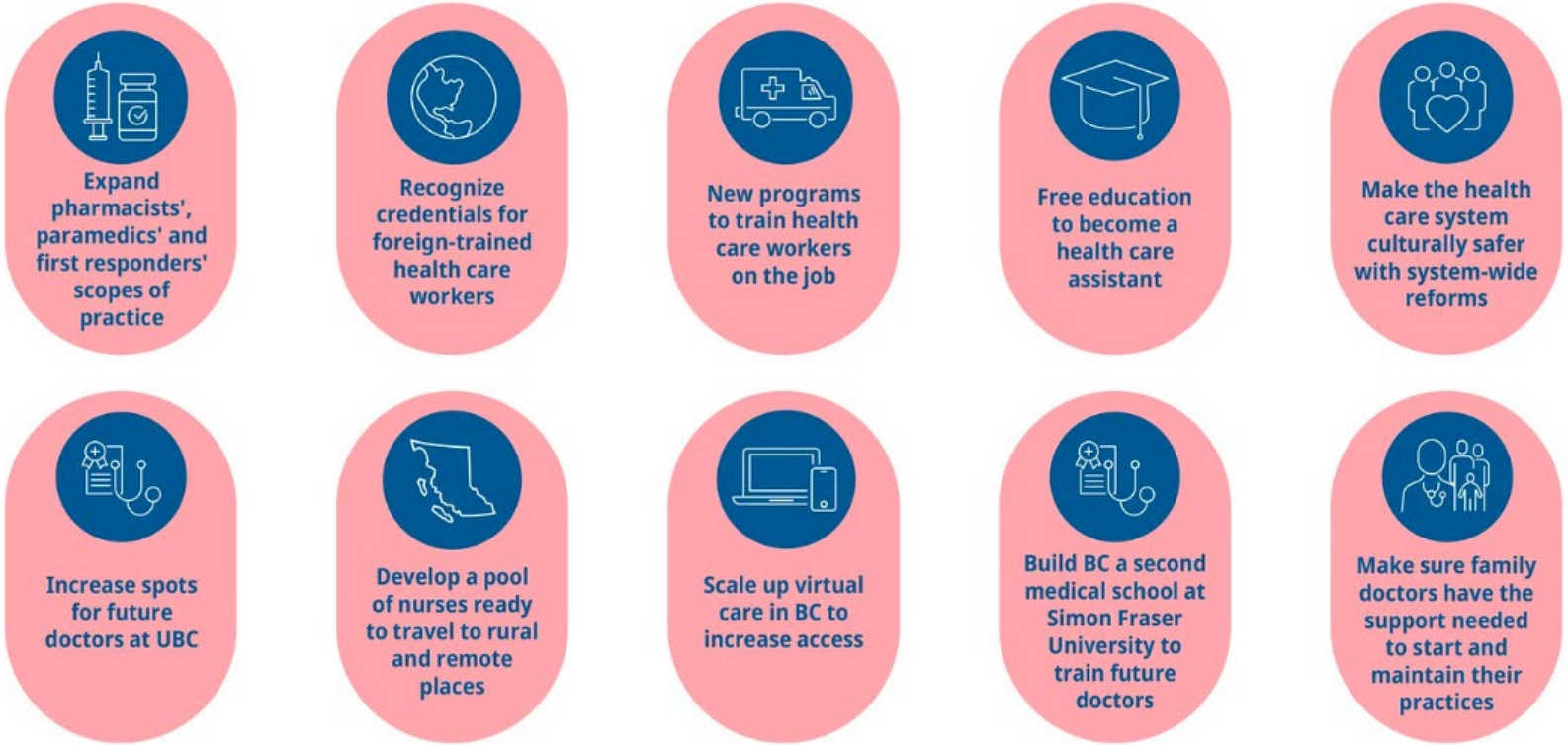
BC's HHR Strategy




4 CORNERSTONES TO B.C.'S HEALTH HUMAN RESOURCES STRATEGY	RETAIN	REDESIGN	RECRUIT	TRAIN
Goal	A renewed commitment to support and protect the people who take care of patients	Make changes to systems and practices to improve the quality and efficiency of care	Bring in more qualified health-care workers to deliver care to the people of B.C.	Help current and future health-care workers start or build their careers in health-care settings
What this means for people in B.C.	Safer hospitals and health-care settings leading to a healthier environment for nurses, doctors and health-care workers	Less wait times at walk-in clinics and primary health-care centres and easier access to health care services wherever you are in B.C.	Making sure internationally educated healthcare workers who live in B.C. can work in their field and attracting young people to new careers to help deliver the health care services people need	More family doctors, specialists, nurses and health-care workers in the long-term to treat people in B.C.

BC's HHR Strategy

How BC tackles the health care worker shortage



Overview
RETAIN

Cornerstone	BC HHR Strategy Objectives	Critical Success Factor	Key Work Element
RETAIN	- Support workforce health and wellness - Retain staff in high need areas and occupations - Embed reconciliation and cultural safety - Advance diversity, equity, and inclusion - Increase clinical leadership capacity to support staff and services - Increase workforce engagement	**Northern Health is an inclusive place to work**	NH will engage with the workforce through a survey to better understand demographics - WSWQS
			Develop and enhance a forecasting model to understanding recruitment needs, including GBA+ considerations
			NH to support Indigenous employees to self-identify; increase completion of self-identifier to ##%
			NH will engage with the workforce who identify as Indigenous on establishing a culturally safe environment to work through a community of practice
			Establish a provincially coordinate incentives framework for recruitment
		Northern Health will identify and develop leaders and support succession into leadership roles	NH will develop and implement a "People Engagement" framework (inclusive of succession planning, career pathing, performance partnership, mentorship/coaching)
			NH will develop and implement a mentorship framework, including a mentors pool
			NH will identify career pathways and ladders for all priority professions and leadership roles
		Northern Health leaders have the right support, at the right time, from the right experts	Establish wrap-around support infrastructure, with particular focus for frontline leaders
			NH leaders have a single-point of contact in accessing administrative/management supports
			NH implements and supports a standardized management system, linked to wrap-around supports.

Overview
REDESIGN

Cornerstone	BC HHR Strategy Objectives	Critical Success Factor	Key Work Element
REDESIGN	- Balance workloads and staffing levels to optimize quality of care - Advance innovative care models with a focus on interdisciplinary teams - Review scopes of practice to create or optimize key roles - Leverage technology to improve workforce satisfaction and service quality - Increase workforce flexibility and responsiveness	**Northern Health will analyze and optimize productivity**	
		Northern Health will foster a team-based approach	Scope optimization across priority profession, beginning with LPNs
			Development of a Team-Based Care approach toolkit
			Environmental Scan of Team-Base Care resources

Overview
RECRUIT

Cornerstone	BC HHR Strategy Objectives	Critical Success Factor	Key Work Element
RECRUIT	- Remove barriers for Internationally Education HCWs - Refresh enablers and incentives to attract new health workers - Improve onboarding and support transitions to practice	**Northern Health attracts a diverse and qualified talent pool to fill positions**	Establish a provincially coordinated incentives framework for recruitment
			Enhancement of recruitment messaging and branding
			NH offers housing options and support for priority profressions.
			NH offers childcare options and support for priority profressions.
			NH supports a robust provincial Internation Educated Health Care Provider recruitment pathway.
		NH engages with partners to identify pathways to employment	Indigenous Health support and engagement with First Nations, Inuit, and Metis communities
			Enhancement of student engagement across secondary and post-secondary institutions
		NH offers flexibility in work arrangements	NH develops and implements alternative scheduling models to address casualization
			NH supports remote and hybrid work arrangements
			NH develops and implements a robust provincial travel resource pool to meet needs of communities and staff

Overview

TRAIN

Cornerstone	BC HHR Strategy Objectives	Critical Success Factor	Key Work Element
TRAIN	- Strengthen employer supported training models - Expand and modernize priority programs	**Northern Health is made up of a workforce primarily trained in the north and employed in the north**	NH works with PSI partners to establish northern specific spots
			NH will conduct research with academic partners to understand contributing factors toward a "trained in the North, employed in the North" approach.
		Northern Health is a teaching and learning organization	Clarify roles and responsibilities for preceptorship and student supervision, including dedicated time
			NH will identify innovative approaches to clinical supervision and preceptorship, including virtual/remote approaches
		Northern Health will provide upskilling and competency development to establish and support career pathways.	Enhancement and expansion of HCAP

The Face of Northern Health

As at October 4, 2022

Summary of Employees by Status	Headcount	%	FTE
Active: Total	9,053	100%	5,471
Full-time	4,163	46%	
Part-time	1,951	22%	
Casual	2,939	32%	
Non-Active: Total	985	100%	778
Leave	563	57%	403
Long Term Disability (LTD)	422	43%	375

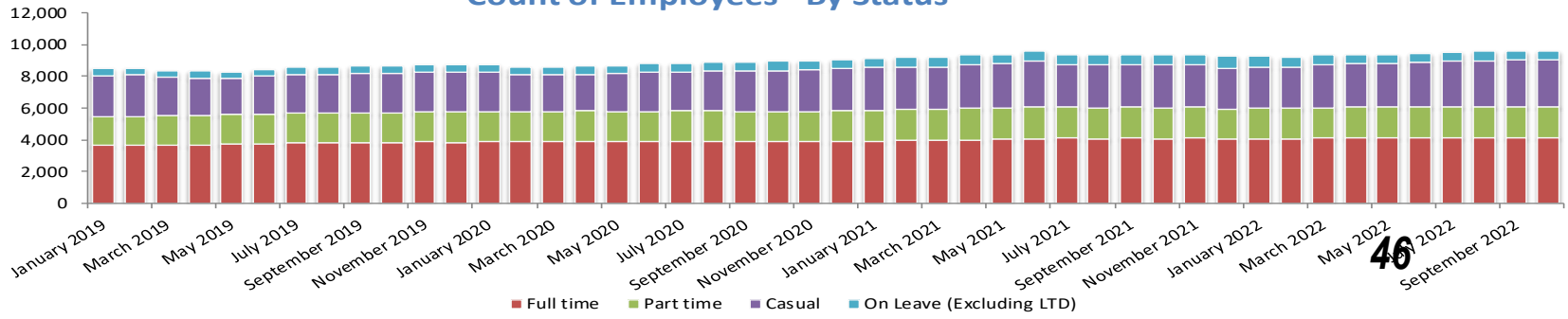
Active Employees by Region	Headcount	%
Active: Total	9,053	100%
North East	1,350	15%
North West	2,021	22%
Northern Interior: Prince George	2,902	32%
Northern Interior: Rural	1,174	13%
Regional	1,606	18%

Active Employees by Collective Agreement	Headcount	%
Active: Total	9,053	100%
Nurses	2,696	30%
Facilities	3,587	40%
Health Sciences	1,124	12%
Community	895	10%
Excluded	751	8%

Active Nursing	Headcount	%
Active: Total	2,696	100%
RN/RPN	2,044	76%
LPN	652	24%

Clinical vs. Support	Facilities	Community
Active: Total	3,586	895
Clinical	1,512	510
Non-Clinical	2,074	385

Count of Employees - By Status



BOARD BRIEFING NOTE

Date:	September 28, 2022	
Agenda item:	2022-23 Period 5 – Operating Budget Update	
Purpose:	☐ **Information**	☒ **Decision**
Prepared for:	NH Board of Directors	
Prepared by:	Mark De Croos, VP Financial & Corporate Services/CFO	

YTD August 22, 2022 (Period 5)

Year to date Period 5, Northern Health (NH) has a net operating deficit of $1.8 million.

Excluding extra-ordinary items, revenues are unfavourable to budget by $16.0 million or 3.8% and expenses are favourable to budget by $14.2 million or 3.3%.

The unfavourable variance in Ministry of Health Contributions is primarily due to delays in recognition of targeted funded programs. Targeted funding is only recognized when the related expenditure has been incurred. Unfortunately, hiring lags, in target funded programs, particularly Mental Health and Substance Use has resulted in less expenditure than budgeted. Therefore, following the matching principle, less revenue is recognized as earned.

The unfavourable in Other revenues is primarily due to delay in recognition of targeted funded programs from other sources.

The favourable variance in Community Care, Mental Health and Substance Use, and Population Health and Wellness is primarily due to vacant staff positions and hiring lags on targeted funded programs.

The budget overage in Long Term Care is primarily due to vacancies in several care aide positions across the region resulting in vacant shifts being filled at overtime rates and with agency staff.

In response to the global COVID-19 pandemic, NH has incurred $20.5 million in expenditures in the current fiscal year. The Ministry of Health is providing supplemental funding to offset pandemic related expenditures.

Recommendation:

The following motion is recommended:

> The Northern Health Board receives the 2022-23 Period 5 financial update as presented.

NORTHERN HEALTH
Statement of Operations
Year to date ending August 18, 2022
$ thousand

	Annual Budget	YTD August 18, 2022 (Period 5) Budget	Actual	Variance	%
REVENUE					
Ministry of Health Contributions	849,260	322,350	310,398	(11,952)	-3.7%
Other revenues	275,710	102,670	98,618	(4,052)	-3.9%
TOTAL REVENUES	**1,124,970**	**425,020**	**409,016**	**(16,004)**	**-3.8%**
EXPENSES (BY PROGRAM)					
Acute	575,190	217,710	215,518	2,192	1.0%
Community care	202,700	76,140	66,864	9,276	12.2%
Long term care	136,010	51,850	58,660	(6,810)	-13.1%
Mental health and substance use	76,780	29,780	23,605	6,175	20.7%
Population health and wellness	34,470	13,350	12,306	1,044	7.8%
Corporate	99,820	36,190	33,840	2,350	6.5%
TOTAL EXPENSES	**1,124,970**	**425,020**	**410,793**	**14,227**	**3.3%**
Net operating deficit before extraordinary items	**-**	**-**	**(1,777)**		
Extraordinary items					
COVID-19 expenses	-	-	20,490		
Total extraordinary expenses	-	-	20,490		
Supplemental Ministry of Health contributions	-	-	20,490		
Net extraordinary items	-	-	-		
NET OPERATING DEFICIT	**-**	**-**	**(1,777)**		

northern health
the northern way of caring

BOARD BRIEFING NOTE

Date:	September 28, 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 2022-23 capital expenditure plan in February 2022, with an amendment in June 2022. The updated plan approves total expenditures of $411.4M, with funding support from the Ministry of Health ($266 M, 65%), Six Regional Hospital Districts ($127M, 30%), Foundations, Auxiliaries and Other Entities ($2.7M, 1%), and Northern Health ($15.2M, 4%).

Year to date Period 5 (ending August 18, 2022), $103.3M was spent towards the execution of the plan as summarized below:

$ million	**YTD**	**Plan**
Major Capital Projects (> $5.0M)	89.3	315.5
Major Capital Projects (< $5.0M)	2.0	41.4
Major Capital Equipment (> $100,000)	5.1	25.0
Equipment & Projects (< $100,000)	4.1	12.5
Information Technology	2.7	17.1
	103.3	411.4

Significant capital projects currently underway and/or completed in 2022-23 are as follows:

Northern Interior Service Delivery Area (NI-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Burns Lake	BLH FM Hot Water Decoupling	$0.11	In Progress	SNRHD, MOH
Fort St. James	Stuart Lake Hospital Replacement	$158.34	In Progress	SNRHD, MOH
McBride	MCB Nursing Station Renovation	$0.38	In Progress	FFGRHD, NH
Mackenzie	MCK DI General X-Ray Replacement	$.95	In Progress	FFGRHD, MOH, NH
Mackenzie	MCK Nurse Call System Replacement	$.15	In Progress	FFGRHD, MOH
Prince George	GTW RC Vocera	$.50	Closing	MOH
Prince George	Prince George Long Term Care Business Plan	$1.4	In Progress	FFGRHD
Prince George	UHNBC 3rd Floor Stores Area Fire Protection Upgrade	$0.72	In Progress	FFGRHD, MOH
Prince George	UHNBC Cardiac Care Unit	$0.67	In Progress	FFGRHD, MOH
Prince George	UHNBC Cardiac Services Department Renovation	$12.5	In Progress	FFGRHD, MOH, NH
Prince George	UHNBC DI Interventional Fluoroscopy	$4.25	Closing	FFGRHD, MOH
Prince George	UHNBC DI General Fluoroscopy Replacement	$2.51	In Progress	FFGRHD, MOH, NH
Prince George	UHNBC DI Intravascular Ultrasound System	$0.18	In Progress	FFGRHD, MOH
Prince George	UHNBC DI Nuclear Medicine Waiting Area Renovation	$0.80	In Progress	FFGRHD, MOH
Prince George	UHNBC DI Ultrasound Replacement	$0.25	Closing	FFGRHD, MOH

Community	Project	Project $M	Status	Funding partner (note 1)
Prince George	UHNBC DI Ultrasound #2 Replacement	$0.23	In Progress	FFGRHD, NH
Prince George	UHNBC DI X-Ray Room 1 Replacement	$0.57	Planning	FFGRHD, NH
Prince George	UHNBC Diabetes and Renal Clinic Space Renovation	$1.24	Planning	FFGRHD, NH
Prince George	UHNBC FM Fire Alarm System Replacement	$2.32	In Progress	FFGRHD, MOH
Prince George	UHNBC FM DHW Decoupling and Condensing Boilers	$0.91	In Progress	FFGRHD, MOH
Prince George	UHNBC FMU Telemetry and Monitoring System Upgrade	$0.81	In Progress	FFGRHD, MOH
Prince George	UHNBC FS Trayline Assembly System Replacement	$2.44	In Progress	FFGRHD, MOH, NH
Prince George	UHNBC Integrated Fault Detection & Diagnostics	$0.25	Closing	FFGRHD, MOH
Prince George	UHNBC Lab Chemistry Automation	$7.61	In Progress	FFGRHD, MOH, NH
Prince George	UHNBC Lab Sysmex Machines Replacement	$1.26	In Progress	FFGRHD, MOH
Prince George	UHNBC Lab Tissue Processor Replacement	$0.42	In Progress	FFGRHD, MOH
Prince George	UHNBC Maternity and Fetal Monitoring System	$0.23	In Progress	FFGRHD, MOH
Prince George	UHNBC Phone System Replacement Phase 2	$0.91	In Progress	FFGRHD, MOH
Prince George	UHNBC New Acute Tower Business Plan	$5.00	In Progress	FFGRHD

Community	Project	Project $M	Status	Funding partner (note 1)
Prince George	UHNBC Sterile Compounding Room Upgrade Planning	$1.90	Planning	FFGRHD, NH
Prince George	UHNBC OR Dual Focus Lithotripter Replacement	$1.82	In Progress	FFGRHD, MOH
Prince George	UHNBC ED Negative Pressure Upgrade	$.36	In Progress	MOH
Prince George	UHNBC FM Transformer Replacement	$2.13	In Progress	FFGRHD, NH
Quesnel	DPL FM Heating Boilers Replacement (CNCP)	$.63	In progress	CCRHD, MOH
Quesnel	GRB CT Scanner Replacement	$1.92	Closing	CCRHD, MOH
Quesnel	GRB DI General X-Ray	$1.0	In Progress	CCRHD, MOH
Quesnel	GRB DI Ultrasound Replacement	$0.25	Closing	CCRHD, MOH
Quesnel	GRB DI Ultrasound 2 Replacement	$0.28	In Progress	CCRHD, MOH
Quesnel	GRB ER & ICU Addition	$27.0	In Progress	CCRHD, MOH
Quesnel	GRB Lab Chemistry Analyzer Replacement	$1.19	In Progress	CCRHD, MOH
Quesnel	Quesnel Long Term Care Business Plan	$.90	In Progress	CCRHD
Quesnel	Quesnel Substance Abuse Club Leasehold Improvement	$1.7	In Progress	CCRHD, NH
Vanderhoof	St. John Hospital Sterile Compounding Room Upgrade	$1.97	Closing	SNRHD, MOH, NH
Vanderhoof	Stuart Nechako Manor Roof Replacement	$5.0	Planning	SNRHD, MOH

Northwest Health Service Delivery Area (NW-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Hazelton	Hazelton Long Term Care Business Plan	$.60	In Progress	NWRHD
Houston	HDT DI X-Ray Machine Replacement	$.78	In Progress	NWRHD, MOH
Kitimat	Kitimat DI Bone Densitometer Replacement	$0.23	Planning	NWRHD, NH
Kitimat	Kitimat LND Laundry Equipment Replacement	$1.45	In Progress	NWRHD, MOH, NH
Terrace	MMH Hospital Replacement	$632.60	In Progress	NWRHD, MOH
Terrace	MMH OR Automated Medication Dispensing Cabinet	$0.18	Closing	MOH
Terrace	TEO Specialist Clinic Leasehold Improvement	$1.75	In Progress	NWRHD, MOH
Terrace	TVL FM Boiler Upgrade and HVAC Recommissioning (CNCP)	$0.55	In Progress	NWRHD, MOH
Masset	NHG DI Ultrasound Replacement	$.27	In Progress	NWRHD, MOH
Prince Rupert	PRRH Chemistry Analyzers Replacement	$0.59	Closing	NWRHD, NH
Prince Rupert	PRRH DI Ultrasound Machine 2 Replacement	$.23	In Progress	NWRHD, MOH
Prince Rupert	PRRH Medical Device Reprocessing Department Equipment Replacement and Centralization	$0.84	In Progress	MOH
Prince Rupert	PRRH OR Dual Focus Lithotripter	$1.8	Planning	MOH
Prince Rupert	PRRH Sterile Compounding Room Upgrade	$1.54	In Progress	NWRHD, MOH
Prince Rupert	PRRH FM Domestic Hot Water Upgrade (CNCP)	$.97	In Progress	NWRHD, MOH
Prince Rupert	PRRH FM Source Water Treatment Single Plant and Piping	$1.45	Planning	NWRHD, MOH, NH
Prince Rupert	PRRH Main Floor Renovation - Planning	$.35	Planning	NH

Community	Project	Project $M	Status	Funding partner (note 1)
Smithers	BVDH Phone System	$.21	In Progress	NWRHD, MOH
Smithers	BVDH Sterile Compounding Room Upgrade	$2.51	In Progress	NWRHD, NH
Smithers	BVDH FM Electrical Upgrade	$2.9	Planning	MOH
Smithers	Bulkley Lodge Domestic Hot Water Heaters and Tank and Repiping	$.55	In Progress	NWRHD, MOH
Smithers	Smithers Long Term Care Business Plan	$.90	In Progress	NWRHD
Smithers	Bulkley Lodge FM Nurse Call System	$.19	Closing	NWRHD, MOH
Stewart	STE FM Boiler Upgrade (CNCP)	$.54	In Progress	NWRHD, MOH
Houston	HDT FM AHU Replacement (CNCP)	$.87	In Progress	NWRHD, MOH

Northeast Health Service Delivery Area (NE-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Chetwynd	CGH Chemistry Analyzer Replacement	$.22	Closing	PRRHD, NH
Chetwynd	CGH FM Heating Boilers Replacement (CNCP)	$.57	In Progress	PRRHD, MOH
Chetwynd	CGH FM Nurse Call Replacement	$.27	In Progress	PRRHD, MOH
Chetwynd	CGH NUR Seclusion Room	$.28	In Progress	PRRHD, NH
Dawson Creek	DCDH Automated Medication Dispensing Cabinet	$.17	Closing	MOH
Dawson Creek	DCDH Hospital Replacement	$377.86	In Progress	PRRHD, MOH
Dawson Creek	DCH Phone System	$.45	In Progress	PRRHD, MOH
Dawson Creek	DCH DI CT Replacement	$2.55	In Progress	PRRHD, MOH
Dawson Creek	DCH DI Mobile C-Arm Replacement	$.27	In Progress	PRRHD, MOH

Community	Project	Project $M	Status	Funding partner (note 1)
Fort Nelson	FNH FM Boiler Upgrade and Heat Recovery (CNCP)	$.74	In Progress	PRRHD, MOH
Fort St. John	FSH Reverse Osmosis Replacement	$.49	Closing	MOH, NH
Fort St. John	Fort St. John Hospital Sterile Compounding Room Upgrade	$1.0	Closing	PRRHD, MOH, NH
Fort St. John	Fort St. John Lab Compliance Renovation	$1.22	Closing	PRRHD, MOH, NH
Fort St. John	Fort St. John Lab Chemistry Analyzer Replacement	$1.31	In Progress	PRRHD, MOH, NH
Fort St. John	Fort St. John Hospital NUR Patient Monitoring System Replacement	$.66	In Progress	FSJHF, PRRHD, MOH
Fort St. John	Fort St. John Hospital OR C-Arm Replacement	$.29	In Progress	MOH
Fort St. John	Fort St. John Hospital OR Orthopedic Fracture Table	$.20	In Progress	MOH
Fort St. John	FSO OD Prevention Site Leasehold Improvement	$2.83	In Progress	MOH, 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	$.60	Closing	PRRHD, NH

Regional Projects

Community	Project	Project $M	Status	Funding partner (note 1)
All	EmergCare	$4.35	In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Physician eScheduling and OnCall	$0.49	Closing	MOH, NH
All	Home Care Redesign	$1.29	On Hold	MOH
All	InCare Phase 1	$4.91	Closing	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	InCare Phase 2	$9.9	In Progress	MOH, CCRHD, FFGRHD,NRRHD, NWRHD, PRRHD, SNRHD,NH
All	MOIS/Momentum Interop	$0.21	In Progress	MOH, NH
All	Patient Transfer Tool	$.47	In Progress	CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	Provincial Lung Screening Program	$.27	In Progress	BC Cancer, NH
All	Sharepoint Upgrade	$0.31	In Progress	MOH, NH
All	Clinical Data Repository (CeDaR)	$1.53	In Progress	NH
All	Computer Assisted Coding Software	$.23	In Progress	NH
All	Core Network Infrastructure	$.95	In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	FNHA Community Health Record EMR Collaboration	$1.34	In Progress	MOH
All	SurgCare	$.93	In Progress	MOH
All	Videoconferencing Infrastructure Replacement	$.55	Planning	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD

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 2022-23, it is forecasted that NH will spend $14.4M on such items.

Note 1: Abbreviations used:

MOH	Ministry of Health
FFGRHD	Fraser Fort George Regional Hospital District
SNRHD	Stuart Nechako Regional Hospital District
NWRHD	Northwest Regional Hospital District
CCRHD	Cariboo Chilcotin Regional Hospital District
PRRHD	Peace River Regional Hospital District
NRRHD	Northern Rockies Regional Hospital District
NH	Northern Health
SONHF	Spirit of the North Healthcare Foundation
FSJHF	Fort St. John Hospital Foundation

Recommendation:

The Audit & Finance Committee recommends the NH Board approve the following motion:

> The Northern Health Board receives the Period 5 update on the 2022-23 Capital Expenditure Plan.

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BOARD BRIEFING NOTE

Date:	October 18, 2022	
Agenda item	Climate Change	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	NH Board of Directors	
Prepared by:	Lindsay Seegmiller, Regional Manager Healthy Settings Dr. Raina Fumerton, Medical Health Officer Diana Kutzner, PhD, Project Manager	
Reviewed by:	Tanis Hampe, VP Population and Public Health Dr. Jong Kim, Chief Medical Health Officer	

Issue & Purpose

Northern Health (NH) is currently working with the Ministry of Health's Health Climate Resilience Team and other Health Authorities to develop a Climate Preparedness and Adaptation Strategy for NH.

In July 2022, NH received targeted funding from the Ministry of Health to support this planning and initial actions. To meet the requirements and deliverables, Population and Public Health (PPH), with the NH Climate Change Coordinating Committee, has drafted a workplan for 2022-23 for Board and Executive feedback.

Background:

The impacts of climate change on human health and the health system are far reaching and well documented. Within NH, work related to the impacts of climate change on the health system and northern communities has been gaining momentum since 2015. Congruent with provincial priorities, the focus thus far has been on emergency preparedness and response and carbon reduction within NH facilities. However, in recent months there has been a heightened focus on health system resiliency, climate preparedness and adaptation, and the role of Population and Public Health.

In early 2022, the Provincial CPAS (Climate Preparedness and Adaptation Strategy) Health Advisory Committee completed a baseline assessment regarding the resiliency

of BC's health system to climate change, which will be made available to Health Authorities in the coming months. The initial findings indicate that there are foundations within Health Authorities that can be strengthened to build a climate resilient health system. The findings also indicate that health authorities are at different stages of development, and that there are many strengths to leverage across authorities. The Ministry of Health's Climate Resilience Team is now coordinating this work across health authorities.

On July 15, 2022 NH received an adjustment to the Ministry of Health funding letter, detailing the expectations related to new targeted funding for climate change adaptation and resilience action. This funding is expected to be renewed for the next three years at a minimum. Each health authority in BC received the same amount of funding and expectations; however, this may change in future years to better reflect the varying stages of development across health authorities. Expectations for 2022-23 include the submission of a workplan and progress reporting on CPAS deliverables and key performance indicators. The action areas for annual CPAS workplans are:

- Assess climate risks to health and health system, including vulnerability and adaptation assessments and information systems to inform provincial/regional health policy, programs and services and adaptation plans
- Build knowledge and capacity of health professionals and service providers to prepare and respond to the health impacts of climate change, including dedicated health authority staff and supporting governance structures to support CPAS actions
- Public communication and awareness to support the protection of population and public health from climate related health risks
- Cross-sectional collaboration and engagement on innovative, evidence-based solutions grounded in cultural safety and equity
- Provide information on existing or current health authority climate action activities to the Ministry of Health

Northern Health submitted a first draft of the workplan on July 31, 2022 and has since received feedback from the Ministry. A final workplan is due October 3, 2022. Key areas for action, and their associated objectives in the NH workplan are as follows:

1. **Organizational Leadership and Capacity:** Initiate and develop a Climate Resilience program within Northern Health.

2. **Workforce Knowledge and Capacity:** Build staff capacity and knowledge in climate preparedness and adaptation.

3. **Governance:** Identify and establish governance structures to guide our organization's climate actions.

4. **Reporting and Accountability:** Support reporting and contribute to key performance indicators to track progress of CPAS actions.

5. **Vulnerability and Adaptation Assessment:** Co-develop (with Ministry and other health authorities) workplans and capacity for climate and health vulnerability and adaptation assessments.

6. **Public Health Communications and Awareness:** Develop and implement a knowledge translation and communications plan related to mitigation, adaptation and protection of population and public health from climate-related health risks.

7. **Cross-sectoral collaboration and engagement on innovative, evidence-based solutions grounded in cultural safety and health equity:** Build collaborative relationships/partnerships across and beyond health systems to advance CPAS goals.

Key Actions, Changes & Progress:

Thus far, PPH and the NH Climate Coordinating Group have taken early steps to lay the foundation for Northern Health's climate resilient health system work. This work will continue, as we establish a solid foundation during this transition year. Work accomplished thus far includes:

1. **Establishment of PPH Climate Resilience Team.**
   Building a climate resilient health system spans well beyond PPH. To coordinate work across departments, PPH leads a weekly coordinating meeting that brings key stakeholders together to discuss work underway, and to plan for the future. This coordinating structure has been central for ensuring that key teams, including Facilities, HEMBC and Communications, are aware of, and able to inform the work of Population and Public Health. We anticipate the structure of this committee will continue to evolve over the course of the year as the workplan and associated roles and responsibilities take shape.

2. **Co-develop a workplan with internal partners, Health Authorities, and the Ministry of Health.**
   The workplan has been collaboratively developed under the leadership of the Ministry of Health's Climate Resilience Team. A core tenet of the Climate Resilience Team's leadership strategy is to ensure the strengths of each health authority are leveraged and shared with others, to avoid duplication of work and benefit from lessons learned.

3. **Establishment of a Health and Climate Change Lead within Population and Public Health.**

   To date, PPH climate change work has been shared amongst key teams (Healthy Settings, Health and Resource Development, Environmental Health). To meet provincial expectations and advance the collective work, a Lead, Health

and Climate Change position has been established. This role is a blend of project management and content expertise, and we anticipate the position will be filled by October 2022. The role will report to the Regional Manager, Healthy Settings but will work collaboratively across teams in NH including PPH, Capital Planning and Support Services, Communications and HEMBC. We anticipate assigning additional FTE to the Climate Change portfolio over the course of the next year, either directly or indirectly by supporting resources through other teams.

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BOARD BRIEFING NOTE

Date:	October 18, 2022	
Agenda item	Elder Program Update	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	NH Board of Directors	
Prepared by:	Aaron Bond, Executive Lead, Elder Program Dr. Raymond, Medical Lead, Elder Program	
Reviewed by:	Kelly Gunn, Vice President Primary & Community Care and Chief Nursing Executive	

Issue & Purpose
An overview of the priority work of the Elder Program for the NH Board of Directors.

Background:
The Elder Program stimulates, stewards, and supports planning and quality improvement across Northern Health in all care settings, to improve care for seniors.

Key Actions, Changes & Progress:

COVID-19 Pandemic Response:
Long-term Care and Seniors' Assisted Living: The protection of seniors living in long-term care homes and seniors' assisted living has required on going focus by our managers and staff. The Elder Service Network continues to support all facilities to implement or sustain required COVID-19 policy direction. Vaccines continue to play a major role in protecting most residents from severe illness. All eligible long-term care and seniors' assisted living residents were offered a second booster dose within the appropriate intervals (about six months after the first booster doses were offered at a facility) during Northern Health's spring COVID-19 booster vaccination campaign. Based on provincial direction, third booster doses will be offered starting in October 2022, in conjunction with influenza immunization.

We continue to provide daily reports to the Ministry of Health regarding the status of active COVID-19 cases in long-term care including supplemental information for any home with 10 or more active cases where an outbreak has not been declared. Since the inception of this reporting requirement, no northern long-term care homes have experienced 10 or more active cases. The Service Network continues to work with the facilities at highest risk of staffing shortages to develop mitigation strategies.

Adult Day Programs: Adult day programs play an important role to assist seniors and adults with disabilities to continue to live in their own homes by providing supportive group programs and activities in the community. At the direction of the Ministry of Health, in-person adult day programs were fully suspended at the beginning of the COVID-19 Pandemic. All suspensions have been lifted and the Elder Service Network is providing support and oversight for the safe resumption of all adult day programs.

Implementation of Specialized Community Services Program for the Medically Complex/Frail (Seniors population):
A flexible range of services is required to support seniors to live independently in their homes and communities. In response to the Ministry's direction and Northern Health's Strategic Priority to optimize care models and service pathways, the following work is in progress to increase service accessibility and flexibility:

Home Support[i]:

- Update home support demand analysis to determine community specific home support targets that meet the needs of seniors.
- Finalise and deliver revised Home Support Guidelines and Clinical Practice Standard with a focus on optimizing the scope of Community Health Workers to allow for more flexibility around service provision. This includes the implementation of extended service hours, unscheduled emergent care and help with Activities of Daily Living such as light housekeeping to prevent unnecessary admission to hospital and enable timely, supported discharge.
- Support implementation of fixed rotations where needed. Fixed rotations and guaranteed hours will support recruitment and retention of Community Health Care Workers, support client centred scheduling practices and improve continuity of care.
- To build service capacity, Northern Health is implementing the Health Career Access Program (HCAP) in the community sector in partnership with northern post-secondary institutions (Coast Mountain College, College of New Caledonia, and Northern Lights College). We are actively recruiting to 115 available funded seats and are planning recruitment to an additional 80 community sector seats for 2022/23. As of July 2022, we have successfully recruited to 72 community sector seats. Students who complete the program will graduate by December 2022 and begin a one-year return of service on a home support team. Northern Health supported the Nisga'a Valley Health Authority to become an affiliate employer as part of the HCAP program, which enables them to hire up to 12 students who will complete their one-year return of service in Nisga'a communities.

Alternative Dementia Housing

- Alternative seniors housing is intended to fill a service gap that exists for individuals who cannot be adequately supported in seniors' assisted living but who also do not require the intensity of services provided in long-term care. A housing project that includes eight beds aimed at providing alternative care for dementia is operational in Vanderhoof with the dementia care beds opening in September 2022.

Long-term Care

- Long-term care homes follow admission criteria to ensure people are appropriately admitted to these care settings. The Elder Program is finalising and implementing revised long-term care access clinical criteria to inform specific and consistent admission decisions.

- Long-term care business plans and bed modelling to 2035: Access to long-term care is essential to support the needs of people who can no longer be cared for in their own homes or in an alternative supported housing setting. Updated bed modelling analysis has informed the projected infrastructure needed for long-term care.

Recommendation(s):

The Elder Program submits this report for information and discussion purposes.

[i] While Home Support is not a specialized service, it is considered as such in Ministry policy.

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BOARD BRIEFING NOTE

Date:	October 18, 2022	
Agenda item	Perinatal Service Network Update	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	NH Board of Directors	
Prepared by:	Vanessa Salmons, Executive Lead, Perinatal Program Vacant, Medical Lead, Perinatal Program	
Reviewed by:	Kelly Gunn, VP Primary and Community Care and Chief Nursing Executive Cathy Ulrich, President and CEO	

Issue & Purpose

The purpose of this Briefing Note is to provide an overview of the priority work of the Perinatal Service Network.

Background:

The Perinatal Service Network stimulates and facilitates quality improvement to achieve and sustain high quality, culturally safe perinatal and neonatal services in a rural and remote context.

Highlighted priorities are to stabilize rural maternity services and support quality mental health and substance use (MHSU) care for women/individuals in the perinatal period.

Key Actions, Changes & Progress:

1. Stabilize Rural Maternity Services (5-Year Perinatal Care Strategy)

The development of the Northern Health (NH) 5-Year Perinatal Care Strategy (the Strategy) is in progress. Framed within the Idealised System of Services, the Strategy is guided by principles including culturally safe and trauma informed care, a person and family centered approach, seamless transitions, and team-based care. The Strategy contextualizes the Provincial Maternity Services Strategy to our rural health authority and is informed by the findings and recommendations from current initiatives/reports including the:

- Northwest Maternity Stabilization Report
- First Nations Health Authority Sacred and Strong Report

- Northern Health Perinatal Strategy
- Baby-Friendly Initiative
- In Plain Sight Report
- Lifetime Prevention Schedule
- Northern Health Perinatal Mental Health and Substance Use Priorities

There are 3 themes and 9 recommendations defined in the Strategy:

Theme/Recommendation	Work Elements (examples)
Theme 1: Patient/Client-Focused	
1. Integrate **culturally safe, trauma informed and compassionate care practices** across perinatal programming	• Collaborate with NH Indigenous Health, FNHA, Metis Nation of BC, regional engagement with Indigenous patient partners and Elders • Create an inventory of provincial and regional guidance, tools, supports and curriculum
2. Improve **patient access** and **transitions** across all levels of perinatal services as close to home as safely possible	• Document consultation, referral and communication pathways and staff/provider education according to Service Level with priority given to Planned Deliver Sites • Articulate perinatal transition points across the care journey for seamless patient transitions and communication
3. Improve **patient access** and provider competency related to **perinatal MHSU services**	• Promote perinatal Mental Health and Substance Use education and skill development for physicians and the perinatal care team • Link to Mental Health and Substance Use Service Network Service Model • Translate provincial resources and tools for perinatal service delivery in community and acute care settings
Theme 2: Provider-Focused	
4. Ensure ongoing support, planning and management of the northern **perinatal workforce**	• Continue to implement the recommendations from the Perinatal Learning Strategy and work with our local physicians, staff and provincial partners to develop interprofessional maternity services teams (collaborative service models).
5. Sustain and grow **perinatal education** and **clinical competencies** among rural and remote providers and support them with on-demand **clinical consultation** and **mentorship**	• Align perinatal and neonatal education with NH Distributed Model of Service Levels • Optimize the use of rural maternity support programs offered through the Rural Coordination Centre of BC

6. Optimize the effectiveness and functioning of **team-based perinatal care** and **scope optimization**	• Support Managing Obstetrical Risk Efficiently –(MoreOB) for interprofessional learning • Operationalize NH Perinatal Service Model (i.e., primary & community care interprofessional teams supporting prenatal and postpartum care) • Support collaborative maternity care models within primary care networks in the north
7. Support the ongoing integration of **new knowledge/evidence** into northern practice	• Continue to promote/support the Baby-Friendly Initiative 10 steps implementation • Increase Perinatal MHSU knowledge and skills among providers • Implement new/updated NH perinatal/newborn clinical practice standards and order sets
Theme 3: Planning & System-Focused	
8. Articulate and organize NH perinatal service delivery using **standardized planning frameworks and models**	• Align education and services with Perinatal Services BC Tiers of Service and NH Service Distribution Model
9. Standardize and routinize **data collection and evaluation** for quality improvement and planning	• Participate in the provincial surveillance advisory committee and quality standards development • Monitor the NH Perinatal Service Network scorecard indicators for quality improvement and provincial alignment • Utilize evaluation for integration of new learning/evidence

2. <u>Perinatal Mental Health and Substance Use</u>

A Perinatal MHSU development team was established to inform a northern blueprint to support pregnant women experiencing Mental Health and Substance Use concerns to access safe and evidence-informed supports and treatment in all care settings. Membership includes both internal and external partners and agencies across the north, including support from a northern person who has experienced substance use challenges in their lifetime. This blueprint is part of the 5 Year Perinatal Care Strategy.

Other priority pieces of work that sit within the Strategy include:

- Promote perinatal Mental Health and Substance Use (MHSU) education across the north for health care providers in maternity, neonatal, specialized MHSU services and community services,
- Utilize provincial funding to mobilize perinatal MHSU education access
- Partner with Indigenous Health, FNHA and Metis Nation of BC to support cultural safety education opportunities and access,
- Launch a Rooming-in Practice survey to identify gaps and opportunities for mother/baby togetherness (dyad care) in the north, and

- Targeted acute care team education for Care of the Newborn Exposed to Substances (Eat, Sleep, Console provincial practice resource and guidance)

3. Perinatal Quality Improvement

The Salus Global Managing Obstetrical Risk Efficiently – (MoreOB) program continues to guide facility Core Teams comprised of front-line nurses, physicians, and midwives in intrapartum skill development through interprofessional annual goal planning workshops, mentorship and support for collaborative learning and practice. NH is entering year 17 of this continuous quality improvement program.

Risks:

The primary risk and opportunity for the Perinatal Service Network is to stabilise and strengthen rural maternity services. Mitigation is occurring and is described through the development and implementation of the NH 5-Year Perinatal Care Strategy.

Recommendation(s)

This update is provided to the NH Board of Directors for information and discussion purposes.

BOARD BRIEFING NOTE

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Date:	October 18, 2022	
Agenda item	Partnering to Build Research Capacity and Infrastructure	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	NH Board of Directors	
Prepared by:	Dr. Julia Bickford, Regional Director	
Reviewed by:	Fraser Bell, VP Planning, Quality and Information Management	

Issue & Purpose

Northern Health works with a variety of partners to advance our organizational research capacity and infrastructure to support Northern Health in becoming a learning health community. This briefing note provides an update on exciting research activities that are happening across our region.

Background:

- A thriving health research system is associated with a higher performing health system and improved patient outcomes[1].
- Enhanced capacity to engage in research at NH will positively impact health equity in the north (e.g., ensuring investigational therapeutics are available/accessible to northern BC residents)
- A strong and supportive research environment in NH will contribute to workforce sustainability, allowing us to attract and retain clinicians who are interested in pursuing research interests

Key Actions, Changes & Progress:

- **Revised Memorandum of Understanding between Northern Health and University of Northern British Columbia**
  Over the last year, stakeholders from both NH and UNBC have come together regularly to develop a shared three-year strategic plan for our joint MOU. The MOU and strategic plan identify opportunities to stimulate innovation and transformation in both organizations that will foster closer integration of health services and policy, health provider and professional education, and health research. As part of this

[1]Hanney, S., Boaz, A., Jones, T., & Soper, B. (2013). Engagement in research: an innovative three-stage review of the benefits for health-care performance. *Health Services and Delivery Research,* 1(8).

MOU, shared research endeavors include: establishment of an annual seed grant for research teams to focus on priority issues relevant to the north, workshops to improve research skills and capacity amongst NH staff and physicians, and knowledge synthesis projects to inform NH strategic priorities and planning.

- **Centre for Clinical Research in the North – UBC/NH/UNBC partnership**.
  On March 21, 2022, the new Northern Centre for Clinical Research (NCCR) officially opened its doors. With physical space located in the Learning Development Centre at UHNBC, the NCCR is a tripartite partnership among Northern Health, the University of British Columbia, and the University of Northern British Columbia. This Centre will serve as a space for research excellence, knowledge exchange and translation, particularly focused on clinical research with relevance to northerners. Dr. Anurag Singh, will become the inaugural NCCR Director in September 2022. In order to ensure connection and collaboration with communities across the north, we successfully wrote a Strategic Innovation Fund grant in the spring of 2022. This grant enables us to hire a community engagement coordinator for one year. We already have three clinical studies underway with a fourth soon to begin. In addition, our first remote clinical trial follow-up visit occurred in the northwest, enabling a participant to receive follow-up care close to home rather than travelling to Prince George.

- **Centre for Technology Adoption for Aging in the North (CTAAN)**.
  CTAAN, led by Dr. Shannon Freeman and Dr. Richard McAloney, is a collaborating center for innovations in technology development and implementation to support older adults in rural and northern communities. In collaboration with NH, CTAAN is thinking differently about how to support older persons to age with grace, remain independent for longer, and delay need for long-term care services. Through interlinked projects with NH, CTAAN will enhance a streamlined uptake of technologies supporting adaptation, piloting, and implementation of existing technologies from Canada and beyond. Recently, in June 2022, Northern Health collaborated with CTAAN as they hosted the AgeWell Summer Institute, in which 22 trainees from across Canada came to Prince George to develop “pitches” for new technologies that could support people aging in the north. In addition, Northern Health continues to work with CTAAN to support the use of technology that supports aging for dementia care in our long term care facilities.

- **Northern Biobank Initiative (NBI)**
  The Northern Biobank, led by Dr. Nadine Caron, is the first biobank of its kind in British Columbia. It will enable Northern B.C. to better contribute to large-scale provincial and national research by helping to understand the demographic and genetic makeup of different populations throughout the province. The biobank aims to support biomedical research to improve diagnostics, treatment and prognostication of cancer. At the same time, the biobank allows previously underrepresented residents of rural, remote and northern communities to actively participate in research programs, previously accessible only to residents of large metropolitan centers. The first phase of this initiative was a retrospective biobank, funded by Genome British Columbia, Northern Health Authority, the First Nations Health Authority, Provincial Health Services Authority and the BC Cancer Foundation. In June of 2022, an ethics application was submitted to enable

researcher utilization of the retrospective biobank. Recently, Northern Health hired a Biobank Lead to support the work of developing a prospective biobank. This prospective biobank will initially focus on collection of samples across three cancer types: colon, thyroid, and breast. Work is currently underway to complete the prospective biobank proposal and ethics submission.

- **Continued Partnership and Collaboration with UNBC, Michael Smith Health Research BC, RCCbc and other Health Authorities**
  Throughout the last year, the COVID-19 pandemic reinforced the importance of NH working together in partnership and collaboration on many initiatives. For example:
  - NH and UNBC are co-leading the BC SUPPORT Unit Northern Centre Strategy for Patient Oriented Research (SPOR). Through this partnership, we hosted the 2021 Northern Research and Quality conference, with over 200 attendees.
  - We have a strong partnership with the School of Business at UNBC, which has resulted in strategic opportunities for internships that support hands-on student training as well as expanded capacity for NH. In the summer of 2022, we had five UNBC student interns work at NH through this partnership.
  - NH has been involved in several provincial initiatives this year, including participation in a Michael Smith Health Research BC pilot project which supports research and quality improvement in Long-Term Care.
  - The Rural Coordinating Centre of BC (RCCbc) continues to support research associates at the NH-UNBC Northern Node as well as the NCCR. These research associates support physician research projects in the north.
  - In addition, the development of a close working relationship with research departments in the other Health Authorities across B.C. has provided an important community of practice in which to share resources and learn from each other.

Recommendation:

This note is for information and discussion only.

BOARD BRIEFING NOTE

Date:	September 27, 2022	
Topic	Infection Prevention Update	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	NH Board of Directors	
Prepared by:	Deanna Hembroff, Regional Manager Infection Prevention	
Reviewed by:	Fraser Bell VP Planning, Quality, and Information Management	

Background:

The Infection Prevention and Control (IPC) team provide on-site and virtual guidance, training, auditing and surveillance to reduce the potential for nosocomial (within our facilities) infection of patients, family, and staff. The IPC team works with Public Health to prevent and manage outbreaks. The team also manages Medical Device Reprocessing (the department that sterilizes equipment for re-use (e.g., surgical equipment sterilization).

Infection Prevention Priorities 2022/2023

Following are the key priorities of the IPC team for 2022/23.

Priority 1 Medical Device Reprocessing Department (MDRD) quality improvement work:

- Product standardization. When staff are unfamiliar with equipment, they can miss important infection prevention/sterilization procedures. This year's objective is to reduce unnecessary variation in equipment, instrumentation, and packs to improve patient and user safety.
- Implement online training for all MDRD staff. Ensure staff in areas without access to on-site training can access MDR online training.

Priority 2 Initiate Infection Prevention facility assessments in locations where Infection Prevention is located with the goal of shifting to ongoing quality improvement.

- Engage with facilities when they are ready to take on quality improvement work.
- Develop assessment reports in stages as significant work is complete (assessments and site discussions have occurred for 5 LTC and 2 acute care facilities).

Covid19 Update

The Covid-19 pandemic led the IPC team into an uncharted situation, where much of the focus was on infection prevention guidance. Through enhanced communication, real time critical thinking, broadened collaboration, and timely innovation, the IPC team successfully supported facilities within Northern Health.

- Addition of 6 new ICP positions enabled Infection Prevention to have a greater focus on Long Term Care facilities
- Facilities and the associated staff are more familiar with Infection Prevention Program/Practitioners roles and responsibilities within the organization. There is an increased awareness that ICP support at the site level allows management to implement a preventative approach with communicable disease. With this support from Infection Prevention, leads and staff have become more confident in the implementation of infection prevention guidance.

NH Hand Hygiene 2010-2022

Northern Health can celebrate 10 years of improvement leading to a 92% compliance rate this past year! In 10 years, NH hand hygiene compliance has increased from 61% to 92%

- The NH Hand Hygiene program launched in 2011 in our acute care sites.
- In 2013, the program expanded into our long-term care facilities
- In 2021, the program introduced a self-audit tool for Community and Primary Care

Improvements have continued throughout the 10 years with:

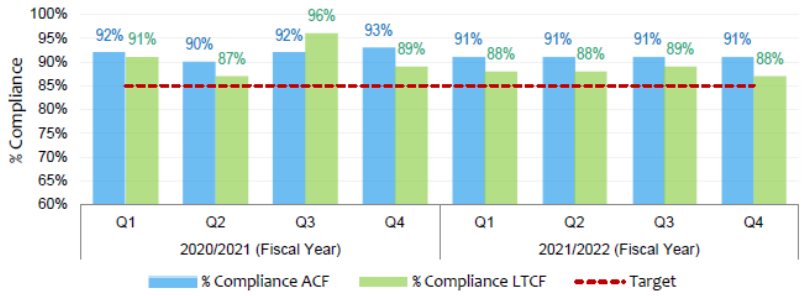
- Participation in world hand hygiene day, patient voices network
- Launch of the NH online hand hygiene dashboard so site/service leads can review their own performance on a regular basis
- Increase of alcohol-based hand rub dispensers throughout facilities
- Testing of a hand hygiene mobile application designed for patients/clients/residents, families, visitors to participate with observed hand hygiene practices

NH staff and Physicians have worked diligently to improve hand hygiene compliance over time. We commend their continuously effort towards quality Improvement. The two following infographics provide interesting information regarding Northern Health's current and past Hand Hygiene performance.

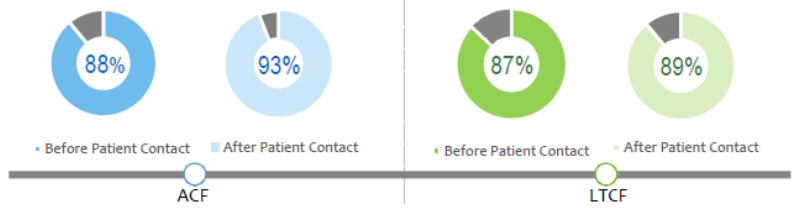
Hand hygiene compliance update: Quarter 1-4, 2021/2022

Mission: To create a comprehensive provincial program that will improve and sustain hand hygiene culture, in order to decrease the transmission of healthcare-associated infections in BC healthcare facilities.

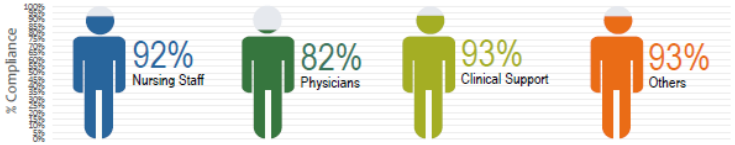
Northern Health Performance – Hand Hygiene Compliance



Before and After Hand Hygiene Compliance 2021/22



Health Care Provider Hand Hygiene Compliance Acute Care 2021/22



Legend:
HH – Hand Hygiene
ACF – Acute Care Facility
LTCF – Long term Care Facility

ID - Insufficient data
ND – No Data

What's New

Hand Hygiene App Launched in Acropolis Manor July 2021
Ongoing

Hand Hygiene Self Audit for Primary Care launched January 2021
Ongoing

Would you like to be trained as a Hand Hygiene auditor? Please contact your site Infection Control Practitioner or email us at infectionprevention@northernhealth.ca.

Participating Sites

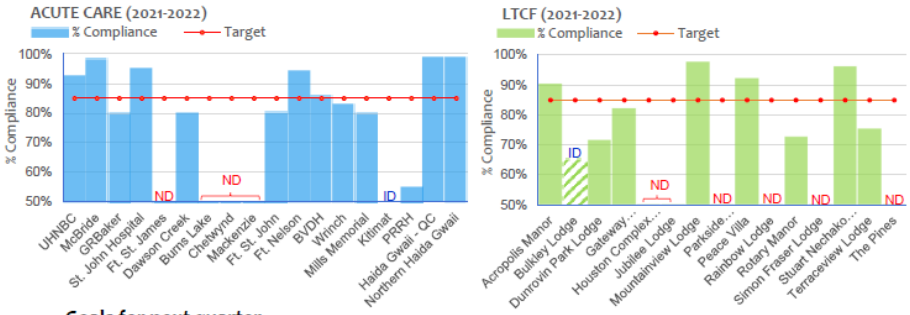
18 Participating sites — 14 – Active

15 Participating sites — 9 – Active

15 — 8 – from NI, 2 – from NE, 5 – from NW

Primary Care Facilities
Did you know that Primary Care clinics are now participating in HH auditing?

Hand Hygiene Compliance (Facilities)



Goals for next quarter

- Increase ICP presence/education in LTC and Primary care
- Increase awareness on HH auditing in primary care
- Encourage all sites to participate in HH audits

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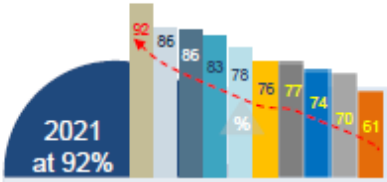
HAND HYGIENE

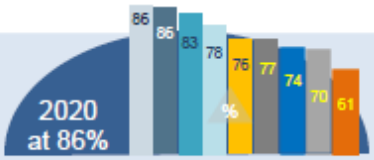
Compliance Rate Success

Northern Health

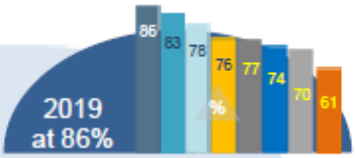
2011-2021



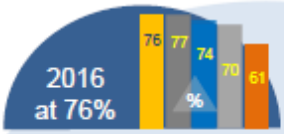
- Continual hand hygiene auditor training.
- Ongoing HH education for HCWs.
- Ongoing trial of Westech Hand Hygiene mobile app at Acropolis Manor.
- HH Self-Audit tool implemented at the Community and Primary Care sites.
- Significant ⬆ in submitted HH observations.



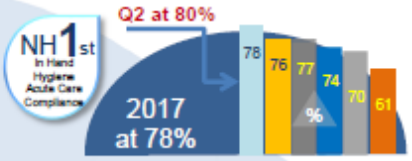
- Continual hand hygiene auditor training.
- Participation in "Stop clean your hands day" and Canadian Patient Safety week.
- Ongoing HH education for HCWs.
- Westech Hand Hygiene mobile app project. The web based app was designed to provide patients, families, visitors, and staff members feedback ability on observed hand hygiene practices of NH staff providing care.



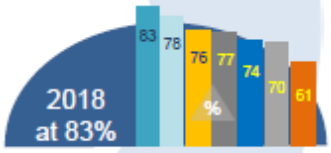
- Continuation of Patient Voices Network - Patient, Family Hand Hygiene focus group initiative
- Continual participation of NH facilities in the HH auditing process resulting in an increased number of HH audits.
- Ongoing HH education for HCWs.



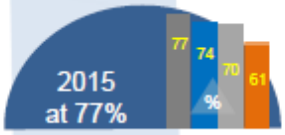
- ⬆ communication and involvement with senior management
- ⬆ participation of NH facilities in the HH auditing process resulting in an increased number of HH audits performed
- Beta testing of a HH app for electronic monitoring (1st version).
- Participation in "Stop clean your hands day" and patient safety week.
- Ongoing education for healthcare workers on how and when to perform HH.
- Participated in provincial HH communications campaign.
- Efforts to combine Hand Hygiene with Influenza clinics.



- ⬆ participation of NH facilities in the HH auditing process resulting in an increased number of HH audits
- ⬆ Increased staff engagement on hand hygiene auditor training
- Involvement in the provincial Hand Hygiene campaign
- Process initiated for Electronic Hand hygiene monitoring system in Prince Rupert
- Continuation of 2016 HH initiatives
- Participated in provincial hand hygiene communications campaign

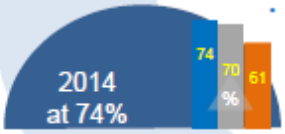


- Beta testing of DebMed HH tool
- Quality Improvement project on Electronic HH monitoring system in Prince Rupert. Installation of DebMed HH sensor on HH dispenser at PRRH
- Changeover to Deb Canada. NH ⬆ their number of AHR dispensers at all facilities throughout the region.
- Participation provincially with the Patient Voices Network - Patient, Family Hand Hygiene focus group

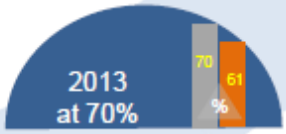


- Changeover to Deb Canada. NH ⬆ their number of AHR dispensers at all facilities throughout the region.
- ⬆ communication and involvement with senior management
- ⬆ participation of NH facilities in the HH auditing process resulting in an ⬆ number of HH audits performed
- Beta testing of a HH app for electronic monitoring.
- "Stop clean your hands day" and patient safety week.
- Ongoing education for HCW on how and when to perform HH.

- Started education around HH audit
- Provincial Hand Hygiene Audit form introduced
- Participation in the Provincial Hand Hygiene Perception Survey
- Development of NH HH Policy
- Creation of multi-focal HH toolkit
- Creation of NH HH database

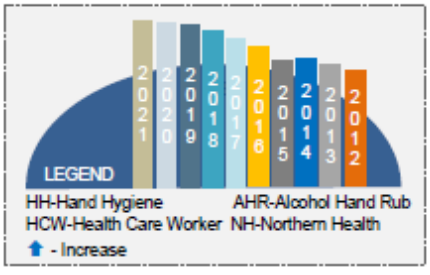


- Participation in "Stop Clean Your Hands Day" and Patient Safety Week occurred in many sites
- Promotion of ⬆ usage of AHR in Long Term care
- Production of an on-line HH dashboard for managers and supervisors
- Continue Implementation of HH auditing processes in Long Term care facilities



- Ongoing development and implementation of the NH HH action plan
- Hand Hygiene Audits occurring in all NH acute care facilities and initiated in Long Term care facilities
- HH educational module on OurNH page
- "Stop! Clean your hands Day" campaign
- Switched from "Laura line gel" to "Avagard foam" hand sanitizer.

2011
Hand Hygiene data collection began Feb 2011



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BOARD COMMITTEES V1 BRD 300

PURPOSE

1. Board committees are a mechanism that permits deeper examination of major areas for which the Board of Directors of Northern Health (the "Board") has governance responsibilities, both continuing and emergent, and supports the Board in handling its responsibilities.
2. Only Directors may serve as voting members on Board committees.
3. Board committees and their respective mandates are established by the Board, and the Board may vary the committee structure from time to time to meet its governance needs. The current Board committees are:
    - Audit and Finance Committee
    - Governance and Management Relations Committee
    - Performance, Planning and Priorities Committee
    - Indigenous Health and Cultural Safety Committee
4. From time to time the Board may assign exceptional tasks to a committee not captured by the committee's terms of reference.
5. The Board may delegate, by Board motion, specific areas of business to a committee to act on behalf of the Board between Board meetings and the committee must report thereon at the Board meeting immediately following.
6. Board committees are not established to assume functions or responsibilities that properly rest with management.

GENERAL GUIDELINES FOR COMMITTEES

1. Each committee reviews its mandate and terms of reference annually. These are submitted to the Governance and Management Relations Committee (GMR) for review in terms of alignment to policy standards, and then submitted by GMR to the Board for approval.

2. Each year the Board Chair is responsible for proposing to the Board the leadership and membership of each committee to be appointed. This will occur in accordance with the Board and Committee work plans or as needed to fill vacancies during the year.

Author(s): Governance & Management Relations Committee
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Date Issued (I), REVISED (R), reviewed (r): October 20, 2021 (R)

3. In preparing recommendations for committee membership and leadership, the Board Chair will consult with the President and Chief Executive Officer (the "CEO") and take into account the preferences, skills and experience of each Director. Periodic rotation in committee membership and leadership is to be considered in a way that recognizes and balances the need for new ideas, continuity, and maintenance of functional expertise.

4. The Board Chair will be an ex-officio and voting member of all committees on which the Board Chair is not a formal member.

5. The CEO shall be an ex-officio and non-voting member of all committees.

6. A committee member may be removed or replaced at any time by the Board and will cease to be a member upon ceasing to be a Director of the Board.

7. The number of members and composition of each committee is indicated in each committee's terms of reference.

8. Each committee will normally meet before each Board meeting or more frequently as deemed necessary by the committee. Generally, meetings will be scheduled each year in advance.

9. Business conducted by committees of the Board will not be open to the public and committee meetings are conducted in camera (BRD220).

10. Each committee shall have a committee timetable and work plan that outlines when the committee will address each of its duties and responsibilities during the course of the year. The timetable and work plan shall be referenced in the committee's terms of reference, but does not form part of the terms of reference. Changes to the terms of reference require Board approval; changes to the timetable and work plan are the domain of the committee, can be made at any time, and must be recorded in the minutes of the committee. If, in the view of the committee, a work plan change is substantive, the terms of reference and work plan should be referred back to the Board for approval.

11. Notice of the time and place of every committee meeting shall be given in writing or by facsimile or email communication to each regular and ex officio member of the committee at least 48 hours prior to the time fixed for such

meeting provided, however, that a member may in any manner waive notice of a meeting; and attendance at a meeting is a waiver of notice of the meeting, except where a member attends a meeting for the express purpose of objecting to the transaction of any business on the grounds that the meeting was not lawfully called.

12. The Chair of a committee or any two members of a committee may call a meeting of the committee.

13. If a committee Chair is unable to attend or is not present at any meeting of a committee within thirty minutes after the time that the meeting is scheduled to commence, one of the other members of the committee present at the meeting shall be chosen by the committee to preside at the meeting.

14. A committee member may participate in a committee meeting by means of such telephonic, electronic or other communication facilities that permit all persons participating in the meeting to communicate adequately with each other. A member participating in such a meeting by any such means is deemed to be present at the meeting.

15. A quorum for the transaction of business at a committee meeting will be a majority of the voting members, which includes the Board Chair if in attendance as an ex officio member as per #4 above. Questions arising at a meeting will be determined by a majority of votes of the members present. Note: 50% is the majority for a quorum; more than 50% is a majority for the purpose of voting.

16. The committee shall designate a Recording Secretary who will ensure that the minutes of each committee meeting are prepared and given in a timely fashion to each committee member and to the Corporate Secretary. A complete meeting record will be maintained electronically by the Recording Secretary and the Corporate Secretary and shall be made available to Directors and the CEO.

17. A committee may invite such Director or, in consultation with the CEO, such Northern Health employees or consultants as may be considered desirable to attend meetings and assist in the discussion and consideration of the business of the committee.

18. A committee may, from time to time, require the expertise of outside resources, including independent counsel or other advisors. No outside resource will be retained without the approval of the Board or Board Chair, generally in consultation with the CEO.

19. Committees will provide written reports to the Board through minutes as outlined in #16 above, and will report to the Board at each Board meeting with respect to specific recommendations or advice consistent with its mandate or other responsibilities as assigned by the Board. The Board will take whatever action it deems appropriate.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 20, 2021 (R)

TERMS OF REFERENCE FOR THE AUDIT AND FINANCE COMMITTEE BRD 310

Purpose

The primary function of the Audit and Finance Committee (the "Committee") is to advise the Board of Directors of Northern Health (the "Board) in fulfilling its oversight responsibilities by reviewing financial planning and performance related to the operating and capital budgets, including:

a. The provision of financial information to the Government and other stakeholders
b. The systems of internal controls
c. Compliance with legal and regulatory requirements related to financial planning and performance
d. All audit processes conducted through the office of the Internal Auditor
e. All other external financial audits
f. Financial risk management
g. Oversight of investment management activities

This Committee is not intended to act on behalf of the Board unless specific delegated authorities have been given to it.

Composition and Operations

The Committee shall be composed of not fewer than three directors and not more than five directors. (see Membership section for complete Committee membership details).

The Committee shall operate in a manner that is consistent with the General Guidelines for Committees (BRD 300).

All Committee members shall be both independent and "financially literate" and at least one member shall have "accounting or related financial expertise"[1].

[1] The Board has defined "financial literacy" as the ability to read and understand standard financial reporting. Where there is a requirement for a Director to have "accounting or financial expertise", this means the Director shall have the ability to analyze and understand a full set of financial statements, including the notes attached thereto in accordance with Canadian GAAP.

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Northern Health's external auditor and the BC Office of the Auditor General (OAG) shall be advised of the names of the Committee members. The Committee shall meet with the external auditor and the OAG as it deems appropriate to consider any matter that the Committee, external auditor or the OAG determine should be brought to the attention of the Board.

Duties and Responsibilities

Subject to the powers and duties of the Board, the Committee will perform the following duties:

A. Financial Performance

The Committee shall:

1. Review and recommend for approval to the Board, the financial content of Northern Health's annual report and other significant reports required by government or regulatory authorities (to the extent such reports discuss the financial position or operating results) for consistency of disclosure with the financial statements themselves. While the Committee has ~~that~~ the authority to determine which reports it shall review, the Committee is dependent on the integrity and professionalism of the Chief Executive Officer ("CEO") and the Chief Financial Officer ("CFO") to identify the reports that are "significant" and require Committee review
2. Review and approve Northern Health's annual "Statement of Financial Information (SOFI)" (also referred to as "Public Bodies Report)[2]
3. Review normal periodic financial information provided to the Board, including:
   a. Periodic financial statements
   b. Capital budget reports that provide information on both a project and expenditure basis
   c. Annual audited financial statements
4. Request and review various other financial and operational information as needed to fulfil the Committee's oversight responsibilities.

[2] In accordance with BRD 300 as a delegated authority from the Board (Oct 19, 2010: Motion Public/10-18)

5. Ensure that:
   a. The Board receives timely, meaningful reports that keep it properly informed of Northern Health's financial situation and that provide the information needed for decision-making
   b. All reports to the Board clearly display the financial results of each principal area of activity and include cash flow for the period and year-to-date
   c. The Board receives, at each meeting, an up-to-date forecast of year-end results, which reflects events to date and known factors which may materially influence either revenue or expense components
6. Review and discuss:
   a. The appropriateness of accounting policies and financial reporting practices used by Northern Health
   b. Any significant proposed changes in financial reporting and accounting policies and practices to be adopted by Northern Health
   c. Any new or pending developments in accounting and reporting standards that may affect Northern Health
7. Review any proposed changes to the position and duties of the CFO

B. Budget Development

The Committee will, with the assistance of the CFO, make an examination of the budget development process, including:

1. The methodology used to establish the operating budget such as revenue estimates, base assumptions for expense projections, financial risk factors, inflation allowances
2. Planned capital expenditure by category and the projections for expenditures justified by a priority scoring method endorsed by the Committee, including rate of return
3. Alignment/correlation of planned operating and capital budget decisions to the strategic direction of Northern Health

The Committee will review the planned management summary presentation to the Board to ensure that it will provide the Directors with a clear, concise picture of the financial implications of the operating plan and the associated financial risks.

C. Financial Risk Management, Internal Control and Information Systems

The Committee will review and obtain reasonable assurance that financial risk management, internal control and information systems are operating effectively to produce accurate, appropriate and timely financial information.

This includes:

1. Reviewing Northern Health's financial risk management controls and processes relating to financial planning and performance
2. Reviewing management steps to implement and maintain appropriate internal control procedures
3. Obtaining reasonable assurance that the information systems are reliable and the systems of internal controls are properly designed and effectively implemented through discussions with and reports from management, the internal auditor and the external auditor
4. Reviewing the adequacy of security of information, information systems and recovery plans and annually receiving affirmation of security and integrity
5. Monitoring compliance with statutory and regulatory obligations relating to financial planning and performance including direction from the Provincial Government. ~~(such as the Taxpayer Accountability Principles~~)
6. Reviewing and monitoring compliance with Northern Health's Fraud Risk Management Framework

Level of Spending Authority

The Committee shall:

7. Develop with management a comprehensive statement of authorities for operating and capital expenditures, in compliance with Northern Health's executive limitations policy, and present these authorities to the Board for approval
8. Monitor compliance with the approved signing authority policy[3] through the internal audit process and recommend to the Board any changes which may be necessary from time to time

[3] Policy 4-4-2-030-P: Finance>Accounts Payable>Signing Authority

D. Internal Audit

The Committee will oversee Northern Health's internal audit function and the internal audit relationship with the external auditor and with management.

This includes:

1. Reviewing the objectivity and independence of the internal auditor
2. Reviewing goals, resources and work plans
3. Reviewing any restrictions or issues
4. Reviewing significant recommendations and management responses
5. Meeting periodically, and at least twice per year, with the Regional Director of Internal Audit without management present
6. Reviewing proposed changes in the internal audit function

E. External Audit

The Committee will review the planning and results of audit activities and the ongoing relationship with the auditor.

This includes:

1. Assessing the performance of, and recommending to the Board for approval, engagement of the auditor
2. Reviewing the annual audit plan, including but not limited to the following:
   a. engagement letter
   b. objectives and scope of the external audit work
   c. materiality limit
   d. areas of audit risk
   e. staffing
   f. timetable
   g. proposed fees
3. Meeting with the external auditor to discuss Northern Health's annual financial statements and the auditor's report including the appropriateness of accounting policies and underlying estimates

4. Reviewing and advising the Board with respect to the planning, conduct and reporting of the annual audit, including but not limited to:
   a. Any difficulties encountered, or restrictions imposed by management, during the annual audit
   b. Any significant accounting or financial reporting issue
   c. The auditor's review of Northern Health's system of internal controls, procedures and documentation
   d. The post audit or management letter containing any findings or recommendations of the external auditor, including management's response thereto and the subsequent follow-up to any identified internal control weaknesses
   e. Any other matters the auditor brings to the Committee's attention
5. Reviewing any disagreements between management and the auditor regarding financial reporting
6. Reviewing and receiving assurances on the independence of the auditor
7. Reviewing the internal audit services and non-audit services to be provided by the auditor's firm or its affiliates (including estimated fees), and consider the impact on the independence of the audit
8. Meeting periodically, and at least annually, with the auditor without management present

F. Banking and Investment Management Activity

The Committee shall:

1. Annually review Banking and Investment policy[4] and recommend any needed revisions to the Board.
2. At minimum, annually receive report of all bank accounts, including their purposes and signing officers.
3. At minimum, annually receive report on Northern Health's investment holdings (including Central Deposit Program.)

G. Other

The Committee shall:

[4] Policy 4-4-6-040: Finance>General Accoutning>Banking and Investment

1. Review annually a Business Development report detailing progress on goals and objectives set out for the prior and current fiscal years
2. Review annually insurance coverage of significant risks and uncertainties
3. Review annually material litigation and its impact on financial reporting
4. Institute and oversee special examinations or investigations, as needed
5. Receive reports regarding Ministry of Health funding models, as needed
6. Review annually the Committee work plan and the Committee terms of reference as part of the regular Board Policy Review cycle
7. Confirm annually that all responsibilities outlined in the work plan attached to these terms of reference have been carried out

Accountability

The Committee is accountable to the Board and will maintain minutes of its meetings and will bring forward advice and recommendations for Board deliberation and decision-making at the next Board meeting.

Membership

- Committee Chair (Board member)
- Minimum two additional Board members (to a maximum of four)

Ex Officio:

- Northern Health Board Chair (voting)
- President and Chief Executive Officer (non-voting)

Executive and Management Support:

- Vice President, Financial & Corporate Services/Chief Financial Officer
- Regional Director, Internal Audit
- Regional Director, Capital Planning and Support Services
- ~~Regional Director, Legal Affairs, Enterprise Risk & Compliance~~Corporate Secretary

Recording Secretary:

- Executive Assistant to Vice President, Financial & Corporate Services/Chief Financial Officer

Ad Hoc:

Presenters to the Committee will be called upon from time to time, at the request of the Committee Chair, including:

- Chief Information Officer
- Regional Director, Business Development
- Regional Director, Finance & Controller
- Regional Director, Financial Planning & Budgeting

COMMITTEE WORK PLAN

The Recording Secretary shall maintain the Committee's annual work plan and will:

1. Ensure that changes to the Committee's terms of reference are reflected in the work plan, and
2. In accordance with G.(7), annually provide to the Committee a report that:
    a. Reconciles the Committee's Terms of Reference to the Committee's work plan for the upcoming year
    b. Reconciles the Committee's work plan to actual performance in the previous year, noting any exceptions and providing an explanation for these.

Committee reviews and approves the work plan for the upcoming year.

EXTERNAL AUDITOR INDEPENDENCE BRD 315

PURPOSE

Policy BRD 310, *Terms of Reference for the Audit & Finance Committee* (the "Committee"), assigns to the Committee the responsibility of reviewing the planning and results of external audit activities, and for overseeing the ongoing relationship with the external auditor.

The Committee recommends engagement of the external auditor to the Board of Directors of Northern Health (the "Board"). As specified in ~~the section entitled~~BRD 310 section E "External Audit", it is also required to:

- *review and receive assurances on the independence of the external auditor; and*
- *review the internal audit services and non-audit services to be provided by the external auditor's firm or its affiliates (including estimated fees) and consider the impact on the independence of the external audit*

The objectivity and integrity of the external auditor is fundamental to the public confidence in the reliability of the external auditor's report and hence the public accountability of Northern Health.

Since the external auditor is required to have a relationship with the client, absolute independence is not possible. The significance of economic, financial and other relationships must therefore be evaluated in the light of what a reasonable and informed third party would conclude as acceptable.

The purpose of this policy is to establish principles and controls designed to provide reasonable assurance that the external auditor maintains an adequate degree of independence to ensure objectivity and integrity.

The principles and controls set out below concern the engagement of the external auditor, the justification of non-audit services, and the hiring of audit staff.

ENGAGEMENT OF THE EXTERNAL AUDITOR

1. The external auditor's independence can be influenced by a number of threats including, but not limited to:
   a. Self-review threats that occur when an external auditor provides assurance on his or her own work

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b. Self-interest threats that occur when an external auditor could benefit from a financial interest in a client or when there is an undue dependence on an assurance[1] client
c. Advocacy threats that occur when an external auditor promotes a client's position or opinion
d. Familiarity threats which occur when an external auditor becomes too sympathetic to a client's interests
e. Intimidation threats which occur when an external auditor is deterred from acting objectively by actual or perceived threats from a client

2. It is expected that the external auditor will maintain a quality control system which recognizes these and other threats and provides reasonable assurance that his or her independence is not impaired.
3. The external auditor is required to give the Committee annual assurances concerning independence.
4. The external auditor is expected to adhere to a rotation policy that provides a balance between effectiveness, efficiency and independence. This rotation must be at intervals of no more than seven years for the lead partner responsible for the audit.

   An exemption on an annual basis from these requirements can be granted by the Committee if circumstances require such an exemption. Where there is only one partner engaged, the Committee may request that a partner from another location of the same firm be utilized in at least one year.
5. The external auditor should not hire and involve any of the following individuals to participate in the audit within twelve months of the cessation of their employment with Northern Health:
   a. Individuals who were previously employed as senior management of Northern Health, or
   b. Individuals who were previously employed as participants in processes or areas subject to external audit procedures.
6. Once the Committee is satisfied that the external auditor recognizes and accepts these principles and responsibilities it will authorize the Board Chair and the President and Chief Executive Officer (the "CEO) to jointly co-sign the letter of engagement.

[1] An 'assurance client' is a client who is receiving external audit services

INTERNAL AUDIT SERVICES

1. Internal audit services encompass assurance and consulting activities undertaken by the Internal Audit department of Northern Health. Internal Audit may, during the course of the year, seek assistance on projects through contract relationships with qualified individuals or firms.
2. The Chartered Professional Accountants of British Columbia (CPABC) Code of Professional Conduct specifically prohibits performance of an external audit engagement if:

   "... during either the period covered by the financial statements subject to audit or review or the engagement period, the member, the firm or a network firm or a member of the firm or network firm provides an internal audit service to the entity or a related entity unless, with respect to the entity for which the internal audit service is provided:

   (i) the entity designates an appropriate and competent resource within senior management to be responsible for internal audit activities and to acknowledge responsibility for designing, implementing and maintaining internal controls;

   (ii) the entity or its audit committee reviews, assesses and approves the scope, risk and frequency of the internal audit services;

   (iii) the entity's management evaluates the adequacy of the internal audit services and the findings resulting from their performance;

   (iv) the entity's management evaluates and determines which recommendations resulting from the internal audit services to implement and manages the implementation process; and

   (v) the entity's management reports to the audit committee the significant findings and recommendations resulting from the internal audit services."
3. The external auditor should not provide internal audit services where the services comprise a significant portion of the internal audit activities.
4. Certain internal audit activities may impair the independence of the external auditor and should not be undertaken by the external auditor:
   a. Performing ongoing monitoring or quality control activities that relate to the execution, accounting for, or approval of transactions
   b. Determining which, if any, recommendations for improving the internal control system should be implemented
   c. Reporting to the Board or the Committee on behalf of management or Internal Audit

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   d. Approving or being responsible for the overall internal audit work plan, including the determination of the internal audit risk and scope, project priorities, and frequency of performance of audit procedures

5. The licensed firm is required to identify threats to its independence and either apply safeguards to reduce the threats to an acceptable level or refuse to accept the external audit engagement.[2]
6. A proposal by Internal Audit to engage the external auditor for any internal audit services must be approved in advance by the Committee. The proposal will provide an estimate of fees and a description of safeguards to ensure independence of the external auditor is maintained. The proposal must be accompanied by a statement by the external auditor that such services:
   a. Will not be provided by external audit staff members participating in an external audit of Northern Health within twelve months of the provision of internal audit services
   b. Will be supervised and reviewed by an external audit partner other than that responsible for the provision of external audit services
   c. Will exclude audit items covered in the annual external audit
   d. Will exclude activities outlined in #4 above
7. The total fees incurred in the provision of internal audit services by the external auditor will not exceed 25% of the regular external audit fee for the year as approved by the Board.

NON-AUDIT SERVICES

1. External audit services are those related to the formulation of an opinion on financial statements prepared by management and include advice on accounting policies. Non-audit services are those services other than external or internal audit services.
2. Non-audit services undertaken by the external auditor create actual and/or perceived self-review, self-interest or advocacy threats to the independence of the external auditor. The degree of the threat depends on the nature, scale and scope of the non-audit services.
3. In relation to the provision of non-audit services, the term external auditor shall be interpreted as meaning the external auditor and any of its affiliates. The term affiliates will be interpreted by reference to the substance of a relationship with the audit firm but will generally include any entity controlled by the audit firm or under common control, ownership or management.

[2] Ibid, 204.2.

4. The external auditor may be engaged to provide non-audit services where there are good reasons and the services to be provided do not create a material threat to the independence of the external auditor. Good reasons for the external auditor to be appointed to perform non-audit services include:
   a. It is economical in terms of skill and effort for the external auditor to provide such services as a result of his or her intimate and specialised knowledge of the business
   b. The information required is a by-product of the audit process
   c. The services are required by legislation or regulation
5. Certain categories of non-audit services are considered to be potentially incompatible with the independence of the external auditor and should normally be avoided. These categories include:
   a. Performance of management functions or making management decisions
   b. Financial statement preparation services and bookkeeping services
   c. Valuation services
   d. Actuarial services
   e. Designing or implementing a hardware or software system
   f. Designing or implementing internal controls over financial reporting
   g. Legal services
   h. Recruiting services
   i. Certain corporate finance activities that create an unacceptable advocacy or self-review threat including making investment decisions or having custody of assets such as securities
6. A proposal by Northern Health management to engage the external auditor for any services in the categories set-out in #5 above must be approved in advance by the Committee. In the review of such proposals the Committee will, where further detailed guidance is considered necessary, refer to standards and guidelines issued by CPA Canada and CPA British Columbia.
7. Except for those services set out in #5 above, management may arrange the provision of non-audit services by the external auditor provided that:
   a. A formal procurement is followed in accordance with NH procurement policies
   b. The costs of such services do not exceed an amount equal to 25% of the regular external audit fee for the year as approved by the Board
   c. The costs of the service to be provided, combined with the cost of any other non-audit or internal audit services provided by the external auditor in the same year do not exceed an amount equal to 50% of the regular audit fee

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 20, 2021 (r)

d. All such services are reported to the Committee at the next scheduled meeting along with the reasons therefore

e. Any proposal to engage the external auditor for the provision of non-audit services, the costs of which will exceed the limits set out in 7(b) and (c), must have the prior approval of the Committee. Where the need for such services is time sensitive, the CFO may request the Chair of the Committee to convene a special meeting of the Committee.

8. Taxation services comprise a broad range of services, including compliance, planning, provision of formal taxation opinions and assistance in the resolution of tax disputes. Such assignments are generally not seen to create threats to external auditor independence.

HIRING OF EXTERNAL AUDIT STAFF

1. Any individual that was employed by the external audit firm and participated in the external audit within the last three months will not be hired to a position at the Regional Director level or above.

TERMS OF REFERENCE FOR THE GOVERNANCE & MANAGEMENT RELATIONS COMMITTEE BRD 320

PURPOSE

The primary function of the Governance and Management Relations Committee ("GMR" or the "Committee") is to assist the Board of Directors of Northern Health (the "Board") in fulfilling its oversight responsibilities by providing advice to the Board in the following areas of responsibility:

- Overseeing the development of Board meeting agendas to address the critical issues emerging from the deliberations of Board Committees and elsewhere in the organization
- Assessing and making recommendations regarding Board effectiveness, providing direction in relation to ongoing Director development and leading the process for recommending Director criteria to the government for consideration when appointing Directors, and setting and reviewing Board policies and procedures
- Providing guidance to the Board Chair and to the President & Chief Executive Officer (the "CEO") regarding the development and management of government relations
- Developing the agreement between Northern Health and the Government of British Columbia as set out in the mandate letter
- Assisting the Board in fulfilling its obligations related to management compensation policy and overseeing plans for the continuity and development of senior management
- Ensuring a communications strategy is developed, implemented and monitored.

This committee is not intended to act on behalf of the Board unless specific delegated authorities have been given.

COMPOSITION AND OPERATIONS

The Committee shall be composed of the Chair of the Audit and Finance Committee, the Chair of the Performance, Planning and Priorities Committee, the Chair of the Indigenous Health and Cultural Safety Committee, the Board Chair, and one Director, who will serve as Committee Chair. (See Membership section for complete committee membership details).

The Committee shall operate in a manner that is consistent with committee guidelines outlined in policy BRD 300 of the Board policy manual.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): December 6, 2021 (R)

DUTIES AND RESPONSIBILITIES

The duties and responsibilities of the Committee will include:

A. Governance

The Committee shall:

1. Develop Board meeting agendas with a focus on the strategic and critical issues emerging from Board Committee deliberations.
2. Establish the key internal and external communication messages arising from the Board meeting agenda and initiate the development of Board communication releases based on these messages.
3. Oversee the creation and distribution of the annual report.
4. Recommend to the Board the plan for Northern Health's community consultation strategy and oversee the implementation of this strategy.
5. Oversee the development and monitoring of Northern Health's enterprise-wide Integrated Risk Management Framework.
6. Review and advise the Board with respect to risk management issues including major incident/negligence summaries, and issues involving litigation.
7. Review and advise the Board with respect to Privacy and the Patient Care Quality Office (PCQO).
8. Monitor compliance with laws and regulations and ensure that procedures have been established to receive and address reports and complaints regarding non-compliance.
9. Oversee the formal agreements supporting research, education and quality improvement partnerships with academic organisations to create a learning environment throughout NH.
10. Develop, and annually update, a long-term plan for Board composition that takes into consideration the current strengths, skills and experience on the Board, retirement dates and the strategic direction of Northern Health.
11. Develop recommendations regarding the essential and desired experiences and skills for potential Directors, taking into consideration the Board's short-term needs and long-term succession plans.
12. In consultation with the Board Chair and the CEO, recommend to the Board for subsequent recommendation to government, criteria and potential candidates for consideration when they are appointing Directors.
13. Review, monitor and make recommendations regarding Director orientation and ongoing development.

Author(s): Governance & Management Relations Committee
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14. Recommend to the Board, and annually implement, the appropriate evaluation process for the Board.
15. Review annually, for Board approval, a board manual outlining the policies and procedures by which the Board will operate including, but not limited to, the terms of reference for the Board, the Board Chair, the CEO, individual Directors and Board committees.
16. Ensure there is a system that enables a committee or Director to engage separate independent counsel in appropriate circumstances, at Northern Health's expense, and be responsible for the ongoing administration of such a system.
17. Review annually, for Board approval, all Board Enduring Motions to ensure that they are still current and relevant.
18. Recommend to the Board any reports on governance that may be required or considered advisable.
19. Oversee the development, revision and renewal of the Memorandum of Understanding between Northern Health and the University of Northern British Columbia
20. Oversee the development, revision and renewal of the Memorandum of Understanding with the Foundation(s), and the development and maintenance of a productive relationship with the Auxiliaries and Societies that support Northern Health.
21. At the request of the Board Chair or the Board, undertake such other governance initiatives as may be necessary or desirable to contribute to the success of Northern Health.
22. Provide direction for content of the annual Board planning session and build items arising from this planning into the Board's work plan.
23. Review the existence and application of the corporate conduct policy on an annual basis (BRD 260).
24. Oversee the development, implementation and evaluation of the communication strategy and policies including:
    - Internal communications
    - External communications
    - Media relations
    - Social Media
    - Stakeholder relations
25. Provide advice to the Board Chair and Chief Executive Officer (the "CEO") regarding emerging communication issues involving the Board

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): December 6, 2021 (R)

B. Management Relations

The Committee shall:

1. Recommend a performance planning and review process for the CEO and, when approved, lead the implementation of the process.
2. Review and recommend the CEO's compensation to the Board for approval, subject to the legislative guidelines.
3. Review policy and procedures related to the review and approval of the CEO's expenses.
4. Review the CEO's analysis of the senior management team structure, processes, and performance.
5. Review with the CEO the succession planning strategy across all management levels and ensure that comprehensive succession plans are in place for all senior executive positions.
6. Review and recommend Northern Health's compensation philosophy and guidelines and ensure compliance with any applicable guidelines established by Health Employers' Association of BC (HEABC) and the Public Sector Employers Council (PSEC).
7. Review and recommend to the Board the ratification of collective agreements. Only the Board has the authority to ratify collective agreements.
8. Review with the CEO any significant outside commitments the CEO is considering before the commitment is made. This includes commitments to act as a Director or Trustee of for-profit and not-for-profit organizations.

C. Government Relations

The Committee shall:

1. Provide advice to the Board Chair and CEO in relation to regular interactions with government through such forums as the Board Chairs/CEO meeting, meetings with the Minister of Health, and other ministries and government bodies.
2. Create an environment that fosters productive relationships with the North Central Local Government Association (NCLGA), Regional Hospital Districts (RHD), and MLAs through regular communication, management of issues, and opportunities for interaction with the Board during regular Board meetings.
3. Receive reports and provide advice regarding Board Chair and CEO meetings with local government at the NCLGA and Union of British Columbia Municipalities (UBCM) meetings.

Author(s): Governance & Management Relations Committee
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4. Organize opportunities for the Board to interact with the Minister and Ministry of Health leadership in relation to Northern Health's performance in achieving the priorities outlined in the mandate letter to the Board of Directors from the Minister of Health and the bilateral letter to the CEO from the Minister of Health. ,
5. Oversee the communications processes between Northern Health, Government Communications & Public Engagement (GCPE), the Ministry of Health and other government organizations and bodies.
6. Oversee the relationship between Northern Health and the Provincial Health Services Authority (PHSA) in relation to their provincial mandate for:
   i. Provincial clinical policy
   ii. Provincial clinical service delivery
   iii. Provincial commercial services; e.g. supply chain and accounts payable
   iv. Provincial digital and information technology
7. Oversee the relationship between Northern Health and HEABC and Healthcare Benefit Trust (HBT).
8. Annually review Northern Health's (a) Energy and Sustainability Policy, and (b) Carbon Neutral Action Report.

ACCOUNTABILITY

The Committee is accountable to the Board and will maintain minutes of its meetings and will bring forward advice and recommendations for Board deliberation and decision making at the next Board meeting.

MEMBERSHIP

- Northern Heath Board Chair
- Chairs of the Standing Committees (Audit & Finance; Performance, Planning and Priorities, Indigenous Health and Cultural Safety)
- 1 other Board Member who will serve as the Committee Chair

Ex Officio:

- President and Chief Executive Officer (non-voting)

Executive and Management Support:

- Regional Director, Legal Affairs, Enterprise Risk and Compliance & Corporate Secretary
- Executive Assistant, Northern Health Board & President/CEO

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): December 6, 2021 (R)

Recording Secretary:

- Executive Assistant, Vice President Human Resources

Ad Hoc:

- Presenters to the Committee will be called upon from time to time, at the request of the Committee Chair

COMMITTEE WORK PLAN

The Recording Secretary shall maintain the Committee's annual work plan and will:

1. Ensure that changes to the Committee's terms of reference are reflected in the work plan, and
2. Annually provide to the Committee a report that:
    a. Indicates all elements of the work plan were undertaken in the previous year.
    b. Notes any exceptions and provides an explanation,
    c. Affirms that the work contemplated in the Terms of Reference is reflected in the Committee work plan.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): December 6, 2021 (R)

TERMS OF REFERENCE FOR THE PERFORMANCE, PLANNING AND PRIORITIES COMMITTEE BRD 330

PURPOSE

The purpose of the Performance, Planning and Priorities Committee ("3P" or the "Committee") is to assist the Board of Directors of Northern Health (the "Board") in fulfilling its oversight responsibilities by providing advice to the Board in the following areas of responsibility:

- Oversight of quality and patient safety review processes for the purpose of improving the quality of health care or practice within Northern Health (NH)
- Development and review of the Strategic Plan
- Setting of strategic priorities designed to enable the organization to meet the goals set out in the Strategic Plan
- Monitoring performance of the organization in achieving the goals set out in the Strategic Plan and the performance expectations set forth by the Ministry of Health in the Minister's mandate letter to the Board of Directors

This Committee is not intended to act on behalf of the Board unless specific delegated authorities have been given.

COMPOSITION AND OPERATIONS

The Committee shall be composed of not fewer than three Directors and not more than five Directors. (See Membership section for complete Committee membership details).

- The Committee shall operate in a manner that is consistent with the Committee Guidelines outlined in Policy BRD 300 of the Board Manual
- Each committee meeting will focus on one (or two) strategic priorities with the understanding that there may be the need to include additional agenda items that are time sensitive
- Each Committee meeting will include a review of the scorecard indicators for the strategic priority being reviewed
- Each Committee meeting will bring forward reports relevant to the Strategic Priority (from NH's Strategic Plan) being reviewed. Reports will include information from the appropriate Service Networks.
- Each Committee meeting will include a report highlighting the status and work of one or more aligned Strategic Initiatives

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 20, 2021 (R)

DUTIES AND RESPONSIBILITIES

The duties and responsibilities of the Committee will include:

Section 1: Strategic Work

A. Strategic Plan

The Committee will oversee the development and review of the organization's Strategic Plan and will provide guidance in setting the strategic priorities that will enable its fulfillment. The Strategic Plan includes a Mission, Vision, Values and Strategic Priorities. ~~and directions required to achieve the expected outcomes by:~~

~~a. reviewing organizational priorities~~

~~b. reviewing the operational plan~~

B. Operational Plan/Strategic Initiatives

The Committee will oversee the development and review of the select number of high priority strategic initiatives with a three-year time horizon, refreshed annually.

C. Service Plan

The Committee will oversee and approve Northern Health's public Service Plan each year by:

a. reviewing the Ministry of Health mandate letter
b. overseeing the development of the annual Service Plan and annual Service Plan report
c. monitoring and evaluating NH's performance as per the annual Service Plan
d. reviewing and overseeing clinical quality priorities

Section 2: Monitoring Progress

A. Strategic Priority: Healthy People in Healthy Communities

The Committee will oversee the work done to partner with communities to support people to live well and to prevent disease and injury by:

a. reviewing scorecards[1] for Healthy People in Healthy Communities
b. review work plans and progress of the the Pandemic Response and Recovery Plan

[1] The Committee will regularly analyze scorecards in an effort to measure performance and management's success in achieving the goals and targets as set out in the Strategic Plan, annual Service Plan and Ministry of Health performance expectations.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
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c. reviewing initiatives within Population and Public Health including partnering for healthy communities
d. Receiving and reviewing health status reports prepared by the Chief Medical Health Officer

B. Strategic Priority: Coordinated and Accessible Services

The Committee will oversee the provision of health services based in a Primary Care Network and linked to a range of specialized community service and acute care programs, which support each person and their family over the lifespan from staying healthy, to living well with disease and injury, to end-of-life care by:

a. reviewing scorecards[1] for Coordinated and Accessible Services
b. review work plans and progress of the Strategic Initiative: Acute Care Stabilization
c. review work plans and progress of the Strategic Initiative: Strengthen Care Models and Pathways
d. reviewing primary care and community servicesincluding collaborationwith the Divisions of Family Practice to plan, implement, evaluate and improve quality through the implementation of Primary Care Networks, interprofessional teams, and Urgent and Primary Care Services.
e. reviewing the implementation of community specialized service programs connected to specialist physicians, with service pathways for the person and their family
f. overseeing the distribution of services by community size in a rural and remote geography

C. Strategic Priority: Quality

The Committee will oversee the development and implementation of the quality improvement framework including the policies, standards, structures and processes necessary to support quality improvement and patient safety. The Committee will ensure a culture of continuous quality improvement by:

a. reviewing scorecards[1] for quality
b. review work plans and progress of the Strategic Initiative: Optimize Surgical Services
c. reviewing the key priorities for each clinical service network to ensure establishment of quality improvement goals at the program level and to oversee quality monitoring:
    i. Chronic Disease
    ii. Critical Care
    iii. Elder Services
    iv. Emergency & Trauma
    v. Mental Health & Substance Use

Author(s): Governance & Management Relations Committee
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vi. Perinatal
vii. Surgical Services
viii. Child & Youth
ix. Rehabilitative Services

d. Building NH research capacity and infrastructure
e. Reviewing implementation progress of quality programs related to:
   i. Patient and Family Centered Care
   ii. Accreditation
   iii. Quality Training/Education
   iv. Service Networks
f. reviewing patient satisfaction surveys from facilities throughout NH
g. reviewing and advising the Board with respect to an Annual Quality Review and receiving reports arising from quality review committees properly constituted within the provisions of Section 51 of the *Evidence Act [RSBC 1996] Chapter 124*[2]
h. reviewing annual reports on Patient Safety and Learning System (PSLS) events
i. overseeing the development and review of the Integrated Ethics Framework

D. Enabling Priorities: Our People

The Committee will oversee the provision of a positive, dynamic environment where staff and physicians make a difference for the people we serve by:

a. reviewing scorecards[1] for Our People
b. review work plans and progress of the Strategic Initiative: Workforce Sustainability
c. overseeing the development, monitoring and evaluation of the Health Human Resource Plan and Workforce Sustainability Strategy including recruitment and retention
d. overseeing the development, monitoring and evaluation of the employee education and development framework and plan
e. reviewing Northern Health's policies, structures and processes for the development of the Physician Human Resource Plan

E. Enabling Priorities: Communications, Technology and Infrastructure

The Committee will oversee the advancement of communications, technology and infrastructure by:

a. reviewing scorecards[1] for Communication, Technology and Infrastruture
b. review work plans and progress of the Strategic Initiative: SaferCare

[2] The 3P Committee does not itself conduct quality reviews under Section 51 of the Evidence Act.

c. reviewing an annual overview of the Information Management and Information Technology Plan and progress to the plan

Section 3: 3P Terms of Reference

The Committee will annually review and update the 3P Terms of Reference to ensure it accurately reflects the performance, planning and priorities identified for the Board and Northern Health.

ACCOUNTABILITY

The Committee is accountable to the Northern Health Board and will maintain minutes of its meetings and will bring forward advice and recommendations for Board deliberation and decision making at the next Board meeting.

Membership

- Committee Chair (Director – not the Board Chair)
- Two to four additional Directors

Ex Officio:
- Board Chair (voting)
- CEO (non-voting)

Executive & Management Support:
- Vice President, Planning, Quality and Information Management
- Regional Director, Internal Audit
- Corporate Secretary

Recording Secretary:
- Executive Assistant, VP Planning, Quality and Information Management

Ad Hoc:
- Presenters to the Committee will be called upon from time to time, at the request of the Committee Chair.

COMMITTEE WORK PLAN

The Recording Secretary shall maintain the Committee's annual work plan and will:

1. Ensure that changes to the Committee's terms of reference are reflected in the work plan, and
2. Annually provide to the Committee a report that:
   a. Indicates all elements of the work plan were undertaken in the previous year.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 20, 2021 (R)

b. Notes any exceptions and provides an explanation,
c. Affirms that the work contemplated in the Terms of Reference is reflected in the Committee work plan.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 20, 2021 (R)

TASK FORCES BRD 340

A task force is a committee of the Board of Directors of Northern Health (the "Board") established for a defined period of time, normally not longer than six months, to undertake a specific task, and is then disbanded.

Guidelines for Task Forces

1. A task force operates according to a Board approved mandate, which outlines its duties and responsibilities.
2. Each task force must have terms of reference with the following headings:
    - Purpose
    - Composition
    - Duties and Responsibilities
    - Completion Date
3. A task force must get an extension approved to go beyond the time limit specified in its terms of reference. The Guidelines for Committees (Policy BRD 300) also apply to task forces established by the Board.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 20, 2021 (r)

DRAFT TERMS OF REFERENCE FOR THE INDIGENOUS HEALTH AND CULTURAL SAFETY COMMITTEE BRD 350

PURPOSE

The purpose of the Indigenous Health and Cultural Safety Committee ("IHCS" or the "Committee") is to assist the Board of Directors of Northern Health (the "Board") in fulfilling its governance responsibilities for ensuring the culturally safe and effective delivery of care and services to First Nations, Metis, and Indigenous Peoples by providing advice to the Board in the following areas of responsibility:

- Overseeing the implementation, evaluation, revision and renewal of Northern Health commitments in the Northern Partnership Accord between the Frist Nations Health Council – Northern Regional Caucus, First Nations Health Authoritiy and Northern Health
- Overseeing Northern Health's contribution to the development, implementation and evaluation of the Northern First Nations Health and Wellness Plan.
- Overseeing the implementation, evaluation, revision and renewal of Northern Health's commitments in the Letter of Understanding and corresponding workplan between the Metis Nation of BC and Northern Health
- Overseeing the development, implementation and evaluation of *Making it Real: Cultural Safety in Northern Health* Framework for action.
- Ensuring that the recommendations from the Ministry of Health's investigations into systemic racism in the health care system are incorporated into Northern Health's strategic, operational and budget management plans.
- Review an annual environmental scan of promising Indigenous health initiatives in the North and in other regions of the province
- Review an annual comparison and analysis of Northern Health's strategic and operational plans and FNHA annual service plan

This Committee is not intended to act on behalf of the Board unless specific delegated authorities have been given.

COMPOSITION AND OPERATIONS

The Committee shall be composed of not fewer than three Directors and not more than five Directors. (See Membership section for complete Committee membership details).

Author(s): Indigenous Health, Cultural Safety and Humility Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): September 2020 (I)

The Committee shall operate in a manner that is consistent with the Committee Guidelines set out in Policy BRD 300 of the Board Policy Manual.

DUTIES AND RESPONSIBILITIES

The duties and responsibilities of the Committee will include:

Partnership Agreements and Accords

- Overseeing the implementation, evaluation, revision and renewal of Northern Health commitments in the Northern Partnership Accord between the Frist Nations Health Council – Northern Regional Caucus and the Northern First Nations Health and Wellness Plan
- Receiving reports on progress on Northern Health commitments in the Letter of Understanding (LoU) with the Metis Nation of BC and participate in the annual review and evaluation of the LoU.

Making it Real- Cultural Safety

- Overseeing the development, implementation, monitoring, and evaluation of the Making it Real: Cultural Safety in Northern Health Framework, including the implementation of Cultural Safety Education and the work underway through the Indigenous Health Improvement Committees.
- Reviewing progress in implementing the recommendations arising from the Ministry of Health's investigations into systemic racism in the health care system.
- Reviewing Northern Health's progress in achieving the British Columbia Cultural Safety and Humility HSO (Health Standards Organization) Standard.

Indigenous Patient Experience and engagement

- Ensuring that Northern Health has established complaint and patient experience resolution processes that are accessible and respectful of First Nations and Metis needs and experiences.
- Reviewing and advising the Board about complaints received by Northern Health from Indigenous peoples especially those related to discrimination or racism.
- Overseeing the engagement with First Nations communities in the delivery of health services for northern First Nations
- Overseeing the engagement with the Metis Nation of BC in the delivery of health services for Metis Chartered Communities in the Northern region

Author(s): Indigenous Health, Cultural Safety and Humility Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): September 2020 (I)

Indigenous Health Services

- Receiving reports regarding the implementation and evaluation of the provision of services to Indigenous communities including service contracts (e.g. Aboriginal Health Improvement Program, Aboriginal Patient Liaison Workers)

Evaluation

- Developing and reporting on indicators that measure progress in achieving Northern Health's Strategic Plan as it relates to the health and wellbeing of First Nations and Metis communities, including the implementation of surveys and other methodologies that provide insight into the experience of Indigenous people who access health care and services.

ACCOUNTABILITY

The Committee is accountable to the Northern Health Board and will maintain minutes of its meetings and will bring forward advice and recommendations for Board deliberation and decision making at the following Board meeting.

Membership

- Committee Chair (Director – not the Board Chair)
- Two to four additional Directors

Ex Officio:

- Board Chair (voting)
- CEO (non-voting)

Executive and Management Support:

- Vice President, Indigenous Health
- Corporate Secretary

Recording Secretary:

- Executive Assistant, VP, Indigenous Health

Ad Hoc:

- Presenters to the Committee will be called upon from time to time, at the request of the Committee Chair.

COMMITTEE WORK PLAN

Author(s): Indigenous Health, Cultural Safety and Humility Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): September 2020 (I)

The Recording Secretary shall maintain the Committee's annual work plan and will:

1. Ensure that changes to the Committee's Terms of Reference are reflected in the work plan, and
2. Annually provide to the Committee a report that:
   a. Indicates all elements of the work plan were undertaken in the previous year.
   b. Notes any exceptions including explanations for the exceptions,
   c. Affirms that the work contemplated in the Terms of Reference is reflected in the Committee work plan.

Author(s): Indigenous Health, Cultural Safety and Humility Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): September 2020 (I)

northern health
the northern way of caring

BRIEFING NOTE

Date:	September 15, 2022	
Agenda item	Enduring Motions	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	GMR Board Committee & Northern Health Board of Directors	
Prepared by:	D Chipman, Executive Assistant to the CEO and Board	
Reviewed by:	K Thomson, Regional Director, Legal Affairs, Enterprise Risk & Compliance, Chief Privacy Officer C Ulrich, Chief Executive Officer	

Issue:
Annual review of Enduring Board Motions.

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

The problem with enduring motions is that the Board can forget that it has passed these motions as years go by and as Directors and staff support change. In January 2013 the Board added to its work plan, through GMR, the task of conducting an annual review to determine if all enduring motions passed by the Board are still current or if they require action.

All Enduring Motions still in force as at September 15, 2022 have been reviewed with the respective Executive Leads. The attached summary provides an outline of the Enduring Motions.

Recommendation(s):

It is recommended that the Committee receives this Annual Review of Enduring Motions for information.

northern health

ENDURING BOARD MOTIONS

The purpose of this document is to keep track of motions passed by the Board of Directors of Northern Health (the "Board") that are outside the ordinary day to day transactional business of the Board. Such motions are made to convey some authority to a person or committee with no termination date. As Board member and management staff turnover occurs, institutional memory as to the purpose, or even the existence, of these motions may be forgotten.

This summary is maintained by the Corporate Secretary and reviewed annually. The Corporate Secretary will provide an annual update to GMR. Any proposed changes are taken to the Board through the appropriate Board Committee by the most responsible Executive Lead.

Current up to and including September 2022

2021: Oved by L. Locke seconded by F. Everitt

WHEREAS the Board of Directors of Northern Health (the "Board") has established the Performance, Planning and Priorities Committee (3P) for the purpose of improving the quality of health care within Northern Health, and

THAT the 3P Committee may delegate specific quality review functions to sub-committees, therefore be it resolved:

THAT the Northern Health Board approves, through the 3P Committee, the establishment of the BC Synoptic Reporting Knowledge Mobilization Steering Committee as a committee established or approved by the boards of management of two or more hospitals, that include health care professionals employed by or practicing in any of those hospitals and is for the purposes of improving medical or hospital practice or care in those hospitals, and is charged with the function of studying, investigating or evaluating the care provided in hospitals as a matter of common interest among those hospitals, and

THAT it is affirmed that Northern Health agrees to participate in these joint quality assurance activities with other health authorities, whereby the Committees or the Northern Health participant will direct reports and anonymized data relevant to quality issues identified therein to the 3P Committee of Northern Health.

In Camera/ 21-21
Carried

2022-09-15: Still current. No changes recommended.

2020: Moved by S Killam seconded by P Sterritt

WHEREAS the Board of Directors of Northern Health (the "Board") has established the Performance, Planning and Priorities Committee (3P) for the purpose of improving the quality of health care within Northern Health, and

THAT the 3P Committee may delegate specific quality review functions to sub-committees, therefore be it resolved:

THAT the Northern Health Board approves, through the 3P Committee, the establishment of the British Columbia Renal Network Executive Committee as a committee established or approved by the boards of management of two or more hospitals, that include health care professionals employed by or practicing in any of those hospitals and is for the purposes of improving medical or hospital practice or care in those hospitals, and is charged with the function of studying, investigating or evaluating the care provided in hospitals as a matter of common interest among those hospitals, and

THAT it is affirmed that Northern Health agrees to participate in these joint quality assurance activities with other health authorities, whereby the Committees or the Northern Health participant will direct reports and anonymized data relevant to quality issues identified therein to the 3P Committee of Northern Health.

2022-09-15: Still current. No changes recommended.

2019: Moved by F Everitt seconded by S Killam
The Northern Health Board approves the appointment of Drs. Raina Fumerton, Rakel Kling, Jong Kim and Andrew Gray as School Medical Officers pursuant to section 89(1) of the School Act, RSBC 1996, c 412, for the school districts within the geography of Northern Health.

NH Public/19-29
Carried

September 2022			
HSDA	School District	School Medical Officer/Contact Info	
NW	#50 - Haida Gwaii/ Queen Charlottes	Dr. Raina Fumerton	C: 250-641-1758
	#52 - Prince Rupert		
	#54 - Bulkley Valley		
	#82 - Coast Mountains		
	#87 - Stikine		
	#92 - Nisga'a		
	#93 - Conseil Scolaire Francophone Re: Jack Cook Elementary, Terrace BC and Ecole La Grande-ourse, Smithers BC		
NI	#28 - Quesnel	Dr. Rakel Kling	C: 250-640-5893
	#57 - Prince George		
	#91 – Nechako Lakes		
	#93 - Conseil Scolaire Francophone Re: Duchess Park Secondary and Ecole Franco-Nord, Prince George BC		
NE	#59 - Peace River South	Dr. Raina Fumerton	C: 250-641-1758
	#60 - Peace River North		
	#81 - Fort Nelson		

2022-09-15: Still current. No changes recommended

2017: Moved by S Killam seconded by S Hartwell

WHEREAS the Board of Directors of Northern Health (the "Board") has established the Performance, Planning and Priorities Committee (3P) for the purpose of improving the quality of health care within Northern Health, and

THAT the 3P Committee may delegate specific quality review functions to sub-committees, therefore be it resolved:

THAT the Northern Health Board approves, through the 3P Committee, the establishment of the BC Colon Screening Program Quality Management Committee in accordance with Section 51 (b.1) of the *Evidence Act* as a committee:

- established or approved by the boards of management of two or more hospitals, that includes health care professionals employed by or practicing in any of those hospitals; and
- that carries out or is charged with the function of studying, investigating or evaluating the medical or hospital practice of, or care provided by, health care professionals in those hospitals, in relation to a matter of common interest among those hospitals

THAT it is affirmed that Northern Health agrees to participate in and adopt the Quality Management Committee as a joint quality assurance activity with other health authorities with its reports being directed to the 3P Committee of the Northern Health Board, and that the Quality Management Committee or its participating Northern Health member will report anonymous data relevant to the quality issues identified by the committee through the 3P Committee of the Northern Health Board.

In Camera/17-27
Carried

2022-09-15: still current. No changes recommended.

2017: Moved by E Stanford seconded by S Killam
The Northern Health Board supports the establishment of the British Columbia Transplant Quality Improvement and Patient Safety Committee (BCT QIPS).

WHEREAS the Board of Directors of Northern Health (the "Board") has established the Performance, Planning and Priorities Committee (3P) for the purpose of improving the quality of health care within Northern Health, and

THAT the 3P Committee may delegate specific quality review functions to sub-committees, therefore be it resolved:

THAT the Northern Health Board approves, through the 3P Committee, the establishment of the British Columbia Transplant Quality Improvement and Patient Safety Committee (BCT QIPS) as a committee established or approved by the boards of management of two or more hospitals, that include health care professionals employed by or practicing in any of those hospitals and is for the purposes of improving medical or hospital practice or care in those hospitals, or during transportation to or from those hospitals and is of a matter of common interest among those hospitals, and

THAT it is affirmed that Northern Health agrees to participate in these joint quality assurance activities with other health authorities, whereby the Committees or the Northern Health participant will direct reports and anonymized data relevant to quality issues identified therein to the 3P Committee of Northern Health.

In Camera/17-82
Carried

2022-09-15: still current. No changes recommended.

2015: Moved by S Killam seconded by R Landry
WHEREAS the Board of Directors of Northern Health (the "Board") has established the Performance, Planning and Priorities Committee (3P) for the purpose of improving the quality of health care within Northern Health, and

THAT the 3P Committee may delegate specific quality review functions to sub-committees, therefore be it resolved:

THAT the Northern Health Board approves the establishment, through the 3P Committee, of the following named Committees (the "Committees") in accordance with Section 51 (b.1) of the *Evidence Act*:

1. BC Radiology Quality Improvement System (RQIS) Data Review and Validation Committee (DRVC)
2. Cardiac Services BC – Provincial Advisory Panel on Cardiac Health (PAPCH)
3. Trauma Services BC – Performance Improvement and Patient Safety (PIPS) Committee

As committees that are established or approved by the boards of management of two or more hospitals, that include health care professionals employed by or practicing in any of those hospitals

and is for the purposes of improving medical or hospital practice or care in those hospitals, or during transportation to or from those hospitals and is of a matter of common interest among those hospitals, and
THAT it is affirmed that Northern Health agrees to participate in these joint quality assurance activities with other health authorities, whereby the Committees or the Northern Health participant will direct reports and anonymized data relevant to quality issues identified therein to the 3P Committee of Northern Health.

In Camera/ 15-66
Carried

2022-09-15: still current. No changes recommended.

2014: Moved by L Burgart Seconded by S Hartwell
The Board approves the following:

WHEREAS the Board of Directors of Northern Health (the "Board") has established the Performance, Planning and Priorities Committee (3P) and the Northern Health Medical Advisory Committee (NHMAC) for the purpose of improving the quality of health care within Northern Health, therefore be it resolved:

THAT it is affirmed that 3P and NHMAC (the "Committees") are mandated to study, investigate, and evaluate the care and services provided to patients within Northern Health *and report back to the Board the results and findings, and are further mandated to investigate practice and care, in hospital settings and in collaboration with other agencies in relation to matters of common interest among those agencies under s.51 (b.1) of the Evidence Act* , and

THAT both Committees may delegate specific quality review functions to sub-committees or ad-hoc committees or to individuals as the Committees may consider necessary, and

THAT the activities of all committees and individuals identified above, carried out for the purpose of quality improvement and quality assurance purposes, properly constituted, are conducted within the provisions of Section 51 of the *Evidence Act [RSBC 1996] Chapter 124*.

In Camera/14-56
Carried

2022-09-15: Still current. No changes recommended.

2010: Moved by D Shannon Seconded by G. Milne
The Board approves the recommended revisions to the BRD 300 series of policies and, specifically in relation to BRD 310, conveys authority to the Audit & Finance Committee to review and approve the Statement of Financial Information (SOFI) report annually and to bring forward the SOFI report for information at the Board meeting immediately following the A&F meeting where the SOFI report was approved.

Public/ 10-18
Carried

(Note: This is footnoted in the Terms of Reference of the Audit & Finance Committee BRD310**)**

2022-09-15: still current. No changes recommended.

Moved by D. Nyce Seconded by D. Shannon
The Board delegates the Chief Operating Officers as directors under the Mental Health Act and rescinds the delegation to Jim Campbell and directs administration to communicate this change to the Ministry of Health Services and Office of the Public Guardian and Trustee.

In Camera/10-49
Carried

2022-09-15 still current. No changes recommended.

2021: Moved by F Everitt seconded by S Dolan
The Northern Health Board delegate the authority to designate Environmental Health Officers under Section 78 of the Public Health Act to both the Vice President Population & Public Health and the Chief Medical Health Officer.

NH/21-98
Carried

2022-09-15: Changes recommended & approved at Oct 2021 Board mtg

2009: Moved by D Bumstead seconded by A Downing
That the Board appoint the Chief Medical Health Officer to prepare annual reports as outlined in section 73.6 of the Act.

NH/09-14
Carried

(Note: The Act referred to in NH/09-14 is the *Public Health Act***)**

2022-09-15: Still current as per Cathy Ulrich, Chief Executive Officer

Document Created: 2012-11-27
Last Update: 2022-09-22 D Chipman

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BRIEFING NOTE

Date:	**September 26, 2022**	
Topic	**Internationally Educated Nurses (IENs)**	
Purpose:	☒ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☐ **Decision**
Prepared for:	**Governance & Management Relations Committee & Northern Health Board of Directors**	
Prepared by:	**Joanne Cozac, Coordinator: International Educated Healthcare Professionals**	
Reviewed by:	**David Williams, VPHR**	

Topic:
To provide the GMR Committee with an update on Provincial and Local supportive action for Internationally Educated Health Care Professionals (IEHPs).

Background:
Nurses are in short supply and in high demand, across all BC health system service delivery areas. There are significant regulatory barriers for internationally educated nurses (IENs) due to exam and registration assessments. There are financial barriers for IENs to move through the regulatory and licensing process. These complicated, costly, and lengthy processes are also barriers to other IEHPs (Pharmacists, Medical Lab Technicians, Physiotherapist etc.)

Provincial Action:
On April 19, 2022 the BC Provincial Government announced the Province was making it easier for IENs to practice in B.C through the following:

- Streamlining regulatory barriers for IENs due to exam and registration assessments
- Triple Track Assessments to enable IENs to be assessed for multiple professions simultaneously (HCA, LPN, RN).
- Removing some financial barriers for IENs to move through the regulatory and licensing process
- Adding Health Match BC personal navigation support to walk with IENs throughout the process
- New marketing campaign and website to raise awareness

On July 19, 2022 the BC Provincial Government announced the following key initiatives:

- One time funding for 24 seats to increase supply of Medical Lab Assistants into BC's workforce: at Vancouver Community College, tuition support at Camosun, and regional distribution of workshops with Thompson Rivers University. This will result in the 2022/23 student intake increasing from 149 to 173.
- Medical Lab Technologists (MLT) will see a seat expansion at both British Columbia Institute of Technology (BCIT) (16 students) in September 2022 and College of New Caledonia (CNC) (12 students) in January 2023, along with the introduction of simulation training components
- There will be $1.5 million to support 36 Facilities Bargaining Association (FBA) employees to become Medical Laboratory Assistants which will be in the form of a Health Authority (HA) sponsored program, where funds will cover the tuition and a stipend of each sponsored student. The expectation will be that HAs will guarantee employment upon the students' successful completion of the program, with a return of service requirement of the student. Training is likely to take place through Thompson Rivers University to allow for regional distribution. Further consultation will be needed to determine how the 36 FBA employees will be distributed across HAs.
- There will be $4.5 million in bursaries for internationally educated high-priority allied health professionals who want to work in B.C. The first three occupations being considered for the bursary are Physiotherapy, Occupational Therapy, and MLT's. The bursary is intended to relieve financial barriers for internationally educated Allied Health Professionals (covering costs over and above what a Canadian-trained professional would incur), and will cover costs like credential assessment, Prior Learning Assessments, English Language Testing, exam preparation, etc. The work is in the early stages of policy development, and further consultation with HA's and other stakeholders will be taking place over the next few months.
- The Health Science Professional Bargaining Association (HSPBA) will administer a $3M education fund available to their membership for a variety of educational pursuits.

Northern Health Action:
While the **provincial work** is underway, Northern Health (NH) has an opportunity to work with our communities to identify IEHPs to either support them in the IEN provincial program or identify supports/pathways for those that are not nurses.

NH has onboarded a Coordinator: International Educated Healthcare Professionals (CIEHP) 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 Education and Professional Practice to determine where IEHPs can take on positions within NH while working on credentials and/or roles that fit their current skill set.

- Advocate for the IEN process to incorporate regional assessments, in Northern communities with a critical mass of IENs, as opposed to having 26 individuals travel to lower mainland.
- Expedite expansion of process to incorporate Pharmacist, Physiotherapists and Med Lab Technologists
- Explore Health Career Access Program and/or other funding for Northern IENs.
- Confirm funding agreements
- Promote provincial priority process for the IEN. Priority given to areas with significant vacancy ratios (both current and historic) – i.e., the provincial IEN program managed by Health Match BC should encourage IENs who are not in BC to choose rural remote areas, with a sliding scale of support.

NH has began working with Dawson Creek community leaders to undertake a review of IENs and other IEHPs within that community. Community Leaders held a focus meeting April 4, 2022 and provided NH contact information of a total of 40 IEHPs.

- 26 Internationally Educated Nurses (2 work as Cares Aides, 1 as Admin within NH already)
- 4 Internationally Educated Pharmacists
- 4 Internationally Educated Physio Therapist
- 4 Internationally Educated Med Technologists (2 work as Lab Assts with NH)
- 1 Physician
- 1 Dentist

Our Coordinator recently connected with multiple stakeholders (Health Service Administrators, Chambers of Commerce, Immigrant/multicultural Society, Filipino Association, Municipal Government and Work BC Centers) across the North which has resulted in contact with an additional 27 IEHPs.

The Coordinator then worked with NH Communications to push the message to all twenty-three (23) NH Community Groups plus posting the message on the NH main page and the NH Careers Main Page resulting in an additional 89 IEHPs for a total of 156 IEHPs reaching out to the Coordinator for information and support over the past four months.

Immediate Barriers

Lack of funding continues to be the biggest barrier to getting started on the registration process. Many IEHP report that they do not have available funds to pay upfront for the various registration costs. Even when IENs are aware they will eventually be reimbursed by Health Match BC they report that they cannot afford to pay the costs upfront.

To work around this barrier, NH is paying IEN the National Nursing Assessment Service (NNAS) application fee ($682.50) upfront, which is the first step of the registration process that involves credential evaluation. The IEN is expected to sign a funding agreement with a return of service commitment. To date twelve (12) IENs have signed the funding agreement with some saying “we are grateful to NH and will definitely make sure to give back the service to NH”.

Barriers related to lack of access to required remediation courses:
It is estimated that almost 100% of IENs and Internationally Educated Lab Technologists (IEMLTs) will be required to complete remediation courses as part of the registration process which are not offered locally at this time and as a result the following initiatives are underway:

- In terms of remediation courses for IENs: these courses are offered through UNBC or the Northern Collaborative Baccalaureate Programs through College of New Caledonia (CNC) and Coast Mountain College (CMTN). The syllabus for each course has been submitted to the BC College of Nurses and Midwives (BCCNM) for approval. The BCCNM is looking at expanding the recommended educational courses to include UNBC courses to facilitate applicants located in the North.
- In terms of remediation courses for IEMLTs: NH is exploring an opportunity for IEMLTs to participate in the Medical Laboratory Science Bridging Program offered through the Michener Institute in Toronto which offers a hybrid program of online courses with the lab simulation occurring locally.

Other action:
Through this work, potential improvements to the Post Degree Diploma in Business Management with specialization in Health Administration Program offered at the Dawson Creek campus of Northern Lights College (NLC) have been identified. NH is beginning discussions with NLC to explore feasibility of offering a different Post Degree Diploma Program for international students who are IEHPs so they can graduate as Care Aides, Rehabilitation Assistants or Social Worker Assistants.

Recommendation(s):

Northern Health Board of Directors review update.