

# Annual Report 2010-2011



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

# About Northern Health

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

Northern Health serves a population of 288,000, spread out over almost two-thirds of British Columbia, Canada, an area larger than France. Northern Health has the highest proportion of Aboriginal residents in the province (17.5%) and many residents, both Aboriginal and non-Aboriginal, live in small, isolated communities far from major medical facilities.

To provide a greater degree of local operation and decision-making for health services across this vast region, Northern Health is divided into three health service areas: the Northeast, the Northern Interior, and the Northwest.

Throughout the entire region, Northern Health's 7,000 staff members deliver health services including acute care, mental health, public health, addictions, and home and community care. Facilities include 25 acute care facilities, 14 long term care facilities, and many public health units and offices providing specialized services.

Northern Health's operating budget for the 2010-2011 fiscal year was \$653.4 million.



Gateway Lodge in Prince George.



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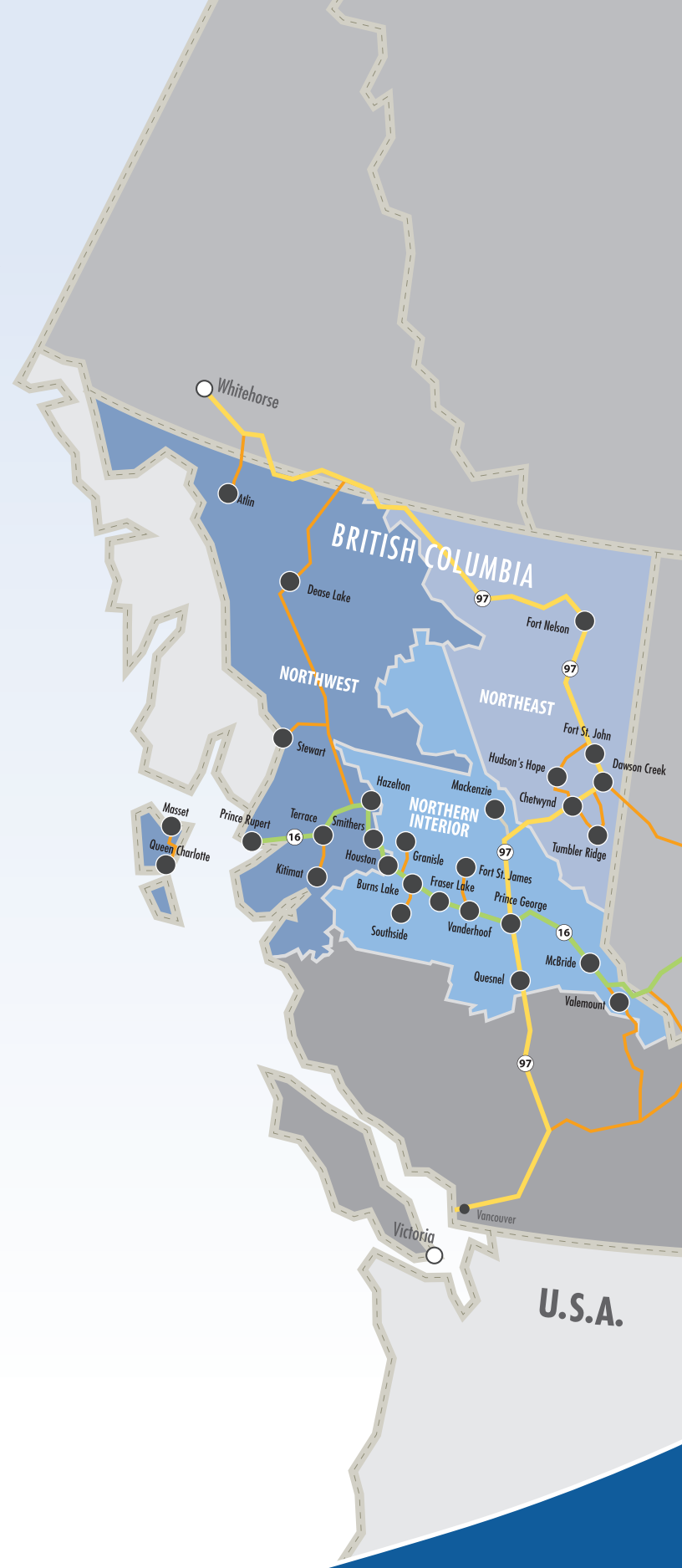
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Cathy Ulrich



Charles Jago

# Introduction

## Report from Chief Executive Officer (CEO) and Board Chair

Cathy Ulrich, CEO • Charles Jago, Board Chair

In 2009, Northern Health developed a shared vision, our *Strategic Plan for 2009-2015*. Thanks to the efforts of our staff and physicians during the past two years, we have made good progress on each of the four strategic directions in the plan:

- Integrated Accessible Health Services
- A Focus on Our People
- A Population Health Approach
- High-Quality Services

To recognize this, we've organized this year's Annual Report according to the four strategic directions.

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During the 2010-2011 fiscal year, Northern Health continued to partner with Aboriginal communities to improve their access to health services and achieve better health outcomes. Aboriginal Health Improvement Committees are active throughout our region, and are starting to hold their meetings in First Nations communities. As well, the Aboriginal Patient Liaison program features patient navigators who help create a health care experience in which Aboriginal patients and their families feel safe, respected and understood. As Agnes Snow, our Regional Director of Aboriginal Health, recently commented, "When you create dependence, you take away something from people.

But when you have interdependence, you create solutions and work together."

Northern Health has also begun an exciting dialogue with a number of municipalities about partnering to improve health and health care through innovative approaches to primary health care (basic, everyday health care). The interest and commitment of community leaders has been tremendous.

In June 2010, Northern Health embarked on a unique partnership with the University of Northern British Columbia to further align research, education and health service delivery to improve health and health services in Northern British Columbia. This partnership will lead to a number of substantial initiatives over the next two years, including developing a quality improvement training program, using patient simulation to train new health care providers and to help existing ones keep their skills current, and undertaking a partnered research initiative focused on primary health care.

In the summer of 2010, Northern Health released *Where Are the Men?*, a report on the health of men and boys. It was received with great interest throughout the North and by local and national media. During the year, we built on this work by conducting health screenings for men, presenting men's health information at an Aboriginal wellness conference, and leading

the Board's 2011 public consultation on men's health. Going forward, we plan to use information gathered during the consultation process to develop a men's health coalition across sectors and to guide future plans to improve men's health.

In 2010-11, Northern Health developed four regional programs focused on quality: Elder Services, Mental Health and Addictions, Perinatal Services, and Surgical Services. Each program is led by an administrative leader and a physician leader and supported by a council of clinicians from across the region. Each has also struck a specific quality goal to work toward during the coming year. These goals are outlined in the body of this report.

There were a number of service delivery improvements undertaken across the region in 2010, which are also described in more detail throughout this report. The expansion of surgical services at the University Hospital of Northern British Columbia was one area of focus that has increased surgical capacity and led to shorter wait times for hip and knee surgery. In the Northeast, a quality improvement program in the area of medication reconciliation won a provincial patient safety award.

In the area of capital improvements, Northern Health has worked in partnership with regional hospital districts on a number of significant projects, including building a new hospital and residential care facility in Fort St. John, building a regional cancer centre in Prince George with the Provincial Health Services Authority and the British Columbia Cancer Agency, and planning for hospital replacements in Burns Lake and the village of Queen Charlotte.

The renovation and expansion of several residential care facilities was finalized in 2010. The following facilities were officially opened: Prince George's Gateway Manor, Prince Rupert's Acropolis Manor, Dawson Creek's Rotary Manor and Quesnel's Dunrovin Park Lodge.

As part of the Northern Cancer Control Strategy, Northern Health continued to enrich the network of cancer services across the region. In 2010, the community cancer clinics in Smithers and Dawson Creek were fully renovated in partnership with hospital foundations and generous community donations. In addition, the community cancer clinic in Kitimat was redeveloped and reopened in 2010.

Northern Health has taken several steps toward establishing effective information systems. This year, we completed the installation of a health information system at all our hospitals and health centres. In collaboration with Interior Health, we are upgrading our business systems and have implemented a system to share information between Northern Health laboratories and physicians' offices. This allows physicians to review their patients' laboratory results as soon as they are available.

The 2010-2011 fiscal year ended with a small surplus. We particularly applaud Northern Health's operational leadership, staff, and physicians for their ongoing work to achieve efficiencies while maintaining or growing service delivery. In 2010-2011, we saw a significant reduction in costs related to overtime, the use of agency staff (temporary staff), travel, and the use of consultants – all areas targeted early in the year as opportunities for more focused management.

In 2011-2012, Northern Health will continue to direct resources toward its strategic plan and priorities, including supporting the development of integrated, accessible primary care homes, as they are foundational to improved health. At the same time, we will continue to engage with staff and physicians to continuously improve the quality of services provided to the residents of northern British Columbia.

We remain confident in the future of Northern Health. It is through the efforts of our staff, physicians, and volunteers and in partnership with communities and other organizations that we will continue to find innovative ways to provide quality health services for people in Northern BC.



Photo: Brent Braaten, Prince George Citizen

**PICTURED ABOVE:** This 16-foot "All Clans Crest" depiction of Northern Interior First Nations, created by Aboriginal artist Peter George, was unveiled in the atrium of the University Hospital of Northern BC in Prince George on February 17, 2011. L-R: Peter George, Artist; Cathy Ulrich, CEO of Northern Health; Clayton Gauthier, Artist Apprentice; Nathan Teegee, Carving Project Coordinator.

# Building for the Future

A sampling of capital projects across the Northern Health region in 2010-2011



1

## Burns Lake

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



2a

## Dawson Creek

- Respite care beds at Rotary Manor
- Part of a \$22.7 million expansion/renovation
- Opened summer 2010



2b

## Dawson Creek

- Renovation of community cancer clinic
- \$450,000
- Opened summer 2010



3

## Fort St. John

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



4

## Houston

- Renovations to Houston Health Centre completed (new residential care beds)
- \$2.8 million
- Officially opened: February 2011



5a

## Prince George

- Outdoor deck and play area for pediatric patients at the University Hospital of Northern BC
- \$180,000
- Officially opened: September 2010



5b

## Prince George

- Gateway Residential Care Facility
- \$42 million
- Officially opened: May 2010



5c

## Prince George

- BC Cancer Agency Centre for the North. The Centre is part of the Northern Cancer Control Strategy (a partnership of the Province, the BC Cancer Agency, the Provincial Health Services Authority and Northern Health.)
- \$69.9 million
- Planned completion: September 2012



6

## Prince Rupert

- New Acropolis Manor assisted living and residential care facility
- \$20 million
- Officially opened: July 2010



7

## Smithers

- Enhancements to the cancer clinic at Bulkley Valley District Hospital
- \$182,000
- Completed November 2010



8

## Village of Queen Charlotte, Haida Gwaii

- Planning under way for new hospital
- Architectural design contract awarded
- Approx. \$2.7 million
- Planned completion: TBA



9

## Quesnel

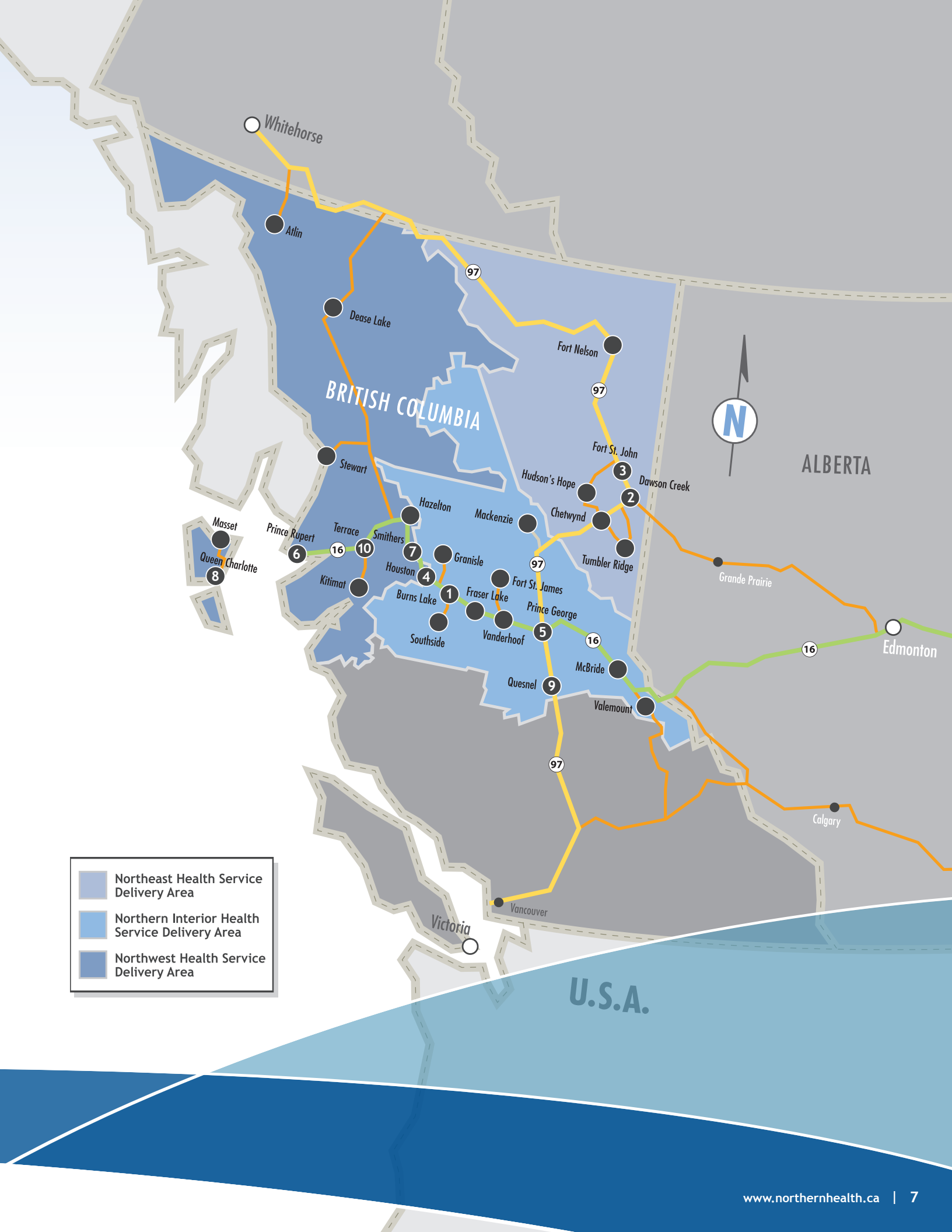
- Dunrovin Park Lodge
- Renovation and expansion, including new hospice care facility
- \$20.6 million
- Officially opened: July 2010



10

## Terrace

- Expansion to Terraceview Lodge residential care facility
- \$15 million
- Officially opened: July 2010



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

# Strategic Directions

In its *Strategic Plan for 2009-2015*, Northern Health developed a mission statement, vision, and organizational values (see below). The four strategic directions are the ways in which Northern Health takes these statements and puts them into practice.

This section of the report describes Northern Health's activities during fiscal year 2010-2011. It is organized according to the four strategic directions:

- Integrated accessible health services
- A focus on our people
- A population health approach
- High-quality services

## *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.

## *Vision - A Picture of 2015*

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

## *Organizational Values - The Beliefs that Guide our Work*

We treat people with:

**Respect - Compassion - Empathy**

We demonstrate:

**Integrity - Stewardship - Quality**

We work in a spirit of:

**Collaboration - Innovation**





# Strategic Direction: 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.

## Integrated Accessible Health Services: Regional Updates

### *Northwest*

The Northwest team is collaborating with Aboriginal partners to develop culturally relevant initiatives aimed toward improving health outcomes for Aboriginal people. This includes participating in Aboriginal Health Improvement Committee meetings (AHICs). The Prince Rupert/North Coast AHIC reviewed and recommitted to its Terms of Reference, and held a meeting on Haida Gwaii in May. In fall 2010 the Smithers AHIC hosted a successful Aboriginal Health Conference, with over 150 participants from across BC.

Community relationships and partnerships, including a Primary Health Care Centre and Community Integration Committee in Prince Rupert, continue to grow. Kitimat General Hospital held community consultation meetings on primary health care and developed an action plan as a result. In partnership with community agencies, Mental Health and Addictions (MHA) has implemented day treatment programs in Smithers, Terrace, and Prince Rupert.

Nurses at Stewart Health Centre are working with physicians on new ways to combat the high incidence of chronic disease and to help people live well with chronic disease; the community responded by developing a volunteer-led exercise program. At Bulkley Valley District Hospital in Smithers, the cancer clinic was enlarged and renovated, adult echocardiogram capability was added, and the Healthy Heart program for post-cardiac care support was introduced.

In seniors' care, the addition to Terraceview Lodge (16 new beds plus three respite palliative beds) officially opened in July 2010. The renovations to Houston Health Centre officially opened in February 2011, with four residential care beds and two short-stay beds for respite, convalescent, and palliative care.

Northern Health, the village of Queen Charlotte, and the North West Regional Hospital District continue to work toward Queen Charlotte's new hospital. In Hazelton, an integrated clinical information system for acute care was implemented at Wrinch Memorial Hospital. At Kitimat General Hospital, there was investment in new equipment, including staff health and safety improvements.

## Northern Interior

The development of primary care homes with integrated multidisciplinary teams continued to advance in all Northern Interior communities, but particularly in the Robson Valley, Fraser Lake, Mackenzie and Prince George. In Mackenzie, Ministry approval was received for a new payment method for physicians, and the first contract physician, Dr. Jean Pierre Kabongo, arrived, joining nurse practitioner Kate Vanwely, who was recruited last fall.

Prince George staff worked with the Division of Family Practice to expand the capacity and continuity of several aspects of care. In addition, efforts are in place to strengthen relationships with Aboriginal people: Aboriginal Health Improvement Committees are hard at work across the Northern Interior, meeting regularly with Aboriginal communities to increase understanding of health needs and challenges.

In Quesnel, the hospital is preparing to display several pieces of artwork created by Aboriginal students in the local high school, and in February 2011, a large Aboriginal carving was hung in the atrium of the University Hospital of Northern BC. The 16-foot cedar plaque by Peter George and Clayton Gauthier contains images representing Northern Aboriginal clans and signifies their co-operative relationship with Northern Health. (See photo on page 5 of this report)

Expanded or new services in the Northern Interior include CT colonoscopy in Quesnel, nuchal translucency testing (screening in early pregnancy for Down syndrome) in Quesnel and Prince George, and expanded surgical capacity, particularly for joint replacements, in Prince George.

Critical care capacity for the entire region was increased through work at UHNBC, which will continue next year. Mental Health and Addictions undertook a major restructuring that resulted in the complete integration of all mental health and addiction services (previously often provided by separate programs, and in some instances, separate organizations.)

To increase access to psychiatry across the North, psychiatrists are using telehealth and videoconferencing technology to supplement their visits. This has enabled them to consult with community physicians more often, reducing the need for patients to be referred to Prince George.



L - R: Karima Beaucage and Irene Kopetski, members of the Quesnel Aboriginal Health Improvement Committee.



L - R: Rachel Johnson, Nursing Unit Clerk, Unattached Patient Clinic; Linda Van Pelt, Family Nurse Practitioner Program Coordinator, UNBC; Paul Perry, Nurse Practitioner.

## Northeast

Fort St. John is working to establish care teams consisting of different professions and integrating services around the primary care home. The team is busy meeting with physicians and Northern Health clinicians to identify opportunities where working together will benefit patients and improve access to care. The team has also met with municipal partners on developing a common understanding of health challenges and finding opportunities for partnership.

Northern Health representatives from the Northeast met with Aboriginal groups on a number of issues. Participation in Aboriginal Health Improvement Committee (AHIC) meetings is moving out to the First Nations themselves, with meetings held at Blueberry in January 2011, and at the Sauleau Reserve in May. The Mental Health and Addictions (MHA) team serves on local and regional harm reduction committees (smoking cessation, needle exchange, etc.), and the MHA Youth Team works with local schools to identify needs and present topics.

In Fort St. John and Fort Nelson, MHA has centralized their intake processes, resulting in better access for clients. MHA has led several events in First Nations communities, with a focus on harm reduction and drug use education. As well, a Fort St. John day treatment program was implemented in fall 2010. A number of clients have stated they are pleased this service is available locally, as they do not have to leave to access treatment.

Many Northeast staff members have completed the online indigenous cultural competency training offered by the Provincial Health Services Authority, which is designed to increase knowledge, enhance self-awareness, and strengthen the skills of those who work with Aboriginal people.

Thanks to the hard work and commitment of everyone involved, the \$300-million Fort St. John Hospital and Residential Care Project continues on budget and on time for its planned summer 2012 opening. In March 2011 the project was named by ReNew Canada magazine as one of the top 100 infrastructure projects in Canada; the magazine noted that the project is “the first hospital replacement of its size in Northern Canada.”

The Fort St. John Hospital and Residential Care Project continues on budget and on schedule.



## Primary Health Care

### *Primary Health Care and Multidisciplinary Primary Care Homes*

Primary health care is basic, everyday health care. Primary health care providers are the first people you see when you access the health care system: i.e., family doctors and nurse practitioners.

Primary health care is about:

- Helping people avoid getting sick or injured
- Managing chronic conditions like diabetes or high blood pressure
- People playing an active role in their own care
- Making the most effective use of care providers' expertise
- Efficiency and coordination
- Understanding that factors outside the health care system can influence health (for example, air quality)

At Northern Health, we believe primary health care will ensure better health for all of us. Benefits of primary health care:

- Provides continuous, coordinated, comprehensive care for the “whole person”
- Helps keep waiting lists down
- Reduces pressure on emergency rooms
- Makes the health care system more sustainable in the long term

This year the focus on primary health care has been on understanding our communities and the health needs of people across the North, understanding our system of care, and working hard to combine the collective strength of Northern Health, our physician partners and municipalities, to provide accessible services. One of our key approaches has been the focused initiative within six communities across the north – Prince George, Prince Rupert, Fort St. John, Fraser Lake, Valemount, and Mackenzie – to explore new ways of using the skills of all health professionals to the maximum by working together and engaging with municipal partners.



## What is a primary care home?\*

### It's a place where:

- Patients have a personal family practitioner
- Care is holistic and patient-centered
- Care is accessible, continuous, coordinated and comprehensive, with patients having access to the broader interdisciplinary team
- The practice uses well-supported information technology, including an electronic medical record
- Quality improvement and patient safety are key areas of focus

### The benefits of a primary care home include:

- Better population health outcomes
- Lower hospitalization rates for conditions that are preventable or well managed in the primary care home
- Lower costs, especially where frequent users of the system are concerned

*\*Adapted from "Patient-Centred Primary Care in Canada: Bring it on Home" (College of Family Physicians of Canada, 2009)*

Using quality improvement techniques and information on the health of our Northern populations, Northern Health is developing initiatives to increase access to integrated health services, built on a foundation of primary health care.

"Integration of services" means having the right care providers responding to health needs at the right time. Achieving this requires examining local health care needs and how services are organized. Local community health information, along with an understanding of how work related to primary health care is currently delivered, is informing what the most pressing health care needs are in each community.

One example of integration is how primary care physicians in Fort St. John have partnered with Mental Health and Addictions clinicians to co-lead group medical visits. Primary health care staff have also received quality improvement training and are partnering with physicians on activities of integration to improve access to care.

Another example is the integration of Home and Community Care services with primary health care. This is building stronger links and partnerships, including joint care planning aimed at supporting healthy aging in the community.

Partnerships and communication are key to successful integration. The "Let's Talk About Primary Health Care" community consultations (2009) as well as more formalized gatherings with municipal leaders facilitated partnerships and provided a chance for us to work together on topics that are important to local people, such as what makes communities healthy.

Provincial efforts to support physicians to engage with health authorities are also creating partnership opportunities. For example, Divisions of Family Practice have enabled physicians to partner with health authorities in new ways to work together to solve problems such as access to and coordination of care, and to develop new processes for delivering care to specialized populations.

Moving forward, a focus on partnerships, quality, and population health information will support both regional and community-level activities to continue the work required to improve access to primary care homes for patients.

## Group Medical Visits

Group medical visits are important contributors to effective primary health care, and are taking place in several venues across the North. For example, Public Health Nursing is partnering with family practitioners to provide primary care for prenatal patients.

Facts about group medical visits:

- They provide health care in a comfortable and helpful group setting: all patients can listen and learn from what is being said.
- Typically, the groups are 60-90 minutes long and have 6-10 people attending.
- As well as enjoying the benefits of the group session, each client has a private physical exam with the doctor.
- Up to 80% of people feel that participation in a drop-in group medical appointment is preferable to one-to-one visits.

Benefits of group medical visits:

- Improved access to physical examinations in primary care through the use of existing resources.
- Support and learning from other patients.
- Increased patient self-management.
- Increased provider and patient satisfaction.

## Partnering with Aboriginal People

Over 17% of Northern Health's population is of Aboriginal descent, the highest proportion of any health authority in BC. For Aboriginal people, barriers to health care can include physical distance or geography, jurisdictional issues, and cultural differences.

As laid out in its Aboriginal Health Services Plan, Northern Health is using a variety of strategies to partner with Aboriginal communities toward improved access to health services and better health outcomes. On a provincial level, the First Nations Health Council is working to finalize plans for providing a broad range of health services for Aboriginal people and communities through the Tripartite First Nations Health Plan. Northern Health welcomes the opportunity to work together toward this goal.

### Aboriginal Health Improvement Committees

Establishing Aboriginal Health Improvement Committees (AHICs) has been a key achievement over the past few years. These groups are made up of people from First Nations communities, organizations with an interest in the health of Aboriginal people, and Northern Health staff. AHICs were first established by Northern Health in approximately 2005 to facilitate relationship development, strengthen collaboration and partnerships, identify health issues, and work together to increase culturally effective health service delivery in Northern BC.

Approximately 160 people are currently sitting on seven regional AHICs: Prince Rupert/North Coast, Terrace, Smithers, Lakes/Omineca, Prince George, Quesnel, and the Northeast. Committee meetings are also starting to be held in the First Nations communities themselves.



## Aboriginal Patient Liaison Program

Aboriginal Patient Liaisons (APLs) are people who work with Aboriginal patients to facilitate access to health services, improve health care experiences, and enhance the quality of care interactions. The program currently has nine APLs: Mary Wesley, Prince Rupert and area, and Haida Gwaii; Melodie Johnson, Terrace and area; Angie Coombs, Hazelton and area; Lillian Lewis, Smithers and area; Ken Solonas, Burns Lake and Lakes area; June Moise, Prince George and area; Yvonne Tupper, Fort St. John and North Peace area; Judy Cameron, Chetwynd and South Peace area; and Lyndsey Rhea, Quesnel and area.

Examples of an APL's activities include the following (a small sampling):

- Provide language translation or facilitate access to translation services.
- Help with communication between patients and health care providers, including explaining medical processes, tests and procedures.
- Provide social and emotional support to patients.
- Connect with Aboriginal community leaders and populations to help identify community health needs.
- Connect with local elders to develop relationships and seek guidance on the community's health issues.
- Participate in Aboriginal Health Improvement Committee meetings (see above).
- Support the cultural needs of residents in complex care and assisted living facilities.
- Help patients transition to their home communities after episodes of care.

## Other Aboriginal Health Initiatives

- A 13-month contribution agreement between the Gitksan First Nation and Health Canada started in February 2010 to support a collaborative community approach to tobacco cessation in Gitksan communities. The goal of this project was to build a template for delivering cessation services in Aboriginal communities. The project has attracted provincial and national interest, and will receive funding to extend it into next year.
- Northern Health's Population Health department has been implementing outreach into rural and remote First Nations communities; this program has expanded through ongoing collaboration and joint initiatives with Aboriginal Health.



Yvonne Tupper, Aboriginal Patient Liaison  
for Fort St. John.



## 2010-2011: Highlights from the Northwest

- *Marina Ellinson, Chief Operating Officer*

- In October 2010, more than 150 people attended the Northwest Aboriginal Health Conference in Smithers.
- Many Northwest leaders and staff members have taken indigenous cultural competency training, which strengthens the cultural understanding of those who work with Aboriginal people.
- Northern Health, the village of Queen Charlotte, and the North West Regional Hospital District are planning for the new hospital in the village of Queen Charlotte.
- At Bulkley Valley District Hospital in Smithers, we enlarged and renovated the cancer clinic, added the ability to do adult echocardiograms, and introduced the Healthy Heart program for cardiovascular disease.
- At Terraceview Lodge, we officially opened 16 new beds and three respite palliative beds in July 2010. At Houston Health Centre we officially opened four residential care beds and two short-stay beds in February 2011.
- Recruitment in many areas of the Northwest has been successful: for example, all nursing staff in Masset are permanent and full-time. In Kitimat, the hospital also has a stable nursing workforce and has recruited a social worker, Christine Anacleto, and a clinical nurse manager, Janet Carstairs.
- Mills Memorial Hospital (Terrace) has recruited a new emergency room physician, Dr. Blackbeard, and Lorna Jefferis is the new director of care for Terrace, Kitimat, Stewart and Atlin.
- The Northwest is piloting after-hours youth addictions programming.
- Northern Health and UNBC worked together to install patient simulation technology at Mills Memorial Hospital in Terrace to help train health care professionals.
- In Kitimat and Terrace, we introduced the PaperLite project to reduce printing, saving more than 100,000 sheets of paper in its first four months.



## Secondary and Specialty Services

### *Clinical Information Systems (CIS)*

The Health Link North (HLN) clinical information project was completed this year, with the final implementation at Wrinch Memorial Hospital in Hazelton. Northern Health now has an integrated health information system that provides the foundation for managing health services for Northerners. Key benefits:

- **Improved accessibility to clinical information:** 24 facilities region-wide and over 3,000 trained health care professionals now have access to a shared electronic health record of all registered patients. Test results are more easily available to clinicians, and patients need to provide their personal information only once (it is then updated as required).
- **Improved efficiencies in health care services** resulting from changes undertaken in areas such as registration (better resource allocations); laboratory and medication orders (decreased duplication); and improved scheduling (fewer missed appointments).
- **Improved quality in clinical practices** by incorporating consistent approaches to information capture and reporting, workflow processes and clinical tools. Also, physicians are now able to make health care decisions by accessing the electronic health record of their hospital-based patients from their offices.

With the project concluded, operational support of the system has transitioned to the Clinical Information Systems (CIS) team. This regional team is responsible for ensuring the system used in acute care facilities is available 24 hours a day, seven days a week, and also for managing a number of other information systems and projects that support health care delivery. Some examples include:

- **Clinical Information Exchange (CIX):** The new CIX system transmits laboratory results directly into the electronic medical records systems in physicians' offices, letting them view their patients' results as soon as they are available. Over 75% of Northern BC primary care physicians are already using the service. During the coming year, we will add the ability to transmit medical imaging reports.
- **Medical Office Information System (MOIS):** To support improvements to primary care services, the MOIS system is being implemented in a number of community clinics operated by Northern Health. MOIS assists in clinic operations and helps maintain patients' electronic medical records. Clinics in Valemount, McBride, Masset and the village of Queen Charlotte went live this year, with more planned for the coming year.
- **Procura:** To replace a legacy provincial system (introduced in the 1970s) and support Home and Community Care (HCC) decision-making and service planning, an enhancement to the Procura HCC system was completed this year. The enhancements will also support better HCC services by enabling easier access to information and supporting standardized provincial reporting to the Ministry of Health.

The team continues to work on a number of other projects, such as provincial e-health initiatives, the new Fort St. John Hospital and Residential Care Project, and the new BC Cancer Agency Centre for the North. So, while the HLN project is complete, the team continues to work with health care professionals and leaders to support, improve and implement systems to ensure Northern Health delivers exceptional health services.

### *Drug Treatment Funding Program*

Mental Health and Addictions (MHA) continues to receive funding through Provincial Health Services for the Federal Drug Treatment Funding Program (DTFP), which aims to build an addiction knowledge exchange infrastructure that supports implementation and evidence-informed practices. The mandate of the DTFP is inclusive of all BC agencies providing substance use services.

In the past year the DTFP has provided approximately \$160,000 for addiction education to the North (for example, Core Addictions Program, motivational interviewing, etc.). To develop linkages across systems throughout the North, the following groups have taken part: MHA clinicians, the Ministry of Children and Family Development, community agencies, Aboriginal organizations and band employees. Plans for 2011-2012 include focusing on alignment with primary care home community projects.

## Cancer Control Initiatives

The Northern Cancer Control Strategy ([www.northerncancerstrategy.ca](http://www.northerncancerstrategy.ca)) is a joint partnership between Northern Health, the BC Cancer Agency (BCCA) and the Provincial Health Services Authority. It is focused on enhancing the continuum of cancer services in the North, including prevention, screening, diagnosis, treatment, and supportive and palliative care. Highlights of fiscal year 2010-2011:

- Renovations of the Smithers Community Cancer Clinic were completed. The expanded clinic is now in a separate area from other clinical spaces in the hospital, offering patients more privacy.
- Construction began on the BC Cancer Agency's new Centre for the North in Prince George. This regional cancer centre, opening in late 2012, will bring new services to Northerners, including radiation therapy. As a complement to the centre, the Canadian Cancer Society is building Kordyban Lodge, which will provide accommodation for cancer patients who travel to Prince George for treatment.
- Recruitment is under way for the cancer centre: new hires include radiation oncologists Dr. Robert Olson, Dr. Dilip Panjwani, and Dr. Matt Folwell; Dr. Narinder Sidhu (a medical physicist); Dr. Suresh Katakhar (a medical oncologist); and directors of clinical operations LaDonna Fehr (systemic therapy) and Andrea Wolowski (radiation therapy).
- The strategy's project management office (PMO) has hired an Aboriginal liaison worker, Terri Stewart, who participates in Aboriginal Health Improvement Committees, meets with community leaders, and works closely with Northern Health. In addition, due to feedback from communities, the PMO is developing an Aboriginal cancer care strategy that will address needs highlighted through ongoing consultation.
- Lab and medical imaging renovations at the University Hospital of Northern British Columbia will enhance hospital care and help support the expanded services required by the new regional cancer centre when it opens.
- Supportive Care has been very successful in providing regional care to the ten community cancer clinics across the North. Pharmacy, psychosocial support, education and oncology nutrition have well-established links into the clinics and regularly provide care.
- Teleoncology (enabling cancer patients to meet with specialists via videoconferencing) is now offered in 15 northern communities, including each community cancer clinic, as well as five additional sites: Hazelton, Fort Nelson, Chetwynd, Masset and Dease Lake.

Pictured below: Dignitaries help celebrate renovations at the University Hospital of Northern BC in Prince George to support the BC Cancer Agency's new Centre for the North.



Inset Photos: 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.

## Other Initiatives for Integrated Accessible Health Services

### *Health Support During Fire Season*

During fire season this year, Public Health Protection was regularly involved with evacuation centres and public meetings relating to forest fires and smoke. Staff communicated the various risks to the public's health caused by the smoke in the air. The impact on airsheds was seen across the North, although the most heavily affected areas were Vanderhoof, Fraser Lake and neighbouring communities.

### *Northern Health Connections Medical Travel Program*

The NH Connections medical travel program was introduced in 2006 to enhance access to health care services for rural communities in the North. Operated under contract to Northern Health by Diversified Transportation Ltd., the program gives residents an affordable bus system to help them access health care (such as cancer treatment) that is not available in their home communities.

For many Northern residents, NH Connections is an important aspect of obtaining health care: ridership has steadily increased from about 3,000 riders in 2006 to over 10,000 in 2010.

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 operate on short distance or same-day routes, and six motor coaches operate on long-distance routes. All are fully wheelchair-accessible and offer comfortable seating and audio and video equipment. The 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.

Clients who have used NH Connections indicate that they strongly value the service and appreciate the care and compassion offered by NH Connections staff. They have also provided constructive feedback on areas of service improvement, which Northern Health takes into consideration in providing the best service possible.

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

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

Northern Health also recognizes that when clients need to travel for health care services, they may also need accommodations. The NH Connections program has therefore partnered with providers in many communities to offer reduced rates for accommodations close to health care services.

Along with providing an affordable way for patients to reach their destinations, moving Northern Health freight is also proving to be a success. For example, patients who need medical equipment from Red Cross can have it delivered free of charge on the NH Connections bus.

In 2010-2011, the NH Connections portfolio moved to the Business Development team, with Reina Pharness as the new regional manager.



# Strategic Direction: 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 Focus On Our People: Regional Updates

### Northwest

Gallup employee engagement plans for Northwest staff have been completed: Northern Health places a high priority on staff engagement, as it is essential for recruiting and retaining staff, and results in better patient/client care. Leaders and frontline Mental Health and Addictions (MHA) staff have completed the online indigenous cultural competency training program, designed to strengthen the skills and cultural understanding of those who work with Aboriginal people. Many MHA staff also took training in cognitive behavioral therapy, core addictions and motivational interviewing. Kitimat General Hospital is focusing on nursing training and development plans and has also developed a training and support plan for preventing musculoskeletal injury that received positive feedback from WorkSafeBC.

In Masset, site manager Patrick Moores has brought stability to the facility, nurse manager Karen Ellacott has worked hard at recruiting, and all nursing staff are now permanent. In Kitimat, the hospital also has a stable nursing workforce and has recruited an experienced social worker, Christine Anacleto, and a clinical nurse manager, Janet Carstairs. Mills Memorial Hospital (Terrace) has recruited a new emergency room physician, Dr. Blackbeard, and Lorna Jefferis is the new director of care for Terrace, Kitimat, Stewart and Atlin.



Kitimat was among the sites marking the second anniversary of Northern Health's Strategic Plan in February 2011. L - R: Jonathan Cooper, Kitimat Site Administrator; Joanne Monaghan, Mayor of Kitimat; Carole Walker, Executive Assistant. "We were celebrating the contributions that NH staff and clinicians make in transforming the values of the Strategic Plan into health care services each day," said Jonathan.



L - R: Mary Wesley, Aboriginal Liaison (Prince Rupert and Haida Gwaii); Agnes Snow, Regional Director, Aboriginal Health.

## Northern Interior

In recognition of its significantly increased teaching role within Northern Health, the hospital in Prince George was officially renamed the University Hospital of Northern BC in a ceremony on April 10, 2010. In Prince George, a major health and safety management system was implemented to improve staff and resident safety, with Parkside Residential Care facility chosen as the pilot site.

Across the North, Pharmacy Services continues to restructure and develop increased capacity. Successful recruitment to pharmacy positions has also expanded services across the region.

In the Lakes/Omineca area, the education of medical professionals has taken an integrated approach, which has been extremely successful and will be expanded to other areas.

A new psychiatrist, Dr. Tim Holden, has been successfully recruited to Prince George, and will also be providing outreach services to nearby communities, including Burns Lake. Dr. Mohau Kolisang is also now providing psychiatry outreach to Quesnel, in addition to his usual outreach in McBride.

## Northeast

In the Northeast, there is significant effort to ensure frontline staff feel connected to Northern Health's strategic plan and to the overall intent to deliver quality health care. This is accomplished using meetings, newsletters, memos, and informal discussions with staff.

Gallup employee engagement plans were also completed, and throughout the Northeast there are regular employee recognition events and staff celebrations. As well, the Northeast celebrates the professional recognition weeks (such as Nursing Week) and events that highlight health issues, such as Addictions Awareness Week.

Managers have focused on completing performance appraisals to ensure staff receive feedback on their contributions. Among the many training opportunities for staff were conflict resolution, respect in the workplace, musculoskeletal injury prevention, violence prevention, and several clinical education sessions. Joint occupational health and safety committees are also active throughout the Northeast.

The Home Support Staff Scheduling project was implemented in the Northeast, resulting in fewer vacancies and increased staff satisfaction.

## Education and Leadership

Public Health Protection has been placing an emphasis on providing educational opportunities to staff which give them the tools to initiate projects in the community. Of particular note was the Sustainable Behaviour workshop by Douglas MacKenzie-Mohr, looking at social marketing issues to lead to permanent change.

In Licensing, leadership development was fostered through training opportunities throughout the year. Licensing officers were able to put theory into practice by taking lead roles in committee work, leading projects, and providing support and consultation in an interim coverage position for the program's regional manager. A strength-based approach saw the development of practice specialization based on the relevant backgrounds and experiences of the licensing officers.

Licensing also identified a need to rekindle relationships with their external partners, such as the Ministry for Children and Families and the RCMP, so that they would all understand one another's responsibilities when allegations of neglect or abuse are investigated. They have also worked with other Northern Health programs that have overlapping goals and audiences. These include Preventive Public Health on issues of early child development, Injury Prevention on falls prevention initiatives and Environmental Health to provide safe food handling training to our licensees.

As part of Population Health's long-term commitment to "infecting" Northern Health with the population health approach, the team provided clinical placements and practicum project supervision for 15 students this year from nursing, dietetics and health services.

## Professional Practice

The Professional Practice Strategy was developed to support interprofessional practice leaders in ensuring health care team members are effective in providing care and giving support to both clients and families. There are currently five areas of focus:

- Service delivery and organization of care
- Quality improvement and research and development
- Education, training and workforce development
- Career pathways, recruitment and retention
- Leadership development at all levels

Several programs currently support interprofessional practice development. The highly successful Northern Health Interdisciplinary Preceptor Development workshop program is offered several times a year to help frontline staff, clinical educators and managers from all disciplines develop skills and strategies that lead to successful and supportive learning experiences for students, new hires and current staff. This 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. In 2010, 184 people completed *Preceptor Development* and *Building Beyond the Basics*.

Communities of Practice (COP) are currently being developed among licensed practical nurses and registered nurses across Northern Health. The Licensed Practical Nurse COP has recently developed a competency, assessment, planning and evaluation tool that outlines baseline competencies for LPNs in Northern Health. The Registered Nurse COP is working toward the development of several policies to support changes to the RN's scope of practice by interpreting the regulation of the Health Professions Act.

Professional Practice staff have supported the Care Delivery Model Redesign teams across Northern Health. Three pilot sites (Dawson Creek, Fort St. John, and Prince George) have been working within this model for the past year and have demonstrated significant positive impacts in their work environments. For example, comfort rounds have been implemented on one unit at UHNBC. Comfort rounds are conducted by members of all health care disciplines on the patient care unit: approximately every two hours, patients are asked about their comfort, their need for pain medication, and the effectiveness of their pain management. Potential benefits include improved patient safety, improved patient satisfaction, a reduction in call bell use, improved patient outcomes (care planning), and improved interdisciplinary team communication.

The Employed Student Nurse (ESN) and New Graduate Nurse Transition programs continue to provide resources and support to students and newly graduated nurses. The ESN program has been credited as providing a significant positive impact on new graduates' transition into professional practice. In addition, the New Graduate Nurse Transition Program provides many shifts where new nurses are able to work alongside those with more experience and gain a solid orientation.

The Professional Practice team continues to provide support to Northern Health educators through collaboration in the development of decision support tools, provision of e-learning resources such as Mosby's Nursing Skills online, and one-on-one support. Collaboration with our UNBC partners to deliver the Rural Nurse Certificate Program continues as the program evolves. Many of the courses offered in this program are being used by nurses working in our rural sites. Some courses have been also added to the UNBC nursing curriculum.

In rehabilitation, Professional Practice staff are making important connections among practitioners throughout Northern Health. Specifically, there has been a focus on two key initiatives: managing dysphagia (difficulty swallowing) for adult populations, and seating and positioning services. The team will continue to support teams and practice networks around important clinical practice improvements opportunities that will enhance the services provided to our clients and communities.





## 2010-2011: Highlights from the Northern Interior

- *Michael McMillan, Chief Operating Officer*

- Work with Aboriginal Health Improvement Committees has strengthened relationships with Aboriginal groups and communities.
- To reflect its teaching role, the hospital in Prince George was officially renamed the University Hospital of Northern BC in April 2010.
- Plans for the new hospital in Burns Lake continue to move ahead, with support from the Stuart Nechako Regional Hospital District.
- Expanded/new services include CT colonoscopy in Quesnel, nuchal translucency screening (screening in early pregnancy for Down syndrome) in Quesnel and Prince George, and expanded surgical capacity in Prince George.
- The development of primary care homes with integrated multidisciplinary teams continues to advance in Northern Interior communities.
- We received Ministry approval for a new payment method for physicians in Mackenzie, and the first contract physician arrived, joining a nurse practitioner, Kate Vanwely, who was recruited last fall.
- We've successfully recruited for pharmacy positions, letting us expand services across the region. As well, we've recruited psychiatrist Dr. Tim Holden to Prince George; he will also provide outreach to nearby communities.
- Mental Health and Addictions undertook a major restructuring and full integration of all mental health and addiction services
- The Adult Withdrawal Management Unit (previously Detox) continues with the redesign of its service model, which has led to many positive changes.
- In Mackenzie, staff have worked with the District to provide walking clubs, healthy food preparation workshops and smoking awareness events.

# Strategic Direction: 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.

## A Population Health Approach: Regional Updates

### Northwest

Advisory Committees for Mental Health and Addictions (MHA) are ongoing in all communities, and there is MHA representation on local, regional and provincial harm reduction committees (e.g., smoking cessation, needle exchange). Youth Addictions Team members work with local schools, and the Northwest is piloting after-hours youth addictions programming. The Mental Health Collaborative in Dease Lake was completed this year, improving clinician knowledge and collaboration for clients with mild to moderate depression.

### Northern Interior

In Mackenzie, staff have worked with the District to provide walking clubs, healthy food preparation workshops and smoking awareness events.

### Northeast

As part of primary health care, group medical visits for chronic diseases are common. In one innovative example from Fort St. John, group visits are held “on the move” at the Pomeroy Sportsplex’s indoor walking track.

## Working With Communities and Partners

Northern Health’s Public Health Protection program made significant efforts through the year to develop strong working relationships with its partner agencies. For example, dietitians, Child Care Resource and Referral, and LEAP BC (Literacy, Education, Activity and Play) were brought together to develop a nutrition strategy for licensed care facilities. In another project, licensing officers worked with the Red Cross, the Provincial Emergency Program, Child Care Resource and Referral, Environmental Health, and care providers to develop a resource for emergency planning in home-based care facilities.

Community collaboration is also moving forward in the areas of community food security and food policy. Multi-sector community stakeholders and partners are becoming more engaged in planning and initiatives related to these topics. Municipalities are adding food security to sustainability operation plans and are showing interest in developing food policy. Collaborations are starting to move forward in strategic alignment.

National Aboriginal Day in Fort George Park,  
Prince George (summer 2010)





For example, Community Futures, in partnership with Northern Health, is working in many communities on the initiative “Beyond the Market - Growing the North.” As part of this work, Northern Health’s Population Health program will be supporting an innovative pilot of local food in a Northern Health facility in 2011.

The Road Health coalition continues to be active, and we have seen ongoing reductions in death and injury related to motor vehicle crashes, particularly among drivers in the trucking and forestry industries.

Through Northern Health’s Population Health program, \$135,000 in community seed grants was offered to projects in Northern communities, including the following:

- \$10,000 in True North Strong and Smoke-Free grants to support grassroots community organizations and schools in developing projects focusing on tobacco reduction, prevention, protection, and cessation.
- \$20,000 in HEAL (Healthy Eating, Active Living) grants to support local food security, healthy eating, and active living.
- \$40,000 in HEAL for Your Heart grants to support prevention of cardiac and vascular diseases.
- \$20,000 in Injury Prevention grants to reduce childhood head and spinal cord injuries and prevent seniors’ falls.
- \$35,000 in Road Health grants to reduce death and disability resulting from motor vehicle crashes.
- \$10,000 in Healthy Minds, Healthy Youth grants to promote mental health and prevent mental illness and addictions in young people.

Population Health’s Healthy Community Development program continues to support communities in addressing the determinants of health and reducing health inequities by providing facilitation services, taking part in community planning, leading focus groups, and partnering in initiatives to support marginalized and disadvantaged populations.

In partnership with BC Healthy Communities, Population Health also offered a series of webinars: “Citizens’ Series on Health.” Topics included living wage, employers as partners in health, the role of neighbours in creating healthier communities, and the role of schools in creating healthier people. A wide audience was engaged in these webinars, including media, local governments, educators, community activists and other health authority staff. This partnership will continue, with four more webinars in the coming year that will focus on health literacy, retirement readiness, preventing childhood injuries and trauma, and healthy public policy in local government.

Membership in Population Health’s HEAL Network (Healthy Eating, Active Living) has grown by 20% this year. Contributing to this growth was a series of HEAL Chats initiated this year, bringing people together from around the region who were interested in topics such as community gardens, preserving the harvest, municipal-enabled agriculture and men’s health.

The HEAL Chat platform was used to pilot a phone-based focus group for “Every Coach a Winner,” with interesting results and important learnings that will support the development of a toolkit to help coaches communicate health messages to the young people they mentor. This will also help us use the 2015 Winter Games being hosted in the North as a platform for health promotion. Such virtual meeting technologies are proving useful in connecting people from across our vast region and offering support to communities in accessible, safe, sustainable and cost-effective ways.

The Population Health team expanded again in 2010 with the addition of tobacco reduction coordinators and the Nicotine Intervention Counselling (NICC) program, previously located within Public Health Protection. Population health manager Kelsey Yarmish has also come on board to support the growing team as it solidifies its presence throughout the North.

## Mental Health

With the integration of services, Mental Health and Addictions (MHA) advisory committees are being re-established in communities across the North with new terms of reference to promote consumer, family and stakeholder input. This work began in Prince George and Quesnel, with visits to communities in the Northwest. The focus of the development work in the Northern Interior is the Omineca Lakes communities, and in the Northeast, Fort St. John and Dawson Creek. The next phase will be the development of these committees in the Robson Valley and Mackenzie. Connected to the redevelopment of the MHA advisory committees is the alignment of the Consumer and Family Initiative Funds process with Provincial best practice standards.



## 2010-2011: Highlights from the Northeast

- *Betty Morris, Chief Operating Officer*

- Participation in Aboriginal Health Improvement Committee meetings is moving out to the First Nations themselves, with meetings held at Blueberry and the Saulteau Reserve.
- Mental Health and Addictions led several events in First Nations communities on smoking cessation, drug use education, and more.
- Many Northeast leaders and staff members have taken indigenous cultural competency training to strengthen the cultural understanding of those who work with Aboriginal people.
- The \$300-million Fort St. John Hospital and Residential Care Project continues on budget and on time for its planned summer 2012 opening.
- The Home Support Staff Scheduling project has reduced vacancies and improved staff satisfaction.
- Group medical visits for chronic diseases are common. In one example from Fort St. John, they're held "on the move" at the Pomeroy Sportsplex's indoor walking track.
- The Northeast led an award-winning pilot project for medication reconciliation, which aims to reduce errors by taking complete medication histories when patients are admitted to hospital, and by ensuring an accurate and up-to-date medication profile before patients are transferred to another facility.
- We continue to participate in patient satisfaction surveys, housekeeping audits, and audits of clinical indicators (e.g., hand-washing, use of surgical checklists.)
- The MORE<sup>OB</sup> program to manage obstetrical risk is active in Fort St. John and Dawson Creek.
- Frail seniors with more than five medications trigger an automatic medication review by pharmacists, and we continue to work with Home and Community Care partners to improve services for elderly clients.
- Medical/surgical units from Fort St. John and Dawson Creek participated in the Care Delivery Model Redesign Collaborative (an approach to systemic quality improvement).

### Cancer Initiatives

The Northern Cancer Control Strategy (NCCS) is a joint partnership between Northern Health, BC Cancer Agency and the Provincial Health Services Authority that focuses on enhancing the continuum of cancer services in the North.

As part of its prevention efforts, the NCCS is helping support Northern Health's HEAL (Healthy Eating Active Living) program. In conjunction with HEAL, 68 IMAGINE grants totaling \$120,000 were successfully awarded to communities to support local organizations in promoting healthy people and communities.

### Seniors' Care

Public access to standardized information on Home and Community Care services offered by Northern Health became available in October 2010 on Northern Health's website. The new Home and Community Care site has three main areas:

- A description of services;
- Contact information, including descriptions of all facilities;
- Processes for submitting concerns, complaints and compliments.

Through First Link, a first response strategy for people newly diagnosed with dementia and their families, Northern Health is partnering with the Alzheimer Society of BC to ensure people in the North get support they need to strengthen for the dementia journey. Partnering with physicians and health professionals, First Link proactively reaches out and connects families to Alzheimer Society programs and services, supporting clients to live independently in the community.

This year, Northern Health's Public Health Protection program also focused on collaborating with Northern Health partners to prevent and control norovirus outbreaks in seniors' care facilities. Working in partnership with the affected facilities, nursing managers, staff, health service administrators, and medical health officers, Public Health Protection was able to more effectively control and limit the duration of norovirus outbreaks.

## Secure, Safe and Healthy Food Systems

Northern Health has many representatives on the provincial steering committee and advisory committee on food security/safety initiatives, and has gained recognition from colleagues, the public, and the Ministry for work in this area, with both farm produce and meat.

Some examples of the food security/safety work are the Marketsafe program for farmers' market vendors, Farm to School input, and food security/safety seminars organized on Haida Gwaii. Further work has been done with the meat inspection regulation to help farmers navigate the application process and inform them of options for marketing meat in their area.

Public Health dietitians developed and disseminated evidence-informed practice guidance to internal and external partners working with young children on a variety of topics, including preparing powdered infant formula, revised dietary reference intakes for vitamin D and calcium, and the WHO growth charts for Canada.

Northern Health's Population Health department continued its support for the provincial Healthy Vending Policy by completing a Northern-Health-wide second audit. The department also created six snack food tasting kits for circulation within Northern Health, with the objective of further increasing compliance in all facilities.

While these kits were originally intended to support our internal compliance with the provincial legislation, we have also used them to support local governments in moving toward increased compliance with guidelines for healthy vending in public buildings. Likewise, as Population Health works with internal partners to develop a consistent approach to food policy and vending contracts in Northern Health facilities, local governments are able to use our processes and documents as templates for policy and practice in other public settings.

As well, Population Health worked in collaboration with Community Care Licensing to develop a self-assessment tool and collect baseline data on the nutrition practices of licensed child care providers. We continue to develop resource materials and delivery formats for implementing the provincial Food Flair document to child care providers and communities. Enhancements will include practical supports for care providers around planning healthy meals and snacks; supporting parents to feed their children well; and incorporating regular physical activity into the childcare day. There will also be a focus on reducing screen time (television and computers) for young children.

Support for Healthy Schools and Farm to School initiatives that promote healthy eating in school environments, making the smart choice the easy choice, is moving forward. This means that more schools are being supported across the region through provincial grants, regional grants (HEAL) and community partnerships (for example, the Omineca Beetle Action Coalition's Agriculture Strategy Working Group that has supported three new Farm to School initiatives in the Northern Interior).



## Preventing Injuries

As a result of its 2010 injury prevention grants (see above), Northern Health's Population Health department has seen much greater focus on ice helmet use throughout Northern communities, particularly for children, with some sports facilities and school districts looking to implement mandatory ice helmet policies.

A presentation of Population Health's childhood injury prevention program *A Million Messages* by Lynette Hewitt, Injury Prevention Coordinator, at the BC Injury Prevention conference in November 2010 sparked interest across BC health authorities as well as First Nations and Inuit Health. At least one public health nursing program in Vancouver Coastal Health is looking to implement *A Million Messages*, as is Interior Health.

The Population Health department has created a new bone health display for middle-aged women, a demographic that Northern Health historically has not been well-resourced to reach. To allow for complementary messaging, it was created in partnership with Nutrition.

## Healthy Children

Preventive Public Health's Northern Health Assessment Network (NHAN) continues to deliver multidisciplinary assessments across the region to children and youth 0-19 years of age. In 2010-2011, NHAN completed 107 autism assessments and 125 assessments for complex developmental and behavioral conditions, including Fetal Alcohol Spectrum Disorder.

In March 2011, NHAN, in collaboration with the Bulkley Valley Child Development Centre, presented a poster at the International Fetal Alcohol Spectrum Disorder conference in Vancouver, attended by over 1200 participants from around the world. This was a great opportunity to showcase the collaborative service delivery model between Northern Health, the Ministry of Children and Family Development, and local service providers.

### Immunization

Immunization is an important health intervention for both individuals and communities; where immunization rates are high, disease rates are low. Northern Health continues to have some exceptional vaccine coverage rates in many areas.

The efforts of Public Health staff were reflected in Northern Health's two-year-old and school immunization coverage rates for 2010. The two-year-old immunization rate (up to date for age for all vaccines) was the highest in the province, with a 70.4% coverage rate, which is 5.5% over the provincial rate of 64.9%. The Northern Interior led the way with 76.9%, followed by the Northwest with 64.8% and Northeast with 64.2%.

The trend of high immunization rates continued with the school immunization program. Kindergarten immunization coverage rates for diphtheria, acellular pertussis, tetanus, polio (88.8%), measles (92.0%), mumps (92.1%), rubella (92.3%), hepatitis B (90.5%) and meningococcal C (91.5%) were the highest in the province; varicella (88.9%) was second highest. The Grade 6 cohort was the highest in the province for meningococcal C (92.2%) and second highest for hepatitis B (86.8%) and varicella (88.4%). Not to be outdone, the Grade 9 cohort was the highest in the province for tetanus and diphtheria (90.3%) and acellular pertussis (88.6%).

The human papillomavirus (HPV) vaccine is the only exception to these outstanding coverage rates. Efforts are underway to improve HPV rates through enhanced promotion, immunization and surveillance activities.



## Speaking and Hearing

In 2010-2011, 92% of all infants in Northern BC were screened under the BC Early Hearing Program. The Northwest audiology program is now fully staffed, with the successful hiring of an audiology program assistant for Prince Rupert, Cathy Quane, and a northwest lead audiologist, Devon Huning.

Over the course of the year, Northern Health speech-language pathologists have been active in communities around the North. Working with community partners has allowed for a greater opportunity to promote speech and language development to our infant, toddler and preschool populations. The “Moe the Mouse” Speech and Language Development Program has been successfully implemented in Aboriginal Head Start programs and in nursery programs from Haida Gwaii to Prince George. Training sessions on speech and language development and literacy have been provided to a number of early childhood educators throughout the Northwest. As well, a flourishing partnership with the Prince George Child Development Centre has allowed for a number of language groups to be offered to our little ones in this community.

## Parenting

Northern Health parenting programs are built on a multilevel system of interventions designed to improve the mental health and wellbeing of families and reduce intergenerational child maltreatment. The multilevel continuum of parenting interventions ranges from day treatment services at Project Parent North to in-home parenting programs designed for high-risk families with children aged 0-16.

Included in the continuum are specialized family support programs such as the Parent-Teen Mediation Program. In addition, there is a family support program, the Structured for Success Program (SFSP). The SFSP uses a wraparound service model to deliver supports to parents living with FASD. The program is unique in that it utilizes a neurocognitive service model. A noteworthy accomplishment for the SFSP was copyrighting the program’s screening and assessment tool. A program-wide accomplishment was accreditation for twenty-five staff in the Triple P Positive Parenting Program. The Triple P program has been endorsed as an evidence-based public health model for parenting interventions.

## Tobacco Cessation

In 2010-2011, Northern Health participated in a national project to implement the Ottawa Heart Model for clinical smoking cessation in three acute care pilot sites: the University Hospital of Northern BC in Prince George; Fort Nelson Hospital; and Prince Rupert Hospital. This pilot raised awareness of current Northern Health tobacco reduction protocols within our hospitals. The Ottawa Model uses brief intervention techniques and provides a coordinated, systematic and integrated approach to help patients escape nicotine addiction.

The pilot helped identify steps to improve Population Health’s inpatient protocols and to provide cessation counseling and follow-up for patients with the aid of a voice recognition telephone service. Research shows that hospital-based tobacco cessation interventions improve health outcomes for patients, shorten hospital stays, reduce readmission rates, reduce the high costs of treating tobacco-related conditions, support the successful implementation of Tobacco Free Grounds policy, and reduce the exposure of non-tobacco-users to secondhand smoke. Tobacco cessation is cost-effective and easily incorporated into existing acute care practice. A recent announcement that nicotine replacement products will be provincially funded starting in September 2011 is a welcome support to our hospital-based tobacco cessation work, as it will reduce barriers for low-income patients, making the healthy choice the easy choice, even after discharge.



## Strategic Direction: 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.

### High-Quality Services: Regional Updates

#### Northwest

The BC Cancer Agency's review of Kitimat General Hospital's community oncology clinic resulted in the implementation of quality assurance and regional collaborative recommendations, including enhanced sustainability.

In Terrace, quality of care plans were audited and individual and group training was carried out. As well, Northern Health and UNBC collaboratively installed a SIM lab (patient simulation technology) at Mills Memorial Hospital to help train health care professionals. In Kitimat and Terrace, the PaperLite project to reduce printing was introduced, saving more than 100,000 pieces of paper in its first four months.

Kitimat General Hospital consolidated its involvement in the MORE<sup>08</sup> perinatal program, and established a continuous quality improvement committee. The hospital is also building the capacity and effectiveness of its multi-disciplinary discharge planning team.

#### Northern Interior

The Adult Withdrawal Management Unit (previously Detox) continues with its service model redesign, which has led to positive changes, including decreased readmissions, increased lengths of stay and an increased number of first-time admissions.

Mental Health and Addictions advisory committees have been re-established in Prince George and Quesnel, with work underway in Omineca Lakes and plans to expand to other communities. Plans for the new hospital in Burns Lake continue to move ahead, with support from the Stuart Nechako Regional Hospital District.

Pharmacy staff have worked to increase quality through improved inventory management, a new process for preprinted medication orders, increased clinical services, and participation in province-wide work to standardize the medications available at all BC hospitals. Staff at the UHNBC Rehabilitation Unit received provincial recognition for their work on improving quality of care.

#### Northeast

Quality and quality improvement are regular agenda items at each Northeast executive team meeting, as reflected in the area's activities for the year.



Staff at the Fort St. John and Dawson Creek hospitals won an Excellence in Quality and Patient Safety award from the BC Patient Safety & Quality Council for their success in implementing medication reconciliation. Here, the Fort St. John team celebrates.

The Northeast led a successful pilot project for medication reconciliation (a process in which health care providers partner with patients and their families to ensure that information on a patient's medications is accurate). The project won a provincial award, and Northern Health aims to eventually implement it throughout the region.

The Northeast also continues to participate in patient satisfaction surveys, housekeeping audits, and audits of clinical indicators (such as hand-washing and the use of surgical checklists.) All results are collected and analyzed for improvement work-plans. As well, the MORE<sup>OB</sup> program to manage obstetrical risk is active in Fort St. John and Dawson Creek, and Mental Health and Addictions focuses on a safety topic at each staff meeting.

Frail seniors with more than five medications trigger an automatic medication review by community pharmacists, and the Northeast continues to work with Home and Community Care partners to improve services for elderly clients.

Medical/surgical units from Fort St. John and Dawson Creek participated in the Care Delivery Model Redesign (CDMR) Collaborative (an approach to systemic quality improvement.)

## Quality Initiatives

In 2010-11, Northern Health developed four programs to support our focus on quality:

- Surgical Services
- Elder Services
- Perinatal Services
- Mental Health and Addictions



When developing them, we incorporated best practices from successful quality-focused organizations worldwide. Each program is led by both an administrative leader and a physician leader and is supported by a council of clinicians from across the region. Each program has struck a quality goal to work toward this year; these are outlined below.

### *Surgical Services*

Surgical Services are currently available in 10 locations, with approximately 74% of surgical cases performed as day surgery. The current priority is the development of a regional surgical services program aimed at enhancing the quality of surgical services. Goals include:

- Implementing the Surgical Checklist across the region.
- Developing a Northern Health strategy for wait list management.
- Implementing the National Surgical Quality Improvement Program at UHNBC.

### *Elder Services*

Elder Services provides a range of health care and support services for eligible residents. These are designed to complement and supplement individuals' efforts to care for themselves with the help of family, friends and community. Developing a Regional Elder Services Program is a priority for Northern Health. Program goals:

- Reduce falls by 10% within Northern Health across the continuum of care.
- Reduce re-admission rates by standardizing skin and wound care practices.



## Perinatal Services

Each year, about 3500 babies are born in Northern BC. Across the North, 25 communities provide perinatal care, including 13 hospitals providing birthing services. Within Northern Health, approximately 340 health care professionals are trained to provide perinatal care.

Northern Health's Perinatal Program & Council develops and recommends standards, policies, plans and quality improvement processes related to perinatal services (services pertaining to the time immediately before and after birth). In 2010, we used the Managing Obstetrical Risk Efficiently (MORE<sup>OB</sup>) program to develop a regional quality improvement framework for perinatal services. The Perinatal Program's goals for 2011-2013 include:

- Increasing the percentage of vaginal births by 2% by March 31st, 2013
- Decreasing the number of teen pregnancies

## Mental Health and Addictions

Mental Health and Addictions (MHA) provides services across a continuum of care in conjunction with other program areas. The program offers programs around health promotion, harm reduction, outreach and early intervention, crisis response and stabilization, acute psychiatric care, treatment and self-management with supports, and a range of residential service options. The program's goal is to increase the number of people (ages 15 - 64 and ages 65+) who receive MHA follow-up services within 30 days of leaving hospital by 5%, to achieve 90%.

## Program Evaluations and Audits

Assessing the success and impact of initiatives and programs is a vital part of providing high-quality health care services. Audits, assessments, and evaluations took place in many departments and sites throughout Northern Health this year. Here are some examples:

- The BC Cancer Agency reviewed Kitimat General Hospital's community oncology clinic, resulting in the implementation of quality assurance and regional collaborative recommendations, including greater sustainability.
- In Terrace, quality of care plans were audited, and in Kitimat, a continuous quality improvement committee was established.
- Pharmacy staff in the Northern Interior have worked to increase quality through improved inventory management, a new process for preprinted medication orders, increased clinical services, and participation in province-wide work to standardize the medications available all BC hospitals.

This year, formal evaluations of two important Aboriginal Health initiatives also took place:

- Aboriginal Health Improvement Committees (AHICs)
- The Aboriginal Patient Liaison program

Northern BC has a large Aboriginal population (approximately 50,000 people and 70 distinct First Nations reserves); therefore, both programs are essential to make continued strides toward improved health of Aboriginal people in partnership with First Nations community leaders and Aboriginal organizations.

The Smithers Community Cancer Services team. (L-R)  
Loretta Mehr, RN; Alice Christensen, RN; Elizabeth  
Bastian, GP Oncology; Tricia Goalder, Clerk; and  
Daphne Hart, GP Oncology





## Aboriginal Health Improvement Committees

Aboriginal Health Improvement Committees (AHICs) are permanent committees that work with First Nations communities and other health system partners, promoting increased participation of Aboriginal peoples in the design, delivery, and evaluation of health services. Approximately 160 people are currently sitting on seven regional AHICs across Northern BC.

The evaluation of AHICs for Health Canada suggests they are highly valued and are making an important contribution toward increased partnerships and collaboration in Northern BC. Respondents were satisfied overall with the AHICs and felt they have helped to improve relationships and trust among those involved in health service delivery:

- 89% of respondents felt it was “very important” or “extremely important” to have AHICs in order to improve partnering and collaboration.
- 82% felt that their time was well spent in the AHICs.
- 88% felt it was important to hold meetings in the First Nations communities as this allows members to see the context, needs, challenges, geography and culture of each community. Further, it is inclusive and facilitates participation by community members in a familiar and comfortable setting.

For more details on AHICs, see page 14.

## Aboriginal Patient Liaisons

Aboriginal Patient Liaisons are people who work with Aboriginal patients to facilitate their access to health services, improve their care experiences, and enhance the quality of their care interactions. The program is also designed to increase health care providers’ cultural competence and bridge Aboriginal and non-Aboriginal approaches to health.

The evaluation of the Aboriginal Patient Liaison program for Health Canada shows it is highly valued and seen as important for working toward improvements in the health of Aboriginal people in Northern BC. All data sources confirm that the program improves access to services and the quality of Aboriginal patients’ health care encounters.

Survey respondents were overwhelmingly in support of the liaison program:

- 93% thought it was extremely important or very important to have a liaison working in the community to support improvements in the health of Aboriginal people.
- 73% thought the liaison service helped to improve Aboriginal people’s access to care “very significantly” or “a lot.”
- 75% thought having a liaison has helped to improve partnerships between Northern Health, First Nations bands, First Nations organizations and First Nations Inuit Health in their area.

Key benefits seen by health care providers included improved patient satisfaction and comfort; improved patient knowledge and understanding; better continuity of care; improved communication between patients and providers; increased awareness of Aboriginal health issues; increased cultural competence; increased collaboration among health service delivery organizations and agencies; improved use of resources; and reductions in gaps in care.

Ten patients who had worked with a liaison were interviewed. All reported that the liaison service contributed to feeling that their health concerns were heard better; feeling more comfortable about health care received; and feeling that their health care needs were met. All patients reported they were “very satisfied.”

For more details on Aboriginal Patient Liaisons, see page 15.

## Research

Research is foundational for the delivery of high-quality health services. In 2010-2011, Northern Health continued to provide services based on evidence, and to engage in research in partnership with academic organizations.

The Northern Health Research Review Committee ensures that research involving patients, staff, facilities or data is appropriate and ethical. In 2010-2011, the Committee reviewed 33 new research projects on topics including public health, mental health and addictions, elder health, chronic disease, and primary health care. A list of research taking place in Northern BC is available at [www.northernhealth.ca](http://www.northernhealth.ca).

Research undertaken by clinical students, medical and pharmacy residents, and graduate students makes important contributions to Northern Health. In 2010-2011, student research made up 42% of the studies approved by the Research Review Committee.

Northern Health's primary research partner is the University of Northern BC (UNBC). In June 2010, Northern Health and UNBC signed a Memorandum of Understanding (MOU) to support education, research and innovation for the purpose of improving the quality of life for the people of Northern BC. The MOU acknowledges the "vibrant and productive working relationships" between the two institutions and cites a "commitment to establish structures and processes that enable creativity and innovation."

A research team led by UNBC and Northern Health is already studying innovation under way in the region to improve Northerners' access to integrated health services, built on a foundation of primary health care.

### *The Innovation and Development Commons is a "one-stop-shop" for innovation, quality, and effective decision-making.*

The Innovation and Development Commons (IDC) aims to create an environment (virtual and real) where all staff members of Northern Health and UNBC, as well as other Northerners, can interact, develop relationships, share knowledge, and work collaboratively in innovative ways.

Some of the activities currently under way in the IDC include the monthly Brown Bag Lunch series, which highlights health research in the North; development of a Think Tank series focusing on primary health care; and an online research/project "matchmaker database."



*In June 2010, Northern Health and UNBC signed a Memorandum of Understanding to support joint education, research, and innovation.*

## Other Quality Improvement Initiatives

Mental Health and Addiction Services (MHA) has been busy this year transitioning to a new leadership structure with a regional program model intended to support quality care: program directors now report directly to the Chief Operating Officer in each of Northern Health's three regions.

MHA also aims to develop a management plan to improve the number of hospital separations which received follow-up services within 30 days of discharge (for all clients aged 15 and over). As well, MHA is developing a quality improvement framework that will support the following:

- Improvement of discharge planning between hospitals and community services to advance outcomes for people with mental health or addiction disorders.
- A culture of continuous quality improvement and patient safety.
- Improvement of staff and physician engagement within Northern Health and communities.
- Partnerships with our staff and physicians to create initiatives that foster a safe, healthy, responsible workplace.

# Men's Health

In the summer of 2010, Northern Health's Chief Medical Health Officer, Dr. David Bowering, released a report on the health status of men and boys, entitled "Where Are the Men?" It received local and national media attention and has been received with great interest across sectors and age groups. A number of focus groups and individual interviews were undertaken to connect Northern voices and experiences to the stark statistics, and recommendations were made about how we might undertake to address the health gap for Northern men, some of which are supported by experiences in other locations.

The MAN Model developed by Bernard Denner in Australia was one of the approaches explored. We were able to bring Mr. Denner to Northern Health to demonstrate his approach and train some Northern Health staff and UNBC nursing students. The demonstration pilots took place in Prince George, Fort St. John, Fort Nelson and Prince Rupert.

A total of 137 community health screenings were conducted in restaurants, pubs, service agencies, recreation events and work sites through the demonstration. Presentations were made to physicians, high school students, and gatherings of men; the feedback from these pilot sites was very helpful.

While analysis of the surveys and other feedback clearly demonstrates there is an interest in Northern Health delivering men's health promotion services in creative and approachable ways, it seems international models will not translate directly and we will need to tailor our approach for Northern men and Northern realities.

Other men's health work that was undertaken this year included partnering with Carrier Sekani Family Services in delivering the men's health component of a wellness conference entitled "Pathways to Wellness: One Body, One Mind, One Spirit." Dr. Bowering and Bernard Denner participated as speakers and a Men's Health Night was attended by 27 Aboriginal men, of whom 100% participated in health checks (blood pressure, blood sugar, cholesterol and discussion of family history and personal risk factors).

To begin the conversation about the need to address men's health more effectively in the North, Dr. David Bowering and Dr. Ronald Chapman have given men's health presentations to a number of community groups, as well as to Northern Health staff. We have had a presence at Cougars hockey games in Prince George, and at the All Native Basketball Tournament in Prince Rupert. Men (and women) throughout the region have shown a keen interest in our work. It resonates with people that healthier men will lead to healthier families and communities, which is good for the health and wellbeing of everyone.

In summer 2011, men's health was the focus of our community consultations, with consultations in seven communities, and focus groups with industry, business and First Nations representatives. We plan to build on the success of the Road Health coalition by working to develop a men's health coalition across sectors. We know that Northern Health alone cannot improve the health of men in the North; it will require teamwork by Northern society as a whole. A men's health coordinator position has also been filled to support this collaborative work as we move forward - we welcome Brandon Grant.



During November 2010, the men of the Terrace Health Unit (and friends) sported moustaches to show their support for "Movember," a month-long awareness initiative for prostate cancer. Much like the commitment to run or walk for charity, the men of Movember commit to growing a moustache for 30 days.

# Northern Health Financial Summary 2010-11

Northern Health provides a wide range of health services to the population it serves. Each year Northern Health is challenged to provide high-quality accessible services within the available financial, human, and capital resources. For the fiscal year ended March 31, 2011, Northern Health realized an operating surplus of \$5.6 million, which is less than 1% of its \$650.2 million budget.

## *Revenues*

Funding from the Ministry of Health is Northern Health's primary revenue source. In 2010-2011, operating funding from the Ministry was \$475.3 million, which represented 72% of total revenues. This included patient-focused funding of \$2.2 million to address wait times for hip and knee replacement surgery and for magnetic resonance imaging (MRI) scans. This additional funding enabled Northern Health to increase the number of hip and replacement surgeries by 44% (513 to 740), and the number of MRI scans by 21% (3,700 to 4,467).

## *Expenses*

At \$379.8 million, or 59% of total expenses, acute care remains the largest sector of expenditure. The next largest sector is residential care at \$76.8 million, or 12% of total expenses.

Compared to budget, Mental Health and Addictions was the most under budget at 4.4%, due primarily to staff vacancies. Efforts continue to recruit to these positions. Residential care was the most over budget at -2.8%, due to additional investment in staffing resources and patient comforts.

Compared to 2009-2010, overall spending increased by 2.5%. Population Health and Wellness had the highest increase (5.9%), while Corporate Services had the smallest increase (1.5%).

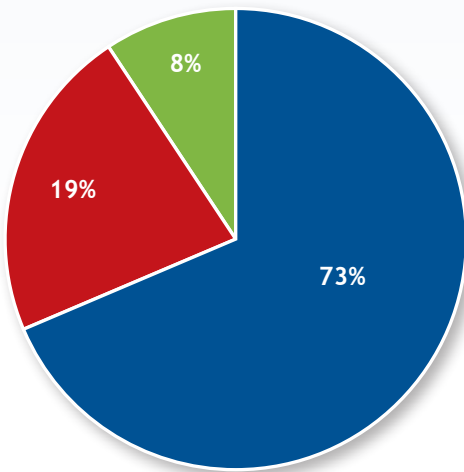
The 2010-2011 audited financial statements are available at [www.northernhealth.ca](http://www.northernhealth.ca)



## Financial Summary 2010-2011 (in millions of dollars)

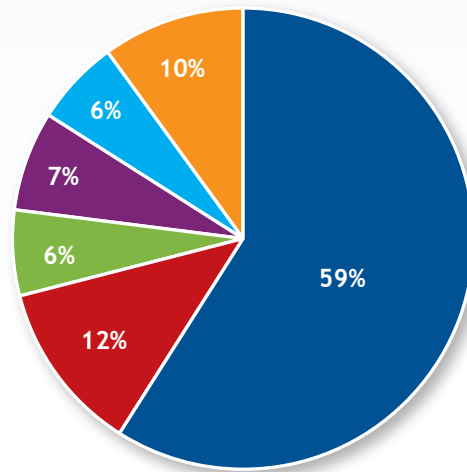
	2010-11					2009-10	2010-11 vs 2009-10	
	Budget	Actual	\$ Variance	% Variance		Actual	\$	%
<b>Revenues</b>								
Funding from Ministry of Health	\$ 473.1	\$ 475.3	\$ 2.2	0.5%		\$ 457.1	\$ 18.2	4.0%
Other provincial government	127.8	124.3	(3.5)	-2.7%		125.5	(1.2)	-1.0%
Other sources	49.3	53.8	4.5	9.1%		49.8	4.0	8.0%
<b>Total Revenues</b>	<b>650.2</b>	<b>653.4</b>	<b>3.2</b>	<b>0.5%</b>		<b>632.4</b>	<b>21.0</b>	<b>3.3%</b>
<b>Expenses</b>								
Acute Care	380.2	379.8	0.4	0.1%		373.0	6.8	1.8%
Residential Care	74.7	76.8	(2.1)	-2.8%		73.7	3.1	4.2%
Community Care	41.9	40.7	1.2	2.9%		38.9	1.8	4.6%
Mental Health & Addictions	48.0	45.9	2.1	4.4%		45.1	0.8	1.8%
Population Health & Wellness	37.3	37.5	(0.2)	-0.5%		35.4	2.1	5.9%
Corporate	68.1	67.1	1.0	1.5%		66.1	1.0	1.5%
<b>Total Expenses</b>	<b>650.2</b>	<b>647.8</b>	<b>2.4</b>	<b>0.4%</b>		<b>632.2</b>	<b>15.6</b>	<b>2.5%</b>
<b>Excess of revenue over expenses</b>	<b>\$ -</b>	<b>\$ 5.6</b>	<b>\$ 5.6</b>			<b>\$ 0.2</b>		

Distribution of 2010-11 Actual Revenues



- 73% Funding from Ministry of Health
- 19% Other provincial government
- 8% Other sources

Distribution of 2010-11 Actual Expenses



- 59% Acute Care
- 12% Residential Care
- 7% Mental Health & Addictions
- 6% Community Care
- 6% Population Health & Wellness
- 10% Corporate

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The ideal time to live and work in Northern British Columbia is now! The region is benefiting from a major economic boom. This means you and your family can tap into better work and learning opportunities.

Northern British Columbia features spectacular lifestyle options in all of our family-oriented communities. Whether you want a casual walkabout beginning in your own backyard, sporting opportunities to challenge the best of athletes, or cultural activities in one of our many diverse communities, Northern British Columbia offers something for everyone.

Come and enjoy an exciting lifestyle and professional work environment in beautiful Northern British Columbia! Housing prices are among the most affordable in the province . . . providing more disposable income for you and your family. Northern Health facilities offer all sorts of opportunities for new health professionals and experienced care providers.



## Consider the Opportunities

Northern Health leads the way in promoting health and providing services for Northern and rural populations. Our vision of building a strong primary health care system for all northerners creates a dynamic work environment that provides a positive challenge for you to use all your skills. We are also dedicated to optimizing relationships with regional education institutions to provide training opportunities for our healthcare professionals. Northern Health designs and implements programs that will expand organizational capacity and sustainability while improving the quality of work life for all our employees.

### Northern Health offers:

- Excellent wage and compensation packages
- An environment that is supportive as you transition from a new graduate to an experienced professional
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