



# Annual Report

## 2008-2009



**northern health**  
*the northern way of caring*

# Community Consultations 2009: Let's talk about primary health care: Discuss the future of basic health care in your community.

In fall 2009 Northern Health carried out a series of consultations with residents in 23 communities across the region to gather northerners' input on health care. The series of meetings, entitled "Let's Talk About Primary Health Care: Discuss the Future of Basic Health Care in Your Community," took place September 15th through November 6th. A good primary health care system helps people stay healthy, recover after illness or injury, live as well as possible with disease, and cope with the end of life.

"We wanted to hear the health care hopes, concerns and questions of people in Northern BC," said Dr. Charles Jago, Northern Health Board Chair. "Primary health care is an important part of Northern Health's new strategic plan, so we wanted to ensure people in the community have a voice in developing and improving it."

This is the third Northern Health consultation carried out since 2004. The information gathered will also inform the Northern Health Board and senior staff for planning and decision-making purposes.

## Topics at each of the two-hour meetings included:

- Understanding what a primary care "home" for every northerner means;
- Discussing local strengths in supporting health and a primary health care system; and,
- Discussing what needs to improve in our system.

Over 700 northerners attended the meetings, and over 240 online and paper surveys were submitted by those who were unable to attend in person.

A report on the consultations will be available early in 2010 at [www.northernhealth.ca](http://www.northernhealth.ca).



Michael Leisinger, Northern Health's VP of Health Services, addresses a Primary Health Care meeting in the village of Queen Charlotte on October 5, 2009.

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**Front cover: Our past, present and future – The Fort St. John Hospital and Residential Care Project**

Photo: Tom Sparrow, Project Director, Fort St. John Hospital and Residential Care Project.  
The official groundbreaking for the new Fort St. John Hospital and Residential Care Facility (July 22, 2009). L - R: Janice Isberg, Fort St. John Hospital Foundation; Karen Goodings, Peace River Regional Hospital District; Kate O’Neil, Northern Health Board; Senator Richard Neufeld, Government of Canada; Pat Pimm, MLA-Peace River North; Gerry Attachie, Doig River First Nation; Mayor Bruce Lantz, City of Fort St. John; Cathy Ulrich, Northern Health CEO. Not visible in photograph: Rick Steele, Assistant VP, Partnerships BC; Gerry Green, Project Chairman, HCP.

# Introduction

## CEO and Chair Report

Cathy Ulrich (CEO) • Charles Jago (Board Chair)

For Northern Health, 2008-2009 was a year of milestones. In February, we developed a new 2009-2015 Strategic Plan. Based on consultations with staff and stakeholders, the plan defines a new vision, mission, and values. It also sets ambitious goals that will challenge the basics of how we deliver health care, but which we hope will lead to an innovative, sustainable health care system that northerners will be proud of.

In 2008-2009, Northern Health was recognized as a leader on several fronts. For example, Accreditation Canada highlighted Northern Health Connections, an affordable bus service for northern residents with out-of-town medical appointments, as a leading-edge program. The Bulkley Valley District Hospital hosted the first Comprehensive Advanced Life Support course in Canada. The Northern Cancer Control Strategy – a shared initiative between Northern Health, the BC Cancer Agency and the Provincial Health Services Authority – shows signs of becoming a leading rural cancer care system in the country.

During the year, Northern Health took the first steps on a number of new facilities, and carried out major renovations in others:

- New hospital and residential care project (Fort St. John);
- New Gateway residential care facility (Prince George);
- New residential care beds and assisted living units (Prince Rupert);

- Residential care expansion at Dunrovin Lodge (Quesnel);
- Expansion of Terraceview Lodge (Terrace);
- And many more.

None of this would be possible without the support of our northern communities. We're grateful for the commitment and dedication of our partners. Here are a few examples:

- The city of Fort. St. John donated the 16-hectare site of the new Fort St. John Hospital and Residential Care Project.
- The Fort St. John Hospital Association raised \$1.3 million toward the cost of the city's new CT scanner.
- The Quesnel and District Palliative Care Association raised more than \$600,000 to support palliative care beds at Dunrovin Park Lodge.
- The City of Quesnel helped provide approvals for the land and rezoning for the Dunrovin Lodge expansion.
- Several communities regularly work with us to attract physicians by providing accommodation, including Mackenzie, Fraser Lake, Fort Nelson, and Fort St. James.

Armed with strong partnerships, a new strategic plan, and motivated staff, we are excited to be recognized as leaders in Northern and rural health care. We look forward to working with communities and stakeholders as we continue to provide sustainable health services for the North.



### Northern Health's Board of Directors

Back row (standing), L - R: Deanna Nyce, Dale Bumstead, Barbara Caldwell, Gordon Milne, Alice Downing. Front row: Deborah Shannon, Charles Jago (Chair), Cathy Ulrich (CEO), Cameron McIntyre. Unavailable for photo: Judith Wass, Kathleen O'Neil.





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Northern Health Recruitment:

Telephone: 250-565-2350

Toll-free: 1-877-905-1155

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# Strategic Plan

*Northern Health has developed a new strategic plan to take our organization through to 2015. Following 2008's region-wide consultation with staff and stakeholders, the plan defines Northern Health's new vision, mission, values and strategic directions, and our new slogan, "the northern way of caring."*

## Mission Statement – Our Purpose

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

## Organizational Values – The Beliefs that Guide our Work

We treat people with:

- Respect: honouring diversity and treating people fairly
- Compassion: caring genuinely
- Empathy: understanding and earning trust

We demonstrate:

- Integrity: ensuring open, honest, ethical behaviour
- Stewardship: showing transparent, responsible and effective use of resources
- Quality: providing exceptional service guided by evidence

We work in a spirit of:

- Collaboration: working to better serve the people of northern BC
- Innovation: learning and finding better ways to deliver health care

## Vision – A Picture of 2015

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

- Northern Health is known for our strong primary health care system. People experience seamless and coordinated service. The "Primary Care Home" is the foundation for multidisciplinary health care and helps people navigate across services.
- Northern Health involves people and their families in their own health and health care. Individuals and families feel respected and are treated compassionately.
- Northern Health provides high-quality health services, using evidence and innovation, to meet the needs of our Northern and rural populations. We are known for the creativity of our staff and physicians and for our innovative use of technology to care for people as close to home as possible.
- Northern Health is recognized as an outstanding place to work, learn, and grow. We foster a safe and healthy work environment. Education and development of people in the north, for the north, attracts and retains staff and physicians.
- Northern Health works with communities and organizations to support northern people to live well and prevent injury and illness. The health status of northern people is improving faster than the rest of BC.



# Strategic Directions

## Integrated Accessible Health Services

Northern people will have access to integrated health services, built on a foundation of primary health care. We will:

- Partner with others to establish multi-disciplinary “Primary Care Homes” where people will access coordinated health services.
- Partner with Aboriginal people to build a health system that honours diversity and provides service in a culturally relevant manner.
- Build efficient and effective secondary and specialty services which are aligned with the “Primary Care Home” and designed to meet the needs of northern populations.
- Develop and implement strategies that improve service provider collaboration.
- Measurably improve satisfaction with the health services provided by Northern Health.

## A Focus on Our People

Northern Health will create a dynamic work environment that engages, retains and attracts staff and physicians. We will:

- Measurably improve staff and physician engagement within Northern Health.
- Establish a culture of workplace health and safety.
- Establish and implement an innovative retention strategy that includes:
  - Developing and supporting effective, innovative leaders and managers who will guide our organization now and in the future.
  - Educating, developing, and mentoring our staff internally and through partnerships with academic and other organizations.
  - Providing clear expectations of staff through performance planning.
- Develop and implement an innovative recruitment strategy.

## A Population Health Approach

Northern Health will lead initiatives that improve the health of the people we serve. We will:

- Work with communities and organizational partners to identify and act on key issues where a population health approach can have a significant positive impact on the health of Northern people.
- Work in partnership with our staff and physicians to create initiatives that foster a safe, healthy, and environmentally responsible workplace.
- Use population health evidence to inform health service planning and resource allocation.

## High-Quality Services

Northern Health will ensure quality in all aspects of the organization. We will:

- Establish a culture of continuous quality improvement and patient safety.
- Establish the organizational structures and processes required for effective decision-making.
- Foster a learning environment and engage in research, in partnership with academic organizations.
- Strengthen our capacity to manage the change needed to improve quality.
- Identify and manage risks to the organization and strengthen our preparedness for emergencies.





# Regional Reports\*

## Northwest

Marina Ellinson, Chief Operating Officer

The Northwest is Northern Health's largest Health Service Delivery Area, totaling 319,411 square kilometers, or about 30% of the total area of the province of British Columbia. Communities include Atlin, Dease Lake, Houston, Hazelton, Kitimat, Prince Rupert, Smithers, Stewart, and Terrace. The Northwest also extends to Haida Gwaii (Queen Charlotte Islands), home to the communities of Queen Charlotte, Skidegate, Masset and Sandspit.

Marina Ellinson, Chief Operating Officer, took up her new position in December 2008. During the 2008-2009 fiscal year, other key positions were filled: Jonathan Cooper, Site Administrator, Kitimat; Sheila Gordon-Payne, Health Services Administrator, Prince Rupert and Queen Charlotte Islands/Haida Gwaii; and Jim Aldrich, Manager of Home and Community Care.

In the coming year, the Northwest will see a number of positive initiatives, thanks to its leadership team, who have been working together to improve integration:

- Home and Community Care is transitioning successfully to a new structure under Health Service Administrators, which will ensure a much-improved continuum of care.
- A review of surgical services is being launched throughout the Northwest.
- Budget remediation and financial alignment are also well underway.

New facilities are also opening in the Northwest:

- The expansion of Terraceview Lodge (opening September 2009) will help stabilize access to residential care in the Northwest. This beautiful new addition features 19 new beds.
- Additional beds for respite, palliative, and convalescent care (four residential, and two short-stay residential) are also currently under development in Houston.
- New assisted living and residential care facilities at Acropolis Manor in Prince Rupert are open and residents are moving in. The official opening will be in September 2009.

Also in Prince Rupert, there have been vigorous joint recruitment efforts by the community, city council, physicians, and Northern Health to resolve the ongoing shortage of general practitioners. As a result, two new physicians arrived during summer 2009, a third is anticipated to start in fall 2009, and offers are pending to two others (anticipated start: December 2009).

Throughout the Northwest, Mental Health and Addictions Services is strengthening relationships with First Nations chiefs and health directors. As well, Addictions is now featuring drop-in group medical appointments with psychiatrists.

Looking to the year ahead in Primary Care, the redesign of the Primary Health Centre in Stewart is well underway. The centre will offer new programming such as chronic disease management and smoking cessation, and will also host a health fair in September 2009. Several other primary health care initiatives are also taking place in the Northwest: Frail Elderly (Smithers); Chronic Disease (Stewart); and Mental Health (Terrace).

\*For a map of Northern Health regions, please see page 11.



## Northern Interior

### Michael McMillan, Chief Operating Officer

The Northern Interior is the most populous of Northern Health's three Health Service Delivery Areas. It includes Prince George, the largest city within Northern Health (83,000 residents), as well as Fraser Lake, one of the smallest (1,350). Other communities in the Northern Interior are Burns Lake, Fort St. James, Granisle, Vanderhoof, McBride, Mackenzie, Quesnel, Southside, and Valemount.

In 2008-2009, highlights in this busy region included the following:

#### New equipment and facilities:

- The first 320-slice CT scanner in western Canada, the most powerful machine in its class, was installed at Prince George Regional Hospital in October 2008. The device can measure subtle changes in blood flow or minute blockages in blood vessels no bigger than a toothpick in the heart and brain. Residents of the North who need high-resolution heart scans or other specialized medical imaging will now be able to receive these services closer to home.
- Residential care beds at Stuart Lake Hospital in Fort St. James were officially opened. These are designed for patients with chronic or progressive illnesses or disabilities who cannot live independently and whose care needs exceed those available through community services.
- There has been continued steady progress towards our goal of a new cancer clinic in Prince George: the final version of the Northern Cancer Control Strategy was submitted to Treasury Board this year, and \$100 million was approved for the capital portion of the plan.
- Phase 1 of the expansion of Dunrovin Lodge in Quesnel was completed and in early 2009, 50 residents moved in.

#### New physicians and other staff:

- The second class of medical students graduated from the Northern Medical Program at UNBC. Many of the 24 new

graduates plan to practice in rural communities.

- A new Health Services Administrator, Margaret Sadlon, was recruited for Quesnel. As well, Aileen Kerr joined us as the new Health Services Administrator for Prince George. These senior positions report directly to the Chief Operating Officer for the area.
- A new physician was recruited for the Robson Valley.

#### Other noteworthy achievements:

- Smoke-free grounds policies were implemented at all facilities in the Northern Interior.
- The electrical system at Prince George Regional Hospital was upgraded.

#### Looking ahead, the next fiscal year will see many improvements to health care delivery:

- The complex care portion of the Gateway Residential Care Facility will open in September 2009, with the assisted living section to follow later in the year.
- Construction of the Cancer Clinic will start later this year. As well, we plan to start internal renovations at Prince George Regional Hospital to address areas affected by the cancer control program.
- Phase 2 of the Dunrovin Lodge expansion, which will see the vacated south wing renovated for occupancy by residents from Baker Lodge, is slated for completion in January 2010.
- Endoscopy services at Prince George Regional Hospital will be expanded.
- The first Northern Medical Program graduates will complete their family practice residencies. These will be the first practicing physicians produced by the Northern Medical Program.

In conclusion, with the continued excellent work of our staff and the valuable contributions of our community partners, 2009-2010 will be an exciting year.

## Northeast

### Betty Morris, Chief Operating Officer

The Northeast Health Service Delivery Area has a population of about 66,700. With dramatic terrain featuring the Peace River Country and the Rocky Mountains, the area includes the communities of Fort Nelson, Hudson's Hope, Tumbler Ridge, Dawson Creek, Pouce Coupe, Chetwynd, and Fort St. John.

The 2008-2009 fiscal year saw significant advancements for the Northeast:

- The Fort St. John Hospital Foundation raised \$1.3 million towards the cost of a new CT scanner, unveiled in March 2009. The new equipment provides improved diagnostic imaging services and shortened wait times for Northeast residents, who previously had to travel to Dawson Creek for service.
- In 2008, the Fort St. John Hospital and Residential Care project marked an important milestone with the approval of rezoning on land donated for the project by the City of

Fort St. John. Work on the new facility, which includes a 55-bed acute care hospital and a 123-bed residential care facility for seniors, began this summer.

- Another important event for 2008 was the expansion of Rotary Manor in Dawson Creek from 44 residential care beds to 115. As well, two palliative care beds and two respite beds will be added. After the expansion is complete at the end of 2009, the Pouce Coupe Care Home will close; however, the Peace River Haven in Pouce Coupe will continue to operate with a total of 28 beds until the new Fort St. John Hospital and Residential Care project is completed.
- During this fiscal year, the Northeast also welcomed a new Health Services Administrator for the North Peace, Angela De Smit.

We look forward to these changes over the coming year – they will improve the quality of care and life for residents of the Northeast.

# Northern Health: Building for the Future

A sampling of 2008-2009 capital projects across the Northern Health region.



1

## Prince George

- Gateway Residential Care Facility
- Value: \$42 million
- Completion: Summer 2009



5

## Terrace

- Terraceview Lodge Expansion
- Value: \$15 million
- Completion: September 2009



2

## Houston

- Increased residential care capacity
- Value: \$2.8 million
- Completion: Fall 2009



6

## Prince Rupert

- New residential care beds and assisted living units
- Value: \$20 million
- Completion: Summer 2009



3

## Fort St. James

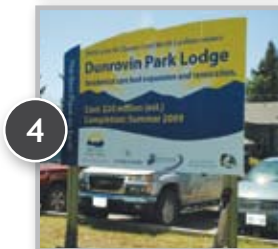
- Residential care expansion at Stuart Lake Hospital
- Value: \$200,000
- Completed: July 2008



7

## Masset

- Northern Haida Gwaii Hospital and Health Centre
- Value \$10.99 million
- Completion: Spring 2009



4

## Quesnel

- Dunrovin Lodge: Residential care expansion
- Value: \$20 million
- Completion: Summer 2009



8

## Dawson Creek

- Rotary Manor: Residential care beds and assisted living units
- Value: \$32 million
- Completion: Summer 2009



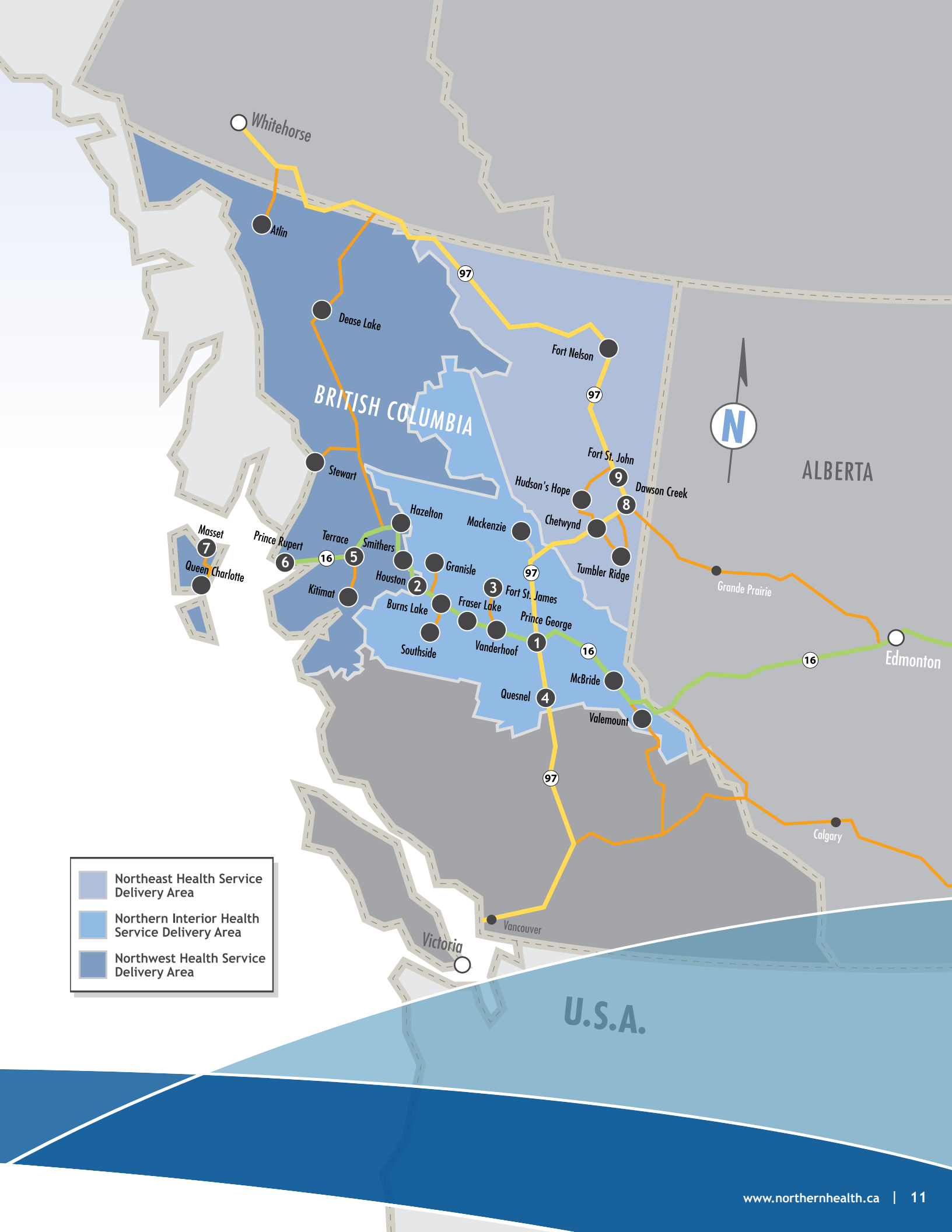
9

## Fort St. John

- Fort St. John Hospital and Residential Care Project
- Value: \$297.9 million
- Completion: Summer 2012

Throughout Northern Health: Energy-efficient retrofits to lighting, heating and ventilation to reduce our carbon footprint.





- Northeast Health Service Delivery Area
- Northern Interior Health Service Delivery Area
- Northwest Health Service Delivery Area

## Aboriginal Health

The Aboriginal Health program is part of Northern Health's commitment to improving the health of Aboriginal people in Northern British Columbia. *"Aboriginal health is holistic. It encompasses health determinants, is supported and fostered by Indigenous knowledge and know-how, and is community-based and driven."*

– Northern Health Aboriginal Health Conference Series, Fall 2006 (Kitsumkalum, Prince George, Fort St. John)

### 2008-2009 Highlights

- **Team Developments:** Paul Hanki was hired as the new Aboriginal Health Executive Director, and has been actively working on building relationships between different departments of Northern Health and First Nations communities. As well, the position of Community Engagement Coordinator was created to promote community engagement between Northern Health, Health Service Administrators and First Nations communities. We have seen an increase in communication and engagement in communities such as Stony, Burns Lake, Skin Tyee, Nezul Be Hunuyeh and Tache, thanks to the community visits conducted by this new position.
- **Funding Initiated Advancements:** In March 2008, the Ministry of Health Services approved funding for six new initiatives (Aboriginal Health Transition Fund Adaptation Envelope). Some of these funds were directed towards the creation of community grants, intended to make health services more accessible to First Nations people by promoting the building of relationships with Northern Health staff and physicians, and were also distributed for the implementation of Aboriginal Patient Liaison Worker positions. By the beginning of 2009, we had posted and filled these positions in Fort St. John, Dawson Creek and Quesnel, giving Northern Health the largest number of liaison workers in the province, a total of nine. Funding was also provided for a van for the Needle Exchange program. The van is operated in partnership with Carrier Sekani Family Services.
- **Conferences and Committees:** In July 2008, Aboriginal health conferences were held in Fort St. John, Prince George and Prince Rupert, with the goals of sharing and celebrating various experiences in Aboriginal Health. The conferences were well attended and met with positive feedback. As well, six of seven proposed Aboriginal Health Improvement Committees (AHIC) are now active. These groups meet quarterly to provide an opportunity for members to develop a comprehensive understanding of the specific interests of local Aboriginal people, and to share helpful local and regional health system information regarding the health of their local communities.

### The Year Ahead

For 2009-2010, Aboriginal Health will use carried-over Adaptation funds to continue the community grants; organize three more Aboriginal health conferences (in the Northeast, Northwest and Northern Interior) with a key focus on cultural competency; develop a hiring and retention strategy for Aboriginal people within Northern Health; and provide support for cultural competency training for Northern Health employees.

Beyond this, Aboriginal Health has partnered closely with other Northern Health departments, including Care North, Population Health, the Tobacco Reduction Strategy and the Cancer Control Strategy, to promote relationship-building with First Nations communities, and to share resources and information.

**Paul Hanki** |  
Executive Director, Aboriginal Health





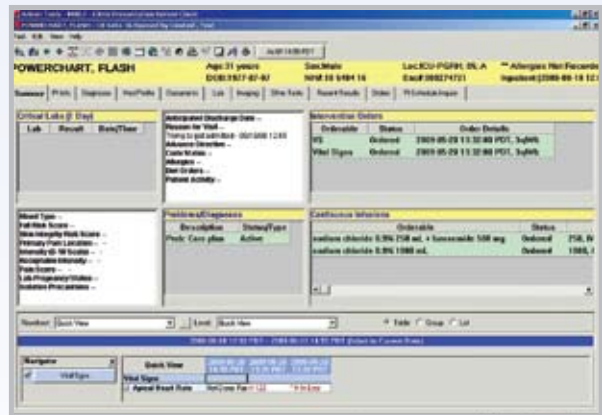
## Health Link North

Health Link North is the multi-year project to implement a modern health information system, Cerner Millennium, in hospitals and healthcare centres across the Northern Health region. Cerner Millennium gives doctors, nurses, and other healthcare professionals better access to information to support them in providing high-quality patient care.

Cerner supplies healthcare information technology solutions around the world, and to more than 75 Canadian organizations. Cerner Millennium is replacing Northern Health's current systems in registration, medical imaging (radiology), laboratory, pharmacy and nursing.

### 2008-2009 Highlights

- **Successful Implementations at Four Sites:** During the 2008-2009 fiscal year, the system was implemented in Prince Rupert, Fort St. John, Fort Nelson, and Hudson's Hope. With the June 2009 implementations, this brings the total number of "live" sites to 12.
  - Prince George Regional Hospital (March 2007)
  - Mills Memorial Hospital, Terrace (June 2007)
  - Kitimat General Hospital and Health Centre (July 2007)
  - Bulkley Valley District Hospital, Smithers (September 2007)
  - Houston Health Centre (September 2007)
  - Prince Rupert Regional Hospital (November 2008)
  - Fort St. John Hospital and Health Centre (March 2009)
  - Fort Nelson General Hospital (March 2009)
  - Hudson's Hope Health Centre (March 2009)
  - Dawson Creek and District Hospital (June 2009)
  - Chetwynd Hospital and Health Centre (June 2009)
  - Tumbler Ridge Health Centre (June 2009)



### The Year Ahead

- **Simultaneous Implementations in the Northeast:** On June 16, Cerner Millennium was successfully implemented in Dawson Creek and District Hospital, Chetwynd Hospital and Health Centre, and Tumbler Ridge Health Centre. These were the first simultaneous installations at three sites within Northern Health.
- **Code Upgrade and Continued Implementations:** Plans for the coming year include implementations at the remaining 13 acute-care facilities, many of which are in smaller communities, as well as continued maintenance and support. In September 2009, a major application upgrade will be introduced to end users. Ongoing enhancements will be delayed until this rollout has been completed.

Nursing staff in Fort Nelson get to know the new software.  
L - R: Vicky Villers, RN; Shelly Whiting, LPN; and Ann Parker, LPN.



## Home and Community Care

Home and Community Care provides health care services in community settings to individuals of all ages, and in residential settings to individuals aged 19 and over:

- Supports clients to remain independent and in their own homes for as long as possible;
- Provides services at home to clients who would otherwise require admission to hospital or would stay longer in hospital;
- Provides assisted living and residential care services to clients who can no longer be supported in their own homes; and
- Provides services to support people who are nearing the end of their lives, and their families, at home or in a hospice or hospital setting.

### 2008-2009 Highlights

- **Assisted Living:** During 2008-2009, Home and Community Care (in partnership with BC Housing and a number of non-profit societies) increased the availability of assisted living units throughout the region. Assisted living helps seniors live independently in the community, delaying or preventing the need for residential care. In addition, the Home and Community Care Facilities Plan moved towards fruition with the opening of new residential care facilities (part of the Province's strategy to add 5,000 additional beds).
- **Support for Training:** With funding from the BC Health Education Foundation, Northern Health worked with northern community colleges to create more training spaces for licensed practical nurses, residential care aides and home support workers. The resulting increase in trained care providers has eased recruitment pressures for home and community care.
- **Dementia Care:** Due to the growing population of seniors who are living longer, dementia care continues to be important in both residential and community settings. To support leading-edge practices, Northern Health developed and piloted dementia e-learning modules for clinical staff and care providers. The finalized modules are now available through [www.northernhealth.ca](http://www.northernhealth.ca). The project was completed through joint funding from the Alzheimer Society of BC. In addition, Northern Health partnered with other health authorities on other dementia strategies (also partially funded by the Alzheimer Society of BC), including the Dementia BC Education Framework and the Dementia Journey ([www.dementiajourney.ca](http://www.dementiajourney.ca)).

### The Year Ahead

During the coming year, Home and Community Care will continue to implement its residential care plan with the opening of new and renovated residential care facilities. These facilities will include hospice palliative care beds, which will enable palliative care to be provided to clients in a non-acute-care environment, an option not previously available in many communities.

In addition, as Northern Health's Care North strategy continues to expand across the region, it will support the integration of home and community care services with other service providers, such as family practitioners, improving the quality of care to clients in the community.





## Mental Health and Addiction Services

Northern Health is committed to providing a range of Mental Health and Addictions Services to the people of Northern BC in a comprehensive continuum of care.

### 2008-2009 Highlights

- **Reorganization:** This year, Mental Health and Addictions initiated a reorganization of its structure. We completed a comprehensive review of existing services and programs, including all budgets for in-house and contracted services, and identified and partially implemented plans for funding shortfalls.
- **New Programs and Services:** During the year, many programs and services were initiated, including the development and implementation (in collaboration with Public Health) of the perinatal depression framework in the Northwest and Northeast (which will also be implemented in the Northern Interior in July 2009); the piloting of the Primary Care project in Mackenzie for Mental Health (to pilot in Vanderhoof in 2009); and the development of the Adult Addictions Day Treatment Program in the Northern Interior (access for the Northwest and Northeast will soon be increased).
- **Collaboration:** Mental Health and Addictions has continued to work collaboratively with many other departments. We held harm reduction presentations in conjunction with Public Health and Population Health in the Northeast; we collaborated with primary care physicians around the Bounce Back and Practice support program; we maintained our partnership with Child and Youth Mental Health (through the Ministry of Child and Family Development) around transitional youth services to develop closer working relationships; and we became actively involved with Aboriginal Health community forums in the Northeast, Northern Interior and Northwest.

### The Year Ahead

For the upcoming year, we will complete the reorganization of our leadership team, along with completing and implementing plans to address funding shortfalls for contracted services. We will also work to further integrate and standardize services across our continuum of programs.



Some members of the "Street Spirits" youth theatre group pose with singer Susan Aglukark in early April in Bella Coola, where they performed a play about sexual abuse at a conference. L-R: Destry Balcaen, Amy Paul, Mike Stenson, Susan Aglukark, Mary Hansen, Ashley Paul and Danielle Girard. Aglukark was the keynote speaker for the conference.



Staff involved in the Nechako Youth Treatment Program, Prince George: Back row, L - R: Stacie Weich, Youth Counsellor; Bob Cochrane, Registered Psychological Associate; Shannon Cruz, Program Liaison and Waitlist Management; Al Aben, Youth Counsellor; and Joel Hewko, Youth Case Manager. Front row, L - R: Tom Pearson, Youth Counsellor; Sara Garner, Youth Case Manager; and John Tosoff, Youth Counsellor.

## Northern Cancer Control Strategy

The Northern Cancer Control Strategy (NCCS) is a joint initiative between Northern Health, BC Cancer Agency (BCCA) and the Provincial Health Services Authority. The objectives of the NCCS are to:

- Decrease the incidence of cancer
- Increase survival from cancer
- Improve the quality of life of patients living with cancer
- Improve access to services for Northern cancer patients

### 2008-2009 Highlights

- **Team Developments:** Our team gained in numbers with the appointments of Hal Collier as the Chief Project Officer for implementing the NCCS business plan and LaDonna Fehr, Regional Oncology Leader for the Community Cancer Clinics.
- **Cancer Services in the North:** A regional telepharmacy service was established to provide pharmacy services to outlying community cancer clinics requiring additional support; the BCCA Bone Marrow Transplant Unit started an outreach clinic at the Prince George Cancer Clinic; and a regional oncology psychosocial and dietician service was started. As well, the Breast Cancer Patient Journey was mapped out for each of the three health service delivery areas, and an integrated breast health clinic was implemented at Prince George Regional Hospital.
- **NCCS Business Plan:** The final version of the NCCS business plan was submitted to Treasury Board, and \$100 million was approved for the capital portion of the plan.



Staff from community oncology clinics across Northern Health gather with their colleagues from the Project Management Office and the Northern Cancer Control Strategy. The event was held immediately before the 7th National Community Cancer Control Summit (Prince George, June 12 and 13, 2009).

### The Year Ahead

For the coming year, the cancer office will continue to assist with the implementation of the NCCS business plan. We will also be opening a community cancer clinic in Queen Charlotte as we work toward our goal of improving existing cancer services for the region.

**Dr. Ronald Chapman**  
Executive Director, Northern Cancer Control Strategy  
Prince George, BC



## Northern Health Connections

Northern Health Connections is a transportation program that began in July 2006 as a way to give people a comfortable, convenient, cost-effective way to reach out-of-town medical appointments. Through our contractors, we offer bus transportation between communities in our region, as well as to some centres outside Northern Health.

### 2008-2009 Highlights

- **42% Increase in Ridership:** By the end of the 2008-2009 fiscal year, the program had served 20,815 clients, with 10,264 riders this year alone, a growth rate of 42% over the previous year. November 2008 marked the first time that monthly ridership surpassed 1,000. There was a notable increase in ridership from both the northeast and the northwest to Prince George: ridership on the Prince Rupert-Prince George route increased 40%, and the Fort St John-Prince George route had 35% more riders this year than last.
- **Affordable Overnight Accommodations:** Northern Health also recognizes that when clients need to travel to receive healthcare services, they often need to stay overnight. As such, Northern Health Connections has partnered with nine accommodations providers throughout the areas it serves to provide low-cost options.



### The Year Ahead

Throughout the next year, we will work with stakeholders throughout Northern Health to examine the routes and schedules we currently offer to ensure that we are operating as effectively as possible. With increased awareness of the program among staff, physicians, and the general public, we hope to see a continued increase in ridership.



## Physician Recruitment

For Northern Health, physician recruitment is a top priority. To attract physicians globally to our region, we have developed several national and international recruitment campaigns.

### 2008-2009 Highlights

- **Forty New Physicians Recruited:** As a result of our campaigns, forty physicians relocated their medical practices to communities in our region during 2008-2009 and are now practising within Northern Health:
  - 32 general practitioners
  - One internal medicine specialist
  - One obstetrician-gynecologist
  - One plastic surgeon
  - One radiologist
  - One gastroenterologist
  - One neurologist
  - One pediatrician
  - One psychiatrist
- **Career Fairs and Conferences:** In 2008-2009, Northern Health representatives attended several provincial career fairs to speak with residents about the opportunities our region has to offer. A Northern Health representative was also in attendance with Healthmatch BC at the Royal College of General Practitioners (RCGP) Annual National Conference in Bournemouth, England, to speak directly with potential recruits about our opportunities.

### The Year Ahead

- **Welcome to New Physicians:** We look forward to welcoming the 17 additional physicians who have accepted positions within Northern Health and anticipate moving their practices during the 2009-2010 fiscal year. They tell us they found the North appealing for a variety of reasons, including its recreational, educational and residential opportunities. New physicians arriving in 2009-2010:
  - Three anesthetists
  - Six family/general practitioners
  - One internal medicine specialist
  - Two pathologists
  - One gastroenterologist
  - Two GP-anesthetists
  - One obstetrician-gynecologist
  - One radiologist
- **Targeted Recruitment Campaigns:** Six major campaigns are being developed for the 2009-2010 year, targeting medical schools, UK/international, family/general practice, emergency medicine, urgent priority and medical lab director. Several career fairs are planned for the fall, and work to further develop best practices, techniques and tools for recruitment and retention remains a priority for the continued success of our physician recruitment endeavours.



# Primary Health Care

## What is primary health care?

An effective primary health care system is one that supports northerners to do the following:

- Stay healthy
- Recover after illness or injury
- Live as well as possible with disease
- Cope with the end of life

Primary health care is a key priority in Northern Health’s Strategic Plan for 2009 to 2015. Care North is a partnership between northern physicians and Northern Health that’s geared toward creating a more effective and robust system of care. Care North has five goals:

- Improve health outcomes
- Improve access to primary health care
- Improve use of resources
- Improve patient experiences
- Improve provider experiences

## 2008-2009 Highlights

- **Key Populations:** Care North has focused on key population groups in both Aboriginal and non-Aboriginal communities: the frail elderly, people with mental health and addictions problems, and people who have more than one chronic disease.
- **Group Medical Appointments Across Northern Health:** To help us meet our goals, we have used various tools and techniques. For example, Group Medical Appointments (GMAs) have been a success in several communities. Physicians, office staff, and community members have teamed up to provide this innovative model of care delivery, and patients love it. In many cases, healthcare teams have developed patient registries and tracked baseline data for various conditions, thus using GMAs as a means of improving patient care. Overall, patients who regularly attended GMAs saw improved health outcomes for blood sugar and blood pressure.
- **Examples of Group Medical Appointments:**
  - For several years, Masset and Old Masset have partnered to offer group prenatal visits. They have also held GMAs for diabetes, chronic pain, smoking cessation, and depression. Queen Charlotte and Skidegate alternate hosting monthly GMAs on a variety of topics, with the newest being cancer.
  - A physician in Terrace is holding GMAs for diabetes; recently, patients said, “We love these! Can we have them more often?” This physician has now expanded to offer hypertension GMAs as well. Stewart has also been holding GMAs for diabetes for several years.
  - Kitimat, one of our first training sites for the Drop-in Group Medical Appointment (DIGMA) has kept up with these and momentum is building again – its newest DIGMA is for back pain.



## Population Health

Northern Health's Population Health team works to promote health and healthy living within communities and to provide health services for northern and rural populations.

### 2008-2009 Highlights

- **Supporting Healthy Living:** During 2008-2009, Population Health was actively engaged in supporting healthy living to communities. We disseminated \$20,000 in HEAL (Healthy Eating Active Living) seed grants throughout the north to promote healthy eating, and an additional \$40,000 was leveraged from the Provincial Health Services Authority's cardiac and vascular prevention funding in "HEAL for your Heart" community seed grants. We also co-hosted two "Stronger Together" grassroots community gatherings, aimed at increasing healthy eating and active living initiatives; a regional multi-site videoconference forum on the determinants of health; a "Health and the Built Environment" regional workshop, and a Prince George seniors' forum entitled "Dialogues on Health."
- **Partnering for Healthy Living:** A key component of our initiatives has involved partnerships with many other Northern Health and community programs. Some of our partnerships have included the following:
  - We worked with Injury Prevention, Hearts at Work, Aboriginal Health, Care North, Preventive Public Health and Public Health Protection to strengthen their population health and healthy community development approaches to service delivery, and to work towards more effective service integration.
  - We teamed up with Aboriginal Health to develop a community engagement methodology for healthy community development work in Aboriginal communities.
  - We partnered with the City of Prince George's social policy facilitator regarding several programs and areas, including seniors' health, sustainable housing, Healthy Downtown, Active Communities, Communities that Care Youth Wraparound Planning, and Smart Growth on the Ground.
  - We were also involved in strong provincial partnerships with the BC Healthy Living Alliance (BCHLA), the Public Health Association of BC (PHABC), the Provincial Population Health Network, the provincial working group on child poverty, the Community Food Action Initiative, and regional bodies (Fraser Basin Council and Vanderhoof Healthy Communities Society).

### The Year Ahead

In the coming year, we hope to make the Population Health Information Repository widely available to the public. It is currently internal and provides an easily accessible means for all Northern Health staff to utilize health data for service planning. We are also in the beginning stages of developing a "Walk the Walk" policy framework to encourage Northern Health to lead the way in healthy behaviours we wish to see in our constituents; we will begin implementation of the framework this year. Other goals for 2009-2010 include increased engagement in rural and remote Aboriginal communities and development of population health approaches in the Northeast and Northwest.

The official opening of the Northern Haida Gwaii Hospital and Health Centre in Masset on May 18, 2009, was celebrated in traditional style with the raising of a Haida totem pole on the hospital grounds. The pole was created by master carver Christian White and his apprentices.





## Public Health – Immunizations

Preventive Public Health is committed to promoting and protecting the health of all Northern Health's residents from birth onwards. Public Health works in partnership with ImmunizeBC to offer immunization programs that will provide maximum protection for individuals, children and families.

### 2008-2009 Highlights

- **Infant and Toddler Immunizations:** In 2008, Public Health gave over 43,000 doses of vaccine to the infant-toddler population in Northern Health. The Northern Health Infant/Preschool Immunization Program also completed its review, during which parents were surveyed. The findings highlighted the many positive features of the current delivery of these immunizations, including comprehensive child health clinics and the quality of service and information provided to families by public health nurses. In addition to identifying the supports and barriers families experience in accessing immunization services, public health nurses and physicians were given the opportunity to suggest improvements. The report generated by the review had 16 recommendations for the infant/preschool immunization program. This report has been reviewed with Public Health teams and planning is starting around the recommendations.
- **School-aged Immunization Program:** Northern Health collaborated with the province and other health authorities in the planning and rollout of a new school-based Human Papillomavirus (HPV) vaccine program for girls in grades 6 and 9. This new program, which was implemented in September 2008, will help prevent cervical cancer.
- **Influenza Vaccine Program:** By the end of 2008, over 39,000 doses of influenza vaccine had been given to the eligible population in our region. A public survey was also undertaken in order to gain feedback on our influenza immunization clinics for future planning.

Northern Health's Preventive Public Health program continues to achieve some of the highest immunization rates in the province for children entering kindergarten. Our infant/toddler immunization rates also improved in 2008. By achieving such high immunization rates for Northern Health, each individual, family and community benefits.



## Public Health Protection

Northern Health's Public Health Protection program protects the health of northern communities in BC through education and inspection strategies designed to reduce health risks to the public.

### 2008-2009 Highlights

- **Communicable Disease and Food Safety:** The Public Health Protection program continued to work on ways to decrease the incidence of communicable disease in the Northern Health region by a variety of means, including presenting food safety information to community groups through the BC Seniors Games (Prince George) and BC Northern Games (Mackenzie). We began using a provincial enteric surveillance monitoring program to identify outbreaks and prevent further spread, and a public awareness campaign was initiated during a provincial basketball tournament in Prince Rupert. The program also worked with silviculture (primarily tree-planting) camps to ensure that water systems comply with regulatory requirements.
- **Dietician Nutritionist Services:** A dietician nutritionist joined the Community Care Licensing Team to identify gaps in service delivery; propose new roles, responsibilities, and resources; and to assess, plan, and implement projects related to nutritional requirements in the Child Care and Residential Care regulations. Nutritional supports and resources were developed for licensees, and licensing officers were provided with inspection tools and a two-day videoconference training session. The program is working with LEAP BC (Literacy, Education, Activity, and Play) and the Ministry for Healthy Living and Sport to produce a DVD of the nutrition workshop for remote and rural care providers.
- **Community Care Licensing:** A second project for the licensing program was initiated across the province to develop publicly accessible web sites with information for licensees, families, parents and guardians about licensed community care facilities. The site includes listings of all community care facilities in communities across Northern Health, as well as inspection information for facilities that provide care to seniors.
- **Tobacco Control:** Tobacco Enforcement Officers focused on the implementation of the new Tobacco Control Act. They also developed a "Youth2Youth" resource kit (funded by Health Canada) to support tobacco retailers' efforts in not selling tobacco to minors. Tobacco reduction coordinators focused on supporting the implementation of Northern Health smoke-free grounds policy and other programs, including "True North Strong and Smoke Free" community grants, "Kids Need Breathing Space" campaign and Aboriginal communities' involvement in "Honour Your Health Challenge". The Nicotine Intervention Counselling Centre (NICC) program provided tobacco cessation support to almost 900 northern BC residents.



A meeting of the Public Health Operations Council in Prince George.



The Public Health Protection team at their annual meeting/education session, February 2009.

## Northern Health Financial Summary 2008-2009

Northern Health continues to provide a wide range of health services to the region it serves, an area covering approximately two thirds of the province of British Columbia, most of which is sparsely populated. Each year we are challenged to deliver these services within the budget provided to us by the Ministry of Health. In the fiscal year ended March 31, 2009, Northern Health realized a small surplus of \$326,000 on a budget of almost \$600 million.

Northern Health received \$12M in additional one-time funding adjustments over and above the normal budget base for the region in 2008-2009. Included in this amount were \$5M to offset cost pressures, \$2.473M for the Northern Cancer Control Strategy, and \$1.283M in process redesign funds from the Transformation Fund of the provincial government. These additional funds enabled Northern Health to advance the implementation of programs such as the Cancer Control Strategy that benefit communities across the region. The funding received from the Transformation Fund has enabled us to review a number of processes that will benefit the organization and improve the efficiency and effectiveness of these processes.

The 2008-2009 Audited Financial Statements are available at [www.northernhealth.ca](http://www.northernhealth.ca)

### Financial Summary 2008 - 2009

(in thousands of dollars)	Budget	Actual	Variance
<b>Revenue</b>			
Ministry of Health Revenue	\$ 439,807	\$ 442,903	\$ 3,096
Other	158,570	161,202	2,632
<b>Total Revenue</b>	<b>\$ 598,377</b>	<b>\$ 604,105</b>	<b>\$ 5,728</b>
<b>Expenses</b>			
Acute Services	\$ 221,064	\$ 236,185	\$ (15,121)
Home and Community	89,566	89,505	61
Community Programs	84,569	81,356	3,213
Support Services	56,054	60,026	(3,972)
Physicians	45,714	43,800	1,914
Northern Cancer Control Strategy	2,473	1,192	1,281
Regional Services	65,613	65,011	602
Undistributed	30,097	26,704	3,393
Contingent Expense	3,227	0	3,227
<b>Total Expenses</b>	<b>\$ 598,377</b>	<b>\$ 603,779</b>	<b>\$ (5,402)</b>
<b>Total Surplus/(Deficit)</b>	<b>\$ 0</b>	<b>\$ 326</b>	<b>\$ 326</b>





## Do you have an out-of-town medical appointment?

### Northern Health Connections can get you there!

Northern Health Connections is an affordable travel program for people with out-of-town medical appointments for services not available in their home communities. Ride our comfortable buses between various communities in the north, or travel to a larger centre (Vancouver, Prince George, Prince Rupert, and more).

Our modern, comfortable buses offer onboard movies, satellite radio, and wheelchair lifts. Highway coaches also have washroom access. Do you need extra help? Your companion can travel with you at the same low fare.

Wondering where to stay once you get there? We've partnered with local businesses to arrange low-cost options for accommodations at your destination.

### For routes and schedules, or to book your trip:

- Visit [www.northernhealth.ca](http://www.northernhealth.ca) and choose **Your Health > Programs > NH Connections**
- Call 1-888-647-4997 (8 a.m. - 5 p.m. • Monday to Friday)



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