

Northern Health

**2015/16 - 2017/18
SERVICE PLAN**

April 2015
(Version 3)

For more information on
Northern Health, see Contact Information

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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 2015/16 - 2017/18.

Looking back on the accomplishments of 2014/15, I am struck by the amount and variety of work undertaken by Northern Health and the initiative and commitment demonstrated by our staff and physicians. The Canada Winter Games held recently in Prince George is a prime example. Not only did Northern Health staff and physicians help host and support the tremendously successful Canada Winter Games, but some took it upon themselves to ensure that we were prepared for any health event that might occur during the games and to leave a legacy planning document for others.

Northern Health's ability to demonstrate this degree of innovation and commitment is particularly noteworthy given the intense pressure that has been felt as a result of the economic and demographic changes within our region. Throughout 2014/15 we have experienced unprecedented pressure on our hospital and residential care capacity. While these pressures continue, our strategic focus over recent years will enable us to effectively address these issues. We have seen improvement stemming from our priorities in quality improvement, primary care and community integration, and care in the right place.

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 monitor a variety of quality indicators and we have been pleased to see that improvement efforts have led to gains as we seek to: reduce in-facility falls, enhance the use of surgical checklists, reduce hospital acquired infections and ensure rigorous prevention, detection and management of sepsis and venous-thromboembolism (blood clots). Northern Health welcomed an Accreditation Canada site surveyor visit in June of 2014. The site visit resulted in an "accredited" status for Northern Health facilities and services. Northern Health received very positive recognition from the survey team along with advice that will help us to continuously improve.

Northern Health has worked with the six Regional Hospital Districts, Foundations and Auxiliaries to implement significant capital development projects across the region. The Lakes District Hospital and Health Centre was completed in 2014/15 and is truly an outstanding, state-of-the-art facility. In the Village of Queen Charlotte/Haida Gwaii a new hospital replacement project began construction in the fall of 2013 and is moving well toward completion in 2015. Construction of the Learning and Development Centre on the University Hospital of Northern BC Site is close to completion and occupancy is planned for early 2015/16. On the topic of "partnership" I would also like to highlight our continuing work with communities to collaboratively identify and address the unique health needs of our aging population and the tremendous

work we have undertaken to identify priorities toward the improvement of the health of First Nations people through the Northern First Nations Health Partnership Committee.

Consistent with the Board's expectation, the 2014/15 fiscal year ended in balance. 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 2015/16, 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 2015/16 through to 2017/18. 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 2015/16 - 2017/18 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 derivative of Government's strategic priorities and Strategic Plan, and the Ministry of Health goals, objectives and strategies.

In 2014/15 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. Sadly, I must note the passing while recognizing the life and many accomplishments of our Board colleague and friend Louise Burgart.

The Ministry of Health 2015/16 - 2017/18 Service Plan was prepared under my direction in accordance with the Budget Transparency and Accountability Act. I am accountable for the basis on which the plan has been prepared.

On behalf of the Board,



Dr. Charles Jago
Board Chair, Northern Health
April 2015

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Organizational Overview

Northern Health provides a full range of health care services to the 289,974¹ residents of Northern British Columbia. Serving an area of 592,116 square kilometers², 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 hospitals⁴ 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 fourteen Health Service Administrators in Northern Health.

Northern Health is moving to an organizational structure that is highly integrated at the community and HSDA levels. Mental Health & Addictions, Home & Community Care and Public Health services are all moving to integrate better with primary care/physicians services at the community level. Some more specialized services will be available at the HSDA and regional level. Regional coordination and quality improvement will be undertaken through focused regional teams and through quality improvement programs. 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 First Nations communities and organizations serving Aboriginal people 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 two⁶ 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 Direction and 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 seven per cent of the province's population over a vast geographic area (approximately two thirds 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, paints 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 the 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 the 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. Northern Health continues to work with Ministry and partners to establish and implement strategies for examining the cumulative effects of industrial development.

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 First Nations communities on approaches that better address their health needs and to provide services in a culturally competent manner.

Addressing the unique needs of First Nations and Aboriginal populations is a high priority for the health authority and for the B.C. health system as a whole.

On October 1, 2013, core functions from Health Canada's First Nations Inuit Health Branch BC Region were transferred to the First Nations Health Authority (FNHA). These included responsibility for primary care and public health programs, management and protection of personal information, environmental and community health programs, along with funding agreements.

By working closely with the FNHA, the health authority will work to ensure coordinated planning and service delivery efforts in support of BC First Nations health and wellness objectives.

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 Northwest 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 Northeast, this growth is expected to continue over the next decade, particularly in the North Peace. Over the next five years, development in the Northeast 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 Mills Memorial Hospital in Terrace and Dawson Creek Hospital. 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}

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.^{35 36 37}

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 First Nations 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 relapse 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.

The health authority is working to implement a team-based, inter-professional approach in the deployment of valuable health care professionals, particularly those in the nursing family, across acute care and community care settings.

A team-based approach allows registered nurses, nurse practitioners, and others to work to their optimal scope of practice, enhancing the workforce environment, the quality of care, and the patient’s experience.

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 our 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 reflect 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 1.1: Targeted and effective primary disease 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 to implement initiatives that will improve the health of First Nations people. The Northern First Nations Health Partnership Committee (made up of representatives from First Nations Health Council: Northern Regional Caucus, Northern Health, and First Nations Health Authority) have identified a number of action priorities in the *Northern First Nations Health & Wellness Plan*. In collaboration with northern communities and Aboriginal peoples, Northern Health has established an aligned *Northern Health Aboriginal Health Plan*. In 2015/16 Northern Health will work to implement elements of these plans in partnership with the First Nations Health Authority and our northern community partners.
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 is well on track to meet the Ministry policy requirement for community health plan development and we 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.

Performance Measure 1: Healthy Communities

Performance Measure	2011/12 Baseline	2014/15 Actual	2015/16 Target	2016/17 Target	2017/18 Target
Percent of communities that have completed healthy living strategic plans	15%	47%	47%	53%	56%

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

Discussion

Community efforts to support healthy living through joint planning, policy, and collaborative action are critical to improving the quality of life of individuals where they live, work, learn and play. Sustained community level actions will decrease risk factors and promote protective factors for chronic diseases and injury.

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

In order to deliver responsive and effective health care services, Northern Health and our partners seek to shift the culture of health care from being disease-centred and provider-focused to being patient and family-centred. This shift requires the understanding of and responsiveness to patient needs, values and preferences as the primary drivers of daily practice at all levels, in a respectful, accountable manner.

Objective 2.1: Establish a culture of patient and family-centred care

Culture change is a multi-dimensional process involving aspects of strategy, development and continuous quality improvement. Northern Health has established four specific priorities for 2015/16 with these dimensions in mind.

1. Develop and implement a strategy to enhance patient and family-centred care. A focused strategy will enable Northern Health to reinforce a patient and family focus through our processes (e.g., planning, facility design) and through the supports we bring to our organization (e.g., tools like patient journey mapping and the involvement of Patient Voices Network in planning and decision-making processes).
2. Meet Accreditation Canada required organizational practices (ROPs). Accreditation Canada has established a variety of standards that are known to help build patient and family oriented, and safe, reliable health services. Northern Health has prioritized the broadest of these (the ROPs) for rigorous implementation for the upcoming period 2015/16 to 2017/18. Our objective is full regional compliance.
3. Support the continuous professional development of NH staff and physicians. Evidence indicates that curious, continuously learning staff/health professionals are: more engaged, more service oriented, and provide safer care. Northern Health will strengthen our support for continuous development and the alignment of these activities with the highest strategic need.
4. Meet prioritized improvement goals in targeted areas. In addition to meeting ROPs, Northern Health will identify a small number of regional improvement priorities toward which we can align plans and resources. Northern Health will draw upon key sources of leading practice (including Accreditation Canada and the provincial Clinical Care Management initiative) in establishing such priorities.

Objective 2.2: Integrate primary and community care services

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, troubled children and youth, and families with babies will benefit most from such improvements. These populations will be the focus of much of the work. Following are specific initiatives related to this important objective.

1. Implement an organization structure change that supports integrated services. To support integrated primary and community care services, Northern Health must change organizationally with roles that are aligned with the primary care home, and a management structure that develops and supports this renewed, team-oriented approach to care. An organizational model has been developed and will be implemented in the first half of 2015/16.
2. Complete the categorization of community services between specialized and those that belong in the primary care home. Northern Health will continue to take a methodical approach to integration - being explicit about terminology and functions so we can confidently move toward a clear, comprehensive and, where appropriate, regionally consistent new service system.
3. Advance development of interprofessional teams (IPTs). One of the key aspects of our envisioned system is the development, at the community level, of one or more interprofessional teams to support patients and families better. Beginning in September 2015 with a community assessment, Northern Health will plan and implement, by September 2017, these teams based on the services and supports most required.

4. Develop infrastructure to support shared care. Integrated primary and community based care is a new way of working for health systems. This new way of working needs to be supported with tools, processes and systems. New teams will require considerable support as they come together and begin to work differently.

Objective 2.3: Optimize patient/resident access to and flow through facility-based care

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 rehabilitative aspects of facility-based care. With an aging underlying population and high incidence of chronic disease and disability, Northern Health must strengthen our approaches to rehabilitation in acute and residential care to optimize quality of life and to help reduce the burden of demand on these high cost, highly specialized services.
2. Enhance timely access to appropriate surgical care. Northern Health will work with our internal stakeholders and with the Ministry and other Health Authorities on important work to optimize surgical care. Surgical services must move to be patient rather than provider-centric and we must ensure that surgical care is appropriate and efficiently delivered.
3. Appropriately match service to need. Northern Health will examine facility-based care from a patient and family focused service orientation to identify and implement changes that will meet needs in the most effective manner including, where feasible and appropriate, the contracting of some surgical services in Prince George.
4. Optimize efficiencies of services. Northern Health has a variety of tools to support the examination of services to ensure that they are as efficient as possible. As the most expensive component of our health care system, facility-based services must be rigorously reviewed to ensure efficiency and, where appropriate, implement standard and industry leading practice.

Objective 2.4: Effective and sustainable rural health services

Northern Health's region is geographically vast. Our communities are relatively small and rural. In many ways these are our strengths. Historically, however, health services for rural jurisdictions have been planned and implemented based on specialty-oriented urban models – leading to gaps and unmet expectations. Northern Health believes that a high quality sustainable system of care can be established for our rural jurisdiction. In many ways we are well on our way. Yet some aspects of our system can be further improved if we consider them with a “rural lens.” The Ministry of Health has prioritized rural health and has established a Rural Health Strategy which sets out some of the key aspects of a sustainable rural health service system. Northern Health has a wonderful opportunity to work with this priority and policy to advance health care in our region.

1. Establish and execute strategies to achieve our health human resources (HHR) plan. Northern Health will develop and implement a health human resource strategy that will meet the unique needs of the North. Generalist service models must underpin our system with targeted, high quality, integrated specialization (through specialty and enhanced scope development). Recruitment and retention of key physician and staff positions will be critical to the plan. Northern Health will work in collaboration with Ministry to meet timeframes for HHR and organizational change capacity planning (currently targeted for September 30, 2015).
2. Leverage technologies that enable safe and appropriate care closer to home. Northern Health must be on the forefront in the use of technology to support care close to home, and in the home. We must continue to build on our industry leading application of technology to support primary and community care and adopt leading practice to support specialized care.
3. Adapt transportation and service pathways to our rural framework. The reality of rural healthcare is that not all services can be provided in every community. To ensure excellent care throughout a patient's care trajectory, Northern Health must develop and adapt explicit pathways of patient care,

networking and partnering across and beyond northern communities. We must work with BC Ambulance to ensure clear and reliable transportation support. In collaboration with the Ministry and health partners we will initiate pathway and network planning in 2015/16 as outlined in the Ministry of Health's Rural Health Strategy.

Performance Measure 2: Managing Chronic Disease in the Community

	2013/14 Baseline	2014/15 Actual	2015/16 Target	2016/17 Target	2017/18 Target
Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and older (age-standardized)	4,129	4,447	4,089	3,811	3,533

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 seniors with select chronic diseases such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. People with these chronic diseases need the expertise and support of health care providers to manage their disease in the community in order to maintain functioning and reduce complications that will require more medical care. This proactive disease management reduces unnecessary emergency department visits, hospitalizations and diagnostic testing. As part of a larger initiative of strengthening community based health care and support services, health care professionals are working to provide more appropriate care in the community and at home in order to help seniors with chronic disease to remain as healthy as possible.

Performance Measure 3: Access to Scheduled (Non-Emergency) Surgery

Performance Measure	2013/14 Baseline	2014/15 Actual	2015/16 Target	2016/17 Target	2017/18 Target
Percent of scheduled surgeries completed within 26 weeks	93%	93%	94%	95%	95%

Data Source: Surgical Patient Registry, Ministry of Health. Includes all elective adult and pediatric surgeries.

Notes: Baseline is for surgeries completed from April 1, 2012 to March 31, 2013. Targets are for surgeries completed in the fiscal year. 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. Periods when the patient is unavailable (e.g., travelling) are excluded from the total wait time.

Discussion

Expanded surgical activity and funding incentives, combined with continuous efforts to foster innovation and efficiency in our hospitals, continue to improve the timeliness of access to an expanding range of surgical procedures. BC currently has five priority levels, each with its own wait time target, that provides a benchmark for the time which patients with that priority level should wait for their surgery. This performance measure tracks whether scheduled surgeries are completed within the maximum established benchmark wait time of 26 weeks. Strategies are in place to address wait lists and to improve access with specific focus on serving patients who have been waiting the longest.

Performance Measure 4: Community Mental Health Services

Performance Measure	2012/13 Baseline	2014/15 Actual	2015/16 Target	2016/17 Target	2017/18 Target
Percent of people admitted to hospital for mental illness and substance use who are readmitted within 30 days (15 years of age and over)	13.1%	11.5%	12.6%	12.4%	12.0%

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

Discussion

With the release of Healthy Minds, Healthy People, a clear vision was established for addressing the complexities of mental illness and substance use. A number of interventions have been incorporated as part of British Columbia's health system which have successfully responded to individual patient needs. This measure focuses on the effectiveness of community-based supports to help persons with mental illness and substance use issues receive appropriate and accessible care and avoid readmission to hospital. Central to this effort is building a strong system of primary and community care which enhances capacity and provides evidence-based approaches to care.

Goal 3: Focus on Our People and Ensure value for money

Objective 3.1: 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 Health Partnership Committee.
- 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.

Objective 3.2: 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 staff and physician 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.
- In 2015/16 Northern Health will undertake focused work on the current and future role of the University Hospital of Northern British Columbia as regional referral centre for the North.

Objective 3.3: Support attendance at work

Research evidence describes the complex and highly inter-dependent relationship among staff health, engagement and the level and quality of service that they are able to provide for patients and families. Northern Health seeks to address engagement from a variety of perspectives. Employee absences present an opportunity for Northern Health managers to work with and support employees in a positive manner toward a mutual goal of achieving and maintaining regular consistent attendance. The essence of good attendance support is the positive, productive discussion between the individual and his/her manager. Through this discussion a variety of factors can be identified that lead to work absence which can be resolved to create a win/win. Northern Health has many tools at our disposal to help address issues leading to absence including conflict resolution training and intervention, process redesign, ergonomic support, and employee and family assistance programming. Good attendance at work discussions can bring about great benefit for both the individual and for Northern Health.

Objective 3.4: Review and strengthen approaches to ensuring workplace safety

Northern Health is committed to a culture of safety for our patients and for our staff and physicians. Northern Health works closely with Worksafe BC to ensure that our working environment is safe for our staff and physicians. Northern Health works collaboratively with Interior Health to monitor and provide a wide range of initiatives to improve the safety of our workplace. 2015/16 will see the initiation of a regional focus on workplace violence. Our objective is to reduce the risk of incidents and harm related to workplace violence.

Objective 3.5: Support safe and effective use of medications

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. Establish a leadership and governance structure to ensure a highly reliable medication system for Northern Health. Medications and medication systems have evolved dramatically. Northern Health must

ensure that our systems and structures for governing the effective and safe use of medications evolve in step.

2. Reduce harm related medical errors. The objective of renewed management systems will be the reduction of medication errors experienced within our system.

Performance Measure 5: Nursing Overtime

Performance Measure	2010 Baseline	2014 Actual	2015 Target	2016 Target	2017 Target
Nursing overtime hours as a percent of productive nursing hours	4.9%	5.3%	<=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 worked. Overtime is a key indicator of the overall health of a workplace as high rates of overtime may reflect inadequate staffing or high levels of absenteeism. Reducing overtime rates by addressing the underlying causes helps promote both patient and caregiver safety while also reducing unnecessary costs to the health system.

Resource Summary

Following is a summary of Northern Health's 2014/15 closing financial status and budgets/plans for 2015/16 through to 2017/18.

(\$ millions)	2014/15 Actual	2015/16 Budget	2016/17 Plan	2017/18 Plan
OPERATING SUMMARY				
Ministry of Health Contributions	550.5	570.5	585.2	596.0
Other Revenue Sources	213.9	208.8	210.9	421.8
Total Revenue:	764.4	779.3	796.1	806.9
Acute Care	435.8	434.6	442.4	447.6
Residential Care	99.1	102.7	105.8	107.7
Community Care	75.9	85.5	88.1	89.7
Mental Health & Substance Use	49.7	56.2	57.9	58.9
Population Health & Wellness	37.3	36.6	37.7	38.4
Corporate (Note a)	63.7	63.7	64.2	64.6
Total Expenditures:	761.5	779.3	796.1	806.9
Annual Operating Surplus	2.9	0	0	0
CAPITAL SUMMARY				
Funded by Provincial Government	43.2	21.9	8.2	8.8
Funded by Foundations, Regional Hospital Districts, and Other Non-Government Sources	22.7	39.2	19.2	16.0
Capital Total	65.9	61.1	27.4	24.8

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

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 (\$ millions)
Lakes District Hospital and Health Centre Replacement	55.0
Queen Charlotte/Haida Gwaii Hospital Replacement	50.0
Northern Health Learning & Development Centre	10.0
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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References

- 1 P.E.O.P.L.E. 34: Population Projections, BC Stats. <http://www.bcstats.gov.bc.ca/>
- 2 Statistical Profile for Northern Health: 2009. BC Stats: <http://www.bcstats.gov.bc.ca/StatisticsBySubject/SocialStatistics/SocioEconomicProfilesIndices/Profiles.aspx>
- 3 *Health Authorities Act*. Chapter 180 (December 2009) http://www.qp.gov.bc.ca/statreg/stat/H/96180_01.htm
- 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.
- 7 Health Care in Canada: A Decade in Review. Canadian Institute for Health Information: 2009. <https://secure.cihi.ca/estore/productFamily.htm?pf=PFC1380&lang=fr&media=0>
- 8 Building on Values: the Future of Health Care in Canada. Final Report: Roy J. Romanow. November 2002. <http://dsp-psd.pwgsc.gc.ca/Collection/CP32-85-2002E.pdf>
- 9 Rural Canada: Access to Health Care: Government of Canada, Economics Division 2002 <http://dsp-psd.pwgsc.gc.ca/Collection-R/LoPBdP/BP/prb0245-e.htm>
- 10 Rural Health in Rural Hands: Strategic Directions for Rural, Remote, Northern and Aboriginal Communities. 2002. <http://dsp-psd.pwgsc.gc.ca/Collection/H39-657-2002E.pdf>
- 11 What is Rural - Community Health Information Portal, Northern Health, 2012. <http://chip.northernhealth.ca/CommunityHealthInformationPortal/OtherTopics/WhatisRural.aspx>
- 12 Statistical Profile for Northern Health: 2009. BC Stats: <http://www.bcstats.gov.bc.ca/StatisticsBySubject/SocialStatistics/SocioEconomicProfilesIndices/Profiles.aspx>
- 13 Health Care in Canada: A Decade in Review. Canadian Institute for Health Information: 2009. (p. 64). <https://secure.cihi.ca/estore/productFamily.htm?pf=PFC1380&lang=fr&media=0>
- 14 Aboriginal Health Services Plan: 2007 – 2010, Northern Health. July 2007. (p.12 – 22) <http://www.northernhealth.ca/yourhealth/aboriginalhealth.aspx>
- 15 What is Rural - Community Health Information Portal, Northern Health : 2012. <http://chip.northernhealth.ca/CommunityHealthInformationPortal/OtherTopics/WhatisRural.aspx>
- 16 Rural Health in Rural Hands: Strategic Directions for Rural, Remote, Northern and Aboriginal Communities. 2002. (p.4) <http://publications.gc.ca/collections/Collection/H39-657-2002E.pdf>
- 17 Building on Values: the Future of Health Care in Canada. Final Report: Roy J. Romanow. November 2002. (p.117) <http://publications.gc.ca/collections/Collection/CP32-85-2002E.pdf>
- 18 What is Rural - Community Health Information Portal, Northern Health, 2012. <http://chip.northernhealth.ca/CommunityHealthInformationPortal/OtherTopics/WhatisRural.aspx>
- 19 Resources and Workforces – Community Health Information Portal, Northern Health, 2012. <http://chip.northernhealth.ca/CommunityHealthInformationPortal/OtherTopics/ResourcesandWorkforces.aspx>

- 20 Regions and Resources: Foundation of British Columbia's Economic Base; BC Urban Futures Institute: 2004.
http://static1.squarespace.com/static/52012782e4b0707e7a30fda8/t/5240c1c2e4b0eb37f4220fd2/1379975618159/ufi_regions_resources.pdf
- 21 British Columbia Local Area Economic Dependencies. BC Stats, March 2009.
<http://www.bcstats.gov.bc.ca/StatisticsBySubject/Economy/BCInputOutputModel.aspx>
- 22 BC Stats: Regional Socio-economic Profiles and Indices; 2011.
<http://www.bcstats.gov.bc.ca/StatisticsBySubject/SocialStatistics/SocioEconomicProfilesIndices.aspx>
- 23 Regions and Resources: Foundation of British Columbia's Economic Base; BC Urban Futures Institute: 2004.
http://static1.squarespace.com/static/52012782e4b0707e7a30fda8/t/5240c1c2e4b0eb37f4220fd2/1379975618159/ufi_regions_resources.pdf
- 24 Understanding the State of Industrial Camps in Northern BC: Background Paper. Northern Health, 2012.
http://northernhealth.ca/Portals/0/About/NH_Reports/documents/2012%2010%2017_Ind_Camps_Backgrounder_P1V1Comb.pdf
- 25 Birch S, Chambers S: To Each According to Need: A Community-Based Approach to Allocating Health Care Resources. Canadian Medical Association Journal 1993; 149(5): p .609.
- 26 Prince George Regional Hospital Role Review. Joint MOH-NIRHB Steering Committee, Final Report. January 25, 1998.
- 27 BC Health Atlas Second Edition. Section 2.1 Premature Mortality: UBC Center for Health Services Policy and Research: 2004
<http://www.chspr.ubc.ca/pubs/atlas/bc-health-atlas-second-edition>
- 28 The Crisis of Chronic Disease Among Aboriginal Peoples: CAHR; University of Victoria
<http://www.cahr.uvic.ca/docs/ChronicDisease%20Final.pdf>
- 29 Pathways to Health and Healing: 2nd report on the Health and Wellbeing of Aboriginal People in British Columbia. BC Provincial Health Officer's Annual Report 2007. <http://www.health.gov.bc.ca/pho/pdf/abohlth11-var7.pdf>
- 30 Discharge Abstract Database (DAD), Medical Service Plan (MSP) and BC Pharma-care data 2006/07.
- 31 Population Patterns of Chronic Health Conditions in Canada. Health Council of Canada.
<http://healthcouncilcanada.ca>
- 32 Why Health Care Renewal Matters: Lessons from Diabetes. Health Council of Canada.
<http://healthcouncilcanada.ca>
- 33 Primary Health Care Charter: a collaborative approach. British Columbia Ministry of Health: 2007.
http://www.health.gov.bc.ca/library/publications/year/2007/phc_charter.pdf
- 34 Healthy Pathways Forward: A Strategic Integrated Approach to Viral Hepatitis in BC. BC Ministry of Health: 2007.
<http://www.health.gov.bc.ca/library/publications/year/2007/healthypathwaysforward.pdf>
- 35 Public Health Agency of Canada: Chronic Disease Surveillance.
<http://www.phac-aspc.gc.ca/cd-mc/index-eng.php>
- 36 Healthy Pathways Forward: A Strategic Integrated Approach to Viral Hepatitis in BC. BC Ministry of Health: 2007.
<http://www.health.gov.bc.ca/library/publications/year/2007/healthypathwaysforward.pdf>
- 37 Primary Health Care Charter: a collaborative approach. British Columbia Ministry of Health: 2007.
http://www.health.gov.bc.ca/library/publications/year/2007/phc_charter.pdf