

## Northern Health Service Plan 2007/08



Approved by the Board of Directors of Northern Health

*March 22<sup>nd</sup>, 2007*

Library and Archives Canada Cataloguing in Publication Data

Northern Health Authority

Service plan. -- 2007/08 Annual

Also available on the Internet.

Continues:

ISSN xxx-xxx =

1. xxx Title.

II. Title:

III. Title:

####





Jeff Burghardt, Chair

## Message from the Board of Northern Health and Accountability Statement

On behalf of the Board of Northern Health, I am pleased to present to you Northern Health's Service Plan for 2007/08. Northern Health is a young organization, but also one that has been able to accomplish a great deal in its five year history.

Northern Health provides a full range of health care services to the 312,000 residents of northern BC, including acute care services available in hospital, as well as home and community care services for those who need residential care or additional care that helps seniors stay healthy and at home. Northern Health also provides a range of public health services to communities, as well as mental health and addiction services both on an inpatient and outpatient basis. Northern Health's 7,000 staff members provide services across a geographic area unmatched in BC health care services delivery, covering the northern two-thirds of British Columbia, an area of almost 598,000 square kilometres.

Northern Health has had a number of significant successes in the past year. With the assistance of our funding partners at the community and Regional Hospital District level, we have installed two new CT Scanners, one at Mills Memorial Hospital in Terrace and another at G.R. Baker Hospital in Quesnel. We're also well on our way to implementing a comprehensive diagnostic imaging picture archiving and communications system that will allow Northern Health facilities to share medical images such as x-rays throughout the region. In addition, we have broken ground for a new hospital to serve the people of Masset in the Queen Charlotte Islands/Haida Gwaii. Northern Health has also implemented a major transportation service, called Northern Health Connections, providing residents with low-cost, high-quality bus transportation from their communities to major centres. These are only three of the dozens of major projects that have taken place or are ongoing throughout Northern Health.

We have had our challenges over the past year. Major forest fires in Tumbler Ridge required an evacuation of the community. Staff shortages have challenged our ability to provide ICU services in Fort St. John. The sinking of the BC Ferry MV Queen of the North isolated the communities we serve on the Queen Charlotte Islands. Each of these scenarios required quick thinking on the part of management and staff to ensure that patient care was not compromised. We are proud of their performance under these difficult circumstances.

In the coming year, we look forward to the implementation of Health Link North, Northern Health's clinical information system. When complete, Northern Health will be the first health region in B.C. to offer its residents a region-wide electronic health record linking all hospitals and physician offices. We are very encouraged by the relationship between our services and the private practices of northern physicians. We look forward to building primary care partnerships with family physicians through an initiative called Care North.



We will also begin construction on a number of assisted living and complex care facilities in communities throughout the North. The spring of 2007 will also see the graduation of the first class of nurse practitioners from the University of Northern BC. Major renovations at the Prince George Regional Hospital will also finish, resulting in the creation of a new Maternal/Child Centre that will provide enhanced care to children and new mothers.

While we have had many successes, Northern Health faces a number of challenges over the next year. Recruitment of specialty medical and nursing staff continues to be a major challenge, especially in the northeast. The demand placed on our hospital emergency rooms continues to increase on a daily basis. There are also significant financial pressures as a result of high demand for the services Northern Health provides. While these are by no means insignificant challenges, they are also not insurmountable, and the Board is confident that the management and staff of Northern Health are up to the task.

As a Board, we are confident in the future of Northern Health. Significant progress is being made to provide increased access to orthopaedic services in the North. A cancer care strategy has been developed and is being implemented. Financially, Northern Health has balanced its budget for the 2006/07 year. We will face challenges in balancing the budget in 2007/08 given the demands for service and the new priorities set by Government but have planned to do so. While there are financial constraints on the organization, we are confident in our people and their ability to organize and deliver quality health care services to the public.

The 2007/08 - 2009/10 Northern Health Service Plan was prepared under the Board's direction in accordance with the Health Authority Act. The Board is accountable for the contents of the plan, including the selection of performance measures and targets. The Plan is consistent with Government's strategic priorities and Strategic Plan, and the Ministry of Health's goals, objectives and strategies.

All significant assumptions, policy decisions, and identified risks, as of March 22nd, 2007 have been considered in preparing the plan. The performance 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,



Jeff Burghardt

Board Chair

Northern Health Authority



# Table of Contents

Organizational Overview .....	1
Corporate Governance .....	3
The Board of Northern Health .....	3
Board Committees .....	4
Executive Team .....	5
Strategic Context .....	6
Vision .....	6
Mission .....	6
Values .....	6
Goals .....	6
Planning Context and Key Strategic Issues .....	7
Planning Context and Key Strategic Issues .....	8
Planning Context .....	8
Key Strategic Issues .....	8
Objectives, Strategies, Measures and Targets .....	13
Linkages with the Ministry of Health .....	13
Primary Goal – Better Health .....	15
Goal 1 - Responsiveness .....	16
Goal 2 - High Quality Health Services .....	18
Goal 3 - Integration .....	21
Goal 4 - Work Life .....	24
Goal 5 - Academic Health Care .....	25
Goal 6 - Sustainability .....	26
Summary Financial Outlook .....	28
Key Assumptions .....	29
Forecast Risks and Sensitivities .....	29
Capital Asset Management Plan Summary .....	30
Projected Funding Sources .....	30
Equipment .....	31
Facilities .....	31
Information Technology .....	32
Appendix A ~ Glossary of Acronyms .....	34
Notes: .....	36





# Organizational Overview

Northern Health (NH) is mandated to provide a full range of health care services to the 312,000<sup>1</sup> residents of northern BC. Geographically, Northern Health serves an area of 598,000 square kilometres that covers the northern two-thirds of British Columbia. The Health Authorities Act provides Northern Health with 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) the health services provided in the region, or in a part of the region, (ii) the type, size and location of facilities in the region, (iii) the programs for the delivery of health services provided in the region, (iv) the human resource requirements under the regional health plan. Northern Health provides the following health services:

- Acute care services at 19 hospitals, eight diagnostic and treatment centres
- Medical staff organization include 256 family physicians and 109 medical and surgical specialists
- Residential long-term care at 15 complex care facilities, plus long-term care within nine acute care facilities
- Home Support services and Home Care Nursing visits to clients in their homes
- Mental Health and Addictions services through: community based clinics; and acute inpatient psychiatric services in three hospitals
- Public Health programs including: immunizations; speech, audiology, nutrition, and dental screening services; HIV clinics; and needle exchange programs

- Environmental Health programs including: food establishment inspections; water system inspections; child care facility licensing; community care facility licensing; and tobacco enforcement

As an organization, Northern Health's operations provide substantial benefit to the community. Through the provision of high quality health care services to its communities, Northern Health increases the health status of residents, reduces morbidity from illness, and improves the quality of life of its residents. It provides a benefit to industry through the provision of timely, local, health care services for employees. It also provides significant economic activity in its communities as Northern Health is one of the largest employers in northern BC.

Northern Health is organized into three Health Service Delivery Areas (HSDAs). These are the Northeast HSDA, the Northwest HSDA, and the Northern Interior HSDA. Each HSDA is headed up by a Chief Operating Officer (COO), who has overall responsibility for the operations of their area. Reporting to each COO is a Health Service Administrator (HSA). HSAs are the line executives that handle the day-to-day provision of services in their community cluster, including the delivery of all acute care services and all home and community care services. Presently, there are eight HSAs in Northern Health.

Services such as mental health and addictions and population health are coordinated on a regional basis. These areas are overseen by a member of Northern Health's executive management team, with various regional management staff overseeing the delivery of care services. In Northern Health, Mental Health and Addictions is the responsibility

<sup>1</sup> PEOPLE 31: BC Vital Stats - 2007 estimate



of the Vice President, Academic Affairs and Regional Development. The Regional Director, Mental Health and Addictions is the senior program manager for these services and coordinates Northern Health's efforts in this area.

Corporate Services for Northern Health, including finance, human resources, materials management, and others, are based in Prince George. The Aboriginal Health office is also located in Northern Health's corporate offices and is headed by an Executive Director, who is also a member of the executive management team. The Executive Director, Aboriginal Health is responsible for building relationships with Northern Health's First Nations communities and working together with regional management to ensure that as an organization, Northern Health delivers culturally sensitive care.

Northern Health is committed to primary care renewal; working through physicians and community programs to keep people healthy, prevent hospital admissions, and actively manage chronic care conditions. The majority of physicians in the area served by Northern Health practice in Northern Health facilities. They recognize the need for new, creative ways to deliver primary care and are actively participating with Northern Health to improve service delivery.

Northern Health is the primary provider of health care services in the North. With one exception<sup>2</sup>, all hospital and health centres are operated by Northern Health.

Complex care facilities are operated by Northern Health, with the exception of two facilities<sup>3</sup> which are operated under contract. The majority of Assisted Living facilities are operated by non-profit

societies, while Northern Health provides personal care support services and nursing care in most of these settings. Some mental health and addictions services are provided by non-profit societies under contract to Northern Health.

Northern Health has many partners and stakeholders. These partners range from community health liaisons with First Nations communities, to the Regional Hospital District Boards which provide Northern Health with substantial capital funding for the purchase of new equipment and the construction and renovation of hospital and complex care facilities. These Boards are key partners in ensuring northerners have access to modern facilities and equipment. They include:

- Cariboo-Chilcotin RHD
- Fraser - Fort George RHD
- Northern Rockies RHD
- Northwest RHD
- Peace River RHD
- Stuart - Nechako RHD

Municipal government leaders also occupy an important position with Northern Health, as they provide a direct link back to the communities that the organization serves. To that end, Northern Health offers municipalities an opportunity to have regular meetings to discuss topics of interest to the municipality. Northern Health managers also have regular meetings with community groups with an interest in health care services in their communities, including the local health advisory committees that have been formed as arms of municipal councils.

<sup>2</sup> Wrinch Memorial Hospital in Hazelton is operated by United Church Health Services and is affiliated with Northern Health.

<sup>3</sup> Simon Fraser Lodge operated by Buron Health Care; and complex care beds within Wrinch Memorial Hospital in Hazelton operated by United Church Health Services and affiliated with Northern Health.



# Corporate Governance

## The Board of Northern Health

---

Under the authority granted to it in the Health Authorities Act<sup>4</sup>, the Board of Northern Health oversees the operations of the organization and sets strategic direction. The Board develops a Strategic Plan that is responsive to the population health needs of the people it serves; incorporates the requirements of the provincial government as set forth in the Government Letter of Expectations (GLE); and addresses the concerns communicated to it through community consultation and by municipal and regional partners.

Northern Health receives its funding primarily from the Government of British Columbia, with the remaining funds generated through donations, revenues for services provided, and grants.

The responsibilities of the Board can be summarized as follows:

- Identification of regional health needs
- Planning appropriate programs and services
- Ensuring programs and services are properly funded and managed

The Board of Northern Health sets forth its broad goals and objectives for achieving its GLE accountabilities and for meeting its responsibilities in its Strategic Plan<sup>5</sup>.

Northern Health is also held accountable in the public sphere through local municipal governments, who maintain a close interest in the delivery of health services in their communities. Northern Health has worked hard to establish consultative

relationships with its communities so that issues can be raised in a collaborative environment that promotes mutual respect and cooperation.

The Board consists of nine members, all of whom reside in northern BC. There are three members from each of Northern Health's three Health Service Delivery Areas. The membership, as of February 2007, is the following:

- Jeff Burghardt (Board Chair)
- Alice Downing
- Fred Fominoff
- John Gentles, OD
- Deanna Nyce
- Judith Wass
- Dudley Leather

There are presently two vacancies on the Board. The provincial Board Resourcing and Development Office is conducting a recruitment process.

---

<sup>4</sup> See [http://www.qp.gov.bc.ca/statreg/stat/H/96180\\_01.htm](http://www.qp.gov.bc.ca/statreg/stat/H/96180_01.htm)

<sup>5</sup> [http://www.northernhealth.ca/About/Financial\\_Accountability/documents/1307-StrategicPlan.pdf](http://www.northernhealth.ca/About/Financial_Accountability/documents/1307-StrategicPlan.pdf)



## Board Committees

---

The Board has struck three committees. They are the Audit and Finance Committee; the Human Resources, Governance and Communications Committee; and the Performance, Aboriginal and Quality Committee. Each committee has established terms of reference to guide their activities, with meetings taking place every two months. Committees provide reports to the Northern Health Board at each bi-monthly Board meeting.

### Audit and Finance Committee

The primary function of the Audit and Finance Committee is to assist the Board in fulfilling its oversight responsibilities by reviewing:

- The financial information that will be provided to Government and other stakeholders
- The systems of internal controls established by management and the Board
- All audit processes

The committee is chaired by Jeff Burghardt, with Fred Fominoff and John Gentles as Board representatives. One position on the committee is vacant. The Chief Financial Officer, Barry Cheal, is the Executive staff liaison to the committee.

### Human Resources, Governance and Communications Committee

The primary function of Human Resources, Governance and Communications Committee is to provide focus in a number of areas to enhance Northern Health's performance. The committee:

- Assesses and makes recommendations regarding Board effectiveness, provides direction regarding ongoing director development, and leads the process for recommending director

criteria to the Government for consideration when appointing directors

- Assists the Board in fulfilling its obligations relating to human resources and compensation policy and ensures a plan of continuity and development of senior management is established
- Ensures a communications strategy is developed and implemented, monitors progress and achievements of the communications strategy, and approves revisions as required

The committee is chaired by Alice Downing. The remaining two positions on the committee are vacant. The Vice President-Human Resources, Les Waldie, is the Executive staff liaison to the committee.

### Performance, Aboriginal and Quality Committee (PAQ)

The purpose of the Performance, Aboriginal and Quality (PAQ) Committee is to:

- Assist the Board in ensuring Northern Health is providing appropriate population health care and services on behalf of patients, clients, and the public
- Be assured that systems are in place to establish standards, monitor performance, and achieve targets within a framework of continuous quality improvement
- Monitor the organization's progress in relation to the Government Letter of Expectations and other areas of importance to the Board
- Monitor the organization's progress in meeting the standards set by accreditation bodies and monitor action and follow-up on any recommendations of accreditation surveys



- Ensure an Aboriginal Health Plan is developed and implemented, and to monitor progress and achievements of the Aboriginal Health Plan, and approve revisions as required

The committee is chaired by Dudley Leather, with Judith Wass and Deanna Nyce as committee

members. The Executive staff liaisons to PAQ are the Vice President-Medicine, Dr. David Butcher, and the Vice President- Clinical Services, Cathy Ulrich.

## Executive Team

---

Northern Health management is accountable to the Northern Health Board for the operation of the health region. Northern Health's Executive Team consists of a number of members who represent the various operational components of the

- Malcolm Maxwell, Chief Executive Officer
- Terry Checkley, Director, Internal Audit
- Sean Hardiman, Chief Liaison Officer
- Mark Karjaluo, Director of Communications
- Dr. David Bowering, Chief Medical Health Officer
- Dr. David Butcher, VP Medicine
- Barry Cheal, VP Corporate Services and Chief Financial Officer
- Mike Hofer, Executive Director, Capital Planning and Support
- Duc Le, Executive Director, Finance
- Joseph Mendez, Chief Information Officer
- Lee Hall, Chief Operating Officer - Northeast
- Rowena Holoi, Chief Operating Officer - Northwest

organization. The Executive Team is accountable to the CEO, who in turn is accountable to the Board. The following are the names and positions of the Executive Team members:

- Suzanne Johnston, VP Academic Affairs and Regional Development
- Michael McMillan, Chief Operating Officer - Northern Interior
- Cathy Ulrich, VP Clinical Services and Chief Nursing Officer
- Judy Huska, Executive Director, Health Services Integration
- Michael Leisinger, Executive Director, Corporate Planning and Health Information
- Tim Rowe, Executive Director, Home and Community Care
- Lisa Tabobondung, Executive Director, Aboriginal Health
- Les Waldie, VP Human Resources



# Strategic Context

## Vision

---

The Vision of the Northern Health is to be a model of excellence in rural health care.

## Mission

---

Northern Health will build and strengthen the health of communities, relationships, and all people in northern British Columbia.

## Values

---

Northern Health is committed to improving the health of all the people of northern British Columbia.

This will be achieved through:

- A spirit of collaboration and
- Strengthening of communities

It will be done with:

- Honesty and integrity

- Accountable decision making, and
- A culture of respect.

There will be a commitment to:

- Learning and innovation, and
- Continuous improvement

## Goals

---

Northern Health will be guided by the primary goal and six supporting goals contained in its Strategic Plan.

These goals have been established to provide guidance to staff for the preparation of annual plans and budgets for the Board's consideration, and to provide a framework within which progress will be assessed. The first goal of Better Health is the overarching goal and theme of this plan. The subsequent goals and objectives all contribute to achieving Better Health

### Primary Goal

#### **BETTER HEALTH**

The health of all people in northern British Columbia will improve during the period 2007 - 2010.



## Supporting Goals

### GOAL 1: RESPONSIVENESS

Northern Health will be responsive to the people and communities it serves and will seek partnerships with communities in achieving better health for northern people.

### GOAL 2: HIGH QUALITY HEALTH SERVICES

Residents and visitors to northern British Columbia will have access to high quality health services in an appropriate setting.

### GOAL 3: INTEGRATION

Northern Health will create a single health care organization to better meet individual needs through integrating services and resources.

### GOAL 4: WORK LIFE

Northern Health staff and medical staff members will enjoy a high quality of work life including significant opportunity for learning.

### GOAL 5: ACADEMIC HEALTH CARE

Northern Health will work with partners to expand the teaching of the health professions and to support research within northern British Columbia.

### GOAL 6: SUSTAINABILITY

Northern Health will operate within the public and private revenues available to it without depleting the financial, physical or human resources required for the future.



# Planning Context and Key Strategic Issues

## Planning Context

---

As a health authority, Northern Health is unique - it is the largest geographic region in British Columbia, yet it has the lowest population. Its residents have significantly poorer health than people in the other

health authorities within British Columbia. These factors combine to create a significant challenge in health services delivery.

## Key Strategic Issues

---

The following summary addresses the most important trends and influences facing Northern Health in the period 2007 to 2010.

### Geography

Northern Health, by virtue of its geography, faces many challenges with respect to service delivery. The organization is responsible for service delivery over a geographic area larger than France, with a population roughly the same as Surrey. If Northern Health had the same population density as Fraser Health the population of the North would be over 53 million people. The entire province of Nova Scotia would lie comfortably between Terrace and Prince George and extend only 65 kilometres either side of Highway 16.

Many of Northern Health's facilities provide only primary care services. Specialty services are highly concentrated in the larger centres in each health service delivery area. Overall, care is more expensive to deliver in the North, as economies of scale are harder to achieve. In the Northwest HSDA, most specialty services are available in Terrace, though Kitimat, Prince Rupert, and Smithers offer some medical specialties. In the Northern Interior HSDA, Prince George is home to most specialty services. In the Northeast HSDA, both Fort St. John and Dawson Creek offer a range

of specialty services, with a planned sharing of services between communities, e.g. kidney dialysis in Fort St. John, and acute psychiatric inpatient services in Dawson Creek.

Despite some limits on availability of medical specialists and diagnostic resources, each HSDA provides 80% to 85% of the total inpatient hospital care required by its residents.

### Population

Economic forecasts for northern British Columbia mirror that which is anticipated for British Columbia overall. For northern British Columbia, much of the economic growth will be tied to resource sector prosperity, and with this underlying assumption it is anticipated that all Northern Health Service Delivery Areas (HSDAs) will experience, to varying degrees, positive population growth over the next 10 years.

2007 population estimates for Northern Health are:

Northwest HSDA	85,240
Northern Interior HSDA	156,240
<u>Northeast HSDA</u>	<u>70,796</u>
Northern Health	312,276 <sup>6</sup>

---

<sup>6</sup> PEOPLE 31: BC Vital Stats



Population growth is estimated to increase by 6 per cent by 2015 and by 8 per cent by 2020<sup>7</sup>. The projected increase in the northern population will not be distributed equally amongst age groups. Northern Health is slightly younger than the other health authorities. This is changing quite rapidly, however, and many seniors are choosing to stay in their northern communities. Northern seniors aged 65+ are expected to have the highest growth rate in British Columbia, twice that of the rate in the rest of the province<sup>8</sup>.

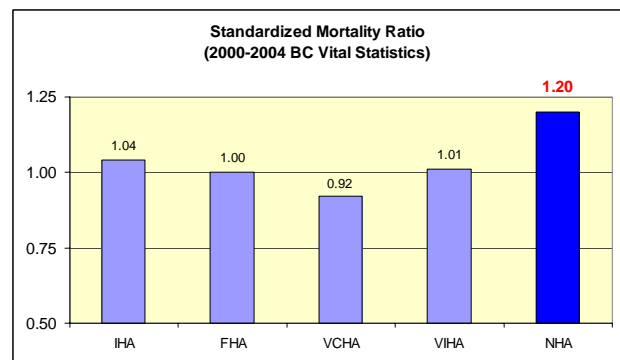
Aboriginal persons, predominantly First Nations, constitute about 20 per cent of the Northern Population, or approximately 55,000 persons<sup>9</sup>.

## Health Status

Residents of northern British Columbia have significantly poorer health than residents of British Columbia generally. This burden of poorer health is broadly distributed throughout the population and is not, as is commonly supposed, principally associated with poorer health amongst Aboriginal people.

A broad health status measure, the Standardized Mortality Ratio (SMR), compares the actual number of deaths annually in a population to the number of deaths expected in a healthy population comparison group. The SMR relative to the provincial population for Northern Health residents is 1.20 while all other Health Authorities fall into a range of 0.92 to 1.04<sup>10</sup>. This means that, after adjusting for age, there are 20 per cent more deaths in the Northern Health population annually than would occur if residents of the region enjoyed the average health of British Columbians. This difference in health status combined with the lack of scale for some non-hospital services in northern

communities translates into an estimated requirement for inpatient hospital care that is 20 per cent higher than the provincial average.



Behavioural and environmental factors are contributors to poorer health in the North. Tobacco and alcohol consumption rates are higher, and levels of physical activity are lower. Poor highway conditions, inadequate road design, and driving practices contribute to a death rate from motor vehicle crashes that is two-and-a-half times the provincial average. Resource based employment also increases accident and injury exposure.

## Human Resources

Canada faces significant challenges in meeting the health services needs of its population in the next decade due to shortages in many of the health professions, especially nursing, medicine, and pharmacy. The reasons for this shortage are complex but are underlain by the demographic shifts in Canada itself. Fewer young people are available to enter the work force and have increasing alternatives to the health professions.

The expansion of undergraduate medical education will contribute to an increase in medical graduates in British Columbia from the current 126 (2006 graduates) to 240 (2008 graduates). This is due to an increase in enrolment at UBC from 120 to 160 beginning in 2004 and the addition of 24 places each in Prince George and Victoria. A further 32

<sup>7</sup> PEOPLE 31: BC Vital Stats

<sup>8</sup> PEOPLE 31: BC Vital Stats

<sup>9</sup> BC Vital Stats - 2001 (includes Status Indians and Métis)

<sup>10</sup> 2000-2004 BC Vital Statistics

positions will be created with the anticipated expansion of the UBC medical program to include a program based in Kelowna.

The Northern Medical Program enrolled its first class of students in September 2004 and these students are currently entering their clinical clerkship years. The Northern Medical Program's third entry class began in September 2006.

Northern Health has created a funding opportunity to sponsor at least two post graduate medical residents in the completion of specialized training. The Ministry of Health has expanded its training capacity for International Medical Graduates (IMG) to obtain British Columbia licensure. Northern Health is working with the Ministry of Health to develop policies whereby funded training is provided in exchange for IMGs being matched to a Health Authority for return of service.

Within northern British Columbia, Northern Health is a major provider of educational placements for learners in the health professions and disciplines. Northern Health has over 36 affiliation agreements with educational organizations. While students in many disciplines take part in educational rotations within Northern Health programs and facilities, the largest numbers are nursing (RN and LPN), care aide, and medical students.

The largest source of nurses is new graduates; however the greatest nursing need is within specialty areas, usually requiring experience. UNBC has increased nursing enrolment, and is now graduating an average of 60 nurses annually. The number of new graduates is expected to increase to 123 in 2009. Northern Health, in partnership with the province and educational facilities, is developing enhanced specialty programs and mentorship programs to enable the organization to absorb new graduates and ensure the integrity of the nursing staff complement. Northern Health will

seek to recruit graduates from the first class of Nurse Practitioners graduating from UNBC in the spring of 2007.

Commencing as early as January 2008 the College of New Caledonia in Prince George, with funding from the Ministry of Advanced Education, will be training students in Medical Laboratory Technology.

Health professionals trained in the North are more likely to stay in the North.

## Infrastructure

With significant exceptions, such as the Kitimat and Prince George Hospitals that are either new or largely refurbished, much of the Region's physical plant is old, in poor condition, and not designed for current program accommodation needs. Plans for replacement or significant renovation of a number of facilities will be required within five years. Significant capital investment will be required

Northern Health is investing in technologies to provide connectivity to physicians in the North. By the end of fiscal 2006/07 Northern Health will have more than 95 per cent of physicians connected to this network through the Physician Connect Project. Increased connectivity in northern communities combined with implementation of the Health Link North clinical information system will enable Northern Health staff members and physicians to redesign clinical work in areas such as home care and chronic disease management.

## Program Specific Issues

In addition to these global issues facing Northern Health, there are also several program-specific issues warranting consideration within Northern Health's planning context.

## Acute Care

Northern Health must continue to improve the efficiency of its acute care hospitals, and continue



to build on the success it has had over the last five years in bringing down the hospital utilization rate to a target of 120 per cent of the provincial average. The North, because of its small communities dispersed across a vast geography, will always have difficulty achieving the economies of scale which can be achieved in the South. So, Northern Health's short-term goal is to achieve and maintain a utilization rate that is 120 per cent of the provincial rate.

Northern Health is addressing the residential care needs of Home and Community Care clients as part of the 5,000 bed initiative; an initiative across the health authorities to meet the government commitment to add 5,000 beds within the province. New capacity is being brought on line during the Service Plan period. In order to meet the needs of its people while residential care capacity is being expanded Northern Health will have to temporarily use acute care capacity at selected sites to supplement complex care services. This will likely mean a continued higher rate of alternate level of care (ALC) days in acute hospitals during the Service Plan period. As complex care beds and assisted living units open the ALC day volumes in acute care will decrease in future years.

## Home and Community Care

Northern Health has a plan in place to increase the number of complex care beds, assisted living units, and palliative care and respite services in Home and Community Care, consistent with the government's plans across health authorities to meet the commitment to add 5,000 beds. There are several challenges in achieving the ambitious construction schedule facing northern Health: some building projects have no confirmed RHD cost sharing; there is limited management capacity to manage multiple projects; and the needs of residents and families must be considered as older facilities are renovated or decommissioned.

## Mental Health and Addictions

Northern Health will improve access to Mental Health and Addictions Services in the community and enhance Aboriginal Health Services, especially through Primary Care enhancements during the Service Plan period. A key priority for improvement in Mental Health and Addictions will be improved access to urgent care in communities without a psychiatric inpatient unit through the creation of observation units within community hospitals.

Recruitment, retention, and ongoing training of skilled mental health and addictions professionals are a major challenge. Presently, 58 per cent of psychiatrist positions are vacant; 10 per cent of other Mental Health and Addictions positions are vacant; and Northern Health has the fewest mental health professionals per capita in BC. The current lack of psychiatrists will impact the ability of the organization to implement some of its strategies within Mental Health and Addictions. Integration of outreach psychiatrists with local services, psychiatry residents accompanying outreach psychiatrists, and emergency telepsychiatry are key initiatives to mitigate these concerns.

Successful implementation of Mental Health and Addictions strategies will require the commitment of acute care, long-term care, and other community services in addressing Mental Health and Addictions issues within their specialties. Specifically, services for seniors with complex cognitive and physical issues will require collaboration and building of capacity for Mental Health, Addictions, and Home and Community Care Services staff. There are also high expectations of Aboriginal and other small communities for services to be provided closer to home, preferably within their community.

## Public and Preventive Health

Northern Health will seek synergies and integration between existing public health promotion and public health protection programs, Primary Care and PHSA programs to support implementation of initiatives identified in the Northern Cancer Strategy, Public Health core programs, Aboriginal Health and other elements of the population health agenda.

Northern Health welcomes the evidence based approach in the Ministry's new core programs initiative. We will group the 21 core program activities into clusters which are practical for small communities, and develop implementation plans which are integrated with other health services provided in each community. Northern Health will engage municipal and volunteer sector partners in population health planning with the community.

Northern Health will execute Northern Cancer Strategy initiatives associated with the provision of chemotherapy and patient navigation.

Much of the work in public and preventive health needs to be done in partnership and collaboration with multiple stakeholders, and in concert with initiatives going forward from the Ministry of Health, other ministries, other Health Authorities and the PHSA. The whole organization must be engaged in working further upstream as part of a population health strategy.

## Aboriginal Health

Northern Health will work to support the Government goal of improving Aboriginal health and wellness by ensuring Aboriginal people have meaningful input into Northern Health's Aboriginal Health Plan, and other service planning and delivery activities, and that these clearly support the achievement of the measures, goals and

objectives articulated in the Transformative Change Accord.

As Northern health moves forward in its efforts to work with Aboriginal communities to develop health care action plans in cluster areas across the region for Aboriginal people, challenges include: the economic situation of communities (extreme poverty); jurisdictional issues/complexities, and issues from Aboriginal political organizations; and statistical ownership, how to work within the OCAP (Ownership, Control, Access, Privacy) principles.

The education of Northern Health staff for the development of improved skills and understanding of Aboriginal Health issues is hampered by staff shortages, inability to back-fill, and departmental education budgets.

Northern Health will continue to provide focused leadership and building of relations within Aboriginal and First Nations communities.

## Care North (Primary Health Care)

Physician involvement is a key factor in the development of successful Primary Care strategies, as are the links with diagnostic services such as laboratory and diagnostic imaging.

Through the Care North partnership with family physicians, we will achieve measurable improvements in clinical indicators for heart disease, diabetes, asthma, and other important chronic illnesses. These changes will improve the lives of patients and avoid some demands on the acute care system.

Northern Health's primary care strategy, Care North, has the following long-term goals:

- Better health and health outcomes
- Reduced health inequities
- Improved use of resources



# Objectives, Strategies, Measures and Targets

In this section, Northern Health describes its planned goals, objectives, and performance measures and targets for the Service Plan period - a summary of what the organization intends to achieve and how it plans to accomplish it.

The section is organized according to the Board's Strategic Plan goals:

- Better Health

- Responsiveness
- High Quality Health Services
- Integration
- Work Life
- Academic Health Care
- Sustainability

## Linkages with the Ministry of Health

---

The Plan includes the performance measures related to the government's priorities for health, as stated in the Government Letter of Expectations, as well as other measures appropriate to the objectives and strategies chosen by Northern Health for the Plan.

Specific to the Government Letter of Expectations (GLE), the following lists the GLE initiatives, and which section of the Service Plan outlines Northern Health's planned actions related to each GLE initiative:

1. 5,000 Beds - Responsiveness
2. Mental Health and Addictions - High Quality Health Services and Integration
3. Wait Times - High Quality Health Services
4. Aboriginal Health - Responsiveness
5. Emergency Departments - Integration
6. Conversation on Health - High Quality Health Services
7. Health Human Resource Planning - Work Life

The following table cross references the Goals of the Ministry of Health with the Northern Health's strategic goals.



	MINISTRY OF HEALTH GOALS	NORTHERN HEALTH STRATEGIC GOALS					
		Responsiveness	High Quality Health Services	Integration	Work Life	Academic Health Care	Sustainability
1	Improved health and wellness for British Columbians	X	X	X			
2	High quality patient care	X	X	X			
3	A sustainable, affordable, publicly funded health system	X	X	X	X	X	X

The Ministry of Health's Service Plan may be found at:

<http://www.bcbudget.gov.bc.ca/2006/sp/hlth/Goals,Objectives,StrategiesandResults8.htm>



## Primary Goal - Better Health

---

Northern Health will work to improve the health of all people in northern British Columbia.

The key activities in each service sector are:

### Service Area: Care North (Primary Care)

- Establish a family physician participation rate in Care North of 75 per cent by 2009 so that Care North primary health care is provided to 75 per cent of patients in Northern Health.
- Through the Care North partnership with family physicians, we will achieve measurable improvements in clinical indicators for heart disease, diabetes, asthma, and other important chronic illnesses. These changes will improve the lives of patients and avoid some demands on the acute care system.

### Service Area: Public and Preventive Health

- Increase immunization rates for:
  - Children
  - Residential Care Residents
  - Acute and Residential Care Staff

- Increase disease surveillance and response to outbreaks e.g. BSE, SARS.
- Implement the Blood Borne Pathogen Strategy.
- Develop a Travel Health Service Plan.
- Work with other health authorities and the Ministry of Health to support the Core Public Health Functions Project.
- Transition to the new Meat Inspection Regulation under the Food Safety Act; Continuing Care and Assisted Living Act and Regulations; Drinking Water Protection Act and Regulations.
- Develop targeted health status reports to support priority issues.
- Increase public awareness of the Road Health project and continue to participate in the coalition addressing the morbidity and mortality associated with excessive motor vehicle crash rates in Northern Health.



## Goal 1 - Responsiveness

---

Northern Health will be responsive to the people and communities it serves and will seek partnerships with communities in achieving better health for northern people.

The key activities in each service sector are:

### Service Area: Home and Community Care

- As part of the provincial government's 5,000 bed initiative:
  - Design and build 139 new complex care beds including the upgrading / replacement of existing long term care facilities.
  - Continue to implement the Assisted Living Plan.
- Continue operational planning for improved client flow between community, acute, and residential care.
- Establish a residential care services 'audit function' to support good practice for monitoring and improvement of client services.
- Develop an electronic information system to support clinicians, managers, and executive by providing reliable and consistent Home and Community Care data.

### Service Area: Aboriginal Health

- Review and renew Northern Health's Aboriginal Health Plan.
- Provide Aboriginal cultural awareness and education to Northern Health employees.
- Work with Health Service Administrators (HSAs) and Aboriginal communities to identify issues,

community by community, and examine the development of protocol agreements.

- Establish partnerships to address issues of blood borne disease within First Nations.
- Create Hospital Liaison Worker positions.
- Ensure community consultations with Aboriginal communities are acted upon.

### Service Area: Organizational Support

- Identify and implement initiatives promoting health and wellness of northern British Columbians in connection to the Northern Health Strategic Plan.
- Include and promote the roles of partner organizations in Northern Health initiatives.
- Distribute briefing materials and externally-focused newsletters to stakeholder organizations.
- Produce Northern Health annual reports each year.
- Ensure on-going participation in Ministry of Health executive coordination process to provide information to estimates debates.
- Implement concise, content-rich material for consistent and timely distribution by the Medical Administration and Communications Departments.



## Performance Measures and Targets - Responsiveness

	PERFORMANCE MEASURES	LONG-TERM TARGETS	2007/08 NH TARGET
1	Number of net new residential care beds and assisted living units by June 2008	2007/08 Government Letter of Expectations - BC Total: 5,000 beds	255
2	The gap in life expectancy between Status Indians and other British Columbians	2007/08 Government Letter of Expectations - long-term target to close the gap	Improvement toward target
3	The gap in the mortality rate between Status Indians and other British Columbians	2007/08 Government Letter of Expectations - long-term target to close the gap	Improvement toward target
4	The gap in the youth suicide rate between First Nations and other British Columbians	2007/08 Government Letter of Expectations - long-term target to close the gap	Improvement toward target
5	The gap in infant mortality rate between First Nations and other British Columbians	2007/08 Government Letter of Expectations - long-term target to close the gap	Improvement toward target
6	The gap in the prevalence of diabetes between First Nations and other British Columbians	2007/08 Government Letter of Expectations - long-term target to close the gap	Improvement toward target

## Goal 2 - High Quality Health Services

---

Residents and visitors to northern British Columbia will have access to high quality health services in an appropriate setting.

The key activities in each service sector are:

### Service Area: Acute Care

- Implement the Northern Cancer Control Strategy to decrease incidence of cancer (prevention and screening), improve survival rates, improve quality of life for those living with cancer, and improve access to cancer services, including end-of-life care.
- Collaborate with the Provincial Health Services Authority (PHSA) and the Ministry of Health on provincial initiatives around emergency health services and surgical/procedural services.
- Reduce surgical wait lists within orthopaedics (hip and knee replacements) and ophthalmology (cataract surgery).
- Reduce the reliance on acute care for Home and Community Care clients by implementing strategies to increase the range of supportive housing and community care options to enable people to live in the community longer, and ensure residential care is focused on those who require 24-hour care.

### Service Area: Mental Health and Addictions

- Improve early identification of illness through: enhanced mental health and addiction screening and training, and improved access to community and acute services.
- Continue working with the Ministry of Health, BC Housing, and community partners on the Homelessness Initiative.

- Continue to implement the Riverview Replacement Bed Plan.

### Service Area: Aboriginal Health

- Acknowledge Aboriginal holistic (mental, emotional, physical, spiritual) approach to health and healing through Northern Health programs and strategies.
- Ensure Aboriginal communities are represented in community based Chronic Disease Prevention and Management initiatives.
- Implement an Aboriginal Health Collaborative focussed on diabetes and chronic disease prevention as per the Transformative Change Accord. The teams include local First Nations community providers, Northern Health, First Nations Inuit Health Branch (FNIHB), Band Council, Elders, and community members. Current sessions focus on identifying strengths and gaps in care and planning together. The communities involved to date include: Quesnel/Nazko, Kitkatla/Prince Rupert, McLeod Lake/McKenzie, Haida/Masset, Nisga'a Valley/Terrace, Kitselas/Terrace, Kitimaat Village/Kitimat, Southside, Fort St. James and surrounding communities, Prince George/Central Interior Native Health.
- Create community partnerships with Aboriginal communities related to Mental Health and Addictions issues.



## Service Area: Care North (Primary Care)

- Implement a leadership structure and primary health care framework to support continued development and implementation of Primary Health Care Initiatives within Care North.
- Sustain quality improvement approach to Chronic Disease Prevention and Management (CDPM) with an initial focus on diabetes and heart disease.
- Continue service redesign with the purpose of increasing access to primary care, improving the quality of services, and outcomes for patients.
- Support physicians and other health professionals through education/professional development, applied technology, research and evaluation, and opportunities to network.
- Align the Care North Strategy with provincial primary care policy and with Ministry/BC Medical Association agreement.

## Service Area: Organizational Support

- Maintain accreditation with the CCHSA of all health authority owned and operated facilities, and respond to the recommendations of the 2005 accreditation survey report.
- Plan an integration of Continuous Quality Improvement (CQI) processes within the Northern Health structure following on self-assessments of accreditation and in response to the recommendations of the 2005 CCHSA accreditation survey report.
- Implement best practices for infection control and monitoring as promulgated by the Provincial Infection Control Network.
- Implement of at least one strategy of the Safer Healthcare Now initiative.
- Continue with Region-wide implementation of the MORE<sup>OB</sup> Initiative to improve the quality of obstetrical care in Northern Health.



## Performance Measures and Targets - High Quality Health Services

	PERFORMANCE MEASURES	LONG-TERM TARGETS	2007/08 NH TARGET	
1	Percentage of hip replacement cases waiting longer than 26	2007/08 Government Letter of Expectations - long-term target not to exceed 10%	improvement towards target	
2	Percentage of hip fracture fixations completed within 48 hours	2007/08 Government Letter of Expectations - long-term target 100%	100%	
3	Percentage of knee replacement cases waiting longer than 26 weeks	2007/08 Government Letter of Expectations - long-term target not to exceed 10%	improvement towards target	
4	Percentage of cataract surgeries waiting longer than 16 weeks	2007/08 Government Letter of Expectations - long-term target TBD Spring 2007	TBD	
5	Percentage of cardiac bypass surgeries completed with established time frames	<p>2007/08 Government Letter of Expectations - long-term target TBD</p> <p>This surgery is not performed in Northern Health. However, northern patients require access to this service; Northern health is working with the Provincial Cardiac Services Program to ensure there is a provincial system of provincial cardiac patient management based on clinical prioritization to ensure northern patients have access to cardiac surgery consistent with provincial performance standards.</p>		
6	Rate of women aged 50-69 years participating in screening mammography every two years	2007/08 Government Letter of Expectations - long-term target TBD Spring 2007	TBD	

## Goal 3 - Integration

---

We will create a single health care organization to better meet individual needs through integrating services and resources.

The key activities in each service sector are:

### Service Area: Acute Care

- Collaborate with the Provincial Health Services Authority (PHSA) and the Ministry of Health on provincial initiatives to improve emergency health services.

### Service Area: Home and Community Care

- Redesign home care services and implement the Regional Palliative Care Plan.
- Continue to redesign home care services through the application of the primary health care model to support greater integration of service delivery systems.
- Use data gathered via the InterRAI HC-MDS assessment tool for operational and strategic planning.

### Service Area: Mental Health and Addiction

- Implement an effective and coordinated Mental Health and Addictions service delivery system through early intervention, recovery plans, and consistent discharge planning and follow-up including improved linkages with General Practitioners through shared care.
- Improve access to urgent care in communities without a psychiatric inpatient unit through the creation of observation units within community hospitals.
- Develop partnerships to improve services:
  - With MCFD for children, youth and specifically first nations youth. Services

include screening, assessment and early intervention for addictions, eating disorders and co-facilitated youth groups for mental health and addictions.

- With Aboriginal service providers for screening, assessment and referral for clients with substance abuse problems, for cross-training with NH personnel to sensitize our workforce to Aboriginal culture so services we deliver can be more culturally appropriate and we can consider the implications of culture on our perceptions of client issues.
- With non-profit organizations by including their personnel in our training and development opportunities. This will extend our capacity to serve clients and will allow NH to establish a consultant role with other providers consistent with Primary Health Care practices.
- With Public Health for the improvement of prevention programs and for the early detection of clients with substance abuse and mental health issues.
- Ensure mental health clients have access to a continuum of services across Northern Health with services appropriately placed at the community, HSDA, and Northern Health levels.
- Partner with Ministry of Children and Family Development (MCFD) regarding adolescent services and develop protocol agreements.

## Service Area: Public and Preventive Health

- Implement key initiatives across the North to improve access to Preventive Public Health Services in early childhood development, youth services, adult services, and injury prevention.
- Implement key initiatives across the North to improve access to Public Health Protection Services.
- Continue to implement the Northern Health Tobacco Strategy
- Improve emergency response capacity including Integrated Infectious Disease Preparedness and Response Planning.

## Service Area: Organizational Support

- Continued development, implementation, and use of Planning Framework, Strategic Plan, Strategic Planning Cycle, and Community Consultation Strategy.

- Complete an Integrated 5-year Capital Plan for all Northern Health facilities and capital equipment in consultation with Regional Hospital District partners.
- Develop a Business Development Strategy and capacity to support cost savings and revenue generation initiatives.
- Operate the Health Connections Program and promote additional uses within the health services system.
- Finalize and implement medical staff rules and regulations.
- Participate in development of the Provincial eHealth Strategic Framework.
- Implement the Clinical Information Systems Plan (Health Link North) in a phased approach across Northern Health.
- Continue to implement the Telehealth Plan.
- Implementation the Human Resource Information System (HRIS).



## Performance Measures and Targets - Integration

	PERFORMANCE MEASURES	LONG-TERM TARGETS	2007/08 NH TARGET	
1	Number of people with a mental health disorder receiving housing with supports	2007/08 Government Letter of Expectations - long-term target TBD	Establish baseline	
2	Percentage of persons hospitalized for a mental health and/or substance use disorder who receive community or physician follow-up within 30 days of discharge	2007/08 Government Letter of Expectations - long-term target 80% for ages 15 to 64; TBD for age 65 and older	80% ages 15 to 64 TBD for age 65 and older	
3	Percentage of patients admitted from an emergency department to an inpatient bed within 10 hours of the decision to admit.	2007/08 Government Letter of Expectations - long-term target 80% admitted within 10 hours	TBD	
4	Percentage of emergency department patients reporting satisfaction with emergency department experience	2007/08 Government Letter of Expectations - long-term target 90%	establish baseline	

## Goal 4 - Work Life

Northern Health staff and medical staff members will enjoy a high quality of work life including significant opportunity for learning.

The key activities in each service sector are:

### Service Area: Clinical Workforce

- Implement priorities for physician recruitment based on the Physician Human Resource Plan as developed by the Medical Advisory Committee and approved by the Board.
- Continue to plan jointly with UBC and UNBC for Northern Medical Program, identifying capital, operating, support and teaching requirements.
- Address the recruitment and retention of nurses in Northern Health through the implementation of the Northern Nursing Strategy, including: Nursing Recruitment; Preceptorship/Mentorship Initiative; scope of practice development; professional development/continuing education/specialty education; and first line nursing leadership development.
- Integrate Nurse Practitioners into the health service delivery system.
- Implement the Workplace Health and Safety Plan including initiatives that promote:
  - Effective recruitment and retention practices.
  - Physical safety, including injury prevention, prevention of aggression and violence, and stress management.
- Complete a multi-year Human Resources Workforce Plan to ensure the number of health professionals, other than physicians and nurses, required to deliver programs and services is adequate.
- Continue the Respect in the Workplace Policy and Training Plan.

### Performance Measures and Targets - Work Life

	PERFORMANCE MEASURES	LONG-TERM TARGETS	2007/08 NH TARGET	
1	Vacancy rates of: Nurses Allied Health professionals	2007/08 Government Letter of Expectations - long-term target TBD	Establish baseline	



## Goal 5 - Academic Health Care

---

Northern Health will work with partners to expand the teaching of the health professions and to support research within northern British Columbia.

The key activities in each service sector are:

### Service Area: Care North (Primary Care)

- Build collaboration with northern physicians and UNBC to establish a program of research aimed toward exploring primary health care issues in the northern population. This initiative will support and contribute to a primary health care database.
- Transfer \$1 million to UNBC to support research in the areas of cancer, child health, and primary care. This builds on the 2006/07 memorandum of understanding between Northern Health and UNBC (where \$700,000 will be dedicated to funding cancer research at UNBC and \$300,000 will contribute to the development of the Child Health Research Network).
- Build capacity for research use and knowledge transfer to support primary care best practices.



## Goal 6 - Sustainability

---

Northern Health will operate within the public and private revenues available to it without depleting the financial, physical or human resources required for the future.

The key activities in each service sector are:

### Service Area: Acute Care

- Improve the efficient and effective use of acute care hospitals such that the patient days/1000 utilization is 120 per cent of the provincial rate.
- Acute Care, Home and Community Care, and Mental Health and Addictions will develop strategies to decrease Alternate Level of Care (ALC) days to 10 per cent of total acute inpatient days over the next three years.

### Service Area: Organizational Support

- Meet or exceed provincial benchmarks in Support Services through the implementation of the following:
  - Dietary Audit

- Housekeeping Audit
- Laundry Review
- Energy Cost Review
- Reduction in staff sick and over time.

### Service Area: Finance

- Work with the Ministry of Health to maximize funding allocations.
- Enhance managers' knowledge of, and access to, financial and statistical information for more efficient use of resources based on better information.
- Manage and deliver programs and services for fiscal 2007/08 such that operating results are equivalent to or better than those projected in the budget management plans.



## Performance Measures and Targets - Sustainability

	PERFORMANCE MEASURES	LONG-TERM TARGETS	2007/08 NH TARGET	
1	Balanced Budget	2007/08 Government Letter of Expectations - long term target of balanced budgets	Balanced	
2	Working Capital Ratio	2007/08 Government Letter of Expectations - long term target of not less than 0.8	1.0	
3	Sick leave as a percentage of productive hours	2007/08 Government Letter of Expectations - long-term target 10 per cent reduction by December 2008	Reduce by 5%	
4	Overtime hours as a per cent of productive hours for: Nurses Allied Health professionals	2007/08 Government Letter of Expectations - long-term target TBD	TBD	



# Summary Financial Outlook

	2005/06 ACTUAL	2006/07 Q3 FORECAST	2007/08 FORECAST
<b>REVENUE</b>	<b>\$ Millions</b>		
Provincial government sources	482.384	496.451	486.394
Non-provincial government sources	38.295	35.01	66.451
<b>TOTAL REVENUE</b>	<b>520.679</b>	<b>531.461</b>	<b>552.845</b>
<b>EXPENDITURES BY SECTOR</b>			
Acute Care	267.509	291.281	289.936
HCC - Residential	56.37	59.222	59.582
HCC - Community	27.93	31.351	33.753
Mental Health and Addictions	41.147	42.374	45.122
Population Health and Wellness	34.871	36.336	42.005
Corporate	92.572	68.852	82.447
<b>TOTAL EXPENDITURES</b>	<b>520.399</b>	<b>529.416</b>	<b>552.845</b>
<b>SURPLUS (DEFICIT)</b>	<b>0.28</b>	<b>2.045</b>	<b>0</b>
<b>CAPITAL FUNDING</b>	<b>\$ Millions</b>		
Provincial government sources	40.433	29.213	51.053
Foundations, RHDs, other sources	15.129	16.716	32.464
Internally funded (cash & prior period DCCs)	1.751	12.755	19.648
<b>TOTAL CAPITAL FUNDING</b>	<b>57.313</b>	<b>58.684</b>	<b>103.165</b>



## Key Assumptions

---

- Northern Health will meet FMM benchmarks and improve access to Mental Health and Addiction Services
- Northern Health will execute Northern Cancer Strategy, Public Health core programs, Aboriginal Health and other elements of the population health agenda
- Northern Health will continue with the Care North primary care program
- Hospital utilization target: 120 per cent of provincial average
- Staffing levels moving to benchmark hours of care per patient day both in hospitals and within long term care facilities
- Alternate Level of Care days at 10 per cent of total hospital days
- Contingency funds reduced to \$2.8 million
- Two per cent general inflation
- 14 per cent pharmaceutical cost increase
- Eight per cent natural gas cost increase
- Three per cent electricity cost increase
- Continued capital funding at 40 per cent from Regional Hospital Districts
- Recovery of WCB provincial surplus
- Access to the health Innovation Fund

## Forecast Risks and Sensitivities

---

- Execution of budget strategies is highly reliant on recruitment and retention of professional staff.
- Assumes projected revenues from WCB, residential care, Health Innovation Fund, and federal Aboriginal funding will materialize.



# Capital Asset Management Plan Summary

Northern Health's Capital Asset Management Plan consists of three major avenues of spending to maintain and improve the asset base consisting of human resources, technology, facilities and equipment. All of these resources are applied strategically in order to provide the breadth of services Northern Health is responsible for across its geography. The three primary areas of expenditure are equipment, facilities, and information technology. Funding sources consist of the Ministry of Health, Regional Hospital District, and donated funds from Foundations and Auxiliaries.

The primary objective of Northern Health's Capital Plan is to achieve the following strategic direction:

- Complete renovation and new construction of Home and Community Care Complex Care and Assisted Living projects to achieve provincial benchmarks by 2008.
- Implement an integrated region-wide clinical information system called Health Link North by 2008.

- Improve facility infrastructure to a benchmark Facility Condition Index (FCI) of 0.10 by 2010. Northern Health is addressing life safety and code compliance issues first and then working on overall building integrity work. (Note: Not possible with current funding).
- Replacement of medical and diagnostic equipment at recommended turn-over rates to accommodate suggested life spans of equipment. (Note: Not possible with current funding).
- Complete renovation and improvement projects as proposed and prioritized by the operating Health Service Delivery Areas according to the funding available after higher order objectives are achieved.
- Replace facilities based on available remaining funds; review of building integrity information (high FCI); and recommendations supported by detailed business cases from the Health Service Delivery Areas.

## Projected Funding Sources

---

Northern Health's 10-year capital plan describes in detail sources and uses of funds, capital projects, equipment, building integrity, information and technology, anticipated Ministry funding, and Regional Hospital District funding. In the past Northern Health has produced a 10-year Capital Plan each year; it may be that we produce 10-year plans every few years and a three-year plan each year.

Northern Health utilizes a number of categories of expenses in the capital plan, mainly because

sources of funds are complicated and allocated for specific purposes or projects and will often require special reporting as a result. The increased activity level of construction is mainly due to increased activity in the home and community care programs to address the provincial 5,000 beds initiative. Also, note the spending on IM/IT will be significant over the coming years as Northern Health aligns its spending with more commonly-accepted benchmarks for an information rich health organization.



## Equipment

---

Equipment spending is divided among three general categories: (1) minor equipment - items under \$ 5,000 and funded through operating funds; (2) minor capital equipment - items between \$ 5,000 and \$ 100,000; and (3) major capital equipment - equipment over \$ 100,000.

Minor equipment is funded primarily by the Ministry of Health, Regional Hospital Districts, and by donations.

Major Equipment is currently funded primarily using federal equipment grants. However, in cases of large and specialized equipment, other funding sources can be used and are reflected in the increased spending in some years required to purchase new or replace larger items.

Northern Health spends \$12 to \$14 million per year on equipment as follows: (1) \$ 2.0 million minor operating; (2) \$3.2 million on major capital equipment; and (3) \$7 million on minor capital

equipment. Sources of funds are from operating grant, Ministry non-PCA, and PCA (> \$100,000) in the form of federal equipment grants. Regional Hospital Districts currently participate in 40 per cent cost sharing of minor capital equipment grants. When federal grants run out for major capital equipment Northern Health will be discussing RHD funding with each of our six Regional Hospital Districts.

The key driver of this spending allocation is the replacement of current assets beyond their reasonable life expectancy with small increases in equipment for increased service and population. Northern Health is currently replacing equipment in the 10 to 12 year time frame. Longer term, our target should move towards the eight to 10 year timeframe and may require an increase in spending to accommodate this in addition to the acquisition of new equipment needed for changing technology and higher service volumes.

## Facilities

---

Facilities break down into four major categories: (1) small projects; (2) building integrity; (3) home and community care projects; and (4) facility replacement. Northern Health's total annual spend on facilities varies significantly from year to year. Projects are generally \$15 to \$20 million, most commonly using Ministry of Health PCA debt at 60 per cent and RHD funding of 40 per cent.

Building Integrity is the general maintenance of facility condition and consists of \$3.6 million per year. Funding is blended Ministry of Health PCA, non PCA and RHD approaching 40 per cent

contribution. Northern Health has slowly improved the facility condition index from 0.21 to 0.17 since 2003/04, and has completed priority 1 and 2 items in the building condition assessment report described as "life safety" and "code compliance", and are now concentrating efforts on priority 1 and 2 items identified in the VFA study type as "building integrity". Estimated improvement of FCI to 0.14 is expected by 2008/09. A target of 0.10 is achievable with additional facility replacement projects moving ahead as described in the capital plan starting in 2009/10.

The Home and Community Care plan and the Facility Replacement Plan are largely based on the complete replacement of facilities with the worst FCI. Currently a project to replace Masset Hospital is underway, with a projected plan for replacement of a number of small and medium size hospitals and diagnostic and treatment centres to begin in 2009/10. The current facility assessment database was completed in 2002 and is due for a significant update. It would also be advantageous to look at adding to the assessment methodology some tools for measuring and monitoring functionality of facilities. This tool would greatly improve Northern Health's ability to be responsive to changes in service methods, technology, client types and demographic shifts.

Northern Health went through a significant planning process in order to address facility issues and service provision under the Home and Community Care 5000 beds provincial initiative. Benchmarking of complex care and assisted living facilities to known provincial standards of beds per 1000 seniors population was done purposely at a rate slightly higher than provincial average and utilized predicted populations out to 2008 and 2015. As a result of this planning process, Northern Health embarked on a significant number of projects which would be either: built and operated by Northern Health, use partnerships to build and

operate; or have BC Housing build and operate with shared services through Northern Health for personal care.

Small projects such as renovations and improvements in functionality are commonplace.

Larger facility replacements are done as a last priority subject to capital availability and regional district funding. As funding from the Ministry of Health has increased, this has driven up the likely expenditures required by Regional Hospital Districts beyond their traditional levels of funding. Even with full RHD 40 per cent funding, a significant deficit in funding sources is evident.

Given Northern Health's current focus on equipment replacement, building integrity work, small projects, Health Link North, and Home and Community Care, there are limited funds available for true facility replacement in future years. As described in the latest 10-year plan, there is a predicted funding shortfall in excess of \$180 million over years 2012/13 to 2015/16 unless either the capital funding share is increased or other sources of funding are increased to reduce this deficit. As funding letters are received, Northern Health will likely adjust facility replacement spending down to present a balanced capital plan to the Board for approval.

## Information Technology

---

Information Technology consists of four major types of spending: computer refresh, which is predominately funded from operating; the Health Link North (HLN) project which consists of implementing a clinical information system across the North; non-Health Link North projects to build new and improve existing systems infrastructure;

and provincial eHealth initiatives which are built onto and integrated into Health Link North. In the past Northern Health spending totalling about \$5 million was commonplace on Information Technology, and has now increased to \$10 million with the HLN project fully underway. With coming



phases of HLN and eHealth, this may increase even further in future years.

Northern Health's 10-year plan with respect to IT spending is significant - moving from a spend of one per cent of operating closer to an industry benchmark of three per cent over the next 10 years. In the past equipment was replaced in the 10-year or older range which resulted in issues with

repair and breakdown, and lost user time was placing increased demand on clinical staff. With implementation of Health Link North, Northern Health will complete the development of a foundation region-wide clinical IT infrastructure. Without this focused effort on technology, Northern Health would lack the foundation to participate in the future eHealth developments provincially.



## Appendix A ~ Glossary of Acronyms

AL	Assisted Living
ALC	Alternate Level of Care
BC	British Columbia
BCMA	British Columbia Medical Association
BSE	Bovine Spongiform Encephalopathy
CCHSA	Canadian Council on Health Services Accreditation
CDPM	Chronic Disease Prevention and Management
COO	Chief Operating Officer
CQI	Continuous Quality Improvement
CT	Computed Tomography
ED	Executive Director
FCI	Facility Condition Index
FHA	Fraser Health Authority
FNIHB	First Nations Inuit Health Branch
FMM	First Minister Meeting
GLE	Government Letter of Expectations
GPSC	General Practice Services Committee
HLN	Health Link North
HRIS	Human Resources Information System
HSA	Health Service Administrator
HSDA	Health Service Delivery Area
ICU	Intensive Care Unit
IHA	Interior Health Authority
IM/IT	Information Management/Information Technology
IMG	International Medical Graduates
IT	Information Technology
LPN	Licensed Practical Nurse
MCFD	Ministry of Children and Family Development
MOH	Ministry of Health
MORE <sup>OB</sup>	Monitoring Obstetrical Risk Effectively
NH (A)	Northern Health (Authority)
OCAP	Ownership, Control, Access, and Privacy
PAQ	Performance, Aboriginal, and Quality Committee
PCA	Pre-paid Cash Advance
PHSA	Provincial Health Services Authority
RHD	Regional Hospital District



RN	Registered Nurse
SARS	Severe Acute Respiratory Syndrome
SMART	Specific, measurable, achievable, realistic, and time-bound.
SMR	Standardized Mortality Ratio
UBC	University of British Columbia
UNBC	University of Northern British Columbia
VCHA	Vancouver Coastal Health Authority
VIHA	Vancouver Island Health Authority
VFA	Name of the company that conducted NH's facility condition index
VP	Vice President



Notes:





For further information please contact

## Northern Health Communications

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

Tel. (250) 565-2694 Fax (250) 565-2640

[mark.karjaluoto@northernhealth.ca](mailto:mark.karjaluoto@northernhealth.ca)

Or find us on the Internet at  
[www.northernhealth.bc.ca](http://www.northernhealth.bc.ca)



<http://www.gov.bc.ca>

