

# Northern Health

## 2019/20 – 2021/22 SERVICE PLAN

May 2019



For more information on Northern Health  
contact  
See Contact Information on Page 31 or contact:

Northern Health  
#600 299 Victoria Street  
Prince George, BC  
V2L 5B8

or visit our website at  
[www.northernhealth.ca](http://www.northernhealth.ca)

## Board Chair Accountability Statement



On behalf of the Board of Northern Health, I am pleased to present Northern Health's Service Plan for 2019/20 – 2021/22.

The past year has been very exciting for Northern Health as we are seeing clear and encouraging progress toward the vision established in our [2016-2021 Strategic Plan](#). The Board continues to be impressed with the organization's ability to plan, implement and innovate on a variety of fronts.

During the summer of 2018 Northern BC and Northern Health staff and physicians faced, yet again, a wildfire emergency that led to community evacuations, and related health service response along with widespread air quality concerns. The Northern Health Board wishes to commend all staff and physicians involved in the province's wildfire response. The responsiveness, collaboration and innovation of our people continues to be a source of pride for the Board and leadership.

At the same time, Northern Health has continued to lead the way in transforming the primary and community care services to be more integrated and patient-focused. Underpinned by Ministry directions related to Primary Care Network, Specialized Community Service Programs (for Seniors and people with Mental Health and Addictions issues), and Urgent Primary Care Centres, Northern Health worked with physicians across the North to plan and develop new service configurations while continuing to support the growth and service breadth of the Region's forty-two interprofessional primary and community care teams (IPTs).

While undertaking transformational work in primary and community care, Northern Health also worked with the Ministry of Health and other partners to: increase the hours of care available for residents in Northern Health Long Term Care facilities, lead the province in surgical wait time performance, vastly improve performance during the organization's general accreditation process while achieving Trauma Distinction status for regional trauma services, plan and improve services related to patient transportation and transfer, and begin to engage communities in conversation about the need to partner for different service options - including accessible and flexibly-supported housing for seniors.

Northern Health has worked with the six Regional Hospital Districts, Foundations and Auxiliaries to implement significant capital development projects across the region. In 2018/19 Northern Health substantially completed the Pines Cafeteria Expansion in Burns Lake and Second Floor Medical Beds at the University Hospital of Northern BC (UHNBC). Northern Health was able to replace X-Ray machines in the Bulkley Valley District Hospital, Fort St. John Hospital, Fraser Lake Health Centre, and Kitimat Hospital. Also in 2018/19 a much-needed ventilation system was undertaken in McBride and electrical upgrades were completed at UHNBC. Northern Health continues to look to the future with our partners, continuing to develop Master Plans, Functional Plans, Concept Plans and Business Plans for major developments across the region. In 2018/19 planning was undertaken in Terrace, Dawson Creek, Prince George, Quesnel, and Fort St. James. Further Master Planning efforts are planned for 2019/20 including the updating of concept plans previously submitted and the development of a business plan for Dawson Creek & District Hospital in Dawson Creek and Stuart Lake Hospital in Fort St James. A business plan has been submitted to government for Mills Memorial Hospital in Terrace and the business plan has recently been approved for the GR Baker

Hospital Emergency Department and Intensive Care Unit addition in Quesnel. 2019/20 is also a year where several larger renovation projects will be completed, including the Medical Device Reprocessing renovation at the Dawson Creek and District Hospital.

On the topic of "partnership", I would like to highlight our continuing work with communities to collaboratively identify and address the unique health needs of an aging population and the partnered work with the First Nations Health Authority (FNHA) and First Nations communities led by the Northern First Nations Health Partnership Committee to improve services and the cultural safety of these services for First Nations people.

Northern Health will develop and deliver balanced budgets for 2019/20 through to 2021/22. In upcoming years, Northern Health will face considerable challenges as the organization seeks to ensure service levels that align with changing needs influenced by community size, demographics and socio-economic conditions. Northern Health serves a population that faces the province's most significant challenges with respect to socio-economic and health status. While still the province's "youngest" region, the North is now facing considerable growth in the most senior age groups - placing unprecedented demand on Northern Health's health services. 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 continue to respond to the people we serve, provide quality health services and continue to seek innovative solutions in order for Northern Health to lead the way in promoting health and providing health services for Northern and rural populations.

The *Northern Health 2019/20-2021/22 Service Plan* was prepared under the Board's direction in accordance with the [Health Authorities Act](#) and the [Performance Reporting Principles for the British Columbia Public Sector](#). The plan is consistent with government's strategic priorities and fiscal plan. As the Northern Health Board Chair, I am accountable for the contents of the plan, including what has been included in the plan and how it has been reported as well as responsible for the validity and reliability of the information included in the plan.

All significant assumptions, policy decisions, events and identified risks, as of March 31, 2019, have been considered in preparing the plan. The performance measures presented are consistent with the [Budget Transparency and Accountability Act](#) the Ministry of Health's mandate and goals, and focus on aspects critical to the organization's performance. The targets in this plan have been determined based on an assessment of Northern Health's operating environment, forecast conditions, risk assessment and past performance.

On behalf of the Board,



Colleen Nyce, Board Chair, Northern Health

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## Organizational Overview

Northern Health provides a full range of health care services to the 285,254<sup>1</sup> residents of Northern BC. Serving an area of 592,116 square kilometers<sup>2</sup>, it is the largest geographic health region in the province covering over two-thirds of BC and comprised largely of rural and remote communities.

The [\*Health Authorities Act\*](#)<sup>3</sup> 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<sup>4</sup> and nine diagnostic and treatment centres
  - Surgical service program based in 10 acute care sites across the region
- Long term care at 13 complex care facilities and in 10 acute care facilities<sup>5</sup>
- Community health services through interprofessional teams and specialized community service programs focused on:
  - Services for people with chronic conditions and/or frailty including home health services to clients in their homes
  - Services for people living with Mental Health & Substance Use (MHSU) concerns
  - Services for the perinatal population and vulnerable families
  - Population and public health services focusing on health promotion and injury prevention toward the improvement of health for people across the North
- Cancer Care Services in collaboration with BC Cancer through nine Community Oncology Clinics

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 the HSDA.

Reporting to each Chief Operating Officer are Health Service Administrators, senior managers who handle the day-to-day provision of services in a community cluster. There are currently fifteen Health Service Administrators in Northern Health.

Northern Health is working with Divisions of Family Practice and primary care providers to establish teams of interprofessional community health services that are closely connected to primary care at the community level. The provision of specialized community health services are being designed through shared care conversations between Northern Health, Divisions of Family Practice and specialists with attention to the service pathways for people and their families. Specialized community health services are delivered at the HSDA and regional level. Regional coordination and quality improvement will be undertaken through focused regional teams and through quality improvement programs.

Northern Health has entered into a Partnership Accord with the FNHA and the First Nations Health Council: Northern Regional Health Caucus. A Northern First Nations Health and Wellness Plan has been developed by the partners and is guiding the work underway across the North. Leadership of this

work in Northern Health is led by a Vice President, Indigenous Health who coordinates partnerships and provides expert advice, guidance, and oversight. Focused work on improving Northern Health's cultural safety is being coordinated through local Aboriginal Health Improvement Committees (AHICs) or Indigenous Health Improvement Committees (IHICs).

A number of Regional services, including finance, human resources, information management, and information technology are based in Prince George. Northern Health receives Supply Chain, Accounts Payable and some technology services through the shared services provided by the Provincial Health Services Authority.

Northern Health is committed to providing health services based in the primary care home and linked to a range of specialized services which support people and their families over the course of their lives, from staying healthy to addressing disease and injury, to end-of-life care. The majority of northern physicians are appointed to Northern Health's Medical Staff and have privileges to practice within Northern Health facilities. These physicians are actively engaged in quality improvement and are participating with Northern Health to improve service delivery.

Long term care facilities in the North are operated by Northern Health, with the exception of two<sup>6</sup> 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 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 – BC Governance and Disclosure Guidelines for Governing Boards of Public Sector Organizations](#).

## Strategic Direction and Alignment with Government Priorities

Northern Health receives its strategic direction from clearly identified government priorities and the [Health Authority Mandate Letter](#). Successfully achieving Northern Health’s strategic vision requires close collaboration with partners, including the Ministry of Health, First Nations, physicians and health care providers, unions, patients and other stakeholders, in shaping and implementing key areas of focus. This collaborative approach strengthens two-way communication between government and provincial public sector entities, promotes cost control and helps create a strong, accountable relationship between government and agencies. Northern Health is aligned with the Government’s key priorities:

| <b>Government Priorities</b>            | <b>Northern Health Aligns with These Priorities By:</b>   |
|---|---|
| Making life more affordable             | <ul style="list-style-type: none"> <li>• Providing innovative approaches to care that reduce the travel and time burden on patients and their families; and supporting these clinical approaches reliably with services and technology including outreach, tele- and video-health solutions and home health supports (Objective 1.1)</li> <li>• Offering Northern Connections, an innovative health transportation solution as part of a comprehensive transportation strategy (Objective 1.2)</li> </ul>   |
| Delivering the services people count on | <ul style="list-style-type: none"> <li>• Working in partnership with primary care providers, Divisions and specialists to strengthen primary care and community services and to develop strong care and information pathways across the system (Objective 1.1)</li> <li>• Optimizing access to and flow through facility-based care (Objective 1.2)</li> <li>• Optimizing access to and flow through surgical and diagnostic services; focusing particularly on improvements in wait times for surgical services, MRI and colonoscopy (Objective 1.3)</li> <li>• Ensuring a culture of quality improvement and safety (Objective 3.1)</li> <li>• Achieving required organizational practices and standards to ensure safe and high quality services (Objective 3.2)</li> <li>• Supporting the safe and effective use of medications (Objective 3.2)</li> <li>• Promoting work force safety and sustainability (Objective 3.3)</li> <li>• Partnering with BC Cancer to provide a strong continuum of cancer care across Northern Health (Objective 1.1)</li> </ul> |
| A strong, sustainable economy           | <ul style="list-style-type: none"> <li>• Recognizing northern BC as an economic driver for the province and working with industry and researchers to understand and address health concerns arising from development (Objective 2.1)</li> <li>• Focusing on enhancing the health of the northern BC population in partnership with industry, communities and other organizations (Objective 2.1)</li> <li>• Working in partnership to improve the health and well-being of Indigenous communities (Objective 2.2)</li> </ul>  |



- |  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>• Incorporate strategies to encourage and facilitate participation of Indigenous people in the health care and health sciences workforce as part of our efforts to ensure work force safety and sustainability (Objective 3.3)</li> </ul> |
|--|--|

## Strategic Context

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

## Environmental Factors

### Rural/Remote Nature of Northern BC

Northern Health seeks to promote good health and provide health services to approximately seven percent 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 health services in the rural and northern parts of Canada have been well articulated by many. The Romanow Report, Rural Health in Rural Hands, the Health Care in Canada series, and the recent 2019-20 Northern Health Environmental Scan, amongst others, describe the opportunities and challenges inherent in rural and northern Canada.<sup>7 8 9 10</sup>

Challenges exist in northern BC. Small clustered populations (less than 0.4 persons per sq. km)<sup>11</sup> scattered across vast geographies mean that economies of scale are difficult to achieve. The vast geography makes accessing services difficult and complicates the referrals and relationships that exist between practitioners.<sup>12</sup> Additionally, many communities exist on the other side of the digital divide and lack other supporting infrastructures such as low cost public transit. Of particular concern is the recent loss of Greyhound bus services to rural communities. 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 and services are a common element of Northern Health’s service offerings. Smaller facilities and services can be difficult to sustain. The departure of a single practitioner, for instance, can have a significant impact on many northern communities. These facilities also operate with a cost structure that is “fixed.” For such services, efficiencies are not available “on the margin” – the facilities and services are either open or they are not.

The dispersed nature of the northern population creates challenges when considering service distribution and mix. Many types of service benefit both in efficiency and effectiveness from consolidation into service units that achieve critical staffing levels and patient volumes. It is often the case that service quality is related to volume of work and repetition of clinical skills. However, access to service closer to home is a critical factor contributing to health outcomes for the people who live in northern and rural communities. In addition, health services are often seen as essential to the sustainability of rural and northern communities. To address this paradox, Northern Health places considerable emphasis on dialogue with communities to collectively and creatively find the right balance of sustainable local service and reliable secondary and 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 interprofessional collaboration are expected from providers.<sup>13 14</sup> More and more Northern Health seeks to establish and support strong networks of service built on the principle that all parts contribute to a strong whole.

Northern Health knows the rural landscape and is committed to further developing its system of high-quality, health service networks toward meeting the needs of northern communities, people and their families.

## **Human Resources and Health System Infrastructure**

Despite expanded education and training programs for health professionals and health workers in BC, ensuring the availability of human resources remains a challenge for the health care system.<sup>15</sup> 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 BC'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, the University of Northern British Columbia (UNBC), and the Northern Medical Program (NMP).

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 a significantly resource based economy. It has and continues to generate much of this province's revenue and wealth.<sup>16</sup> Despite this contribution, some of the least diversified and vulnerable local economies in the province are found in the North.<sup>17</sup>

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 2012, 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 BC on the Education Risk Index, the Children at Risk Index and Youth at Risk Index.<sup>18</sup>

## **Transient Resource Sector Populations**

The resource sectors have contributed greatly to the health and prosperity of communities in northern BC and to BC as a whole.<sup>19</sup>

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, especially as these relate to the health of people and communities across the North.<sup>20</sup>

Northern Health recognizes the need to work proactively with the resource sector to understand the health issues associated with resource development. To this end, an Office of Health and Resource Development has been created. Staff members within this office are monitoring the environmental assessment applications within Northern Health's 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 the Ministry of Health and other partners to establish and implement strategies for examining the cumulative effects of industrial development.

## **Variations in Health Status**

Residents of northern BC have poorer health status than residents of BC as a whole. This burden of poorer health is broadly distributed throughout the population and is not only associated with poorer health status amongst Indigenous 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.<sup>21 22</sup>

During the five year period (2012 – 2016), we expected to see 7,566 deaths within the population of northern BC. In reality, there were 9,608 deaths. In other words, we experienced 2,045 more deaths in this five year period than we expected. The overall SMR is calculated as 9,608 observed / 7,566 expected = 1.27: a value that is statistically higher than expected.<sup>23</sup>

## **Indigenous Peoples and Communities**

Northern BC's landscape is home to the highest proportion of First Nations people of all the provincial health authorities in BC. Within northern BC, 18% of the population identifies as First Nations. Within BC overall, over 35% of the First Nations population live in the north. There are 54 First Nations, 9 Tribal Councils and 17 distinct linguistic groups. Eighty communities are continuously inhabited and range in size from less than a hundred to several thousand people. There are also 11 Métis Chartered Communities.<sup>24</sup>

While the health status of Indigenous people has improved in several respects over the past few decades, the Indigenous population in BC continues to experience poorer health and a disproportionate rate of chronic diseases and injuries compared to other BC residents.<sup>25 26</sup> Northern Health continues to work with Indigenous people and First Nations communities on approaches that better address their health needs and to provide services in a culturally safe manner.

Addressing the unique needs of First Nations and Indigenous populations is a high priority for Northern Health and for the BC health system as a whole. Northern Health is a signatory to the [\*Declaration of Commitment to Cultural Safety and Cultural Humility in BC Healthcare Services\*](#) (in 2015). Northern Health is also moving towards fully adopting and implementing the [\*United Nations Declaration on the Rights of Indigenous Peoples\*](#), the [\*Truth and Reconciliation Commission of Canada: Calls to Action\*](#), and the [\*Métis Nation Relationship Accord II\*](#).

On October 1, 2013, Health Canada's First Nations Inuit Health Branch BC Region transferred responsibility for health services in First Nations communities to the FNHA. The FNHA plans, designs, manages, and funds the delivery of First Nations health programs and services in BC. These community-based services are largely focused on health promotion and disease prevention including: Primary Care Services, Children, Youth and Maternal Health, Mental Health and Addictions Programming, Health and Wellness Planning, Health Infrastructure and Human Resources, Environmental Health and Research, First Nations Health Benefits, and eHealth Technology.

Northern Health will work in partnership with the FNHA to coordinate planning and service delivery efforts in support of BC First Nations health and wellness objectives.

## **Population Change**

Northern BC 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 longer run. Yet the path forward is volatile – ebbing and flowing based on global economic conditions. The recent decrease in global oil prices is a reminder of the impact of the global economy on the local and regional economy.

In spite of evident uncertainty, Northern Health continues to plan for anticipated growth and industrial development in the Northwest and Northeast. In the Northwest activity is expected particularly in the Prince Rupert, Kitimat, and Terrace areas. Development in the Northwest is projected to have the following impacts:

- 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
- Cost of living impact

In the Northeast, this growth is expected to continue once resource pricing stabilizes, particularly in the North Peace. Development in the Northeast is projected to have the following impacts:

- Industrial activity oriented toward natural gas and hydro-electric energy production
- Short and long-term workforce increases
- Continued cost of living impact

These pressures will require 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.

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 the Dawson Creek Hospital. These facilities are in planning stages for capital redevelopment. 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 (with the population age 75+ nearly tripling in the next 20 years), 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, asthma and chronic pain. People with chronic conditions represent approximately 34 percent of the BC population and consume approximately 80 percent of the combined physician payment, PharmaCare and acute (hospital) care budgets.<sup>27</sup>

The evidence points to 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. Addressing these risk factors can prevent or delay the onset of many chronic conditions.<sup>28</sup> 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.<sup>29 30 31</sup>

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 productive and rewarding lives if their care is well managed.<sup>32 33 34</sup>

## **Mental Health and Substance Use Disorders (MHSU)**

In addition to the pressures arising from the upcoming demographic changes, MHSU issues continue as endemic factors in northern rural communities. MHSU issues pose significant challenges for the health care system an example of this is the ongoing opioid overdose public health emergency. While considerable work has been done to address prevention and care needs, Northern Health continues to see growth in opioid use and related deaths. These substance use challenges 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 and low standards of housing and minimal positive family and social networks expose individuals to risk and offer little in the way of reliable support. MHSU issues also present as underlying complications in other clinical problems, preventing or impeding successful treatment and management. MHSU is the focus of a new government Ministry with which Northern Health will work closely to address needs in this area.

## **Strategic Advantages**

Northern Health faces a variety of challenges given the dispersed population and the higher incidence of illness and risk across northern BC. 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, Staff and Physicians**

Northern BC is comprised of a large number of relatively geographically defined communities. While there are residents spread across a vast geographic area, 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 health and wellbeing and to plan and support high quality sustainable health services.

The sense of community exists at the level of Northern Health’s staff and the physicians of northern BC 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.

Northern Health is in the midst of implementing a team-based, inter-professional approach to service delivery focused on people and their families.

A team-based approach allows nurses, nurse practitioners, allied health professionals including physiotherapists, occupational therapists, social workers 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**

In Northern BC primary health care has evolved as the foundation of our health service 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 percent of the physicians practicing in northern BC have a relationship with Northern Health, usually holding hospital privileges and often providing emergency care, obstetrical care and service to people residing in long term care facilities. Divisions of Family Practice are developing across the north and are establishing processes for joint planning, improvement and communication.

Northern BC physicians have adopted 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 percent of the physicians practicing in northern BC 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.

Northern Health and northern BC physicians place considerable emphasis on work toward healthy communities and populations. With strong existing relationships Northern Health has a great

opportunity to further partner with physicians and communities to make improvements that will lead to healthier people in healthier communities.

### **A Spirit of Partnership**

While the majority of health issues faced by residents of northern BC can be addressed within the North, Northern Health does not provide specialized tertiary and quaternary services. Neurosurgical and thoracic surgical services, cardiac surgery and transplant services are some examples where Northern Health lacks the professionals and infrastructure to offer these services. 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, Strategies 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:

- Ensure a focus on service delivery areas requiring strategic repositioning.
- Support the health and well-being of British Columbians through the delivery of high-quality health service.
- Deliver an innovative and sustainable public health system.

### **Northern Health Implementation Strategy**

Under these provincial goals, Northern Health has established a 2016-2021 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 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.

#### ***Strategic Priorities***

- **Healthy people in healthy communities:** Northern Health will partner with communities to support people to live well and to prevent disease and injury.
- **Coordinated and accessible services:** Northern Health will provide health services based in a Primary Care Home and linked to a range of specialized services, which support each person and their family over the course of their lives, from staying healthy, to addressing disease and injury, to end-of-life care.
- **Quality:** Northern Health will ensure a culture of continuous quality improvement in all areas.

#### ***Enabling Priorities***

- **Our people:** Northern Health provides services through its people and will work to have those people in place and to help them flourish in their work.
- **Communication, technology and infrastructure:** Northern Health will implement effective communications systems, and sustain a network of facilities and infrastructure that enables service delivery.

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: Ensure a focus on service delivery areas requiring strategic repositioning**

The Ministry of Health has established a number of directions that will be pursued collectively by the many sectors of the BC health system. The directions involve:

- the transformation of the primary and community care sectors to align with specialized services to provide better care for people with complex needs (including seniors with complex needs and those with mental health and substance use issues)
- Ensuring timely access to appropriate surgical and diagnostic services

Following is a description of the objectives that Northern Health has established and is pursuing in response to the Ministry's goals and within the Health Authority's northern and rural context.

### **Objective 1.1: Strengthen Primary Care and Community Services**

Northern Health continues to realign community services in partnership with primary care providers and specialized services to ensure better support for people and families through their lifelong health journey. Services are being realigned and supported to ensure greater focus on population health, strong interprofessional care planning and service delivery and to improve flow and coordination among service providers in various parts of the health system. Where needed, services are being aligned to provide better access to comprehensive urgent care.

#### **Key Strategies:**

Northern Health is building on the work of several years to continue to advance primary and community service transformation following Ministry of Health policy direction. For 2019-2022 key strategies include:

- Build effective interprofessional primary and community care teams. Northern Health has created 42 teams that will continue to partner and align with physician/nurse practitioner practices to form Interprofessional Teams (IPTs) in northern BC communities. IPTs consolidate care delivery from public health, home and community care and mental health & substance use services. The 2019-2022 planning timeframe will see continued work in partnership with physicians/nurse practitioners to provide better, more integrated support for people with complex health needs.
- Work with physicians to plan and align IPTs to a service model recognizing the Patient Medical Home as a foundational component. Patient Medical Homes will be networked along with Northern Health staff into Primary Care Networks and linked to and supported by clearly described Urgent Care Centres and Specialized Community Service teams with a particular emphasis on Mental Health & Substance Use and Seniors supports. Given Northern Health's rural nature, we will work with physicians/specialists and the Ministry of Health to identify the most effective configurations for Urgent Care and Specialized Services building from recent work to establish logical geographic population groupings (Community Health Service Areas) that align with Northern Health's Service Distribution Framework.
- Northern Health recognizes that the establishment of teams is the first step toward the envisioned primary and community care model of service delivery. Team members and teams must be supported to develop role clarity and competency and to move along a team based care maturity gradient that involves building interprofessional relationships, embedding person- and family-

centred care planning and support, incorporating practice reflection and improvement and using evidence-informed standards and approaches. Team supports will include: Interprofessional team development training; aligned professional learning pathways beginning with the Primary Care Nurse development pathway: quality improvement skill development and support; and practice automation to enhance meaningful use of data. Training will also include Electronic Medical Record using the Community Medical Office Information System.

- **Service Alignment:** Support for planning and improvement for identified patients with complex health care needs including those experiencing mental health and substance use issues, frail elderly, chronic disease, children and youth, and families expecting babies (perinatal population). Cancer services will be a continuing focus in partnership with BC Cancer. Critical in this work will be the clarification and strengthening of the relationship with physician specialists and Northern Health’s specialty services and the shared understanding of service flows, communication flows and support requirements necessary to meet the complex needs of these population groups. With our partners, Northern Health has gained considerable experience in the past year about how “shared care” conversations can be supported toward the development of service/function clarity, new pathway development and information support.
- **Transitions in Care:** Ongoing progress toward integrated primary and community care with strongly aligned shared care involving specialists and specialty services will require a methodical approach to clarifying functions, roles and relationships. Northern Health will continue to advance our capacity in and support for the use of “Layered Enterprise Architecture” which will enable clarification of:
  - Population based service flows for the people we serve who are living with these complex needs (e.g., Mental Health and Substance Use, Perinatal, Frailty, Chronic Disease)
  - Focused examination of the flow of people to and from generalists and specialists and their respective roles and expectations
  - Examination, improvement and standardization of evidence-informed clinical and support processes
  - Providing innovative approaches to care that reduce the travel and time burden on patients and their families; and supporting these clinical approaches reliably with services and technology including outreach, tele- and video-health solutions and home health supports
- **Practice Support Program:** Across Northern Health, there are currently 20 Practice Support Coaches who interface with the collective interprofessional team inclusive of the primary care home physician to support quality improvement and identify complex patients for the physician to link with the interprofessional team.

**Linking Performance Measures to Objectives:**

| <b>Performance Measure(s)</b>   | <b>2016/17<br/>Baseline</b> | <b>2017/18<br/>Actuals</b> | <b>2018/19<br/>Forecast</b> | <b>2019/20<br/>Target</b> | <b>2020/21<br/>Target</b> | <b>2021/22<br/>Target</b> |
|---|-----------------------------|----------------------------|-----------------------------|---------------------------|---------------------------|---------------------------|
| 1.1a. Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and over <sup>1</sup> | 4,396                       | 4,884                      | 4,747                       | 4,650                     | 4,533                     | 4,417                     |

<sup>1</sup> Data Source: Discharge Abstract Database, Health Sector Information, Analysis and Reporting Division, Ministry of Health.

1.1 Patients can be attached to family practices or patient homes through a Primary Care Network, meaning they have ongoing care relationships with primary care providers such as family doctors or nurse practitioners, who work in team-based practices that include nurses and other health professionals. Benefits of having a continuous relationship with a primary care provider include improved disease management, health outcomes and experience of care. These improvements are expected to lead to a reduction in the number of people with a chronic disease admitted to hospital.

**Discussion:**

Northern Health is working in collaboration with Divisions of Family Practice and northern BC physicians to redesign services in the primary and community sector in a way that will help people stay healthy and that is more responsive to patient needs. It is anticipated that this change will lead to a net reduction (recognizing growth in need as the population ages) in patients accessing emergency and inpatient hospital services. This transformation is in its early stages. While there are some examples where the transformation has led to changes in some communities the overall regional impact is not yet evident.

| <b>Performance Measure(s)</b>   | <b>2016/17<br/>Baseline</b> | <b>2017/18<br/>Actuals</b> | <b>2018/19<br/>Forecast</b> | <b>2019/20<br/>Target</b> | <b>2020/21<br/>Target</b> | <b>2021/22<br/>Target</b> |
|---|-----------------------------|----------------------------|-----------------------------|---------------------------|---------------------------|---------------------------|
| 1.1b. Percent of people admitted for mental illness and substance use who are readmitted within 30 days, 15 years of age and older <sup>1</sup> | 10.1%                       | 11.6%                      | 11.6%                       | 12.2%                     | 12.2%                     | 12.1%                     |

<sup>1</sup> Data Source: Discharge Abstract Database, Hospital, Health Sector Information, Analysis and Reporting Division, Ministry of Health.

1.2 The repositioning of services planned provincially and by Northern Health envisions greater connections between primary and community care and more specialized services. A proven example of the benefit of this kind of connectivity is for people who are being discharged from hospital for mental health and substance use issues. With strong connections back to service providers in the community, Northern Health can better ensure that these people can remain stable and reduce the likelihood that they will be readmitted. The time period considered to be the threshold for unnecessary readmission is 30 days.

## **Discussion:**

For the past few years, Northern Health has been focusing on improving the linkage for patients between Mental Health and Substance Use (MHSU) hospital services and services in their home communities. Specifically, Northern Health has ensured that the vast majority of patients discharged from MHSU services receive follow-up in their communities within 30 days. Through this multi-year effort, Northern Health achieved a decrease in readmission rates – reaching the lowest level of readmission in the province. Efforts will continue to reduce these readmission rates as readmission within 30 days is suggestive of a lack of patient stabilization within their home environment which is, for the most part, avoidable.

## **Objective 1.2: Optimize Access to and Flow Through Facility-Based Care**

The focus on the flow of patients and residents through hospitals and long term care facilities is intended to improve appropriateness, access and timeliness of specialty and facility-based care. The objective of this work is to provide services that are of high quality and are as efficient as possible so the growing health needs of an aging population can be met.

### **Key Strategies:**

To improve flow through Northern Health facility-based care the following key strategies are being pursued:

- Implement Care in the Right Place (CitRP), Northern Health’s documented, evidence-based strategy for addressing facility-based flow pressures by improving efficiency and by providing better, alternative services. Sustained implementation of these strategies is critical to Northern Health’s balanced budget and resource stewardship commitments. CitRP includes optimization of high/low acuity transportation and acceleration of alternative, flexibly supported housing strategies. Housing strategies will build from Northern Health’s recent modeling exercise to apply innovative care models in each HSDA related to: dementia care, assisted living and supportive housing, Mental Health service provision, and convalescent care.
- Implement a redesigned Home Support service. Home support enhancement is critical to the provision of better care and better living options for seniors, and in addressing the significant over-capacity issues experienced in Northern Health hospitals and ensuring appropriateness of those admitted to long-term care facilities. Not only do home support volumes need to increase but they must be delivered more flexibly and more efficiently. This means addressing structural barriers to engaging and retaining home support staff and developing management models that will enable quick delivery of services designed to meet the client’s needs with continuous reassessment and response.
- Enhance rehabilitative aspects of facility-based care. With an aging population and an increasing incidence of chronic disease, Northern Health will need to 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. Focused work will move to ensure that Northern Health achieves a level of 3.36 direct hours of care per resident per day.
- Appropriately match service to need. Northern Health will examine facility-based care from a person- and family-focused service orientation to identify and implement changes that will meet needs in the most effective manner.

- Continue to implement innovative approaches to meeting provincial service enhancement commitments regarding addictions recovery and palliative care and services for Community Living BC clients.

### **Objective 1.3: Optimize Access to and Flow Through Surgical and Diagnostic Services**

In alignment with the Ministry of Health's strategic priorities, this initiative is designed to enhance surgical and diagnostic care in northern BC by clarifying service distribution and pathways, addressing barriers to wait time improvement and working with our Provincial counterparts to understand and respond to regional variations in service.

#### **Key Strategies:**

To improve flow through Northern Health facility-based care the following key strategies are being pursued:

- Enhance timely access to surgical care. Northern Health will continue to work with our internal stakeholders and with the Ministry of Health to achieve targeted improvements in surgical wait times. In 2018/19 Northern Health demonstrated the province's best performance on surgical wait times (% of surgeries completed within 26 weeks) and targets have been established in collaboration with the Ministry of Health for 2019/20 that will enable continued wait time improvement. For 2019/20, Northern Health's surgical wait time volume targets are:
  - 1,365 hip and knee replacement surgeries
  - 989 dental surgeries
  - 13,351 other surgeries
- Work with the Ministry of Health to continue to spread the various elements of the Surgical Services Program (SSP). The SSP is a multi-pronged strategy for enhancing surgical service quality and safety by:
  - Providing clear pathways for surgical patients (beginning with those requiring hip/knee replacement) that include central access options that enhance access, health education and pre-rehabilitation, post-surgical follow-up and rehabilitation strategies
  - Enhancement of communication with surgical clients regarding their upcoming surgery including confirmation of receipt of booking and wait time estimation
  - Expansion of standard practices including centralized booking and spread of the Enhanced Recovery After Surgery quality strategy
- Enhance access to MRI diagnostic services across the region. In 2017 Northern Health added MRI services in the Northwest and Northeast, while enhancing the service in the Northern Interior. In the upcoming years volumes will be increased appreciably to respond to increasing need. Volume targets for 2018/19 of 13,500 were achieved and a target of 14,084 MRI examinations has been set for 2019/20.
- Improve access to colonoscopy services through clarification referral and information pathways and through volume expansion to achieve wait time targets. In 2018/19 colonoscopy volumes

were increased substantially and for 2019/20 the targets are: 9,089 colonoscopies and 3,372 “other” Gastro-Intestinal endoscopies.

**Linking Performance Measures to Objectives:**

| <b>Performance Measure(s)</b>                                   | <b>2016/17<br/>Baseline</b> | <b>2017/18<br/>Actual</b> | <b>2018/19<br/>Actual</b> | <b>2019/20<br/>Target</b> | <b>2020/21<br/>Target</b> | <b>2021/22<br/>Target</b> |
|---|-----------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| 1.3 Surgeries in targeted priority areas completed <sup>1</sup> | 1,849                       | 2,079                     | 2,321                     | 2,354                     | 2,300                     | 2,300                     |

<sup>1</sup> Data Source: Surgical Wait Times Data Base, Health Sector Information, Analysis and Reporting Division, Ministry of Health (Site ID 200)

1.3 The completion of additional surgeries in the areas of hip, knee, and dental reflects efforts to allocate surgical resources in specific areas to focus on patients waiting for those procedures. These efforts are concentrated in 2019/2020 and show progress to “catch up” and “keep up” volumes in priority areas. Targets for this performance measure will be adjusted in the future as new priority surgical areas are identified and targeted for improvements.

**Discussion:**

While requiring continued improvement Northern Health demonstrates the highest performance on surgical wait times among the province’s geographic Health Authorities. 2019/20 will see the continuation of considerable focus on surgical wait times (along with MRI and colonoscopy) as part of a provincial improvement collaborative. Northern Health is committed to improvement targets in surgical wait times and has vastly increased volumes for specific services (hip and knee replacements particularly) to address our greatest wait time challenges. Northern Health recognizes that surgical patients want and should receive better information about their upcoming surgery. With that in mind, Northern Health will continue work on initiating patient notification – providing patients with assurance that their booking has been received and indicating an estimated wait time.

**Goal 2: Support the health and well-being of British Columbians through the delivery of high-quality health services**

The health system tends to focus on the provision of health services for those who are injured or ill. Acute care interventions will continue to be critical to the people of northern BC and the focus of the system needs to shift to place considerably more emphasis on wellness and staying healthy while meeting a person's health needs at the earliest possible stage. This focus on wellness, prevention and early intervention is known as "moving upstream."

**Objective 2.1: Improve the Health of the Population**

Northern Health seeks to help people in northern BC to stay as healthy as possible by promoting healthy environments and behaviours through the ongoing implementation of BC's Guiding Framework for Public Health. The objective of the following strategies is to build health surveillance capabilities and to partner with communities and the FNHA to promote health and wellness and foster practices that support a healthy environment.

**Key Strategies:**

- Undertake transformational work in population and public health to align with the "Primary Care Home" (physician(s)/nurse practitioner(s) practice with Northern Health interprofessional staff). Northern Health will place an early focus on change supports to enable local team development and strong regional leadership and support with respect to public and population health. This will involve extensive work to clarify primary care and specialty functions and roles. In parallel, new innovative service delivery models will be developed to support public and population health activities regionally and to capitalize on opportunities to embed population health principles within the primary care and community health service delivery model.
- Northern Health will conduct focused work to enhance immunization services across the region. Revolving around a target to increase 2-year-old immunization coverage, detailed partnered work will be undertaken to understand and realign roles and functions to strengthen immunization adherence and information flow as part of the primary care and community service transformation in 2019/20. Immunization is a substantial, evidence-based population health maneuver. As such, it is critically important from a healthy community standpoint. It is also an excellent early priority for Northern Health to implement/renew as we move to change the way population health activities are embedded within the transformed Primary and Community Care teams.
- Design and implement focused health promotion and prevention initiatives aligned with the Primary Care Home. In concert with the above transformational work Northern Health will plan and pursue public and population health activities in a focused, thoughtful manner. Priorities have been identified as follows:
  - Based on the potential health benefits for the people of northern BC (and the potential for system use mitigation) system-oriented prevention and health promotion approaches will focus on the inter-related targets of: increasing healthy eating and access to healthy food; increasing physical activity; and reducing the use of tobacco products.
  - Northern Health works with industry leaders to assess and monitor issues related to industry driven health service needs and environmental health factors. In this planning horizon Northern Health will partner to begin to understand the long term, cumulative impacts of industrial development and to work with partners to ensure safe drinking water.



- Strengthen Northern Health’s communicable disease and broader health surveillance systems. Strong surveillance of health status and various conditions including transmission of communicable disease is critical to an ability to respond early and effectively. Northern Health has made considerable progress toward enhanced surveillance capabilities and will continue to develop in this regard over the next three years.
- Continue to focus on key actions as directed by the Ministry, drawing from *Promote, Protect and Prevent: Our Health Begins Here. BC’s Guiding Framework for Public Health*. This includes spreading use of a variety of prevention and screening maneuvers outlined in the Lifetime Prevention Schedule.
- Working with the Ministries of Health and Mental Health and Addictions, Northern Health will continue to expand efforts to combat the ongoing opioid overdose public health emergency and, ultimately, build this response into the Health Authority’s overall MHSU service model.

**Linking Performance Measures to Objectives:**

| Performance Measure(s)   | 2011/12<br>Baseline | 2017/18<br>Actual | 2018/19<br>Forecast | 2019/20<br>Target | 2020/21<br>Target | 2021/22<br>Target |
|--|---------------------|-------------------|---------------------|-------------------|-------------------|-------------------|
| 2.1 Percent of communities that have completed healthy living strategic plans <sup>1</sup> | 15%                 | 63%               | 63%                 | 72%               | 75%               | 75%               |

<sup>1</sup> Data Source: Health Authority Annual Community Survey, Population and Public Health Division, Ministry of Health.

2.1 This performance measure focuses on the proportion of the 162 communities in BC that have been developing healthy living strategic plans, in partnership with the Ministry and health authorities since 2010/11. Healthy living strategic plans include measureable actions or milestones that the health authority and community will use to collectively address chronic disease risk factors and prioritize areas for the reduction of incidences of chronic diseases. Community efforts to support healthy living through planning, policies, built environments and other mechanisms are critical to engaging individuals where they live, work and play. Sustained community level actions will encourage more active lifestyles while decreasing the risk factors and chronic diseases and injury.

**Discussion:**

Northern Health continues to be a leader in efforts to engage communities and partners toward effective needs identification, service planning, and collaborative service delivery. Northern Health’s Improve the Health of the Population strategies along with our ongoing work with communities through community roundtables, regular community consultations, North Central Local Government Association community meeting sessions and regular meetings among Northern Health staff and community members will continue to be critical to the organization’s service development and community responsiveness.

## **Objective 2.2: Improve the Health and Well-Being of Indigenous Communities through Partnerships**

These strategies work toward improving access for Indigenous people to culturally safe health services. To succeed, we need to ensure that all Northern Health employees have an opportunity to better understand contemporary and historical factors that impact Indigenous peoples and the impacts of those realities on their health and well-being. This work focusses on privileging Indigenous knowledge systems and contributions to health.

### **Key Strategies:**

- Continue to partner with First Nations communities and the FNHA to implement the First Nations Health and Wellness Plan including priority work in primary care, MHSU, health of the population, maternal child health and well-being, and cultural safety and humility.
- Early partnered work continues to support the development of MHSU Mobile Support Teams and improving the provision of primary care for First Nations communities.
- An over-arching emphasis on cultural safety and humility will promote movement toward a health service environment that is safe, respectful and equitable. With this in mind Northern Health will focus on implementing cultural safety and humility education strategies and developing and implementing community-based cultural resources – internal and external to Northern Health services.
- Northern Health continues to partner with First Nations communities and Indigenous peoples through AHICs/IHICs – Aboriginal Health Improvement Committees/Indigenous Health Improvement Committees to identify practical ways to improve the cultural safety of Northern Health’s services and thus improve the experience of Indigenous people as they receive health services. Northern Health will continue to implement actions emerging from these collaborative groups.
- Continued development and use of knowledge translation resources (e.g. Complaints booklet, Cultural Safety, quarterly newsletter, website, etc.).
- Create partnerships necessary to support employment of locally representative workforces.

### **Goal 3: Deliver an innovative and sustainable public health care system**

Northern Health seeks to optimize system performance based on a balanced framework known as the “quadruple aim.” This framework describes a desired balance between improving the health of the population, ensuring strong patient outcomes and patient and provider satisfaction, and reducing the cost per capita of the health system. It is within this framework that Northern Health seeks to ensure system quality/safety and sustainability and to facilitate innovation where appropriate.

#### **Objective 3.1: Establish a Culture of Quality Improvement and Safety**

Northern Health strives to ensure high quality services by monitoring our performance and by promoting continuous quality improvement throughout the organization. This quality assurance and improvement effort is focused at ensuring that supports are in place to enable quality monitoring (assurance) and improvement across the organization and to identify and structure our approaches to improvement priorities where they have been identified.

#### **Key Strategies:**

- Align system processes and decision-making to be increasingly service oriented to enable person and family centred care. Health service planning and monitoring always benefits when patients and their families are involved in these processes. Northern Health will draw from the wisdom of a strategic advisory group to identify opportunities to further embed patients and families in these processes, and to identify some key areas within the organization that would benefit from improvement approaches known to enhance person and family centred care.
- Implement a strategy to enhance the culture of quality and safety in conjunction with implementation of the Psychological Health and Safety Program. This will involve the clarification of the attributes of Northern Health’s health and safety culture and the establishment of a measurement system to enable ongoing monitoring of progress toward culture enhancement.
- Develop and implement mechanisms to engage point of care/service level in quality improvement. In 2019/20 Northern Health will spread the Quality Management System (QMS) – a management system that has proven effective in early pilots.
- Enhance physician leadership and engagement in quality improvement.
- Develop and align organizational quality structures and supports based on a common vision. Northern Health has a number of established clinical programs. This model will be expanded and consistently supported in upcoming years as a foundation for clinician-led quality improvement across the organization.
- Partner to continue to align research, education and service delivery. In conjunction with a number of provincial developments (Academic Health Science Network, Strategy for Patient Oriented Research) and in collaboration with academic and other partners, Northern Health will strengthen our capacity to act as a Learning Health System.
- Drawing from the experience in BC with wildfires in 2017/18 and 2018/19, Northern Health will improve application of standards in a variety of emergency situations.

**Linking Performance Measures to Objectives:**

| <b>Performance Measure(s)</b>  | <b>2017/18<br/>Baseline</b> | <b>2017/18<br/>Actual</b> | <b>2018/19<br/>Forecast<sup>2</sup></b> | <b>2019/20<br/>Target</b> | <b>2020/21<br/>Target</b> | <b>2021/22<br/>Target</b> |
|--|-----------------------------|---------------------------|---|---------------------------|---------------------------|---------------------------|
| 3.1a. Potentially inappropriate use of antipsychotics in long-term care <sup>1</sup> | 32.3%                       | 32.3%                     | 32.0%                                   | 31.3%                     | 30.4%                     | 29.5%                     |

<sup>1</sup> Data Source: Canadian Institute for Health Information. Health Sector Information, Analysis and Reporting, Ministry of Health

- 3.1 Antipsychotic drugs are sometimes necessary to address challenging behaviours as a result of age-related cognitive decline or underlying mental health issues. Efforts must be made, however to ensure that these drugs are not used excessively as other, non-medicative approaches are available for preventing and addressing challenging behaviours for many clients.

**Discussion:**

Northern Health has, historically, seen comparatively high use of antipsychotics in long-term care facilities based on available information. While reporting issues may affect this to an extent, Northern Health must work to ensure that reporting complies with national norms and investigate any remaining apparent over-usage. Focused improvement efforts are underway in Northern Health sites. In 2019/20 Northern Health will continue to implement “Clear” (which used to be known as CLeAR: A Call for Less Antipsychotics in Residential Care) through collaboration with the BC Patient Safety & Quality Council.

| <b>Performance Measure(s)</b>  | <b>2017/18<br/>Baseline</b> | <b>2017/18<br/>Actuals</b> | <b>2018/19<br/>Forecast</b> | <b>2019/20<br/>Target</b> | <b>2020/21<br/>Target</b> | <b>2021/22<br/>Target</b> |
|--|-----------------------------|----------------------------|-----------------------------|---------------------------|---------------------------|---------------------------|
| 3.1b. Rate of new C. difficile cases associated with reporting facilities per 10,000 inpatient days <sup>1</sup> | 2.9                         | 2.9                        | 2.1                         | 3.3                       | 3.1                       | 3.0                       |

<sup>1</sup> Data Source Provincial Infection Control Network of BC (PICNet).

- 3.2 Health care facilities can experience the transmission of infection among patients and staff. In many cases this is only an inconvenience. In some instances, the passed infection can be of a strain of organism that is resistant to antibiotics – and becomes challenging to treat. Such transmissions also further the growth of these “Antibiotic Resistant Organisms (AROs).” Evidence-based application of infection control techniques, and good housekeeping and sterilization processes can help to reduce transmission of AROs. This measure looks at the rates of in-facility transmission of C. difficile, a prevalent and difficult-to-treat ARO.

**Discussion:**

Over the past 5-10 years Northern Health has greatly increased the resources and processes aimed at infection prevention and control. Beginning with the promotion of good hand hygiene, other cleaning, sterilization and isolation (of infected patients) practices have proven effective in keeping Northern Health facility infection rates at the lowest levels in the province. Northern Health will continue to implement proven infection prevention and control practices.

**Objective 3.2: Achieve Required Organizational Practices and Standards**

In many areas of health service, both clinical and support, research has led to known ways of operating that will lead to optimal outcomes. Variation from these norms can lead to waste and even patient harm. The objective of this initiative is to support the pursuit of selected evidence based standards (e.g., standards, guidelines, required organizational practices) across the organization. Included among such standards are the Accreditation Canada Required Organizational Practices (ROPs).

**Key Strategies:**

In addition to meeting ROPs, Northern Health annually identifies a small number of regional improvement priorities toward which we can align plans and resources. Priorities identified for 2019/20 include:

- Reduce 30-day readmission rates for people with Mental Health and Addiction issues.
- Reduce the rate of hospital admissions due to falls in northern BC.
- Reduce the rate of harm-related falls in Northern Health care settings.
- Increase the percentage of vaginal delivery including focus on increase of vaginal birth after c-section (VBAC).
- Increase immunization compliance for children by the age of 2 years.
- Ensure timeliness of hip fracture fixation.
- Reduce mortality resulting from sepsis within Northern Health facilities.
- Increase the rate of hand hygiene in Northern Health facilities/services.

Northern Health has also established a quality improvement priority: Support the Safe and Effective Use of Medications. Northern Health is beginning year two of a three year strategy to ensure the wide use of the best medication history and rigorous application of medication reconciliation at all points of transition.

### **Objective 3.3: Enhance Workforce Safety and Sustainability**

The objective of this initiative is to define the workforce design strategies that will improve efficiencies and system sustainability. In addition to ongoing efforts to improve the safety of Northern Health work environments, key regional priorities will be identified and supported on an annual basis. In 2019/20 the focus will be on implementation of the Psychological Health and Safety Program in conjunction with efforts to define and improve Northern Health's quality and safety culture (described above). Other key strategies are described below.

#### **Key Strategies:**

- Continue to implement work force sustainability strategies including vacancy management, attendance support and overtime management. Working in tandem with efforts to improve staff engagement and culture, Northern Health will work proactively to address issues underlying staff vacancies, absenteeism and overtime and agency staff usage.
- Understand workforce planning needs within the context of northern populations, including reflection of the need for greater participation of Indigenous workers in the field of Health care and Health Sciences. Northern Health will build on the provincial Health Human Resources (HHR) collaborative work to ensure a clear understanding of HHR needs now and in the future. This work will include partnership with academic institutions including the UNBC and the UBC Northern Medical Program to align training with needs for health professionals.
- Implement Northern Health's innovative recruitment and retention strategy. Northern Health's Health Human Resources Plan identifies workforce planning needs, appropriate recruitment, retention, and overall workforce sustainability strategies.
- Reduce the number of occupational injuries related to workplace incidents of violence through continued training on violence prevention and workplace psychological health and safety.
- Reduce the number of long-term disability claims through active, collaborative return-to-work strategies.
- Implement Northern Health's new onboarding program and ensure a comprehensive and consistent orientation program for new staff across Northern Health.
- Education and Human Resources will collaborate to enhance training and support for frontline leaders. Northern Health will expand and implement a program for frontline leader development including approaches for orientation, training and ongoing support (e.g., coaching, mentoring).
- Continue to review and implement Northern Health's physician human resource plan including efforts to support physicians in taking leading roles in quality improvement and the establishment supportive environments and practice models for physicians.

**Linking Performance Measures to Objectives:**

| <b>Performance Measure(s)</b>   | <b>2016<br/>Baseline</b> | <b>2017<br/>Actual</b> | <b>2018<br/>Actual</b> | <b>2019<br/>Target</b> | <b>2020<br/>Target</b> | <b>2021<br/>Target</b> |
|---|--------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| 3.3 Nursing and allied professionals overtime hours as a percent of productive hours <sup>1</sup> | 6.6%                     | 7.0%                   | 7.8%                   | 6.6%                   | 6.6%                   | 6.6%                   |

<sup>1</sup> Data Source: Health Sector Compensation Information System (HSCIS), Health Employers Association of BC (HEABC).

3.3 Overtime is a key indicator of the overall health of a workplace. Maintaining overtime rates, with expected growth in demand, by addressing the underlying causes helps promote both patient and caregiver safety while also reducing unnecessary costs to the health system.

**Discussion:**

Overtime rates continue to be high at Northern Health as operational leaders seek to ensure safe and effective staffing in the face of limited worker availability and increasing demand for services. In 2019/20 Northern Health will align a strengthened recruitment and retention strategy/plan with focused work to assess and manage overtime and agency staff usage to ensure that services are provided in the most effective and efficient manner possible.

## Resource Summary

| (\$ millions; to the first decimal)   | 2018/19<br>Actual | 2019/20<br>Budget | 2020/21<br>Plan | 2021/22<br>Plan |
|---|-------------------|-------------------|-----------------|-----------------|
| <b>OPERATING SUMMARY</b>  |                   |                   |                 |                 |
| Provincial Government Sources   | 805.1             | 843.0             | 870.6           | 897.1           |
| Non-Provincial Government Sources   | 87.5              | 85.0              | 86.3            | 87.6            |
| <b>Total Revenue</b>  | <b>892.7</b>      | <b>928.0</b>      | <b>956.9</b>    | <b>984.7</b>    |
| Acute Care  | 489.7             | 494.8             | 510.5           | 524.2           |
| Residential Care  | 123.0             | 123.8             | 127.9           | 132.1           |
| Community Care  | 136.4             | 149.9             | 155.1           | 160.7           |
| Mental Health & Substance Use   | 48.4              | 53.5              | 55.3            | 57.3            |
| Population Health and Wellness  | 28.1              | 30.9              | 32.0            | 33.2            |
| Corporate   | 71.1              | 75.1              | 76.1            | 77.2            |
| <b>Total Expenditures</b>   | <b>896.7</b>      | <b>928.0</b>      | <b>956.9</b>    | <b>984.7</b>    |
| <b>Surplus (Deficit)</b>  | <b>(4.0)</b>      | <b>0.0</b>        | <b>0.0</b>      | <b>0.0</b>      |
| <b>CAPITAL SUMMARY</b>  |                   |                   |                 |                 |
| Funded by Provincial Government   | 14.4              | 18.5              | 24.0            | 14.3            |
| Funded by Regional Hospital Districts,<br>Third Parties, Foundations, Internal<br>Funds and all other sources | 23.6              | 57.3              | 26.4            | 18.4            |
| <b>Total Capital Expenditures</b>   | <b>38.0</b>       | <b>75.8</b>       | <b>50.4</b>     | <b>32.7</b>     |

\* Further information on program funding and vote recoveries is available in the [Estimates and Supplement to the Estimates](#).



## Major Capital Projects

| Major Capital Projects (over \$20 million)   | Targeted Completion Date (Year) | Costs Incurred to Mar 31, 2019 (\$ millions) | Estimated Cost to Complete (\$ millions) | Approved Anticipated Total Capital Cost of Project (\$ millions) |
|--|---------------------------------|--|--|--|
| <b>GR Baker ER/ICU Addition</b>  | 2021                            | 0.5  | 26.5                                     | 27.0   |
| <p>Emergency and Intensive Care Unit Redevelopment. The overall vision is to redesign and co-locate the critical care services into one area of the hospital. Planning will take into consideration the co-location of the Intensive Care Unit (ICU) next to the Emergency Room Department (ERD) and redesign the ER and Day Care Surgery areas. Due to the limited existing space the rebuild would include an external expansion to the north/west end of the hospital building.</p> |                                 |  |  |  |

- 1 BC Stats: Sub Population Population Projections P.E.O.P.L.E. 2017): <https://www.bcstats.gov.bc.ca/apps/PopulationProjections.aspx>
- 2 Statistical Profile for Northern Health: 2009. BC Stats:  
<http://www.bcstats.gov.bc.ca/StatisticsBySubject/SocialStatistics/SocioEconomicProfilesIndices/Profiles.aspx>
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