



Annual Report

2009-2010



northern health
the northern way of caring

Community Consultations: “Let’s Talk About Primary Health Care”

In fall 2009, Northern Health held public meetings on primary health care in 18 communities across northern BC. Comments were also gathered online and on paper. In total, almost a thousand residents participated.

The series of meetings, “Let’s Talk About Primary Health Care: Discuss the Future of Basic Health Care in Your Community,” was an opportunity for Northerners to provide input on primary health care (activities and services that support good health throughout a person’s life).

“A strong primary health care system is a cornerstone of Northern Health’s vision through 2015,” said Dr. Charles Jago, Northern Health Board Chair. “Information provided by northern residents through this set of consultations will help guide Northern Health’s Board and senior management with their planning and priorities.” Issues raised by consultation participants included the following:

- Access to physicians;
- Primary care innovation, including technology, a team approach to care, and new ways of supporting those living with chronic disease;
- Access to specialized services;
- Support for the elderly;
- Mental health and addictions support;
- Health promotion/education; and
- Pollution.

The report is available at www.northernhealth.ca (About Us > Northern Health Reports > Community Accountability), or residents can phone 1-250-565-2941 to request a printed copy. “Let’s Talk About Primary Health Care” was the third round of community consultations carried out by Northern Health since 2004.



Michael McMillan (R) - Northern Health’s Chief Operating Officer for the Northern Interior, talks with a focus group in Valemount in September 2009.



northern health
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General enquiries: 1-866-565-2999 or 250-565-2649
Recruitment: 1-877-905-1155 or 250-565-2350
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Communications: hello@northernhealth.ca

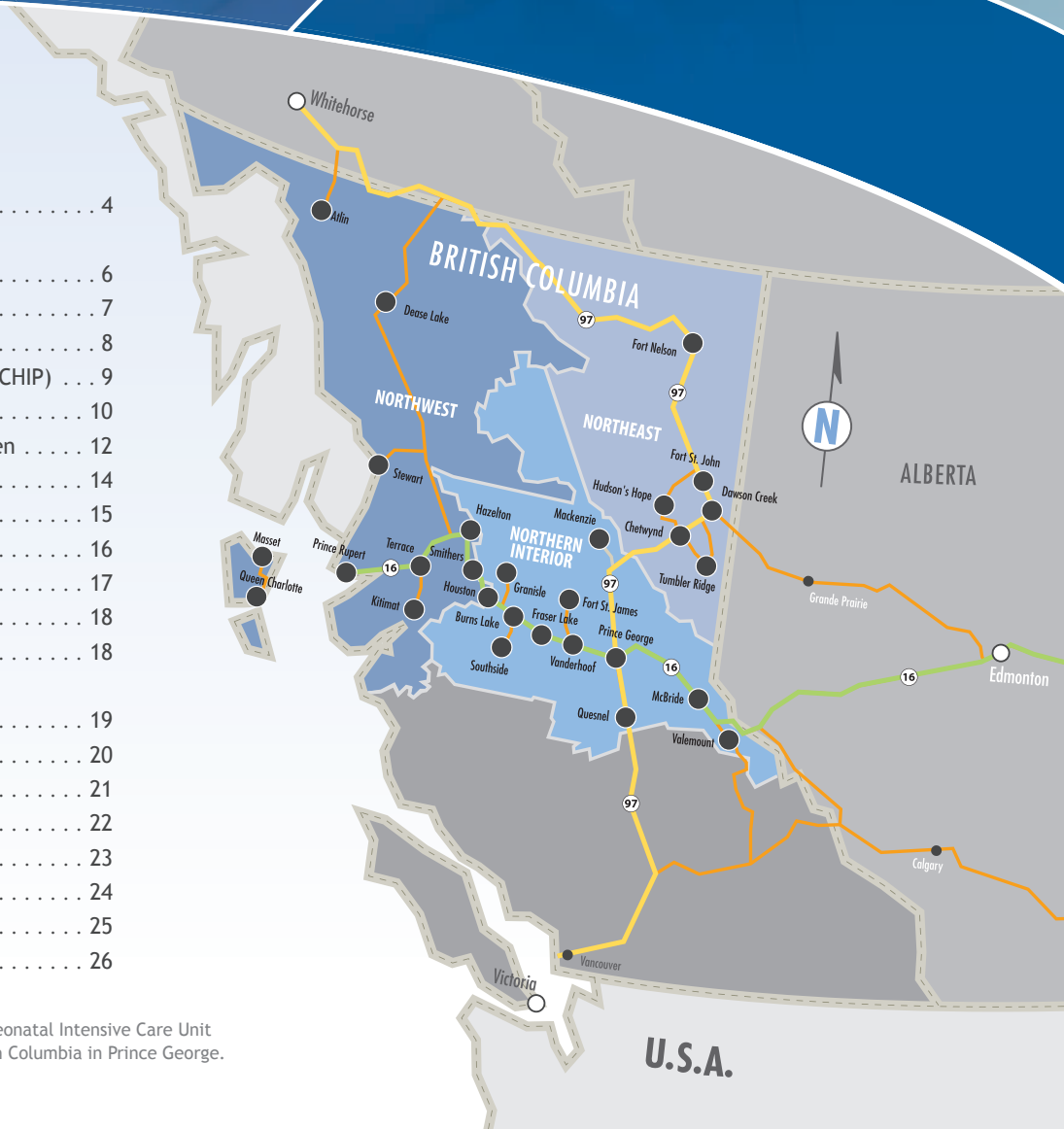
Suite 600 - 299 Victoria Street
Prince George, B.C., Canada
V2L 5B8

www.northernhealth.ca



Contents

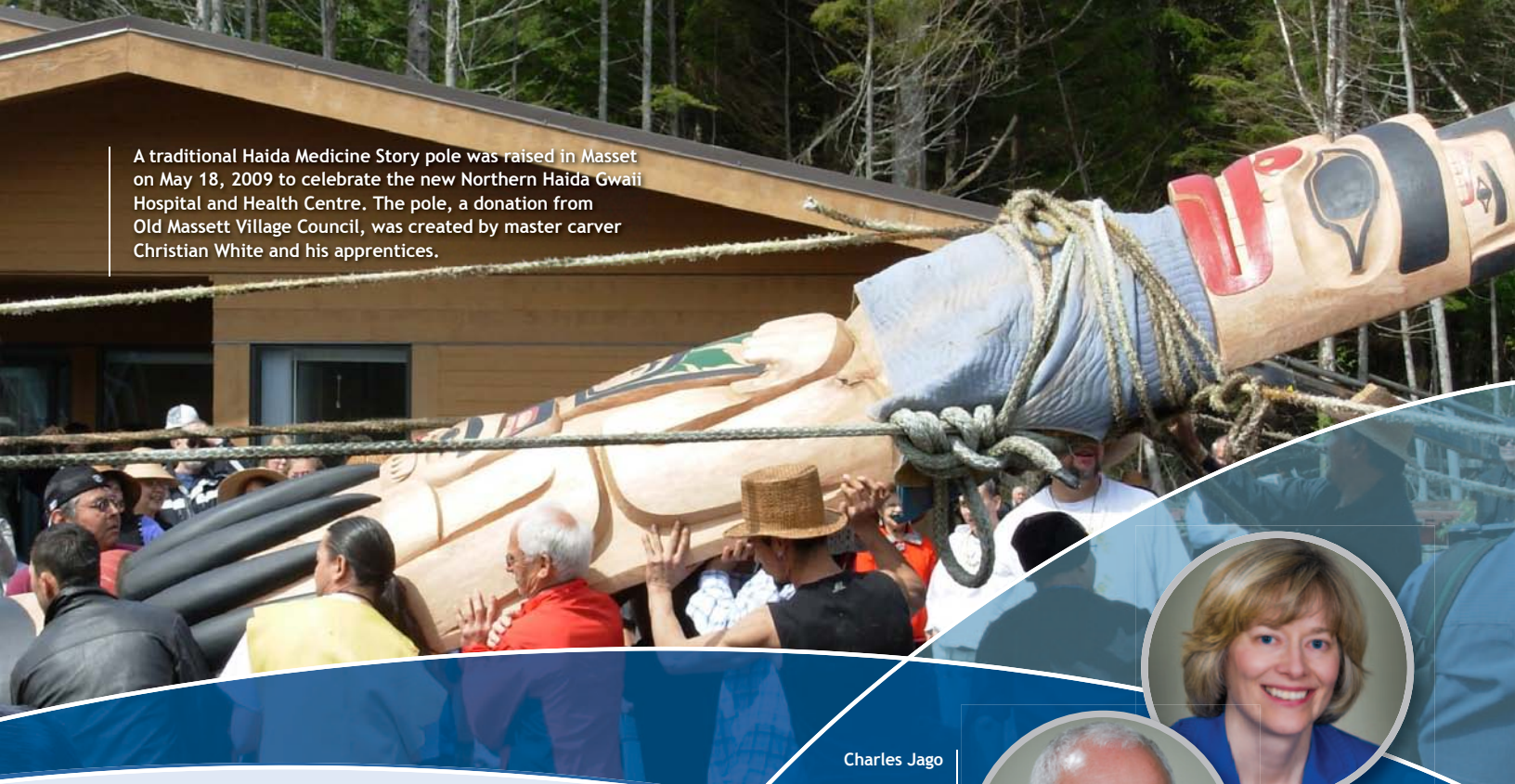
Introduction	4
Regional Reports	
Northwest	6
Northern Interior	7
Northeast	8
Community Health Information Portal (CHIP) ...	9
Building for the Future	10
Healthcare Through the Eyes of Children	12
Aboriginal Health	14
Primary Health Care	15
Home and Community Care	16
Mental Health and Addictions Services	17
Human Resources	18
Research	18
Northern Health Connections	
(Medical Travel Program)	19
Northern Cancer Control Strategy	20
Health Link North	21
Population Health	22
Public Health Protection	23
Preventive Public Health	24
Professional Practice	25
Financial Summary 2009-2010	26



Front Cover Photo: A young family in the Neonatal Intensive Care Unit at the University Hospital of Northern British Columbia in Prince George. (Courtesy of Tim Swanky)

U.S.A.

A traditional Haida Medicine Story pole was raised in Massett on May 18, 2009 to celebrate the new Northern Haida Gwaii Hospital and Health Centre. The pole, a donation from Old Massett Village Council, was created by master carver Christian White and his apprentices.



Cathy Ulrich



Charles Jago

Introduction

CEO and Board Chair Report

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

Every day, we are guided by our vision statement for 2015:

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

We realized this vision in numerous ways throughout the Northern Health region during the 2009-2010 fiscal year:

“Northern Health leads the way . . .”

During the past year, the efforts of our dedicated staff and physicians have been recognized many times at a provincial and national level; here are just a few examples:

- In June 2009, at the third annual Excellence in BC Healthcare Awards, a Northern Health team won a Golden Apple Award for Best Collaborative Solution in the province for the Integrated Cancer Control Improvement Program. The team’s members were drawn from many Northern Health communities, including Terrace, Fort St. John, Prince Rupert, Dawson Creek, and Prince George.
- During the same event Claire Kirk, Long-Term Care Case Manager, Home & Community Care, Dawson Creek Health Unit was designated a “Northern Health Hero,” and LaDonna Fehr, Regional Oncology Leader, won an Award of Merit in the Top Innovator category.
- Dr. John Pawlovich, who practices in Fraser Lake, was recognized by the College of Family Physicians of Canada (CFPC) as a CFPC Family Physician of the Year. He was also recognized as BC Family Physician of the Year by the BC College of Family Physicians.
- In August 2009, Dr. Ray Markham of Valemount was awarded the Order of British Columbia, an honour designed to recognize those who have “contributed to the province in extraordinary ways.” In the province’s announcement, Dr. Markham was described as a doctor who “steadfastly, unwaveringly and intentionally serves the rural community despite many challenges faced by rural medical caregivers.”
- In November 2009, a Northern Health team won the “Technology in Health Care” award at the Northern BC “Healthier You” awards for a solution that means results from x-rays, ultrasounds, and other scans could be available to family doctors and their patients up to three times faster than previously.
- In December 2009, Kerry Laidlaw was recognized with an Award of Excellence in Nursing Administration from the College of Registered Nurses of BC (CRNBC). He is the Site Manager at the Queen Charlotte Islands General Hospital.
- The Northern Health Pharmacy Practice Residency Program also received full accreditation from the Canadian Hospital Pharmacy Residency Board, a milestone which allows Northern Health to provide this advanced one-year post-graduate training program.

“ . . . in promoting health . . . ”

During the past fiscal year, Northern Health promoted the health of Northerners in many ways.

Our Healthy Eating Active Living (HEAL) Network supports community grassroots initiatives to improve Northerners' health (In 2009-2010, HEAL increased its membership by 40%, and also expanded into First Nations communities — for more details, see page 22.)

Avoiding injury is another important part of promoting good health. Recognizing this, Northern Health is a partner in the RoadHealth initiative to reduce motor vehicle crashes. In 2009-2010, Northern Health offered grants through Population Health to support RoadHealth projects.

With the fall 2009 arrival of the H1N1 virus, Northern Health began a public health campaign to promote handwashing and immunization. As you'll read on page 25 of this report, whole communities worked with us on this response; we are grateful for their energy and commitment.

Those living with chronic disease are benefiting from initiatives being led by innovative physicians with the support of Northern Health staff. These initiatives include group medical visits, electronic tracking of best practices, and engaging patients to improve their own health through self-management. Likewise, one of the goals of Northern Health's Aboriginal Health Collaborative (AHC), which has currently connected with 17 First Nations communities across the North, is to prevent or delay the onset of chronic disease. A recent evaluation indicated that in most communities, AHC partnerships led to improved access and quality of care (see page 14 for details).

Throughout the North, communities are our valued and appreciated partners in health care. They are involved in everything from working with us to attract and retain physicians, to donating land for capital projects and fundraising for equipment and services. The Board of Directors of Northern Health is committed to consulting with Northern residents on issues important to planning for health care. In the fall of 2009, we gathered feedback from almost a thousand residents and held public meetings in 18 communities on the topic “Let's Talk About Primary Health Care: Discuss the Future of Basic Health Care in Your Community” (see inside front cover for details). These discussions will form the basis for further partnerships with municipalities focused on improving health in the coming year.

“ . . . and providing health services . . . ”

During 2009-2010, a number of technological and capital projects continued or were initiated.

The Fort St. John Hospital and Residential Care Project (the project to replace the current hospital in Fort St. John), continues on time and on budget.

In May 2009, the official opening of the Northern Haida Gwaii Hospital & Health Centre in Masset was celebrated with the raising of a Haida totem pole. The pole, carved by master Haida carver Christian White and apprentices, was donated to the hospital by the Old Massett Village Council.

The Cerner Millennium health information system, which gives health care professionals better access to information to support them in providing high-quality care, was brought online in 13 new sites, continuing our project to link all acute care sites within Northern Health.

Work continues on schedule on the BC Cancer Agency Centre for the North in Prince George, and in December 2009, the Northern Cancer Control Strategy was nominated for a Premier's Award in the Partnership category. The Northern Cancer Control Strategy aims to reduce the incidence of cancer and improve cancer outcomes for Northern British Columbians. It is a collaboration between the Provincial Health Services Authority, the BC Cancer Agency, and Northern Health, and includes partnerships with the Canadian Cancer Society and local municipalities and First Nations communities throughout Northern British Columbia.

Special *teleoncology rooms* are a valuable innovation in cancer care: they allow cancer patients to “attend” appointments with specialists in other communities via videoconferencing. As such, they form an important part of Northern Health's network of community cancer clinics and services. At the end of the 2009-2010 fiscal year, teleoncology rooms were operational in 13 Northern Health communities: Dawson Creek, Fort Nelson, Fort St. John, Hazelton, Kitimat, Masset, Prince George, Prince Rupert, Queen Charlotte, Quesnel, Smithers, Terrace, and Vanderhoof. As a result, Northern patients' burden of travel, time, money, and stress has been reduced.

Northern Health's MORE^{OB} program is focused on managing obstetric risk effectively in Northern Health facilities across the North. More than 360 Northern Health obstetricians, family physicians, midwives, registered nurses and licensed practical nurses have completed the program. In 2009, the BC Patient Safety and Quality Council selected MORE^{OB} as the Northern Health winner of the Excellence in Quality and Safety Award.

“ . . . for Northern and rural populations.”

With Northern Health's large size and far-flung population, most of the people we serve could be considered rural. In June 2009 the National Summit on Community Cancer Control brought more than 400 medical professionals from across Canada to Prince George for an event with a rural focus. The summit's theme was “Innovative Solutions for Rural and Remote Cancer Control Issues: Today and Tomorrow.” The conference was hosted by Northern Health under the auspices of the Canadian Association of Provincial Cancer Agencies (CAPCA), and supported by the BC Cancer Agency and the BC Cancer Foundation.

Another major conference in 2009-2010 was “Honouring our Differences,” the Northern Interior Aboriginal health conference, which took place in March 2010. The conference goals were to build on existing relationships, strengthen commitments to provide quality health services and advance our knowledge of cultural competency.

Also in March, the Northeast Aboriginal Health Conference concluded with a new agreement for Northern Health to partner with the Northeast Aboriginal Business and Wellness Centre in Fort St. John to provide enhanced services at the centre. The official signing of a lease agreement marked the conclusion of the conference in Fort St. John.

Finally, according to the results of the provincial patient satisfaction survey, 1,249 residents gave Northern Health a 91% satisfaction rate. Those surveyed were patients receiving medical, surgical, maternity, or pediatric inpatient services.

In conclusion, during 2010-2011, large capital projects will draw closer to completion, we will continue to build on our strong partnerships with communities and organizations, and we will continue to work towards the goal of providing a primary care home for every Northerner.



Northwest

Regional Report

- Marina Ellinson, Chief Operating Officer

This was a successful year for recruitment to the Northwest, with several key management positions being filled:

- Dr. Geoff Appleton accepted the position of Northwest Medical Director.
- Jonathan Cooper, who was originally brought in to fill the Site Administrator position in Kitimat, is now the Health Services Administrator for that community.
- Marie Nygaard became the Health Services Administrator for Terrace, Atlin and Stewart.
- The position of Manager for Home and Community Care for Terrace has been filled by Dorothy Schiller.
- Donna Cameron is the new Manager of the Stewart Health Centre.
- Patrick Moores accepted the position of Site Manager at Masset.

In the Northwest's West Cluster, the new Northern Haida Gwaii Hospital and Health Centre opened in Masset in spring 2009, and planning for a new hospital in Queen Charlotte (formerly Queen Charlotte City) is now under way, with Mayor Carol Kulesha co-chairing the Advisory Committee. In Prince Rupert, a Mental Health and Addictions day treatment program is now in place, and the Prince Rupert Primary Health Care Centre opened its doors in January 2010, with three physicians currently and another coming on board later this year. This is a real success story, as over one thousand patients who previously had no doctor now have a primary care home. Another good news story was that Kerry Laidlaw, Site Manager in Queen Charlotte, received a provincial Excellence in Nursing Administration award from the College of Registered Nurses of BC.

In the East Cluster, the Houston residential care project is complete and will open pending successful recruitment, planned for September 2010. It will feature six additional beds (four residential care and two short-stay beds for palliative, respite, and convalescent care). As well, in both Smithers and Hazelton, Northern Health invested in new ultrasound equipment in April 2009.

The UNBC Northern Medical Program continues to be a success: during the 2009-2010 fiscal year, the Central Cluster received its first group of family practice residents, in addition to three medical students. The residents will complete a two-year term at Mills Memorial Hospital in Terrace, with two additional residents arriving in July 2010. Finally, the Stewart Health Fair and Teddy Bear Clinic on May 11, 2010 welcomed 150 people from the community.

The Society of Rural Physicians of Canada (BC Chapter), in conjunction with UBC, the BCMA, and the BC Ministry of Health, held their 11th annual medical education conference in Hazelton in May 2009. Physicians from across Canada gathered for this event with a focus on specific rural health issues, and a theme of Aboriginal Health.

The Northern Haida Gwaii Hospital and Health Centre in Masset.





Northern Interior

Regional Report

- Michael McMillan, Chief Operating Officer

The past fiscal year saw many significant healthcare changes in the Northern Interior. Among the highlights was the start of construction on the BC Cancer Agency Centre for the North in Prince George. This project, part of the Northern Cancer Control Strategy, will result in the opening of a full-service cancer care facility in 2012 (including radiation therapy), helping northern patients access cancer care closer to home.

In January 2010, we expanded our joint replacement program in Prince George, which should see a doubling of the number of hip and knee replacements performed each week, thus reducing waitlist times.

In Quesnel this year, the expansion of the Dunrovin residential care facility was officially opened. It includes a three-bed hospice unit built in partnership with the Quesnel and District Palliative Care Association. Moving residents from the GR Baker residential care unit to Dunrovin was the final step in the project to upgrade residential care beds in Quesnel to current standards. Quesnel's Aboriginal Health Improvement Committee, led by Health Services Administrator Margaret Sadlon, also continues to function well.

In the Robson Valley, highlights included the hiring of Adrea Rusnak as Health Services Administrator, and Dr. Ray Markham's appointment to Order of British Columbia (the province's highest civilian honour) for leadership in serving primary care needs in Valemount. In the words of one of Dr. Markham's nominators, "he heals right from his heart."

This year Mackenzie saw the opening of four residential care beds to provide additional services to seniors. We also received approval from the Ministry of Health Services to convert Mackenzie's physician payment system to an alternate payment system like the one currently in place in McBride, Valemount, and Fraser Lake, where it has successfully stabilized physician services. The next steps include recruiting physicians for these Mackenzie positions.

In Omineca/Lakes, we are moving forward with planning for the replacement of the Burns Lake Hospital. Also during 2009-2010, Dr. John Pawlovich was honored by the College of Family Physicians of Canada as one of Canada's Family Physicians of the Year for his continued work in serving the primary care needs of Fraser Lake. The area also has a strong Aboriginal Health Improvement Committee, led by Health Services Administrator April Hughes.

In Prince George, highlights of the fiscal year included the renaming of Prince George Regional Hospital to "University Hospital of Northern British Columbia" (UHNBC) to better reflect the strong teaching role this facility plays in the education of physicians, nurses, laboratory technicians, pharmacists and other allied health professionals (over 1,000 students receive a portion of their education in our hospital each year). Prince George's Aboriginal Health Improvement Committee, led by Health Services Administrator Aileen Kerr, was also active this year.

Internal renovations to UHNBC to help support the cancer clinic when it opens are under way, including major renovations in Medical Imaging and the outpatient area of Laboratory Services. Six new inpatient beds will also be added when the clinic opens. In Prince George recruitment, highlights included the hiring of Dr. Susan MacDonald as the Northern Interior Medical Director, Aileen Kerr as Health Services Administrator, and Kathy Yeulet as Director of Care for UHNBC.

Also in Prince George, the official opening of the Gateway residential care facility marked the first phase of this project to expand capacity for local seniors' care. Finally, another milestone was the formation of the Divisions of Family Practice. This society receives funding from the Province and will be working in partnership with Northern Health on various initiatives to strengthen and expand primary care in Prince George.



In the Neonatal Intensive Care Unit at the University Hospital of Northern British Columbia in Prince George.



Northeast

Regional Report

- Betty Morris, Chief Operating Officer

This was a milestone year for seniors' care in the Northeast, with the \$32 million expansion of Rotary Manor in Dawson Creek (residential care beds and assisted living units). Developing this state-of-the-art new space was a collaborative process between families and staff, and across multiple services. A primary focus was ensuring the expansion would support a patient-focused model of care.

The Rotary Manor expansion also features two beds dedicated to palliative care, and two new respite care beds. The South Peace Hospice Palliative Care Society donated funds to decorate and equip the palliative care rooms, along with an interfaith room for residents and families. In late November, most of the 54 residents from Pouce Coupe Care Home moved to Rotary Manor. Coordinating the move and transporting the residents was a mammoth undertaking – thank you to the many volunteers who helped! Also in seniors' care, Northern Health opened four assisted living beds in Chetwynd's Surerus Place housing complex on April 6, 2010. Surerus Place is an Olympic Legacy Affordable Housing site made up of 12 reconfigured modular housing units from the Olympic and Paralympic Village at Whistler.

During the fiscal year, we were also proud to open a new pharmacy department at Dawson Creek and District Hospital reflecting current best practices for traffic flow, security, storage, and safety.

The \$450,000 renovation of the South Peace Community Cancer Clinic was another major project in Dawson Creek. The renovation more than tripled the space, creating a self-contained unit featuring state-of-the-art cancer treatment furniture, equipment and lighting, plus resources and computer access for supporting clients and families to navigate through their cancer care journey. The Northern Cancer Control Strategy contributed \$25,000 to the project, bringing in architects to assist with the design and contributing a new oncology telehealth unit that enables clients to videoconference with distant specialists in real time, thus avoiding the need to travel. The clinic has active partnerships and collaborations in place with Canadian Cancer Care, the Hospice Palliative Society, Northern Health palliative care, and other cancer care services in Alberta and BC.

Since 2006, Northern Health has partnered with Aboriginal communities and organizations across the Northeast to form a very progressive and action-oriented Aboriginal Health Improvement Committee. The Committee has been very successful in building relationships, opening up communication and understanding, and has collected a list of accomplishments demonstrating its members' commitment to working together.

The Fort St. John Hospital and Residential Care Project continues on budget and on schedule for its completion in summer 2012. This project is a replacement of the current hospital with a new 55-bed facility and a full slate of outpatient services, plus a new 123-bed residential care facility. An interesting feature of the project is its collection of "mockup rooms:" nine fully functional hospital rooms that have been built in a warehouse in downtown Fort St. John. The rooms allow staff to be involved in the design process and suggest changes early on, when they are more feasible and affordable. The rooms are also used to train staff, facilitating their adjustment to the new hospital.

The MORE^{OB} program to manage obstetric risk effectively is another success story for the Northeast, with 95% of obstetrical healthcare providers in the region now participating in the program. In April 2010, Dawson Creek hosted the third annual MORE^{OB} Leadership Planning Retreat, followed by the Northern Perinatal Conference in May. In Fort St. John, the Obstetrical Leadership team held their annual planning meeting in June 2010 and Fort Nelson held their annual workshop/Objective Structured Consolidation of Education in May.



Northern Health CEO Cathy Ulrich and Board member Dale Bumstead discuss room layout and equipment in a mockup of a maternity suite for the Fort St. John Hospital and Residential Care Project.

Community Health Information Portal (CHIP)

Providing a wealth of information on northern communities.

How healthy are Northerners?

When are you most likely to hit a moose or deer while driving?

What are your community's crime statistics?

Northern Health's NEW Community Health Information Portal (CHIP) provides the answers to these questions and much more. CHIP's purpose is to bring together information on factors that can influence health: living conditions, income, employment, education, housing, food, the environment, personal choices and behaviours, and of course, the ability to access high-quality integrated health care services - all from a northern perspective.

Some examples of the information you can find on the CHIP include the following:

- ▶ Detailed profiles of communities in Northern BC, including many First Nations communities.
- ▶ Detailed socioeconomic profiles and indices of all communities in BC (through BC Stats).
- ▶ Detailed maps of the North showing Aboriginal peoples and communities, health indicators, environment and resources, health services, and more.
- ▶ Projections on how many Northerners will develop cancer.
- ▶ Access to the Canadian Geographic Names Database and the BC Atlas of Wellness.
- ▶ Statistics on injury and hospitalization.

The Community Health Information Portal (CHIP) has received positive feedback from organizations including the Center for Addictions Research in BC, the BC Provincial Health Officer, and BC Stats. Members of the public are welcome to explore CHIP.



Visit our website and click on the icon to access information today!
www.northernhealth.ca

Building for the Future

A sampling of capital projects across the Northern Health region in 2009-2010



1

Burns Lake

- Planning under way for new hospital
- Architectural contract awarded



5b

Prince George

- Gateway residential care facility
- Value: \$42 million
- Officially opened: Spring 2010



2a

Dawson Creek

- Rotary Manor
- Renovation and expansion
- \$22.7 million
- Completed: April 2010



6

Prince Rupert

- Grand opening of new Acropolis Manor assisted living & residential care facility
- \$20 million
- Completed: July 2010



2b

Dawson Creek

- New CT (computed tomography) scanner and suite
- \$1.3 million
- Completed: December 2009



7

Queen Charlotte, Haida Gwaii

- Planning under way for new hospital
- Architectural contract awarded
- Planned completion: TBA



3

Fort St. John

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



8

Quesnel

- Dunrovin Lodge
- Renovation and expansion, including new hospice care facility
- \$20.6 million
- Completed: Summer 2009



4

Houston

- Renovations to Houston Health Centre (new residential care beds)
- Value: \$2.8 million
- Completion: Summer 2010



9

Terrace

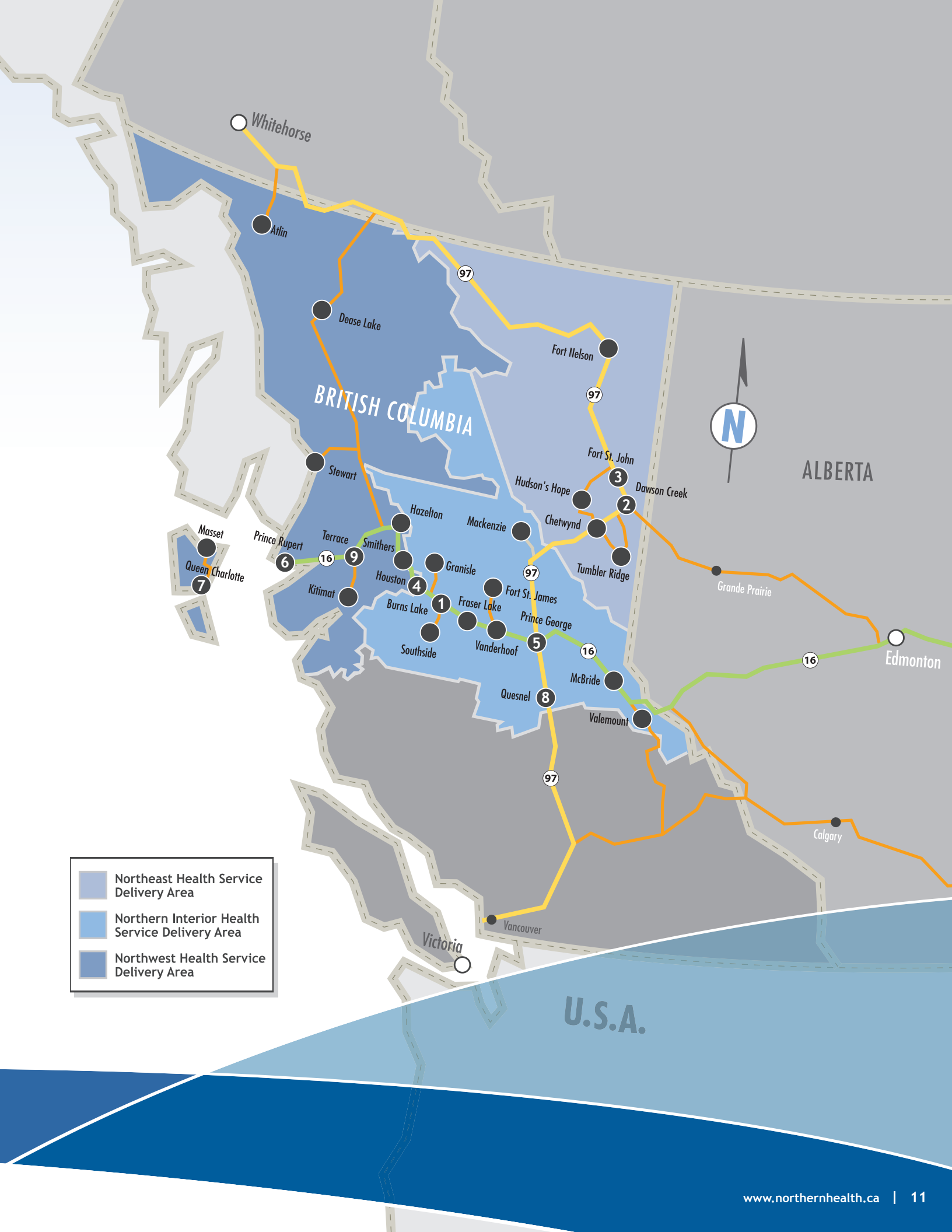
- Grand opening of expansion to Terraceview Lodge residential care facility
- Value: \$15 million
- Completed: July 2010



5a

Prince George

- BC Cancer Agency Centre for the North (will be operated by the BC Cancer Agency); part of the Northern Cancer Control Strategy
- Value: \$69.9 million
- Planned completion: September 2012

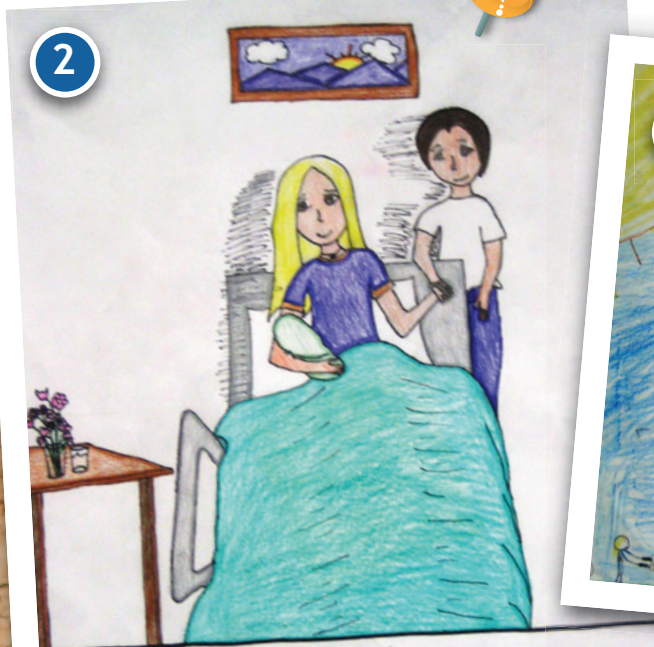


- Northeast Health Service Delivery Area
- Northern Interior Health Service Delivery Area
- Northwest Health Service Delivery Area

Healthcare Through the Eyes of Children

School Art Contest

Northern Health, ISL Health, and School District No. 60 (Peace River North) recently sponsored a school art contest for the Fort St. John Hospital and Residential Care project. Here are some of the winning entries.



Hospitals help new
lives begin...

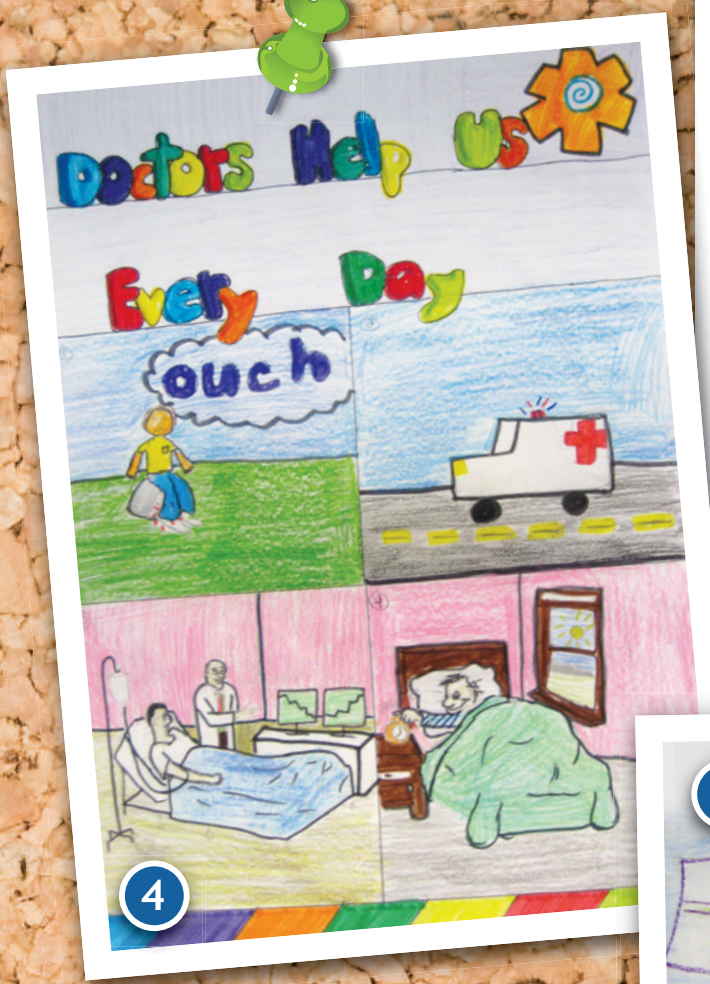


Featured Drawings:

- 1 Heather Marie McAleny, Grade 5, Central Elementary
- 2 Sydney DeMaid, Grade 6, Bert Ambrose Elementary
- 3 Jenna Elliot, Grade 3, Bert Ambrose Elementary
- 4 Brianne Laramore, Grade 7, Bert Ambrose Elementary
- 5 Kelsey Maclean, Grade 7, Bert Ambrose Elementary
- 6 Sidney Stewart, Grade 2, Bert Ambrose Elementary
- 7 Emma Silver, Grade 7, Bert Ambrose Elementary
- 8 Ashley White, Grade 6, Bert Ambrose Elementary

Other winning entries (not pictured due to space limitations):

- Samantha Fehr: Kindergarten, homeschooled
- Lindsay Bell: Grade 10, Clearview Elementary/Jr. Secondary
- James Stotz: Grade 6, Buick Creek Elementary/Jr. Secondary
- Shelby Kirkpatrick: Grade 3, Bert Ambrose Elementary



Aboriginal Health

Aboriginal Health Collaborative

Currently, Aboriginal people throughout BC face serious health challenges, including lower life expectancy and higher rates of suicide, diabetes, heart disease, and addiction.

Northern Health's Aboriginal Health Collaborative (AHC) brings together key stakeholders to work collaboratively for better health outcomes for Aboriginal people. Its goals include improving access to primary care for Aboriginal people; making quality care more accessible for them; supporting the strengthening of families and communities of care; improving satisfaction with care (for both patients and providers); preventing or delaying the onset of chronic disease; and working with Aboriginal people to improve their health outcomes.

The AHC started work in January 2007 and has currently connected with 17 First Nations communities/centres. Specific activities initiated by AHC teams include the following (not all activities took place in all communities/centres): group medical visits; capacity-building (training and supports for local FN providers); reducing patient travel; incorporating Aboriginal cultural approaches; partnering on health fairs; a pedometer challenge; "Good Food Box"; soup and bannock day; mammography; prenatal and child nutrition; mental health and addiction services; home care; prenatal group medical visits; "Haida Power" health promotion; "Diabetes and My Nation"; immunizations; early childhood screening; a fun run; cooking classes; and fishing trips to teach traditional skills. A recent evaluation painted a positive picture of the AHC: in most communities/centres, partnerships brought about by the AHC led to improved access and quality of care.

For example, in Masset, rounds are now open to all care providers, including physicians, Band nurses, Northern Health nurses, mental health clinicians, and so on. This creates opportunities to discuss cases, ask questions, and share information. Culturally appropriate care also helped create services that Aboriginal people feel comfortable accessing. In some communities/centres, Aboriginal healers and elders are involved in care.

Other changes included improved coordination, continuity, and efficiency of care; improving services based on community needs; and enhanced patient and community engagement. Several teams, including those in Masset, Skidegate, Nadleh, Stellat'en, Nazko, and Southside, noted that they had seen increases in the use of services, an increased number of people contacting them, and improved trust and relationships with the community by having regular drop-in times, being visible in the community, or by using regular communication and hosting special events.

Diabetes clinical data obtained in six of the sites is very promising: it shows that this kind of collaboration has the potential to provide care that is equal to and quite possibly better than care in adjacent (non-AHC) communities/centres, and better than in Northern Health and BC overall.

Teamwork and improved provider satisfaction is also a factor in the AHC's success. In the words of one provider from Skidegate, "That's what I like about working here . . . we all pitch in to help each other."

Despite successes reported by the majority of teams, there remain challenges in getting this work off the ground. Managing through these challenges will be critical for continued leadership in developing community partnerships and moving forward with this work.

Aboriginal Health Improvement Committees

Within Northern Health, we have established seven Aboriginal Health Improvement Committees. Together with committee members, Health Service Administrators focus on issues pertinent to local area needs. These Committees will be drawn upon for advice in improving cultural competency and enriching Northern Health's primary health care strategy.

A cultural heritage fishing trip for youth (Kitamaat).
"Getting out into the communities, particularly the smaller communities, has been an important focus for Aboriginal Health this year," says Agnes Snow, Regional Director, Aboriginal Health. "People tell us they appreciate the personal contact and seeing Aboriginal faces in Northern Health."



Primary Health Care

Northern Health's Strategic Plan 2009-2014 was unveiled during 2009. A central theme in the plan's vision is a strong primary health care system, where people have access to integrated and accessible health care. This includes providing services to patients in a "seamless and coordinated" fashion in a primary care home (see definition below). Over this past year, Northern Health has undertaken the process of realigning health services at the community level to better situate services within this model.

Through our collaboration with physicians and community partners, we have witnessed gains in the development of integrated and accessible health services. For example, northern physicians have a history of innovation and leadership which has resulted in a very high usage of electronic medical records, the use of information management techniques enabled by these electronic medical records, and a high degree of comprehensive care being offered in family practice environments.

The primary care work undertaken by Northern Health has resulted in a stronger focus in the North on chronic disease management and on collaboration with community partners and municipal leaders. When coupled with Northern Health services, we believe building on these gains will help us achieve success in meeting our goals and scaling up for a system-wide implementation of improving primary health care for Northerners over the next few years.

With the support of the Northern Health Board, the Ministry of Health Services and the General Services Practitioner Committee, we are now positioned to focus this work specifically at the community level. Our long-term goal is that every person who wants a primary care "home" will have one.

A primary care home for each person provides the following:

- First contact for each new health care need
- Routine care over a person's lifetime
- Care for urgent (but minor or common) health problems
- Maternity and child care
- Coordination of care when help must be sought elsewhere (specialists, tests, etc.)



Safer deliveries for moms and babies: Northern Health's annual perinatal leadership retreat took place in April in Dawson Creek and was attended by participants from across the North.



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 need to be admitted 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 that support people who are nearing the end of their lives, and their families, at home or in a hospice or hospital setting.

Residential Care and Assisted Living

During 2009-2010, Home and Community Care further increased the availability of both residential care beds and assisted living units across the Northern Health region. (Assisted living supports seniors to live independently in the community, preventing or delaying the need for residential care. Residential care is available to frail seniors who require residential care with access to ongoing clinical support.) Many of Northern Health's existing residential care facilities have been significantly renovated to ensure that clients are cared for in modern caring environments.

Hospice Palliative Care

The hospice palliative care consultation program continues to be an integral part of Northern Health's hospice palliative care services. The consultation team is made up of people with hospice palliative care expertise from a variety of disciplines, including medical, nursing and pharmaceutical. The team supports care providers across the continuum of care to ensure that palliative clients receive quality care across the region.

The availability of specifically designed designated hospice palliative care beds in adjoining residential care facilities will enable clients to be cared for in the community if they so desire, as opposed to in an acute care setting (hospital). Purpose-designed hospice palliative care accommodation which enables clients and their families to be supported in homelike environments will also contribute significantly to the quality of care.

Information Management

The electronic gathering of information, particularly clinical information, is a crucial component of ensuring quality care is provided at the client, operational and strategic levels. The electronic Residential Assessment Instrument (RAI) has now been in place both in residential care and long-term home care for a number of years. Clinical information gathered through the RAI is now significantly contributing to care planning for all clients and to planning for the future delivery of home and community care services. This tool also allows for clinical data captured to be compared across British Columbia, Canada and internationally, which in turn supports knowledge translation and learnings on best practices approaches to providing care, both in the home and in residential care settings.

The Year Ahead

During the coming year, Home and Community Care will continue to adopt the primary health care approach to providing health services through the greater integration of care, thereby supporting a much more proactive approach for clients as their need to access health care arises. Exciting opportunities will come to fruition, one being the implementation of an electronic wound care system, which will allow more clients to receive wound care support in the community, as opposed to having to visit acute care settings such as hospitals.

ABOVE: The newly expanded and renovated Rotary Manor residential care facility, Dawson Creek.



RIGHT: Northern Health Care Aide Janet Bachand (L) with Gateway resident Nancy Woyciehowski (R).

Mental Health and Addiction Services

The past year was very busy for Mental Health and Addictions. Activities included completing the new integrated leadership structure, implementing new programs, bringing contracts in-house, implementing integration teams and services, developing a model of service delivery based on concurrency, moving locations, holding training events, hiring into new positions, plus meeting budget reduction strategies and continuing work on collaboration projects and partnerships:

- We received funding for the Prince George Assertive Community Treatment (ACT) team (see photo below). ACT is a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illnesses such as schizophrenia. The BC Ministry of Health Services approved the proposal, which led to program development and implementation. Intake for clients is currently under way.
- The Mental Health and Addictions day treatment program in Prince George continues to evolve, with an evaluation suggesting client success rates and satisfaction are up. Day treatment programs focused on community partnerships have also been developed and implemented in Prince Rupert and Terrace. Planning for similar programs in the Northeast will take place over the next year.
- The redesigned service model focusing on integration for Mental Health and Addictions was implemented in several locations, with contracted services being repatriated in Terrace and Quesnel, and leadership structure changes and co-location of teams taking place in communities including Fort Nelson, Dawson Creek, and Quesnel.
- Cognitive Behavioural Therapy (CBT) workshops were held in each of Northern Health's three Health Service Delivery Areas – Northeast, Northwest, and Northern Interior – with a large percentage of staff participating. This was one of many initiatives aimed at standardizing services and supporting the educational needs of staff.
- A model of service delivery is being implemented to reflect equity and access by “rightsizing” community teams. As a result, positions were added in Burns Lake, Fort St. James and Fort St. John.
- Programs continue to evolve, with teams experiencing the introduction of the new delivery model and changes in team composition, such as the Adult Withdrawal Management Unit (Detox) in Prince George.

Plans for 2010-2011 include focusing on alignment with Primary Care Home pilot projects, changing the operational reporting structure to Chief Operating Officers, and carrying out strategic planning with the executive leadership. We will also continue to roll out projects initiated in 2009-2010.



The interdisciplinary Assertive Community Treatment (ACT) team. L-R: Brenda Edwards, RN; Dr. Barb Kane, Psychiatrist; Glenn Beach, Team Leader; Janine Thompson, RN; Joseph Savage, Interim Health Services Manager for ACT; Erica Nix, Administrative Assistant; Heather Gudmundson, Vocational Rehabilitation Coordinator; Sara Nicolai, Occupational Therapist; Anna Radomski, Occupational Therapy Student (UBC); Nev Stinson, Case Manager; Christie Cooper, Social Worker; and Marlane Mackie, Substance Abuse Specialist.

Unavailable for photo: Brenda Dube, RN; Dianne Behm, Life Skills Worker; Fiona Prince, Peer Support Worker.

Human Resources

Thanks to success in recruiting that highlighted our Northern communities and lifestyle, and to selecting Northern Health for career satisfaction, external vacancies were lower in all areas of the Northern Health workforce.

Our focus is now shifting to an emphasis on retaining staff through improvements to our workplace environment in a way that increases engagement of staff.

In 2008-2009, Human Resources participated at provincial bargaining tables that led to the successful renewal of collective agreements with the Facilities Bargaining Association and the Community Bargaining Association.

We have also successfully realigned our service delivery model to support Northern Health's new strategic plan and service delivery model.

As well, we have engaged with partners in Interior Health in collaborating on information systems to support Human Resources, and have started planning for a collaborative service model for Workplace Health and Safety Services.

Finally, Human Resources launched a new approach to creating a culture of safety through a project that focuses on creating a workplace health and safety management system. This will be the first of its kind within health care in BC, and is being carried out in partnership with WorkSafeBC.



Research

Northern Health actively supports staff and physician participation in research projects. We view research as a way to facilitate excellence in health service delivery for the people of northern BC. Research is currently under way in Northern Health on many different topics, such as primary health care, mental health and addictions, elder care, Aboriginal health, and nursing practice.

To ensure that appropriate and ethical research occurs in the jurisdiction, research that involves Northern Health patients, staff, facilities or data must be approved by the Northern Health Research Review Committee. The Committee is made up of Northern Health staff, academic partners, and community members. Since its creation in 2007, the Committee has reviewed 132 research projects, including 30 new studies in 2009-2010.

Physician residents, pharmacy students, and other health professionals who train in Northern Health often have to undertake research projects as part of their clinical education experience. An important part of growing health research in northern BC is Northern Health's strong relationship with the University of Northern British Columbia.



The Dr. Donald Rix Northern Health Sciences Centre at the University of Northern British Columbia, Prince George.

Northern Health Connections

Medical Travel Program

In 2006, the NH Connections medical travel program was introduced in an effort to enhance rural and Northern British Columbia communities' access to health care services. Operated under contract to Northern Health by Diversified Transportation Ltd., the program provides clients with a ground transport system to assist them in obtaining health care services not available in their home communities.

A fleet of customized buses runs on weekly schedules throughout the Northern Health region, as well as to Kamloops, Vancouver, and Grande Prairie, Alberta. Five minibuses currently operate on short distance or same-day routes, and six motor coaches operate on long-distance routes. All buses are fully wheelchair-accessible and offer comfortable seating and audio and video equipment for client entertainment. The motor coaches also provide fully wheelchair-accessible bathrooms on board. Buses pick up and drop off clients at the hospital or major medical facility in each community along the routes.

For many residents of the Northern Health region, NH Connections has become an important aspect of obtaining health care services. Ridership has steadily increased from 2006 (approximately 3,000 rides) to 2009 (over 10,000 rides). Long-distance ridership increased 141% from the first to the second year, with another increase of 47% between the second and third years. Short-distance service saw an increase in ridership of 122% between the first two years, and 41% between the second and third years. In November 2008, 1,012 riders used the NH Connections program, making it the first month that the ridership count surpassed 1,000, and spring 2010 saw the total count exceed 30,000 rides. Of particular interest is the finding that 29% of NH Connections riders have used the service on three or more occasions.

Not only does ridership indicate that the program has been well-received, but an independent evaluation of the program by Dr. Jalil Safaei in 2009 (available on the NH Connections website) concluded that the program achieves its goal of improving Northern BC residents' access to health care services. The final objective of Safaei's work was to capture the perceptions and ratings of the NH Connections program, as described by clients, as a key element in the evaluation of the NH Connections program for adjustment or expansion.

Safaei found that many of the clients using NH Connections might otherwise find it difficult to access health care services not offered in their home communities.

Clients who have used the NH Connections program have provided highly positive feedback in rating the service. Both the results of the internally correlated 60-second surveys and the responses obtained in Safaei's research indicate that clients strongly value the service and appreciate the care and compassion offered by the NH Connections staff. Constructive feedback is also provided in regards to areas of service improvement. This feedback is taken into consideration by the program management in providing the best service possible. According to Safaei, the program "has set a very good example that could be duplicated elsewhere."

Another enthusiastic group of users is Northern Health's Board. In 2009-2010, they started using the Connections bus to travel to Board meetings, held during the fiscal year in New Aiyansh, Terrace, Fort Nelson, Prince George, Fort St. John, and Valemount. The Board sees Northern Health Connections as a mode of transport that is both fiscally and environmentally responsible.

Because of the geography and population of the Northern Health region, it is not possible to operate the NH Connections program in every community. Therefore, Northern Health has funding agreements in place with transportation service providers in several communities not served by the program. These programs include:

- Atlin Medical Travel Fund
- NH Connections Ferry Connector
- Skeena Regional Transit
- TR CARES Medical Shuttle Program
- Wells Transit Partnership

NH also recognizes that, on many occasions when clients need to travel for health care services, they also need overnight accommodations. The NH Connections program has therefore partnered with providers in many communities served by the program to offer our clients reduced rates for accommodations close to health care services.



Northern Cancer Control Strategy

The Northern Cancer Control Strategy (NCCS) is a collaborative initiative between Northern Health, the BC Cancer Agency, the Provincial Health Services Authority and the Ministry of Health Services.

Clinical highlights for the year:

- The BC Cancer Agency's Hereditary Cancer Program, based in Vancouver, was enhanced and the service is being used through telehealth by nine communities in the North.
- A new community cancer clinic was established in Queen Charlotte in September 2009, and the Dawson Creek community cancer clinic was upgraded early 2010 (the Women's Auxiliary of Dawson Creek provided the bulk of the funding for this renovation). In addition, the Smithers community cancer clinic tender was awarded in early 2010, with construction to start shortly thereafter.
- Psychosocial services were enhanced by the implementation of two major projects: Frankly Speaking About Your Chemotherapy and Cancer Transitions. Psychosocial services are being delivered through telehealth as one way of providing services to patients throughout the region. In addition, Oncology Nutrition is participating in the strategy and is building capacity among dietitians throughout the region.
- Regional telepharmacy services were introduced. The service is being delivered from Prince George and all community cancer clinics are being served, with the exception of Quesnel.
- All three phases of the telehealth project for oncology have been implemented: all ten community cancer clinics now have upgraded teleconferencing equipment, and three community cancer clinics have upgraded educational rooms.
- The Northern Interior has been actively working on improving the journey of breast cancer patients, with the establishment of an integrated weekly breast cancer clinic. This approach has improved patient access to surgical services.
- The BC Cancer Agency presented the completed review of Kitimat community oncology in spring 2010, and good movement towards adopting the resulting recommendations and requirements has occurred. The Kitimat cancer clinic is currently scheduled to reopen in fall 2010.
- By working with the Aboriginal Health Improvement Committees throughout the North, an assessment has been compiled to identify the needs of the Aboriginal population in respect to accessing cancer services. The resulting recommendations have been put forward to the BC Cancer Agency for consideration.
- A recruitment website for cancer professionals was developed, with the initial focus on recruiting a medical oncologist, and expanding to include other difficult-to-fill positions.

An important part of the NCCS is the construction of the BC Cancer Agency Centre for the North, a new 5,000-square-metre cancer centre in Prince George. In December 2009, the BC Cancer Agency appointed Plenary Health as the successful private partner to develop and maintain the facility. Work on the centre started in summer 2010.

During the past fiscal year, Northern Health awarded started upgrading medical imaging and laboratory services at the University Hospital of Northern British Columbia (formerly Prince George Regional Hospital) to help the hospital support the expanded services that will be needed once the new cancer centre is open. Work on these upgrades started in April 2010.

PICTURED BELOW: In May 2010, renovations to lab and medical imaging services at the University Hospital of Northern British Columbia (UHNBC) in Prince George took place. These will help support the expanded services required once the BC Cancer Agency Centre for the North is opened in 2012.



Architect's renderings of the interior of the new BC Cancer Agency Centre for the North in Prince George, which is slated for completion in September 2012. The building will be staffed and operated by the BC Cancer Agency.

Health Link North

Health Link North, the project to implement the Cerner Millennium health information system, is completing its final year. For the last three years, the dedicated interdisciplinary Health Link North team of close to 70 professionals has worked together to connect facilities around Northern Health to a computer system that gives health care professionals better access to information to support them in providing high-quality care. Cerner supplies health care information technologies to more than 8,000 clients around the world and to more than 75 Canadian health care organizations.

The past fiscal year was a busy one for the Health Link North team as they worked diligently to successfully bring Cerner Millennium online in 13 new sites. With the installation of the final site, Hazelton, in fall 2010, this will bring the total number of sites online to 24:

- University Hospital of Northern British Columbia, Prince George (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)
- Stewart Health Centre (November 2009)
- Valemount Health Centre (December 2009)
- McBride and District Hospital and Health Centre (December 2009)
- Mackenzie and District Hospital and Health Centre (January 2010)
- GR Baker Memorial Hospital, Quesnel (February 2010)
- Burns Lake and District Hospital and Health Centre (April 2010)
- Fraser Lake Health Centre (April 2010)
- St. John Hospital, Vanderhoof (May 2010)
- Stuart Lake Hospital, Fort St. James (May 2010)
- Queen Charlotte Islands General Hospital (July 2010)
- Northern Haida Gwaii Hospital, Masset (July 2010)
- Wrinch Memorial Hospital, Hazelton (September 2010)



Celebrating the Fraser Lake installation of Cerner Millennium.

As the installation phase of the project wraps up, there will be a shift to maintenance/enhancement mode, with a core team working during the coming years to ensure the system continues to meet the needs of Northern Health and its clients.



Members of the Health Link North team hard at work during the Burns Lake go-live.



Population Health

The Population Health team grew this year, as Injury Prevention and Community Nutrition programs were moved over from Preventive Public Health. This enabled a coming-together of a number of health promotion components for a more integrated and community-capacity-building approach to our upstream work. Job descriptions have been redeveloped to reflect a population health approach, as the focus of our Injury Prevention Coordinators and Population Health Dietitians moves toward resource/toolkit development, dissemination, social marketing, community capacity-building, and resourcing other program areas within Northern Health to carry consistent health promotion messages to the populations they serve.

Population Health and Healthy Community Development have produced a number of resources, including an IMAGINE Primer to promote the application of a population health approach within Northern Health and its communities, and a collection of success stories. In partnership with Communications, a “Northern Health to Go” resource kit is being developed to help Northern Health programs readily respond to invitations to participate in community health fairs and events. As well, a “Health Promotion for a Year” kit that provides culturally appropriate health promotion materials for First Nations communities is nearing completion.

In 2009-2010, we brought together a number of community seed grant streams under a single IMAGINE Community Seed Grants program. This enabled us to extend the reach of our call for proposals; as a result, we saw increased interest. A consistent reporting and evaluation process also helped us better demonstrate value.

- HEAL (Healthy Eating/Active Living) grants:
 - \$20,000 to support projects across the region such as community gardens, teaching kitchens, and healthy eating and physical fitness programs.
 - \$40,000 for HEAL for Your Heart programs aimed at preventing cardiac and vascular diseases, and combining education with lifestyle change activities to decrease risk.
- Injury Prevention grants: \$10,000 to support projects focused on seniors’ falls and reducing head and spinal cord injuries among children and youth, with an emphasis on evidence-based tools/programs.
- RoadHealth grants: \$30,000 to support projects aimed at reducing injury and death due to motor vehicle crashes.

The HEAL Network increased its membership by 40% this year, and its advisory was restructured to create a more equitable representation across the region and among sectors (Northern Health employees, community activists and representatives from non-governmental organizations). Technology is also being used in greater measure to link initiatives and people across the region through teleconferenced HEAL chats, regular e-briefs, and a website (now linked to Northern Health’s public website). HEAL also expanded its reach into First Nations communities, linking remote communities to a provincial Access to Produce initiative that helped support nine community gardens and brought funding for local food system support to Haida Gwaii and Dease Lake/Telegraph Creek.

Injury Prevention has developed an excellent presence on both internal and external websites to facilitate knowledge transfer of information, tools, resources and evidence-based programs. It has also expanded its network for dissemination of regular newsletters, product recall information and Safe Kids Canada publications. Media coverage of injury prevention messages has increased around the region this year, and increased attention is being given to the huge toll that injuries take on the health of northern people and on health care systems.

Population Health dietitians have been busy this year, developing new Infant Nutrition Guidelines and supporting healthy vending policies, both within Northern Health facilities and worksites and externally in schools and municipal buildings. The provincially mandated guidelines redefine the kind of food that is acceptable in vending machines; a great deal of support is needed to help vendors and site administrators understand and follow the new regulations. Northern Health continues to lead provincially in the Farm to School movement, and has continued to move upstream in community food policy work to help community organizations address food security and skills. The Stone Soup project in Prince George is an excellent example of this work, as is the food policy work being supported by our dietitians in Quesnel and Vanderhoof. We have also seen increased work in the area of nutrition and food security in the Northeast this year, particularly in Fort St. John.

Healthy Community Development work expanded in 2009-2010 into rural and remote First Nations communities through effective collaboration with Aboriginal Health. As well, facilitation support has been offered to a number of community initiatives in the areas of air quality improvement, seniors’ health, HIV/AIDS, harm reduction, poverty and homelessness. The Population Health team has actively partnered with the community planning processes being undertaken in a number of communities, and has been a key partner in MyPG sustainable community planning.

Public Health Protection

In 2009-2010, tobacco control and cessation were important initiatives for Public Health Protection. Tobacco Enforcement Officers continue to support the implementation of the Tobacco Control Act, with a major focus on the prevention of tobacco sales to minors. This year Tobacco Enforcement Officers responded to a total of 88 Tobacco Control Act complaints, with the majority related to smoking in a prohibited place.

Tobacco Reduction Coordinators also partnered with North District RCMP Traffic Section to educate the public about new provisions in the Motor Vehicle Act which prohibit smoking in a vehicle when a child aged 16 or younger is present.

Tobacco-free sports continue to be an important prevention activity: “Hockey YES, Tobacco NO” is a partnership project with the Canadian Cancer Society, the Prince George Cougars, and the Quesnel Millionaires. Similar role-model tobacco prevention programs were carried out focused on motorsports and rodeo, both areas that continue to have high levels of tobacco use. In the same vein, “Basketball YES, Tobacco NO” was a very successful activity at the All Native Basketball Tournament in Prince Rupert.

The Nicotine Intervention Counselling Centre (NICC) program continues to grow, with 106 new NICC counselors trained and 1174 northern BC residents being provided with free tobacco cessation counselling and support.

In residential care, Residential Care Regulation replaced Adult Care Regulation and the sections of the Child Care Licensing Regulation which pertained to residential care for children and youth. Licensing Officers worked with residential care providers to ensure a successful transition to the new provisions.

The Community Care Licensing program incorporated the expertise of a licensing nutritionist to bring a nutrition focus to our interactions with child daycare providers. We introduced a self-assessment tool which will help measure successful outcomes from this new initiative. Workshops and outreach materials are also in development. Environmental Health Officers have also been working with restaurant operators to prepare them for the new provincial trans fats legislation, and the Public Health Protection program has been actively promoting food safety initiatives among food security groups across Northern Health. Through working with Northern Health’s Healthy Eating / Active Living (HEAL) initiative and Population Health dietitians, we have been able to disseminate a consistent food safety message to community groups such as temporary food markets, community gardens, and groups promoting 100-mile diets.

The fall of 2009 brought the H1N1 virus to Northern Health. Public Health Protection actively promoted an aggressive prevention strategy across the North, including a comprehensive signage and handwashing awareness campaign. Hospital inspections were completed to assist in identifying areas that could help to reduce transmission of the H1N1 virus.

To strengthen regulatory compliance in community facilities, Public Health Protection has made a concerted effort this year to move beyond legislation enforcement to incorporate motivational strategies, increasing the likelihood of success at the positive end of the progressive enforcement continuum.

Strategies include taking a strengths-based approach to routine inspection, facilitating self-assessment and proactive prevention by community services and businesses, focusing on communication skills and relationship-building, empowering licensees to create policies to comply with legislation rather than being directive, and gradually “raising the bar” through progressive enforcement that meets operators at their stage of readiness, while ensuring public safety.



Launch of the smoke-free vehicle initiative, May 2009.

Preventive Public Health

Preventive Public Health works in partnership with individuals, families and communities to improve the health of the whole population by focusing on health status inequities and identifying opportunities for improvement.

As such, Preventive Public Health staff provide a constellation of services ranging from maternal and early child services to those targeting the health and well-being of youth and adults, as well as those with the aim of preventing and controlling communicable disease outbreaks. Outreach to vulnerable populations is also an important aspect of public health services. Preventive Public Health staff include public health nurses, dental hygienists, speech language pathologists, audiologists, psychologists, social workers and support personnel. Key highlights for the 2009-2010 fiscal year include the following:

Northern Health Assessment Network

The Northern Health Assessment Network (NHAN) is a multidisciplinary team that provides children and youth with assessments for autism, FASD and other complex behavioural developmental disorders. In 2009-2010, NHAN completed 87 fetal alcohol spectrum disorder assessments, 43 complex developmental behavioral conditions assessments, and 96 autism assessments across the North.

In partnership with the Nechako Cattleman's Association, NHAN hosted seminars by Temple Grandin, with over 800 participants from across the region. Temple Grandin, who was diagnosed with Asperger's syndrome at a young age, is a world-famous animal scientist, autism advocate, and professor at Harvard University. She is also the bestselling author of several autism books. In 2010, Time Magazine named her one of their 100 most influential people.

Children's Oral Health Initiative

This partnership between the First Nations and Inuit Health Branch and Northern Health's Public Health dental staff in the Northeast is resulting in improved dental health services for children in First Nations communities. Two Northern Health dental hygienists in the Northeast are providing clinical oversight, supervision, and training to members of First Nations communities who would like to help provide dental services in their communities to promote oral health among children.

Children in four First Nations communities in the Northeast will benefit from this partnership. Dental disease is preventable and is the most common infectious, chronic disease in children and adolescents in North America: it is five times more common than asthma and seven times more common than hay fever. Dental decay is the number one reason BC children have surgery in hospital under general anesthetic, with \$1.5 - \$2.5 million spent each year to treat children with dental decay in Northern Health hospitals.

Seal a Smile

For seven days during May and June, dental hygiene students at the College of New Caledonia (CNC) in Prince George provide free dental sealants to Harwin Elementary School students. This is a partnership between Preventive Public Health, the CNC Dental Program, and School District No. 57. In BC, no other partnership exists to provide this type of service.

CNC waives the fees for service and also collects donations from dental supply companies for the services provided. CNC also provides a dentist on staff to screen the children.

Northern Health organizes the program and covers the cost of busing the children to and from CNC. Benefits to the children are the free protective dental sealants to the back chewing surfaces of the teeth, and a positive dental experience with the CNC students, who also discuss mouth care with the children. In the last fiscal year, 153 children from Harwin Elementary had dental exams, and 80 of those received free protective sealants.

This program also benefits CNC dental hygiene and dental assisting students by giving them extra experience with children, as it can be difficult otherwise for them to see children during school hours.



BC Early Hearing Program

This program was fully implemented across the North in September 2009. It provides professional screening of hearing within the first few weeks after birth. This can lead to early identification of hearing deficits, allowing for interventions and the best possible outcomes for infants needing hearing support. Last year 89% of all new Quesnel babies were screened; 90% in Vanderhoof; 76% in Fort St James; 84% in Fraser Lake; 83% in Burns Lake and 95% in Prince George. Next year we will have statistics for the Northeast and Northwest as well.

Response to pandemic influenza

Whole communities across the North were involved in responding to the H1N1 influenza virus: local businesses and organizations helped by promoting and providing space for immunization clinics, and employers allowed their staff to change shifts to support their nursing partners' immunization work.

Northern Health staff from many areas pitched in to help Public Health staff vaccinate a total of 50,897 people across the North. Public Health staff also partnered with other health care providers across the North (First Nations health care providers, physicians, and pharmacists), who vaccinated many additional people not included in the Northern Health total.

Partnership with Ministry of Children and Family Development (MCFD)

Preventive Public Health partners with MCFD to provide early intervention services to children with special needs. This year the partnership led to Northern Health staff members Sharon Davalovsky, Sue Broomsgrove and Kathy MacDonald winning Premier's Awards in the Partnership category for work toward establishing Community Tables for Children and Youth with Special Needs.

PERC Award for Management Innovation and Ingenuity

The PERC Award for Management Innovation and Ingenuity recognizes creativity in creating and implementing ideas and concepts that bring new benefits to a community. The signing of a protocol agreement between the District of Kitimat and Northern Health created a formal relationship from which both organizations can partner and combine resources to continue to promote and support active, healthy living. The award was presented to Edna McLellan, Public Health Nursing Program Manager in the Northwest, for facilitating this signing, and represents years of close working relationships between Kitimat public health nurses and the District of Kitimat.

Harm Reduction Training Manual

This manual for frontline staff was launched throughout the North this spring by Public Health Nursing and Mental Health and Addictions using WebEx technology. The manual is a tool to support service delivery involving harms associated with substance use and sexual health in our northern communities. In conjunction with the manual's launch was the establishment of a Northern Health-wide Harm Reduction Committee with the vision to ensure all northerners have access to evidence-informed harm reduction strategies and services, resulting in a decrease in transmission of disease and an improvement in health status. This group will also be working with the Northern BC Aboriginal HIV Task Group to ensure that all Aboriginal communities are aware of and have access to harm reduction supplies free of charge from the BC Centre for Disease Control.

Professional Practice

The Professional Practice Team at Northern Health aims to help professional practice leaders ensure that all health care team members can be effective in providing care and giving support to both clients and families. One of the ways in which this happens is through the development of preceptors. In 2009, 108 people completed the Preceptor Development – Part One workshop (22 workshops in total) and 46 completed Building Beyond the Basics – Part Two.

The highly successful Northern Health Interdisciplinary Preceptor Development workshop program is offered several times a year to assist frontline staff, clinical educators and managers from all disciplines to develop and build skills and strategies that lead to successful and supportive learning experiences for students, new hires and current staff. The workshops, based on an experiential model for learning, are designed to prepare preceptors (educators) for the teaching and learning experience. Following the workshops, preceptors have an increased confidence with the preceptor role and are able to act as a resource to other staff in their fields/sites of employment. The program also plays a crucial role in the recruitment and retention of staff by providing a structured approach focusing on clinical skill acquisition and socialization: one result is that we have hired 54 new graduate nurses so far in 2009-2010.

Northern Health Financial Summary 2009-2010

Northern Health provides a wide range of health services to the population it serves. Each year Northern Health is challenged to provide high-quality services within the available financial, human, and capital resources. In the fiscal year ended March 31, 2010, Northern Health realized an operating surplus of \$224,000 on a budget of approximately \$629 million.

Funding from the Ministry of Health Services (MoHS) is Northern Health's primary revenue source. In 2009-2010 operating funding from MoHS was \$457.1 million, which represented 72% of total revenue.

On the expense side, providing acute care services remains a significant challenge. The demand for service continues to grow at a rate greater than the available staffing resources. To minimize the impact on patient services, overtime and outside staffing resources are often utilized at a premium cost to augment staffing levels. The financial impact of overtime and outside staffing resources in 2009-2010 was not as severe as in previous years, due primarily to the tremendous work undertaken by staff and front-line managers to implement overtime management processes that reduce cost while continuing to ensure high-quality services to patients. Recruitment to vacant clinical positions remains a priority for Northern Health.

Northern Health constantly monitors its operations to ensure effectiveness and efficiency in program and service delivery.

The 2009-2010 Audited Financial Statements are available at www.northernhealth.ca

Financial Summary 2009-2010

(in thousands of dollars)	Budget	Actual	Variance
Revenue			
Funding from Ministry of Health Services	\$ 459,732	\$ 457,106	\$ (2,626)
Other Revenues	168,958	179,373	10,415
Total Revenue	\$ 628,690	\$ 636,479	\$ 7,789
Expenses			
Acute Services	\$ 235,461	\$ 244,178	\$ (8,717)
Home and Community	94,263	94,877	(614)
Community Programs	82,694	81,886	808
Support Services	61,256	61,768	(512)
Physicians	47,966	47,431	535
Northern Cancer Control Strategy	2,519	1,926	593
Regional Services	69,233	68,244	989
Undistributed	35,298	35,945	(647)
Total Expenses	\$ 628,690	\$ 636,255	\$ (7,565)
Excess of revenues over expenses	\$ —	\$ 224	\$ 224

Construction is well under way at the Fort St. John Hospital and Residential Care Project. The new hospital and residential care facility will be completed in 2012.

Photo courtesy of David Bell, Alaska Highway News



Do what you love, love where you live

It's a landscape that will never become commonplace and we're a team that is far from ordinary. Challenging, meaningful, and rewarding careers and an outstanding quality of life await you within the strong communities of this spectacular region.

Northern Health leads the way in promoting health and providing health services for Northern and rural populations. Our vision of building a strong primary health care system for all Northerners will create a dynamic work environment that challenges all of your skills. We are also dedicated to optimizing the expertise of our staff and relationships with regional educational institutions for training opportunities such as new physicians, nurses, and paramedical professionals.

We invite you to join our team as we build healthier communities and develop a network of outstanding healthcare professionals.

Exciting Opportunities for . . .

Leadership/Management Nursing

Home & Community Care Manager • Preventative Public Health Manager • Residential Program Manager
Nurse Practitioner • Clinical Nurse Educator

Paramedical Professionals

Pharmacy • Audiology • Speech Language Pathology • Physiotherapy • Occupational Therapy • Diagnostic Imaging,
Laboratory Technology • Respiratory Therapy • Dietary, Environmental Health • Social Work/Counseling Specialized
Nursing Palliative Care • Critical Care/Emergency • OR/PARR • Residential Care • Hemodialysis

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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 communities in the north, or travel to a larger centre (Vancouver, Prince George, Prince Rupert, Kamloops, Grande Prairie, and more). Our modern buses offer onboard movies, satellite radio, and wheelchair lifts. Highway coaches also have wheelchair-accessible washrooms.

Do you need extra help? A 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 reduced rates for accommodations at your destination.

To see routes and schedules, or to book your trip:

- Visit www.northernhealth.ca and choose Your Health > NH Connections (Medical Travel Service)
- Call 1-888-647-4997 (8 a.m. - 5 p.m. • Monday to Friday)



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