



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

# **Northern Health Biennial Report 2022-2024**







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**Yawc', sas wela?**

**Dii guudang.ngaay 'laa ga,  
dan hll kings g aaganah**

**T'ooyaksim' niin wil w'itgwin**

**'Niit, nda Hadī So'endzin  
wila waan 'nit amhl wilawina?**

**Denēs Tunngasugit  
Hoti'e! Welcome**

**Dan'che'a Yak'éi haat  
yigoodée**

**Hadih**

**kischi baen rseu tānisi**

**Aam wilaa wilina**

**Luu-aamhl goodiy' wil w'itgwin**

**je aa haanach'e**

# LAND acknowledgement

Northern Health (NH) acknowledges with gratitude that our work takes place on the territories of the Tlingit, Tahltan, Nisga'a, Gitksan, Tsimshian, Haisla, Haida, Wet'suwet'en, Carrier (Dakelh), Sekani (Tse'khene), Dane-zaa, Cree, Saulteau and Dene Peoples.

## Commitment to Truth and Reconciliation

NH acknowledges the harms experienced by Indigenous peoples accessing the health system. We are committed to new ways of being through building healthy and trusting relationships with Indigenous communities, families, individuals, and employees. These commitments are interwoven throughout the strategic priorities and integral to the success of NH.

### NH commits to:



Striving to ensure that all Indigenous peoples have access to high quality, culturally safe, and respectful services.



Narrowing health disparities experienced by Indigenous peoples.



Implementing changes to address cultural safety, and to confront racism and stigmatization of Indigenous peoples.



Building a health system that aligns with the values and knowledge of the people we serve.



Centering Indigenous ways of being and knowing in the health services we provide.



# ABOUT NH

NH covers an area of nearly 600,000 square kilometres and offers health services in over two dozen communities through our facilities. The population of our communities ranges from a few hundred people to over 80,000 people, for a total regional population of approximately 300,000 people.

## Our services include:



Integrated  
primary and  
community care



Hospital care



Long-term  
care



Specialized  
services



And more

Currently, 10,230 people work for NH, in over two dozen hospitals, 14 long-term care facilities, two urgent and primary care centres, and many offices providing specialized services.

We're governed by a ten-member Board of Directors with member representation throughout the North. The Chair is Colleen V. Nyce. As of fall 2023 our Chief Executive Officer is Ciro Panessa.

## We're divided into three Health Service Delivery Areas (HSDAs):



Northeast



Northern  
Interior



Northwest

Each HSDA is unique, with its own geography, cultures, variety of communities, NH facilities and services, and each with its unique attributes and challenges. We are privileged to deliver health care here and to connect people with our services and service providers. It's through the efforts of dedicated staff and medical staff, in partnership with communities, organizations, and Indigenous peoples, that we provide exceptional health services for Northerners.

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Opposite page: A map showing the three HSDAs within NH. The communities listed are locations where there are NH facilities.





## CEO & BOARD CHAIR message



**Ciro Panessa**, President & CEO, NH | **Colleen V. Nyce**, Board Chair, NH

This report spans a time of great change. Since the 2020 response to the COVID-19 pandemic, we have relied on our innovative and adaptive skills to support the health of Northerners and to respond to the many challenges we face: the ongoing toxic drug crisis and worsening mental illness issues coming out of the pandemic; an aging population who need care and support; acute care facilities under strain; a greater frequency and severity of climate related emergencies like wildfires; and a large gap in the number of health care professionals and support staff required to meet the needs of the people we serve.

In conjunction with these challenges, we are also at a time where two significant shifts are occurring within society. One, continuing to right the wrongs of the past for Indigenous peoples through reconciliation efforts, and two, adjusting to the rapid developments in technology and digital enablement.

NH and the Province of BC are committed to finding short and long-term solutions to these challenges, continuing Truth and Reconciliation actions and commitments, and taking advantage of new technological advancements.

We are tackling our staffing crisis and enhancing support to improve our workplaces. Using strategy outlined in the [Province of BC's Health Human Resources Strategy](#), in [NH's Strategic Plan](#), and the Workforce Sustainability Strategic Initiative, we are making headway in addressing the recruitment, retention, retraining, and training of staff and medical staff, and we are redesigning our systems to best support clinicians and care for people during this unprecedented time of workforce instability. These efforts, supported by other recent successes, such as Accreditation Canada's reconfirmation of our accredited status in June 2024, are indication that we are on the right track.

***We know how to work together to make it through difficult times, and we will continue to strengthen our community partnerships.***

We have the strength and dedication to achieve success. Rural and remote communities are resilient. We know how to work together to make it through difficult times, and we will continue to strengthen our community partnerships. We have many new digital enablement opportunities to network, communicate, coordinate, and provide care and support over this vast geography we live in, and providers are supported to do their work in ways never previously thought possible. In addition to stabilizing existing services, with support from the Province, we strive to improve health services and aging infrastructure, and honour the strengths and perspectives of Indigenous leaders, colleagues, and patients with whom we walk together to improve the health and wellness of all.

In December 2023, we delivered a refreshed Strategic Plan to update our priorities looking to 2025 and to support our commitment to truth and reconciliation. That commitment, the mission, vision, and values, and our intention to provide exceptional health services for Northerners is lived every day in every NH facility to the very best of our abilities.

Every day we appreciate the commitment, professionalism, and caring all staff and medical staff have shown and continue to show in service of people and communities, and in these times of increased wildfire activity and service interruptions, we are even more impressed.

It's our honour and pleasure to continue to support and work with Northerners, NH staff members, NH medical staff, and the communities and organizations that make our region such a resilient and rewarding place to call home.

**Ciro Panessa**  
**President & CEO, NH**

**Colleen V. Nyce**  
**Board Chair, NH**





# LOOKING TO 2025: STRATEGIC PLAN REFRESH



# NH Strategic Plan

In late 2023, the NH Board approved the strengthened and updated NH Strategic Plan – Looking to 2025. The Strategic Plan helps guide our priorities as an organization, allowing us to focus our energies on collective goals and organizational initiatives. By taking a strengthening approach rather than undertaking a comprehensive new strategic planning process, only small changes were made to the Vision, Mission, and Values, and the five priorities in the plan, and with this refresh and reflection, we are able to move toward our goals and look to 2025 with resilience.

Prioritizing our work helps us focus on efforts that achieve the quadruple aim of better outcomes, improved provider experience, lower costs, and improved patient experience, and address the dimensions of quality in the BC Health Quality Matrix (Accessibility, Appropriateness, Respect, Safety, Effectiveness, Efficiency, and Equity). Our commitment to building healthy and trusting relationships with Indigenous communities, families, individuals, and employees is fundamental to the success of NH and a foundational aspect of our operations.

**Our values  
guide us to a  
commitment  
to truth and  
reconciliation.**

## NH Strategic Plan and Commitment to Truth and Reconciliation

Grounded in NH's commitment to Truth and Reconciliation, the refreshed Strategic Plan incorporates Indigenous specific priorities:

### **Priority 1: Healthy people in healthy communities**

Create more opportunities for Northern Indigenous people to shape and benefit from health promotion and prevention programming through partnerships, sharing of data, and incorporating Indigenous ways of knowing.

### **Priority 2: Coordinated and accessible services**

Increase access to culturally safe health services through meaningful participation of Indigenous peoples in health service planning, delivery, and evaluation.

### **Priority 3: Quality**

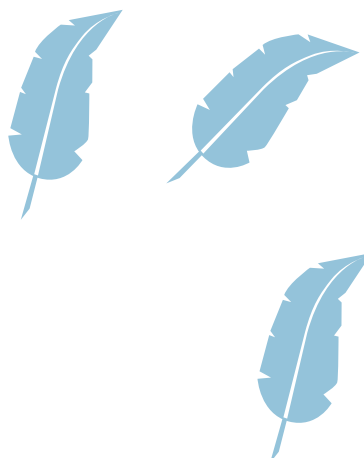
Better understand Indigenous patient experiences to inform NH's decision-making processes and policies, and to promote equity, service improvement, and cultural safety and humility.

### **Priority 4: Our people**

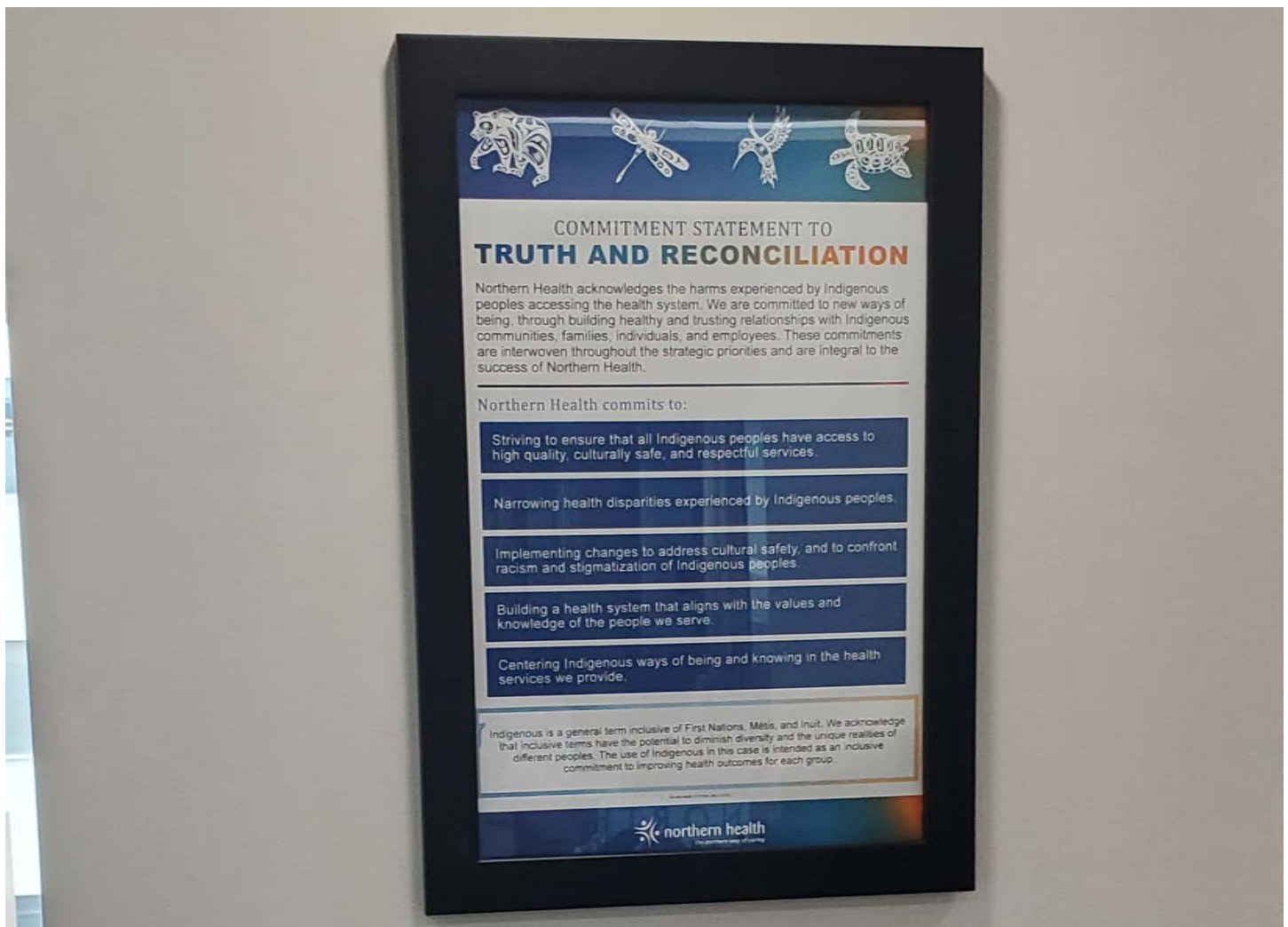
Increase the representation of Indigenous peoples in the NH workforce.

### **Priority 5: Communications, technology, and infrastructure**

Improve communication with Indigenous people and employees to build trust, encourage partnership, and inform the improvement of service quality.







📷 Along with the the strengthened and updated NH Strategic Plan – Looking to 2025, a toolkit with resources for staff was also developed. The toolkit included resources like the Commitment Statement to Truth and Reconciliation poster which staff are encouraged to display in their work space.

Everyone who works at NH plays a vital role in our success. Together we lead the way in promoting health and providing health services for Northern, rural, and Indigenous populations.

# INDIGENOUS HEALTH



# 2022-2024 INDIGENOUS HEALTH

## expanded engagement pathways

### Renewed Northern Partnership Accord



In 2022, the First Nations Health Authority (FNHA), NH, and the Northern Regional Caucus, representing 55 First Nations communities in the North, formally renewed their collective commitment to optimizing the health and well-being of First Nations through the signing of the updated Northern Partnership Accord (NPA). To deliver on the commitments in the NPA, the Northern First Nations Health and Wellness Partnership Committee collaborates to develop a shared workplan.

Originally signed in 2012, the 2022 NPA reflects the “ongoing growth, evolution, and strengthening of the partnerships,” representing our shared commitment to improving health and wellness services accessed by First Nations in the Northern Region (FNHA, 2022, p. 3).

### Métis Nation BC - NH Letter of Understanding (LOU)

Since the signing of the MNBC-NH Letter of Understanding (LOU) in 2020 there has been the development of the MNBC-NH Métis Health and Wellness Plan. The Métis Health and Wellness Plan will operationalize the commitments outlined in the LOU with priorities, goals, and actions for the next five years and aims at fostering a comprehensive and collaborative approach to improving Métis health outcomes across the North.



## Capital Indigenous Advisory Committees

Capital Indigenous Advisory Committees are engaged at the beginning of capital projects to ensure Indigenous community leadership can advise NH on how and whom to consult in their communities, and to provide high level guidance on cultural safety and Indigenous representation in facilities, resulting in:

- Culturally safe design and function of a hospital.
- Signage and wayfinding reflective of and welcoming to Indigenous patients and visitors to facilities.



📷 NH unveils new companion name for G.R. Baker Memorial Hospital ED/ICU addition.

## Indigenous Health Collaboration framework

The Indigenous Health Collaboration Framework was established to support Indigenous partnerships and community collaboration. The framework is actioned through various channels of collaboration with First Nations and Métis leadership including the Indigenous Health monthly Health Director meetings and the NH-Métis Nation BC Métis Letter of Understanding meetings.



NH is working to establish Indigenous Health Action Tables in partnership with First Nations communities which aim to improve the quality and cultural safety of local NH services for First Nations peoples, families, and communities. The NH-MNBC Métis Health and Wellness Plan maps out priorities, actions and goals for improving Métis health outcomes across the region. The Métis Health Action Table is designed to provide on-going community-level input and feedback as the work in the plan is actioned.

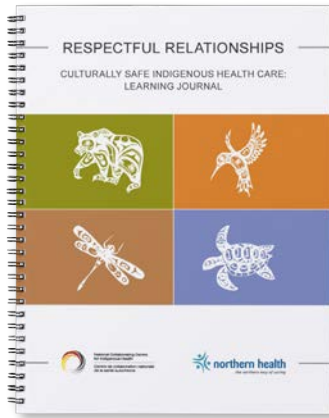
## Collaboration between Indigenous Health and NH Medical Advisory Committee (NHMAC)



This collaboration between Indigenous Health (IH) and NHMAC initiates the conversation on how to intentionally integrate Indigenous voices into strategic initiatives.

With the establishment of the Indigenous Medical Leads, work has begun on connecting the NHMAC cultural safety plan with a focus on medical education, engagement opportunities and collaboration towards shared goals.

## Cultural safety and anti-Indigenous racism education



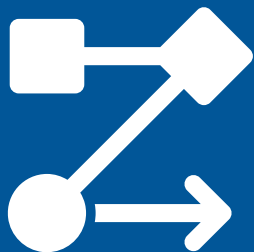
**Respectful Relationships:** This culturally safe Indigenous health care course was developed in partnership with the National Collaborating Centre for Indigenous Health (NCCIH) and with technical and financial support provided by the University of British Columbia. A 20-hour self-paced online course with cultural safety curriculum, it helps individuals understand cultural safety in the context of respectful relationships, to gain understanding of the roles of past events in contemporary realities for Indigenous peoples, and to acquire and enhance critical self-reflection in practice.

## The Indigenous Patient Liaison Worker (IPLW) program



The IPLW program provides supports for Indigenous patients, families, residents and communities in NH facilities and can help with communication and integration of western and traditional ways of caring in each individual's care experience. NH is expanding the Indigenous Patient Liaison Program. This has included the establishment of two distinct roles and increasing capacity to meet the goal of having 7 day a week coverage in level 4-5 sites and Indigenous patient supports in all NH acute facilities.

The expansion has seen the growth of the program from 8 IPLs to what will be 36 positions by completion of the current phase. The IPLW program works to ensure that our health system honours diversity and provides services in a culturally relevant manner.



IPLW expansion program starts in 2022 and continues into 2024 with new sites and staff members added.



IPLW program staff work in collaboration with on-site staff, managers, and the Patient Care Quality Office to develop, implement, and evaluate processes to address the concerns and experiences of Indigenous people within the health care system.



## Capacity improvements within the Indigenous Health team

In response from calls to action in the following foundational reports: *In Plain Sight* report, *Truth and Reconciliation Calls to Action*, *Missing and Murdered Indigenous Women and Girls – Calls for Justice*, *United Nations Declaration on the Rights of Indigenous Peoples*, *Métis Nation of BC Letter of Intent* and the *Northern Partnership Accord*, the IH team has increased significantly between 2022-2024.

The increased staff support work in the Indigenous specific priorities embedded within the corporate strategy areas: capital projects and procurement; Indigenous talent: recruitment and retention; communications; community collaboration and Indigenous partnerships; Indigenous patient experience; Indigenous patient liaison worker program; and cultural safety and anti-Indigenous racism education.



📷 Members of the IHH team, including Melissa Morin, Regional Lead, Indigenous Recruitment; Connie Cunningham, Senior HSDA Advisor; and Alexanne Dick, Indigenous Engagement Liaison, Métis Nation, at the Health Promotion Gathering on the traditional territories of the Treaty 8 First Nations in Fort St John, BC.

# HEALTH EMERGENCY MANAGEMENT & POPULATION AND PUBLIC HEALTH



# HEMBC North

Health Emergency Management BC (HEMBC) North fundamentally holds the responsibility of supporting NH in all aspects of emergency preparedness and management in preparation for emergencies of any type and magnitude that may impact service delivery.

## HEMBC North 2022 emergency management

2022 had a generally mild wildfire season in the North with the most activity occurring in September, which resulted in community evacuations in the Northeast HSDA.

### Collaboration, preparedness, and training

#### Code Silver – Active Attacker

HEMBC North is the primary leader and driver of the new provincial emergency hospital code: Code Silver – Active Attacker. This code supplements the online training and is an in-person classroom training presentation delivered by HEMBC. Designed for all staff working in any capacity in a health care facility, it focuses on personal preparedness and situational awareness for active attacker events in or around their workplace.

#### HEMBC Indigenous Liaison

In April 2022, the new HEMBC Indigenous Liaison position was created. The HEMBC Indigenous Liaison provides advice and guidance to health authority leadership, management, and staff on emergency management with a portfolio focus on Indigenous relations, improving patient experience, health care outcomes, and cultural safety for Indigenous patients, families, and staff.

#### NH Heat Preparedness Task Group

In response to the BC Coroner's Death Panel Review report on heat-related deaths during the Heat Dome of 2021, HEMBC and NH Population & Public Health jointly initiated the NH Heat Preparedness Task Group in preparation for the 2022 summer heat season. This group, comprised of program leads for areas of vulnerable population groups identified in the coroner's report, built the first iteration of an annually updated health authority and community heat readiness toolkit.



## HEMBC North 2023 emergency management

In 2023, facing an unprecedented and protracted wildfire response season with an intensity that hadn't been experienced in previous years, HEMBC supported:



25 situational alerts & information sharing responses.



36 situation awareness and monitoring responses.



9 support & monitoring responses.



3 full response support (design, response, response modification, & liaising for event duration).



1 extended full response support (design, response, response modification, & liaising for event duration).

### Wildfire response successes:



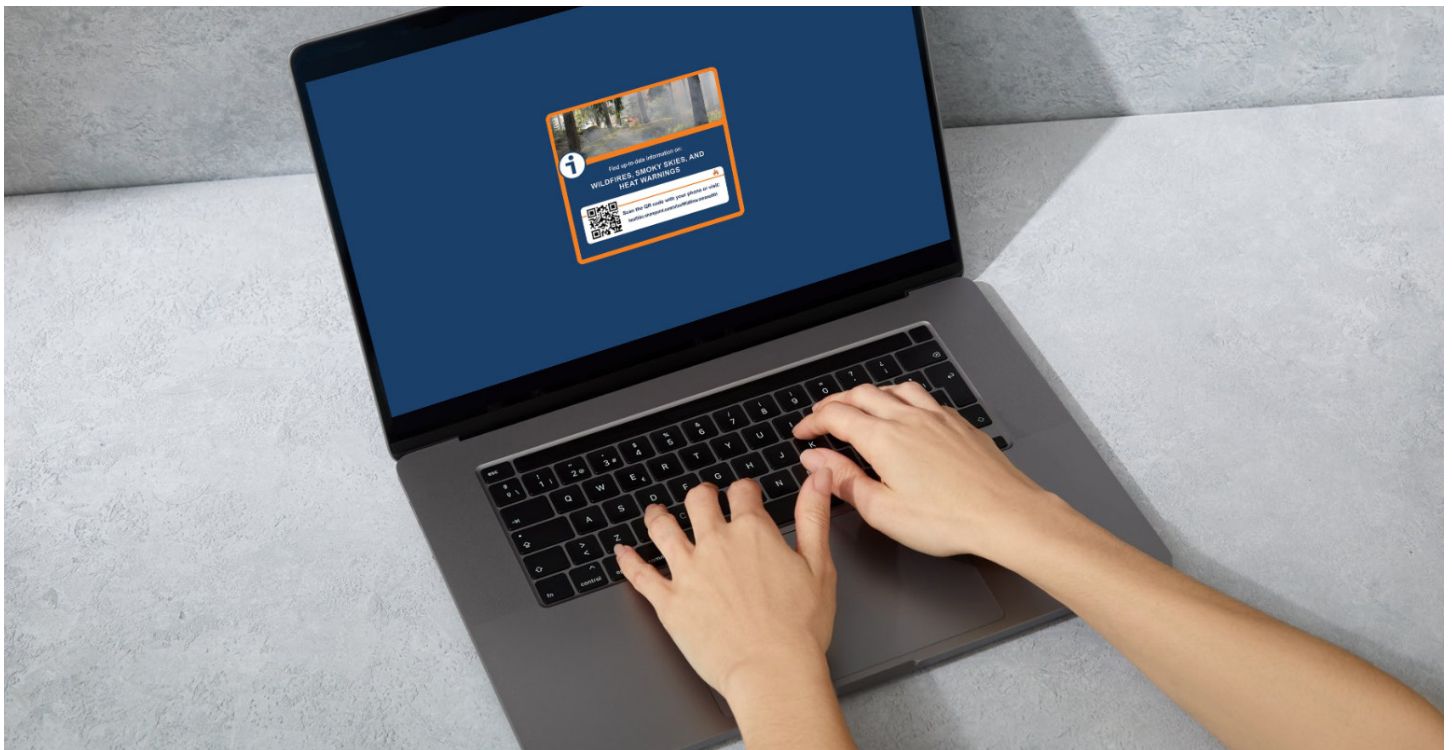
Collaboration with NH Facilities, HEMBC Provincial Coordination, and NH NE EOC on the deployment of non-electric hospital beds to be staged in Prince George and Dawson Creek to receive potential evacuated long-term care and assisted living residents from Northeast wildfires.



Provided deployments to support the Interior HEMBC team, with roles including direction, leadership, and guidance, support on Interior Health Executive EOC, and liaison roles for Interior Health.



While supporting the Interior in wildfire response, continued to simultaneously respond to emergencies and disasters in NH and maintain situational awareness and monitoring of local events – including the high-profile gas explosion in Prince George in September 2023.



📷 Up-to-date wildfire, smoky skies, and heat warning information and resources are shared widely both internally and externally.

### **Wildfire response successes continued:**

Provided psychosocial supports for the Interior HEMBC team during peak wildfire response in August. This was outside of the job description for this or any HEMBC position and was a result of the HEM Indigenous Liaison's background in clinical counseling.

## **POPULATION and Public Health**

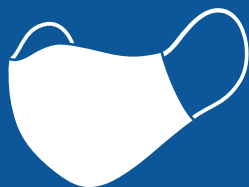
NH's Population and Public Health (PPH) teams focus on improving and promoting health and well-being in Northerners, and preventing chronic diseases, communicable diseases, and injuries. Currently, these two goals are complicated by the toxic drug crisis and the continued impact of COVID-19.

## NH respiratory illness response

In 2023, the COVID-19 pandemic measures continued to wind down, however COVID-19 still represented a significant number of the respiratory diseases reported to NH - among the respiratory diseases that are reportable, three quarters were COVID-19 (73.5%) with just over 1,000 cases. When excluding COVID-19, the next most common disease reported in 2023 was invasive pneumococcal disease (iPD) at 76 cases (5.2% of total). When examining vaccine preventable diseases (VPD), pertussis was one of the most common vaccine preventable diseases reported to NH at 18 cases (just under half of all non-COVID-19 VPDs). Although this is higher than expected based on the five-year average, routine immunization of children is still the most effective method to prevent the occurrence and spread of pertussis.

The number of influenza cases dropped significantly from 417 in 2022 to 13 in 2023. The reason for the sharp decline in influenza cases is a change in how cases are reported to public health (in the 2022/23 season, reporting for influenza changed from reporting all confirmed cases to reporting cases associated with outbreaks), and precautions learned during the pandemic, including handwashing, distancing and masking. Respiratory Syncytial Virus (RSV) is not a reportable communicable disease in British Columbia and as a result, we do not have case counts.

In 2023, NH transitioned from COVID-19 pandemic response to Viral Respiratory Illness (VRI) seasonal response, which included (but not limited to) the following measures:



Required medical masking by health care workers, visitors, contractors, and volunteers in all patient, client, and resident care areas.



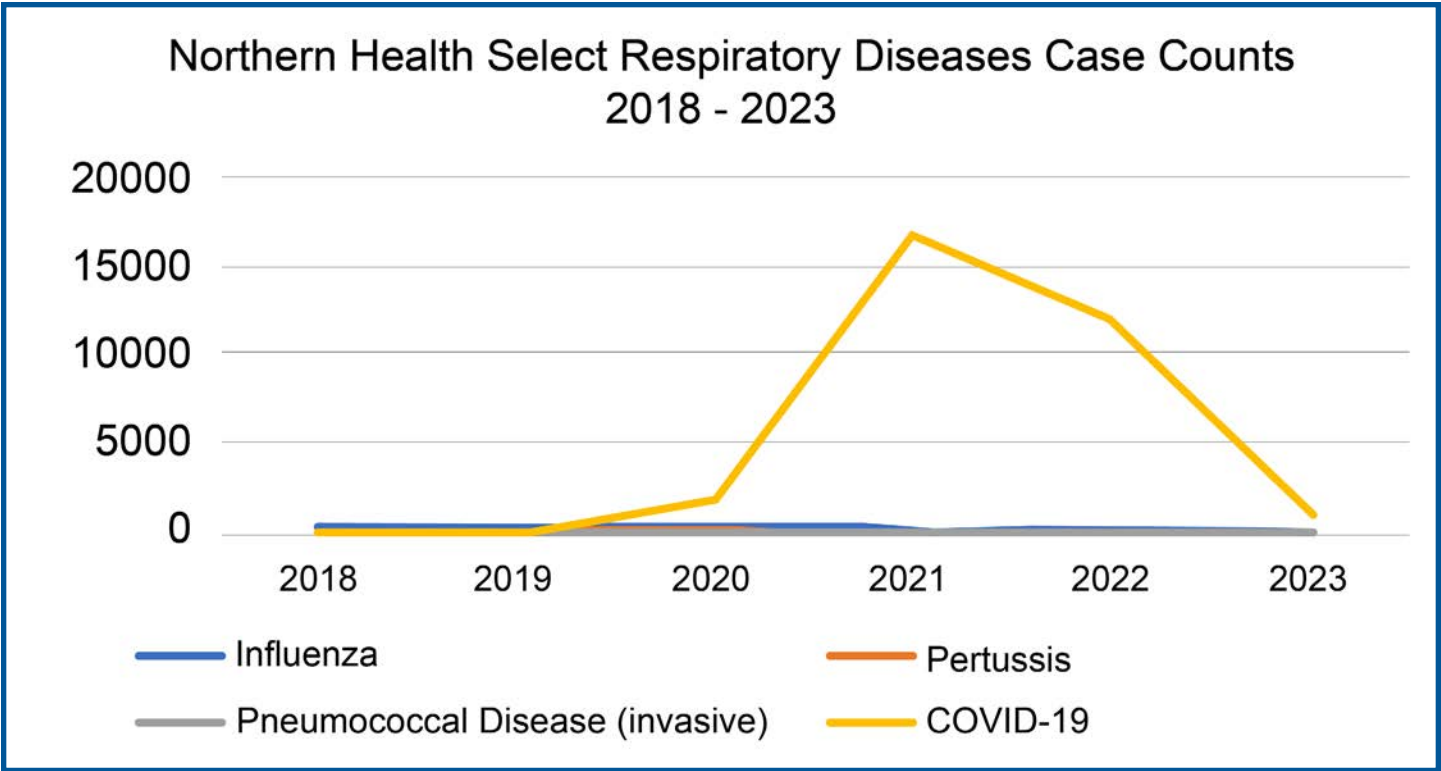
Repositioning of screeners at facility entrances to actively screen for symptoms of viral respiratory illness, provide medical masks, and direct people to perform hand hygiene upon entry.



The Provincial Health Officer (PHO) Order requiring COVID-19 immunization by health care workers remaining in effect.



BC's COVID-19 outbreak management guidance documents were updated to include all viral respiratory illnesses (e.g., influenza, RSV, COVID).

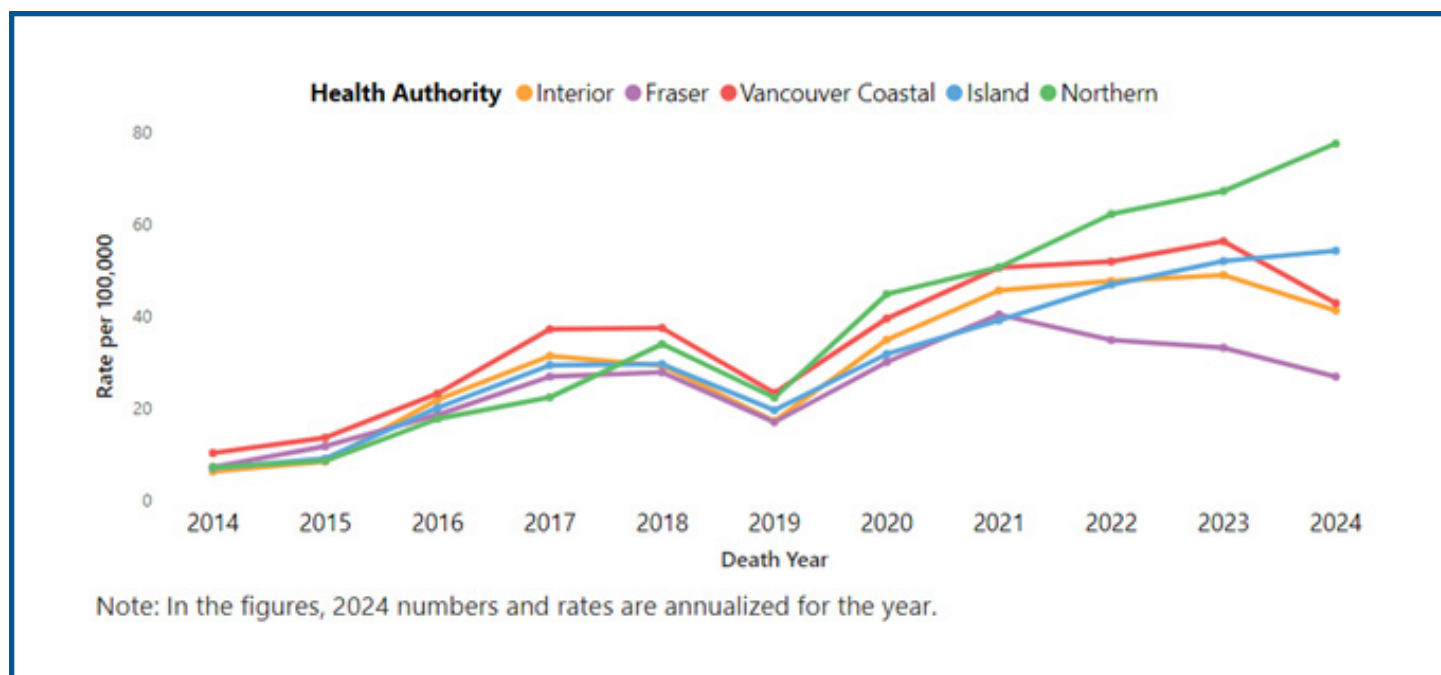


📷 A graph depicting the NH select respiratory diseases case counts from 2018 to 2023.

## NH toxic drug response

NH has had the highest rate of death in BC since 2020 due to toxic drugs. The rate of unregulated drug deaths has continued to increase exponentially since 2020, with 2024 seeing the highest rate of unregulated drug deaths ever for NH (see table below). In 2022, NH saw a rate of 62.3 deaths per 100,000 (N=417), and that increased by 8% in 2023 to 67.3 deaths per 100,000 (N=477). All health authorities, except Fraser Health, saw an increasing trend between 2022–2023. In the first three months in 2024, there was a decline in the unregulated drug death rate in Fraser, Interior, and Vancouver Coastal; however, NH and Island Health saw an increase in their rates.





📷 BC Unregulated Drug Death Rates per 100,000 by Health Authority of Injury, 2014-2024 (from BC Coroners Service Unregulated Drug Deaths in BC Dashboard).

## Toxic Drug Response, Population & Public Health key initiatives

### Prescribed alternatives



British Columbia is the first jurisdiction to offer prescribed alternatives to the poisoned drug supply. NH has been working to establish practices for health professionals to provide prescription alternatives such as fentanyl products as a harm reduction measure and to evaluate this intervention during the public health emergency.



### Overdose prevention and supervised consumption services

In BC, the number of overdose prevention services sites (OPS) has significantly increased from one site in 2016 to 50 as of March 2024, including 24 sites offering inhalation services. In NH, we have seven sites with two offering inhalation services.



### **Drug checking services**

Drug checking services help people learn what's in the substances they are taking, in order to reduce the risk of drug poisoning by allowing them to make informed decisions and connect to supportive services. There are two FTIR spectrometers for drug checking operating in NH.



### **Lifeguard App**

First launched in 2022, the free Lifeguard App helps save lives by automatically connecting people who use drugs to first responders if the user becomes unresponsive. In 2023, NH had 466 sessions utilized.



### **Take home Naloxone**

As of March 2024, more than 2.2 million kits have been shipped and 161,854 have been reported as used to reverse drug poisoning. In NH, between 2022/23 and 2023/24, we have ordered 74,900 Take Home Naloxone kits.

# NH'S INVESTMENT IN HEALTH HUMAN RESOURCES



# HEALTH

## human resources

NH recognizes that access to services, whether it's primary care, emergency and acute care, or laboratory and medical imaging services is of utmost importance to the communities we serve. Staffing shortages and recruitment and retention challenges are a reality, though not unique to the NH region.

With the support of the Ministry of Health, and in collaboration with partners including Divisions of Family Practice, post-secondary institutions, and community stakeholders, NH is working hard to attract and retain the skilled health professionals needed to maintain and improve services in Northern BC.

### Health Human Resources (HHR) strategy

NH and the Ministry of Health work in partnership to identify the ongoing and growing health care needs of Northern communities and invest in improving staff recruitment and retention under BC's Health Human Resources (HHR) strategy. Our goal is that this work will help us add and retain the staff we need to ensure high-quality patient care.



**Retain** – foster healthy, safe, and inspired workplaces



**Recruit** – attract and onboard



**Train** – create accessible career pathways



**Redesign** – optimize and innovate



Some highlights of the work being done to help stabilize services across the region include:

### Focus on retention:



Implementing the Northern Rural Retention Premiums.



Development of supports to improve patient and provider experience, such as psychiatry liaison nurses, new clinical mentors/educators and clinical education opportunities for staff; additional Indigenous Patient Liaisons.



Redesigning nursing lines aligned with minimum nurse patient ratios.



Increasing clinical leadership positions and management supports.

### Focus on recruitment:

GO  
HEALTH  
BC

Deployment of itinerant staff (e.g. [GoHealth BC](#) staff, agency nurses, and physician locums).



Implementation of incentives such as [signing bonuses](#); [bursaries and scholarships](#); and other [benefits](#).



Housing and childcare supports.

## Focus on training:



Increasing in-house ability to increase skills in staff, laddering, and bridging programs.



Supporting students in their academic and professional journeys by providing learning opportunities, and additional opportunities to more easily start a career in health care.

## Focus on redesign:



Real-time virtual supports for clinicians and patients.



Expanded scope for pharmacists and community pharmacies.



Lab outpatient improvement.



We provide regular updates on what we're doing to recruit and retain staff in the Northern BC region on our Addressing our Workforce Shortage webpage. More information about the Province of BC's Health Human Resource (HHR) strategy is available on their [website](#).

# TRANSPORTATION AND DIGITAL ENABLEMENT



# TRANSPORTATION

NH provides services for Northerners that extend beyond what you’d usually imagine a health authority providing. Yes, we provide health care in facilities across the North, including hospital services, specialist services, home and community care, and allied health services accessed through our extensive primary care networks, but we also provide services that may not be top of mind when you think of us: community and facility licensing, environmental health are two. But so, too, are transportation and digital health services.

## NH Connections bus service

Established in 2006, the NH Connections (NHC) medical bus service is a health transportation service to support people to access medical and health services not available in or near their home communities or location. The NH Connections fleet is equipped with the newest safety and technology features, and drivers are certified in Workplace Hazardous Materials Information System (WHMIS) and First Aid/AED use and have completed San’yas Indigenous Cultural Safety Education. Not only do NH Connection buses transport passengers, they transport medical and laboratory specimens to labs for analysis, and ship Red Cross equipment.

In late 2023, NH partnered with Interior Health to run a pilot route from Williams Lake to Kelowna (via Kamloops). The bus has a dedicated care aid and stops in any town with a medical facility between Williams Lake and Kelowna. People can even take the NH bus from PG to Cache Creek and jump on the Interior Health bus to get you to Kelowna!

In partnership with Diversified Transportation, NH has been able to evacuate long-term care facilities due to flooding and more recently had a vital role in the evacuation of the Fort Nelson General Hospital due to wildfire. NH Connections will support Interior Health as well as NH for any future challenges requiring transportation.

## NH Connections passenger numbers:





# DIGITAL enablement

## NH Virtual Clinic

The NH Virtual Primary and Community Care Clinic provides health care services by phone or through a video call, connecting patients virtually to a physician or nurse practitioner. This service complements and augments the care received by a patient's health care team and supports those without a primary care provider.

**From April 1, 2022 to March 31, 2024:**



34,732 patients seen.



40,266 appointments.

107 Northern communities served.



**79%** reported they **did not** experience any technology issues accessing the virtual clinic.



**76%** reported that they were treated with **respect and dignity** during their visit (strongly agree/agree).



**80%** said virtual care made it **easier** to see a provider (strongly agree/agree).



**48%** said they would have visited the emergency department **if the clinic was not available.**

### From the patients served by the Virtual Clinic:

“The service through the virtual clinic is friendly, efficient and flexible which is great. It’s nice being able to make appointments outside of normal working hours, so I don’t have to take time off work.”

“From the nurse who booked my appointment to the physician I spoke to, the experience was pleasant and caring. I felt heard and cared for.”

“I am very thankful that the service existed and that our employer informed us of it. Made me not have to tie up an ER for a minor problem ... if left unaddressed, it could have become something major.”

“Excellent service. I live remote and am hesitant to make a doctor’s appointment in the winter in case the roads are bad and I can’t travel.”



📷 An ad for the NH Virtual Clinic on the exterior of a NH Connections bus. Ads for the clinic run across the region including in print, on the radio, and social media.

### Staff benefit from the Virtual Clinic as well:

**“... there’s such a limitation of doctors to be available ... so this, this is a huge resource for people that don’t have physicians.” (clinic staff member)**

**“... it’s such a positive and supportive atmosphere here to work in.” (clinic staff member)**

**“They have excellent staff there. I’m going to say the staff are extremely helpful.” (clinic provider)**

**“I kind of like it ... it’s a new challenge and a new way to practice medicine.” (clinic provider)**

## Digital Health

### HealthElife

HealthElife is a digital tool that gives you 24/7 secure online access to your electronic health record from any computer, tablet, or smartphone. You can also access the information and services of any adult, child, or elderly family member you may be supporting in care.



27,398

HealthElife enrollment by  
the end of March 31, 2024.

7604

Number of HealthElife self  
scheduled lab appointments  
for fiscal 2023-24.

19

Number of NH labs using  
HealthElife self-scheduling.

### Patient notifications

Number of NH sites using Patient Reminder automated calls for scheduled appointments:

253

hospital clinics/services.

162

primary and community care clinics/services.

Above: The HealthElife tool works on any computer, tablet, or smartphone.



### Patient appointment reminder calls:

220,726

automated appointment reminders calls made this past year.

80,191

appointments confirmed through automated calls in the 2023 calendar year.

3,324

cancelled appointments through the service.

Notifications of cancellations are sent to the clinics a day in advance so they can move people off of waitlists and into these cancellation spots that are now available. This helps save staff time.



### COMING IN 2024-25:

**Text messaging option for appointment reminders.**

## NH Tracks

NH Tracks shows where your family member, friend or loved one is during their surgery – from the time they check in for surgery until they are discharged to go home or to the inpatient unit.







**7 of 9** surgical sites are now live with NH Tracks (excluding PG Surgery Centre)

- Bulkley Valley District Hospital (Smithers)
- Dawson Creek and District Hospital (Dawson Creek)
- GR Baker Memorial Hospital (Quesnel)
- Kitimat General Hospital and Health Centre (Kitimat)
- St. John Hospital (Vanderhoof)
- UHNBC (Prince George)
- Wrinch Memorial Hospital (Hazelton)

## NH Check In

NH Check In lets you check in online, safely wait where you want, and receive notification when it's your turn for lab services.

Method		Number of Check Ins per method
	Reserved a lab spot on the NH Check In <b>Mobile App</b>	7,887
	Reserved a lab spot using a <b>web browser</b> from home or elsewhere	1,338
	Checked into the lab line using NH Check In <b>kiosk</b> upon arrival	21,395
	Checked in with a <b>staff member</b> and was added to the digital queue	69,485

Note: this NH Check In data is for April 1, 2023 to March 31, 2024.

# CAPITAL PROJECTS SUMMARY



# CAPITAL PROJECTS

## in your region

### Northern Interior

<b>SNRHD:</b> Stuart Nechako Regional Hospital District	<b>FFGRHD:</b> Fraser-Fort George Regional Hospital District	<b>CCRHD:</b> Cariboo Chilcotin Regional Hospital District
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#### BURNS LAKE

Lakes District Hospital and Health Centre: Nurse residence domestic hot water

Project value	SNRHD funding
\$189,263	\$35,254
Project status: Completed in June 2024	

#### FORT ST. JAMES

Stuart Lake Hospital Replacement Project

Project value	SNRHD funding
\$158,336,000	\$18,400,000
Project status: Anticipated completion in December 2025	

#### MACKENZIE

Mackenzie and District Hospital and Health Centre: Nurse call system replacement

Project value	FFGRHD funding
\$146,000	\$58,400
Project status: Completed in October 2023	

Opposite page: Exterior view rendering of the Stuart Lake Hospital Replacement Project.



**MCBRIDE**

McBride and District Hospital: Care team station

Project value	FFGRHD funding
\$1,007,276	\$402,910
<b>Project status:</b> Completed in November 2023	

**PRINCE GEORGE**

Gateway Lodge: Chiller replacement

Project value	FFGRHD funding
\$748,378	\$299,351
<b>Project status:</b> Anticipated completion in October 2024	

University Hospital of Northern BC: Campus expansion early works

Project value	FFGRHD funding
\$103,220,000	\$41,288,000
<b>Project status:</b> Anticipated completion in Spring 2026	

University Hospital of Northern BC: Cardiac care unit renovation

Project value	FFGRHD funding
\$1,577,962	\$268,000
<b>Project status:</b> Anticipated completion in June 2024	

University Hospital of Northern BC: Nuclear medicine waiting area renovation

Project value	FFGRHD funding
\$1,202,000	\$480,800
<b>Project status:</b> Completed in April 2024	



 University Hospital of Northern BC

#### University Hospital of Northern BC: Domestic hot water upgrade

Project value	FFGRHD funding
\$1,462,653	\$362,491
<b>Project status:</b> Anticipated completion in December 2024	

#### University Hospital of Northern BC: Transformer replacement

Project value	FFGRHD funding
\$1,872,664	\$749,065
<b>Project status:</b> Completed in December 2023	

#### University Hospital of Northern BC: Trayline assembly system replacement

Project value	FFGRHD funding
\$2,444,000	\$977,600
<b>Project status:</b> Completed in March 2024	

#### University Hospital of Northern BC: Sterile compounding room upgrade

Project value	FFGRHD funding
\$5,700,000	\$2,280,000
<b>Project status:</b> Anticipated completion in Spring 2025	

QUESNEL

Dunrovin Park Lodge: Heating boilers replacement

Project value	CCRHD funding
\$586,337	\$207,168
Project status: Anticipated completion in November 2024	

G.R. Baker Hospital: ER & ICU addition

Project value	CCRHD funding
\$27,000,000	\$10,800,000
Project status: Completed in May 2023	

VANDERHOOF

Stuart Nechako Manor: Roof replacement

Project value	SNRHD funding
\$9,000,000	\$2,000,000
Project status: Completed in March 2024	



📷 G.R. Baker Memorial Hospital

## Northwest

NWRHD: Northwest Regional Hospital District

### HOUSTON

Houston Health Centre: Air handling unit replacement

Project value	NWRHD funding
\$866,715	\$346,687
Project status: Completed in September 2023	

### PRINCE RUPERT

Prince Rupert Regional Hospital: Emergency department renovation

Project value	NWRHD funding
\$16,500,000	\$6,600,000
Project status: Anticipated completion in Spring 2026	

Prince Rupert Regional Hospital: Domestic hot water upgrade

Project value	NWRHD funding
\$1,092,696	\$437,080
Project status: Completed in April 2024	

Prince Rupert Regional Hospital: Water treatment

Project value	NWRHD funding
\$2,274,960	\$910,000
Project status: Anticipated completion in June 2024	



TERRACE

Mills Memorial Hospital replacement project

Project value	NWRHD funding
\$634,595,000	\$120,200,000
Project status: Open for patients in November 2024	

Terraceview Lodge: Boiler upgrade and HVAC recommissioning

Project value	NWRHD funding
\$549,292	\$219,718
Project status: Anticipated completion in December 2024	

STEWART

Stewart Health Centre: Boiler upgrade

Project value	NWRHD funding
\$850,030	\$340,012
Project status: Anticipated completion in June 2024	



📷 Progress photo of the main entrance of the new hospital in Terrace, July 8, 2024. The new hospital will open for patients in November, 2024.

## Northeast

<b>PRRHD:</b> Peace River Regional Hospital District	<b>NRRHD:</b> Northern Rockies Regional Hospital District
------------------------------------------------------	-----------------------------------------------------------

### CHETWYND

Chetwynd General Hospital: Boiler replacement

<b>Project value</b>	<b>PRRHD funding</b>
\$557,430	\$213,546
<b>Project status:</b> Completed in August 2023	

Chetwynd General Hospital: Nurse call replacement

<b>Project value</b>	<b>PRRHD funding</b>
\$266,000	\$106,400
<b>Project status:</b> Completed in September 2023	

### DAWSON CREEK

Dawson Creek and District Hospital replacement project

<b>Project value</b>	<b>PRRHD funding</b>
\$589,611,000	\$176,883,000
<b>Project status:</b> Anticipated completion in Spring 2027	

### FORT NELSON

Fort Nelson General Hospital: Boiler upgrade and heat recovery

<b>Project value</b>	<b>NRRHD funding</b>
\$784,484	\$273,770
<b>Project status:</b> Anticipated completion in November 2024	

FORT ST. JOHN

Fort St. John Hospital: Patient monitoring system replacement

Project value	PRRHD funding
\$536,408	\$214,563
Project status: Completed in February 2024	

TUMBLER RIDGE

Tumbler Ridge Health Services: Cooling system replacement

Project value	PRRHD funding
\$368,621	-
Project status: Completed in July 2023	



📷 A rendering of the view of the main entrance of the new Dawson Creek and District Hospital Replacement Project.



📷 The Houston Health Centre recieved a X-ray machine replacement.

## Major equipment investments throughout the region

### G.R. BAKER HOSPITAL

Project description	Project value	Regional health fistrict funding	Regional health district
General X-ray	\$626,567	\$250,627	CCRHD
Ultrasound replacement	\$202,782	\$81,113	CCRHD
Chemistry analyzer replacement	\$691,000	\$276,400	CCRHD
Surgical tower replacement	\$307,000	\$122,800	CCRHD



## UNIVERSITY HOSPITAL OF NORTHERN BRITISH COLUMBIA

Project description	Project value	Regional health district funding	Regional health district
IVUS system	\$153,475	\$61,390	FFGRHD
Ultrasound replacement	\$209,481	\$83,793	FFGRHD
X-ray room replacement	\$500,512	\$200,205	FFGRHD
Telemetry and monitoring system upgrade	\$1,227,000	\$323,600	FFGRHD
Chemistry automation	\$9,608,000	\$3,843,200	FFGRHD
Sysmex machines replacement	\$494,433	\$192,510	FFGRHD
Tissue processor replacement	\$195,156	\$78,062	FFGRHD
Maternity and fetal monitoring system	\$324,000	\$93,200	FFGRHD
Anesthesia units x3 replacement	\$407,479	\$143,600	FFGRHD
Eye microscope replacement	\$332,352	\$132,940	FFGRHD
Sterilizer replacement	\$123,353	-	FFGRHD

BULKLEY VALLEY HOSPITAL

Project description	Project value	Regional health district funding	Regional health district
Chemistry analyzers replacement	\$767,000	\$306,800	NWRHD
Anesthetic machine replacement	\$104,250	\$39,915	NWRHD

HOUSTON HEALTH CENTRE

Project description	Project value	Regional health district funding	Regional health district
X-ray machine replacement	\$511,375	\$204,550	NWRHD

KITIMAT GENERAL HOSPITAL

Project description	Project value	Regional health district funding	Regional health district
Bone densitometer replacement	\$159,924	\$63,970	NWRHD
Anesthetic machine replacement	\$101,429	\$40,572	NWRHD

NORTHERN HAIDA GWAII HOSPITAL AND HEALTH CENTRE

Project description	Project value	Regional health district funding	Regional health district
Ultrasound replacement	\$213,598	\$85,439	NWRHD

**PRINCE RUPERT REGIONAL HOSPITAL**

<b>Project description</b>	<b>Project value</b>	<b>Regional health district funding</b>	<b>Regional health district</b>
Ultrasound machine replacement	\$212,418	\$84,967	NWRHD

**WRINCH MEMORIAL HOSPITAL**

<b>Project description</b>	<b>Project value</b>	<b>Regional health district funding</b>	<b>Regional health district</b>
Anesthetic machine replacement	\$102,299	\$40,920	NWRHD

**DAWSON CREEK AND DISTRICT HOSPITAL**

<b>Project description</b>	<b>Project value</b>	<b>Regional health district funding</b>	<b>Regional health district</b>
CT replacement	\$1,957,375	\$779,043	PRRHD
Mobile C-Arm replacement	\$256,691	\$102,676	PRRHD
X-ray replacement	\$899,000	\$359,600	PRRHD
Chemistry analyzers replacement	\$877,000	\$350,800	PRRHD
Anesthetic machine replacement	\$101,344	\$40,538	PRRHD
Patient monitoring system replacement	\$431,000	\$172,400	PRRHD

FORT ST. JOHN HOSPITAL

Project description	Project value	Regional health district funding	Regional health district
Chemistry analyzer replacement	\$1,305,149	\$522,060	SNRHD
C-Arm replacement	\$269,570	\$107,828	SNRHD
Orthopedic fracture table	\$175,356	\$70,142	SNRHD
X-ray room and portable replacement	\$1,195,000	\$478,000	SNRHD
Anesthetic machine replacement	\$103,075	\$41,230	SNRHD



Fort St. John Hospital





# NH FINANCIAL SUMMARY – 2022-2024

# FINANCIAL SUMMARY

## 2022-2024

NH provides a wide range of health services to the population it serves. Each year, NH is challenged to provide high-quality accessible services within the available financial, human, and capital resources. Fiscal years 2022-24 were challenging as NH staff and physicians continued to respond to the drug toxicity and overdose crisis and to transition from the global COVID-19 pandemic phase to an endemic phase. Additionally, the global shortage of physicians, nurses, and other health care professions is having more of an impact on health care organizations servicing rural and remote geographies such as NH.

### 2023

For the fiscal year ended March 31, 2023, NH realized an annual operating surplus of \$0.9 million (0.1% of budgeted expenditures).

\$ thousand	2023 Budget	2023 Actual	2022 Actual
REVENUE	\$ 1,243,400	\$1,220,906	\$1,125,819
EXPENSES	\$1,243,400	\$1,220,064	\$1,126,118
NET SURPLUS (DEFICIT)	-	\$842	(\$299)

## Revenues 2023

Total revenues for the year were \$1.243 billion, an increase of \$95.1 million, or 8.4% from the prior year. Funding from the Ministry of Health is NH's primary source of revenue. In 2022-23, operating funding from the Ministry of Health was \$956.0 million, which represented 78% of total revenues.

## Expenses 2023

Total expenses for the year were \$1.220 billion, an increase of \$93.9 million, or 8.3% from the prior year. Acute care remains the largest sector of expenditure, at \$640.7 million, or 52.5% of total expenses. The next largest sector is community services, at \$301.7 million, or 24.7% of total expenses. Community services is the aggregate term for community care, mental health and substance use, and population health and wellness.

## Variance and trend analysis 2023

An explanation of the significant variances to budget is as follows:

### Revenues

**Ministry of Health contributions** was unfavourable to budget by \$20.4 million. A portion of the Ministry of Health contributions was provided as restricted operating grant and could only be recognized as revenue if the corresponding expenditure was incurred. Unfortunately, due to hiring lags and vacancies, NH was not able to spend the restricted grants as planned and therefore the corresponding was not recognized.



📷 Jilian Sader, Registered Nurse, at the Bulkley Valley District Hospital sets up a baby warmer.

## Expenses

**Long-Term Care** was \$20.4 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 staffing vacancies across the region resulting in shifts being filled at overtime rates or with agency staff.

**Community Services** was \$47.0 million favourable to budget. This category includes mental health, population health and wellness, oncology, home support, specialized community, and the interprofessional teams.

The favourable variance to budget is due to vacancies, primarily in programs funded with restricted operating grants.



## 2024

For the fiscal year ended March 31, 2024, NH realized an annual operating surplus of \$4.695 million (0.3% of budgeted expenditures).

\$ thousand	2024 Budget	2024 Actual	2023 Actual
REVENUE	\$ 1,434,000	\$1,446,403	\$1,220,906
EXPENSES	\$1,434,400	\$1,441,708	\$1,220,064
ANNUAL OPERATING SURPLUS	-	\$4,695	\$ 842

### Revenues 2024

Total revenues for the year were \$1.446 billion, an increase of \$225.5 million, or 18.5% from the prior year. Funding from the Ministry of Health is NH's primary source of revenue. In 2023-24, operating funding from the Ministry of Health was \$1.133 billion, which represented 80.3% of total revenues.

### Expenses 2024

Total expenses for the year were \$1.442 billion, an increase of \$221.6 million, or 18.2% from the prior year. Acute care remains the largest sector of expenditure, at \$778.9 million, or 54.0% of total expenses. The next largest sector is community services, at \$355.4 million, or 24.6% of total expenses. Community services is the aggregate term for community care, mental health and substance use, and population health and wellness.

## Variance and trend analysis 2024

An explanation of the significant variances to budget is as follows:

### Revenues

**Ministry of Health** contributions was unfavourable to budget by \$17.6 million. A portion of the Ministry of Health contributions was provided as restricted operating grants and could only be recognized as revenue if the corresponding expenditure was incurred. Unfortunately, due to hiring lags and vacancies, NH was not able to spend the restricted grants as budgeted and therefore the corresponding revenue was not recognized resulting in an unfavourable variance.

### Expenses

**Community Services** was \$23.3 million or 6.2% favourable to budget. This category includes mental health, population health and wellness, oncology, home support, specialized community, and the interprofessional teams.

The favourable variance to budget is due to vacancies, primarily in programs funded with restricted operating grants.

**Acute** was \$19.4 million or 2.6% unfavourable to budget. This category includes inpatient nursing, perioperative, emergency, outpatients, diagnostics, in-hospital rehabilitation and various other supports such food, housekeeping, laundry, and facility maintenance.

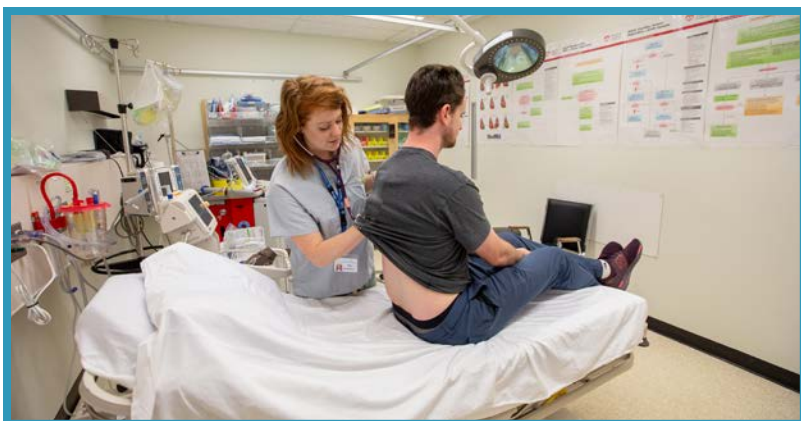
The unfavourable variance to budget is due higher patient volumes than expected and staffing vacancies across the region resulting in shifts being filled at overtime rates or with agency staff.

**Long-Term Care** was \$4.9 million or 2.7% unfavourable to budget. This category includes long-term care, assisted living, rehabilitation, and various other supports such food, housekeeping, laundry, and facility maintenance.

The unfavourable variance to budget is due to staffing vacancies across the region resulting in shifts being filled at overtime rates or with agency staff.

**Corporate Services** was \$6.7 million or 5.9% unfavourable to budget. This category includes human resources, information management, information technology, education, financial services, material management, workplace health & safety, planning, quality, risk management, volunteer services, and communications.

The unfavourable variance to budget is primarily due to unexpected expenditures in information management and information technology.





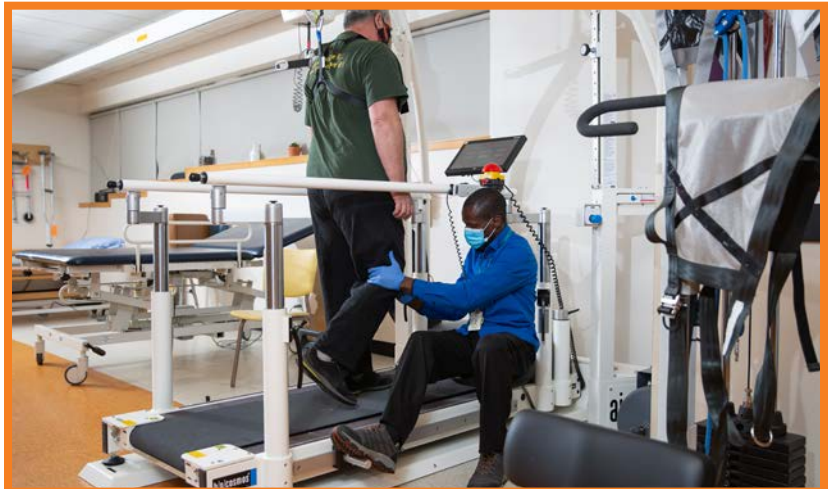
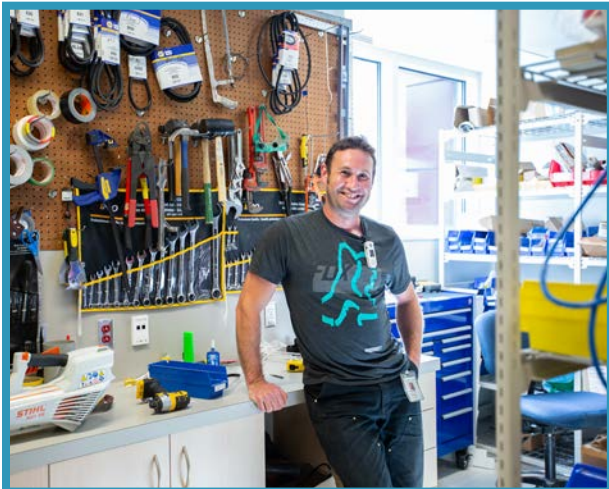


Photo collage: NH covers an area of nearly 600,000 square kilometres and offers health services in over two dozen communities through all our facilities. The population of our communities ranges from a few hundred people to over 80,000 people, for a total regional population of approximately 300,000 people.





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