Northern Health Authority

2016/17
ANNUAL SERVICE PLAN REPORT

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Board Chair’s Accountability Statement

On behalf of the Board of Northern Health, I am pleased to present to you Northern Health’s Annual Service Plan Report for 2016/17. The 2016/17 Northern Health Annual Service Plan Report 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 service plan and plans described herein are consistent with Government’s strategic priorities and strategic plan and the Ministry of Health’s goals, objectives and strategies. The Board is accountable for the contents of the plan.

The *Northern Health 2016/2017 Annual Service Plan Report* compares the health authority’s actual results to the expected results identified in the 2016/17 – 2018/19 Service Plan as prepared under the Board’s direction in accordance with the *Budget Transparency and Accountability Act*.

Northern Health would like to recognize and thank Charles Jago, former Board Chair, for his dedication to our organization for the past ten years. Charles’ strategic leadership and commitment to community partnership has been instrumental in Northern Health’s development as a strong, focused and collaborative Health Authority.

On behalf of the Board,

Colleen V Nyce

Colleen Nyce, Board Chair, Northern Health

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Chair/CEO Report Letter

Welcome to the Northern Health 2016-17 Service Plan Annual Report. This report is our opportunity to provide assurance that our plans and actions over the course of the past year are in the interest of the public and are clearly in line with government direction as outlined in the Northern Health Mandate Letter dated March 3, 2016. At the outset of each year the Minister of Health provides our Board with a set of strategic directions. Throughout this report you will see these directions reflected as we seek to: improve care for key populations; deliver on key priorities for high quality and appropriate health services; and pursue innovative approaches to service delivery; and manage within our budget allocation.

2016/17 has been very exciting for Northern Health as work continued to take shape under a new, refreshed Strategic Plan for 2016-2021. The new strategic plan builds on previously established strategic directions to provide greater clarity of the vision and of the steps needed to move forward. 2016/17 saw considerable progress and the Board continues to be impressed with the organization's ability to plan, implement and innovate on a variety of fronts.

This year Northern Health finalized the development of 36 teams to work in collaboration with physicians and nurse practitioners as Interprofessional Teams (IPTs) to better meet the health needs of northerners – particularly those with more complex requirements (i.e., those with chronic diseases, the frail elderly, families having babies, people with mental health and substance use issues, and vulnerable children and youth). With the establishment of these teams Northern Health can now work with physician partners including Divisions of Family Practice and specialists to determine new person-and-family-oriented ways of providing care.

At the same time, Northern Health has undertaken considerable change in the way population and public health activities are envisioned and supported. Enhancements have been made in our ability to assess data to understand over-arching community and population health needs. Child Health was a focus for this analysis in 2016/17 leading to a very useful and insightful Child Health Report which will provide a basis for improvement work in the years to come. We continue to expand our capacity to work in partnership with communities and industry toward healthy environments and work sites. We have also strengthened our ability both to identify and respond to health crises and outbreaks. Northern Health was able to establish a reasonable, successful response to the dramatic increase in opioid usage that has been experienced across British Columbia and much of Canada. Meanwhile, Northern Health has continued to strengthen its focus on quality improvement. There are many positive signs that a focus on quality and quality improvement action is becoming a more integral aspect of the organization's culture.

Northern Health has worked with the six Regional Hospital Districts, Foundations and Auxiliaries to implement significant capital development projects across the region. Recently, Northern Health opened the new Haida Gwaii Hospital and Health Centre – Xaayda Gwaay Ngaaysdll Naay in Queen Charlotte City. 2016/17 also marked the opening of the Lakes District Hospital and Health Centre in Burns Lake and the Learning and Development Centre on the University Hospital of Northern British Columbia (UHNBC) site. All of these major developments represent state of the art new facilities. Northern Health continues to look to the future with our partners; continuing to develop Master Programs, Plans, Concept Plans and Business Cases for major developments across the region. In 2016/17 planning was undertaken in Terrace, Dawson Creek, Prince George, Quesnel, and Fort St. James. 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 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 plans are developed and monitored in collaboration with the British Columbia Ministry of Health. The Northern Health Service Plan 2016-2019 and Detailed Operational Plan 2016/17 were reviewed early in the year for appropriateness and consistency with government direction. In 2015/16, we entered into a series of bilateral discussions with senior Ministry representatives to strengthen clarity of accountability, enhance our mutual understanding of goals and related performance measures and to undertake mutual problem-solving. These discussions have been very helpful and have continued throughout 2016/17. Additionally, Northern Health has a variety of opportunities to meet with Ministry and Regional Health Authority colleagues to discuss issues of mutual interest and to undertake some actions jointly. The opportunity we have to meet regularly with the Minister of Health has added yet another level of collaboration and accountability.

The Northern Health Board and Executive take our responsibilities under the *Budget Transparency and Accountability Act* seriously. All members of our Board have signed the government Mandate Letter which sets out expectations of compliance with the *Taxpayer Accountability Principles*. These principles have become embedded in our policy structure, our new member orientation process and our regular governance processes. Our plans and actions relative to the six principles are provided in this Annual Report.

Colleen V Nyce

Colleen Nyce, Board Chair, Northern Health

Cathy Ulrich

Cathy Ulrich, CEO and President, Northern Health

Purpose of the Organization

Northern Health provides a full range of health care services to approximately 280,967 [1] residents of Northern British Columbia. Serving an area of 592,116 square kilometers[2], it is the largest geographic health region in the province covering over two-thirds of British Columbia and comprised largely of rural and remote communities.

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

- acute care services at 18 hospitals[4] and nine diagnostic and treatment centres;
- long term care at 13 complex care facilities, and in 10 acute care facilities;[5]
- community health services including:
  - home health services 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 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 will occur 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 First Nations Health Authority and the First Nations Health Council: Northern Regional Health Caucus. The Northern First Nations Health and Wellness Plan was 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.

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

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. Most 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[6] operated under contract. Most northern assisted living facilities are operated by non-profit societies, with Northern Health providing personal care support services and nursing care in 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*.

Northern Health receives its strategic direction from clearly identified government priorities set forth in Setting Priorities for the B.C. Health System and the Minister of Health's 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 aligns with the Taxpayer Accountability Principles, which 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.

Strategic Direction and Context

The context for providing health services in British Columbia, and across northern British Columbia, is complex and ever-changing. Northern Health's Annual Service Plan takes into account 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 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, describe the opportunities and challenges inherent in rural and northern Canada. [7] [8] [9] [10] These reports and many others can be found on the "Rural Living Circumstances" 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 and 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 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 distributed 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 continues to 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. [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, 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 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 2012, the SEI reported that there were no Local Health Areas (LHAs) in the North that ranked above average on the composite index. [22] [23] 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.[24]

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.[25]

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.[26]

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 continues its important work. 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 British Columbia have poorer health status than residents of British Columbia 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 Age Standardized Mortality Rate (ASMR) and measures of premature mortality such as PYLL, PYLLI and PYLLSR. These measures of mortality are consistently correlated with higher burdens of population illness, higher unmet health needs and, correspondingly, with higher health service utilization. [27] [28] [29]

The SMR, compares the actual number of deaths in a population to the number of deaths that are expected to occur. During the five-year period (2010 – 2014), we expected to see 7,314 deaths within the population of northern B.C. In reality, there were 9,349 deaths. In other words, we experienced approximately 2,000 more deaths during this five-year period than we expected. [30]

The SMR is thus calculated as 9,349 / 7,314 = 1.28: a ratio value that is statistically significant and much higher than expected indicating that northerners are dying more frequently than expected. [31]

Indigenous Peoples and Communities

While the health status of Indigenous people has improved in several respects over the past few decades, the Indigenous population in British Columbia continues to experience poorer health and a disproportionate rate of chronic diseases and injuries compared to other British Columbia residents.[32] [33] 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.

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 First Nations Health Authority (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 works 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 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 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 have been under consideration 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, 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 per cent of the BC population and consume approximately 80 per cent of the combined physician payment, PharmaCare and acute (hospital) care budgets.[34]

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.[35] 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.[36] [37] [38]

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.[39] [40] [41]

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. Mental health and substance use issues pose significant challenges for 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 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. Mental health and substance use issues also present as underlying complications in other clinical problems, preventing or impeding successful treatment and management.

Strategic Advantages

Northern Health 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, Staff and Physicians

Northern British Columbia 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 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.

Northern Health is working to implement 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

Northern British Columbia is unique in British Columbia in the degree to which 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% 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 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 British Columbia 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% 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 majority of health issues faced by residents of northern British Columbia 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.

Report on Performance

The following performance report outlines the goals/strategies identified by Northern Health for 2016-2019 and provides commentary regarding our progress. Where measures were identified we provide an indication of our performance against targets and relevant explanation. Appendix B provides a brief overview of Northern Health's actions specific to the objectives outlined in our Mandate Letter.

In 2016/17 Northern Health identified a variety of actions aimed toward further fulfilment of the *Taxpayer Accountability Principles* and an evaluation plan specific to these actions. In brief, Northern Health continues to demonstrate cost consciousness through continuous efficiency improvement as evidenced by our track record for realizing balanced or surplus budget performance. Accountability is demonstrated through our rigorous attachment of responsibilities to actions and our use of 360-degree evaluations at the Board, CEO and now, Executive levels. Northern Health stringently follows compensation guidelines expressed by the Health Employers' Association of BC (HEABC) to ensure that appropriate compensation principles are followed. High quality services are planned and monitored throughout the organization by performance monitoring culminating with focused review at the Performance, Planning & Priorities Committee of the Board. Respect is expressed as one of four of Northern Health's values. In 2016/17 Northern Health began work through our Organizational Development department to better ensure that we are living our values. The value of respect is pre-eminent in our Team Based Care curriculum that is gaining widespread application across the organization. Finally, Northern Health has established and follows a variety of policies and processes to ensure and demonstrate integrity in all that we do. The Northern Health Board and Executive see their critical role in modeling integrity in our dealings with government, communities, partners, staff and physicians.

Goals, Strategies, Measures and Targets

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 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 & 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: Support the health and wellbeing of British Columbians.

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 British Columbia 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 1.1: Healthy people in healthy communities

Northern Health seeks to help people in northern British Columbia to stay as healthy as possible by promoting healthy environments and behaviours. The objective of the following strategies has been to build health surveillance capabilities and to partner with communities and the First Nations Health Authority to promote health and wellness and foster practices that support a healthy environment.

Strategies

- Undertake transformational work in population and public health to align with the primary care home and supporting interprofessional team. Northern Health has placed an early focus on required workforce adjustment to enable local team development and strong regional leadership and support with respect to public and population health. This has involved, and will continue to involve extensive work to clarify primary care and specialty functions and roles. In parallel, new innovative service delivery models are being 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.
- Design and implement focused health promotion and prevention initiatives aligned with the Primary Care Home. In concert with the above transformational work Northern Health planned and pursued public and population health activities in a focused manner in 2016/17. Priorities have been identified as follows:
    - Based on the potential health benefits for the people of northern British Columbia (and the potential for system use mitigation) system-oriented prevention and health promotion approaches has focusd on the inter-related targets of: increasing healthy eating and access to healthy food; increasing physical activity; and reducing the use of tobacco products
    - During the past two years Northern Health has conducted reviews of health indicators and services related to child health and healthy aging. In 2016/17 Northern Health proceeded with implementation of elements of thes plans. The broader 2016-2019 service plan timeframe will involve continued focused efforts toward partnered improvements in health promotion and services for these important population groups.
    - While Northern Health monitors issues related to environmnental health factors, activity in 2016/17 focused on understand the long term, cumulative impacts of industrial development and working with partners to ensure safe drinking water.
- Stengthen 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 upcoming years. Significant work toward community health profiles

and scorecards has been made which will be finalized during the upcoming year.

- Continue to partner with First Nations communities and the First Nations Health Authority (FNHA) to implement the First Nations Health & Wellness Plan. Early partnered work has supported the development of Mental Health & Substance Use Mobile Support Teams and improving the provision of primary care for First Nations communities. An over-arching emphasis on cultural safety has promoted movement toward a health service environment that is safe, respectful and equitable.

Performance Measure 1: Healthy Communities

Performance Measure	2011/12 Baseline	2016/17 Target	2016/17 Actual	2017/18 Target	2018/19 Target
Percent of communities that have completed healthy living strategic plans	15%	53%	63%	56%	63%

Data Source: Survey, Healthy Living Branch, Population and Public Health Division, Ministry of Health.
* Up to third quarter

Discussion

This performance measure focuses on the proportion of the 162[1] communities in British Columbia that have been developing healthy living strategic plans, in partnership with the Ministry and health authorities, since 2010/11. 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 for chronic diseases and injury.

As demonstrated in this performance measure, Northern Health has had considerable success working in partnership with our communities toward healthy community planning and action as we have exceeded our original targets. The 63% is, in fact, an underestimate of the number of communities engaged simply because some communities prefer to integrate health into their broader plans rather than developing a stand-alone healthy living strategic plan. The 2016/17 and 2017/18 targets presented are those that were established in 2011/12. Northern Health has surpassed these targets and they will be reset in the upcoming year. Northern Health recognizes that there is variation among northern communities in the resources/infrastructure available to formalize community health plans.

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

Northern Health is committed to service changes that implemented together will transform the services provided across the north. These changes include supporting a population health approach, embedding a person- and family-centred approach in the services we provide, realigning community health services to provide interprofessional team-based care closely connected to primary care, and optimizing patient and resident flow through Northern Health's facitilies.

[1] Updated figure as of March 2017 (at the time of the 2016/17 Service Plan publication the figure was 161)

Objective 2.1: Coordinated and Accessible Services

Northern Health is implementing changes to the community health service delivery model. These services will be 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.

Strategies

- 2016/17 saw the finalization of the workforce transition in most communities toward the development of interprofessional teams (IPTs); linking these IPTs to primary care homes through partnered work with Divisions of Family Practice, physicians and other primary care providers. In 2016/17 approximately 41 IPTs were established and are increasingly providing better, more integrated support for people with complex health needs.
- Northern Health recognizes that the establishment of teams is just 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 include: team based care training, aligned professional development pathways beginning with the Primary Care Nurse development pathway, quality improvement skill development and support, practice automation to enhance meaningful use of data. In 2016/17 work proceeded on all of these aspects of support; to be enhanced and continued in upcoming years.
- Support for primary care home panel-based planning and improvement for populations with complex health care needs including those experiencing mental health & substance use, frail elderly, chronic disease, children & youth, and families expecting babies (perinatal population). The past year has involved critical in this work toward 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. Initial work has been undertaken in the areas of psychiatry, geriatric services and internal medicine.
- 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.

In 2016/17 some work has been completed to understand current, and to document new, work flows. As teams mature and regional processes are established in the upcoming year much more work of this nature will be undertaken.

Performance Measure 2: Managing Chronic Disease in the Community

Performance Measure	2013/14 Baseline	2016/17 Target	2016/17 Actual	2017/18 Target	2018/19 Target
Number of people with select chronic diseases admitted to hospital per 100,000 people aged 75 years and older (age-standardized)	4,129	4,480	3,320	4,304	4,128

Data Source: Discharge Abstract Database, Integrated Analytics: Hospital, Diagnostic and Workforce Branch, Health Sector Information, Analysis and Reporting Division, Business Analytics Strategies and Operations Branch, Health Sector Information, Analysis and Reporting Division, Ministry of Health.

Discussion

This performance measure tracks the number of people, 75 years of age and older, 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. While this indicator is expected to decrease, targets recognize increased pressure due to population aging/demographic changes between the 2013/14 baseline year and the target years (2016/17, 2017/18, 2018/19).

Northern Health continues to grapple with the challenges of aging population, poorer than average health status, stoic behaviours with respect to health problems and our limited ability to provide cost effective alternatives to hospital based care given our dispersed rural population. While recent years continue to see movement away from our target on this performance measure, we have now implemented IPTs in all of our communities and are now realigning support and specialty services to enable better care in the community environment. As IPTs begin to work in earnest in upcoming years we expect to see improvement in our ability to provide community based care for higher needs individuals.

Performance Measure 3: Community Mental Health Services

Performance Measure	2013/14 Baseline	2016/17 Target	2016/17 Actual	2017/18 Target	2018/19 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%	12.4%	10.1%	12.0%	12.0%

Data Source: Discharge Abstract Database, Business Analytics Strategies and Operations Branch, Health Sector Information , Analysis and Reporting Division, Ministry of Health.

Discussion

In British Columbia, there is a focus on improving access to a range of services and supports in the community, including for persons with mental health and substance use issues. This performance measure focuses on one aspect of the effectiveness of community-based supports to help persons with mental health and substance use issues receive appropriate and accessible care, and avoid readmission to hospital. Other components include good discharge planning and maintaining the appropriate length of stay in a hospital. Central to these efforts is building a strong system of primary and community care which enhances capacity and provides evidence-based approaches to care.

Northern Health has established a focused quality improvement priority related to the transition in service for people with mental health and/or substance use problems from inpatient to community. In 2016/17 Northern Health demonstrated the province's lowest readmission rate and substantially out-performed our target. We believe that this performance is a direct result of work done to improve linkages among acute and community service providers and to ensure that follow-up takes place in the community shortly after discharge. The 2016/17 and 2017/18 targets presented are those that were established in 2012/13. Northern Health has surpassed these targets and they will be reset in the upcoming year.

Objective 2.2: Optimize Patient and Resident 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.

Strategies

- Enhance rehabilitative aspects of facility-based care. With an aging population and an increasing incidence of chronic disease, Northern Health needs 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. In 2016/17 Northern Health continued work on our Care in the Right Place strategy which embeds rehabilitative principles toward the reduction of reliance on high cost acute care services.
- Enhance timely access to appropriate surgical care. Northern Health has continued to work with our internal stakeholders and with the Ministry of Health and other Health Authorities to optimize surgical care. In 2016/17, two pilot sites, Terrace and Kitimat, implemented surgical service improvements in conjunction with provincial direction/activities. In order for surgical services to be patient rather than provider-centric, surgical care needs to be appropriate and efficiently delivered. The implementation of standardized preadmission screening processes was completed in 2016/17. The Enhanced Recovery After Surgery guidelines piloted in Terrace during 2015/16 has begun to be spread across the region beginning at UHNBC.
- Appropriately match service to need. Northern Health has examined 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. A rigorous benchmarking assignment was conducted in 2016/17 leading to the establishment of inpatient day targets for each facility in Northern Health.

- Optimize efficiencies of services. As the most expensive component of our health care system, facility-based services must be regularly reviewed to ensure efficiency and, where appropriate, implement standard and industry leading practice. Northern Health's Care in the Right Place strategy continued to be implemented in all Northern Health communities. Support for this work continues through the organization's quality improvement support teams.
- Design and spread of innovative service delivery approaches. Northern Health's distributed, rural nature and complex service pressures calls for innovation in a variety of areas across the system. In 2016/17 Northern Health has:
    - Spread prototype models for rapid mobilization of home support as they have proven effective in early implementations
    - Examined innovative care models in each HSDA related to: dementia care, assisted living and supportive housing, Mental Health service provision, and convalescent care.
    - Sought and implemented innovative approaches to meeting provincial service enhancement commitments regarding addictions recovery and palliative care.

Performance Measure 4: Access to Scheduled (Non-Emergency) Surgery.

Performance Measure	2013/14 Baseline	2016/17 Target	2016/17 Actual	2017/18 Target	2018/19 Target
Percent of scheduled surgeries completed within 26 weeks	93%	95%	92%	95%	95%

Data Source: Surgical Wait Time Production (SWTP, Site 158), Ministry of Health. Includes all elective adult and pediatric surgeries.
Notes:
1. Baseline is for surgeries completed from April 1, 2013 to March 31, 2014. Target percents are for surgeries completed in the fiscal year.
2. 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.

Discussion

During the last several years, British Columbia's health system has continued to focus on reducing wait times for many surgeries. Funding incentives, combined with continuous efforts to foster innovation and efficiency in British Columbia's hospitals, are initiatives designed to improve the timeliness of access to an expanding range of surgical procedures. This performance measure tracks whether scheduled surgeries are completed within the maximum established benchmark wait time of 26 weeks. Surgical resources are also being allocated to complete the surgeries of people who have been waiting the longest.

At 92%, Northern Health demonstrates the province's best 26-week elective surgical access. Nonetheless, Northern Health continues to face pressures related to surgical Health Human Resources that can challenge progress toward the 2017/18 target of 95%. Anesthesia, Surgical Nursing and Surgeon services have strengthened during 2016/17 but remain "fragile." Focused improvement plans were implemented in 2016/17 to address HHR issues and Northern Health has moved substantially back to required levels of staffing and surgical capacity. If improvements can be sustained, Northern Health will be in a good position to perform strongly on this indicator over the next year. Performance on this measure could be impacted in the future by the exposure to "hidden demand" – in health services it is often the case that as service capacity improves, demand increases commensurately.

Objective 2.3: Ensure Sustainable Rural Health Services

Northern and rural jurisdictions in Canada continue to demonstrate poorer health outcomes than their urban counterparts. This is believed to be the result of health service provision challenges, socioeconomic status, and other contextual factors experienced by these jurisdictions in spite of their role as significant drivers for the Canadian economy. The objective of this initiative is to take needs and strengths-based approaches to ensuring high quality, sustainable health services in rural and northern British Columbia.

Strategies

- Establish and execute strategies to achieve our health human resources (HHR) plan. Northern Health has developed and implemented elements of a health human resource strategy that will meet the unique needs of the North. Generalist service models must underpin the service delivery system with pathways to and from specialty services and specialists. Recruitment and retention of key physician and staff positions has been critical to the plan. Northern Health has worked in collaboration with the Ministry of Health on HHR planning and organizational change capacity planning
- Leverage technologies that enable safe and appropriate care closer to home. Northern Health continues to use technology to support care closer to home, and in the home.
- Develop and describe a rural network of clinical services and adapt transportation and service pathways to this rural framework. The reality of rural health services is that not all services can be provided in every community. To enable quality care throughout a person and their family's care trajectory, Northern Health has begun to clarify and adapt explicit pathways of patient care, networking and partnering across and beyond northern communities. In 2016/17 Northern Health worked with the Provincial Health Services Authority and BC Emergency Health Services to develop and implement aspects of a plan to improve patient transfers and patient transportation to and from higher levels of care. Northern Health has also undertaken planning for a northern node of an Academic Health Sciences Network (AHSN) espoused in Ministry of Health directions. The northern node of the AHSN will bring an important rural perspective as the province moves to better align health service, health education and health research.

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

Northern Health seeks to optimize system performance based on a balanced framework known as the "triple aim." This framework describes a desired balance between improving the health of the population, ensuring strong patient outcomes and patient/provider satisfaction, and reducing the cost per capita of the health system. It is within this framework that Northern health seeks to ensure value for money.

Objective 3.1: Establish a Culture of Continuous Quality Improvement and Assurance

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.

Strategies

- Develop and implement a strategy to enhance person and family-centred care. A focused strategy has been developed that will enable Northern Health to reinforce a person and family focus through our planning, implementation, and evaluation processes (e.g., facility design, tools like patient journey mapping, and the involvement of Patient Voices Network in planning and decision-making processes).
- Meet Accreditation Canada required organizational practices (ROPs). Accreditation Canada has established standards that are known to help build patient and family oriented, safe, and reliable health services. Northern Health has prioritized these ROPs for implementation for the period 2015/16 to 2017/18 and 2016/17 saw considerable work regionally and locally toward improvements designed to address accreditation standards. Our objective is full regional compliance with Accreditation standards.
- Build and implement a highly reliable medication system to reduce harm related to medication errors. In 2016/17 Northern Health prioritized medication reconciliation as a critical process for focused improvement. A detailed plan has been developed and is currently being implemented to improve the effectiveness with which Northern Health service providers reconcile and communicate medication changes as they arise between patient transitions (e.g., upon discharge from hospital).
- 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. In 2016/17 Northern Health continued to regionalize and strengthen our support for continuous learning and skill development and the alignment of these activities with Northern Health's program structure.
- Meet prioritized improvement goals in targeted areas. 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 and worked upon for 2016/17 include:
    - Mental Health & Substance Use: 30-day community follow-up, FNHA Mental Health and Substance Use Mobile Support Teams, Seriously Addicted and Mentally Ill (SAMI) program implementation.
    - Perinatal: improve post basic education opportunities for perinatal nursing, increase normal physiological birth, partner to implement perinatal depression screening, prevention and early intervention.
    - Critical Care: Improve and maintain use of sepsis protocol, implement Pain, Agitation and Delirium (PAD) protocols.
    - Elder Services: Implement elements of seniors strategy, reduce harm related to falls.
    - Surgical Services: standardize pre-admission and booking processes, clarify processes for OR add-on classification and management.
    - Diagnostic Services: Implement Diagnostic Imaging 10-year plan, MRI planning and implementation.

Objective 3.2: 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 are identified and supported on an annual basis. During the first year of the service plan period (2016-2019) the the focus will be on preventing workplace violence in order to increase the safety of staff and physicians. Following is an update on Northern Health's workforce safety and sustainability priorities for 2016/17:

Strategies

- Proactively support employees to achieve and maintain regular consistent attendance. Proactive attendance support leads to positive outcomes for both employees and for Northern Health. Employees gain an opportunity to address issues impacting attendance (illness, workplace factors) positively and early while Northern Health realizes productivity benefits and reduction in costs related to prolonged employee absences. In 2016/17 Northern Health rigorously monitored attendance and implemented a support structure to enable ongoing discussion and follow-up with employees as appropriate.
- Work force stabilization through regularization of casual and part time positions. Position regularization (translating part-time and casual hours into full-time opportunities) is desired by many staff and can have a positive impact on Northern Health's ability to ensure consistency in workload management and overtime/agency staff cost management. The recent fiscal year saw the regularization of many positions at Northern Health – particularly in the field of nursing. Northern Health continues to work to ensure that regularized positions are appropriately utilized.
- Implement violence prevention, training and response strategies. 2015/16 saw the initiation of a regional focus on workplace violence that has continued through the 2016/17. The objective is to reduce the risk of incidents and harm related to workplace violence.
- In collaboration with the Ministry and provincial partners, Northern Health has taken early steps to strengthen the overall capacity for HHR planning and continue to build upon provincial strategies for leadership and management development with focus on:
  - Succession planning
  - Enhancement of confidence and skills at middle-management and supervisory levels.

Performance Measure 5: Nursing Overtime

Performance Measure	2010 Baseline	2016 Target	2016 Actual	2017 Target	2018 Target
Nursing overtime hours as a percent of productive nursing hours	4.9%	<= 4.0%	6.9%	<= 4.0%	<= 4.0%

Data Source: Health Sector Compensation Information System, Health Employers Association of British Columbia.
Note: Based on calendar year.

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.

Unfortunately a number of communities in northern British Columbia have faced significant shortages of health human resources (HHR) – particularly in specialty areas such as surgical services, emergency department, intensive care and rehabilitative services. At the same time, some sites including UHNBC have seen a dramatic increase in the use of hospital services as evidenced by lengthening stays and backup in the Emergency Department. In the short term Northern Health has addressed these pressures through use of overtime. The organization is committed, however, to take longer term action to address these pressures in a more sustainable way. In 2015/16, Northern Health welcomed a recent provincial initiative to enhance full time employment for nurses. Once processes are well in place to ensure appropriate utilization of these positions, this initiative should lead to greater capacity to deal with utilization surges and should help us to reduce unsustainably high overtime rates.

Financial Report

Northern Health provides a wide range of health services to the population it serves. Each year Northern Health is challenged to provide high quality accessible services within the available financial, human, and capital resources. For the fiscal year ended March 31, 2017, Northern Health realized an operating surplus of $4.9 million (0.6% of budgeted expenditures).

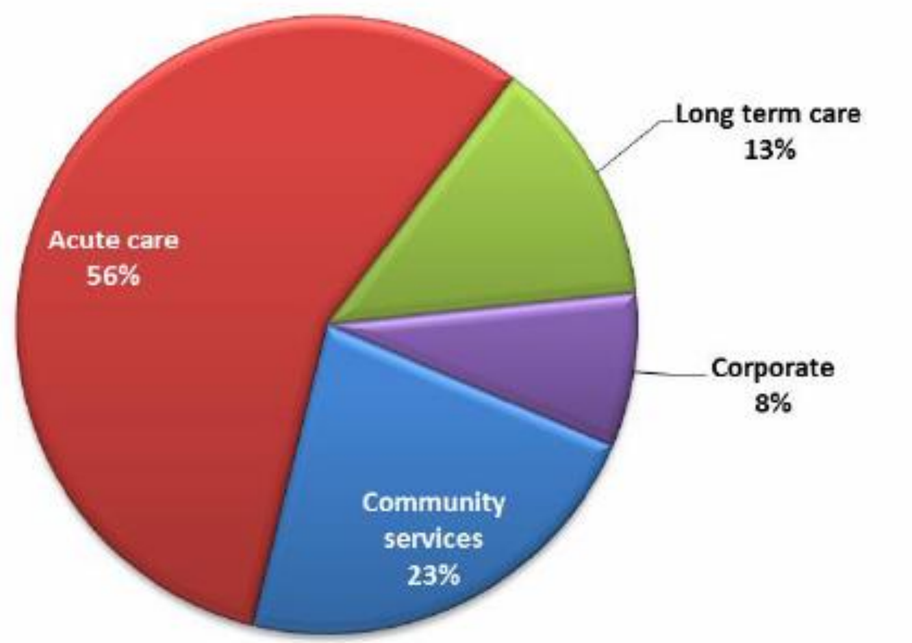
Revenues
Total revenues for the year were $816.4 million; an increase of $35.4 million or 2.2% from the prior year. Funding from the Ministry of Health is Northern Health's primary source of revenue. In 2016-17 operating funding from the Ministry of Health was $588.1 million which represented 72% of total revenues.

Expenses
Total expenses for the year were $811.5 million; an increase of $20.8 million or 2.6% from the prior year. Acute Care remains the largest sector of expenditure at $458.8 million or 56% of total expenses. Next largest sector is Community Services at $182.2 million or 23% of total expenses.
The 2016-17 audited financial statements are available at www.northernhealth.ca

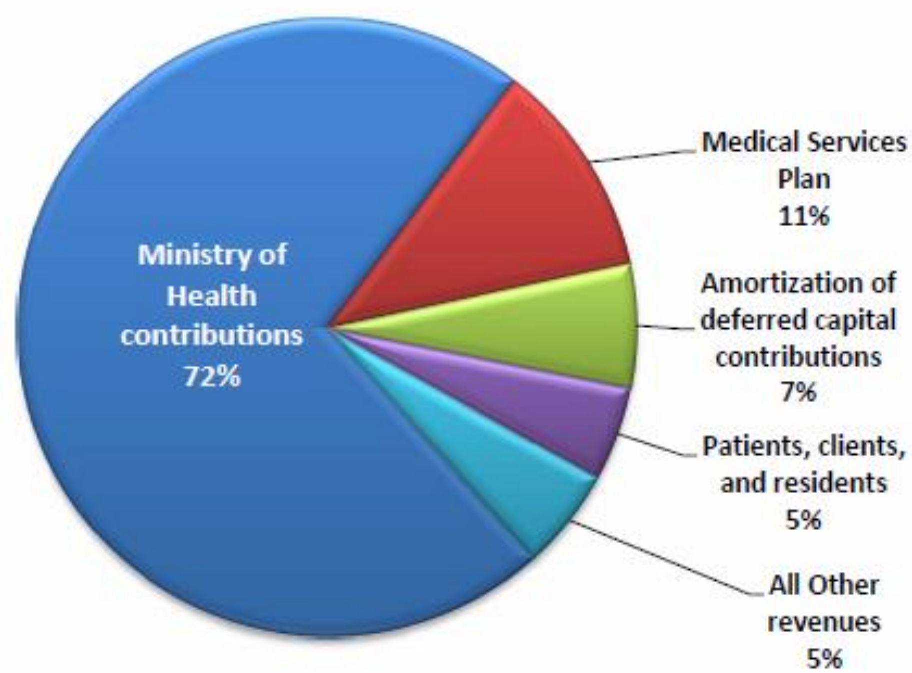
Financial Resource Summary Table

$ millions	2016/17 Budget	2016/17 Actual	2016/17 Variance
OPERATING SUMMARY			
Provincial Government Sources	680.2	680.3	0.1
Non-Provincial Government Sources	129.8	136.0	6.2
Total Revenue:	810.0	816.3	6.3
Acute Care	445.5	457.9	(12.4)
Residential Care	105.3	106.2	(0.9)
Community Care	120.0	107.3	12.7
Mental Health & Substance Use	44.6	45.1	(0.5)
Population Health & Wellness	28.6	29.8	(1.2)
Corporate	66.0	65.1	0.9
Total Expenditures:	810.0	811.4	(1.4)
Surplus (Deficit) – *even if zero*	0.0	4.9	4.9
CAPITAL SUMMARY			
Funded by Provincial Government	16.4	18.5	(2.1)
Funded by Foundations, Regional Hospital Districts, and other Non-Government Sources	50.6	14.7	35.9
Total Capital Spending:	67.0	33.2	33.8

Distribution of 2016-17 Actual Expenses



Distribution of 2016-17 Actual Revenues



Major Capital Projects

In 2016/17 Northern Health worked with the Ministry of Health and our Regional Hospital Districts to move forward on a variety of important capital projects. Following is a list of those projects with a capital cost greater than $2 million:

Major Capital Projects	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project ($ millions)	Project Cost to March 31, 2017 (S millions)
Community Health Record Project – Public Health, Regional Chronic Disease, and Inter-Professional Teams	2017/18	3.2	1.0
Fort St. John MRI	2017/18	2.6	0.5
Mills Memorial Hospital MRI	2017/18	2.9	0.6
UHNBC MRI	2017/18	2.9	1.0
QCI Hospital Replacement	2017/18	50.0	47.6

Appendices

Appendix A – Health Authority Mandate and Actions Summary

In the 2016/17 Mandate Letter from the Minister of Health, Northern Health received direction on strategic priorities for the 2016/17 fiscal year. These priorities and the health authority's resulting actions are summarized below:

Mandate Letter Direction	Health Authority's Action
1. Improve care for key patient populations and service delivery in cross sector priority areas that are critical to both quality and sustainability by: • supporting the development of an individualized primary care home by strengthening collaboration between family practices and health authority primary care services to improve access and the continuity of care for patients • Improving patient health outcomes and reducing hospitalizations for seniors through effective community services • Improving patient health outcomes and reducing hospitalizations for those with mental health and substance use issues through effective community services • Improving access to timely and appropriate surgical treatments and procedures through implementation of the surgical services strategy • Ensuring sustainable and effective health services are available in rural and remote areas of the province, including First Nations communities	Northern Health's action with respect to this mandate letter direction is outlined in the Annual Service Plan Report objectives 1.1 (page 17) Healthy People in Healthy Communities, 2.1 (page 19) Coordinated and Accessible Services and 2.2 (page 21) Optimize Patient and Resident Flow through Facility-Based Care.
2. Ensure the delivery of key government priorities for high quality and appropriate health services. • Continue implementation of *Promote, Protect, Prevent: Our Health Begins Here. BC's Guiding Framework for Public Health*, the provincial framework for supporting the overall health and well-being of British Columbians and a sustainable public health system as well as the *Healthy Families BC Policy Framework*, which lays out at a more	Northern Health outlines plans and reports on performance that are consistent with the described frameworks in the Annual Service Plan Report objectives 1.1 (page 17) Healthy People in Healthy Communities Northern Health has kept abreast of Ministry of Health policy documents as they have been developed. Directions are incorporated into our strategic and operational plans – the

operational level the chronic disease and injury prevention strategy for B.C. • Continue to ensure patients have a voice in the quality of care they are receiving by strengthening processes designed to respond to patient concerns, including working closely with the BC Patient Safety & Quality Council and Patient Care Quality Review Offices and Review Boards. • Improve access to addiction treatment, including creating additional addictions spaces by 2017. • Continue progress to meet the commitment to double the number of hospice spaces in the province by 2020. • Support the improvement of Indigenous health and wellness by ensuring Indigenous people have meaningful input into the health authority's Aboriginal Health Plan and other service planning and delivery activities, working closely with the First Nations Health Authority and regional partnership tables, and implementing priority actions to support the achievement of measures, goals and objectives articulated in the Tripartite First Nations Health Plan and First Nations' Regional Health and Wellness Plans, and Partnership Accords. • Further to the *Declaration of Commitment on Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in B.C.*, the health authority will also work with its partnership table and the First Nations Health Authority to prioritize key initiatives to create a climate for change to improve the patient experience for this population. • In partnership with the Ministry of Health, review the governance, service delivery and funding models for MRIs to ensure an accessible, sustainable medical imaging system.	performance against which we report in the Annual Service Plan Report Northern Health works closely with Patient Voices and the BCPSQC to support quality improvement and to continue to expand the involvement of people, families and communities in our planning and service monitoring processes. Northern Health complies with BC PCQRO legislation Northern Health successfully implemented addiction treatment enhancements planned for 2017 Northern Health met its commitment for 2016/17 toward hospice space enhancement Northern Health works in partnership with the First Nations Health Authority to determine and meet the needs of our northern Indigenous population. Some activities with respect to this mandate letter direction are outlined in the Annual Service Plan Report in objective 1.1 (page 17) Health People in Healthy Communities. Northern Health's activities are strongly guided by: - Partnership decisions/directions determined with the First Nations Health Authority - The First Nations Health & Wellness Plan - Local Aboriginal Health Improvement Committees (AHICs) - Support from Northern Health's Indigenous Health office Northern Health developed an MRI expansion plan in 2016/17. Access to MRI will be greatly improved in upcoming years as the UHNBC MRI is replaced and two new MRI services are set up in Terrace and Fort St. John.

• Strengthen effective evidence-based use of pharmaceutical therapies. • Implement laboratory medicine strategy set out in the *Laboratory Services Act* (PHSA). • Renew the Cancer Control strategy and implementation plan (PHSA).	Northern Health works closely in partnership with the Provincial Health Services Authority PHSA in all areas of focus. In partnership the Northern Cancer Strategy has been renewed in 2016/17 and we continue to work with the PHSA to strengthen and improve community based cancer services, system flow and communication and specialized services provided in the Cancer Centre in Prince George. Northern Health continues to participate in provincial improvement priorities related to pharmacy services and laboratory services.
3. Pursue innovative approaches to service delivery and manage the performance of your organization through continuous improvement across service and operational accountabilities. • Identify areas in need of improvement based on the assessed needs of your population and an assessment of your organizational performance. • Provide regular performance reports on service delivery to sector governors on the performance of your organization. • Collaborate with the Ministry on the development of standardized health system reports to measure performance and quality in the system. • Support the development of a strengthened health research and innovation agenda, including the Strategy for Patient-Oriented Research (SPOR) Support Unit, Academic Health Sciences Network (AHSN) and the BC Tech Strategy, in order to foster improved patient outcomes and health system performance. • Ensure an integrated and cost effective approach to information management and technology, including the continued implementation of electronic medical records, telehealth and home health monitoring.	Through Northern Health's clinical program, medical advisory and management structures opportunities for improvement are identified, prioritized and implemented. Some such priorities are described in the Annual Service Plan Report under objective 3.1 (page 23) Establish a Culture of Continuous Quality Improvement and Assurance Northern Health has participated in the Ministry's work to develop provincial performance measures Northern Health has continued with very active nodes of both the SPOR and the AHSN initiatives. The SPOR northern node has established a work plan that is under implementation. The AHSN northern node is currently being established with many regional partners. Northern Health has an IT strategy which is being implemented. The strategy aligns with provincial priorities while bringing an innovative, rural perspective to priority initiatives. Northern Health is piloting a number

• Ensure effective health human resource planning and management. • Strengthen relationships between health authorities and physicians practicing in health authority facilities and programs (as outlined in the April 1, 2014, Memorandum Of Understanding on Regional and Local Engagement), specifically: o Support the improvement of medical staff engagement within health authorities through existing local medical staff association structures, or where mutually agreed to by the parties at the local level, through new local structures so that medical staff: ▪ views are more effectively represented; ▪ contribute to the development and achievement of health authority plans and initiatives, with respect to matters directly affecting physicians; ▪ prioritize issues significantly affecting physicians and patient care; and, ▪ have meaningful interactions with health authority leaders, including physicians in formal health authority medical leadership roles. o Improve processes locally within health authority programs and facilities as well as provide physicians with appropriate information to allow for more effective engagement and consultation between physicians and health authority operational leaders. o Support physicians to acquire, with continued or expanded Joint Clinical Committee funding support, the leadership and other skills required to participate effectively in discussions regarding issues and matters directly affecting physicians and their role in the health care system.	of Home Health monitoring initiatives in the North East. Northern Health has been an active partner in the province's Health Human Resource (HHR) planning initiative In 2016/17 Northern Health submitted a "physician quality" plan to the Specialty Service Committee (SSC) of the Doctors of British Columbia. The plan was subsequently approved and is under implementation. Strong efforts are being undertaken to enhance physician quality education, activity and alignment with Northern Health quality priorities and processes. A number of Medical Services Associations (MSAs) have been established in northern British Columbia communities which have aided in the identification and pursuit of quality improvement opportunities.

4. Manage within budget allocation and continuously improve productivity while maintaining a strong focus on quality service attributes. • Optimize budget planning and cost management processes • Ensure effective management of capital across a range of projects	Northern Health's Audit & Finance Committee oversees an ongoing and rigorous evaluation of Northern Health's financial and capital management processes. Northern Health continues to operate within budget and to align operating and capital budgets with the organization's strategic directions/priorities.

1 Ministry of Citizen Services: BC Stats; Population Estimates for 2016: Accessed; September 2017; https://www.bcstats.gov.bc.ca/apps/PopulationEstimates.aspx

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

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11 What is Rural - Community Health Information Portal, Northern Health, 2012. https://chip.northernhealth.ca/CommunityHealthInformationPortal/WhatDeterminesHealth/RuralLivingCircumstances.aspx

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16 Rural Health in Rural Hands: Strategic Directions for Rural, Remote, Northern and Aboriginal Communities. 2002. (p.4) http://publications.gc.ca/site/eng/9.689374/publication.html

17 Building on Values: the Future of Health Care in Canada. Final Report: Roy J. Romanow. November 2002. (p.117)
http://publications.gc.ca/site/eng/9.686360/publication.html

18 What is Rural - Community Health Information Portal, Northern Health, 2012.
https://chip.northernhealth.ca/CommunityHealthInformationPortal/WhatDeterminesHealth/RuralLivingCircumstances.aspx

19 Rural Health Services In BC: A Policy Framework To Provide A System Of Quality Care; BC MoH 2015
http://www.health.gov.bc.ca/library/publications/year/2015/rural-health-policy-paper.pdf

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.
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