Northern Health

2014/15 – 2016/17
SERVICE PLAN

July 2014

northern health
the northern way of caring

BRITISH COLUMBIA

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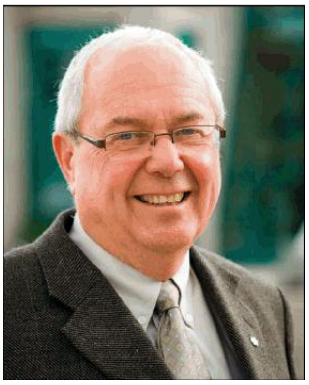
Message from the Board Chair *and* Accountability Statement



Dr. Charles Jago, C.M., Board Chair

On behalf of the Board of Northern Health, I am pleased to present to you Northern Health's Service Plan for 2014/15 – 2016/17.

In the past year, Northern Health has demonstrated a great capacity for working with partners to achieve shared goals. Partnerships have flourished with physicians, business and other organizations and with our communities as we share a common interest in the health of northerners and northern communities. Northern Health brings support to local teams as they work to identify and implement initiatives that can lead to healthier communities. Northern Health continues to work in partnership with physicians to establish integrated, multidisciplinary "primary health care homes" as they are seen as foundational to improvements in health. Partnerships with the University of Northern BC, UBC, the Northern Medical Program, the College of New Caledonia and others continue to yield tangible positive results in training needed staff/professionals and in forwarding a northern/rural research perspective. Northern Health is currently building on a strong relationship with industry leaders to anticipate and address changes in health needs as industrial development changes the demographic and socio-economic make-up of our region.

Northern Health continues to strengthen its focus on quality improvement and there are many positive signs that quality improvement is becoming a more integral aspect of the organization's culture. The Executive and Board keep a close eye on hospital acquired infections (e.g., *C-difficile*; and Methicillin resistant *Staphylococcus aureus*) given the impact they have had on other health organizations across the country. The work that has been done to improve hand hygiene performance, housekeeping (as demonstrated by positive housekeeping audit results reported in 2013) and other precautionary activities has been terrific and the Board encourages continued diligence in these areas. Northern Health welcomed an Accreditation Canada site surveyor visit in June of 2014. The site visit will yield helpful feedback for future quality improvement.

Northern Health has worked with the six Regional Hospital Districts, Foundations and Auxiliaries to implement significant capital development projects across the region. In Burns Lake, we started construction of a $55 Million hospital replacement in 2013/14. In Queen Charlotte City, a new hospital replacement began construction in the fall of 2013 costing $55 Million. We also embarked upon the construction of a new Learning and Development Centre on the University Hospital of Northern BC Site in Price George at $9.85 million in the winter of 2015. In Prince George, Northern Health completed diagnostic service upgrades and infrastructure improvements at the University Hospital of Northern British Columbia (UHNBC) as part of the Northern Cancer Control Strategy and is now nearing completion of the internal renovations for the in-

patient unit called the High Dependency Unit totaling $6.4 million. The Northern Cancer Control Strategy continues to unfold and there is ongoing focus on the recruitment of critical medical positions to support the new BC Cancer Agency Northern Cancer Centre. Further capital projects to keep our facilities running efficiently have been undertaken across the region and are described herein.

Consistent with the Board's expectation, the 2013/14 fiscal year ended with a modest surplus. The Board continues to applaud the organization's operational leadership and staff for their focus on achieving efficiencies while maintaining or growing service delivery.

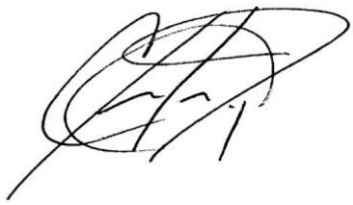
In 2014/15, Northern Health will continue to enact and direct resources toward its strategic implementation plan and priorities. Northern Health will move in partnership with physicians from prototyping to wider implementation of integrated, multidisciplinary "primary health care homes" as they are seen as foundational to improvements in health.

Northern Health will continue to develop and deliver balanced budgets for 2014/15 through to 2016/17. Overall, the economic picture is improving but is impacting communities to varying degrees across the region. In upcoming years, Northern Health will face some challenges as the organization seeks to ensure levels of service that align well with need as community size, demographics and socio-economic conditions change. The Board and Executive are confident in the future of Northern Health, in our staff, physicians and volunteers, and in their ability to rise to these challenges. Northern Health will respond to the people it serves, provide quality health services and continue to seek innovation in order to make Northern Health the model for outstanding rural health care delivery.

The 2013/14 – 2015/16 Northern Health's Service Plan was prepared under the Board's direction in accordance with the *Health Authorities Act* and the British Columbia Reporting Principles. The Plan is consistent with Government's strategic priorities and Strategic Plan, and the Ministry of Health goals, objectives and strategies.

2013/14 has seen much change at the Board level of Northern Health as a number of longstanding members have completed highly productive terms of service. I want to thank our retiring members for their years of service and for their hard work and insight. I believe that together we have provided strong governance for Northern Health and we have established tremendous partnered relationships with our communities. Northern Health has welcomed several new board members who have already demonstrated governance strength and commitment to the work underway in the North. I continue to be proud of the important role played by our governance team in guiding and providing stewardship for the organization.

On behalf of the Board,



Dr. Charles Jago
Board Chair, Northern Health
July 2014

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Overview of Northern Health

Northern Health provides a full range of health care services to the 289,974[1] residents of Northern British Columbia. Serving an area of 592,116 square kilometers[2], it is the largest health region in the province, covering over two-thirds of British Columbia and comprising largely rural and remote communities.

The *Health Authorities Act*[3] gives Northern Health the legislative authority to develop policies, set priorities, prepare budgets and allocate resources for the delivery of health services under a regional health plan that includes: (i) health services provided in the region, or in a part of the region, (ii) type, size and location of facilities in the region, (iii) programs for delivering health services in the region and (iv) human resources requirements under the regional health plan. Northern Health provides the following health services:

- Acute care services at 18 hospitals[4] and nine diagnostic and treatment centres;
- Residential long term care at 13 complex care facilities, and in 10 acute care facilities;[5]
- Home support services and home care nursing visits to clients in their homes;
- Mental health and substance use services, including an extensive network of inpatient, clinic and community services; and
- Population and public health services focusing on health promotion and injury prevention toward the improvement of health for people across the North.

Northern Health works collaboratively with a medical staff comprising some 250 family physicians and 125 medical and surgical specialists. Northern Health is organized into three Health Service Delivery Areas (HSDAs): the Northeast, the Northwest, and the Northern Interior. Each HSDA is led by a Chief Operating Officer, who has overall responsibility for the operations of his or her HSDA. Reporting to each Chief Operating Officer are Health Service Administrators, senior managers who handle the day-to-day provision of services in their community cluster. There are currently thirteen Health Service Administrators in Northern Health.

Northern Health is moving to an organizational structure that is highly integrated at the community and HSDA levels. Services including mental health and substance use and home and community care will be managed within the HSDA, with regional coordination and quality improvement through program councils that are supported clinically and administratively. Population and public health is coordinated on a regional basis. Aboriginal Health for Northern Health is led by a Vice President, Aboriginal Health, coordinating partnerships and providing expert advice, guidance and oversight. Much of the improvement activity in this area is coordinated by local Aboriginal Health Improvement Committees, collaborative groups designed to enhance relationship-building with Aboriginal communities and guide Northern Health in the culturally competent delivery of appropriate services.

Corporate services, including finance, human resources, materials management and others, are based in Prince George. Northern Health is an active partner in the province's Health Shared Services BC.

Northern Health is committed to primary care renewal: working through physicians and community programs to keep people healthy, prevent hospital admissions and actively manage chronic health conditions such as diabetes or high blood pressure. The vast majority of northern physicians practice within Northern Health facilities. They recognize the need for focusing on quality in primary health care and are actively participating with Northern Health to improve service delivery.

Residential complex care facilities in the North are operated by Northern Health, with the exception of two[6] operated under contract. Most northern assisted living facilities are operated by non-profit societies, with Northern Health providing personal care support services and nursing care in most of these settings.

Northern Health is governed by a Board of Directors following the best practices outlined in Part 3 of the Board Resourcing and Development Office's *Best Practice Guidelines Governance and Disclosure Guidelines for Governing Boards of British Columbia Public Sector Organizations*.

Strategic Context

The context for providing health services in British Columbia, and across northern British Columbia, is complex and ever-changing. Planning for the next three years takes into accounts both environmental factors and strategic advantages, as presented below.

Environmental Factors

Rural/Remote Nature of Northern British Columbia

Northern Health seeks to promote good health and provide health services to approximately 7 per cent of the province's population over a vast geographic area (approximately 2/3 of the province geographically). The challenges and opportunities in delivering a continuum of high quality integrated health services in the rural and northern parts of Canada have been well articulated by many. The Romanow Report, Rural Health in Rural Hands and the Health Care in Canada series, amongst others, paint a picture of rural Canadian landscapes, populations and health services with significant opportunities and challenges. [7] [8] [9] [10] These reports and many others can be found on the "What is Rural" page of the Community Health Information Portal: a public resource that is maintained by Northern Health.[11]

Challenges exist in northern British Columbia. Small clustered populations (less than 0.4 persons per sq. km)[12] scattered across vast geographies mean that economies of scale are difficult to achieve. The vast geography makes accessing services difficult for patients and it complicates the referrals and relationships that exist between practitioners.[13] Additionally, many communities exist on the other side of the digital divide and lack other supporting infrastructures such as low cost public transit.[14] [15] These challenges and others related to human resources, transient resource-sector populations, poorer health status and a rising burden of chronic diseases are discussed in greater detail, later in this document.

As a highly distributed health region, relatively small facilities/services are a common element of Northern Health's service offerings. Smaller facilities/services are difficult to maintain as they can often be affected by the presence/absence of single individuals. The departure of a single practitioner, for instance, can have a significant impact on many northern communities. They also operate with a cost structure that is nearly all "fixed." For such services, efficiencies are not available "on the margin" – the facilities and services are either open or they are not.

The distributed nature of the northern population challenges Northern Health when considering service distribution and mix. Many types of service benefit both in efficiency and effectiveness from consolidation into service units that are able to achieve critical staffing levels and patient volumes. It is often true that service quality is directly related to volume of work and repetition of clinical skills. In spite of this, healthcare services are seen as essential to sustainability of each of our communities and patients have an overall preference for service closer to home. To address this paradox, Northern Health has entered into dialogue with some of our communities to collectively and creatively find the right balance of sustainable local service and strong, reliable secondary/specialty services as close to home as possible.

For the North, opportunities lie in integrated, intersectoral, collaborative approaches where services are organized so that they address the needs and characteristics of the population and in a manner where teamwork and interdisciplinary collaboration are expected from providers. [16] [17] [18]

Northern Health knows the rural landscape and is committed to further developing its system of high-quality, integrated health care services.

Human Resources and Health System Infrastructure

Despite expanded education and training programs for health professionals and health workers in British Columbia, ensuring the availability of human resources remains a challenge for the health care system.[19] As the population ages, so too does the health care workforce. Looming retirements in the health workforce combined with the rising demand for services and increased national and international competition for health professionals impact the province's ability to maintain an adequate supply and mix of health professionals and workers for British Columbia's health system.

Given Northern Health's unique rural context and service mix, there will continue to be a need for ongoing development of northern education for northern students in partnership with community colleges and University of Northern British Columbia (UNBC).

Another challenge in delivering health services is the need to maintain and improve the health system's physical infrastructure. The health system is faced with the continuous need to update or expand health facilities, medical equipment and information technology to ensure it provides high quality and safe health care to British Columbians.

Socio-Economic Context

The northern rural economy is significantly a resource based economy. It has and continues to generate much of this province's revenue and wealth.[20] Despite this contribution, some of the least diversified and vulnerable local economies in the province are found in the North. [21]

Other dimensions of our uniquely rural and resource based economy are reflected in the Socio-economic Indices (SEI) that are produced by BC Stats. For example, during 2011, the SEI reported that there were no Local Health Areas (LHAs) in the North that performed above average on the composite index. The SEI also indicated that northern LHAs consistently ranked amongst the worst in British Columbia on the Education Risk Index, the Children at Risk Index and Youth at Risk Index.[22]

Transient Resource Sector Populations

The resource sectors have contributed greatly to the health and prosperity of communities in northern British Columbia and to British Columbia as a whole.[23]

Underlying this growth is a fluid or transient workforce, including both men and women, many of whom have permanent homes elsewhere in BC and Canada. Northern communities, mayors and councils and others have raised concerns regarding the impact of resource sector projects on communities. Northern Health recognizes these concerns and views them as important considerations that merit attention and health resources, especially as these relate to ensuring the health of people and communities across the North.[24]

Northern Health recognizes the need to work proactively with the resource sector to understand the health issues related with resource development. To this end an Office of Health and Resource Development has been created within our public health sector. Staff members within this office are monitoring the environmental assessment applications within Northern Health geographic region. They are working with the resource based companies by sharing information regarding current health services capacity and establishing collaborative relationships to address environmental and health services issues related to individual projects.

Variations in Health Status

Residents of northern British Columbia have significantly poorer health than residents of British Columbia as a whole. This burden of poorer health is broadly distributed throughout the population and is not, as is commonly presumed, to be only associated with poorer health status amongst Aboriginal people.

This poorer level of health in northerners is reflected across all health status indicators including the internationally recognized Standardized Mortality Ratio (SMR). The SMR compares the actual number of deaths in a population to the number of deaths that are expected to occur. This measure is also consistently correlated with higher burdens of population illness, higher unmet health needs and, correspondingly, with higher health service utilization.

During the five year period of 2007 – 2011, based on national averages, we would have expected to see 6,981 deaths within the population of northern BC. In reality, there were 8,910 deaths. In other words, we experienced almost 2,000 more deaths in this five year period than would have been expected based on the national average.[25] [26] [27]

Aboriginal Peoples and Communities

While the health status of Aboriginal people has improved in several respects over the past few decades, the Aboriginal population in British Columbia continues to experience poorer health and a disproportionate rate of chronic diseases and injuries compared to other British Columbia residents.[28] [29] Northern Health continues to work with Aboriginal people and communities on approaches that better address their health needs and to provide services in a culturally competent manner.

Population Change

Northern British Columbia faces considerable change in its population and demographics. These changes can be overlooked in province-wide analyses as the numbers are small in proportion to the larger population bases in the lower mainland. They are significant, however, from a northern perspective and from the perspective of the economic activity they represent.

Official population projections are slow to recognize some aspects of change in the population. The Northwest and Northeast Health Services Delivery Areas are experiencing industrial and economic development growth.

In the Northwest, this growth is expected to continue over the next decade, particularly in the Prince Rupert, Kitimat, and Terrace areas. Over the next five years, development in the North West is projected to have the following impacts:

- Significant industrial activity oriented toward liquid natural gas processing and transport
- Some downsizing of the forest sector in relevant communities
- Large influx of temporary workers related to construction and development with significant permanent job growth
- Significant cost of living impact

In the North East, this growth is expected to continue over the next decade, particularly in the North Peace. Over the next five years, development in the North East is projected to have the following impacts:

- Significant industrial activity oriented toward natural gas and hydro-electric energy production
- Short and long-term workforce increases through to 2018
- Increase in permanent workforce related to new coal mining developments in the Tumbler Ridge area
- Continued cost of living impact.

These pressures will require considerable focus and flexibility as there are many variables that will determine the short and long-term impact of this development on Northern Health's services.

These anticipated changes in population related to industrial development in both Health Service Delivery Areas highlight the need for capital redevelopment of Dawson Creek District Hospital and Mills Memorial Hospital in Terrace. These facilities have been under consideration for capital redevelopment and based on current analysis both these facilities are inadequate to meet the expected demands over the next five to ten years.

In addition to the pressures described above, an aggregate analysis masks two challenges facing Northern Health: a rapidly aging population, bringing with it a variety of health challenges including frailty, chronic disease and dementia; and proportionately more children and youth, many of whom are considered "at risk."

A Rising Burden of Chronic Disease

Chronic diseases are prolonged conditions such as diabetes, depression, hypertension, congestive heart failure, chronic obstructive pulmonary disease, arthritis and asthma. People with chronic conditions represent approximately 34 per cent of the BC population and consume approximately 80 per cent of the combined physician payment, PharmaCare and acute (hospital) care budgets.[30]

The evidence shows there are opportunities to prevent these diseases and that many deaths, hospitalizations and costs can be attributed to a handful of risk factors: smoking, obesity, physical inactivity, and poor nutrition. It is known that addressing these risk factors can prevent or delay the onset of many chronic conditions. [31] The evidence also shows that there are opportunities to better manage these conditions and to improve outcomes through integrated approaches that include patient self-management strategies.[32] [33] [34] During 2010 /11 there were an estimated 15,995 newly diagnosed cases related to chronic illness among northern residents.[35]

With the recent advances in health, we might consider the impact of expanding the existing definition of chronic diseases to include certain cancers, mental illnesses, HIV, and Hepatitis C, as people with these conditions can often live long, productive and rewarding lives if their care is well managed.[36] [37] [38]

Mental Health and Substance Use Disorders

In addition to the pressures arising from the upcoming demographic changes, mental health and substance use issues continue as endemic factors in northern rural communities. While some Aboriginal communities face particularly severe challenges, as demonstrated by evidence of higher rates of addiction and suicide, non-Aboriginal communities face significant pressures as well. Mental health and substance use issues pose a significant challenge to the health care system. They are, in and of themselves, difficult to address and recidivism rates are high, especially where affected individuals cannot easily leave a high risk environment. Homelessness or unreliable low standard housing and minimal positive family/social networks continually expose individuals to risk and offer little in the way of reliable support. Mental health and substance use issues also present as difficult underlying complications in other clinical/physical problems, preventing or significantly impeding successful treatment and management.

Strategic Advantages

Northern Health clearly faces a variety of challenges given the dispersed population and the higher incidence of illness and risk across northern British Columbia. But a number of unique "strategic advantages" also exist that will be helpful as Northern Health works with physicians, staff and other organizations to address the health needs of the region.

Motivated Communities and Staff and Physicians

Northern British Columbia is comprised of a large number of relatively geographically defined communities. While there are certainly residents spread across a vast geographic area, it is possible to identify travel patterns and "catchment" relationships. Northern residents hold a strong sense of community and are highly motivated to sustain and enrich their communities.

This presents opportunities for Northern Health to enter into an ongoing dialogue with communities about health in order to work in partnership to promote healthier lifestyles and to plan and support high quality sustainable health services.

The sense of community translates at the level of Northern Health's staff and the physicians of northern British Columbia as well. Rural community living brings a spirit of common interest and creativity to staff and physicians. New approaches, new roles and team approaches are often established by local groups as a way to overcome challenges.

Established Foundation of Primary Health Care

Northern British Columbia is unique in British Columbia in the degree to which primary health care has evolved as the foundation of its health care delivery system. In general, physicians across the North are committed to quality improvement in their primary care practices and to ensuring service comprehensiveness and continuity after hours. Approximately 98 per cent of the physicians practicing in northern British Columbia have a relationship with Northern Health, usually holding hospital privileges and often providing emergency care, obstetrical care and service to residents in residential care facilities. In some of northern British Columbia's larger communities, Divisions of Family Practice are developing and are establishing processes for joint planning, improvement and communication.

Northern British Columbia physicians have also taken advantage of electronic medical records (EMRs) at a higher rate than other jurisdictions and have availed themselves of opportunities to integrate with Northern Health information systems. Recent indications suggest that approximately 75 per cent of the physicians practicing in northern British Columbia are making meaningful use of EMRs through such processes as drawing laboratory test results from Northern Health's information system into their electronic records. Many of these physicians are also actively using information from the EMR to monitor quality of care and outcomes for patients.

A Spirit of Partnership

While the vast majority of health issues faced by residents of Northern British Columbia can be addressed within the North, Northern Health is unable to provide specialized tertiary and quaternary services. Neurosurgical services, cardiac surgery and transplant services are some examples where Northern Health lacks the professionals and infrastructure to offer full service and does not currently have the volumes that would warrant program development in the near future. For such services, Northern Health works in partnership with other Health Authorities, particularly the Provincial Health Services Authority and Vancouver Coastal Health Authority, to plan and ensure a strong continuum of care. It is with this spirit of partnership that Northern Health is able to provide quality services in the areas of cancer care, renal care, maternal and neonatal care, trauma care and HIV management.

Goals, Objectives and Performance Measures

Northern Health is responsible for providing health services based on government goals and directions. The Ministry of Health has established three overarching goals that set the strategic stage for Northern Health:

- Support the health and wellbeing of British Columbians
- Deliver a system of responsive and effective health care services across British Columbia
- Ensure value for money.

Northern Health Implementation Strategy

Under these provincial goals, Northern Health has established an implementation strategy that is guided by a clear mission, vision and directions that reflects our northern/rural context and our existing challenges and strengths.

Mission

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

Vision

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

- Northern Health is known for our strong primary health care system. People experience seamless and coordinated service. The Primary Health Care Home is the foundation for multidisciplinary health care and helps people navigate across services
- Northern Health involves people and their families in their own health and health care. Individuals and families feel respected and are treated compassionately
- Northern Health provides high quality health services, using evidence and innovation, to meet the needs of our northern and rural populations. We are known for the creativity of our staff and physicians and for our innovative use of technology to care for people as close to home as possible
- Northern Health is recognized as an outstanding place to work, learn and grow. We foster a safe and healthy work environment. Education and development of people in the north and for the north attracts and retains staff and physicians
- Northern Health works with communities and organizations to support northern people to live well and prevent injury and illness. The health status of northern people is improving faster than the rest of British Columbia.

Directions

- Northern people will have access to integrated health services, built on a foundation of primary health care
- Northern Health will create a dynamic work environment that engages, retains and attracts staff and physicians
- Northern Health will lead initiatives that improve the health of the people we serve
- Northern Health will ensure quality in all aspects of the organization

Northern Health has identified a number of critical priorities and tactics related to our provincial strategic goals. These priorities are described briefly below.

Goal 1: Support the health and wellbeing of British Columbians

Objective 1: Implement targeted and effective primary prevention and health promotion

Northern British Columbia faces the highest incidence in the province of chronic disease and behavior related illness/injury. Evidence suggests that over time a primary prevention and health promotion agenda can make progress in improving the overall health of the population. Following are specific initiatives related to this important objective.

1. Partner with First Nations and Aboriginal peoples to plan and implement initiatives that will improve health and wellness. In collaboration with Aboriginal peoples, Northern Health has established the *Northern Health Aboriginal Health Plan*. In 2014/15 Northern Health will work to implement elements of the plan in partnership with the First Nations Health Authority
2. Partner with communities to implement initiatives that will lead to healthier communities with residents making healthier choices. Northern Health's "Healthy Communities" strategy has been highly effective at establishing shared improvement plans with community partners. Northern Health will continue to implement these strategies with communities. Northern Health will also look to work in partnership with physicians to profile the effectiveness of the Divisions of Family Practice and to optimize the use of Aggregated Metrics for Clinical Analysis, Research and Evaluation (AMCARE) to support the understanding of the health of our population and for monitoring agreed improvement initiatives
3. Improve the health of our own workforce. Northern Health will establish focused health improvement goals for our workforce and implement improvement strategies.

Performance Measure 1: Healthy Communities

Performance Measure	2011/12 Baseline	2014/15 Target	2015/16 Target	2016/17 Target
Percent of communities that have completed healthy living strategic plans	15%	38%	44%	53%

Data Source: Survey, Healthy Living Branch, Population and Public Health Division, Ministry of Health.

Discussion

Community efforts to support healthy living through planning, policy, built environments and other mechanisms are critical to engaging individuals where they live, work and play. Sustained community level actions across our communities will help to decrease the number of residents who develop chronic diseases. Northern Health continues to advise communities and local governments on comprehensive healthy living plans while building closer working structures to facilitate health promotion at the community level.

Goal 2: Deliver a system of responsive and effective health care services across British Columbia

Objective 2: Provide patient centered care

Patient centered care will be foundational for Northern Health's implementation strategy. The degree to which a health system is patient centered stems from a variety of aspects that are forged in its history and embedded in its culture. Three approaches can be taken to influence movement toward a patient orientation:

- Planning and implementation processes that explicitly focus on the patient. Tools like patient journey mapping and the involvement of Patient Voices Network are helpful in this regard
- Measurement of patient outcomes and opinions about the services they receive
- Focusing on staff/physician engagement. Research evidence suggests that engaged staff and physicians provide more patient oriented service. Steps taken toward improvement of the work environment are steps taken toward enhancement of patient centered care.

Following are specific initiatives related to this important objective.

1. Measure and improve the caring patient experience. Northern Health will develop measures of satisfaction and caring patient experience
2. Enhance engagement by meaningfully involving staff and physicians in building a culture of staff and patient safety and caring patient experience. Northern Health has observed that involvement of staff and physicians in quality improvement initiatives leads to greater engagement
3. Develop the organization's leaders. Strong management and leadership skills are critical to establishing positive work environments. Northern Health will provide focused development for people with management roles; particularly those who manage/supervise direct service teams
4. Establish an environment that enhances retention of staff and physicians. Reinforce effectiveness and work life balanced through a state of proactive continuous recruitment.

Objective 3: A system of primary and community care built around inter-professional teams and functions

Northern Health will work with physicians to continually improve and better align primary health care and community services so all residents of northern British Columbia are served better. It is believed that frail elderly, people with mental health and substance use issues, people with chronic conditions and families with babies will benefit most from such improvements so these populations will be the focus of much of the work. Following are specific initiatives related to this important objective.

1. Enhance flow throughout the system building on the foundation of the primary care home. Northern Health will continue to work with physicians in their clinics to support quality improvement.
2. Transform to team based care models that will improve outcomes for the people we serve. Northern Health will work with physicians to enhance teams based on needs of patient populations within and in support of the primary care home
3. Implement structure change to facilitate and support the vision of integrated accessible health services. Northern Health will reorganize its structure to ensure that the approach to management supports and facilitates the integrated team approach

Objective 4: Strengthen the interface between primary and specialist care and treatment

While the focus on primary care establishes a foundation for our health system, Northern Health will continuously improve overall patient flow and integration with high quality specialty services. Following are specific initiatives related to this important objective.

1. Enhance flow throughout the system building on the foundation of the primary care home. Northern Health will continue to implement the *"care in the right place"* strategy to enhance optimal care based on a patient's needs and to facilitate patient flow through the system
2. Develop and implement focused specialty service plans. Surgical, renal, pain management and acute care services will be reviewed for opportunities to continuously improve quality and service effectiveness.

Objective 5: Timely access to quality diagnostics

Access to diagnostic services is critical to seamless and timely care. As demand for diagnostic imaging and laboratory testing rises, continuous improvement in both quality and cost are important elements of a sustainable strategy for the health system. Following are specific initiatives related to this important objective.

1. Assess service models and quality for diagnostic and therapeutic services. Northern Health will examine process flows for diagnostic imaging services to ensure standardization, systems alignment/training and clear accountabilities. Northern Health will also develop and implement a diagnostic imaging strategy

Objective 6: Review and improve acute care services

Acute care is the largest and most expensive sector in the health care system. Within this sector, the use of hospitals is changing. Advances in technology and techniques have led to less use of inpatient beds for surgical recovery. A majority of the inpatient bed capacity in many hospitals is now used for our growing population of frail seniors and we must ensure those services are delivered appropriately for those patients. Renewal of acute care services will depend upon:

- Success of the cross-system focus on specific patient populations described in Objective 3
- Achievement of significant improvement in timely access to appropriate medical treatments and procedures
- Achievement of significant improvement in timely access to appropriate surgical treatments and procedures

Following are specific initiatives related to this important objective.

1. Enhance flow throughout the system building on the foundation of the primary care home. Northern Health will continue to implement the *"care in the right place"* strategy to enhance optimal care based on a patient's needs and to facilitate patient flow through the system. Care in the right place involves mapping and improving the flow within and from acute care services including medical and surgical service areas. Northern Health will build improvement opportunities into capacity models to inform future planning and capital development
2. Transform to team based care models that will improve outcomes for the people we serve. Northern Health will work with physicians to enhance teams based on needs of patient populations within and in support of the primary care home
3. Measure and improve the caring patient experience. Northern Health will develop measures of satisfaction and caring patient experience
4. Establish a culture of improvement. Northern Health will organize to ensure medical co-leadership at all organizational levels. Northern Health will also implement a renewed education service that is oriented toward quality improvement

5. Implement improvement in targeted clinical areas. Northern Health will articulate priorities, plan, establish leadership, measure, implement and monitor progress in key high-impact improvement initiatives. Northern Health will align the management system to provide consistent reinforcement and information flow about quality objectives and improvement efforts.

Objective 7: Increased access to an appropriate continuum of residential care services

As the population of northern British Columbia changes toward a higher proportion of elderly, pressure is anticipated on residential care services. However residential care is not always the "right" answer. Evidence suggests that a higher proportion of needs can be better met at home with the right supports. Northern Health must implement initiatives to strike a better balance of home and residential care delivery and must expand the options available in residential care to meet the changing needs of our population. Following are specific initiatives related to this important objective.

1. Enhance flow throughout the system building on the foundation of the primary care home. Northern Health will continue to implement the *"care in the right place"* strategy to enhance optimal care based on a patient's needs and to facilitate patient flow through the system. Care in the right place involves mapping and improving the flow within and from acute care services including redirection or transfer to home and residential care services. Northern Health will build improvement opportunities into capacity models to inform future planning and capital development
2. Transform to team based care models that will improve outcomes for the people we serve. Northern Health will work with physicians to enhance teams based on needs of patient populations within and in support of the primary care home. Home based services will be realigned to support care at home to the greatest extent possible.

Performance Measure 2: Managing Chronic Disease in the Community

`	2009/10 Baseline	2014/15 Target	2015/16 Target	2016/17 Target
Number of people with a chronic disease admitted to hospital per 100,000 people aged less than 75 years (Ambulatory Care Sensitive Conditions admissions rate)	460	443	401	379

Data Source: Discharge Abstract Database, Business Analytics Strategies and Operations Branch, Health Sector Planning and Innovation Division, Ministry of Health

Discussion

This performance measure tracks the number of people with select chronic conditions, such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. People with chronic conditions need the expertise and support of family physicians and other health care providers to manage their disease in order to maintain their functioning and reduce complications that would require more medical care. Proactive disease management reduces hospitalizations, emergency department visits, some surgeries and repeated diagnostic testing, all of which helps to maintain quality of life for people with chronic conditions, and help to control the costs of health care. As part of a larger initiative to strengthen community-based health care and support services, family doctors, home health care providers and other health care professionals are working together to provide better care in the community and at home to help people with chronic disease to remain as healthy as possible.

Performance Measure 3: Home Health Care and Support for Seniors

Performance Measure	2013/14 Baseline	2014/15 Target	2015/16 Target	2016/17 Target
Rate of people aged 75+ receiving long term home health care and support, per 1,000 people	87	90	93	96

Data Source: P.E.O.P.L.E. 2013 population estimates, BC Stats; Home and Community Care Minimum Reporting Requirements (HCCMRR) Data Warehouse, Business Analytics Strategies and Operations Branch, Health System Planning Division, Ministry of Health.

Discussion

This performance measure tracks the rate of seniors (aged 75+ yrs) who receive long term home health care services such as case management, light housekeeping, assisted living and adult day services. While the majority of seniors experience healthy aging at home, there is a growing need for community care options to support people who need supports to manage daily living tasks. This support helps people manage chronic disease and frailty, and may prevent falls or other incidents that potentially can result in hospital care or require a move to a residential care setting. As part of a larger initiative of strengthening community-based health care and support services, the health authorities are expanding home health care services and ensuring that seniors at higher risk are made a priority in the provision of care. This focus, combined with the use of technology to aid in monitoring wellbeing, can significantly improve quality of life and other health outcomes for seniors.

Performance Measure 4: Access to Surgery

Performance Measure	2013/14 Baseline	2014/15 Target	2015/16 Target	2016/17 Target
Per cent of non-emergency surgeries completed within 26 weeks	93%	93%	94%	95%

Data Source: Surgical Wait Times Production (SWTP), Business Analytics Strategies and Operations Branch, Health System Planning Division, Ministry of Health.

Notes:

1. The total wait time is the difference between the date the booking form is received at the hospital and the date the surgery is completed. The day the booking form is received at the hospital is NOT counted.
2. Periods when the patient is unavailable (e.g., travelling) are excluded from the total wait time.

Discussion

In the last several years, British Columbia's health system has successfully reduced wait times for cataract, hip and knee replacement, hip fracture and cardiac surgeries. Expanded surgical activity and Patient-Focused Funding combined with continuous effort to foster innovation and efficiency in British Columbia's hospitals, will improve the timeliness of patients' access to an expanding range of surgical procedures. This performance measure will track the proportion of non-emergency surgeries that are completed within 26 weeks, although many surgeries are completed in a much shorter time frame.

Goal 3: Ensure value for money

Objective 8: Evidence informed access to clinically effective and cost effective pharmaceuticals

A continued focus on ensuring timely and evidence informed access to pharmaceuticals that are safe, therapeutically beneficial and cost effective will improve both patient care and value for money. Following are specific initiatives related to this important objective.

1. Assess service models and quality for diagnostic and therapeutic services. Northern Health will continue to implement proven approaches for delivering high quality pharmacy services. Innovative use of technology will continue to be a cornerstone for meeting the needs of Northern Health's rural population

Objective 9: Align workforce, infrastructure, information management, and technology resources to achieve patient and service outcomes

A high performing health system is one that uses its resources in the best way possible to improve health outcomes for patients. Ensuring the health system has sufficient numbers and the right mix of health professionals is critical to providing the services that will meet northerners' needs now and in the future. Health care providers must also be appropriately supported by leadership, information management systems, technologies and the physical infrastructure to deliver high quality services as efficiently as possible.

To ensure appropriate support and enablement of the strategic priorities reflected in this document, Northern Health will implement appropriately targeted support plans including:

- Human resources with a specific focus on continuing physician engagement and addressing recruitment and retention pressures brought about by industrial development particularly in the northeast and northwest
- Information management and information technology with a specific focus on ensuring that systems support the vision of integrated accessible health services with a foundation in the primary care home
- Capital facilities and equipment with recognition of the development needs/pressures in Terrace and the northwest and with a view toward development and innovative approaches in diagnostic imaging including MRI.

Objective 10: Continue to ensure efficiency, collaboration and quality improvement to ensure sustainability of the publicly funded health system

An efficiently managed health system ensures resources are spent where they will have the best health outcome. A focus on budget management and efficiency, along with collaboration and quality improvement

must be continually pursued in partnership with the Ministry of Health, Health Authorities and other partners to ensure the publicly funded health system is effective and affordable for the citizens of northern British Columbia.

Northern Health will continue to develop and nurture a vast array of partnerships to better enable needs identification, planning and service delivery and to reflect the various roles the organization plays in northern communities (e.g., roles in education, research, employment, etc.). Among others, Northern Health will continue to partner with:

- Regional Hospital Districts (RHDs) including twice-yearly meetings between Board and RHD members, attendance at Union of BC Municipalities (UBCM) and North Central Local Government Association (NCLGA) and ongoing communication among community leaders/members and Northern Health Chief Operating Officers and Health Service Administrators
- First Nations communities through the partnership accord with the First Nations Health Authority, First Nations Health Council Northern Caucus and Northern First Nations Partnership Council
- Divisions of Family Practice – including ongoing designation of senior management support to each Division and involvement of Division members in Board annual meeting activities
- Municipal leadership through the Partnering with Communities initiatives
- Industry through annual consultation and the recent development of a Northern Health office to support Impact Assessment processes.

Performance Measure 5: Nursing Overtime

Performance Measure	2010/11 Baseline	2014/15 Target	2015/16 Target	2016/17 Target
Nursing overtime hours as a percent of productive nursing hours	4.9%	≤4.0%	≤4.0%	≤4.0%

Data Source: Based on calendar year. Health Sector Compensation Information System (HSCIS). Health Employers Association of British Columbia (HEABC).

Discussion

This performance measure compares the amount of overtime worked by nurses to the overall amount of time nurses work. Overtime is a key indicator of the overall health of a workplace. High rates of overtime may reflect inadequate staffing or high levels of absenteeism, resulting in workload issues and increased costs. Reducing overtime rates by addressing the underlying causes not only assists in reducing direct (e.g., labour) and indirect (e.g., unengaged staff) costs to the health system, it also helps promote both patient and caregiver safety.

Resource Summary

Following is a summary of Northern Health's 2013/14 closing financial status and budgets/plans for 2014/15 through to 2016/17.

($ millions)	2013/14 Actual	2014/15 Budget	2015/16 Plan	2016/17 Plan
OPERATING SUMMARY				
Provincial Government Sources	646.9	662.5	666.7	675.5
Non-Provincial Government Sources	98.7	96.8	101.0	99.9
Total Revenue:	745.6	759.3	767.7	775.4
Acute Care	434.8	432.8	435.3	437.3
Residential Care	97.4	96.5	97.9	98.9
Community Care	52.2	75.3	77.9	80.8
Mental Health & Substance Use	48.8	54.2	55.2	56.2
Population Health & Wellness	37.1	38.4	38.8	39.3
Corporate (Note a)	61.4	62.1	62.6	62.9
Total Expenditures:	731.7	759.3	767.7	775.4
Annual Operating Surplus	13.8	-	-	-
CAPITAL SUMMARY				
Funded by Provincial Government	38.3	54.5	11.1	8.3
Funded by Foundations, Regional Hospital Districts, and Other Non-Government Sources	14.6	41.9	22.8	8.2

a) Includes information technology infrastructure, corporate expenditures, human resources, financial services, capital planning, workplace health and safety, internal/external communications and administration

Health authorities are implementing Public Sector Accounting standards for the 2014/15 fiscal year and have made adjustments to sector expenditure reporting to improve consistency, transparency and comparability.

Capital Projects

Northern Health's Capital Asset Management Plan consists of three major avenues of spending to maintain and improve the asset base consisting of human resources, technology, facilities and equipment. These resources are applied strategically in order to provide the breadth of services Northern Health is responsible for across its geography. Funding is received from the Ministry of Health, Regional Hospital Districts and through donations from Foundations and Auxiliaries. Maintenance and enhancement of capital and information infrastructure improves Northern Health's capacity to fulfill its strategic plan and to continue to operate in an efficient, effective manner.

Following is a list of approved capital projects (those with a total project cost of greater than $2 million) currently under way.

Capital Project	Project Budget ($million)
Lakes District Hospital and Health Centre Replacement	55.0
Queen Charlotte/Haida Gwaii Hospital Replacement	50.0
Northern Health Learning & Development Centre	9.9
University Hospital of Northern BC - Renovations for cancer care	8.6
Integrated Community Clinical Information System	3.5
Transition to Provincial Data Centre	2.4

Contact Information

For more information on Northern Health, please visit www.northernhealth.ca, send an email to hello@northernhealth.ca or call 250-565-2649.

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4 As at April 1, 2012 there are 525 acute care beds open and in operation

5 As at April 1, 2012 there are: 1,062 complex care beds and 35 respite care beds provided in the 23 noted facilities. Also allocated across northern British Columbia are 307 assisted living units

6 Simon Fraser Lodge operated by Buron Health Care; and complex care beds within Wrinch memorial Hospital Hazelton operated by United Church Health Services and affiliated with Northern Health.

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