







A message from Cathy Ulrich, President and CEO

2016-17 was a very busy year as Northern Health moved forward with projects focused on putting new services into place and strengthening health care in the North. These included beginning the implementation of a new model of primary and community care, the launch of new Indigenous health initiatives, opening a new hospital and health centre on Haida Gwaii, and seeking improvements in child and youth health.

After several years of planning, a new approach to care delivery centred on the people we serve and their families has started in the North with the creation of interprofessional teams in various communities. These teams are beginning to work closely with physicians and nurse practitioners, and are made up of nurses and other health professionals such as social workers and physiotherapists. Teams will differ somewhat from



community to community in order to address unique local health needs. Over time, this new model of primary and community care will help improve service quality and health outcomes for northern people.

In 2016, we continued our work and partnerships with Indigenous people, communities, and organizations, including the First Nations Health Authority, to further develop and support

culturally safe services. Our Indigenous Health program launched a new website offering a range of health care resources, including an interactive map of health contacts in the North. A new video and accompanying booklet on cultural safety in health care were also introduced.

Improving the network of care in the northwest took a big step forward with the opening of the Haida Gwaii Hospital and Health Centre - Xaayda Gwaay Ngaaysdll Naay in late 2016, the first Northern Health facility to have both an English and an Indigenous name. The hospital's long-term care rooms provide separate space for each resident, and the new labour and delivery area helps more mothers stay on the island to give birth. Last September, the world's attention was on the new facility when it hosted the Duke and Duchess of Cambridge. The royal couple met with dignitaries, hospital residents, and staff, and unveiled a plaque celebrating the completion of construction.

Another 2016 highlight was the board consultation series, "Growing Up Healthy", which focused on the health and wellbeing of children in the North from conception to age 17. The series built on information from our Chief Medical Health Officer's Child Health Report released in April 2016. Community meetings, stakeholder and youth sessions, and an online form (new for this year) helped gather feedback from across Northern BC. The consultation's findings will help with future planning and partnership work around child and youth services.

2016 was also the first year of implementing Northern Health's 2016-21 Strategic Plan - Looking to 2021. This plan continues our goal of transforming health services across the region to improve the health of northerners, as part of three key priorities: Healthy People in Healthy Communities; Coordinated and Accessible Services; and Quality. These are supported by two enabling priorities: Our People, and Communications, Technology, and Infrastructure. We invite you to learn more about the progress made this past year in this 2016-17 annual report.

continued...

A message from Cathy Ulrich, President and CEO, cont'd.

At the end of June 2017, Northern Health's Board Chair Dr. Charles Jago stepped down after 10 years of exemplary leadership. Charles leaves a legacy of program and service accomplishments, and infrastructure improvements, that have been made possible through his commitment to organizational partnerships, collaborative relationships, and innovation.

I count the opportunity I have had to work alongside Charles, and to learn from him, a highlight of my professional career. He has been a partner in leadership, an inspiration, a mentor, and a friend. He will be missed, and Northern Health wishes him the best in his future adventures.

I would also like to express my appreciation for the many staff and physicians who provide exemplary services on a day-today basis to the people who live across northern BC. We look forward to continuing with our work to enhance service delivery and to enable the people across the north to improve their health and wellness.

Regards, Cathy Ulrich



The Duke and Duchess of Cambridge at a celebration event for the new Haida Gwaii Hospital and Health Centre - Xaayda Gwaay Ngaaysdll Naay. The royal couple unveiled a plaque to mark the completion of construction.



2016-2017 projects in your region:

Northwest

Village of Queen Charlotte: Haida Gwaii Hospital and Health Centre - Xaayda Gwaay Ngaaysdll Naay

New general hospital (replacing existing facility)
 opened Fall 2016; the new building includes a range of
 acute and community services, eight acute care beds
 plus one labour bed, and eight complex care beds.
 (Total \$50 million; \$18.8 million contributed by the
 North West Regional Hospital District)

Houston: Houston Health Centre

 The health centre's air handling unit was replaced. (Total \$0.3 million; \$0.1 million contributed by the North West Regional Hospital District)



2016-2017 projects in your region:

Northern Interior

Mackenzie: Mackenzie and District Hospital and Health Centre

 Work is being done to turn the former BC Ambulance space into a new primary care clinic. (Total \$0.7 million; \$0.3 million contributed by the Fraser-Fort George Regional Hospital District)

Prince George: University Hospital of Northern British Columbia

- Upgrades for the Carbon Neutral Capital Program were made to the hospital's boiler plant, reducing pumping energy and heat loss. (Total \$0.7 million; \$0.3 million contributed by the Fraser-Fort George Regional Hospital District)
- Various upgrades to the building's boilers (which heat the hospital) were put in place for an energy conservation project to lower annual costs by 5%.
 This included reducing natural gas/electricity use and greenhouse emissions. (\$0.72 million)

Quesnel: Dunrovin Park Lodge

 Both elevators in the dining area were upgraded with new interior finishes. (Total \$0.3 million; \$0.1 million contributed by the Cariboo Chilcotin Regional Hospital District)

2016-2017 projects in your region: Northern Interior, cont'd.

Quesnel: GR Baker Memorial Hospital

- Upgrades for the Carbon Neutral Capital Program were made to the ventilation equipment and the boilers. (Total \$0.5 million; \$0.1 million contributed by the Cariboo Chilcotin Regional Hospital District)
- Two new standby generators, which give backup electric power, were installed; these replaced one old generator. (Total \$1.2 million; \$0.5 million contributed by the Cariboo Chilcotin Regional Hospital District)
- Former inpatient units were renovated so that QUESST (Quesnel Unit for Short Stay Treatment) could be relocated; as well, a new seclusion room was put in place. (Total \$0.7 million; \$0.3 million contributed by the Cariboo Chilcotin Regional Hospital District)
- Various upgrades to the hospital were finished for an energy conservation project to lower annual heating/ ventilating costs by 25%. This included upgrades to the building systems to provide better heating, ventilation and water temperature control; improving energy efficiency; and reducing natural gas use and greenhouse emissions. (\$0.35 million)



Photo of Northern Lights in Dawson Creek by unknown

2016-2017 projects in your region:

Northeast

Dawson Creek: Dawson Creek and District Hospital

 The hospital's fluoroscopy room was renovated, and a digital x-ray machine was moved from Fort St. John to Dawson Creek and District Hospital to replace an old machine. (Total \$0.2 million; \$0.09 million contributed by the Peace River Regional Hospital District)

Information Management & Information Technology (IMIT)

Community Health Record Project

- Phase II (Total \$3.1 million; including contributions of \$1.2 million from all of the regional hospital districts)
 - This project will help staff give better care to patients, as part of the primary and community care initiative.
 - Custom development of an Electronic Medical Record (EMR) system, and then putting it in place (instead of a paper copy, an EMR is a digital copy of a patient's medical history).
 - This will reduce systems and paper in areas such as mental health, substance use, diabetes care, public health and community cancer care.
 - Staff are currently looking at what is needed for a Phase III in order to finish this project (beyond 2018).

Funding for the Community Health Record Project

Phase II	
Funded by:	
Cariboo Chilcotin RHD	\$45,321
Fraser-Fort George RHD	\$432,807
Northern Rockies RHD	\$27,879
North West RHD	\$303,092
Peace River RHD	\$306,521
Stuart Nechako RHD	\$148,553
Total regional hospital district (RHD) funding	\$1,264,173
Ministry of Health funding	\$1,896,259
Total Project	\$3,160,432

Financial Summary

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, 2017, Northern Health realized an operating surplus of \$4.9 million (0.6% of budgeted expenditures).

Revenues

Total revenues for the year were \$816.4 million, an increase of \$35.4 million, or 2.2% from the year before. Funding from the Ministry of Health is Northern Health's primary source of revenue. In 2016-17 operating funding from the Ministry of Health was \$588.1 million, which represented 72% of total revenues.

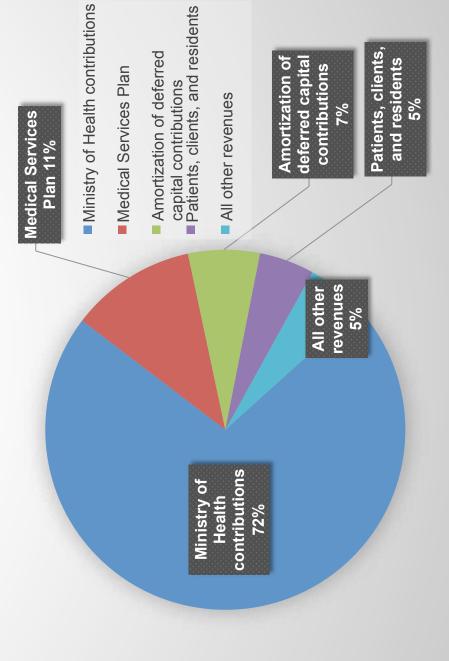
Expenses

Total expenses for the year were \$811.5 million, an increase of \$20.8 million, or 2.6% from the year before. Acute care remains the largest sector of expenditure at \$457.9 million, or 56% of total expenses. The next largest sector is community services at \$182.2 million, or 23% of total expenses.

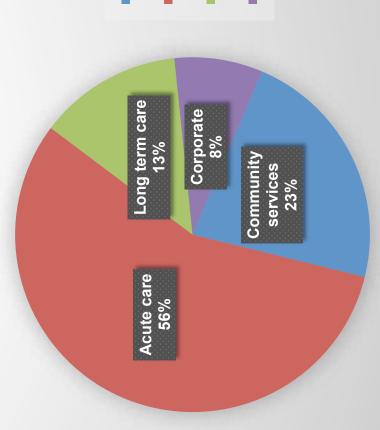
The full 2016-17 audited financial statements are available to view in Year End Reports (2016-2017).



Distribution of 2016-17 Actual Revenues



Distribution of 2016-17 Actual Expenses



- Community services
- Acute care
- Long term care
- Corporate

Financial Summary 2016-17 (in thousands of dollars)

		201	2016-17	
1	Budget	Actual	\$ Variance	\$ Variance % Variance
Revenues				
Ministry of Health contributions	\$ 590,374	\$ 588,116	\$ (2,258)	-0.4%
Medical Services Plan	89,895	92,208	2,313	2.6%
Amortization of deferred capital contributions	48,914	52,560	3,646	7.5%
Patients, clients, and residents	37,644	40,359	2,715	
Other contributions	16,167	16,403	236	1.5%
Recoveries from other HA and BC GRE	11,412	12,761	1,349	11.8%
and BC government related entities				
Investment income	905	952	20	2.5%
Other	14,735	13,050	(1,685)	-11.4%
Total Revenues	810,043	816,409	996'9	%8'0

Expenses

Community Services
Community Care
Mental Health & Substance Use
Population Health & Wellness
Acute Care
Long term care
Corporate
Total Expenses

Annual operating surplus (deficit)

	\$ 4,920	-
(1,446)	811,489	810,043
865	65,127	65,992
(646)	106,245	105,296
(12,375)	457,873	445,498
11,013	182,244	193,257
(1,174)	29,779	28,605
(010)	45,164	44,554

-2.8% -0.9% 1.3%

-4.1%

12,797

107,301

120,098

	2015-16 Actua	3 Actual	20	2016-17 vs 2015-16	-16
				\$	%
Revenues					
Ministry of Health contributions	₩	570,680	s	17,436	3.1%
Medical Services Plan		82,189		10,019	12.2%
Amortization of deferred capital contributions		49,798		2,762	5.5%
Patients, clients, and residents		38,189		2,170	2.7%
		16,643		(240)	-1.4%
Recoveries from other HA and BC GRE		11,970		791	%9.9
and BC government related entities					
Investment income		985		(33)	-3.4%
Other		10,526		2,524	24.0%
Total Revenues		780,980		35,429	4.5%
Expenses					
Community Services					
Community Care		82,867		24,434	29.5%
Mental Health & Substance Use		51,622		(6,458)	-12.5%
Population Health & Wellness		36,362		(6,583)	-18.1%
		170,851		11,393	-1.1%
Acute Care		447,750		10,123	2.3%
Long term care		106,919		(674)	%9 ·0-
Corporate		65,123		4	%0:0
Total Expenses		790,643		20,846	2.6%
	•				
Annual operating surplus (deficit)	ક	(9,663)			

