Northern
Health Authority

2019/20
Annual Service Plan Report

October 30, 2020

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Board Chair's Accountability Statement

The *Northern Health Authority 2019/20 Annual Service Plan Report* compares the health authority's actual results to the expected results identified in the *2019/20 – 2021/22 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,

Colleen Nyce
Board Chair
October 30, 2020

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Letter from the Board Chair/CEO

Welcome to the *Northern Health 2019/20 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 of Health. At the outset of each year, the Minister of Health provides our Board with a set of strategic directions. Throughout this document, 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, while ending with many challenges related to the COVID-19 pandemic, was very interesting and exciting for Northern Health in many regards. 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.

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

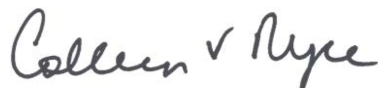
While undertaking transformational work in primary and community care, Northern Health worked with the Ministry, and other partners, to increase the hours of care available for residents in Northern Health Long-Term Care facilities. In 2019/20 Northern Health also improved surgical wait time performance, and engaged with communities about the need to collaborate to design service options for seniors - including accessible and flexibly supported housing.

The latter part of the year involved extensive planning and response to the COVID-19 pandemic. While the pandemic has had an unprecedented impact on our economy, health, and social norms, the Board was impressed with how Northern Health staff, physicians, and other partners came together proactively to prepare and respond. While we enter 2020/21 with new responsibilities to maintain vigilance and to increase preparedness, the pandemic has enabled advances such as the increased use of virtual care, enhanced patient pathways and transfer supports, and strengthened relationships with our health service partners. The Board wishes to commend Northern Health staff and physicians, our partners, communities, and the provincial leaders who did a remarkable job guiding the province through a very difficult situation.

During 2019/20, Northern Health worked with the six Regional Hospital Districts, Foundations and Auxiliaries to plan and implement significant capital equipment and capital development projects across the region. Projects included the Mills Memorial Hospital replacement project, Emergency Department/Intensive Care Unit Project at GR Baker Hospital in Quesnel, Stuart Lake Hospital replacement project in Fort St. James as well as completion of the business plan for the Dawson Creek General Hospital replacement project.

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. Further, Northern Health continues to partner and collaborate with the First Nations Health Authority (FNHA) and First Nations communities under the auspices of the Northern First Nations Health Partnership Committee, to improve services and the cultural safety of these services for Indigenous people. Collaborative work also began in 2019/20 with the Métis Nation of BC.

Northern Health finished the 2019/20 year with a balanced budget. 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 are reflected in our policies, our new member orientation process, and our regular governance processes.



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) provides a public report on the actual results of the health authority's performance related to the forecasted targets documented in the previous year's Service Plan.

Purpose of the Organization

Northern Health provides a full range of health care services to the 284,327[1] residents of Northern BC. Serving an area of 605,576 square kilometers, it is the largest geographic health region in the province covering about two-thirds of BC and comprised largely of rural and remote communities.

The *Health Authorities Act*[2] gives Northern Health the legislative authority to develop policies, set priorities, prepare budgets, and allocate resources for the delivery of health services. Services are guided by 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[3] and nine diagnostic and treatment centres
  - Surgical service program based in 10 acute care sites across the region
- Long-term care at 13 complex care facilities and in 10 acute care facilities[4]
- Community health services through interprofessional teams and specialized community service programs focused on:
  - Services for people with chronic conditions and/or frailty including home health services to clients in their homes
  - Services for people living with Mental Health & Substance Use (MHSU) concerns
  - Services for the perinatal population and vulnerable families
  - Population and public health services focusing on health promotion and injury prevention toward the improvement of health for people across the North
- Cancer Care Services in collaboration with BC Cancer through nine Community Oncology Clinics.

Northern Health works collaboratively with a medical staff comprising some 370+ family physicians, 182 medical and surgical specialists and other medical staff such as nurse practitioners and midwives. Northern Health is comprised of three Health Service Delivery Areas (HSDAs): Northeast, Northwest, and Northern Interior. Each HSDA is led by a Chief Operating Officer (COO). The COO has overall responsibility for the operations of the HSDA. Reporting to each COO are Health Service Administrators, senior managers who lead the overall provision of services in a community cluster. There are currently fifteen Health Service Administrators in Northern Health.

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

Northern Health has entered into a Partnership Accord with the FNHA and the First Nations Health Council: Northern Regional Health Caucus. A Northern First Nations Health and Wellness Plan has been developed by the partners and is guiding the work underway across the North. Leadership of this work in Northern Health is provided by a Vice President, Indigenous Health who coordinates partnerships and provides expert advice, guidance, and oversight. Focused work on improving Northern Health's cultural safety is being coordinated through local Aboriginal Health Improvement Committees (AHICs) or Indigenous Health Improvement Committees (IHICs).

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

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

Long term care facilities in the North are operated by Northern Health, with the exception of two[5] 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. The Board provides confirmation that the Board governance information on the corporation's websites includes all information required by the Crown Agency and Board Resourcing Office's board governance disclosure requirements as listed in Section 3 of the Best Practice Guidelines *Governance and Disclosure Guidelines for Governing Boards of BC Public Sector Organizations*.

Strategic Direction

The strategic direction set by Government in 2019/20 and expanded upon in the Board Chair's Mandate Letter from the Minister of Health in 2019 shaped the 2019/20 Service Plan and results reported in this annual report.

Northern Health's 2019/20 plans were aligned with the Government's key priorities:

Government Priorities	Northern Health aligns with these priorities by:
Making life more affordable	• 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 as part of a comprehensive transportation strategy (Objective 1.2)
Delivering the services people count on	• 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, magnetic resonance imaging (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) • Partnering with BC Cancer to provide a strong continuum of cancer care across Northern Health (Objective 1.1)
A strong, sustainable economy	• Recognizing northern BC as an economic driver for the province and working with industry and researchers to understand and address health concerns arising from development (Objective 2.1) • Focusing on enhancing the health of the northern BC 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) • Incorporate strategies to encourage and facilitate participation of Indigenous people in the health care and health sciences workforce as part of our efforts to ensure work force safety and sustainability (Objective 3.3)

Operating Environment

Rural/Remote Nature of Northern BC

Northern Health seeks to promote health and wellbeing and to provide health services to approximately six percent of the province's population over a vast geographic area (approximately two thirds of the province geographically). The challenges and opportunities in delivering a continuum of high quality health services in the rural and northern parts of Canada have been well articulated by many. The Romanow Report, Rural Health in Rural Hands, the Health Care in Canada series, and the recent 2019-20 Northern Health Environmental Scan, amongst others, describe the opportunities and challenges inherent in rural and northern Canada.[6] [7] [8] [9]

Challenges exist in northern BC. Small clustered populations (less than 0.4 persons per sq. km)[10] 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.[11] Additionally, many communities exist on the other side of the digital divide and lack other supporting infrastructures such as low cost public transit. Of particular concern is the loss of regular bus services to rural communities. These challenges and others related to human resources, transient resource-sector populations, poorer health status and a rising burden of chronic diseases are discussed in greater detail later in this document.

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

The dispersed nature of the northern population creates challenges when considering service distribution and mix. Many types of service benefit both in efficiency and effectiveness from consolidation into service units that achieve critical staffing levels and patient volumes. It is often the case that service quality is related to volume of work and repetition of clinical skills. However, access to service closer to home is a critical factor contributing to health outcomes for the people who live in northern and rural communities. In addition, health services are often seen as essential to the sustainability of rural and northern communities. To address this paradox, Northern Health places considerable emphasis on dialogue with communities to collectively and creatively find the right balance of sustainable local service and reliable secondary and specialty services as close to home as possible.

For the North, opportunities lie in integrated, intersectoral, collaborative approaches where services are organized so that they address the needs and characteristics of the population and in a manner where teamwork and interprofessional collaboration are expected from providers. [12] [13] More and more Northern Health seeks to establish and support strong networks of service built on the principle that all parts contribute to a strong whole.

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

Human Resources and Health System Infrastructure

Despite expanded education and training programs for health professionals and health workers in BC, ensuring the availability of human resources remains a challenge for the health care system.[14] As the population ages, so too does the health care workforce. Looming retirements in the health workforce combined with the rising demand for services and increased national and international competition for health professionals impact the province's ability to maintain an adequate supply and mix of health professionals and workers for BC's health system.

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

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

Socio-Economic Context

The northern rural economy is a significantly resource based economy. It has and continues to generate much of this province's revenue and wealth.[15] Despite this contribution, some of the least diversified and vulnerable local economies in the province are found in the North. [16] Other dimensions of our uniquely rural and resource based economy are reflected in the Socio-economic Indices (SEI) that are produced by BC Stats. The SEI also indicated that northern LHAs consistently ranked amongst the worst in BC on the Education Risk Index, the Children at Risk Index and Youth at Risk Index.[17]

Transient Resource Sector Populations

The resource sectors have contributed greatly to the health and prosperity of communities in northern BC and to BC as a whole.[18]

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.[19]

Northern Health recognizes the need to work proactively with the resource sector to understand the health issues associated with resource development. To this end, an Office of Health and Resource Development has been created. Staff members within this office are monitoring the

environmental assessment applications within Northern Health's geographic region. They are working with the resource based companies by sharing information regarding current health services capacity and establishing collaborative relationships to address environmental and health services issues related to individual projects. Northern Health continues to work with the Ministry of Health and other partners to establish and implement strategies for examining the cumulative effects of industrial development.

Variations in Health Status

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

This poorer level of health in northerners is reflected across all health status indicators including the internationally recognized Standardized Mortality Ratio (SMR). The SMR compares the actual number of deaths in a population to the number of deaths that are expected to occur. This measure is also consistently correlated with higher burdens of population illness, higher unmet health needs and, correspondingly, with higher health service utilization. [20] [21]

During the five year period (2012 – 2016), we expected to see 7,566 deaths within the population of northern BC. In reality, there were 9,608 deaths. In other words, we experienced 2,045 more deaths in this five year period than were expected. The overall SMR is calculated as 9,608 observed / 7,566 expected = 1.27: a value that is statistically higher than expected.[22]

Indigenous Peoples and Communities

Northern BC's landscape is home to the highest proportion of First Nations people of all the provincial health authorities in BC. Within northern BC, 18 percent of the population identifies as First Nations. Within BC overall, over 35 percent of the First Nations population live in the north. There are 54 First Nations, 9 Tribal Councils and 17 distinct linguistic groups. Eighty communities are continuously inhabited and range in size from less than a hundred to several thousand people. There are also 11 Métis Chartered Communities.[23] Northern Health has strong partnerships and relationships with Friendship Centres and Indigenous Health Service organizations in the region.

While the health status of Indigenous people has improved in several respects over the past few decades, the Indigenous population in BC continues to experience poorer health and a disproportionate rate of chronic diseases and injuries compared to other BC residents.[24] [25] Northern Health continues to work with Indigenous partners 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 Indigenous peoples is a high priority for Northern Health and for the BC health system as a whole. Northern Health is a signatory to the *Declaration of Commitment to Cultural Safety and Cultural Humility in BC Healthcare Services* (in 2015). Northern Health is also moving towards fully adopting and implementing the *United Nations*

Declaration on the Rights of Indigenous Peoples, the *Truth and Reconciliation Commission of Canada: Calls to Action*, and the *Métis Nation Relationship Accord II*.

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

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

Official population projections are slow to recognize some aspects of change in the population. The Northwest and Northeast Health Services Delivery Areas are experiencing industrial and economic development growth in the longer run. Yet the path forward is 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 Dawson and District Creek Hospital. Mills Memorial Hospital is undergoing capital redevelopment with a targeted completion date of 2026. Dawson Creek and District Hospital is also undergoing capital redevelopment with a targeted completion date of 2025.

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 43 percent of the BC population and consume approximately 80 percent of the combined physician payment, PharmaCare and acute (hospital) care budgets.[26]

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.[27] 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.[28] [29] [30]

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.[31] [32] [33]

Mental Health and Substance Use Disorders (MHSU)

In addition to the pressures arising from the upcoming demographic changes, MHSU issues are growing as endemic factors in northern rural communities. An example of this is the ongoing opioid overdose public health emergency. MHSU issues pose significant challenges for the health care system. While considerable work has been done to address prevention, harm reduction, and care needs, Northern Health continues to see growth in opioid use and related deaths. These substance use challenges are often exacerbated by homelessness, limited access to low barrier housing, geographic challenges in accessing services, and limited family and social networks. MHSU issues can also present as underlying complications in other clinical problems, preventing or affecting treatment and management. MHSU is the focus of the Ministry of Mental Health & Addictions, which is providing strategic and policy direction to the health system as outlined in the document, *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia*.

Strategic Advantages

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

Motivated Communities, Staff and Physicians

Northern BC is comprised of a large number of relatively geographically defined communities. While there are residents spread across a vast geographic area, northern residents hold a strong sense of community and are highly motivated to sustain and enrich their communities.

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

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

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

A team-based approach allows physicians, nurses, nurse practitioners, allied health professionals including physiotherapists, occupational therapists, social workers and others to work to their optimal scope of practice, enhancing the workforce environment, the quality of care, and the patient's experience.

Established Foundation of Primary Health Care

In Northern BC, primary health care has evolved as the foundation of our health service delivery system. In general, physicians across the North are committed to quality improvement in their primary care practices and to ensuring service comprehensiveness and continuity after hours. Approximately 98 percent of the physicians practicing in northern BC have a relationship with Northern Health, usually holding hospital privileges and often providing emergency care, obstetrical care and service to people residing in long term care facilities. Divisions of Family Practice exist across the north and are establishing processes for joint planning, improvement and communication.

Northern BC physicians have adopted electronic medical records (EMRs) at a higher rate than other jurisdictions and have availed themselves of opportunities to integrate with Northern Health information systems. Recent indications suggest that approximately 75 percent of the physicians practicing in northern BC are making meaningful use of EMRs through such processes as drawing laboratory test results from Northern Health's information system into their

electronic records. Many of these physicians are also actively using information from the EMR to monitor quality of care and outcomes for patients.

Northern Health and northern BC physicians place considerable emphasis on work toward healthy communities and populations. With strong existing relationships Northern Health has a great opportunity to further partner with physicians, nurse practitioners, midwives and communities, including Indigenous communities, to make improvements that will lead to healthier people in healthier communities.

A Spirit of Partnership

While the majority of health issues faced by residents of northern BC can be addressed within the North, Northern Health does not provide specialized tertiary and quaternary services. Neurosurgical and thoracic surgical services, cardiac surgery and transplant services are some examples where Northern Health lacks the professionals and infrastructure to offer these services. For such services, Northern Health works in partnership with other Health Authorities, particularly the Provincial Health Services Authority and Vancouver Coastal Health Authority, to plan and ensure a strong continuum of care. It is with this spirit of partnership that Northern Health is able to provide quality services in the areas of cancer care, renal care, maternal and neonatal care, trauma care and HIV management.

Report on Performance: 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 service delivery areas requiring strategic repositioning
- Support the health and well-being of British Columbians through the delivery of high-quality health services
- Deliver an innovative and sustainable public health care 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 2019/20 performance related to these key priorities.

Goal 1: Ensure a focus on service delivery areas requiring strategic repositioning.

The Ministry of Health established a number of directions for 2019/20 that were pursued collectively by the many sectors of the BC health system. The directions involved:

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

Following is a description of the objectives that Northern Health established for 2019/20 and is pursuing in response to the Ministry's goals and within the Health Authority's northern and rural context.

Objective 1.1: Strengthen Primary Care and Community Services

Northern Health continued, in 2019/20, to realign community services in partnership with primary care and specialized service providers to ensure better support for people and families through their lifelong health journey. Services are being realigned and supported to ensure greater focus on population health, strong interprofessional care planning and service delivery and to improve flow and coordination among service providers in various parts of the health system. Where needed, services are restructured to ensure better access to comprehensive urgent care.

Key Highlights:

Northern Health is building on the work of several years to continue to advance primary and community service transformation following Ministry of Health policy direction. Key highlights in 2019/20 include:

- Continued to build the capacity of interprofessional primary and community care teams.
- Worked with physicians to plan and align Interprofessional Teams (IPTs) to a service model recognizing the Patient Medical Home as a foundational component.
- Northern Health recognizes that the establishment of teams is the first step toward the envisioned primary and community care model of service delivery.
- Service Alignment: Supported planning and improvement for identified patients with complex health care needs including those experiencing mental health and substance use issues, frail elderly, chronic disease, children and youth, and families expecting babies (perinatal population).
- Practice Support Program: Across Northern Health, there are currently 20 Practice Support Coaches who interfaced 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.

As the 2019/20 year neared its end, the global COVID-19 pandemic took priority for Northern Health, as with all British Columbia health services. Northern Health responded in partnership with physicians and nurse practitioners to address access challenges to urgent care while providing virtual alternatives for health information, early COVID-19 response, and ongoing health care needs. The partnered virtual care approach will continue to be the foundation for service enhancement and subsequent COVID-19 response.

Performance Measures	2016/17 Baseline[1]	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
1.1a Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and older.[1]	4,396	4,650	4,638	4,533	4,417
1.1b Percent of people admitted for mental illness and substance use who are readmitted within 30 days.[1]	10.1%	12.2%	10.7%	12.2%	12.1%

[1]Data source: Discharge Abstract Database, Integrated Analytics: Hospital, Diagnostics and Workforce Branch, HSIARD, Ministry of Health

Discussion of Results

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

Northern Health is continuing to work in collaboration with Divisions of Family Practice and northern BC physicians to redesign services in the primary and community sector in a way that will help people stay healthy and that is more responsive to patient needs. In 2019/20 Northern Health saw an increase in inpatient admissions per 100,000 persons over 75 years with chronic conditions. Increasing to 4,638 admissions compared to the 4,396 in 2016/17 and improving substantially on the year’s target of 4,650. This transformation is in its early stages and further improvements are anticipated as Northern Health continues to invest time and resources in this work.

1.1b The repositioning of services planned provincially and by Northern Health envisions greater connections between primary and community care and more specialized services. A proven example of the benefit of this kind of connectivity is for people who are being discharged from hospital for MHSU issues. With strong connections back to service providers in the community, Northern Health can better ensure that these people can remain stable and reduce the likelihood that they will be readmitted. The time period considered to be the threshold for unnecessary readmission is 30 days.

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 the vast majority of patients discharged from MHSU services receive follow-up in their communities within 30 days. Through this multi-year effort, Northern Health achieved the lowest level of readmission in the province, at 10.7 percent in 2019/20 and has bettered the year's target of 12.2 percent. Efforts will continue to reduce these readmission rates as readmission within 30 days is suggestive of a lack of patient stabilization within their home environment which is, for the most part, avoidable.

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

The focus on the flow of patients and residents through hospitals and long-term care facilities is intended to improve appropriateness, access and timeliness of specialty and facility-based care. The objective of this work has been 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 in 2019/20:

- Implemented Care in the Right Place (CitRP), Northern Health's documented, evidence-based strategy for addressing facility-based flow pressures by improving efficiency and by providing better, alternative services.
- Implemented aspects of a redesigned Home Support service.
- Enhanced rehabilitative aspects of facility-based care.
- Continued to implement innovative approaches to meeting provincial service enhancement commitments regarding addictions services and palliative care and services for Community Living BC clients.

As the 2019/20 year neared its end, the global COVID-19 pandemic took priority for Northern Health, as with all British Columbia health services. Northern Health responded in partnership with physicians and nurse practitioners to support patient movement to enable an immediate reduction in hospital occupancy to safely accommodate COVID-19 patients. Acute Care Utilization Teams were supported to enable timely assessment, planning and discharge decisions.

Patients were supported through community care and virtual modalities. Long Term Care facility leadership and staff responded similarly to put in place strategies to keep vulnerable residents safe and to respond efficiently should infections arise within our Long Term Care sites.

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 BC by clarifying service distribution and pathways, addressing barriers to wait time improvement and working with our Provincial counterparts to understand and respond to regional variations in service.

Key Highlights:

To improve flow through Northern Health surgical and diagnostic services the following key strategies were pursued in 2019/20:

- Enhanced timely access to surgical care.
- 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
  - Enhancement of communication
  - Expansion of standard practices
- Enhanced access to MRI diagnostic services across the region
- Improved access to colonoscopy services through refining referral and information pathways and through volume expansion to achieve wait time targets.

As the 2019/20 year neared its end, the global COVID-19 pandemic took priority for Northern Health, as with all British Columbia health services. Northern Health responded to focus surgical and diagnostic services on urgent and emergent needs. These services were maintained during the first COVID-19 wave at approximately 50 percent. Volumes resumed near normal by the end of the first quarter of 2020/21.

Performance Measure	2016/17 Baseline[1]	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
1.3 Surgeries in targeted priority areas completed.[1]	1,849	2,354	2,142	2,300	2,300

[1] Data Source: Surgical Wait Time Production Database, HSIARD, Ministry of Health

Discussion of Results

1.3 The completion of additional surgeries in the areas of hip, knee, and dental reflects efforts to allocate surgical resources in specific areas to focus on patients waiting for those procedures.

These efforts are concentrated in 2019/2020 and show progress to “catch up” and “keep up” volumes in priority areas. Targets for this performance measure will be adjusted in the future as new priority surgical areas are identified and targeted for improvements.

While requiring continued improvement, in 2019/20 Northern Health demonstrated the highest performance on surgical wait times among the province’s geographic Health Authorities. Despite performing slightly under target in 2019/20, Northern Health completed 2,142 priority area surgeries, which is higher than their baseline. The small drop in 2019/20 volumes was the result, in many instances, of patient unavailability throughout the year. Service changes necessitated by the year-end COVID-19 pandemic dramatically reduced volumes in March 2020. Northern Health is committed to improvement targets in surgical wait times. Northern Health recognizes that surgical patients want and should receive better information about their upcoming surgery. With that in mind, Northern Health initiated patient notification in 2019/20 – providing patients with assurance that their booking has been received and indicating an estimated wait time. Northern Health continues to increase surgical volumes and is achieving key improvements in wait times for patients who have been referred for surgery. Northern Health recognizes that residents can experience long waits to see surgeons for assessment - what is known as “wait 1.” Wait 1 improvements will result from Northern Health’s continued efforts to increase patient volumes and diminish wait lists.

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

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

Objective 2.1: Improve the Health of the Population

Northern Health seeks to help people in northern BC to stay as healthy as possible by promoting healthy environments and behaviours through the ongoing implementation of BC’s Guiding Framework for Public Health. The following strategies were enacted to build health surveillance capabilities and to partner with FNHA, First Nations communities, and other Indigenous partners 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 IPTs and Primary Care Networks (physician(s)/nurse practitioner(s) practice with Northern Health interprofessional staff). In 2019/20, Northern Health placed an early focus on change supports to enable local team development and to support a growing focus on population and

public health. Innovative service delivery models continued to be developed to support population and public health activities regionally, and to capitalize on opportunities to embed population health principles within the primary care and community health service delivery model.

- Northern Health 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 initiated to understand and realign roles and functions to strengthen immunization adherence and information flow as part of the primary care and community service transformation. Immunization is a substantial, evidence-based population health maneuver. As such, it is critically important from a healthy community standpoint. It has also been an excellent early priority for Northern Health to implement as we move to change the way population health activities are embedded within the transformed Primary and Community Care teams.
- Continued work with industry leaders to assess and monitor issues related to industry driven health service needs and environmental health factors. Northern Health initated an industry/academic partnership to begin 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.
- Continued to focus on key actions as directed by the Ministry, drawing from *Promote, Protect and Prevent: Our Health Begins Here. BC's Guiding Framework for Public Health*. This includes spreading use of a variety of prevention and screening maneuvers outlined in the Lifetime Prevention Schedule.
- Worked with the Ministries of Health and Mental Health and Addictions, to continue to expand efforts to address the ongoing opioid overdose public health emergency and, ultimately, build this response into the Health Authority's overall MHSU service model.

As the 2019/20 year neared its end, the global COVID-19 pandemic took priority for Northern Health, as with all British Columbia health services. Northern Health responded to focus Public and Population Health resources on public information, screening, monitoring, infection prevention and control, and outbreak management. Ongoing activity focused on maintenance of services to help address opioid related health issues.

Performance Measure	2011/12 Baseline[1]	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
2.1 Percent of communities that have completed healthy living strategic plans [1]	15%	72%	66%	75%	75%

[1] Data source: Health Authority Community Survey conducted by the Ministry of Health

Discussion of Results

2.1 This performance measure focuses on the proportion of the 161 communities in BC that have been developing healthy living strategic plans, in partnership with the Ministry and health authorities since 2010/11. Healthy living strategic plans include measurable actions or milestones that the health authority and community will use to collectively address chronic disease risk factors and prioritize areas for the reduction of incidences of chronic diseases. Community efforts to support healthy living through planning, policies, built environments and other mechanisms are critical to engaging individuals where they live, work and play. Sustained community level actions will encourage more active lifestyles while decreasing the risk factors and chronic diseases and injury.

Northern Health continues to undertake efforts to engage communities and partners toward effective needs identification, service planning, and collaborative service delivery. Northern Health's Improve the Health of the Population strategies along with our ongoing work with communities through community roundtables, regular community consultations, North Central Local Government Association community meeting sessions and regular meetings among Northern Health staff and community members will continue to be critical to the organization's service development and community responsiveness. Many of the communities in rural British Columbia embed health strategies within their community plans instead of establishing stand alone Healthy Living Strategic Plans. For this reason, Northern Health performance on this measure has stabilized at 66 percent, but we continue to work in partnership with communities to implement strategies to improve the health of residents.

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

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

Key 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.
- Early partnered work continues to support the development of MHSU Mobile Support Teams and improving the provision of primary care for First Nations communities.
- An over-arching emphasis on cultural safety and humility will promote movement toward a health service environment that is safe, respectful and equitable. With this in mind, Northern

Health focused in 2019/20 on implementing cultural safety and humility education strategies and developing and implementing community-based cultural resources – internal and external to Northern Health services.

- Northern Health continued to partner with First Nations communities and Indigenous peoples through AHICs/IHICs to identify practical ways to improve the cultural safety of Northern Health's services and thus improve the experience of Indigenous partners as they receive health services. Northern Health will continue to implement actions emerging from these collaborative groups.
- Continued development and use of knowledge translation resources (e.g. Complaints booklet, Cultural Safety, quarterly newsletter, website, etc.).
- Continued work in partnership with FNHA and the Ministry of Health to identify and pursue strategies to enhance the degree to which Northern Health staff is more representative of the communities we serve.

As the 2019/20 year neared its end, the global COVID-19 pandemic took priority for Northern Health, as with all British Columbia health services. Northern Health responded by partnering with FNHA to support COVID-19 service response for First Nations communities and people in northern British Columbia. Northern Health and FNHA co-led the development of a northern and rural pandemic response framework to ensure that people in rural communities, including First Nations communities, had information and supports available in the event of suspected or confirmed COVID-19 infection.

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

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

Objective 3.1: Establish a Culture of Quality Improvement and Safety

Northern Health strives to ensure high quality services by monitoring our performance and by promoting continuous quality improvement throughout the organization. This quality assurance and improvement effort 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. In 2019/20 Northern Health worked to identify and act upon opportunities to further embed patients and families in these processes, and to identify some key areas within the organization that would benefit from improvement approaches known to enhance person and family centred care. As a result, patient voices are reflected on Northern Health Service Networks, and on decision-making groups related to capital and strategic initiatives.

- Designed and began implementation of a strategy to enhance the culture of quality and safety in conjunction with implementation of the Psychological Health and Safety Program.
- Developed and implemented mechanisms to engage point of care/service level in quality improvement. In 2019/20 Northern Health spread the Quality Management System (QMS) – a management system that has proven effective in early pilots – to two additional sites and initiated orientation to QMS in a number of other sites.
- Enhanced physician co-leadership and engagement in quality improvement.
- Developed and aligned organizational quality structures and supports based on a common vision. Northern Health has a number of established clinical programs. This model continued to be expanded and consistently supported as a foundation for clinician-led quality improvement across the organization.
- Partnered to further align research, education and service delivery. In conjunction with a number of provincial developments (Academic Health Science Network, Strategy for Patient Oriented Research) and in collaboration with academic and other partners, Northern Health strengthened our capacity to act as a Learning Health System.

Performance Measure	2017/18 Baseline[1]	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
3.1a Potentially inappropriate use of antipsychotics in long-term care	32.3%	31.3%	36.4%	30.4%	29.5%

[1] Data Source: Canadian Institute of Health Information

Discussion of Results

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

Northern Health has historically seen comparatively high use of antipsychotics in long-term care facilities based on available information. While reporting issues may affect this to an extent, Northern Health must work to ensure that reporting complies with national norms and investigate any remaining apparent over-usage. Focused improvement efforts were underway in Northern Health sites in 2019/20. Northern Health continued to implement “Clear” (which used to be known as CLeAR: A Call for Less Antipsychotics in

Residential Care) through collaboration with the BC Patient Safety & Quality Council. In spite of this effort, Northern Health continued to experience higher than target use of antipsychotic drugs (36.4% versus a target of 31.3%). In recognition of this, Northern Health decided in 2019/20 to work with the Ministry of Health to target resources toward quality improvement and research activities in this area. It is also believed that efforts to stabilize staffing in Long Term Care facilities will facilitate improvements.

Performance Measure	2017/18 Baseline[1]	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
3.1b Rate of new *C. difficile* cases associated with a reporting facility per 10,000 inpatient days.	2.9	3.3	2.8	3.1	3.0

[1] Data Source: Provincial Infection Control Network of British Columbia (PICNet)

Discussion of Results

3.1b Health care facilities can experience the transmission of infection among patients and staff. In many cases this is only an inconvenience. In some instances, the passed infection can be of a strain of organism that is resistant to antibiotics – and becomes challenging to treat. Such transmissions also further the growth of these "Antibiotic Resistant Organisms (AROs)." Evidence-based application of infection control techniques, and good housekeeping and sterilization processes can help to reduce transmission of AROs. This measure looks at the rates of in-facility transmission of C. difficile, a prevalent and difficult-to-treat ARO.

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

Objective 3.2: Achieve Required Organizational Practices and Standards

In many areas of health service, both clinical and support, research has led to known ways of operating that will lead to optimal outcomes. Variation from these norms can lead to waste and even patient harm. The objective of this initiative was 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 identified for 2019/20 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 BC.
- Reduce the rate of harm-related falls in Northern Health care settings.
- Increase the percentage of vaginal delivery including focus on increase of vaginal birth after c-section (VBAC).
- Increase immunization compliance for children by the age of 2 years.
- Ensure timeliness of hip fracture fixation.
- Reduce mortality resulting from sepsis within Northern Health facilities.
- Increase the rate of hand hygiene in Northern Health facilities/services.

In 2018/19, Northern Health also established a quality improvement priority: Support the Safe and Effective Use of Medications. In 2019/20, Northern Health completed year two of a three year strategy to ensure the wide use of the best medication history and rigorous application of medication reconciliation at all points of transition. As processes and awareness of needs for safer acute care services increased in 2019/20, Northern Health initiated planning for “InCare and EmergCare” – which includes expansion of the use in inpatient and emergency care of the Cerner Health Information System to better automate and integrate services beginning with automated care documentation.

Objective 3.3: Enhance Workforce Safety and Sustainability

The objective of this initiative was 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. In 2019/20 the focus was on implementation of the Psychological Health and Safety Program in conjunction with efforts to define and improve Northern Health’s quality and safety culture (described above). Other key highlights are described below.

Key Highlights:

- Continued to implement work force sustainability strategies including vacancy management, attendance support and overtime management. Working in tandem with efforts to improve staff engagement and culture, Northern Health worked proactively to address issues underlying staff vacancies, absenteeism and overtime and agency staff usage.
- Built a better understanding of workforce needs within the context of northern populations, including reflection of the need for greater participation of Indigenous workers in the field of Health care and Health Sciences. In 2019/20 Northern Health continued to build on

provincial Health Human Resources (HHR) collaborative work to ensure a clear understanding of HHR needs now and in the future. For Northern Health this work included partnership with secondary schools and post-secondary institutions including colleges, the UNBC and the UBC Northern Medical Program to align training with needs for health professionals. In particular, Northern Health worked with academic partners on the establishment of a northern physiotherapy and occupational therapy education program and a nursing education program based in the North East.

- Continued to implement Northern Health's innovative recruitment and retention strategy. Northern Health's Health Human Resources Plan identifies workforce planning needs, appropriate recruitment, retention, and overall workforce sustainability strategies. Considerable progress has been made on recruitment of difficult-to-fill positions. As a northern/rural health authority, retention continues to be a challenge as skilled staff retire or relocate.
- Continued to reduce the number of occupational injuries related to workplace incidents of violence through continued training on violence prevention and workplace psychological health and safety.
- Continued to reduce the number of long-term disability claims through active, collaborative return-to-work strategies.
- Began implementation of Northern Health's new onboarding program and ensure 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).
- Continued to review and implement Northern Health's physician human resource plan including efforts to support improvement in nursing recruitement and retention, and to encourage physicians to take leading roles in quality improvement and the establishment supportive environments and practice models for physicians.

Performance Measure	2016 Baseline[1]	2019 Target	2019 Actuals	2020 Target	2021 Target
3.3 Nursing and allied professionals overtime hours as a percent of productive hours	6.6%	6.6%	7.9%	6.6%	6.6%

[1] Data source: Health Sector Compensation Information System (HSCIS), Health Employers Association of BC. Note that HSCIS data is by calendar, rather than fiscal, year.

Discussion of Results

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

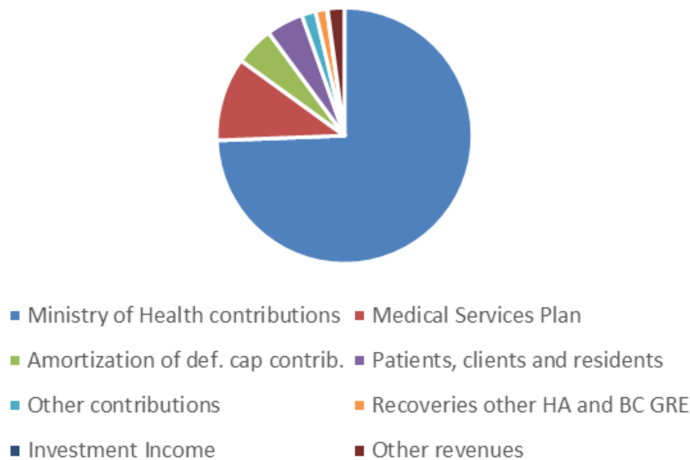
Overtime rates continue to be high at Northern Health as operational leaders seek to ensure safe and effective staffing in the face of limited worker availability and increasing demand for services. In 2019/20 Northern Health further increased nurse training and recruitment strategies but service growth and staff turnover resulted in ongoing vacancy challenges – leading to high rates of overtime.

Financial Report

Discussion of Results

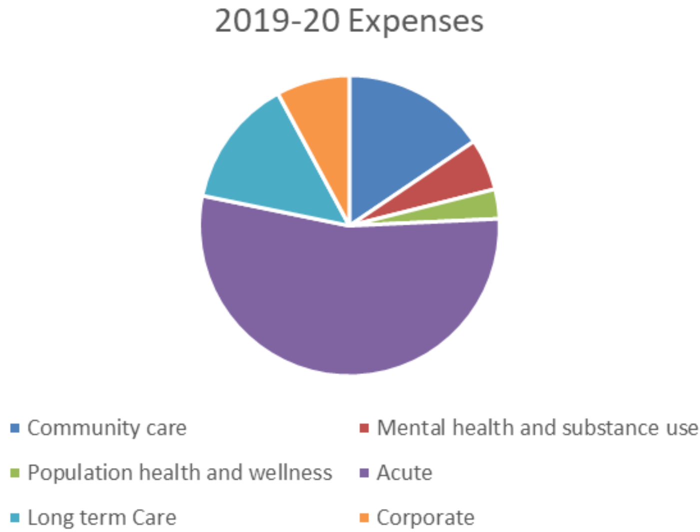
Northern Health (NH) provides a wide range of health services to the population it serves. Each year NH is challenged to provide high quality accessible services within the available financial, human, and capital resources. For the fiscal year ended March 31, 2020, NH realized an annual operating surplus of $2.4 million (0.3% of budgeted expenditures).

<u>Revenues</u>
Total revenues for the year were $949.4 million; an increase of $56.8 million or 6.4% from the prior year. Funding from the Ministry of Health is Northern Health's primary source of revenue. In 2019-20 operating funding from the Ministry of Health was $706.4 million which represented 74% of total revenues.



Expenses

Total expenses for the year were $947.0 million; an increase of $50.3 million or 5.6% from the prior year. Acute Care remains the largest sector of expenditure at 510.9 million or 53.9% of total expenses. Next largest sector is Community Services at $229.8 million or 24.3% of total expenses.



The 2019-20 audited financial statements are available at www.northernhealth.ca

Financial Summary Resource Table

$ millions – to the first decimal	2019/20 Budget	2019/20 Actual	Variance
OPERATING SUMMARY			
Provincial Government Sources	689.3	706.4	17.1
Non-Provincial Government Sources	238.6	243.0	4.4
Total Revenue:	927.9	949.4	21.5
Acute Care	492.1	510.9	-18.8
Long Term Care	124.6	131.5	-6.9
Community Care	149.8	147.0	2.8
Mental Health & Substance Use	54.7	52.6	2.1
Population Health & Wellness	31.3	30.2	1.1
Corporate	75.4	74.8	0.6
Total Expenditures:	927.9	947.0	-19.1
Surplus (Deficit) – *even if zero*	0	2.4	2.4
CAPITAL SUMMARY			
Funded by Provincial Government	13.1	16.8	-3.7
Funded by Foundations, Regional Hospital Districts, and other Non-Government Sources	42.6	27.4	15.2
Total Capital Spending:	55.7	44.2	13.5

Variance and Trend Analysis

Revenues

Provincial Government Sources was $17.1 favourable to budget due to supplemental funding provided by the Ministry of Health close to fiscal year-end.

Expenses

Acute Care was $18.8 million unfavourable to budget. Acute Care consists of inpatient nursing services, emergency and outpatient services, pre-operative services, and associated clinical support such as laboratory, diagnostic imaging, pharmacy and rehabilitation, and various other supports such food, housekeeping, laundry, and facility maintenance and operations.

Higher than expected inpatient volumes and related utilization of staffing and supply resources were the primary drivers of the budget overage. NH had budgeted inpatient days of 202,834; actual inpatient days was 214,824; resulting in inpatient activity overage of 11,990. The additional unbudgeted activity resulted in additional hours worked often at overtime rates further contributing to the budget overage.

Long Term Care was $6.9 million unfavourable to budget. Long term includes long-term care, assisted living, and rehabilitation, and various other supports such food, housekeeping, laundry, and facility maintenance and operations.

The main driver of the budget deficit was overtime. Over the year, NH struggled to fill care aide positions. As result, shifts were often worked at overtime rates.

Community Services was $6.0 million favourable to budget. Community includes mental health services, population health and wellness, oncology, home support, specialized community, and the inter-professional teams.

The main driver of the budget surplus was staffing vacancies.

Major Capital Projects

Major Capital Projects (over $50 million to the first decimal)	Year of Completion	Project Cost to March 31, 2020 ($m)	Estimated Cost to Complete ($m)	Anticipated Total Cost ($m)
Mills Memorial Hospital replacement	2024	2.1	445.4	447.5
On May 21, 2019, the Business Plan for the replacement of the existing 44 bed Mills Memorial Hospital in Terrace was approved. The project also includes the replacement of the Seven Sisters Residence, and the demolition of the Sleeping Beauty Medical Clinic. The new hospital will have 78 beds at approximately 26,400 square metres. It will feature private rooms, an expanded emergency department including two trauma bays, six stretcher bays, pediatric care space and four operating rooms, as well as the latest diagnostic imaging equipment. Construction is planned to start in spring 2021 and is expected to complete in fall 2024.				
Stuart Lake Hospital replacement	2024	0.1	115.9	116.0
On January 18, 2020 the Business Plan the replacement of the existing 12 bed Stuart Lake Hospital in Fort St James was approved. The new hospital will be built on the same site and, once complete, the existing facility will be demolished to make way for parking. The new hospital will have 27 beds, including 18 long-term care beds. There will be an emergency department with two treatment rooms, a trauma bay and ambulance bay. A laboratory and diagnostic imaging will also be part of the new facility. The hospital will include a primary care centre that will consolidate services currently being offered in Fort St. James to one location. Construction is expected to begin in spring 2022 and the new facility is targeted to open for patients in January 2025.				

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 (or toll free 1-866-565-299).

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

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1 BC Stats: Sub Population Projections P.E.O.P.L.E. 2019): https://bcstats.shinyapps.io/popApp/

2 *Health Authorities Act*. Chapter 180 http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96180_01

3 As at March 31, 2019 there are 517 acute care beds open and in operation. Source: Northern Health Finance General Ledger. Updated May 3, 2019.

4 As at March 31, 2019 there are: 1,114 complex care beds and 33 respite care beds provided in the 23 noted facilities. Also allocated across northern BC are 290 assisted living units. Updated May 3, 2019. Source: 05_NHA_HCC-Beds_Inventory_Mar 2019(2).xlxs

5 Simon Fraser Lodge operated by Buron Health Care and Birchview Residences in Prince George

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19 Understanding the State of Industrial Camps in Northern B.C: Background Paper. Northern Health, 2012. https://www.northernhealth.ca/sites/northern_health/files/about-us/leadership/documents/industrial-camps-bkgrd-p1v1.pdf

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22 BC Vital Statistics VISTA Data Warehouse. UCOD 358 All Causes of Death. Accessed February 28, 2017

23 Fact Sheet: https://indigenoushealthnh.ca/sites/default/files/2017-01/Fact%20Sheet%20-%20Governance_web.pdf

24 The Crisis of Chronic Disease Among Aboriginal Peoples: CAHR; University of Victoria https://dspace.library.uvic.ca/bitstream/handle/1828/5380/Chronic-Disease-2009.pdf?sequence=1

25 Pathways to Health and Healing: 2nd report on the Health and Wellbeing of Aboriginal People in BC. BC Provincial Health Officer's Annual Report 2007. http://www.health.gov.bc.ca/pho/pdf/abohlth11-var7.pdf

26 Discharge Abstract Database (DAD), Medical Service Plan (MSP) and BC Pharma-care data 2006/07.

27 Population Patterns of Chronic Health Conditions in Canada. Health Council of Canada. https://healthcouncilcanada.ca/files/2.23-Outcomes2PopulationPatternsFINAL.pdf

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