



# 2020-2022 Report

## *Reflecting on the COVID-19 Pandemic*



## Acknowledgment

Northern Health acknowledges the enduring and vibrant presence, culture, history, and inherent rights of the 55 First Nations in the North on whose traditional territories Northern Health's staff and physicians live, work, and learn.

In addition, we acknowledge that the North is the chosen home of the 11 Chartered Métis Communities, and many urban Indigenous away from home, as well as Inuit peoples.



# TABLE OF CONTENTS

ABOUT NORTHERN HEALTH.....	5
MISSION, VISION, AND VALUES.....	6
A MESSAGE FROM OUR CEO AND BOARD CHAIR.....	7
COVID-19: HOW NORTHERN HEALTH MET THE CHALLENGE.....	8
Pandemic timelines.....	8
Contact tracing and case management helped slow the spread.....	15
Northern Health’s virtual clinic: From zero to go-live in only two days.....	15
Long-term care: Successes, challenges, and tragic losses.....	17
Communities provided encouragement and support.....	19
COVID-19’s impact on the health care system.....	20
Immunization paved the way for a return to normalcy.....	21
COVID-19: THE PANDEMIC IN NORTHERN HEALTH’S THREE REGIONS.....	25
The Northwest.....	26
The Northern Interior.....	29
The Northeast.....	32
MANAGING MULTIPLE CHALLENGES DURING THE PANDEMIC.....	35
The opioid crisis.....	35
Indigenous-specific racism and discrimination in BC health care.....	37
Wildfires, floods, and extreme heat.....	38
MOVING FORWARD AS COVID-19 BECOMES A PART OF LIFE.....	40
CAPITAL PROJECTS IN YOUR REGION.....	42
Northwest.....	42
Northern Interior.....	44
Northeast.....	47
SERVICES FOR NORTHERNERS.....	51
Northern Health Connections bus service.....	52
HealthElife app.....	53
NH Check In app.....	53
NH Tracks.....	54
Northern Health’s virtual clinic.....	55
Telehealth in the North.....	56
FINANCIAL SUMMARY 2020-2022.....	57

**Note:**

The titles of Northern Health staff members and others who are quoted in this report were accurate at the time their thoughts were captured (Spring 2022). Roles and titles may have changed in the interim.



# ABOUT NORTHERN HEALTH

We deliver health care across 32 communities and 55 First Nation communities found in 6 regional districts of Northern British Columbia (view [map](#)), serving about 300,000 people, many of whom are Indigenous. Our services include:

- Acute (hospital) care
- Mental health and addictions
- Public health
- Home and community care

More than 9,000 people work for Northern Health. Our facilities include:

- 18 hospitals
- 25 long-term care facilities
- Many public health units
- Many offices providing specialized services

In 2020-2021 in the Northern Health region:

- Doctors performed 13,753 scheduled surgeries
- 2,829 babies were born
- There were more than 213,081 inpatient overnight stays
- There were 214,837 outpatient visits (including specialty clinics)
- Our emergency departments were visited 227,565 times
- We provide 1,191 residential care beds (as of August 18, 2021)

We're governed by a [ten-member board](#) with representation from throughout the North. The Chair is Colleen V. Nyce. We're divided into three Health Service Delivery Areas (HSDAs):

- Northeast
- Northern Interior
- Northwest

Our chief executive officer is Cathy Ulrich, and there's a chief operating officer in each of our three HSDAs:

- Northwest: Ciro Panessa
- Northern Interior: Penny Anguish
- Northeast: Angela De Smit

Find out more at [northernhealth.ca](https://northernhealth.ca), at the [Northern Health Stories site](#), or on our social media channels:

 [Facebook](#)

 [Instagram](#)

 [Twitter](#)

 [YouTube](#)

 [LinkedIn](#)



## MISSION, VISION, AND VALUES

### VISION

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

### MISSION

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

### VALUES

Value statements guide decisions and actions. We will succeed in our work through:



**Empathy** - Seeking to understand each individual's experience.



**Respect** - Accepting each person as a unique individual.



**Collaboration** - Working together to build partnerships.



**Innovation** - Seeking creative and practical solutions.



# A MESSAGE FROM OUR CEO & BOARD CHAIR



*L-R: Cathy Ulrich, President and CEO, Northern Health, and Colleen V. Nyce, Board Chair*

The years 2020-21 and 2021-22 were challenging for Northern Health and for individual staff members and physicians. COVID-19 affected each person, not just as professionals and service providers, but also as family members, community members, and Northerners.

The COVID-19 pandemic placed unprecedented demands on the health care system, including testing, case and contact management, the need to safely provide the best possible care for those who were infected with the virus, and a massive COVID-19 immunization campaign. In addition to the pandemic, the last two years have exacerbated the ongoing and tragic overdose crisis and have also brought extreme climate conditions to the province and to the North.

With all these challenges facing the health care system, the commitment and dedication of Northern Health's staff, physicians, and managers have been truly inspiring, with many going to heroic lengths to provide care and services. There have been countless examples of innovative and creative solutions to the challenges we faced, with many of these – such as the implementation of the Virtual Primary and

Community Care Clinic – bringing long-term, sustained benefits to the North.

This report provides an overview of the past two years, touching on how Northern Health met the challenges of COVID-19, what we learned, and how we are moving forward into a post-pandemic world.

We would like to convey our appreciation to the people of Northern BC for their courage and resilience during these difficult times, and our heartfelt thanks for their support during the pandemic, which included a number of generous donations, such as food and gifts for staff, PPE supplies, iPads to help patients and residents connect with their families, and more. Your kindness truly touched our hearts.

The pandemic strengthened many of Northern Health's partnerships and enabled new ones. Thank you to our partners from the Province of BC, local governments, First Nations communities and the First Nations Health Authority, the Métis Nation of BC, the other BC health authorities, and industry. Your collaboration was, and remains, critical to the success of Northern Health.

And finally, we would like to express sincere thanks to all Northern Health staff, physicians, and managers for their extraordinary commitment and dedication – under the most challenging of circumstances – to the health and well-being of the people we serve across the North.

Sincerely,

Cathy Ulrich, President & CEO, Northern Health

Colleen V. Nyce, Board Chair

# COVID-19: HOW NORTHERN HEALTH MET THE CHALLENGE

When news emerged early in 2020 about a new SARS-like virus affecting people in Wuhan, China, few people could have imagined that COVID-19 would eventually touch nearly every aspect of life worldwide, including work, education, travel, and social life.

No sector was more profoundly impacted by the virus than health care, and Northern Health was no exception. Adaptability and new ways of working were required in almost every service area, and new tasks and challenges demanded new levels of focus and dedication.

This section of the report presents highlights of Northern Health's work as a whole during the pandemic, including contact tracing, community support, and – once the vaccine was available – the energetic campaign to immunize as many Northerners as possible. Later chapters of this report detail the commitment and dedication displayed

in each of Northern Health's three regions, or health service delivery areas (HSDAs).

In telling a story of such scope, it's inevitable that we won't be able to mention everything that should be noted – but please know that overall, the strongest sentiment to emerge from the pandemic was pride in and thankfulness for Northern Health's dedicated and caring staff, managers, and physicians.

## Pandemic timelines

With the ebb and flow of the waves of the pandemic, and the changing rules about social contact, vaccines, and other protective measures, these were chaotic years. To help put the work into context, the timelines on the following pages provide a high-level overview of milestones, accomplishments, and events.





**January to May**

First wave of COVID-19.

**January 27**

First reported case of COVID-19 in BC, in a man in his 50s who had recently travelled to China.

**January 30**

The WHO declares a global health emergency.

**February**

Northern Health Emergency Operations Centre (NH EOC) stands up.



**March**

Provincial state of emergency declared; schools closed; lockdown restrictions put in effect; visitor restrictions in place at NH facilities; non-urgent surgeries postponed; NH COVID-19 Virtual Clinic & Information Line launched; enhanced safety measures at all NH facilities.

**April & May**

Focus on flattening the curve.

**May**

BC's Restart Plan implemented; non-urgent surgeries restarted; Northern Health EOC stands down; the NH COVID-19 Virtual Clinic and Information Line logs its 12,000th call.



**May 26**

The [Rural, Remote, First Nations and Indigenous COVID-19 Response Framework](#), developed using a consultative process with multiple stakeholders, is published. Its goal is to halt the spread of COVID-19 and provide care for those affected, while also empowering people to make informed decisions about their care.

## 2020 continued

### September

Second wave of the pandemic.

### October

Limits on gatherings in private homes.

### November

New health orders; masks indoors.



### December

Canada approves the Pfizer vaccine; the intensity of the pandemic increases; NH Emergency Operations Centre stands up again (it would remain up until April 6, 2022).

### December 15

First doses of vaccine administered in BC, to frontline health care workers at Vancouver General Hospital.



### December 22

The first residents of a Northern long-term care facility receive their COVID-19 vaccines, at Jubilee Lodge in Prince George.

### December 22

First doses of vaccine administered to front-line health care workers, at the University Hospital of Northern British Columbia in Prince George.





**January**

Northern Health's Regional Vaccine Team created.

**January to March**

Northern Health's vaccine campaign takes off; in Prince Rupert, the North's first community-wide vaccine clinic is held; Northern Health partners with industrial sites to develop vaccination plans.



**March**

Small outdoor gatherings allowed.

**March 29**

"Circuit breaker" lockdown goes into effect with enhanced restrictions on indoor dining, faith services, and gyms.

**April**

The province restricts non-essential travel; NH moves to provincial online booking for vaccine appointments.



**May**

Vaccines approved for youth aged 12-17; more than 50% of BC residents have received their first dose; gradual restart begins.



**June**

BC travel reopens; slightly larger social gatherings allowed.



## 2021 continued

### May

Dr. Bonnie Henry, BC's provincial health officer, visits frontline health care providers in Prince George and tours Northern Health's mass vaccine clinic in the Prince George Civic Centre.



### June 22

1 million BC residents are now fully vaccinated.

### July

An approach to normalcy begins, with gatherings and events permitted, and limits on long-term care visitors lifted. In Quesnel, Northern Health's first drive-through clinic takes place.



### August:

The Delta variant arrives; vaccinations become mandatory for long-term care workers. With sicker people and higher hospitalization rates, Northern Health encounters challenges transporting the critically ill to facilities outside the region for care.



### September

The BC vaccine card is required for indoor settings; protests take place outside Northern health care facilities; 80% of BC residents aged 12 and over are fully vaccinated. During this fourth wave, Northern Health transfers 184 critically ill patients to facilities outside the North.



**October**

Masks required for K–12 students; Northern Health rolls out its vaccine booster campaign for people aged 18 and over.



**November**

In BC, 90% of people aged 12+ have been vaccinated; first children aged 5 - 11 receive vaccine.



**December**

Capacity limits are put in place for large venues and personal gatherings; gyms, bars, and nightclubs are closed; non-peaceful protests take place at a pediatric clinic in Prince George; first case of Omicron detected in Northern Health.



**January**

Return to in-person learning for K-12; gyms reopen with capacity limits; many restrictions lifted, but vaccine cards and masks remain; Northern Health introduces rapid testing for visitors to long-term care.



**February**

Take-home rapid COVID-19 tests are now available at pharmacies for age 70+ (since lowered to 18+); community pharmacies start providing COVID-19 immunizations.

**March**

BC ends mask mandate.



**April**

Fourth dose of COVID-19 vaccine available for age 70+; BC vaccination card mandate lifted. After a total of 580 days, the Northern Health Emergency Operations Centre stands down.



## Contact tracing and case management helped slow the spread

When the pandemic first hit in March 2020, Northern Health established a contact tracing team to connect with, inform, and support people who had tested positive for the virus, or who might have been exposed.

The team focused on contact tracing in places where there was a higher risk of spreading the virus or where there would be a larger impact on vulnerable populations, such as schools or congregate living situations.

Eventually, the team would grow to over 200 people across the North, with up to 70 working on contact tracing and case management at any one time.

An offshoot of the case management process was to support people from remote communities – including Indigenous communities – who needed to self-isolate closer to higher levels of care because they had tested positive or had been exposed to the virus. This support, which included arranging transportation, accommodation, and meals, was provided by the Isolation Response Team, which comprised seconded Northern Health employees from various departments and representatives from [Health Emergency Management BC](#). The team worked closely and collaboratively with the [First Nations Health Authority](#), representatives from the communities in question, and other partners to provide support.

Northern Health's public health leadership team is grateful to all the team members who supported contact tracing and case management, including those who helped set the foundation for Northern Health's response in early 2020, and all those who played a role later in the pandemic as

we responded to the surge of COVID-19 cases across the North.

## Northern Health's virtual clinic: From zero to go-live in only two days

In March 2020, as the COVID-19 pandemic continued to spread, Northern Health Executive tasked a small team with the creation of a virtual help centre and online clinic. The goal was to provide information, health advice, and an online clinic by phone (and eventually by video) so as to reduce the transmission of COVID-19 and decrease demand on emergency rooms and other health services.

In an impressive feat, many Northern Health staff members combined efforts to launch the virtual clinic in just two days. The clinic was initially known as the Northern Health COVID-19 Online Clinic & Information Line, and is now called the Northern Health Virtual Primary and Community Care Clinic.



- ▲ Janice Caouette, a senior business analyst with Northern Health's Financial Planning & Budgeting department, provided Tier 1 support for the Northern Health COVID-19 Online Clinic & Information Line.

The team faced the challenge of finding a suitable space for the clinic, which they ultimately found in Northern Health's Information Technology (IT) building. The IT staff were temporarily relocated, and the team installed 26 workstations. As the clinic grew busier, additional workstations were added. The team also implemented software to track wait times, call lengths, peak times, and call volume.

To staff the phones, a pool of over 250 people was formed, including fourth-year nursing students, medical residents, and staff members who were willing to be redeployed. To ensure that consistent information was provided to callers, scripts were developed, and Northern Health's Population and Public Health leadership played a key role in providing up-to-date information and escalation procedures.

In its first week alone, the clinic received over 4,430 calls, with over 70% seeking information about COVID-19.

Since then, the virtual clinic has evolved to provide additional services, including helping BC Housing and the First Nations Health



▲ All set up for a video chat with loved ones at Terraceview Lodge.

Authority with vulnerable populations, providing information on mental health and substance use, and assisting local businesses via the Health Protection Central line. The virtual clinic has proven to be a valuable resource for Northerners; it is a testament to the initiative and flexibility of Northern Health during the pandemic.



**Entire communities came together as one to manage the outbreak – boundaries between communities and agencies disappeared and everyone worked together to take care of people by offering resources (time, people, positions, food preparation, meal delivery, transportation, safety, phone follow-up, harm reduction, prescriptions, timely results). A true display of people just doing what needed to be done without rules and regulations.**

*– Raquel Miles, community services manager, Vanderhoof*







▲ Heartbreaking tokens of love and loss at Acropolis Manor in Prince Rupert during the outbreak there in spring 2021.

## Long-term care: Successes, challenges, and tragic losses

During the COVID-19 pandemic, elderly residents of long-term care facilities were among the most vulnerable. To protect them, measures such as mandatory vaccination for staff and a ban on in-person visits were implemented. These measures were effective in reducing the impact of the pandemic, but also resulted in significant emotional challenges for residents and their families. Many residents experienced feelings of isolation and loneliness due to the lack of in-person visits, and some families struggled to stay connected with their loved ones through virtual means because of technological barriers or the physical or cognitive limitations of the residents.

In addition to the emotional challenges, several long-term care facilities in Northern BC experienced outbreaks of COVID-19, leading to tragic losses. For example, Acropolis Manor in Prince Rupert saw an outbreak from January 19 to March 15, 2021, resulting in 16 deaths. Likewise, Jubilee Lodge in Prince George experienced outbreaks in both 2020 and 2021, resulting in a total of 23 deaths.

“The toll that COVID-19 has had on many of our most cherished, but most vulnerable, members of our communities has been heavy,” said Cathy Ulrich, CEO of Northern Health.<sup>1</sup>

Rotary Manor in Dawson Creek saw Northern Health’s first outbreak in a long-term care home. The strategies and approaches used in managing

<sup>1</sup> From page 2 of the [Medical Staff Digest of December 22, 2020](https://physicians.northernhealth.ca/sites/physicians/files/physician-resources/covid-19/2020-12-22-medical-staff-digest.pdf): <https://physicians.northernhealth.ca/sites/physicians/files/physician-resources/covid-19/2020-12-22-medical-staff-digest.pdf>



▲ A “window visit” brings a smile to the face of a resident at Acropolis Manor in Prince Rupert.

this outbreak were used to inform responses to the eventual outbreaks in other long-term care homes: when outbreaks occurred in Prince George and Prince Rupert, staff from the Northeast travelled to those communities to share their experiences and provide support.

While the vaccine was eventually able to help mitigate the impact of outbreaks, the loss of life was heartbreaking. To recognize the challenges faced during the pandemic, staff and physicians from Northern Health held reflection sessions in Spring 2022, some of which included a moment of silence to honour the lives lost.

Despite the challenges and tragedies, long-term care facilities in Northern BC found innovative ways to help residents maintain connections with their loved ones, such as through virtual visits using donated iPads and “window visits.” For example, the dedicated staff at Peace Villa in Fort St. John made the effort to call all 124 residents’ families to arrange schedules for phone and Zoom calls to ensure residents could maintain contact with their loved ones.



**After the second outbreak at Jubilee, Rhonda Rosler and the housekeeping team completed a terminal clean in record time. This allowed residents to settle back in as quickly as possible after a prolonged period of being away from their normal rooms.**

**– Louise Holland, director, Long-Term Care and Support Services**





## Communities provided encouragement and support

During the COVID-19 pandemic, Northern Health received an outpouring of community support that was both unexpected and greatly appreciated. As the pandemic worsened, it became clear that communities in the North wanted to show their support for health care.



One of the earliest examples of this support came from the Haisla Nation in the Northwest, near Kitimat, which donated \$300,000 to ensure that Northern Health staff and physicians had the tools and equipment they needed to fight COVID-19. This enabled Northern Health to address urgent equipment needs in Kitimat and Terrace, and also provided the full investment towards a new ultrasound machine at Kitimat General Hospital.

Throughout the pandemic, Northern Health received numerous donations from community members, including personal protective equipment (PPE), food and other gifts for health care staff, iPads to help patients and residents stay connected with their loved ones, and more.

During this difficult time, the support from the community was a source of comfort for everyone at Northern Health. Communities also showed their support in more tangible ways, such as by banging pots and pans in a show of solidarity with health care workers.

- ▼ Time for the daily banging of the pots and pans in Prince Rupert! Everyone at Northern Health so much appreciated this show of community support.



“I still remember the sounds of pots and pans that would come every evening,” says **Ciro Panessa**, chief operating officer for the Northwest. “It was a way for our communities to make some noise and show their support.”

As well, in fall 2021, Fort St. John firefighters, with support from the City of Fort St. John and from their union (IAFF local 2143), set up two beautiful floral displays at the hospital and Peace Villa to show their appreciation for all health care workers in the city. The firefighters challenged the community to add to the displays by attaching notes, signs, and more flowers. With the support of local businesses, the heartwarming displays stayed up for two weeks.



► Firefighters set up floral displays to show their support for Fort St. John health care workers.

## COVID-19's impact on the health care system

The COVID-19 pandemic created numerous impacts on the health care system in the North, including:

- **Overwhelmed hospitals and clinics:** Many Northern Health care facilities were overwhelmed by a surge in COVID-19 cases, leading to delays in care for other conditions.
- **Strain on health care workers:** The pandemic placed additional demands on health care workers, who had to work long hours and also face the risk of exposure to the virus. This led to fatigue and burnout for many.
- **Disruption of preventive care:** During the pandemic, many Northerners delayed or postponed preventive care, either due to concerns about catching the virus or because of disruptions in the health care system.
- **Emergence of other health issues:** As seen elsewhere in the world, the pandemic led to other health-related issues, such as increases in substance abuse, mental health problems, and domestic violence.
- **Unequal access to care:** COVID-19 also highlighted and exacerbated existing inequalities in access to care, with some populations, such as Indigenous communities, disproportionately affected by COVID-19, yet also facing more challenges in accessing care.
- **Impact on speciality health care services:** During the pandemic, many speciality health services were impacted, such as cancer care, endoscopies, and elective surgeries. This situation caused distress not only to patients and their families, but also to health





▲ The community services team at Kitimat General Hospital takes part in a well deserved celebration. The Northwest achieved one of the highest immunization rates in Canada.

care workers. As well, it created a backlog of cases that needed to be dealt with after restrictions eased.

- **Loss of general fitness:** Because of many factors, including lockdowns (e.g., gym closures), isolation, and stress, people’s general fitness and activity levels suffered during the pandemic, potentially leading to poorer health.
- **Mental health challenges:** COVID-19 led to significant impacts on mental health, with many people experiencing increased levels of anxiety, stress, and depression due to social isolation, financial insecurity, and other factors.

## Immunization paved the way for a return to normalcy

In December 2020, Health Canada approved

the Pfizer vaccine. On December 22, the first people to receive the vaccine in the Northern Health region were a group of high-risk health care workers in Prince George. The first person to receive it was Biserka Becker, a care aide at the Jubilee Lodge long-term care facility. Dr. Marietije Slabbert, the physician lead for the Intensive Care Unit (ICU) at UHNBC, was also among the group receiving the vaccine. (She was considered a high-risk health care worker because of her work in the ICU.)

“This has been a really long journey for people working in health care, and the community at large, and it’s wonderful that this vaccine has finally arrived in the North; it’s like the best Christmas present ever,” said Dr. Slabbert on December 22. “The teams of physicians, nurses, care aides, cleaners – everybody has been working so hard, and we’ll continue working hard to get this vaccine to every person in the North who wants to be vaccinated.”<sup>2</sup>

<sup>2</sup> From a December 22, 2020 Northern Health story, [“Northern Health administers first COVID-19 vaccines in Prince George”](#)

Seniors at Jubilee Lodge were the first long-term care residents in the North to receive the vaccine – also on December 22, 2020. Their vaccines were administered by public health resource nurses Jamie Hill, Teresa MacDonald, and Kim Spencer.

In January 2021, Northern Health’s Regional Vaccine Team was created, and on January 13, the draft NH-FNHA COVID-19 Vaccine Plan was released. It outlined the collaborative approach that the First Nations Health Authority and Northern Health would use to distribute vaccines to First Nations and non-First Nations communities in Northern BC, including hosting Indigenous-specific vaccine clinics, and working to include an Indigenous perspective at all clinics.

By March 2021, the vaccine campaign in the North was well under way, including partnerships with industrial sites to vaccinate their workers. Northern Health distributed the vaccine in accordance with the priority vaccine groups

### NH-FNHA COVID-19 Vaccine Plan, with January Schedule

Updated January 13, 2021  
Subject to Ministry of Health approval and vaccine supply changes

---

**Purpose**

The intent of this document is to outline the collaborative approach that the First Nations Health Authority (FNHA) and Northern Health (NH) will use to distribute the following COVID-19 vaccine streams across First Nations and non-First Nations communities in northern BC:

- FNHA-Moderna
- NH-Pfizer
- NH-Moderna

This plan is subject to change, recognizing the complexity of northern geography, logistics, COVID-19 outbreaks and clusters, vaccine supply, and the priority populations, and will be amended as required.

---

**Principles & Methodology**

The principles underpinning this vaccine distribution framework are aligned with the BC Provincial Vaccine Strategy (see [Appendix A](#)) and take into account the unique realities and context of rural and remote communities in Northern BC.

These principles include:

- Maximize administration of doses received in BC to our highest priority populations as quickly as possible
- Build a strategy that works towards equitable distribution of vaccines across geographies and populations
- Ensure collaboration across organizations and communities to create vaccine strategies that balance the following considerations:
  - Epidemiological data (including rate of transmission, morbidity/mortality)
  - Vaccine location and volume
  - Logistical constraints and opportunity
  - Geography and reaching remote communities
  - Harmonizing immunization in communities where a high proportion of the population is First Nations. Northern Health endorses FNHA’s goal of full community coverage for remote First Nations.
- Prioritization and sequencing is determined using the following process:
  1. Use the above considerations to identify high-priority geographic areas (Nations and [Community Health Service Areas](#) (CHSAs)), where NH and FNHA will distribute vaccine first
  2. Within those Nations and CHSAs, priority groups are identified and sequenced
- Planning and implementation may need to be adjusted as transmission is monitored, as allocations/deliveries solidify, or due to unforeseeable circumstances (e.g., weather), and staffing.

▼ Two Fort. St. John nurses (high-risk health care workers) are immunized in January 2021.







When COVID started, it became clear that the most vulnerable were our seniors, particularly those living in long-term care. When the vaccine became available, it was targeted for our most vulnerable. Our district's first vaccine was delivered to a patient in Stuart-Nechako Manor who was over 100; this same patient celebrated her 104th birthday last week.

– James Simpson, health services administrator, Omineca District, speaking in spring 2022



as recommended by the [National Advisory Committee on Immunization](#). On March 15 in Prince Rupert, BC's first large-scale community-wide vaccine clinic opened.

In May 2021, more than 50% of BC residents had received their first dose, and vaccines were approved for youth aged 12-17. By June 2021, 1 million BC residents were fully vaccinated, and in Quesnel, Northern Health's first drive-through vaccine clinic took place.

In August, vaccinations became mandatory for long-term care workers, and by September, 80% of BC residents aged 12 and over were fully vaccinated, and the vaccine card was required for certain indoor settings.

In fall 2021, Northern Health rolled out its vaccine booster campaign for people aged 18 and over, and the pediatric vaccine campaign for children aged 5-11 began. By November, 90% of BC

residents aged 18 and over had been vaccinated. By December 2021, over 82% of the population aged 12 and over in the Northern Health region had received at least one dose of the COVID-19 vaccine. This success was due to the tireless efforts of Northern Health staff and vaccine planning teams, the First Nations Health Authority, community partners and stakeholders, and Northern BC residents who recognized the importance of protecting themselves, their families, and their communities.<sup>3</sup>

Many factors contributed to the success of the COVID-19 immunization effort in the Northern Health region. These included:

- **Partnering with Indigenous organizations:** When rolling out the vaccine, Northern Health worked closely with the [First Nations Health Authority](#) and other Indigenous organizations and communities.

<sup>3</sup> From a December 6, 2021 Northern Health story, "[Northern Health celebrates over 82 per cent COVID-19 immunization](#)"



▲ June 11, 2021: The immunization clinic at the Civic Centre in Prince George celebrates 50,000 doses administered.

- **Working with community partners:** Northern Health collaborated with pharmacies, municipalities, major employers, and other community partners to make the vaccines more widely available and accessible.
- **Targeting high-risk populations:** Northern Health’s immunization effort prioritized vaccinating high-risk populations, such as older adults, people with underlying health conditions, essential workers, and those living in close quarters, such as those in industrial work camps.
- **Providing communication and education:** The immunization effort also involved providing information to people across the North about the importance of vaccination and the safety and availability of vaccines.
- **Using non-traditional methods:** Delivering the vaccine to rural and remote populations spread out across an enormous landscape was a challenge requiring out-of-the-box thinking. Solutions included the “Vax Van” in the Northeast, pop-up clinics at farmers’

markets and ski hills in the Northwest, and drive-through vaccine clinics in the Northern Interior. More details on all of these can be found in the sections below about each of the three health service delivery areas.

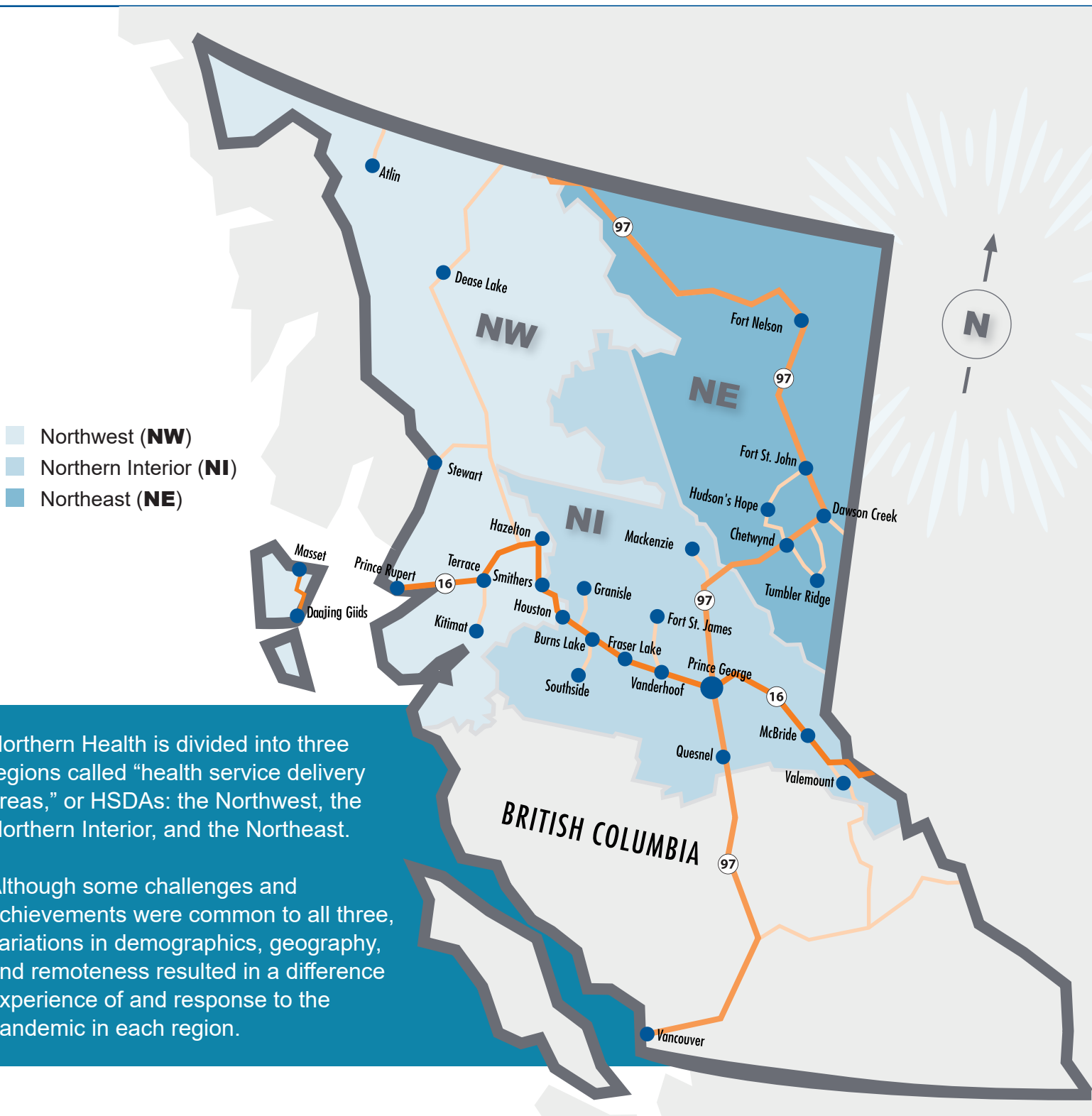


**Despite staffing vacancies, vaccinations were made available on a regular basis. Retired nurses stepped up to help with this accomplishment. Also, having the backing of the community of Mackenzie to use the rec centre as a place to provide vaccines was helpful.**

**– Keltie Barlow, health services administrator, Mackenzie**



# COVID-19: THE PANDEMIC IN NORTHERN HEALTH'S THREE REGIONS



Northern Health is divided into three regions called “health service delivery areas,” or HSDAs: the Northwest, the Northern Interior, and the Northeast.

Although some challenges and achievements were common to all three, variations in demographics, geography, and remoteness resulted in a difference experience of and response to the pandemic in each region.

# THE NORTHWEST



## Northwest communities

- ▷ Atlin
- ▷ Dease Lake
- ▷ Houston
- ▷ Kitimat
- ▷ Masset
- ▷ Prince Rupert
- ▷ Daajing Giids
- ▷ Smithers
- ▷ Stewart
- ▷ Terrace
- ▷ The Hazeltons

## Staff and physicians provided excellent care during COVID-19 outbreaks

During the pandemic, COVID-19 outbreaks occurred in acute care facilities and long-term care facilities in the Northwest. Ciro Panessa, chief operating officer for the region, said that “these were not only the most trying times for staff, patients, residents and their families, but were examples of when staff rose to the occasion.”

Outbreaks occurred at Terraceview Lodge, Kitimat General Hospital, Bulkley Valley District Hospital and Bulkley Lodge in Smithers, and Wrinch Memorial Hospital in Hazelton. In spring 2021, the outbreak at Acropolis Manor in Prince Rupert was one of the most severe in the North, tragically resulting in 16 deaths.

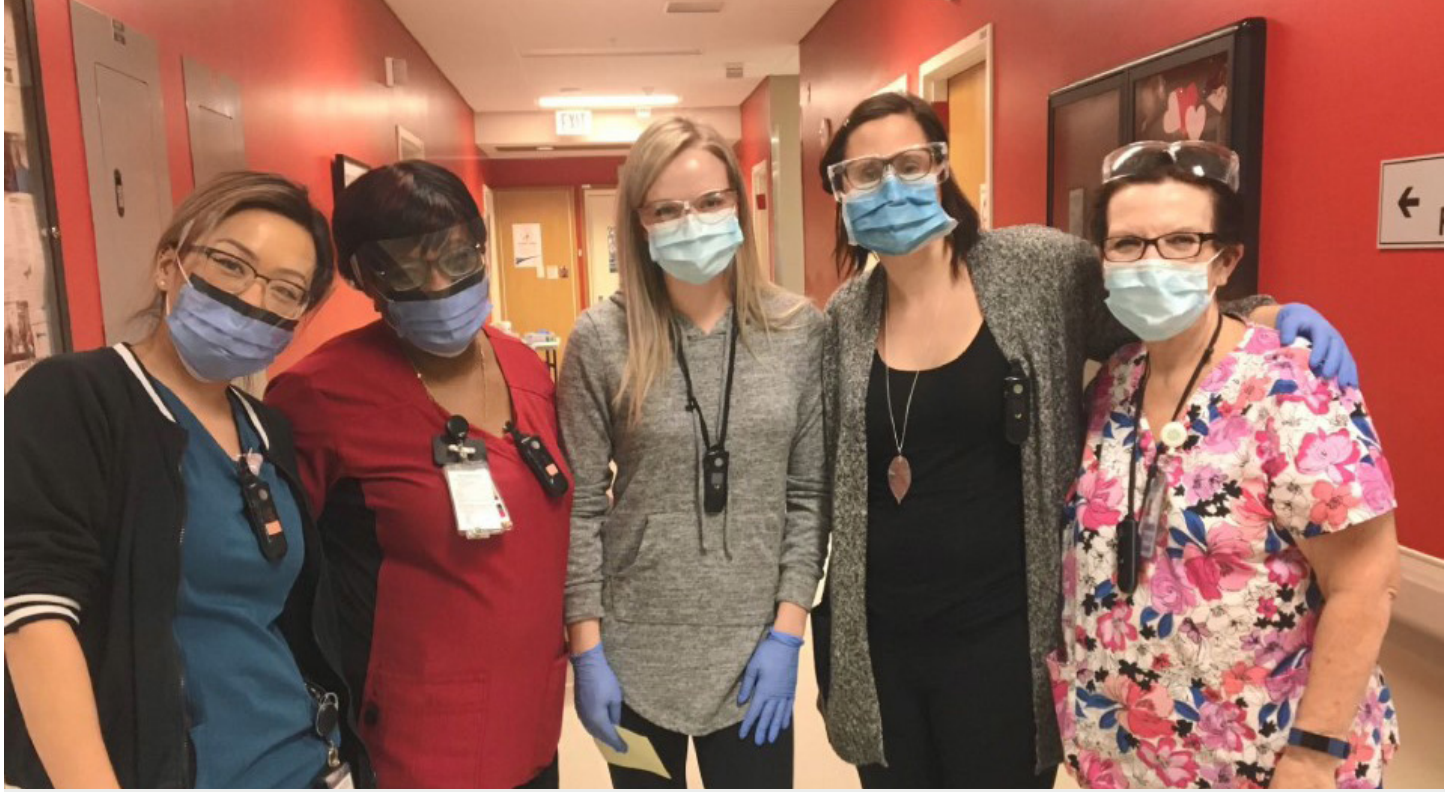
Despite the challenges of staffing and the risk of

infection, staff and physicians in the Northwest provided excellent care for all COVID-19 patients. Ciro noted that “the combined forces of regional support and local staff and managers to contain the spread of COVID were remarkable in terms of the outcomes and reduced transmission.”

Northwest acute care teams and physicians, along with site leadership teams, worked together to create and continuously adapt infectious disease units (IDUs) and aerosol-generating medical procedure (AGMP) spaces to accommodate the assessment and care for potential and confirmed COVID-19 patients.

This meant temporarily relocating some services to other areas of facilities to ensure that the flow of patient services was safe and effective. As well, in late 2020, the Northwest started a home oximeter program in partnership with the [Pacific Northwest Division of Family Practice](#) and local teams.





▲ Some of the hardworking staff at Acropolis Manor. Staff in the Northwest rose to the occasion and provided excellent care in the midst of many challenges.

Finally, Northern Health, local physicians, and the [Pacific Northwest Division of Family Practice](#) partnered to establish a primary care clinic for COVID-19 patients. The Smithers Assessment Clinic provided in-person and virtual support for local patients who tested positive for COVID-19 and needed to see a primary care provider, but didn't need emergency or inpatient care. The clinic was instrumental in supporting patients and reducing hospital admissions.

### Through innovation and collaboration, the Northwest achieved high vaccination rates

Distributing the COVID-19 vaccine to communities in the Northwest, many of which are remote and isolated, took significant effort. Despite unique challenges, the efforts of many individuals helped the Northwest to achieve some of the highest vaccination rates in Canada.



**COVID has been an unprecedented experience, with each wave building off the other. We have maintained a prolonged response with nothing short of Herculean efforts to meet the many pivots, changes, and course corrections along the way.**

**– *Ciro Panessa, chief operating officer, Northwest***





▲ Megan Wood, FNHA Community Engagement Coordinator, and Jesse Sales, Director of Care for Prince Rupert and Haida Gwaii, at the Prince Rupert full-community vaccine clinic in spring 2021. Strong partnerships with the First Nations Health Authority and other stakeholders were key to achieving high immunization rates in the Northwest.

Notable achievements around the Northwest's vaccination rollout included:

- Collaboration with local Indigenous communities and the [First Nations Health Authority](#) to deliver vaccines.
- Work by community teams to organize mass immunization clinics; for example, Prince Rupert was the first centre in the North to carry out community-wide vaccinations.
- The use of non-traditional immunizers.
- Highly efficient logistics of vaccine delivery and storage.
- The creation of pop-up clinics in unconventional locations, such as farmers' markets, ski hills, and liquor stores.

The Northwest communities of Terrace, Prince Rupert, Hazelton, Kitimat, and Smithers all achieved notable milestones in their vaccination efforts, and Atlin even collaborated with the Yukon government in early vaccination planning. Physicians also played a crucial role in providing information to patients and advocating for vaccination. Overall, reaching an 80% immunization rate in Northwest communities was

a major accomplishment, and everyone involved should be very proud of their contributions.

### Northwest teams overcame challenges around testing

The work that was done in Northwest facilities and across the complex landscape of the region was truly innovative. The teams responsible for setting up testing in various communities and coordinating the transportation of lab samples faced significant challenges due to the rural and remote nature of the region, as well as the fact that air transportation services were reduced across much of the province.

Despite these challenges, the teams were able to implement PCR testing at multiple Northwest sites, which significantly improved turnaround times for test results. The laboratory teams deserve special recognition for their exceptional work in this regard.

Overall, the innovative efforts of the teams in the Northwest were vital in addressing the challenges presented by the COVID-19 pandemic.

# THE NORTHERN INTERIOR



## Northern Interior communities

- ▷ Burns Lake
- ▷ Fort St. James
- ▷ Fraser Lake
- ▷ Granisle
- ▷ Mackenzie
- ▷ McBride
- ▷ Prince George
- ▷ Quesnel
- ▷ Southside
- ▷ Valemount
- ▷ Vanderhoof

## The University Hospital of Northern BC: A critical resource during the COVID-19 pandemic

The University Hospital of Northern BC (UHNBC) in Prince George served as the primary COVID-19 hospital for the entire North. This led to an increase in the number of critical care beds, to as many as 17 at a time, and in the number of high-acuity patients, to as many as 15. At the peak of the pandemic, two full inpatient wards were converted to infectious disease units.

In March 2020, outpatient services were reduced to urgent and emergent care, and visits dropped from 25,000 per month to under 12,000. By September 2020, however, outpatient services were restored to pre-pandemic numbers, and new processes, screening, and safety protocols were in place.

## Distributing vaccines throughout the North

The arrival of COVID-19 vaccines in Prince George marked the beginning of a collaborative effort with the [First Nations Health Authority](#) and industry partners to distribute them throughout the North. Because the Pfizer-BioNTech vaccine must be stored at very cold temperatures, -80 C freezers were installed in Quesnel, Burns Lake, and Prince George, in addition to -20 C freezers in several other communities.

Community support was critical to the vaccination effort. For example, Mackenzie made their recreation centre available as a venue for mass vaccinations. As well, in McBride and Valemount, the [Fraser-Fort George Regional District](#) waived fees for venues, and [BC Emergency Health Services](#) provided stretchers and oxygen. In Vanderhoof, health care providers worked together to ensure the success of a mass vaccination clinic. And throughout the Northern Interior, retired nurses returned to work to administer vaccines.





▲ The University Hospital of Northern BC (UHNBC) in Prince George.



**An outbreak was declared at Jubilee Lodge in Prince George in December 2021 and the COVID vaccine had just arrived. Staff had less than 24 hours to prepare to immunize with best practices and trusted resources.**

**– Julie Dhaliwal, director,  
Clinical Operations**



## Partnerships, collaboration, and teamwork were essential

The first priority was to vaccinate the most vulnerable, including seniors in long-term care. One of the first people to receive the vaccine was a resident of Stuart Nechako Manor in Vanderhoof who was over 100 years old at the time. She survived the pandemic, and celebrated her 104th birthday in 2022.

Northern Interior teams worked together in new ways to respond to challenges presented by the virus. For example, staff from different teams helped organize immunizations in long-term care, and physicians were actively engaged, participating in huddles, leadership meetings, and emergency operations centres.

Another challenge during the pandemic was the global shortage of personal protective equipment (PPE), which prompted the creation of a centralized PPE supply at UHNBC. Northern Health's Finance team was redeployed to establish and maintain this supply, which





The very fact that those groups came together – the First Nations, the Metis, the urban Indigenous, as well as mainstream Northern Health – that, to me, is an act of reconciliation.

– Barb Ward-Burkitt, Wahiyow Cawapata Scoo, executive director, Prince George Native Friendship Centre



remained in place until September 2021.

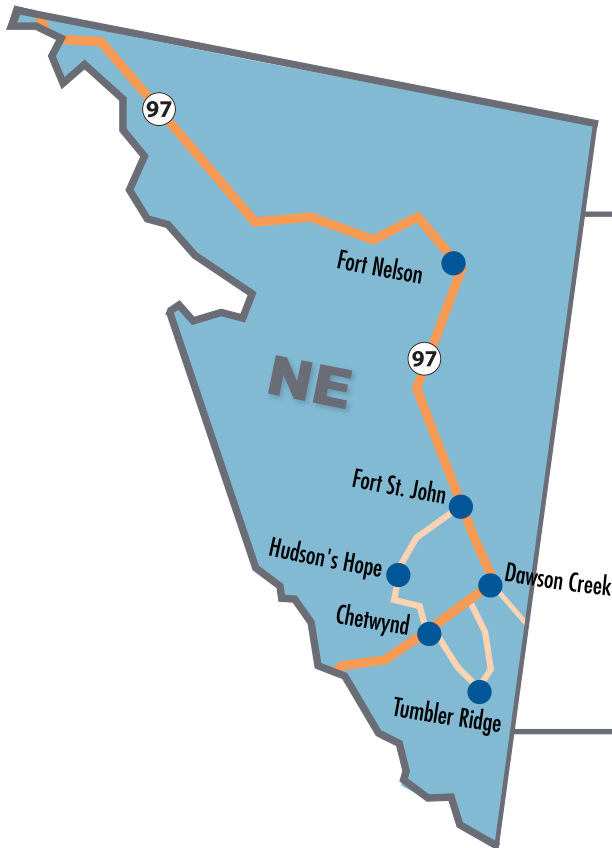
Throughout the Northern Interior, new and deeper partnerships between organizations were also built during the pandemic. For example, the neighbouring communities of [Nak'azdli](#) and [Fort St. James](#) collaborated to improve access to vaccines for their residents. As well, to ensure the safety of vulnerable patients, laboratory staff at UHNBC and the clinical management team at the [BC Cancer Centre for the North](#) partnered to establish an outpatient collection service.

Likewise, in Quesnel, members of the [Quesnel Rotary Club](#), the [North Cariboo Seniors' Council](#), the Hospital Junior Volunteers, the [Quesnel & District Hospice Palliative Care Association](#), and the [Quesnel Tillicum Society / Native Friendship Centre](#) volunteered to help fight the pandemic. In addition, Northern Health and the [First Nations Health Authority](#) collaborated in developing a vaccine rollout that met the needs of Indigenous people living in urban settings.



▲ The Quesnel vaccine team was up for the challenge!

# THE NORTHEAST



## Northeast communities

- ▷ Chetwynd
- ▷ Dawson Creek
- ▷ Fort Nelson
- ▷ Fort St. John
- ▷ Hudson's Hope
- ▷ Tumbler Ridge

## Support Services staff were vital to the pandemic response

In the Northeast, Support Services staff played a key role: housekeepers displayed positive attitudes and demonstrated exceptional care for residents and patients, while food service workers helped COVID-19 patients feel less isolated by adding cheery notes to meal trays. As well, some staff members willingly worked double shifts to cover shortages, while others helped colleagues from other departments with critical tasks. Still others took on the responsibility of training and mentoring new staff members. All in all, the Support Services team exemplified the Northern Way of Caring.

## Indigenous partnerships helped strengthen the Northeast's response

During the pandemic, Northern Health and First Nations communities in the Northeast worked closely together. When clusters of cases emerged in an Indigenous community, Northern Health joined coordination calls and provided supplies. It also provided vaccine doses to ensure coverage in remote communities such as Prophet River.

As well, the [First Nations Health Authority](#) held an immunization clinic at Fort St. John's [Festival Plaza](#) which was staffed by Northern Health employees. In addition, Northern Health visited the [Nawican Friendship Centre](#) in Dawson



▲ Thanks to a partnership with the community, the Tumbler Ridge Recreation Centre was the site of a successful mass immunization clinic.

Creek and the [Tansi Friendship Centre](#) in Chetwynd, and hosted a clinic in Dawson Creek for members of the Kelly Lake community. Northern Health teams also administered about 200 vaccinations to vulnerable populations in the area between Fort St. John and Dawson Creek.

### Innovative solutions to transportation challenges

In March 2020, the lab at Chetwynd General Hospital learned that their local courier did not want to transport patient samples for fear of contracting COVID-19. In response, Northern Health swiftly developed its own transportation service, redeploying over 25 Northeast staff members to support it. This significantly reduced the turnaround time for COVID-19 test results.

In April 2020, Air Canada suspended flights to Fort St. John, leaving the Chetwynd team with the task of finding alternative transport for lab samples. At one point, it took four days for samples to reach the Lower Mainland, posing

problems for medication renewals, prenatal samples, and COVID-19 test results. Fortunately, Northern Health was able to secure a new air courier route.

### Facilities maintenance had an important role in keeping Northeast staff, patients, and residents safe

The Northeast Facilities Maintenance team played a crucial role during the pandemic. For example, at Dawson Creek & District Hospital, they set up a temporary ward for COVID-19 isolation. As well, the team reconfigured the entrances of Northeast hospitals to ensure a safe and efficient flow of foot traffic.

In collaboration with nursing and administrative staff, a surge area was also created in the multipurpose room at Chetwynd General Hospital. And at all Northeast sites, Facilities Maintenance teams ensured ventilation systems had the best possible air exchange, filtration, and flow.





It was particularly fulfilling to travel around the Peace Region to provide education and immunization for community members, from truck stops to work camps. Some individuals had not accessed primary care for years (or ever!) due to extreme fear of needles, and I was fortunate to have been able to provide positive and affirming immunization experiences for clients in the region.

– Amanda De Smit, RN, Fort St. John, who worked on the Vax Van



### Non-traditional solutions help increase vaccination rates

Thanks to community partnerships, Northern Health was able to host mass immunization clinics throughout the Northeast. Partners included the [Northern Rockies Regional Municipality](#) in Fort Nelson, the [Royal Canadian Legion](#) in Chetwynd, and the [Community Centre](#) in Tumbler Ridge. Staff also participated in several drive-through vaccination clinics, which were made even more successful thanks to the friendly, trusted presence of local firefighters. In total, 2,840 doses were administered at drive-through clinics.

The Vax Van – which was affectionately nicknamed “Viva’s Vax Van” after staff member Viva Swanson, who concocted the idea and was critical in its implementation – traveled throughout the Northeast, visiting farmers’ markets, long-term care homes, truck stops, and work camps. It even made home visits, bringing vaccinations to people in small rural communities including Prespatou, Buick Creek, Montney, Cecil Lake, Rolla, Pouce Coupe, Toad River, Liard Hot Springs, and along the Alaska Highway and Highway 29. In total, 562 doses were administered by the Vax Van team.

Coupled with community and Indigenous partnerships, these non-traditional solutions led

to significant improvements in vaccination rates in the Northeast. For example, Fort St. John’s vaccination rates increased from 71% for first doses and 58% for second doses in October 2021 to 80% for first doses and 73% for second doses by December of the same year.



▲ The Vax Van was a great example of the Northeast’s non-traditional approach to providing immunizations. L - R : Cayla Hartman, Medical Office Assistant; Amanda De Smit, RN; and Viva Swanson, Advisor, Leadership Development NE.



# MANAGING MULTIPLE CHALLENGES DURING THE PANDEMIC

Even as the COVID-19 pandemic dominated the headlines, caused strain on the health care system, and put added pressure on staff and physicians, other crises and challenges arose. While Northern Health met and effectively dealt with some of these challenges, work continues on others.

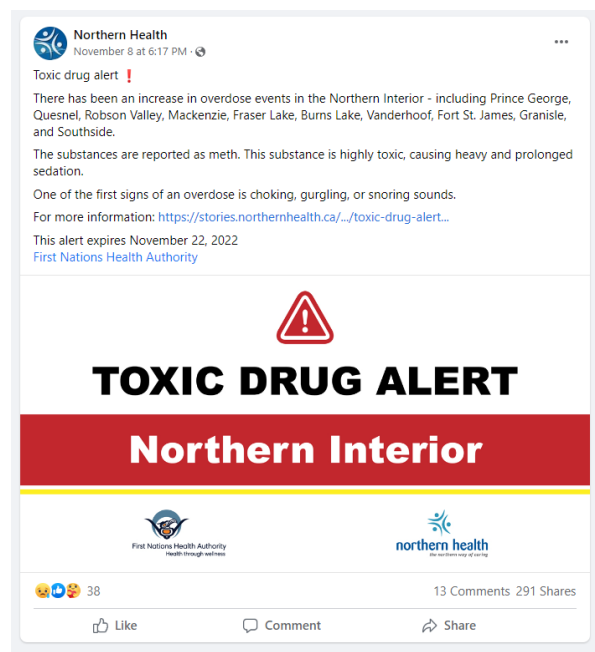
## The opioid crisis

According to a document jointly authored by the BC Ministry of Mental Health and Addictions and the BC Ministry of Health, “it has been more than five years since British Columbia’s Provincial Health Officer declared a public health emergency due to rising rates of illicit drug toxicity deaths. This rise in deaths continues to be driven by the adulteration of street drugs with highly toxic illicit fentanyl.”<sup>4</sup>

The document also states, “Illicit drug toxicity remains the leading cause of unnatural death in BC, surpassing homicides, suicides, and motor vehicle collisions combined.” It further notes that in 2019, “First Nations people in BC died due to drug poisonings at 3.9 times the rate of non-Indigenous people and in 2020, this increased to 5.3 times... First Nations people are disproportionately represented in toxic drug deaths because of insufficient access to culturally safe mental health and addiction treatment; systemic racism being a barrier to accessing health care;

intergenerational trauma caused by colonial laws, policies and practices.”

During the month of September 2022, about five to six British Columbians died each day due to toxic illicit drugs. When BC health authorities are compared by population, Northern Health has the highest rate of these deaths, at 55 per 100,000 people. (The rate for BC as a whole is 41.6.) As one example, from January through September 2022, a total of 56 people died in Prince George due to toxic illicit drugs.<sup>5</sup> The total costs of opioid use in BC are more than \$90 million annually, and the economic costs of related lost productivity are close to \$1 billion.



<sup>4</sup> [Access to Prescribed Safer Supply in British Columbia: Policy Direction](#); July 2021; Ministry of Health and Ministry of Mental Health and Addictions.

<sup>5</sup> From the BC Coroners’ Service’s report, *Illicit Drug Toxicity Deaths in BC January 1, 2012 – September 30, 2022*

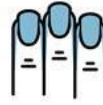
# TOXIC DRUG OVERDOSE SIGNS



Slow or  
NO breathing



Lips are blue



Nails are blue



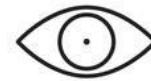
Choking, gurgling, or  
snoring sounds



Person is not moving  
Can't be woken up



Skin feels cold  
or clammy



Pupils are tiny



First Nations Health Authority  
Health through wellness

**Call 9-1-1 or your local emergency number  
right away if someone overdoses**



northern health  
the northern way of caring

To help address this crisis, Northern Health continues to support and promote the [Take Home Naloxone program](#), providing the lifesaving kits at its health units and other sites.

As well, Northern Health regularly provides toxic drug alerts and other vital information via its social media platforms, its [Stories site](#), and its [website](#).

In addition, Northern Health supports and works collaboratively with overdose prevention sites:



## **Needle Exchange and Harm Reduction Clinic**

277 George St., Prince George



## **Two Doors Down**

1126 3rd Ave., Prince George



## **CSUN**

#3-445 Anderson Drive, Quesnel

Northern Health has also created the position of regional peer coordinator. As stated in an August 2022 Northern Health story, [“Remembering those who’ve lost their lives to overdose, and introducing the regional peer coordinator,”](#) Hawkfeather Peterson (They/Them) is a substance user who works with peers across the North to promote substance-use safety and to deliver peer feedback to guide the development of better drug policies, standards, and systemic change.



▲ Hawkfeather Peterson (They/Them) is a substance user and works for Northern Health as a regional peer coordinator.

Hawkfeather also works with service providers to share their knowledge and lived/living expertise to improve the impact of existing overdose prevention programs and to advocate for more adequate drug laws and policies.

As the story states, “I am very proud to see the way Northern drug user groups have expanded,” says Hawkfeather (pictured). “Several are now providing lifesaving overdose prevention services.”

Finally, Northern Health is currently exploring innovative approaches to reduce the risks and harms caused by our toxic drug supply – watch for updates in the coming months.

## Indigenous-specific racism and discrimination in BC health care

In November 2020, the report [In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care](#) was released. It found that COVID-19 and the opioid epidemic disproportionately affected Indigenous people, and that Indigenous health care workers and students were experiencing racism in their work and study environments.

In response, Northern Health, together with the other BC health authorities, signed a statement accepting the report’s findings, apologizing to those affected by widespread Indigenous-specific stereotyping, racism and discrimination, and committing to implementing the report’s recommendations with guidance from Indigenous health and community leaders.

In January 2021, building on these reflections, Northern Health’s Indigenous Health Department, Northern Health, and the [National Collaborating Centre for Indigenous Health \(NCCIH\)](#) released a short animated video addressing the ongoing issue of stigmatization experienced by Indigenous Peoples in the health care system. [Healing in Pandemic Times: Indigenous Peoples, Stigma, and COVID-19](#) is intended for both Indigenous and non-Indigenous audiences.



 MAY 1-7, 2022

## EMERGENCY PREPAREDNESS WEEK



EXTREME HEAT  
PREPAREDNESS

▲ The importance of being prepared was highlighted during the 2021 heat wave that impacted the North with record highs.

The video is available to watch on Northern Health's Indigenous Health website. Its executive producer was Dr. Margo Greenwood, Northern Health's vice president of Indigenous Health (now retired), and academic leader for the NCCIH.

“As the video illustrates, the combination of pandemics and stigma is an old story for Indigenous people, but the pain is always new,” said Dr. Greenwood. “The ill effects can last for generations unless we all, Indigenous and non-Indigenous peoples, support each other to take positive, healing action. Everyone should feel safe and supported in their communities.”

In addition, a resource from the NCCIH and Northern Health identifies several best practices for preventing and mitigating COVID-19 related stigma in Indigenous rural, remote, and Northern communities within Canada. The report, entitled [\*There is No Vaccine for Stigma: A Rapid Evidence Review of Stigma Mitigation Strategies During Past Outbreaks Among Indigenous Populations Living in Rural, Remote and Northern Regions of Canada and What Can Be Learned for COVID-19\*](#), concludes that stigma

disproportionately impacts Indigenous Peoples. It was released in late 2021 and contains recommendations including centring Indigenous ways of knowing and experiences of stigma in developing mitigation strategies.

### Wildfires, floods, and extreme heat

Northerners had to cope with several extreme weather events in 2020 and 2021, including wildfires, floods, and a heat dome. Responding to these events during a global pandemic created unique complications, including housing people under evacuation orders safely while still respecting physical distancing and other pandemic measures.

During the summer of 2021, one of the largest fires in the North was the Cutoff Creek fire, which burned more than 33,000 hectares of forest in the region between Fraser Lake and Vanderhoof, leading to an evacuation order by the regional district of Bulkley-Nechako. The fire, which was caused by lightning, was discovered on July 2. The Black Pine fire west of Prince George was also caused by lightning. It raged in July, covering





on the routes south to Vancouver and Kelowna and causing many local states of emergency to be declared. Sections of Highway 1 (part of the Trans-Canada Highway), Highway 99, Highway 7, Highway 3, the Duffey Lake Road, and the Coquihalla Highway were closed for extended periods of time to allow repairs to collapsed bridges and washed-out roads. As a result of this extreme weather event, the Northern Health Connections bus service was unable to operate for several months, resuming service only in February 2022.

A final surprise from Mother Nature was the heat dome affecting all of western North America that began in late June 2021, resulting in the highest temperature ever recorded in Canada (49.6 C in the town of Lytton, BC, on June 29). Record high temperatures were also recorded throughout the North, including 36.4 C in Prince George on June 27, followed by 37.9 C on June 28.

According to BC's Chief Coroner in the report *Extreme Heat and Human Mortality: A Review of Heat-Related Deaths in BC in Summer 2021*, 619 deaths in the province were caused by extreme heat between June 25 and July 1, including 23 in the Northern Health region. The elderly were the most vulnerable. Of 12 BC cities listed in the report, Prince George had the fourth-highest death rate due to the heat, at 18.3 deaths per 100,000 residents.

During all the above extreme weather events, Northern Health staff and physicians did what had to be done despite the pandemic, shouldering the extra load of planning, communicating, and providing care in order to serve the people of Northern BC.

more than 16,000 hectares, and leading to evacuation orders and alerts for local residents.

As well as wildfires, Northern BC dealt with several instances of flooding in 2020 and 2021. In June 2020, rainfall of more than 80 millimetres drenched northeast communities, including Dawson Creek, Hudson's Hope, and Fort Nelson. Dawson Creek closed some roads due to flooding, and some rural roads were completely washed out, putting residents at risk of not being able to reach health care if needed. Free sandbags were also offered to residents.

In November 2021, flooding and landslides due to an "atmospheric river" affected most of southern BC, severely disrupting transportation

# MOVING FORWARD AS COVID-19 BECOMES A PART OF LIFE

Like the rest of the world, Northern Health is looking past the pandemic, to a point when COVID is part of life and part of work, much like seasonal influenza.

As COVID-19 continues to form the new normal, there are many steps that all of us in Northern BC can take to move onward and ensure we're better prepared if another global pandemic occurs:

- **Continue to follow public health guidelines:** To mitigate the spread of COVID-19 and protect ourselves and others, it's important to continue following public health guidelines, such as wearing masks in certain settings, practicing physical distancing, and getting vaccinated. These measures can also help protect us against seasonal flu.
- **Support those who have been affected:** Many people have been severely impacted by the pandemic, whether through illness, job loss, or other challenges. It is important to support those who have been affected in ways that work for them and yourself, even if you're simply offering a listening ear.
- **Build resilience:** The pandemic has shown that it is important to be resilient and adaptable in the face of unexpected challenges. Building resilience can involve developing skills such as problem-solving, communication, and stress management.
- **Promote mental health:** The pandemic has had significant impacts on mental health,

and as we move forward, it's important to prioritize mental health and well-being. This can involve seeking support when needed, practicing self-care, and staying connected with others.

- **Build stronger communities:** The pandemic has also shown the importance of strong communities and social connections. Building stronger communities can involve supporting local businesses, volunteering, and finding ways to connect with others.
- **Address inequalities:** The pandemic has highlighted and exacerbated existing inequalities in society. It is important to address these inequalities as we move forward, particularly around the serious issue of Indigenous-specific racism and discrimination in health care (see more details on this topic in the section below).





McBride | Credit: Holly Hughes

Northern Health will be paying attention to all of the areas described on the previous page. As well, now that the acute phase of the pandemic is over, the organization will be able to bring renewed focus to its strategic priorities:



### **PRIORITY 1: HEALTHY PEOPLE IN HEALTHY COMMUNITIES**

Northern Health will partner with communities to support people to live well and prevent disease and injury.



### **PRIORITY 2: COORDINATED AND ACCESSIBLE SERVICES**

Northern Health will provide health services based in a Primary Care Network with a link to specialized and acute services. These services will support people and their families over the lifespan, from staying healthy, to living well with disease and injury, to end-of-life care.



### **PRIORITY 3: QUALITY**

Northern Health will improve continuously.



### **PRIORITY 4: OUR PEOPLE**

Northern Health will provide a positive, dynamic environment where staff and physicians make a difference for the people we serve.



### **PRIORITY 5: COMMUNICATIONS, TECHNOLOGY, AND INFRASTRUCTURE**

Northern Health will advance communications, technology, and infrastructure.

# CAPITAL PROJECTS IN YOUR REGION

This section highlights major renovations, equipment, and new builds in Northern Health’s three areas: the Northwest, the Northern Interior, and the Northeast.

This work would not be possible without support from donors, foundations, and other valued fundraising partners across the North; Northern Health greatly appreciates all your time, effort, and contributions.

## NORTHWEST

▷ *NWRHD: Northwest Regional Hospital District*

### TERRACE

#### Mills Memorial Hospital Replacement

Project Value	NWRHD Funding
\$622,595,000	\$110,200,000
<b>Project status:</b> Anticipated completion in fiscal year 2025/26	

### PRINCE RUPERT

#### Prince Rupert Regional Hospital: Domestic Hot Water Upgrade

Project Value	NWRHD Funding
\$478,998	\$191,600
<b>Project status:</b> Anticipated completion in fiscal year 2022/23	

### SMITHERS

#### Bulkley Valley District Hospital: Nurse Call System

Project Value	NWRHD Funding
\$429,000	\$171,600
<b>Project status:</b> Anticipated completion in fiscal year 2022/23	





▲ Contributions from the Northwest Regional Hospital District have helped fund the replacement of Mills Memorial Hospital in Terrace. The new state-of-the-art hospital will be more than twice the size of the existing facility.

## HOUSTON

### Houston Health Centre: Air Handling Unit Replacement

Project Value	NWRHD Funding
\$866,715	\$346,686
<b>Project status:</b> Anticipated completion in fiscal year 2022/23	

## MASSET

### Northern Haida Gwaii Hospital: Nurse Call Phase 2

Project Value	NWRHD Funding
\$158,000	\$57,652
<b>Project status:</b> Completed in in fiscal year 2020/21	



▲ The Stuart Lake Hospital replacement project in Fort St. James is partly funded by the Stuart Nechako Regional Hospital District. This exciting project, which many dedicated community organizations and individuals have worked towards for years, is now well into the construction phase.

## NORTHERN INTERIOR

- ▷ SNRHD: Stuart Nechako Regional Hospital District
- ▷ FFGRHD: Fraser-Fort George Regional Hospital District
- ▷ CCRHD: Cariboo Chilcotin Regional Hospital District

### VANDERHOOF

St. John Hospital: Sterile Compounding Room Upgrade

Project Value	SNRHD Funding
\$1,972,000	\$788,800
<b>Project status:</b> Anticipated completion in fiscal year 2022/23	

### BURNS LAKE

Lakes District Hospital: Domestic Hot Water Heaters

Project Value	SNRHD Funding
\$410,872	\$0
<b>Project status:</b> Completed in fiscal year 2021/22	

### FORT ST. JAMES

Stuart Lake Hospital Replacement

Project Value	SNRHD Funding
\$116,124,000	\$18,400,000
<b>Project status:</b> Anticipated completion in fiscal year 2025/26	

## MCBRIDE

### McBride Hospital: Boiler Plant Upgrade

Project Value	FFGRHD Funding
\$631,948	\$252,779
<b>Project status:</b> Completed in in fiscal year 2021/22	

## QUESNEL

### Dunrovin Park Lodge: Replacement of Heating Boilers

Project Value	CCRHD Funding
\$631,948	\$252,779
<b>Project status:</b> Anticipated completion in fiscal year 2022/23	

### GR Baker Memorial Hospital: Emergency Room and Intensive Care Unit Addition

Project Value	CCRHD Funding
\$27,000,000	\$10,800,000
<b>Project status:</b> Anticipated completion in fiscal year 2022/23	

### GR Baker Memorial Hospital: Kitchen Renovation

Project Value	CCRHD Funding
\$5,000,000	\$1,157,279
<b>Project status:</b> Anticipated completion in fiscal year 2021/22	



▲ The work on GR Baker hospital in Quesnel, funded in part by the Cariboo Chilcotin Regional Hospital District, consists of a new, larger emergency department / intensive care unit addition.



## PRINCE GEORGE

### Gateway Lodge: Vocera

Project Value	FFGRHD Funding
\$497,000	\$198,800
<b>Project status:</b> Anticipated completion in fiscal year 2022/23	

### University Hospital of Northern BC: Cardiac Services Department Upgrade

Project Value	FFGRHD Funding
\$12,500,000	\$5,000,000
<b>Project status:</b> Anticipated completion in fiscal year 2024/25	

### University Hospital of Northern BC: Transformer Replacement

Project Value	FFGRHD Funding
\$2,125,000	\$850,000
<b>Project status:</b> Anticipated completion in fiscal year 2023/24	



▲ The project to replace the Dawson Creek & District Hospital is partly funded by the Peace River Regional Hospital District. Among other features, the new hospital will provide a total of 70 beds, and a new emergency department double the size of the existing one.

**NORTHEAST**      ▷ *PRRHD: Peace River Regional Hospital District*  
 ▷ *NRHHD: Northern Rockies Regional Hospital District*

**DAWSON CREEK**

Dawson Creek and District Hospital Replacement

Project Value	PRRHD Funding
\$ 377,860,000	\$150,229,000
<b>Project status:</b> Anticipated completion in fiscal year 2026/27	

**FORT ST. JOHN**

Fort St. John Hospital: Sterile Compounding Room Upgrade

Project Value	PRRHD Funding
\$1,006,500	\$402,600
<b>Project status:</b> Anticipated completion in fiscal year 2022/23	

## CHETWYND

Chetwynd General Hospital: Replacement of Heating Boilers

Project Value	PRRHD Funding
\$573,140	\$229,256
<b>Project status:</b> Anticipated completion in fiscal year 2022/23	

## TUMBLER RIDGE

Tumbler Ridge Health Centre: Cooling System Replacement

Project Value	PRRHD Funding
\$598,000	\$239,200
<b>Project status:</b> Anticipated completion in fiscal year 2022/23	

## FORT NELSON

Fort Nelson General Hospital: Boiler Upgrade and Heat Recovery

Project Value	PRRHD Funding
\$743,598	\$297,439
<b>Project status:</b> Anticipated completion in fiscal year 2022/23	



## MAJOR EQUIPMENT INVESTMENTS THROUGHOUT THE REGION

Project Description	Project Value	Regional Health District Funding	Regional Health District
Mills Memorial Hospital: Ultrasound 1 Replacement	\$256,000	\$82,165	NWRHD
Mills Memorial Hospital: Ultrasound 2 Replacement	\$256,000	\$78,538	NWRHD
Prince Rupert Regional Hospital: Ultrasound 1 Replacement	\$224,000	\$89,600	NWRHD
Prince Rupert Regional Hospital: X-Ray Luminos Lotus Max Replacement	\$786,471	\$ -	NWRHD
Prince Rupert Regional Hospital: X-Ray Replacement	\$293,595	\$ -	NWRHD
Prince Rupert Regional Hospital: Mobile X-Ray Replacement	\$293,595	\$ -	NWRHD
St. John Hospital: Ultrasound 1 Replacement	\$253,000	\$101,200	SNRHD
Stikine Regional Health Centre: X-Ray Machine Replacement	\$535,000	\$171,997	NWRHD
University Hospital of Northern BC: DI Canon Aplio 500 Ultrasound Replacement	\$249,000	\$99,600	FFGRHD
Wrinch Memorial Hospital: Ultrasound Replacement	\$260,000	\$104,000	NWRHD

## SUMMARY OF MAJOR PROJECTS THROUGHOUT THE REGION

Project Description	Project Value	Regional Health District Funding	Regional Health District
Dawson Creek and District Hospital Replacement	\$ 377,860,000	\$150,229,000	PRRHD
GR Baker Memorial Hospital: Sterile Compounding Room Upgrade	\$114,000	\$40,691	CCRHD
GR Baker Memorial Hospital: Emergency Room and Intensive Care Unit Addition	\$27,000,000	\$10,800,000	CCRHD
Gateway Lodge: Vocera	\$497,000	\$198,800	FFGRHD
Houston Health Centre: AHU Replacement	\$866,715	\$346,686	NWRHD
McBride Hospital: Boiler Plant Upgrade	\$403,582	\$-	FFGRHD
Mills Memorial Hospital Replacement	\$622,595,000	\$110,200,000	NWRHD
Northern Haida Gwaii Hospital: Nurse Call Phase 2	\$158,000	\$57,652	NWRHD
Prince Rupert Regional Hospital: Domestic Hot Water Upgrade	\$478,998	\$191,600	NWRHD
Prince Rupert Regional Hospital: Medical Device Reprocessing Department - Equipment Replacement & Centralization	\$838,000	\$-	NWRHD
Quesnel Substance Abuse Club: Leasehold Improvement	\$1,271,000	\$508,400	CCRHD
Rotary Manor: Chiller Replacement	\$293,000	\$98,933	PRRHD
St. John Hospital: Heat Pumps and Coils	\$591,384	\$208,954	SNRHD
St. John Hospital: Sterile Compounding Room Upgrade	\$1,972,000	\$788,800	SNRHD
Stuart Lake Hospital Replacement	\$116,124,000	\$18,400,000	SNRHD
Tumbler Ridge Health Centre: Cooling System Replacement	\$598,000	\$239,200	PRRHD
University Hospital of Northern BC: Cardiac Services Department Upgrade	\$12,500,000	\$5,000,000	FFGRHD
University Hospital of Northern BC: Negative Pressure Upgrade	\$360,000	\$-	FFGRHD
University Hospital of Northern BC Integrated Fault Detection & Diagnostics	\$225,032	\$62,153	FFGRHD
University Hospital of Northern BC: Transformer Replacement	\$2,125,000	\$850,000	FFGRHD

# SERVICES FOR NORTHERNERS



When you think of Northern Health, what comes to mind? Hospitals, clinics, blood tests, and x-rays? Maybe an Urgent and Primary Care Centre like the ones in Prince George and Quesnel, or an emergency department?

But there's much more to Northern Health. Did you know that we also offer the following?

- A bus service providing affordable transportation to and from medical appointments in other communities. (Sample fare: Prince George to Vancouver for \$20). Seniors can also ride the Northern Health Connections bus at the same low rates, even without a medical reason. Learn more at [Northern Health Connections](#).
- The [HealthELife](#) app, developed by Northern Health to give you secure online access to your medical records and more.
- The [NH Check In app](#), which Northern Health created to help with physical distancing in waiting rooms. You can tell staff you've arrived without having to come

inside the building; plus, the app will let you know when it's your turn.

- [NH Tracks](#) lets you follow a family member, friend, or loved one from your computer or mobile device as they go through the stages of surgery, from check-in to recovery or discharge.
- The virtual clinic: [The Northern Health Virtual Primary and Community Care Clinic](#) connects you with a family doctor or nurse practitioner by phone or through a video call.
  - ▶ 1-844-645-781
  - ▶ 10 am to 10 pm daily, Pacific time (includes weekends and statutory holidays)
- [Telehealth](#): Northern Health has built a system that makes it possible for many Northerners to have medical appointments by phone or video, without having to travel – it's called "telehealth."

Full details on all the above services are provided below.





## Northern Health Connections bus service

It was an interesting and challenging couple of years for the [Northern Health Connections](#) bus service.

The service saw a decrease in overall ridership, largely due to medical appointments being cancelled and rescheduled because of the pandemic. Another cause of reduced ridership was having to operate at reduced capacity to meet physical distancing requirements on the buses.

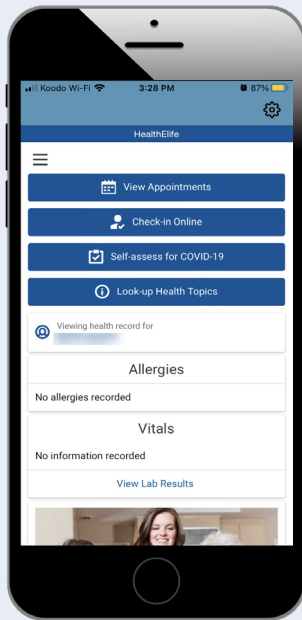


From November 2021 to February 2022, we made the decision to cancel our Prince George to Vancouver route due to mudslides and the resulting damage they caused to highways. This was the first time we have had to do this; it was particularly difficult, because this is our most popular route.

On July 5, 2021, Northern Health Connections was happy to return to full pre-pandemic passenger eligibility, which continued through 2022. As we move into 2023, we're expecting to continue to see business return to normal levels, slowly but surely.

To provide the best service to the largest number of passengers, we will continue to evaluate the feasibility of existing and new routes. With the support of Interior Health, a Prince George to Kelowna "Kelowna Connector" route is on our radar to implement in the coming months.

We will continue to deliver on our important mission of providing better access and improved Health in the North.



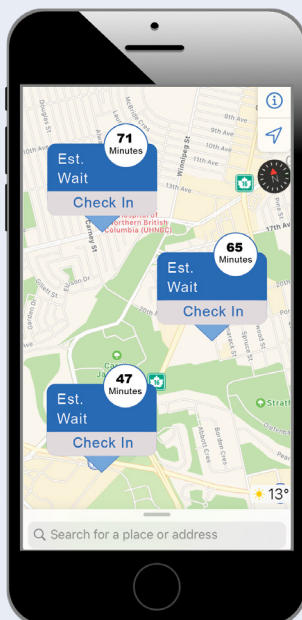
## HealthElife app

The [HealthElife app](#) was developed by Northern Health to give you the ability to check your lab and imaging results from any computer or smartphone. You can also access the information and services of any adult or elderly family member you may be supporting.

HealthElife lets you manage your care from anywhere:

- View your lab results, including most COVID-19 tests
- View your x-ray, ultrasound, and other medical imaging reports
- View scheduled hospital lab and medical imaging appointments, with more appointment types coming soon
- Check in online for walk-in lab and other outpatient services
- Share your health information
- Book lab appointments at select medical labs

For how to set up your account, frequently asked questions, and more, visit the [HealthElife webpage](#).

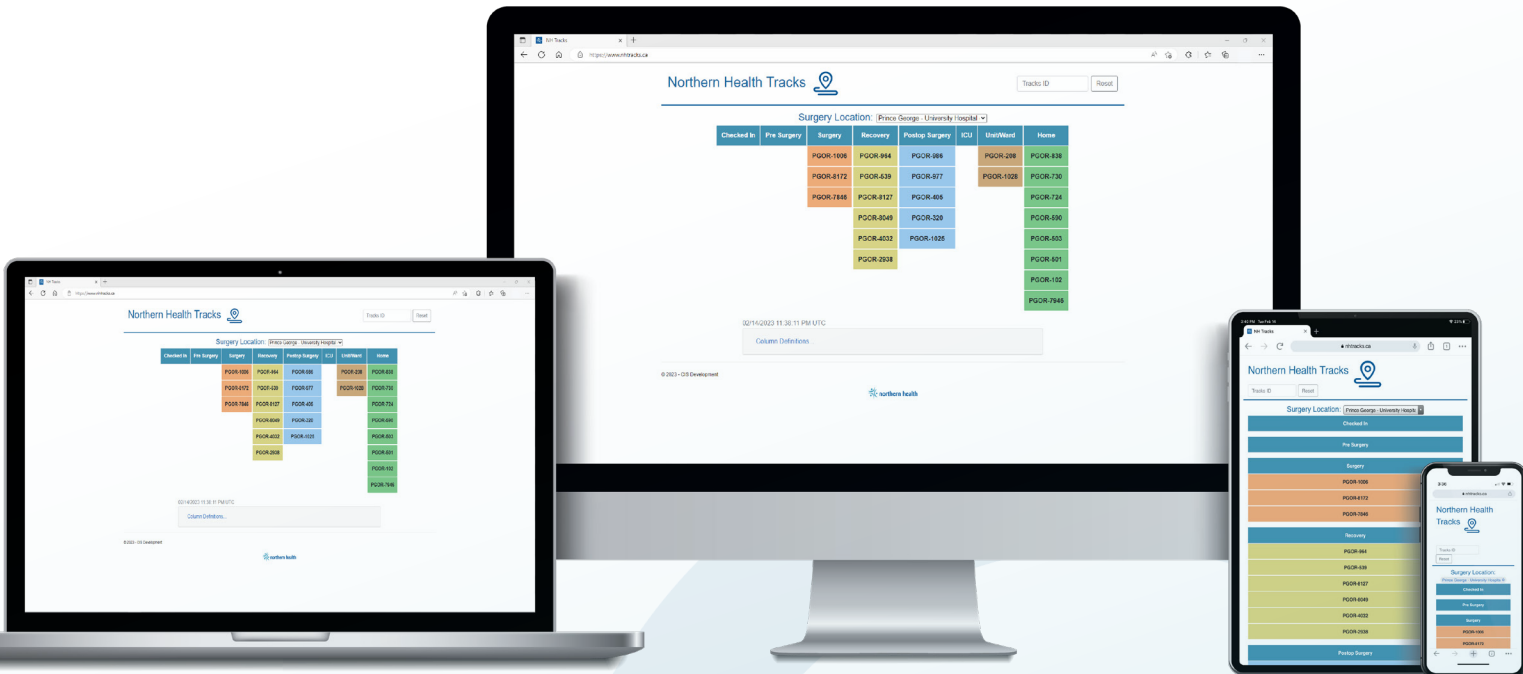


## NH Check In app

Dropping in for lab services? The optional [NH Check In app](#) lets you check in online, safely wait where you feel comfortable (for example, in your car), and get a notification when it's your turn. NH Check In helps make physical distancing easier:

- Lets you wait and check in online from your car, home, or office
- Lets you tell staff that you've arrived, without having to come inside the building
- Reduces the amount of time you spend in waiting rooms

For more information, visit the [NH Check In webpage](#). Note that you don't have to use NH Check In – ***it's optional.***



**What is NH Tracks?**

[NH Tracks](#) is an online service that gives you updates on your loved ones as they go through the stages of surgery.

The following hospitals currently use NH Tracks:

- UHNBC (Prince George)
- GR Baker Memorial Hospital (Quesnel)
- St. John Hospital (Vanderhoof),
- Bulkley Valley District Hospital (Smithers).

More hospitals will eventually be added.

**NH Tracks lets you:**

- Wait for your family member, friend, or loved one from any location – no need to hang out in the hospital!
- See live updates. For example, if your loved one moves from surgery to recovery, NH Tracks will immediately show their new location.

Learn more about NH Tracks and how to use it on the [NH Tracks page](#) on northernhealth.ca.

## Northern Health's virtual clinic

The Northern Health Virtual Primary and Community Care Clinic, which was created in only two days in early days of the pandemic, provides services by phone or video. You can call the virtual clinic to talk to a family doctor or nurse practitioner:

- **Phone:** 1-844-645-7811
- **Fax:** 250-561-1927
- **Hours:** 10 am to 10 pm daily Pacific time (including weekends and statutory holidays)

The virtual clinic works with your family doctor, nurse practitioner, and health care team to complement the care you receive in your community, or to provide support for those who don't have a family doctor. It provides culturally safe care to patients who need medical help after hours and wish to speak to a health care team member (doctor, nurse practitioner, or nurse) by

phone or video. The virtual clinic is for people who are physically located in the Northern Health region when they call, who:

- Don't have a family doctor or nurse practitioner.
- Need care on evenings or weekends after their health centre is closed (**You're encouraged to call your family doctor or nurse practitioner first, or access the urgent and primary care centre in your community**).

**In an emergency, don't call the virtual clinic.** Instead, go to the emergency department or call **9-1-1** (or local emergency services in your community).

For the full story of how this clinic went from a concept to a fully functioning clinic in only two days in March 2020, [please see page 15](#) of this report.

Need medical help after hours? Call the Virtual Clinic.

**1-844-645-7811**

**SPEAK TO A FAMILY DOCTOR  
OR NURSE PRACTITIONER BY PHONE OR VIDEO**  
Open 7 days a week, 10am to 10pm, including holidays.







▲ Telehealth lets you talk to your health care provider without leaving home.

## Telehealth in the North

Did you know that in many Northern BC communities, you can have medical appointments by phone or video, without the travel?

It's called "[telehealth](#)," and during the pandemic, it became even more important, allowing people to get needed health care remotely, without putting themselves or others at risk.

Telehealth connects you with your health care provider over a secure connection using your own smartphone, computer, or tablet. You can talk with your health care provider as if they were in the room, as many people discovered when they routinely had – and continue to have – phone appointments with their family doctor or nurse practitioner.

Types of health care available via telehealth include:

- Appointments with a family doctor, nurse practitioner, or dietitian.
- Appointments for speech-language pathology, occupational therapy, audiology, orthopedics, cancer care, and mental health and addictions.
- Appointments with specialists (kidney, urology, geriatrics, gynecology, pediatrics, and more).

As we transition into a post-pandemic world, the convenience and widespread acceptance of telehealth is a lasting positive legacy of those years. For more, see the Telehealth section on [Northern Health's Digital Services page](#).

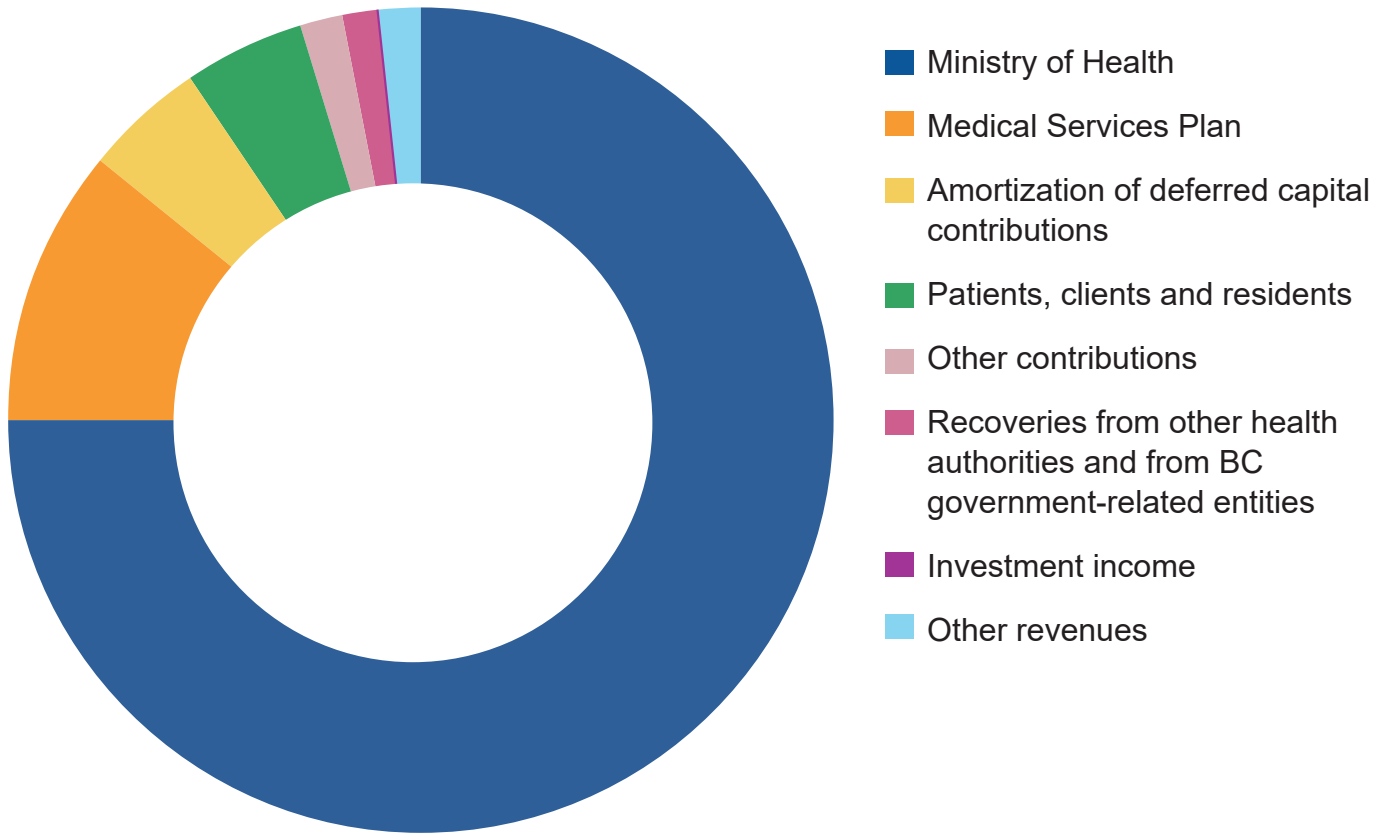
# FINANCIAL SUMMARY 2020-2022

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. Fiscal years 2020-2021 and 2021-2022 were exceptionally challenging years as Northern Health staff and physicians responded to the global COVID-19 pandemic. The Ministry of Health provided additional one-time funding to enable BC health authorities to respond to the situation. The funding was sufficient to offset the incremental, unplanned expenditures related to COVID-19.



## FINANCIAL SUMMARY 2020-2021 (IN THOUSANDS OF DOLLARS)

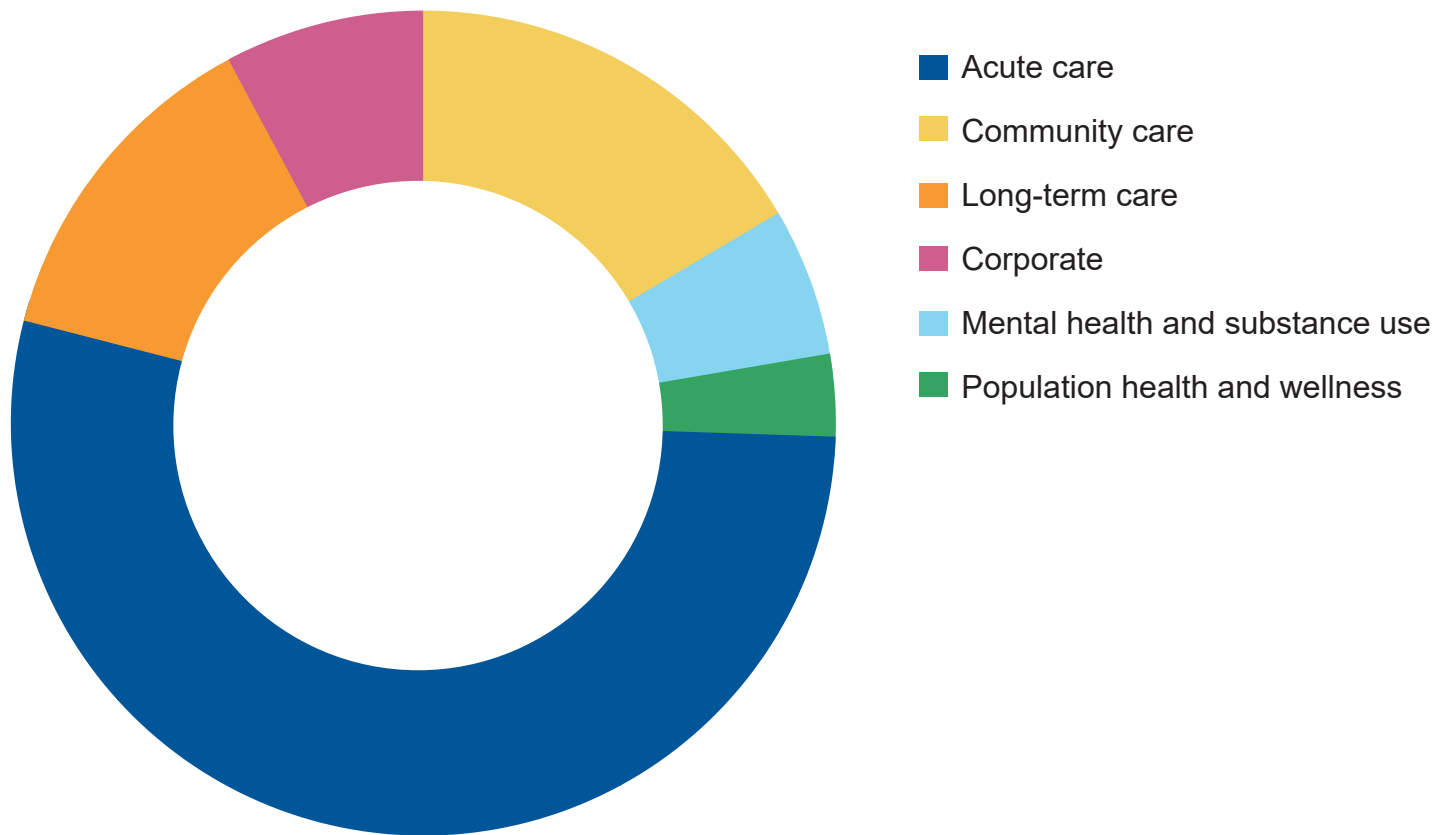
### Revenues



Total revenues for the year were \$1,049 million, an increase of \$99.2 million, or 10.4% from the prior year. Funding from the Ministry of Health is Northern Health's primary source of revenue. In 2020-2021, operating funding from the Ministry of Health was \$815.2 million, which represented 78% of total revenues.



## Expenses



Total expenses for the year were \$1,032 million, an increase of \$85.0 million, or 9.0% from the prior year. Acute care remains the largest sector of expenditure, at \$561.0 million, or 54.4% of total expenses. The next largest sector is community services, at \$251.6 million, or 24.4% of total expenses. Community services is the aggregate term for community care, mental health and substance use, and population health and wellness.

## 2020-2021 OPERATING SUMMARY

\$ thousand	March 31, 2021			
	Budget	Actual	Variance	
<b>REVENUES</b>				
Ministry of Health contributions	734,300	815,177	80,877	11%
Medical Services Plan	105,800	101,222	(4,578)	-4%
Amortization of deferred capital contributions	45,900	44,130	(1,770)	-4%
Patients, clients, and residents	44,800	40,774	(4,026)	-9%
Other contributions	17,700	16,026	(1,674)	-9%
Recoveries from other health authorities and from BC government-related entities	13,400	16,721	3,321	-25%
Investment income	1,400	566	(834)	-60%
Other revenues	13,400	13,922	592	4%
	976,700	1,048,608	71,908	7%
<b>EXPENSES</b>				
Community services:				
Community care	161,100	164,398	(3,298)	-2%
Mental health and substance use	56,700	54,723	1,977	3%
Population health and wellness	31,500	32,443	(943)	-3%
<b>Subtotal community</b>	<b>249,300</b>	<b>251,564</b>	<b>(2,264)</b>	<b>-1%</b>
Acute care	522,300	561,005	(38,705)	-7%
Long-term care	128,600	139,168	(10,568)	-8%
Corporate	76,500	80,277	(3,777)	-5%
	976,700	1,032,014	(55,314)	-6%
<b>Annual operating surplus</b>	<b>-</b>	<b>16,594</b>		

<b>2020-2021 CAPITAL SUMMARY</b>		
<i>(\$ millions)</i>	<b>2020/2021 Budget</b>	<b>2020/2021 Actual</b>
Funded by Provincial Government	54.8	39.0
Funded by other	51.3	26.9
<b>Total capital spending</b>	<b>106.1</b>	<b>65.9</b>

## Variance and trend analysis

### Revenues

Ministry of Health contributions was favourable to budget by \$80.9 million due to supplemental funding provided by the Ministry of Health to support the response to the COVID-19 pandemic.

### Expenses

**Acute care** was \$38.7 million unfavourable to budget. Acute Care consists of inpatient nursing services, emergency and outpatient services, pre-operative services, and associated clinical supports such as laboratory, diagnostic imaging, pharmacy and rehabilitation, and various other supports such as food, housekeeping, laundry, and facility maintenance and operations.

The unfavourable variance to budget is due to additional staffing resources, and enhanced personal protective equipment (PPE) and safety protocols in response to the COVID-19 pandemic.

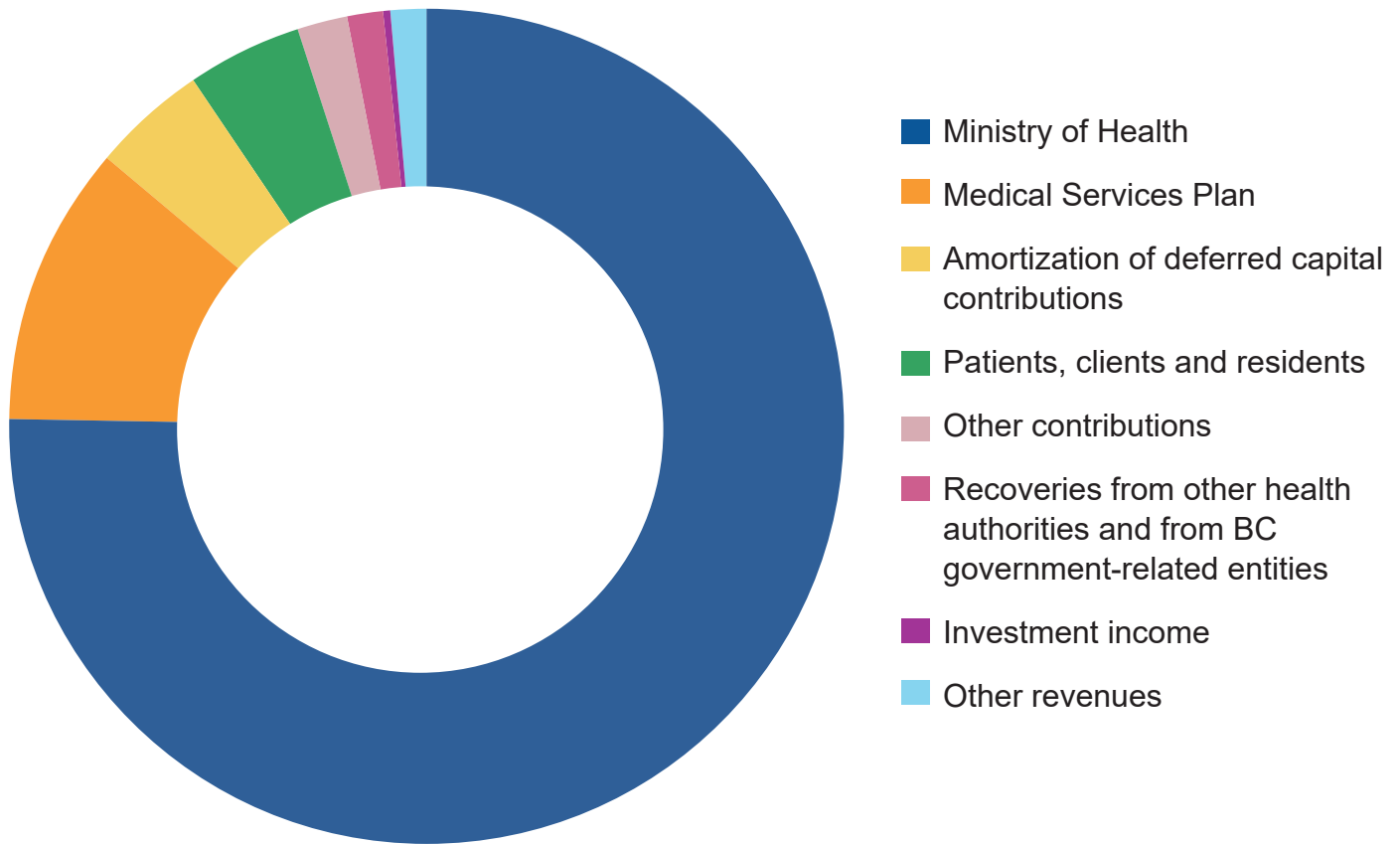
**Long-term care** was \$10.6 million unfavourable to budget. This category includes long-term care, assisted living, rehabilitation, and various other supports such food, housekeeping, laundry, and facility maintenance and operations.

The unfavourable variance to budget is due to additional staffing resources, and enhanced personal protective equipment (PPE) and safety protocols in response to the COVID-19 pandemic.



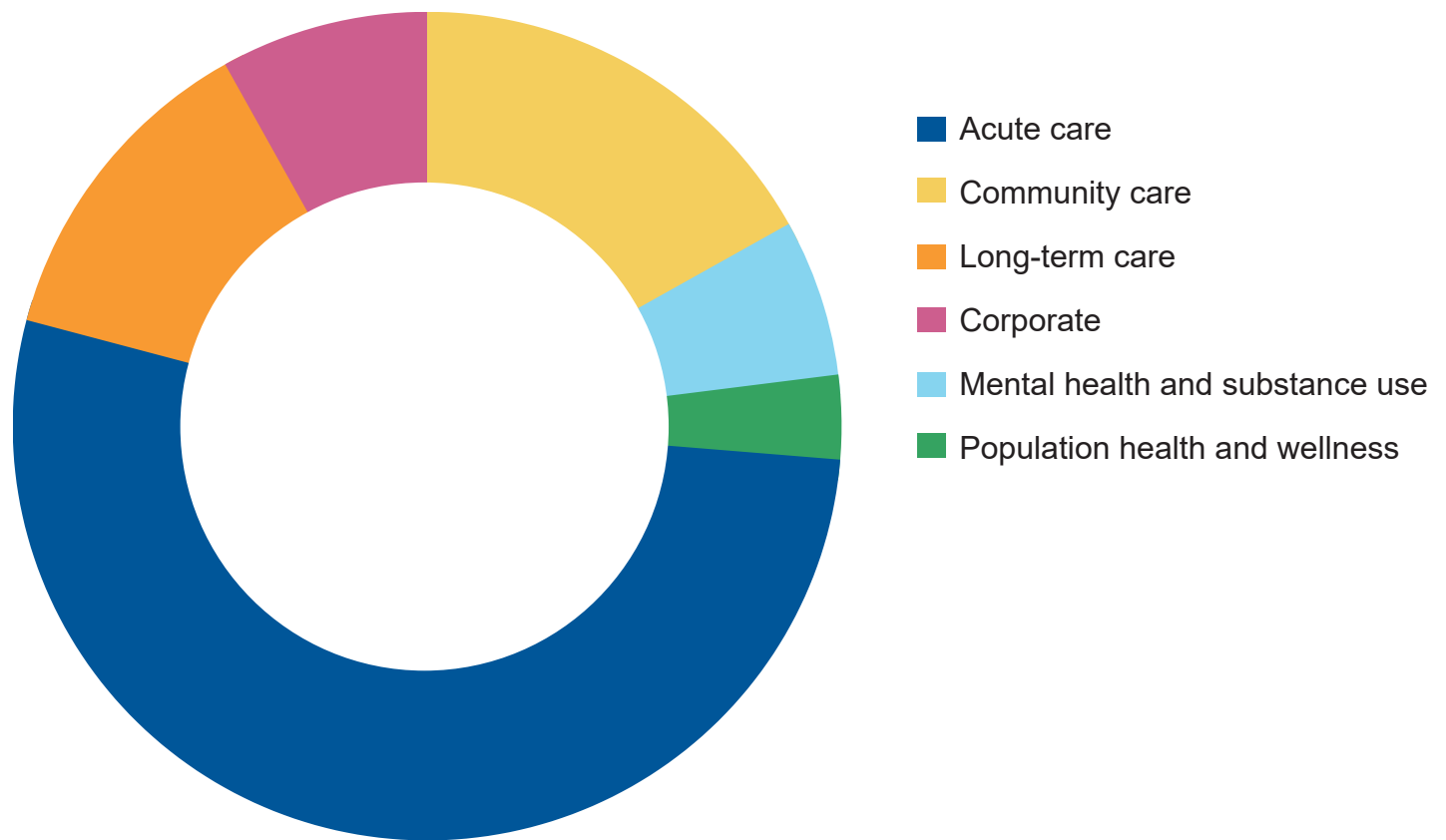
## FINANCIAL SUMMARY 2021-2022 (IN THOUSANDS OF DOLLARS)

### Revenues



Total revenues for the year were \$1,125.8 million, an increase of \$77.2 million, or 7.4% from the prior year. Funding from the Ministry of Health is Northern Health's primary source of revenue. In 2021-22, operating funding from the Ministry of Health was \$870.4 million, which represented 77% of total revenues.

## Expenses



Total expenses for the year were \$1,124.9 million, an increase of \$92.9 million, or 9.0% from the prior year. Acute care remains the largest sector of expenditure, at \$593.2 million, or 52.7% of total expenses. The next largest sector is community services, at \$288.5 million, or 25.6% of total expenses. Community services is the aggregate term for community care, mental health and substance use, and population health and wellness.

## 2021-2022 OPERATING SUMMARY

\$ thousand	March 31, 2022			
	Budget	Actual	Variance	
<b>REVENUES</b>				
Ministry of Health contributions	793,100	870,414	77,314	10%
Medical Services Plan	114,400	113,642	(758)	-1%
Amortization of deferred capital contributions	45,500	45,478	(22)	0%
Patients, clients, and residents	45,800	44,036	(1,764)	-4%
Other contributions	20,400	19,566	(834)	-4%
Recoveries from other health authorities and from BC government-related entities	17,300	16,963	(337)	-2%
Investment income	1,400	917	(483)	-35%
Other revenues	13,400	14,803	1,403	10%
	1,051,300	1,125,819	74,519	7%
<b>EXPENSES</b>				
Community services:				
Community care	177,500	180,011	(2,511)	-1%
Mental health and substance use	64,400	60,044	4,356	7%
Population health and wellness	34,500	48,445	(13,945)	-40%
<b>Subtotal community</b>	<b>276,400</b>	<b>288,500</b>	<b>(12,100)</b>	<b>-4%</b>
Acute care	555,400	593,213	(37,813)	-7%
Long-term care	134,300	152,797	(18,497)	-14%
Corporate	85,200	90,431	(5,231)	-6%
	1,051,300	1,124,941	(73,641)	-7%
<b>Annual operating surplus</b>	<b>-</b>	<b>878</b>		



2021-2022 CAPITAL SUMMARY		
(\$ millions)	2021/2022 Budget	2021/2022 Actual
Funded by Provincial Government	141.6	135.4
Funded by other	96.1	69.3
<b>Total capital spending</b>	<b>237.7</b>	<b>204.7</b>

## Variance and trend analysis

### Revenues

Ministry of Health contributions was favourable to budget by \$77.3 million due to supplemental funding provided by the Ministry of Health to support the response to the COVID-19 pandemic.

### Expenses

**Acute care** was \$37.8 million unfavourable to budget. Acute Care consists of inpatient nursing services, emergency and outpatient services, pre-operative services, and associated clinical supports such as laboratory, diagnostic imaging, pharmacy and rehabilitation, and various other supports such as food, housekeeping, laundry, and facility maintenance and operations.

The unfavourable variance to budget is due to additional staffing resources, and enhanced personal protective equipment (PPE) and safety protocols in response to the COVID-19 pandemic.

**Long-term care** was \$18.5 million unfavourable to budget. This category includes long-term care, assisted living, rehabilitation, and various other supports such food, housekeeping, laundry, and facility maintenance and operations.

The unfavourable variance to budget is due to additional staffing resources and enhanced personal protective equipment (PPE) and safety protocols in response to the COVID-19 pandemic.

**Community services** was \$12.1 million unfavourable to budget. This category includes mental health, population health and wellness, oncology, home support, specialized community, and the interprofessional teams.

The unfavourable variance to budget is due to the mass COVID-19 vaccine immunization clinics held at multiple locations and times across the region.











Northern Health Regional Office  
Suite 600, 299 Victoria St.  
Prince George, BC, V2L 5B8

250-565-2649  
1-866-565-2999

[northernhealth.ca](http://northernhealth.ca)

