

**FACILITY AND FUND NAMING POLICY****BRD 240****POLICY**

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

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

Northern Health honours the commitment to truth and reconciliation, and recognizes the distinctions based approach required when engaging with a local First Nations on whose traditional territories a physical asset is located. As part of broader consultation with a community and local governments, naming opportunities will consider use of local First Nations language and territorial acknowledgement. Facility replacement projects will engage in a new naming opportunity, in consultation with the First Nations who hold the traditional territory where the facility is situated as well as the relevant municipal government, regional district and regional hospital district.

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

**DEFINITIONS**

**First Nations:** as territorial title and rights-holders, and the pre-existing sovereign societies that used and occupied lands and resources in British Columbia prior to contact, have their own laws, legal systems, and systems of governance that apply to those lands, resources, and territories.

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

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

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## PROCEDURE

### 1. Initial Request

- a) The Asset Naming Nomination Form (Appendix 1) is completed, and submitted to the appropriate Senior Operating Officer (SOO).
- b) The SOO reviews with the VP Clinical Operations and forwards the request to the Chief Financial Officer (CFO), who is the Office of Record, as soon as possible. When the naming request is for a new or replacement facility, the Asset Naming Nomination Form is to be completed following consultation with the local First Nations community and relevant municipal government, regional district and regional hospital district.

### 2. Response to Request

- a) The CFO consults with the President and Chief Executive Officer (CEO) to consider the appropriateness of the nomination.
  - i. If not appropriate, the CFO, in consultation with the SOO, and VP Clinical Operations if required, will notify the applicant.
  - ii. If appropriate, the CFO and CEO will designate a Naming Committee Chair and convene a Naming Committee.

### 3. Naming Committee

- a) The formation, membership, and duties of the Naming Committee will vary depending on the class of the asset in question. Refer to the Naming Committee Decision Matrix for direction.
- b) The Naming Committee will abide by the Terms of Reference and evaluation criteria set out in this policy.
- c) The Naming Committee forwards their recommendation to the appropriate Approving Agent, as defined in the Naming Committee Decision Matrix.
  - i. Depending on the class of asset, additional approvals may be required. Refer to the Naming Committee Decision Matrix for direction.

### 4. Communication

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- a) Publicity surrounding the naming of an asset, or the change or revocation of the naming of an asset will be handled by Northern Health's Communications Department in conjunction with provincial government, as necessary.

## **NAMING COMMITTEE – TERMS OF REFERENCE**

### **1. Standing members of the Naming Committee are:**

- Vice President, Financial & Corporate Services/CFO
- Vice President, Indigenous Health, Chief Planning and Quality Officer
- SOO of applicable HSDA in which asset resides and/or VP Clinical Operations
- Executive Director, Capital Planning, Facilities Operations & Logistics
- Vice President, Communications and Public Affairs
- Ad hoc members will be appointed to the Naming Committee as set out under the Approval by Asset Section of this policy.
- Naming Committee Chair: Selected by committee members or appointed by CEO

### **2. Duties and Obligations:**

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

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

1. The naming of any asset must be compatible with NH's goals, mission, vision and values and commitments to Truth and Reconciliation as articulated in NH's Strategic Plan.
2. No naming opportunity should be approved if it:
  - a. May be inconsistent with Northern Health's legal obligations
  - b. Is likely to result in an employee of a public sector body or an elected official receiving any benefit or personal gain
  - c. Is likely to have a negative impact on the image or reputation of or damage public respect for NH or any of its affiliated Foundations and Auxiliaries.
  - d. Conveys a message that might be deemed to be prejudicial to race, religion, gender, or sexual orientation, or cause offence to a community group.
  - e. Is likely to be associated with an unhealthy lifestyle (e.g. alcohol or tobacco usage, obesity etc.)
  - f. Implies endorsement of a partisan political, ideological or religious position. This includes use of the name of an elected official currently in office but does not preclude use of the name of an individual who has previously held public office.
  - g. Implies endorsement of a specific commercial product. This does not preclude using the name of an individual or company that manufactures or distributes commercial products.
3. Naming associated with a particular facility or endowment will not preclude further naming within the facility, program or clinical area.
4. Naming opportunities supported by financial or in-kind gifts may be named after the donor or a third party at the request of the donor.
5. Except where the naming opportunity pertains to the recognition of distinguished service, donations must represent a significant portion of the cost of the facility or activity to be named and/or be critical for the completion of such facility or activity.
6. Where a naming request proposes to honour distinguished service of Board members, staff or physicians, it is recommended that at least three years has passed after the nominee has ended their service with Northern Health or an affiliated Foundation or Auxiliary.
7. Any revenue generated from a naming opportunity that is obtained through a capital campaign organized by a Foundation or Auxiliary affiliated with Northern Health or submitted to the Naming Committee by a Foundation or Auxiliary affiliated with Northern Health will be retained by such Foundation or Auxiliary and used in accordance with the donor's wishes. Final determination of any naming, however, remains with Northern Health. In all other cases, the Naming Committee will make a recommendation as to how revenue should be distributed (including, in the case of Northern Health, which department will receive all or any portion of the proceeds) provided that the donor's wishes will be honoured to the greatest extent possible.
8. When naming recognition has been extended for a gift received, it will be honoured in accordance with the agreement that is made with the donor. In the event of a

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- change in circumstances that would preclude honouring of the donor's wishes, NH reserves the right to determine the form of name recognition in consultation with the donor, or donor's agent, when possible.
9. Where a naming request proposes to honour an individual, it is recommended that the Naming Committee obtain some form of documentation verifying that the person being honoured is in agreement with the proposal, or by a legal representative should the individual be deceased.
  10. When the proposed naming of an entire facility would recognize an individual, the complete name of the individual will be used. The surname of the individual so honoured may be used in referring informally to the facility and may be used on a name plaque affixed to the facility.
  11. For Class I naming requests, community consultation should be considered, including but not limited to: First Nations with traditional territory rights, the relevant municipal government, regional district and regional hospital, provincial political leaders, local support societies and advocacy groups.

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

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

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

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5. The relationship of the applicable asset to the nominee.

## 5. Internal Naming Requests

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

## 6. Process to Revoke or Change a Naming Right

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

- a. Description of the naming right involved, including the value of the naming right and the name of the donor.
- b. Reasons for recommending the revocation of the naming right.
- c. Names of those members of the Naming Committee who do not support revocation of the naming right and reasons for dissent.
- d. Financial impact, if any.

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## NAMING COMMITTEE DECISION MATRIX

Asset	Class I	Class II	Class III	Class IV	Class V	Class VI
<b>Classification</b>	External Facility (e.g. building, road, park)	Internal Facility (e.g. floor, wing, laboratory)	Program (e.g. clinical unit, health/wellness program, room, lounge)	Equipment	Research/Academic Position	Tribute Marker (e.g. plaque, medallion, other marker usually associated with feature such as tree, bench or small monument)
<b>Ad Hoc Members (additional to standing members)</b>	<ul style="list-style-type: none"> <li>Health Services Administrator (HSA) and Medical Leader for the community where the applicable external facility resides</li> <li>Representative from the local First Nations on whose traditional territory the new facility is situated</li> <li>Senior representatives from municipal governments, regional districts and regional hospital districts representing the community where the applicable external facility resides</li> <li>Senior representative from the Foundation representing the community where the applicable external facility resides</li> </ul>		<ul style="list-style-type: none"> <li>If applicable, the manager responsible for the program itself or for the clinical area managing the program</li> <li>If the program is site-specific, the HSA for the site and a senior representative of the Foundation connected to the site</li> </ul>	<ul style="list-style-type: none"> <li>HSA for the site where the equipment will be used</li> <li>If applicable, the manager responsible for the clinical area utilizing the equipment, and</li> <li>A senior representative of the Foundation for the site where the equipment will be used</li> </ul>	N/A	N/A

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NAMING COMMITTEE DECISION MATRIX						
Asset	Class I	Class II	Class III	Class IV	Class V	Class VI
<b>Pricing</b>	The Naming Committee will assess the value of a naming right in accordance with current capital and operating costs of the applicable asset, and/or other factors pertinent to the asset.					
<b>Financial or in-kind Contribution</b>	Prior to submitting recommendation for GMR and Board approval: For naming opportunities for all classes of asset that are accompanied by a financial or in-kind contribution, complete the <a href="#">"Naming Request Form"</a> appended to the Government of British Columbia Naming Privileges Policy (Appendix 3) and submit to the applicable government Ministry.					
<b>Term</b>	A defined period of time (normally not to exceed 35 years) or the life of the structure, whichever occurs first	A defined period of time (normally not to exceed 20 years) or the earlier of the life of the internal facility or the life of the building housing the internal facility, whichever occurs first	A defined period of time (normally not to exceed 10 years) or commensurate with funding support for the room, lounge or the length of the program, whichever occurs first	The length of the equipment's useful life	A period of time commensurate with funding support	Negotiable

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## NAMING COMMITTEE DECISION MATRIX

Asset	Class I	Class II	Class III	Class IV	Class V	Class VI
<b>Approving Agent</b>	<p>Northern Health Board, upon recommendation of the CEO and GMR Committee</p> <p>The CEO will consult with, and receive the recommendation of, the Naming Committee prior to submitting a final recommendation to the GMR Committee and the Board. Before submitting a name for approval to the Board, preliminary discussions should be held with the provincial government to ensure there will be no government barrier to approval.</p>		<p>CEO or VP Clinical Operations, upon recommendation of the Naming Committee</p>	<p>SOO responsible for the site(s) or clinical area(s) where the equipment will be used, upon recommendation of the Naming Committee</p>	<p>The Naming Committee will delegate the naming of a tribute marker to the appropriate SOO</p>	

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## NAMING COMMITTEE DECISION MATRIX

Asset	Class I	Class II	Class III	Class IV	Class V	Class VI
<b>Additional Provincial Government Approval</b>	<p>Where the proposed naming of an entire facility, or significant portion thereof, is to receive Board approval, additional consultation with the provincial government is required to ensure compliance with government policy. Refer to “Government of British Columbia Naming Privileges Policy” (Appendix 2.) In some cases, further approval from Cabinet may be required.</p> <p>An additional step is required for Class I (entire facility) assets. Upon confirmation that the responsible government Ministry requires no further approval, further application must be made as follows:</p> <p>Hospital: This type of facility is designated under the <u>Hospital Act</u> by way of a Ministerial Order. Any change to an existing facility name requires the Ministry of Health to rescind the original designation and re-designate the facility with the new name.</p> <p>Residential Care Facility: This type of facility falls under the <u>Community Care &amp; Assisted Living Act</u>. The facility is licensed by the Health Authority (therefore a Ministerial Order</p>					

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**NAMING COMMITTEE DECISION MATRIX**

<b>Asset</b>	<b>Class I</b>	<b>Class II</b>	<b>Class III</b>	<b>Class IV</b>	<b>Class V</b>	<b>Class VI</b>
	<p>is not issued by government); the name of the facility is designated by way of the Health Authority's licensing process. As a courtesy, the Ministry of Health should be consulted during the naming process, prior to the facility being licensed.</p> <p>Upon consultation with the appropriate provincial government bodies, proceed with GMR recommendation/Board approval process.</p>					

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**APPENDIX 1****[ASSET NAMING NOMINATION FORM](#)**

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

**APPENDIX 2**

Government of British Columbia **[“Naming Privileges Policy”](#)**

**APPENDIX 3**

Government of British Columbia **[“Naming Request Form”](#)**

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## Asset Naming Nomination Form

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Name of donor or sponsoring entity		Contact information		
Proposed asset to be named	Proposed name		Proposed term of naming right	
For proposed name honouring an individual (if applicable)				
Full name	Date of birth	Date of death (if applicable)	Occupation (or former occupation)	Length of service to Northern Health
Consideration for naming opportunity (if applicable)				
<input type="checkbox"/> Financial	<input type="checkbox"/> In-kind (describe)	<input type="checkbox"/> Distinguished service (no financial or in-kind gift)	<input type="checkbox"/> Other (describe)	
For nomination honouring distinguished service: Have at least 3 years elapsed since the individual last worked with Northern Health? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Association of proposed name to the asset being named				
Association with and main contribution(s) to Northern Health and/or local community				
Background and/or biographical information demonstrating significance of proposed name to the community				
Optional: Other reason(s) for proposed name (to reasonably assist the committee's deliberations)				
Source(s) of above information				

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

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