

Northern Health

2020/21 – 2022/23 SERVICE PLAN

July 2020



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Board Chair Accountability Statement



I am pleased to introduce Northern Health's Service Plan for 2020/21 – 2022/23 which was prepared under the Board's direction in accordance with the [Health Authorities Act](#).

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 the 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 across the North to plan and develop new service configurations while continuing to support the growth and service breadth of the region's forty-two interprofessional primary and community care teams (IPTs).

While undertaking transformational work in primary and community care, Northern Health also worked with the Ministry of Health and other partners to increase the hours of care available for residents in Northern Health Long Term Care facilities, to lead the province in improving surgical wait time performance, and to engage with communities about the need to partner in designing service options for seniors - including accessible and flexibly-supported housing.

The latter part of the year's work was consumed with planning and responding 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 for future pandemic waves, 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 2020/21, Northern Health is working with the six Regional Hospital Districts, Foundations and Auxiliaries to plan and implement significant capital equipment and capital development projects across the region, including 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 and the partnered

work with the First Nations Health Authority (FNHA) and First Nations communities led by the Northern First Nations Health Partnership Committee, as well as the Métis Nation of BC to improve services and the cultural safety of these services for Indigenous people.

Northern Health will develop and deliver balanced budgets for 2020/21 through to 2022/23. In upcoming years, Northern Health will face considerable challenges as the organization seeks to ensure service levels that align with changing needs influenced by community size, demographics and socio-economic conditions. Northern Health serves a population that faces the province's most significant challenges with respect to socio-economic and health status. While still the province's "youngest" region, the North is now facing considerable growth in the most senior age groups - placing unprecedented demand on Northern Health's health services. The Board and Executive are confident in the future of Northern Health, in our staff, physicians and volunteers, and in their ability to rise to these challenges. Northern Health will continue to respond to the people we serve, provide quality health services and continue to seek innovative solutions in order for Northern Health to lead the way in promoting health and providing health services for Northern and rural populations.

The plan is consistent with Government's strategic priorities and fiscal plan. The Board is accountable for the contents of the plan, including what has been included in the plan and how it has been reported. The Board is responsible for the validity and reliability of the information included in the plan. All significant assumptions, policy decisions, events and identified risks, as of May 21, 2020 have been considered in preparing the plan. The performance measures presented are consistent with the [*Budget Transparency and Accountability Act*](#), Northern Health's mandate and goals, and focus on aspects critical to the organization's performance. The targets in this plan have been determined based on an assessment of Northern Health's operating environment, forecast conditions, risk assessment and past performance.

On behalf of the Board,



Colleen Nyce, Board Chair, Northern Health

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Organizational Overview

Northern Health provides a full range of health care services to the 285,254¹ residents of Northern BC. Serving an area of 605,576 square kilometers, it is the largest geographic health region in the province covering over two-thirds of BC and comprised largely of rural and remote communities

The [*Health Authorities Act*](#)² 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 hospitals³ 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 facilities⁴
- Community health services through interprofessional teams and specialized community service programs focused on:
 - Services for people with chronic conditions and/or frailty including home health services to clients in their homes
 - Services for people living with Mental Health & Substance Use (MHSU) concerns
 - Services for the perinatal population and vulnerable families
 - Population and public health services focusing on health promotion and injury prevention toward the improvement of health for people across the North
- Cancer Care Services in collaboration with BC Cancer through nine Community Oncology Clinics

Northern Health works collaboratively with a medical staff comprising some 250 family physicians and 125 medical and surgical specialists. Northern Health is organized into three Health Service Delivery Areas (HSDAs): the Northeast, the Northwest, and the Northern Interior. Each HSDA is led by a Chief Operating Officer, who has overall responsibility for the operations of the HSDA.

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

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

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

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

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

Northern Health is committed to providing health services based in the primary care network (PCN), 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 three⁵ 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.

We confirm 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](#). (Pages 33-41 of the Best Practice Guidelines provide a complete list of the disclosure requirements).

The [Northern Health Board Policies and Best Practices](#) on the Northern Health website 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 and Alignment with Government Priorities

The Government of BC remains focused on its three strategic priorities: making life more affordable, delivering better services, and investing in a sustainable economy. Health Authorities are essential to achieving these priorities by providing quality, cost-effective services to British Columbia families and businesses.

Additionally, where appropriate, the operations of health authorities will contribute to:

- Implementation of the [*Declaration on the Rights of Indigenous Peoples Act*](#) and the [*Truth and Reconciliation Commission Calls to Action*](#), demonstrating support for true and lasting reconciliation, and
- Putting BC on the path to a cleaner, better future – with a low carbon economy that creates opportunities while protecting our clean air, land and water as described in the CleanBC plan.

By adopting the Gender-Based Analysis Plus (GBA+) lens, health authorities will ensure that equity is reflected in their budgets, policies and programs.

Northern Health receives its strategic direction from clearly identified government priorities as described in the [*Ministry of Health Service Plan*](#) and the [*Health Authority Mandate Letter*](#).

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

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 as part of a comprehensive transportation strategy (Objective 1.1)
Delivering the services people count on	<ul style="list-style-type: none"> • Working in partnership with primary care providers, Divisions of Family Practice and specialists to strengthen primary care and community services and to develop strong care and information pathways across the system (Objective 1.2) • 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	<ul style="list-style-type: none"> • 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)

Strategic Context

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

Environmental Factors

Rural/Remote Nature of Northern BC

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

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

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

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

For the North, opportunities lie in integrated, intersectoral, collaborative approaches where services are organized so that they address the needs and characteristics of the population and in a manner where teamwork and interprofessional collaboration are expected from providers.^{11 12} 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.¹³ 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.¹⁴ Despite this contribution, some of the least diversified and vulnerable local economies in the province are found in the North.¹⁵

Other dimensions of our uniquely rural and resource based economy are reflected in the Socio-economic Indices (SEI) that are produced by BC Stats. For example, during 2012, the SEI reported that there were no Local Health Areas (LHAs) in the North that performed above average on the composite index. The SEI also indicated that northern LHAs consistently ranked amongst the worst in BC on the Education Risk Index, the Children at Risk Index and Youth at Risk Index.¹⁶

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.

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.¹⁷

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.

In 2017/18, Northern BC's SMR was 1.26 meaning that the North saw 26 percent more deaths than might be anticipated based on gender and age-adjusted national norms. This measure is commonly high for rural/northern populations across Canada and consistently correlates with higher burdens of population illness, higher unmet health needs and, correspondingly, with higher health service utilization.^{18 19}

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, 21 percent of the population identifies as Indigenous – 15 percent identifies as First Nations. Within BC overall, 20 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.²⁰

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.^{21 22} Northern Health continues to work with Indigenous people and First Nations communities on approaches that better address their health needs and to provide services in a culturally safe manner.

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

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

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

Population Change

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

Official population projections are slow to recognize some aspects of change in the population. The Northwest and Northeast Health Services Delivery Areas are experiencing industrial and economic development growth in the longer run. Yet the path forward is volatile – ebbing and flowing based on global economic conditions. The recent decrease in global oil prices is a reminder of the impact of the global economy on the local and regional economy.

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

- Industrial activity oriented toward liquid natural gas processing and transport
- Some downsizing of the forest sector in relevant communities
- Large influx of temporary workers related to construction and development with significant permanent job growth
- Cost of living impact

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

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

These pressures will require focus and flexibility as there are many variables that will determine the short and long-term impact of this development on Northern Health's services.

Anticipated changes in population related to industrial development in both Health Service Delivery Areas highlight the need for capital redevelopment of Mills Memorial Hospital in Terrace and the Dawson Creek Hospital. These facilities are in planning stages for capital redevelopment. Based on current analysis, both these facilities are inadequate to meet the expected demands over the next five to ten years.

In addition to the pressures described above, an aggregate analysis masks two challenges facing Northern Health: a rapidly aging population (with the population age 75+ nearly tripling in the next 20 years), bringing with it a variety of health challenges including frailty, chronic disease and dementia, and proportionately more children and youth, many of whom are considered "at risk."

A Rising Burden of Chronic Disease

Chronic diseases are prolonged conditions such as diabetes, depression, hypertension, congestive heart failure, chronic obstructive pulmonary disease, arthritis, asthma and chronic pain. People with chronic conditions represent approximately 43 percent of the BC population and consume approximately 80 percent of the combined physician payment, PharmaCare and acute (hospital) care budgets.²³

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.²⁴ 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.^{25 26 27}

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.^{28 29 30}

Mental Health and Substance Use Disorders (MHSU)

In addition to the pressures arising from the upcoming demographic changes, MHSU issues continue as endemic factors in northern rural communities. MHSU issues pose significant challenges for the health care system an example of this is the ongoing opioid overdose public health emergency. While considerable work has been done to address prevention and care needs, Northern Health continues to see growth in opioid use and related deaths. These substance use challenges are, in and of themselves, difficult to address and relapse rates are high, especially where affected individuals cannot easily leave a high risk environment. Homelessness and low standards of housing and minimal positive family and social networks expose individuals to risk and offer little in the way of reliable support. MHSU issues also present as underlying complications in other clinical problems, preventing or impeding successful treatment and management. Northern Health works closely with the Ministry of Mental Health and Addictions to address this needs in this area.

Strategic Advantages

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

Motivated Communities, Staff, and Physicians

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

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

The sense of community exists at the level of Northern Health’s staff and the physicians of northern BC as well. Rural community living brings a spirit of common interest and creativity to staff and

physicians. New approaches, new roles and team approaches are often established by local groups as a way to overcome challenges.

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

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

Established Foundation of Primary Health Care

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

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

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

A Spirit of Partnership

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

Goals, Objectives, Strategies and Performance Measures

Northern Health is responsible for providing health services based on government goals and directions. The Ministry of Health has established three overarching goals that set the strategic stage for Northern Health:

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

Northern Health Implementation Strategy

Under these provincial goals, Northern Health has established a 2016-2021 implementation strategy that is guided by a clear mission, vision and directions that reflect our northern/rural context and our existing challenges and strengths.

Mission

Through the efforts of dedicated staff and physicians, in partnership with communities and organizations, we provide exceptional health services for Northerners.

Vision

Northern Health leads the way in promoting health and providing health services for Northern and rural populations.

Strategic Priorities

- Healthy people in healthy communities: Northern Health will partner with communities to support people to live well and to prevent disease and injury.
- Coordinated and accessible services: Northern Health will provide health services based in a Primary Care Network with a link to specialized and acute services. These services will support people and their families over the lifespan, from staying healthy, to living well with disease and injury, end-of-life care.
- Quality: Northern Health will improve continuously.

Enabling Priorities

- Our people: Northern Health will provide a positive, dynamic environment where staff and physicians make a difference for the people we serve.
- Communication, technology and infrastructure: Northern Health will advance communications, technology and infrastructure.

Northern Health has identified a number of critical priorities and tactics related to our provincial strategic goals. These priorities are described briefly below.

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

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

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

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

Objective 1.1: Strengthen Primary Care and Community Services

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

Key Strategies:

Northern Health is building on the work of several years to continue to advance primary and community service transformation following Ministry of Health policy direction. For 2020-2023 key strategies include:

- Build effective interprofessional primary and community care teams. Northern Health has created 42 teams that will continue to partner and align with physician/nurse practitioner practices to form Interprofessional Teams (IPTs) in northern BC communities. IPTs consolidate care delivery from public health, home and community care and mental health & substance use services. The 2020-2023 planning timeframe will see continued work in partnership with physicians/nurse practitioners to provide better, more integrated support for people with complex health needs.
- Work with staff, physicians and other partners to plan and align IPTs to a service model recognizing the Patient Medical Home as a foundational component. Patient Medical Homes will be networked along with Northern Health staff into Primary Care Networks and linked to and supported by clearly described Urgent and Primary Care Centres and Specialized Community Service teams with a particular emphasis on Mental Health & Substance Use and Seniors supports. Given Northern Health's rural nature, we will work with physicians/specialists and the Ministry of Health to identify the most effective configurations for Urgent Care and Specialized Services building from recent work to establish logical geographic population groupings (Community Health Service Areas) that align with Northern Health's Service Distribution Framework.
- Partner with the First Nations Health Authority to plan and implement strategies to better meet the needs of First Nations people, including community health centres, and First Nations-led primary care clinicals and Primary Care Networks.
- 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. This involves building interprofessional relationships, embedding person- and family-centred care planning and support, incorporating practice reflection and improvement and using evidence-informed standards and approaches. Team supports will include: Interprofessional team development training; aligned professional learning pathways beginning with the Primary Care Nurse development pathway: quality improvement skill development and support; and practice automation to enhance meaningful use of data. Training will also include Electronic Medical Record using the Community Medical Office Information System.

- **Service Alignment:** Support for planning and improvement for identified patients with complex health care needs including those experiencing mental health and substance use issues, frail elderly, chronic disease, children and youth, and families expecting babies (perinatal population). Critical in this work will be the clarification and strengthening of the relationship with physician specialists and Northern Health’s specialty services and the shared understanding of service flows, communication flows and support requirements necessary to meet the complex needs of these population groups. With our partners, Northern Health has gained considerable experience in the past year about how “shared care” conversations can be supported toward the development of service/function clarity, new pathway development and information support. In 2020/21 virtual care strategies will take a significant role in Northern Health service pathways as we build on gains made during the COVID-19 pandemic to enhance technology supports and virtual care processes. Virtual care adds to Northern Health’s in-person and innovative transportation services (e.g., Northern Connections bus service, transportation and transfer strategy with BC Emergency Health Services) to improve accessibility of health services across the North.
- **Transitions in Care:** Ongoing progress toward integrated primary and community care with strongly aligned shared care involving specialists and specialty services will require a methodical approach to clarifying functions, roles and relationships. Northern Health will continue to advance our capacity in and support for the use of “Layered Enterprise Architecture” which will enable clarification of:
 - Population based service flows for the people we serve who are living with these complex needs (e.g., Mental Health and Substance Use, Perinatal, Frailty, Chronic Disease)
 - Focused examination of the flow of people to and from generalists and specialists and their respective roles and expectations
 - Examination, improvement and standardization of evidence-informed clinical and support processes
 - Providing innovative approaches to care that reduce the travel and time burden on patients and their families; and supporting these clinical approaches reliably with services and technology including outreach, tele- and video-health solutions and home health supports
- **Practice Support Program:** Across Northern Health, there are currently 20 Practice Support Coaches who interface with the collective interprofessional team inclusive of the primary care home physicians and nurse practitioners to support quality improvement and identify complex patients for the physician to link with the interprofessional team.

Linking Performance Measures to Objectives:

Performance Measure	2016/17 Baseline ²	2018/19 Actual	2019/20 Actual	2020/21 Target	2021/22 Target	2022/23 Target
1.1a Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and over ¹	4,907	4,886	4,638	4,526	4,380	4,233

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

² P.E.O.P.L.E 2019. Note that the baseline and targets for this performance measure may not reflect what was reported in previous service plans as this performance measure incorporates provincial population estimates (P.E.O.P.L.E.) that are updated annually by BC Stats.

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.

Discussion:

Northern Health is working in collaboration with Divisions of Family Practice and northern BC physicians and nurse practitioners 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.

Performance Measure	2016/17 Baseline	2018/19 Actual	2019/20 Actual	2020/21 Target	2021/22 Target	2022/23 Target
1.1b Percent of people admitted for mental illness and substance use who are readmitted within 30 days, 15 years of age and older ¹	10.1%	11.5%	10.7	10.6%	10.0%	9.3%

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

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 mental health and substance use issues. With strong connections back to service providers in the community, Northern Health can better ensure that these people can remain stable and reduce the likelihood that they will be readmitted. The time period considered to be the threshold for unnecessary readmission is 30 days.

Discussion:

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

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

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

Key Strategies:

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

- Implement Care in the Right Place (CitRP), Northern Health’s documented, evidence-based strategy for addressing facility-based flow pressures by improving efficiency and by providing better, alternative services. Sustained implementation of these strategies is critical to Northern Health’s balanced budget and resource stewardship commitments. CitRP includes optimization of high/low acuity transportation and acceleration of alternative, flexibly supported housing strategies. Housing strategies will build from Northern Health’s recent modeling exercise to apply innovative care models in each HSDA related to: dementia care, assisted living and supportive housing, Mental Health service provision, and convalescent care.
- Implement and expand a redesigned Home Support service. Home support enhancement is critical to the provision of better care and better living options for seniors, and in addressing the significant over-capacity issues experienced in Northern Health hospitals and ensuring appropriateness of those admitted to long-term care facilities. Not only do home support volumes need to increase but they must be delivered more flexibly and more efficiently. This means addressing structural barriers to engaging and retaining home support staff and developing management models that will enable quick delivery of services designed to meet the client’s needs with continuous reassessment and response.
- Establish a Hospital in the Home program and implement a prototype in Prince George in October 2020. Hospital in the Home programs have been successfully implemented in other jurisdictions to enable some acute health services to be provided as well or better in the patient’s home. Such programs have shown maintained or improved quality while helping to offset building pressures on acute care occupancy. With the potential for subsequent waves of COVID-19 in 2020/21, this mode of service offers great potential.
- 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.

- Appropriately match service to need. Northern Health will examine facility-based care from a person- and family-focused service orientation to identify and implement changes that will meet needs in the most effective manner.
- Continue to implement innovative approaches to meeting provincial service enhancement commitments regarding addictions recovery and palliative care and services for Community Living BC clients.

Objective 1.3: Provide timely access to appropriate surgical procedures

Key Strategies:

Preparing B.C.'s health-care system for COVID-19 meant making the difficult decision to postpone all non-urgent scheduled surgeries on March 16, 2020. This action was a necessary step to prepare for the potential surge of patients requiring critical care due to the virus, and to ensure health-care capacity if needed. On May 18, 2020 Northern Health resumed these surgeries¹These postponements have resulted a significant setback in the previous gains made in increasing patients' access to surgery and reducing the time they had to wait. To keep up with new demands for surgery and complete the surgeries lost to COVID-19, the Ministry launched its commitment to surgical renewal. Every effort will be made by Northern Health to achieve the goals of surgical renewal. Northern Health will work with the MOH to develop plans that achieve the following five goals of renewal:

1. Focusing on patients by calling all patients to confirm that they are willing to come for surgery and by prioritizing patients whose surgeries must occur in less than four weeks; patients who have had their surgery postponed; patients who have waited more than twice their targeted wait time; and patients whose surgeries can safely be conducted as day procedures or outside of the main operating room.
2. Increasing surgeries through generating efficiencies, extending hours, operating on weekends, optimizing operations over the summer, opening new or unused operating rooms, and, increasing capacity at contracted private surgical clinics that agree to follow the Canada Health Act and not extra bill patients.
3. Increasing essential personnel through focused recruitment, additional training, and evaluation and implementation of new models of care.
4. Adding more resources; and
5. Reporting on the progress of these efforts. The MOH will work with Northern Health to monitor and report regularly on the progress made as strategies are implemented

¹ Under surgical renewal, as of late 2020, Northern Health has completed 89 percent of their surgeries that were postponed. This work will need to continue to catch up, not only on postponed cases, but to meet patient needs now and into the future.

It is recognized that this will be challenging work and requires Northern Health to adapt to learnings from COVID and to implement new ways of delivering our surgical programs. This work is also highly vulnerable to future resurgences of COVID-19 that are expected this fall/winter that will again impact hospitals and surgeries performed.

In addition, Northern Health will continue to focus on ensuring patients have timely access to high quality, appropriate and culturally safe to medical imaging and gastrointestinal endoscopy services by:

- Expediting capacity and service enhancements to address postponed services during the initial COVID-19 response; and
- Reducing wait times by optimizing existing resources, streamlining business process, and actively monitoring and managing waitlists, and reducing inappropriate / unnecessary procedures.

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

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

Objective 2.1: Improve the Health of the Population

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

Key Strategies:

- Undertake transformational work in population and public health to align with the Patient Medical Home and Primary Care Network (physician(s)/nurse practitioner(s) practice with Northern Health interprofessional staff). Northern Health will place an early focus on change supports to enable local team development and strong regional leadership and support with respect to public and population health. This will involve extensive work to clarify primary care and specialty functions and roles. In parallel, new innovative service delivery models will be developed to support public and population health activities regionally and to capitalize on opportunities to embed population health principles within the primary care and community health service delivery model.
- Northern Health will conduct focused work to enhance immunization services across the region. Revolving around a target to increase 2-year-old and 7-year-old immunization coverage, detailed partnered work will be undertaken to understand and realign roles and

functions to strengthen immunization adherence and information flow as part of the primary care and community service transformation in 2020/21. Immunization is a substantial, evidence-based population health maneuver. As such, it is critically important from a healthy community standpoint. It is also an excellent early priority for Northern Health to implement/renew as we move to change the way population health activities are embedded within the transformed Primary and Community Care teams.

- Design and implement focused health promotion and prevention initiatives aligned with the Primary Care Network. In concert with the above transformational work Northern Health will plan and pursue public and population health activities in a focused, thoughtful manner.
- Northern Health works with industry leaders to assess and monitor issues related to industry driven health service needs and environmental health factors. In this planning horizon Northern Health will partner to begin to understand the long term, cumulative impacts of industrial development and to work with partners to ensure safe drinking water.
- Strengthen Northern Health’s communicable disease and broader health surveillance systems. Strong surveillance of health status and various conditions including transmission of communicable disease is critical to an ability to respond early and effectively. Northern Health has made considerable progress toward enhanced surveillance capabilities and will continue to develop in this regard over the next three years.
- Continue to focus on key actions as directed by the Ministry, drawing from *Promote, Protect and Prevent: Our Health Begins Here. BC’s Guiding Framework for Public Health*. This includes spreading use of a variety of prevention and screening maneuvers outlined in the Lifetime Prevention Schedule. Further Northern Health will continue to work toward improved business processes toward the assurance of safe food and drinking water, and climate change strategies in partnership with the Ministry.
- Working with the Ministries of Health and Mental Health and Addictions, Northern Health will continue to expand efforts to combat the ongoing opioid overdose public health emergency and, ultimately, build this response into the Health Authority’s overall MHSU service model.

Performance Measure	2017/18 Baseline	2018/19 Actual	2019/20 Actual	2020/21 Target	2021/22 Target	2022/23 Target
2.1 Percent of communities that have completed healthy living strategic plans ¹	63%	63%	66%	75%	75%	81%

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

Linking Performance Measures to Objectives:

- 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.

Discussion:

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

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

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

Key Strategies:

- Continue to partner with First Nations communities and the FNHA to implement the First Nations Health and Wellness Plan including priority work in primary care, MHSU, health of the population, maternal, child health and well-being, and cultural safety and humility.
- Early partnered work continues to support the development of MHSU Mobile Support Teams and improving the provision of primary care for First Nations communities.
- An over-arching emphasis on cultural safety and humility will promote movement toward a health service environment that is safe, respectful and equitable. With this in mind Northern Health will focus on implementing cultural safety and humility education strategies and developing and implementing community-based cultural resources – internal and external to Northern Health services. 2020/21 will see focused work targeted at understanding and addressing aspects of our system that allow systemic racism to take hold.
- Northern Health continues to partner with First Nations communities and Indigenous peoples through AHICs/IHICs – Aboriginal Health Improvement Committees/Indigenous Health Improvement Committees to identify practical ways to improve the cultural safety of Northern Health's services and thus improve the experience of Indigenous people as they receive health services. Northern Health will continue to implement actions emerging from these collaborative groups.
- Continued development and use of knowledge translation resources (e.g. Complaints booklet, Cultural Safety, quarterly newsletter, website, etc.).
- Continue to create partnerships necessary to support employment of locally representative workforces.

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

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

Objective 3.1: Establish a Culture of Quality Improvement and Safety

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

Key Strategies:

- Align system processes and decision-making to be increasingly service oriented to enable person and family centred care. Health service planning and monitoring always benefits when patients and their families are involved in these processes. Northern Health will draw from the wisdom of a strategic advisory group to identify opportunities to further embed patients and families in these processes, and to identify some key areas within the organization that would benefit from improvement approaches known to enhance person and family centred care.
- Implement a strategy to enhance the culture of quality and safety in conjunction with implementation of the Psychological Health and Safety Program. This will involve the clarification of the attributes of Northern Health’s health and safety culture and the establishment of a measurement system to enable ongoing monitoring of progress toward culture enhancement.
- Develop and implement mechanisms to engage point of care/service level in quality improvement. In 2020/21 Northern Health will spread the Quality Management System (QMS) – a management system that has proven effective in early pilots.
- Enhance physician leadership and engagement in quality improvement.
- Develop and align organizational quality structures and supports based on a common vision. Northern Health has a number of established clinical programs. This model will be expanded and consistently supported in upcoming years as a foundation for clinician-led quality improvement across the organization.
- Support the Ministry and PHSA to develop a Health Sector Digital and IMIT Investment Strategy and Roadmap for 2021/22-2030/31.
- Meet the cybersecurity preparedness requirements.
- Partner to continue to align research, education and service delivery. In conjunction with a number of provincial developments (Academic Health Science Network, Strategy for Patient Oriented Research) and in collaboration with academic and other partners, Northern Health will strengthen our capacity to act as a Learning Health System.

- Drawing from the experience in BC with wildfires in 2017/18 and 2018/19, and the 2020 COVID-19 pandemic response, Northern Health will improve application of standards in a variety of emergency situations. Northern Health will commit significant time and energy to ensuring vigilance as COVID-19 is a day-to-day reality for the unforeseeable future – and a strong risk exists of subsequent pandemic waves.
- Pursue specific improvement opportunities identified by ongoing performance monitoring. In 2020/21 Northern Health, with the support of the Elder Services program, undertake a Long Term Care Quality Improvement/Research initiative to reduce the unnecessary use of antipsychotic drugs in Long Term Care.

Linking Performance Measures to Objectives:

Performance Measure	2017/18 Baseline	2018/19 Actual	2019/20 Actual	2020/21 Target	2021/22 Target	2022/23 Target
3.1a Potentially inappropriate use of antipsychotics in long-term care ¹	32.3%	32.3%	36.4%	26.0%	24.0%	22.0%

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

- 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.

Discussion:

Northern Health has, historically, seen comparatively high use of antipsychotics in long-term care facilities based on available information. While reporting issues may affect this to an extent, Northern Health must work to ensure that reporting complies with national norms and investigate any remaining apparent over-usage. Focused improvement efforts are underway in Northern Health sites. In 2020/21 Northern Health will continue to implement “Clear” (which used to be known as CLeAR: A Call for Less Antipsychotics in Residential Care) through collaboration with the BC Patient Safety & Quality Council. Northern Health will also work to enhance systemic staffing shortages in Long Term Care which can lead to practice gaps and challenges.

Performance Measure	2017/18 Baseline	2018/19 Actual	2019/20 Actual (Q2)	2020/21 Target	2021/22 Target	2022/23 Target
3.1b Rate of new C. difficile cases associated with reporting facilities per 10,000 inpatient days ¹	2.9	2.2	2.9	3.1	3.0	2.9

¹ Data Source Provincial Infection Control Network of BC (PICNet).

- 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.

Discussion:

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

Objective 3.2: Achieve Required Organizational Practices and Standards

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

Key Strategies:

In addition to meeting ROPs, Northern Health annually identifies a small number of regional improvement priorities toward which we can align plans and resources. Priorities identified for 2020/21 include:

- Reduce 30-day readmission rates for people with Mental Health and Addiction issues.
- Reduce the rate of hospital admissions due to falls in northern BC.
- Reduce the rate of harm-related falls in Northern Health care settings.
- Increase the percentage of vaginal delivery including focus on increase of vaginal birth after c-section.
- 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.
- Continue to improve processes leading to the safe and effective use of medications.

In 2020/21 Northern Health will initiate the SaferCare initiative – a significant undertaking to understand, improve and automate inpatient, emergency, and critical care processes. SaferCare will be supported by enhancements in Northern Health’s Cerner Electronic Health Record.

Objective 3.3: Enhance Workforce Safety and Sustainability

The objective of this initiative is to define the workforce design strategies that will improve efficiencies and system sustainability. In addition to ongoing efforts to improve the safety of Northern Health work environments, key regional priorities will be identified and supported on an annual basis. In 2020/21 the focus will be on implementation of the Psychological Health and Safety Program in conjunction with efforts to define and improve Northern Health's quality and safety culture (described above). Other key strategies are described below.

Key Strategies:

- Continue to implement work force sustainability strategies including vacancy management, attendance support and overtime management. Working in tandem with efforts to improve staff engagement and culture, Northern Health will work proactively to address issues underlying staff vacancies, absenteeism and overtime and agency staff usage.
- Understand workforce planning needs within the context of northern populations, including reflection of the need for greater participation of Indigenous workers in the field of Health care and Health Sciences. Northern Health will build on the provincial Health Human Resources (HHR) collaborative work to ensure a clear understanding of HHR needs now and in the future. This work will include partnership with academic institutions including the UNBC and the University of British Columbia NMP to align training with needs for health professionals.
- Implement Northern Health's innovative recruitment and retention strategy. Northern Health's Health Human Resources Plan identifies workforce planning needs, appropriate recruitment, retention, and overall workforce sustainability strategies.
- Reduce the number of occupational injuries related to workplace incidents of violence through continued training on violence prevention and workplace psychological health and safety.
- Reduce the number of long-term disability claims through active, collaborative return-to-work strategies.
- Implement Northern Health's new onboarding program and ensure a comprehensive and consistent orientation program for new staff across Northern Health.
- Education and Human Resources will collaborate to enhance training and support for frontline leaders. Northern Health will expand and implement a program for frontline leader development including approaches for orientation, training and ongoing support (e.g., coaching, mentoring).
- Continue to review and implement Northern Health's physician human resource plan including efforts to support physicians in taking leading roles in quality improvement and the establishment supportive environments and practice models for physicians.
- Focused work will move to ensure that Northern Health achieves a level of 3.36 direct hours of care per resident per day.

Linking Performance Measures to Objectives:

Performance Measure	2016 Baseline	2018 Actual	2019 Actual	2020 Target	2021 Target	2022 Target
3.3a Nursing and allied professionals overtime hours as a percent of productive hours ¹	6.6	7.8	7.9	<= 6.6	<= 6.6	<= 6.6

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

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

Discussion:

Overtime rates continue to be high at Northern Health as operational leaders seek to ensure safe and effective staffing in the face of limited worker availability and increasing demand for services. In 2020/21 Northern Health will align a strengthened recruitment and retention strategy/plan with focused work to assess and manage overtime and agency staff usage to ensure that services are provided in the most effective and efficient manner possible.

Performance Measure	2016/17 Baseline	2018/19 Actual	2019/20 Actual	2020/21 Target	2021/22 Target	2022/23 Target
3.3b Average direct care hours per resident day across the health authority	3.39	3.42	3.47	3.36	3.36	3.36

3.3b The Ministry of Health has committed that each health authority reach 3.36 hours per resident day (HPRD), on average, across all Long Term Care facilities in the health authority.

Discussion:

Since 2018/19, Northern Health has established budget and staff allocations to ensure at least 3.36 direct care hours per resident day across all Long Term Care facilities. 3.36 is a minimum benchmark set by the Ministry, and it is Northern Health's objective each year to meet or exceed the target. In 2020/21, Northern Health will continue to manage in keeping with this standard and to address systemic staffing challenges arising from work force shortages in this area.

Resource Summary

The following table presents Northern Health's financial performance (2019/20) and balanced three year budget plans for 2020/21 to 2022/23.

(\$ millions; to the first decimal)	2019/20 Actual	2020/21 Budget	2021/22 Plan	2022/23 Plan
OPERATING SUMMARY				
Provincial Government Sources	858.5	892.4	922.3	947.9
Non-Provincial Government Sources	90.9	83.9	85.9	87.7
Total Revenue	949.4	976.3	1,008.2	1,035.6
Acute Care	510.9	521.1	536.7	550.1
Long-Term Care	131.5	128.6	133.6	137.8
Community Care	147.0	159.6	165.9	171.2
Mental Health & Substance Use	52.6	57.0	59.3	61.2
Population Health and Wellness	30.2	31.3	32.5	33.5
Corporate	74.8	78.6	80.2	81.8
Total Expenditures	947.0	976.3	1,008.2	1,035.6
Surplus (Deficit)	2.4	0.0	0.0	0.0
CAPITAL SUMMARY				
Funded by Provincial Government	16.8	52.4	101.5	127.7
Funded by Regional Hospital Districts, Third Parties, Foundations, Internal Funds and all other sources	27.1	70.9	55.0	59.7
Total Capital Expenditures	43.9	123.3	156.5	187.4

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

Major Capital Projects

The following table presents Northern Health’s major capital projects (over \$20 million) approved for the three-year period between 2020/21 and 2022/23.

Major Capital Projects (over \$20 million)	Targeted Completion Date (Year)	Costs Incurred to Mar 31, 2020 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
Mills Memorial Hospital Replacement	2026	2	445	447
The replacement of the existing hospital is urgently needed to support the provision of healthcare services in a modernized environment and resolve operational challenges associated with inadequate space and outdated infrastructure. The project includes the replacement of the Mills Memorial Hospital, replacement of the Seven Sisters Residence, and the demolition of the Sleeping Beauty Medical Clinic.				
Stuart Lake Hospital Replacement	2024	0	116	116
The existing hospital’s condition significantly impedes the delivery of safe and efficient healthcare and contributes to the difficulty in meeting the current and future needs of the communities it serves, including the local Indigenous people. The project includes the construction of a new Stuart Lake Hospital, including a new Primary Care Centre, the demolition of the existing Stuart Lake Hospital, and surface parking and site redevelopment.				
GR Baker ER/ICU Addition	2022	2	25	27
The Emergency Room and Intensive Care Unit Redevelopment project will include the co-location of the Intensive Care Unit next to the Emergency Room Department and redesign the Emergency Room and Day Care Surgery areas. Due to the limited existing space, the rebuild includes an external expansion to the north/west end of the hospital building.				
Dawson Creek & District Hospital Replacement	2025	0	378	378
The existing hospital’s condition significantly impedes the delivery of safe and efficient healthcare and contributes to the difficulty in meeting the current and future needs of the Northern Interior communities. The project includes the replacement of Dawson Creek & District Hospital on a greenfield site. The new hospital will be designed to meet current health standards and have the capacity to support healthcare delivery to the population of Dawson Creek and surrounding communities in the future.				

References and Hyperlinks

- 1 BC Stats: Sub Population Population Projections P.E.O.P.L.E. 2019): <https://www2.gov.bc.ca/gov/content/data/statistics/people-population-community/population/population-projections?keyword=population&keyword=projections>
- 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).xlsx
- 5 Simon Fraser Lodge operated by Buron Health Care, Birchwood, and complex care beds within Wrinch Memorial Hospital Hazelton. Note: Wrinch Memorial Hospital operated by United Church Health Services, officially transitioned to Northern Health on March 31, 2016. Updated May 3, 2019. <https://www.northernhealth.ca/newsroom/northern-health-board-recognizes-united-church-canadas-115-years-service-hazeltons-0?keys=wrinch%20memorial>
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