

**Northern
Health Authority**

2018/19

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 2018/19. The *2018/19 Northern Health Annual Service Plan Report* was prepared under the Board's direction in accordance with the [Health Authorities Act](#), the [Performance Reporting Principles for the British Columbia Public Sector](#) and the [Budget Transparency and Accountability Act](#).

The service plan report 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 Authority 2018/19 Annual Service Plan Report* compares the health authority's actual results to the expected results identified in the *2018/19 - 2020/21 Service Plan*. As Chair of the Northern Health Board of Directors, I am accountable for the results outlined in this Service Plan Report.

On behalf of the Board,

A handwritten signature in blue ink that reads "Colleen Nyce".

Colleen Nyce
Board Chair

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Chair/CEO Report Letter

Welcome to the *Northern Health 2018/19 Annual Service Plan 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](#) signed by the Minister on April 10, 2018. 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; pursue innovative approaches to service delivery; and manage within our budget allocation.

The past year has been rewarding 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. In the last year Northern Health demonstrated yet again, the ability of our staff and physicians to respond to emergency situations when they arise. The summer wildfire season was one of the worst in history in British Columbia, and Northern Health – actually much of northern British Columbia – was faced with the dual concerns of helping people from other regions/communities facing evacuation while dealing with “what if” scenarios as fires threatened their own communities. 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 continue 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. Forty-two primary and community care teams and Community Service Specialized Program Teams situated at the Health Service Delivery Area level have been established in collaboration with physicians to realign the way services are provided overall and particularly for individuals with complex needs including those with Mental Health and Substance Use (MHSU) issues and for frail seniors. 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. 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. 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. UHNBC replaced and upgraded some major lab equipment. Other equipment replacements in the Health Authority include Ultrasounds, C-Arms and Operating Room Video Towers. 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 Prince George,

Terrace, Dawson Creek, Quesnel, and Fort St. James. Further Master Planning efforts are planned 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. 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 delivered on a balanced budget for 2018/19 prior to adjustment for an actuarial loss. In upcoming years, Northern Health will face challenges as the organization seeks to ensure service levels that align with changing needs influenced by community size, demographics and socio-economic conditions. 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 for Northern Health to lead the way in promoting health and providing health services for Northern and rural populations.

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. 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 Nyce, Board Chair, Northern Health



Cathy Ulrich, CEO and President, Northern Health

Purpose of the Annual Service Plan Report

The Annual Service Plan Report (ASPR) is designed to publicly report on the actual results of the health authority's performance related to the forecasted targets documented in the Service Plan. This report provides a review of performance on the 2018/19 Annual Service Plan.

Purpose of the Organization

Northern Health provides a full range of health care services to the 285,254¹ residents of Northern British Columbia. Serving an area of 592,116 square kilometers², 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 hospitals⁴ 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;
 - MHSU 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 of some 250 family physicians and 125 medical and surgical specialists. Northern Health is organized into three Health Service Delivery Areas (HSDAs): Northeast, Northwest, and 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 with specialists and 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 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 or Indigenous Health Improvement Committees.

Some Regional services, including finance, human resources, information management, and information technology are based in Prince George. Northern Health has been an active partner in the province's BC Clinical and Support Services Society.

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 two⁶ operated under contract. Most northern assisted living facilities are operated by non-profit societies, with Northern Health providing personal care support services and nursing care in these settings.

Strategic Direction

The strategic direction set by Government in 2018/19 and expanded upon in the Board Chair's [Mandate Letter](#) from the Minister of Health in 2018 shaped the [2018/19 Service Plan](#) and the results reported in this ASPR.

The following table highlights the key goals, objectives or strategies that support the key priorities of Government identified in the 2018/19 Northern Health Service Plan:

Government Priorities	Northern Health Aligns with These Priorities By:
Making life more affordable	<ul style="list-style-type: none"> • 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) • Offering Northern Connections, an innovative health transportation solution (Objective 1.1)
Delivering the services people count on	<ul style="list-style-type: none"> • 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) • Optimizing access to and flow through facility-based care (Objective 1.2) • 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) • Ensuring a culture of quality improvement and safety (Objective 3.1) • Achieving required organizational practices and standards to ensure safe and high-quality services (Objective 3.2) • Supporting the safe and effective use of medications (Objective 3.2) • Promoting work force safety and sustainability (Objective 3.3)
A strong, sustainable economy	<ul style="list-style-type: none"> • Recognizing northern British Columbia 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) • Focusing on enhancing the health of the northern British Columbia population in partnership with industry, communities and other organizations (Objective 2.1) • Working in partnership to improve the health and well-being of Indigenous communities (Objective 2.2)

Operating Environment

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 Of particular concern is the recent loss of Greyhound bus services to rural communities in the Northwest. 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 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.^{15 16 17} 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 British Columbia, ensuring the availability of human resources remains a challenge for the health care system.¹⁸ 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 a significantly resource based economy. It has and continues to generate much of this province's revenue and wealth.¹⁹ Despite this contribution, some of the least diversified and vulnerable local economies in the province are found in the North.²⁰

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 British Columbia on the Education Risk Index, the Children at Risk Index and Youth at Risk Index.²¹

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.²²

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.²³

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 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 SMR compares the actual number of deaths in a population to the number of deaths that are expected to occur. This measure is also consistently correlated with higher burdens of population illness, higher unmet health needs and, correspondingly, with higher health service utilization.

During the five-year period of 2010 – 2014, based on national averages, we would have expected to see 7,314 deaths within the population of northern BC. There were actually 9,349 deaths. In other words, we experienced over 2,000 more deaths in this five-year period than would have been expected based on the national average.^{24 25 26 27}

Indigenous Peoples and Communities

Northern British Columbia'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 Communities²⁸.

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.²⁹
³⁰ 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 overall. NH 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 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 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 per cent of the BC population and consume approximately 80 per cent of the combined physician payment, PharmaCare and acute (hospital) care budgets.³¹

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.³² 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.^{33 34 35}

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

Mental Health and Substance Use Disorders

In addition to the pressures arising from the upcoming demographic changes, 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. 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 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 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 to overcome challenges.

Northern Health is 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

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 per cent of the physicians practicing in northern British Columbia have a relationship with Northern Health, usually holding hospital privileges and often providing emergency care, obstetrical care and service to 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 per cent of the physicians practicing in northern British Columbia are making meaningful use of EMRs through such processes as drawing laboratory test results from Northern Health's information system into their electronic records. Many of these physicians are also actively using information from the EMR to monitor quality of care and outcomes for patients.

Northern Health and northern British Columbia 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 most 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 provides 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 2018-2021 and provides commentary regarding our progress. Where measures were identified we provide an indication of our performance against targets and relevant explanation.

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 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 and Priorities Committee of the Board. Respect is expressed as one of four of Northern Health's values. In 2018/19 Northern Health continued 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, Objectives, 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:

- Ensure a focus on cross sector change initiatives requiring strategic repositioning
- Support the health and well-being of British Columbians through the delivery of responsive and effective health care services
- Deliver an innovative and sustainable 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 some critical priorities and tactics related to our provincial strategic goals. We provide, below a report on our 2018/19 performance related to these key priorities.

Goal 1: Ensure a focus on cross sector change initiatives requiring strategic repositioning

The Ministry of Health has established several directions that were pursued collectively by the many sectors of the British Columbia health system. The directions involve:

- Collaboration with physicians toward the development of Primary Care Networks.
- Implementation of Urgent Care and Primary Care Centres in appropriate communities to expand access to, and timeliness of, urgent care.

- 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 MHSU issues).
- Ensuring timely access to appropriate surgical services.

Following is a description of the objectives that Northern Health has established and pursued throughout 2018/19 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 continued 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 were 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.

Key Highlights:

Northern Health built on the work of several years to continue to advance primary and community service transformation following Ministry of Health policy direction. In 2018-2021 key strategies included:

- Build effective interprofessional primary and community care teams. Northern Health has created 42 teams that continued to partner and align with physician/nurse practitioner practices to form and mature Interprofessional Teams (IPTs) in northern British Columbia communities. IPTs consolidate care delivery from public health, home and community care and MHSU. The 2018-2021 planning timeframe saw 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 were 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 Program teams with an emphasis on Mental Health & Substance Use and Seniors supports. Given Northern Health's rural nature, we continued to work with physicians/specialists and the Ministry of Health to identify the most effective configurations for Urgent Care and Specialized Services to establish logical geographic population groupings (Community Health Service Areas) that align with Northern Health's Service Distribution Framework.
- Advancing Interprofessional Team supports. 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. During 2018/19 Northern Health continued to build and deliver supports to advance the work of the Interprofessional Teams. Team supports included: 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 continued to focus on advancement of use of the community Electronic Medical Record - Community Medical Office Information System (CMOIS).

- Support for planning and improvement for identified patients with complex health care needs including those experiencing MHSU, frail elderly, chronic disease, children & youth, and families expecting babies (perinatal population). Critical in this work was 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.
- Practice Support Program: Across Northern Health, there are currently 20 Practice Support Coaches who interfaced during 2018/19 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.

Performance Measure(s)	2016/17 Baseline	2018/19 Target	2018/19 Actuals*	2019/20 Target	2020/21 Target
1.1a The number of people with a chronic disease admitted to hospital per 100,000 people, aged 75 years and older	4,323	4,243	4, 241	4,204	4,164
1.1b Percent of people admitted to hospital for mental illness and substance use who are readmitted within 30 days, 15 years of age and older	10.1%	9.9%	11.5%	9.9%	9.9%

Data Source: Discharge Abstract Database, Health Sector Information, Analysis and Reporting Division, Ministry of Health.

* P.E.O.P.L.E.2017.

Discussion

Northern Health worked in collaboration with Divisions of Family Practice and northern British Columbia 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. For the past few years, Northern Health has been focusing on improving the linkage for patients between MHSU hospital services and services in their home communities. Specifically, Northern Health has ensured that most patients discharged from MHSU services receive follow-up in their communities within 30 days. Through this multi-year effort, Northern Health achieved 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

Northern Health's continued 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 Highlights:

To improve flow through Northern Health facility-based care the following key strategies were pursued throughout 2018/19:

- 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. In 2018/19 Northern Health established a Rehabilitation Strategy that includes enhancement of rehabilitation service, leadership, professional practice, and quality improvement.
- Appropriately match service to need. Northern Health examined facility-based care from a person- and family-focused service orientation to identify and implement changes to meet needs in the most effective manner.
- Optimize efficiencies of services. Northern Health has a variety of tools (e.g., benchmarking, modeling, business process mapping) to support the examination of services to ensure that they are as efficient as possible. As the most expensive component of our health care system, facility-based services were regularly reviewed to ensure efficiency and, where appropriate, implement standard and industry leading practice
- 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. During the service plan timeframe Northern Health:

- 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 innovative approaches to meeting provincial service enhancement commitments regarding addictions recovery and palliative care
- Conducted a review of home-based services and explored potential redesign options that would provide efficiency and service improvements for current clients and result in earlier identification of individuals living at home who would benefit from home based services.

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 was designed to enhance surgical and diagnostic care in northern British Columbia 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 Highlights:

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

- Enhanced timely access to surgical care. Northern Health continued 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 (% patients waiting over 26 weeks) and targets have been established in collaboration with the Ministry of Health for 2019/20 that will enable continued wait time improvement. By the end of the 2018/19 fiscal year Northern Health increased hip, knee and dental surgical volumes by 25.5% over 2016/17 actual volumes while “keeping up” with other surgeries. Volumes for hip/knee replacements increased by 60.3% during this time period.
- Worked 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-habilitation, post-surgical follow-up and rehabilitation strategies
 - Enhancing communication with surgical clients regarding their upcoming surgery including confirmation of receipt of booking and wait time estimation
 - Expanding standard practices including centralized booking and spread of the Enhanced Recovery After Surgery quality strategy

- Enhancing 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 2018/19 volumes increased appreciably to respond to increasing need. Volume targets were met for MRI for 2018/19 - reflect a doubling of capacity across the region.
- Improving access to colonoscopy services through clarification referral and information pathways and through volume expansion to achieve wait time targets. In 2018/19 colonoscopy volumes increased by approximately 8% across the region as compared to 2017/18 to meet established wait time targets.

Performance Measure	2016/17 Baseline	2018/19 Target	2018/19 Actuals	2019/20* Target	2020/21 Target
1.3 Surgeries in targeted priority areas completed	1,849	2,383	2,321	2,429	2,475

Data Source: SWT (Surgical Wait Time Database (including hip, knee and dental surgeries), Health Sector Information, Analysis and Reporting Division, Ministry of Health.

*Future year targets are from the 2018/19 NHA Service Plan

Discussion

While requiring continued improvement Northern Health demonstrated the highest performance on surgical wait times among the province's geographic Health Authorities. 2018/19 saw 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 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 has led the way in 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 responsive and effective health care 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 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 2.1: Improve the Health of the Population

Northern Health seeks to help people in northern British Columbia 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 was 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 Highlights:

- Undertook 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 placed 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 involved extensive work to clarify primary care and specialty functions and roles.
- Northern Health conducted focused work to enhance immunization services across the region. Revolving around a target to increase 2-year-old immunization coverage, detailed partnered work was 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 2018/19.
- Designed and implemented focused health promotion and prevention initiatives aligned with the Primary Care Home. Priorities pursued during 2018/19 included:
 - System-oriented prevention and health promotion approaches to 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
 - Working with industry leaders to assess and monitor issues related to health industry driven health service needs and environmental health factors. In 2018/19 Northern Health partnered to conduct research to understand the long term, cumulative impacts of industrial development and to work with partners to ensure safe drinking water.
- Strengthened 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.
- Worked with the Ministries of Health and Mental Health and Addictions to expand efforts to combat the ongoing opioid overdose public health emergency and to build this response into the Health Authority's overall MHSU service model.

Performance Measure	2011/12 Baseline	2018/19 Target	2018/19 Actuals	2019/20 Target	2020/21 Target
2.1 Percent of communities that have completed healthy living strategic plans	15%	63%	63%	72%	75%

Data Source: Health Authority Annual Community Survey, Population and Public Health Division, Ministry of Health.

Discussion

Northern Health continued 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 NH staff and community members continued 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 are to ensure that all NH 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 Highlights:

- Continued 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.
- Supported the development of MHSU Mobile Support Teams and improving the provision of primary care for First Nations communities.
- Implemented cultural safety and humility education strategies and developed and implemented community-based cultural resources – internal and external to Northern Health services.
- Continued to partner with First Nations communities and Indigenous peoples through AHICs/IHICs – Aboriginal Health Improvement Committees/Indigenous Health Improvement Committees. Northern Health continued in 2018/19 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.).

Goal 3: Deliver an innovative and sustainable health 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, patient and provider satisfaction, and reducing the cost per capita of the health system. It is within this framework that Northern Health sought throughout 2018/19 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 was 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 Highlights:

- Aligned 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. Patients are now active participants in Northern Health capital planning processes and in most of our Service Programs/Networks.
- Initiated work to further define and measure aspects of organizational culture that best align with Northern Health’s strategy and values.
- Developed and implemented mechanisms to engage point of care/service level in quality improvement. In 2018/19 Northern Health completed a pilot of the Quality Management System (QMS). Results were very positive. Based on learnings from the pilot Northern Health will look to spread the QMS to other sites.
- Enhanced physician leadership and engagement in quality improvement in partnership with provincial collaborative initiatives.
- Developed and aligned organizational quality structures and supports based on a common vision. Northern Health has established clinical programs to ensure service planning and improvement. This model was enhanced through 2018/19 as a foundation for clinician-led quality improvement across the organization.
- Partnered to continue to align research, education and service delivery. In conjunction with several provincial developments (Academic Health Science Network, Strategy for Patient Oriented Research) and in collaboration with academic and other partners, Northern Health strengthened our capacity to act as a Learning Health System.

- Continued to enhance our ability to respond to emergency situations. In 2018/19 Northern Health drew from learnings during 2017/18 to respond effectively to another record-setting wildfire season.

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 Highlights:

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 for 2018/19 included:

- Reduce 30-day readmission rates for people with Mental Health and Addiction issues
- Reduce the rate of hospital admissions due to falls in northern British Columbia
- Reduce the rate of harm-related falls in Northern Health care settings
- Increase the percentage of vaginal delivery
- Ensure timeliness of hip fracture fixation
- Reduce the percentage of patients waiting 26 weeks or more for elective surgery
- Reduce mortality resulting from sepsis within NH facilities
- Achieve trauma distinction program accreditation in 2018/19
- 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. In 2018/19 considerable focus was placed on ensuring wide use of the best medication history and rigorous application of medication reconciliation at all points of transition. Implementation proceeded to all acute sites during the year.

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 broad, ongoing efforts to improve the safety of Northern Health work environments, key regional priorities are identified annually. During 2018/19 the focus was on preventing workplace violence in order to increase the safety of staff and physicians.

Key Highlights:

- Conducted extensive work to understand workforce needs within the context of our northern population. Northern Health built on the provincial Health Human Resources (HHR) collaborative work to ensure a clear understanding of HHR needs now and in the future.
- Continued work to stabilize and sustain Northern Health's workforce to achieve regular consistent attendance as well as manage appropriate use of overtime and agency staff.
- Designed and implemented an innovative recruitment and retention strategy. In 2018/19 Northern Health completed a Health Human Resources Plan that identifies workforce planning needs, appropriate recruitment, retention, and overall workforce sustainability strategies.
- Continued work to reduce the number of occupational injuries related to workplace incidents of violence.
- Continued work to reduce the number of long-term disability claims.
- Implemented Northern Health's new onboarding program and developed and initiated implementation of a comprehensive and consistent orientation program for new staff across Northern Health.
- Education and Human Resources collaborated to enhance training and support for frontline leaders. Northern Health expanded and implemented a program for frontline leader development including approaches for orientation, training and ongoing support (e.g., coaching, mentoring).
- Implemented a strategy to enhance cultural safety of Northern Health sites and services..
- Continued to review and implement Northern Health's physician human resource plan. In 2018/19 efforts included enhancement of opportunities for physicians to take leading roles in quality improvement and continued work to develop supportive environments and practice models for physicians in northern communities.

Performance Measure	2016 Baseline	2018 Target	2018 Actuals	2019 Target	2020 Target
3.3 Nursing and allied professionals overtime hours as a percent of productive hours	6.6%	6.6%	7.8%	6.6%	6.6%

Data Source: Health Sector Compensation Information System (HSCIS), Health Employers Association of British Columbia (HEABC).

Discussion

Overtime rates continued to be high at Northern Health throughout 2018/19 as operational leaders seek to ensure safe and effective staffing in the face of limited worker availability and increasing demand for services. In 2018/19 Northern Health continued to 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.

Financial Report

Northern Health (NH) 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, 2019, NH realized an annual operating deficit of \$4.0 million (0.5% of budgeted expenditures).

The primary contributor to the 2018-19 operating deficit was a recognition of NH's share of an actuarial loss on the Healthcare Benefit Trust (HBT). Northern Health participates, along with all BC Health Authorities, in a multi-employer long-term disability and other health benefits plan administered by HBT. The plan requires the participants to make contributions to the plan to ensure that sufficient assets exist to satisfy current and future obligations. HBT performs an annual actuarial valuation of the plan's assets and liabilities and any difference from the prior year's valuation is recognized immediately as an actuarial gain or loss in the participants' Statement of Operations. The most recent valuation resulted in an actuarial loss for the plan as a whole; NH's share was \$4.1 million.

Were it not for the actuarial loss of \$4.1 million, NH would have ended the fiscal year with an annual operating surplus of \$0.1 million as summarized below:

Revenues

Total revenues for the year were \$892.7 million; an increase of \$49.7 million or 5.9% from the prior year. Funding from the Ministry of Health is Northern Health's primary source of revenue. In 2018-19 operating funding from the Ministry of Health was \$651.2 million which represented 73% of total revenues.

Expenses

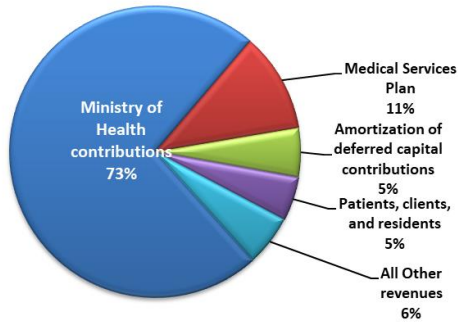
Total expenses for the year were \$896.7 million; an increase of \$57.0 million or 6.8% from the prior year. Acute Care remains the largest sector of expenditure at \$489.7 million or 54% of total expenses. Next largest sector is Community Services at \$212.9 million or 24% of total expenses. The 2018-19 audited financial statements are available at www.northernhealth.ca

Northern Health Authority

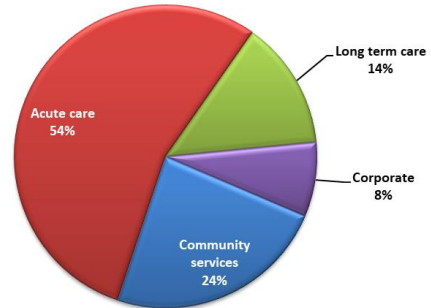
Financial Summary 2018-19
(in thousands of dollars)

	2018-19				2017-18 Actual	2018-19 vs 2017-18	
	Budget	Actual	\$ Variance	% Variance		\$	%
Revenues							
Ministry of Health contributions	\$ 645,529	\$ 651,247	\$ 5,718	0.9%	\$ 618,380	\$ 32,867	5.3%
Medical Services Plan	98,871	98,805	(66)	-0.1%	93,920	4,885	5.2%
Amortization of deferred capital contributions	47,955	48,580	625	1.3%	47,716	864	1.8%
Patients, clients, and residents	41,636	43,636	2,000	4.8%	42,279	1,357	3.2%
Other contributions	15,794	19,027	3,233	20.5%	15,984	3,043	19.0%
Recoveries from other health authorities and BC government related entities	11,933	13,025	1,092	9.2%	11,984	1,041	8.7%
Investment income	900	1,421	521	57.9%	902	519	57.5%
Other	12,361	16,913	4,552	36.8%	11,833	5,080	42.9%
Total Revenues	874,979	892,654	17,675	2.0%	842,998	49,656	5.9%
Expenses							
Community Services:							
Community Care	135,337	136,423	(1,086)	-0.8%	120,353	16,070	13.4%
Mental Health & Substance Use	48,642	48,379	263	0.5%	43,957	4,422	10.1%
Population Health & Wellness	28,862	28,063	799	2.8%	27,273	790	2.9%
	212,841	212,865	(24)	0.0%	191,583	21,282	10.0%
Acute Care	470,451	489,746	(19,295)	-4.1%	463,263	26,483	5.7%
Long term care	119,518	123,011	(3,493)	-2.9%	114,167	8,844	7.7%
Corporate	72,169	71,061	1,108	1.5%	70,626	435	0.6%
Total Expenses	874,979	896,683	(21,704)	-2.5%	839,639	57,044	6.8%
Annual operating surplus (deficit)	\$ -	\$ (4,029)			\$ 3,359		

Distribution of 2018-19 Revenues



Distribution of 2018-19 Expenses



Appendix A – Health Authority Contact Information

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

For information specific to this service plan or other Northern Health plans, please contact:

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 - 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 http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96180_01
 - 4 As at April 1, 2012 there are 525 acute care beds open and in operation
 - 5 As at April 1, 2012 there are: 1,062 complex care beds and 35 respite care beds provided in the 23 noted facilities. Also allocated across northern British Columbia are 307 assisted living units
 - 6 Simon Fraser Lodge operated by Buron Health Care; and complex care beds within Wrinch memorial Hospital Hazelton operated by United Church Health Services and affiliated with Northern Health.
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