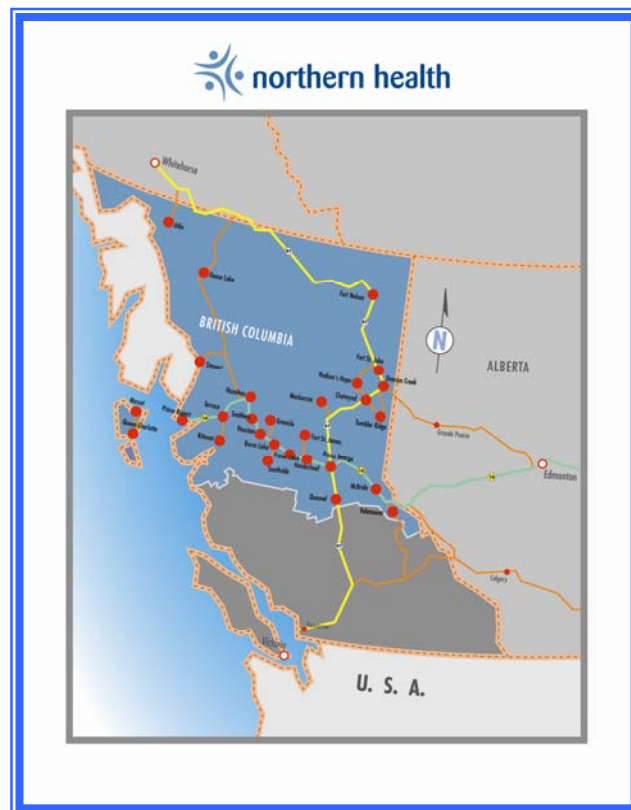


# Northern Health Service Plan 2008/09 to 2010/11



Approved by the Board of Directors of Northern Health

*August 29<sup>th</sup>, 2008*

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# Message from the Board of Northern Health and Accountability Statement

Dr. Charles Jago, Chair

On behalf of the Board of Northern Health, I am pleased to present to you Northern Health's Service Plan for 2008/09 to 2010/11.

The 2008/09 - 2010/11 Northern Health Authority Service Plan (the Plan) was prepared under the Board's direction in accordance with the Health Authorities Act and the BC Reporting Principles. The Plan is consistent with Government's strategic priorities and Strategic Plan, and the Ministry of Health Services' goals, objectives and strategies. The Board is accountable for the contents of the Plan, including the selection of performance measures and targets.

All significant assumptions, policy decisions, and identified risks, as of August 2008 have been considered in preparing the plan. The performance measures presented are consistent with Northern Health Authority's mandate and goals, and focus on aspects critical to the Health Authority's performance. The performance targets in this plan have been determined based on an assessment of Northern Health Authority's operating environment, forecast conditions, risk assessment and past performance.

Northern Health provides a full range of health care services to the 289,000 residents of northern British Columbia, including acute care services available in hospital, home and community care services for those who need residential care or additional care that helps seniors stay healthy and at home, a range of public health services to communities, as well as mental health and addictions services on both an inpatient and outpatient basis. Northern Health's 7,000 staff members provide services across a geographic area covering two-thirds of British Columbia, an area of almost 598,000 square kilometres, geographically the largest Health Authority in the province.

Northern Health has accomplished a great deal in its six year history, including a number of significant successes in the past year. It has taken a leadership position in the implementation of primary care health reform activities, in bringing physicians on-line into an integrated IT system, in transporting patients to care centres where their medical needs can best be met, and, working closely with the BC Cancer Agency, developing a cancer control strategy designed to meet the needs people in a vast and largely rural region.

Care North, the primary care renewal strategy, is intended to provide patients with a primary care home, using integrated teams of health care professionals to improve quality of care. Care North was the winner of the 2007 'Golden Apple' Award for health care teams at the Health Employer's Association of BC's Excellence in BC Health Care Awards.

The first phase of Health Link North, a region-wide clinical information system, was launched at five sites last year and planned implementation will continue this year until all of our hospital sites are implemented. In



addition, ninety-eight percent of northern physicians now have electronic access from their offices to Northern Health's integrated information system through the Physician Connect project. Both of these initiatives are serving to improve hospital processes and patient services.

The past year also saw the full implementation and operation of the Northern Health Connections program for patients who travel for health care services. In its first year of operation, Northern Health Connections buses have transported over five thousand patients and companions to specialty health care services not available in their northern communities. Northern Health Connections was honoured by the Health Employers Association of BC with an Award of Merit in 2007 as one of the top health authority innovators.

In September Premier Gordon Campbell announced the provincial government's decision to approve the construction and operation of a northern cancer centre in Prince George by 2012. The northern cancer centre will offer the full spectrum of cancer control services, including radiation therapy and surgical services. Northern Health will continue to work with the BC Cancer Agency to enhance local cancer control services in regional centres. The Northern Cancer Control Strategy is intended to create an integrated system of cancer control for a predominantly rural region and will serve as a model for Canada and beyond.

Fiscally, Northern Health has performed well. The organization had a balanced budget last year and is projecting the same this year. Although Northern Health will receive a funding increase from the Ministry of Health Services in 2008/09 this amount will require Northern Health to actively seek additional efficiencies. Within these tight operating parameters, programming and service delivery will be challenged. Northern Health will, however, protect and maintain momentum in several key strategic areas. Those areas include:

- ✧ Aboriginal Health
- ✧ Health Link North
- ✧ Healthy Work Life
- ✧ Northern Cancer Control Strategy
- ✧ Primary Health Care (Care North)

Three additional major challenges face Northern Health in the next few years. The worldwide shortage of health care professionals will continue to make recruitment and retention of staff difficult. Secondly, an aging population and growing demand for the services Northern Health provides will continue to impose significant service and financial pressures on Northern Health facilities and staff. Finally, poorer health outcomes in the region, historically worse than the provincial average, coupled with the obligation to help address the complex socio-economic circumstances that influence the health of northern peoples impose additional challenges to Northern Health. This is particularly pressing in such areas as Aboriginal health, road health, smoking, and addictions and mental health.

Finally, economic and population growth in northern British Columbia is tied largely to resource sector prosperity. Although provincial population forecasts anticipate that all Northern Health Service Delivery Areas

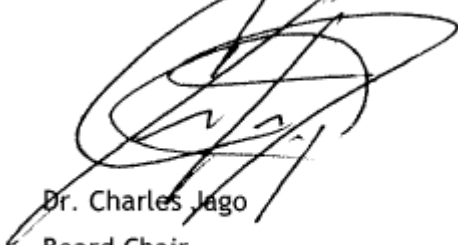


will experience positive population growth to varying degrees over the next 10 years, there is growing economic uncertainty in some key sectors. Northern Health is engaged in a comprehensive study to gain a better understanding of the North's economic situation by both community and sector in order to best respond to the health needs of the population.

As a Board, we are confident in the future of Northern Health, in our staff, physicians and volunteers, and in their ability and commitment to deliver quality health care services to the public. In addition to the Government Letter of Expectations, the Northern Health Board and management have developed a set of performance targets arising from an approved strategic plan. Northern Health will respond to the people it serves, provide quality health services, and continues to seek innovation in order to make Northern Health a model for rural health care delivery.

We encourage you to read this year's Service Plan in its entirety to understand the significant amount of work underway in Northern Health on behalf of the residents of northern British Columbia.

On behalf of the Board,

A large, stylized handwritten signature in black ink, appearing to read 'C. Jago', is written over the text 'On behalf of the Board,'.

Dr. Charles Jago

Board Chair

Northern Health Authority



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# Organizational Overview

Northern Health (NH) provides a full range of health care services to the 289,000<sup>1</sup> residents of northern BC<sup>2</sup>. Geographically, Northern Health serves an area of 598,000 square kilometres covering the northern two-thirds of British Columbia. The Health Authorities Act<sup>3</sup> 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<sup>4</sup> and eight diagnostic and treatment centres

Medical staff organization comprised of 257 family physicians and 115 medical and surgical specialists

Residential long-term care at 15 complex care facilities, plus long-term care within nine acute care facilities<sup>5</sup>

Home support services and home care nursing visits to clients in their homes

Mental health and addictions services through community based clinics; and in three hospitals, acute inpatient psychiatric services.<sup>6</sup>

Population Health and Wellness provides the following services: (1) Health Promotion & Prevention: early child development services; maternal child and family services; healthy living including community nutrition, healthy eating active living (HEAL), and community development related to ActNow BC!; heart health; immunization; injury prevention; Road Health; and school and youth health. (2) Protection: communicable disease control; community care facility licensing; food establishment inspections; personal service inspections; swimming pool and water system inspections; and tobacco reduction and 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 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 led by a Chief Operating Officer (COO), who has overall responsibility for the operations of their HSDA. Reporting to each COO are Health Service Administrators (HSA). HSAs are the senior 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

<sup>1</sup> PEOPLE 32: BC Vital Stats - 2008 estimate (289,419)

<sup>2</sup> See Northern Health's website for further information:

[www.northernhealth.ca](http://www.northernhealth.ca)

<sup>3</sup> [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>4</sup> A at September 30<sup>th</sup>, 2007 there are 539 acute care beds

<sup>5</sup> As at September 1<sup>st</sup>, 2007 there are: 904 complex care beds and 27 respite care beds; 178 assisted living units; 3 supportive housing units

<sup>6</sup> As at November 30<sup>th</sup>, 2007 there are: 253 supported housing units; 16 residential care beds; 2 family care home beds; 35 BC Housing health services units; 58 acute care beds; and 65 tertiary care beds



community care services. Presently, there are eight HSAs in Northern Health.

Services such as mental health and addictions, and population health & wellness are coordinated on a regional basis. These areas are led by a member of Northern Health's executive team, with various regional management staff overseeing the delivery of care services. Similarly, Aboriginal Health is also centrally led by an Executive Director, Aboriginal Health who is responsible for building relationships with Northern Health's First Nations communities. Working together with regional management the Executive Director ensures that as an organization, Northern Health delivers culturally sensitive care.

Corporate Services for Northern Health, including finance, human resources, materials management, and others, are based in Prince George.

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>7</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>8</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 are important partners of Northern Health, as they provide a direct link back to the communities 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>7</sup> Wrinch Memorial Hospital in Hazelton is operated by United Church Health Services and is affiliated with Northern Health.

<sup>8</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

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Under the authority granted to it in the Health Authorities Act<sup>9</sup>, the Board of Northern Health sets strategic direction, identifies regional health needs, plans appropriate programs and services, ensures programs and services are properly funded, and oversees the operations of the organization. The Board develops a Strategic Plan<sup>10</sup> 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<sup>11</sup> (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.

Northern Health is also held accountable in the public domain 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 of Northern Health has adopted the guiding principles set out in the document Best Practice Guidelines: BC Governance and Disclosure Guidelines for Governing Boards of Public Sector

Organizations<sup>12</sup> published by the Board Resourcing and Development Office of the Premier and has adopted The Standards of Ethical Conduct for Directors of Public Sector Organizations<sup>13</sup>. A full disclosure of the governance program is available on the Northern Health website<sup>14</sup>.

The Board may have up to ten members. Board members are residents of northern BC drawn equally from the three health service delivery areas<sup>15</sup>. The membership, as of May 2008, is:

Dr. Charles Jago (Board Chair)

Dale Bumstead

Barbara Caldwell

Alice Downing

John Gentles, OD

Cameron McIntyre, CA

Gordon Milne

Deanna Nyce

Kathleen O'Neil

Deborah Shannon

Judith Wass

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<sup>9</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>10</sup> [http://www.northernhealth.ca/About/Financial\\_Accountability/documents/1307-StrategicPlan.pdf](http://www.northernhealth.ca/About/Financial_Accountability/documents/1307-StrategicPlan.pdf)

<sup>11</sup> See [http://www.northernhealth.ca/About/Financial\\_Accountability](http://www.northernhealth.ca/About/Financial_Accountability)

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<sup>12</sup> See

<http://www.lcs.gov.bc.ca/brdo/governance/corporateguidelines.pdf>

<sup>13</sup> See <http://www.lcs.gov.bc.ca/brdo/conduct/ethicalstandards.pdf>

<sup>14</sup> See

[http://www.northernhealth.ca/About/Northern\\_Health\\_Leaders/NHBoar dpoliciesandbestpractices.asp](http://www.northernhealth.ca/About/Northern_Health_Leaders/NHBoar dpoliciesandbestpractices.asp)

<sup>15</sup> Board vacancies are filled by the provincial Board Resourcing and Development Office.



## Board Committees

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The Board has struck three committees. They are: Audit and Finance; Governance, Human Resources and Communications; and Performance, Aboriginal and Quality. 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. The Board Chair, Dr. Charles Jago, is an ex-officio member of all Board committees.

### 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 Cameron McIntyre, with John Gentles as a committee member. One position on the committee is vacant. The Chief Financial Officer, Barry Cheal, is the Executive staff liaison to the committee.

### Governance, Human Resources and Communications Committee

The primary function of the Governance, Human Resources 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, with Dale Bumstead and Kathleen O'Neil as committee members. The Vice President-Human Resources, Jane Lindstrom, 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

Ensure 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

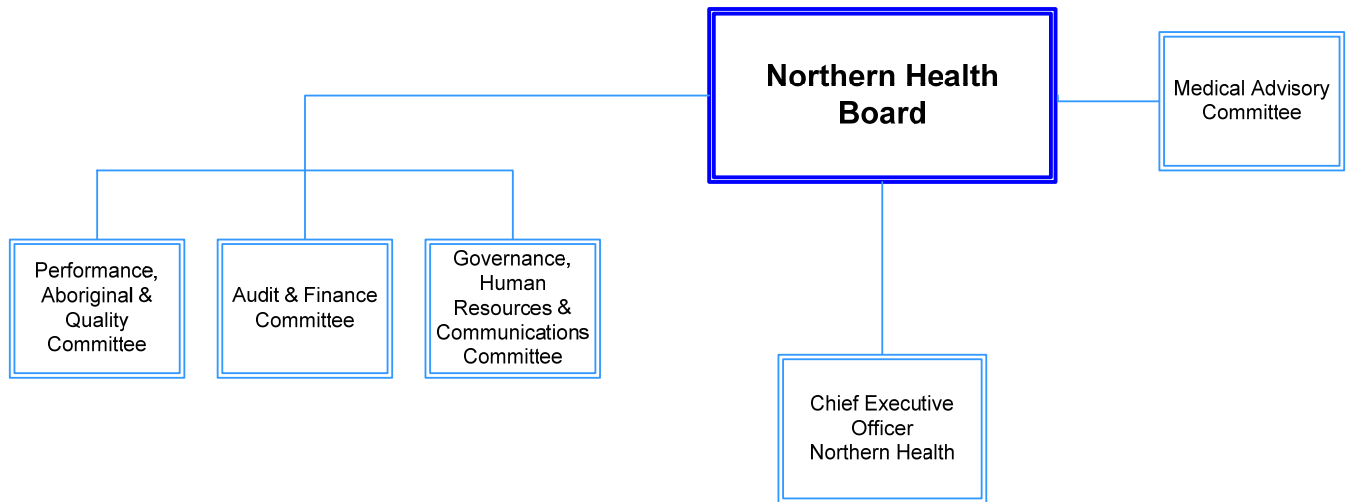
Ensure an Aboriginal Health Plan is developed and implemented, and to monitor progress and



achievements of the Aboriginal Health Plan, and approve revisions as required

The committee is chaired by Judith Wass, with Deanna Nyce and Deborah Shannon as committee

members. The Executive staff liaisons to PAQ are the Vice President-Medicine, Dr. David Butcher, and the Vice President- Academic Affairs and Chief Nursing Officer, Suzanne Johnston.



Schematic of Northern Health Board Organization

Further information regarding the Board of Northern Health is available on the Northern Health website at [http://www.northernhealth.ca/About/Northern\\_Health\\_Leaders](http://www.northernhealth.ca/About/Northern_Health_Leaders) .



## Executive Team

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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 organization. The Executive Team is accountable to the CEO, who in turn is accountable to the Board<sup>16</sup>. The following are the names and positions of the Executive Team members:

✦ Cathy Ulrich, Chief Executive Officer

- Terry Checkley, Director, Internal Audit
- Sean Hardiman, Chief Liaison Officer
- Marlene Apolczer, Executive Assistant
- Steve Raper, 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 Hoefer, Executive Director, Capital Planning and Support
- Duc Le, Executive Director, Finance
- Joseph Mendez, Assoc. VP, IM/IT Services (seconded to PHSA/Shared Services)
- Jeff Hunter, Chief Information Officer

Betty McCracken-Morris, Chief Operating Officer - Northeast

Al Martin, Interim Chief Operating Officer - Northwest

Suzanne Johnston, VP Academic Affairs and Chief Nursing Officer

- Rod Schellenberg, Executive Director, Primary Care
- Vacant, Executive Director, Aboriginal Health

Fraser Bell, VP Planning, Quality Improvement, and Health Information

Jane Lindstrom, VP Human Resources

Michael McMillan, Chief Operating Officer - Northern Interior

Michael Leisinger, VP, Health Services

- Dr. Ronald Chapman, Executive Director, Northern Cancer Control Strategy
- Tim Rowe, Executive Director, Home and Community Care

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<sup>16</sup> Further information regarding the Management Team of Northern Health is available on the Northern Health website at [http://www.northernhealth.ca/About/Northern\\_Health\\_Leaders](http://www.northernhealth.ca/About/Northern_Health_Leaders)



# Strategic Context

## Vision

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

## Mission

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

## Values

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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

## Strategic Plan Goals

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Northern Health will be guided by the primary goal and six supporting goals contained in its Strategic Plan<sup>17</sup>.

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 2008/09 - 2010/11.

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<sup>17</sup> The Strategic Plan can be found at [http://www.northernhealth.ca/About/Financial\\_Accountability/documents/1307-StrategicPlan.pdf](http://www.northernhealth.ca/About/Financial_Accountability/documents/1307-StrategicPlan.pdf)



## 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.



One Highway Coach from the Northern Health Connections Fleet



# Planning Context and Key Strategic Issues

## Planning Context

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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, yet Northern Health has achieved many significant service delivery accomplishments since its creation in 2001. A partial list includes:

- ✧ Care North primary health care program
- ✧ Expanded capacity in assisted living and complex care
- ✧ Development of the Northern Cancer Control Strategy in collaboration with the BC Cancer Agency and the Provincial Health Services Authority
- ✧ Health Link North clinical information system
- ✧ Increased service volumes: ambulatory care, emergency department, surgery
- ✧ Northern BC Road Health coalition
- ✧ Northern Connections travel program
- ✧ Partnerships with academic institutions for the training of health professionals in the North (laboratory technicians, nurses, nurse practitioners, pharmacists, physicians, physiotherapists)

- ✧ Significant renovation and replacement of health care facilities, and acquisition of new and replacement capital equipment
- ✧ Two successful Northern Health-wide community consultations (2004 & 2007)
- ✧ Balanced Budgets

In addition to these service delivery accomplishments Northern Health has, since its inception, sought and achieved efficiencies in all areas including administrative and support services. Finance, Information Services, Payroll, Human Resources, Materiel Management and senior administrative services have all been consolidated to Prince George from 15 individual sites. These initiatives resulted in a reduction of over 220 FTEs generating in excess of \$11 million in cost savings. During this consolidation Northern Health has also benchmarked against national and international standards and has moved to best practice benchmark staffing and service levels in food, laundry, housekeeping and plant services. Following the consolidation of Materiel Management from the 15 sites into Prince George, Northern Health joined a large national buying group that has produced significant reductions in the cost of materials and supplies. Northern Health is also participating in the Shared Services initiative; further savings from those initiatives have been assumed in budget development in the next three years.



# Key Strategic Issues

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The following summary addresses the most important trends and influences facing Northern Health in the period 2008/09 to 2010/11.

## Future Context

Northern Health has been building momentum in creating a system of services driven by the needs of our northern population and situated in a Primary Health Care framework. To this end, Northern Health will preserve and maintain a strategic focus in several key areas. These areas have already identified and/or received restricted funding (resources which can only be applied to these specific initiatives). Additionally, Northern Health is actively planning to shift additional resources in future years as the organization transforms itself towards this new preferred future.

The areas of strategic focus include:

- ✧ Aboriginal Health
- ✧ Health Link North
- ✧ Healthy Work Life
- ✧ Northern Cancer Control Strategy
- ✧ Primary Health Care (Care North)

Northern Health expects to encounter inflationary costs and increasing demand pressures, and as a result Northern Health will be undertaking the following initiatives to ensure costs are contained:

- (a) Improvements in efficiency and continued movement to benchmarks
  - ✧ reduce overtime and sick time
  - ✧ reduce travel
  - ✧ reduce administration costs

- (b) Review and redesign of non-clinical services

- ✧ reduce recruitment and relocation costs
- ✧ centralize corporate services
- ✧ participate in shared services

- (c) Review of clinical services

- ✧ Northern Health will undertake operational reviews of facilities, programs and services in collaboration with managers and physicians across the North.

These initial initiatives, and others that will emerge as planning proceeds throughout 2008/09, are necessary, as Northern Health adjusts to challenging fiscal circumstances in an environment of increasing service demand and costs.

## Geography

Northern Health covers the northern two-thirds of British Columbia and contains some of the most spectacular scenery and pristine locations in the province. This vast geography combined with the lowest population density in BC presents unique challenges in the provision of health care services.

Many of Northern Health's facilities provide primary care services to the widely dispersed population with specialty services concentrated in the larger centres in each health service delivery area. 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.

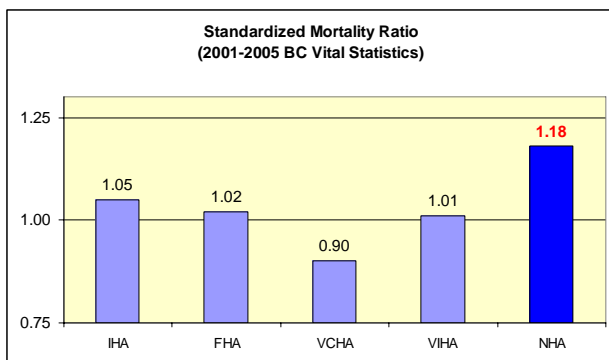
Despite some limits on availability of medical specialists and diagnostic resources, each HSDA provides 80% to 85% of the total inpatient hospital care required by its residents.

## 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.

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.

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 1.18 while all other Health Authorities fall into a range of 0.90 to 1.05<sup>18</sup>. This means that, after adjusting for age, there are 18 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 will be 20 per cent higher than the provincial average. Overall, care is more expensive to deliver in the North, as economies of scale are harder to achieve than in urban centres in southern BC.

## 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, laboratory medicine, medical imaging, rehabilitation medicine (OT/PT), 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. Northern Health faces a similar challenge and also faces tremendous competition from the high paying resource sectors. It is recognized that education strategies in partnership with post secondary education institutions are vitally important to the sustainability of Northern Health. Health professionals trained in the North are more likely to stay in the North.

The North is meeting the challenge of physician shortages through the Northern Medical Program at

<sup>18</sup> 2001-2005 BC Vital Statistics



the University of Northern British Columbia (UNBC). The first class of physicians from the Northern Medical Program will be graduating in 2008. Additionally, class entry was increased from 24 to 32 seats in 2007.

Northern Health has long been a participant in the UBC residency program. Presently there are 11 first year family practice residents, eight second year family practice residents, and on average six rotating specialty residents per month working in Northern Health facilities. Of 85 family medicine graduates to date, 40 are practicing in Northern Health; 12 specialty<sup>19</sup> residents have also returned to take up practice in the North.

Northern Health has been successful in recruiting physicians in the last few years as a result of renewed and focused efforts in this area. It is worth noting, however, that even if Northern Health was successful in recruiting every general practitioner and medical specialist included in its physician plan, Northern Health would still have the fewest physicians per capita in the province.

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

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<sup>19</sup> 5 general surgeons, 2 psychiatrists, and 1 each in orthopaedics, obstetrics and gynaecology, radiology, internal medicine, and emergency medicine

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 successfully recruited two of the three graduates from the first class of Nurse Practitioners who graduated from UNBC in the spring of 2007, and will continue to recruit Nurse Practitioners from future graduating classes.

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. A similar program for the training of medical imaging technologists is also being explored. And, in partnership with UNBC and UBC, a program for the training of physiotherapists is being discussed.

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

## Infrastructure

Northern Health has developed a comprehensive Capital Asset Management Plan for the significant renovation or replacement of a number of its facilities over the next ten years. 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, not designed for current program accommodation needs, and not up to current design standards.

Northern Health has connected 98% of physician offices in the North to its network infrastructure. By the end of fiscal 2010/11 Northern Health will have almost 100 per cent of physicians connected to its 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.

## Population

2008 population estimates for Northern Health are:

Northwest HSDA	76,927
Northern Interior HSDA	143,441
Northeast HSDA	69,051
Northern Health	289,419 <sup>20</sup>

The Population is estimated to increase by 2.5 per cent by 2015 and by 4.1 per cent by 2020<sup>21</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. Northern demographics are changing quite rapidly, however, and many seniors are staying in their northern communities after retirement. The number of northern seniors aged 65+ is expected to increase by 13.5% during the Service Plan period, the highest growth rate in British Columbia<sup>22</sup>.

Northern Health is home to 35 per cent of British Columbia's Aboriginal population. Within Northern Health approximately 20 per cent of the population is Aboriginal (approximately 55,000 persons<sup>23</sup>) distributed across more than 70 communities, many of which are isolated and remote.

For northern British Columbia, economic and population growth is largely tied to resource sector

prosperity. Although provincial population forecasts anticipate that all Northern Health Service Delivery Areas (HSDAs) will experience, to varying degrees, positive population growth over the next 10 years, there is economic uncertainty in some key sectors. Northern Health is engaged in a comprehensive study to gain a better understanding of the North's economic situation by both community and sector in order to best respond to the health needs of the population.

## 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.

### *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 (2005) and the Tripartite First Nations Health Plan (2007), agreements between the Government of Canada, the Government of British Columbia, and the First Nations Leadership Council.<sup>24</sup>

Northern Health will continue to provide focused leadership and building of relations within Aboriginal and First Nations communities. 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, the organization will have to be cognisant of: the economic situation of communities (extreme poverty); jurisdictional

<sup>20</sup> PEOPLE 32: BC Vital Stats. It should be noted the PEOPLE 32 projections showed a significant population decline from the 2007 PEOPLE 31 projection of 312,276. Northern Health and municipal representatives of the North have concerns regarding the accuracy of the new population estimates. In the case of the Northeast HSDA there is a large transient population working in resource sector camps not captured in population totals representing several thousands of persons.

<sup>21</sup> PEOPLE 32: BC Vital Stats

<sup>22</sup> PEOPLE 32: BC Vital Stats

<sup>23</sup> BC Vital Stats: Regional Analysis of Health Statistics For Status Indians in British Columbia

1992-2002 (2003 projection of 42,695 Status Indians: NW 23,914; NI 13,720; NE 5,061); plus an estimate of approximately 12,000 Métis persons.

<sup>24</sup> For further information see:

<http://www.gov.bc.ca/arr/social/change.html> and [http://www.health.gov.bc.ca/cpa/mediasite/pdf/tripartite\\_plan.pdf](http://www.health.gov.bc.ca/cpa/mediasite/pdf/tripartite_plan.pdf)



issues/complexities; issues from Aboriginal political organizations; how to work within the OCAP (Ownership, Control, Access, Privacy) principles for Aboriginal health data; and educating Northern Health staff to the various and differing cultures within First Nations communities.

### *Acute Care*

Northern Health has made significant progress in improving the efficiency of its acute care hospitals, and must continue to build on the success it has had over the last six years in bringing down its hospital utilization rate. Presently at 127 per cent, Northern Health's goal is to achieve and maintain a utilization rate that is 120 per cent of the provincial rate<sup>25</sup>. Operational reviews of acute care services across the North will be taking place during the Service Plan period.

Additionally, Northern Health is addressing issues of wait times and access in relation to First Ministers' Meeting (FMM) benchmarks. Full implementation of the Surgical Patient Registry (SPR) is also underway.

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. Additional capacity is being brought on line during the Service Plan period. In order to meet the needs of its people, Northern Health will have to temporarily use acute care capacity at selected sites to supplement complex care services while residential care capacity is being expanded. This will likely mean a continued higher rate of alternate level of care (ALC) days in acute hospitals during the first year of 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 provided additional capacity is created to meet ongoing increasing demand.

### *Care North (Primary Health Care)*

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

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

### *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: there is limited management capacity to manage multiple projects; Northern Health will have difficulty in recruiting the number of additional health care professionals and support staff that will be required to operationalize the new capacity; and, furthermore, the needs of residents and families must be considered as older facilities are renovated or decommissioned. Nevertheless, the new capacity will greatly enhance Northern Health's ability to meet the needs of the population.

With the rapid growth in the seniors population Northern Health must continue to plan for future capacity needs within Home and Community Care

<sup>25</sup> British Columbia Health Service Summary Tables Service Levels from 2002/2003 to 2006/2007. Data cited is from 2006/07.



both in terms of: new and expanded facilities; the shift to person-centered care in complex care; and increased programs and services within the community.

### *Mental Health and Addictions*

Northern Health conducted a community consultation process- *Let's Talk About Addictions and Mental Health* - the results of which were released in November 2007<sup>26</sup>. Between May 23 and July 13 the consultation heard from more than 700 individual voices of northern BC residents through various feedback channels. Input on addictions and mental health was received at 36 public meetings across the North - including 15 Aboriginal meetings. The report will be used by Northern Health staff, particularly in Mental Health and Addictions Services and in Aboriginal Health Services, as they set priorities, make plans, and work to meet people's needs.

Northern Health will seek opportunities to integrate Mental Health and Addictions Services within a Primary Care framework in the community for adults and youth and Aboriginal Health Services, 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 will continue to challenge the organization. Presently, half of the psychiatrist positions are vacant; many Mental Health and Addictions positions are difficult to fill; 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. Innovative solutions such as the integration of outreach psychiatrists with local services, psychiatry residents accompanying outreach psychiatrists, and emergency telepsychiatry are key to mitigating these concerns.

Successful implementation of Mental Health and Addictions strategies requires the commitment of acute care, long-term care, primary care, and other community services in addressing Mental Health and Addictions issues within their specialties.

### *Northern Cancer Control Strategy*

Northern Health, in partnership with the BC Ministry of Health Services and the BC Cancer Agency (BCCA), is working to deliver quality cancer control services to the residents of the North through its cancer control strategy. The objectives of the Northern Cancer Control Strategy are:

- ✧ To reduce cancer incidence
- ✧ To reduce mortality due to cancer
- ✧ To improve access to cancer services for the northern population, closer to home
- ✧ To improve the quality of life for patients in the North who are living with cancer

BC Premier Gordon Campbell announced in September 2007 that a regional BCCA cancer centre will be established in the North by 2012. Activities during the Service Plan period include:

- ✧ Construction of a regional BCCA cancer centre in Prince George
- ✧ Renovations to Prince George Regional Hospital
- ✧ Planning of programs across the continuum of cancer control throughout the North

<sup>26</sup> To view the "Let's Talk about Addictions and Mental Health" community consultation report, see: <http://www.northernhealth.ca/20071108AMHconsultationreport.asp>



- ✧ Development of community cancer clinic services
- ✧ Development of a Canadian Cancer Society Lodge in Prince George
- ✧ Enhancement of Northern Health's IT/telemedicine infrastructure
- ✧ Development of cancer navigation services throughout Northern Health
- ✧ Addressing the human resource requirements needed to operationalize the Program

### *Population Health and Wellness*

Much of the work in population health and wellness is done in partnership and collaboration with multiple stakeholders, and in concert with initiatives going forward from the Ministry of Health Services, 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.

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 and wellness agenda.

Northern Health welcomes the evidence based approach in the Ministry's new core programs initiative, and will group the 21 core program activities into eight Regional Core Function Strategies over a three year period, 2008/09 through 2010/11. The three stand alone regional strategies include:

1. Health Surveillance and Assessment
2. Health Emergency Management
3. Prevention of Adverse Effects of Health System.

The five Clustered Regional Strategies include:

1. Healthy Environments
2. Child and Family Health
3. Healthy Youth
4. Healthy Adults
5. Healthy Seniors



# 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:

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

## Linkages with the Ministry of Health Services

The Plan includes the performance measures related to the government's priorities for health, as stated in the Government Letter of Expectations.

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

	MINISTRY OF HEALTH SERVICES 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 Services' Service Plan may be found at:

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



# Goal 1 - Responsiveness

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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: Aboriginal Health

Review and renew Northern Health's Aboriginal Health Plan.

Continue to provide opportunities for meaningful input by Aboriginal peoples into the Health Authority Aboriginal Health Plan and ensure community consultations with Aboriginal communities are acted upon. The Plan includes five key objectives, each with a variety of strategies and activities:

- 1. Continue engagement with Aboriginal communities
- 2. Improve cultural competency within Northern Health
- 3. Improve effective service delivery
- 4. Develop monitoring and evaluation mechanisms for Aboriginal health systems
- 5. Work with Health Service Administrators (HSAs) and Aboriginal communities to identify service and access issues, community by community, and develop protocol agreements.

## Service Area: Home and Community Care

Continue with Integrated case management initiatives for seniors to ensure seamless transitions between community, acute, and residential care.

## Service Area: Mental Health and Addictions

Take into consideration the results of the community consultation on mental health and addictions conducted in 2007.

Continue participating in the planning with BC Housing and the Prince George Native Friendship Centre on a Homelessness Initiative (Friendship Lodge), and provide in-kind supportive services, to develop 29 transitional housing units for the City of Prince George.

## Service Area: Organizational Support

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.

Work collaboratively with the Ministry of Health Services in the implementation of Conversation on Health recommendations for improving access, quality care and health system sustainability and innovation.

## Service Area: Population Health and Wellness

Continue working with northern school districts in developing healthy food policy as part of the provincial Act Now BC Initiative and Northern Health's Healthy Eating and Active Living (HEAL) program.



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.

Establish partnerships to address issues of blood borne disease within First Nations.

Engage communities and other agencies in preventing FASD.



## 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: 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 Aboriginal Health Collaboratives focused on diabetes and chronic disease prevention as per the Transformative Change Accord. The teams will include local First Nations community providers, Northern Health, First Nations Inuit Health Branch (FNIHB), Band Council, Elders, and community members.<sup>27</sup>

Create community partnerships with Aboriginal communities related to Mental Health and Addictions issues.

### Service Area: Acute Care

Northern Health will undertake operational reviews in collaboration with managers and physicians of facilities, programs, and services across the North.

Implement the Northern Cancer Control Strategy<sup>28</sup>, specifically:

- Construction of a regional BCCA cancer centre in Prince George by 2012

- Renovations that will be required to Prince George Regional Hospital
- Planning of programs across the continuum of cancer control throughout the North
- Development of community cancer clinic services
- The development of a Canadian Cancer Society Lodge in Prince George
- Enhancement of Northern Health's IT/telemedicine infrastructure
- Development of cancer navigation services throughout Northern Health

Collaborate with the Provincial Health Services Authority (PHSA) and the Ministry of Health Services on provincial initiatives around emergency health services and surgical/procedural services.

Continue developing and implementing initiatives at Prince George Regional Hospital to reduce emergency room congestion.

Continue to implement select Safer Healthcare Now! (SHN) initiatives to reduce the number of adverse events that occur in hospital.<sup>29</sup> Also, implement recommendations from the Cochrane Report<sup>30</sup>.

<sup>27</sup> 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.

<sup>28</sup> The Northern Cancer Control Strategy Business Plan was submitted to the Ministry of Health Services in January 2008. Implementation of this strategy is awaiting approval and funding.

<sup>29</sup> see <http://www.saferhealthcarenow.ca>

<sup>30</sup> [Review of the Investigation Processes Undertaken by Fraser Health Authority and Surrey Memorial Hospital in Response to Concerns Expressed Publicly Regarding Post-Caesarean Wound Infections and Head Injury Management](#); D.D. Cochrane, MD FRCS(C), Chair, BC Patient Safety Task Force, and Vice President, Quality, Safety & Risk Management, Provincial Health Services Authority: December 20, 2004.



Reduce surgical wait lists within orthopaedics (hip and knee replacements) and ophthalmology (cataract surgery).

Continue to address First Ministers' Meeting (FMM) benchmarks.

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.

Implement community-specific service enhancements, including CT angiography services in Prince George and Terrace<sup>31</sup> and Fort St. John, and expanded emergency department information systems in Fort St John, Fraser Lake, and Smithers.<sup>32</sup>

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

Continue service redesign with the purpose of increasing access to primary care, and improving the quality of services and outcomes for patients through development of the following four collaboratives:<sup>33</sup>

- Aboriginal
- Chronic Disease (diabetes, chronic heart failure, hypertension, chronic renal disease)
- Frail Elderly
- Mental Health & Addictions

Develop Integrated Health Networks in each of the three HSDAs.

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 in order to achieve measurable improvements in clinical indicators for heart disease, diabetes, asthma, and other important chronic illnesses to improve the lives of patients, and avoid some demands on the acute care system.

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: Home and Community Care

As part of the provincial government's 5,000 bed initiative:

- Complete the design, construction and commissioning of 179 complex care beds including the upgrading / replacement of existing long term care facilities.<sup>34</sup>
- Continue to implement the Assisted Living Plan and finish the design, construction and commissioning of 210 assisted living units.<sup>35</sup>
- Work with Human Resources to plan for and successfully recruit the additional professional and support staff required to operationalize the new beds, units, and facilities.

Implement the Regional Palliative Care Plan.

<sup>31</sup> A Health Innovation Fund project.

<sup>32</sup> Currently only in place in Prince George. A Health Innovation Fund project.

<sup>33</sup> Supported in part through a Health Innovation Fund grant.

<sup>34</sup> Includes respite and palliative care beds; increase is over 2005/06.

<sup>35</sup> Refers to phases 1 & 2; increase is over 2005/06.



## Service Area: Mental Health and Addictions

Improve early identification of illness through: mental health and addictions screening and training, and improved access to community and acute services.

Change existing residential treatment services to a distributed model across the three HSDAs.

Complete the creation and implementation of observation units within community hospitals to improve access to urgent care in communities without a psychiatric inpatient unit<sup>36</sup>.

Addictions will consider the Community Consultation recommendations as it develops action plans this year.

Partner with MCFD in youth mental health and addictions strategies with special attention to First Nations youth.

## Service Area: Organizational Support

Maintain accreditation with the Canadian Council on Health Services Accreditation (CCHSA) of all health authority owned and operated facilities, and respond to the recommendations of the 2008 accreditation survey.

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.

Continued development of Regional Councils within Northern Health.

Implement best practices for infection control and monitoring as promulgated by the Provincial Infection Control Network<sup>37</sup>.

Continue with Region-wide implementation of the MORE<sup>OB</sup> Initiative to improve the quality of obstetrical care in Northern Health<sup>38</sup>.

Review and develop a phased response to recommendations from the Diagnostic Imaging Strategy report in order to provide sustainable medical imaging services across Northern Health.

Develop a Laboratory Medicine Program across Northern Health driven by quality, utilization management, and which supports the clinical requirements to improve patient care. Conduct a laboratory service review to continue to seek efficiencies and identify opportunities to improve quality of care.

## Service Area: Population Health and Wellness

Increase immunization rates for:

- Children
- Residential Care Residents
- Acute and Residential Care Staff

Maintain disease surveillance and response to outbreaks e.g. BSE, SARS.

Implement the Blood Borne Pathogen Strategy.

Work with other health authorities and the Ministry of Health Services to support the Core Public Health Functions Project by grouping the 21 core program activities into clusters which are practical for small communities, and develop implementation plans which are integrated with existing community health services.

Transition to the new Meat Inspection Regulation under the Food Safety Act; Community Care and Assisted Living Act and Regulations; Drinking Water Protection Act and Regulations.

<sup>36</sup> Supported in part through a Health Innovation Fund grant.

<sup>37</sup> Supported in part through a Health Innovation Fund grant.

<sup>38</sup> Supported in part through a Health Innovation Fund grant.



Develop targeted health status reports to support priority issues.

Implement key initiatives across the North to improve access to Preventive Public Health Services in early childhood development, youth services, and harm reduction services.

Improve access to Public Health Protection Services.

Continue to implement the Northern Health Tobacco Strategy including tobacco cessation programs, working with municipalities for smoke free sports venues, and partnering with Aboriginal communities regarding tobacco reduction, and work with the Ministry of Health Services to make all Northern Health facilities and grounds smoke free in 2008.



## Performance Measures and Targets - High Quality Health Services

	PERFORMANCE MEASURES	2008/09 GOVERNMENT LETTER OF EXPECTATIONS LONG-TERM TARGETS	2008/09 NH TARGET
1	The gap in life expectancy between Status Indians and other British Columbians	Reduce the gap by 35% to less than 3 years difference by 2015	Improvement toward long-term target
2	The gap in the mortality rate between Status Indians and other British Columbians	Reduce the gap by 35% by 2015	Improvement toward long-term target
3	The gap in the youth suicide rate between First Nations and other British Columbians	Reduce the gap by 50% by 2015	Improvement toward long-term target
4	The gap in infant mortality rate between First Nations and other British Columbians	Reduce the gap by 50% by 2015	Improvement toward long-term target
5	The gap in the prevalence of diabetes between First Nations and other British Columbians	Reduce the gap by 33% by 2015	Improvement toward long-term target
6	Percentage of hip replacement cases waiting longer than 26 weeks	Not to exceed 10% by 2010	22% (BC overall 27%)
7	Percentage of hip fracture fixations completed within 48 hours	95%	92%
8	Percentage of knee replacement cases waiting longer than 26 weeks	Not to exceed 10% by 2010	25% (BC overall 27%)
9	Percentage of cataract surgeries waiting longer than 16 weeks	Not to exceed 10% by 2010	15%
10	Rate of women aged 50-69 years participating in screening mammography every two years	70% by March 2017	49%
11	Hospital standardized mortality ratio (HSMR)	National average or below	Improvement over previous year



## Performance Measures and Targets - High Quality Health Services (continued)

	PERFORMANCE MEASURES	2008/09 GOVERNMENT LETTER OF EXPECTATIONS LONG-TERM TARGETS	2008/09 NH TARGET
12	Percentage of emergency department patients reporting satisfaction with emergency department experience	90%	Improvement toward long-term target
13	Percentage of patients admitted from an emergency department to an inpatient bed within 10 hours of the decision to admit.	80% admitted within 10 hours	Improvement toward long-term target
14	Time from emergency department triage to physician assessment, according to level of urgency	90% of patients assessed by physician within CTAS guidelines	Establish baseline
15	Percentage of patients with diabetes receiving at least two haemoglobin A1C tests annually	70%	55%
16	Number of net new residential care beds and assisted living units by June 2008	5,000 net increase (BC)	255
17	Home care client rate for ages 65+	Exceed 2006/07 rate	Maintain at previous rate
18	Tobacco use rates ages 15 and over	14.4% by 2010 (BC)	21.9%



## Goal 3 - Integration

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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: Home and Community Care

Improve access to home care services through linkage with primary care.

Use data gathered via the InterRAI HC-MDS assessment tool for operational and strategic planning.

Develop an electronic information system to support clinicians, managers, and executive by providing reliable and consistent Home and Community Care data.

### Service Area: Mental Health and Addictions

Implement an effective and coordinated Mental Health and Addictions service delivery system to 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.

Develop partnerships to improve services:

- With Ministry of Children and Family Development (MCFD) for children, adolescents and youth, and specifically First Nations youth.
- With Aboriginal service providers for screening, assessment and referral for clients with substance abuse problems.
- With non-profit organizations by including their personnel in training and development opportunities.

- With Public Health for the improvement of prevention programs and for the early detection of clients with substance abuse and mental health issues.
- With other Ministries providing social services (Employment and Income Assistance, Community Corrections, Forensics, BC Housing, Police, School Districts).

### Service Area: Population Health and Wellness

Continue to integrate Infectious Disease Preparedness and Emergency Response Planning including preparation for pandemic influenza and other disasters.

### Service Area: Organizational Support

Continue development, implementation, and use of Planning Framework, Strategic Plan, Strategic Planning Cycle, and Community Consultation Strategy to improve the coordination of Northern Health's strategic initiatives.

Northern Health will engage staff in an internal consultation process - 'Shaping Our Future' - as an input to the Board's 2009 review and revision of its Mission, Vision and Values, and Strategic Plan.

✦ Seek opportunities for cost savings through review and redesign of non-clinical services:

- reduce travel
- reduce administration costs



- o implement additional IT efficiencies

Complete an Integrated 5-year Capital Plan for all Northern Health facilities and capital equipment in consultation with the Ministry of Health Services and our Regional Hospital District partners.

Develop and implement Business Development Strategies to support cost savings and revenue generation initiatives.

Operate the Health Connections Program and promote additional uses within the health services system. Work with the Ministry of Health Services and the British Columbia Ambulance Service (BCAS) regarding the change in delivery of ground ambulance services within Northern Health to Northern Health.

Finalize and implement medical staff rules and regulations.

Develop clear processes regarding ethical support to clinical decision making; expand the PGRH Ethics Committee to cover the entire Northern Interior HSDA; and create Ethics Committees in the Northeast and Northwest HSDAs.

Participate in development of the Provincial eHealth Strategic Framework.

Continue to implement the Clinical Information Systems Plan (Health Link North) in a phased approach across Northern Health.

Continue to implement the Telehealth Plan.

Complete implementation of the NH Staff Scheduling System.

Finalize implementation of the Surgical Patient Registry (SPR).

## Performance Measures and Targets - Integration

	PERFORMANCE MEASURES	2008/09 GOVERNMENT LETTER OF EXPECTATIONS LONG-TERM TARGETS	2008/09 NH TARGET
1	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	80% for ages 15 to 64; 68% for age 65 and older	80% for ages 15 to 64; Increase over previous year for age 65 and older



## Goal 4 - Work Life

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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: Aboriginal Health

Provide Aboriginal cultural awareness and education to Northern Health employees.

### Service Area: Clinical Workforce

Review the organization and provision of Human Resources services to ensure effectiveness and efficiency.

Reduce recruitment and relocation costs.

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.
- Respect in the Workplace Policy and Training Plan.

Complete a multi-year Human Resources Workforce Plan to ensure the number of health professionals required to deliver programs and services is adequate.

Initiate a program of leadership and management training across Northern Health to improve the skills of supervisors, middle managers, and senior managers in order for Northern Health to carry out its current mandate and to assist the organization's success with succession planning.

Continue to implement initiatives to reduce staff sick and over time.

Review and respond to the results of the health authority wide employee engagement survey conducted in October 2007.



## Performance Measures and Targets - Work Life

	PERFORMANCE MEASURES	2008/09 GOVERNMENT LETTER OF EXPECTATIONS LONG-TERM TARGETS	2008/09 NH TARGET
1	Sick leave as a percentage of productive hours	10% reduction by December 2008	Maintain at or below long-term target
2	Vacancy rates of Nurses and Allied Health professionals	2% or less for nurses; 2% or less for allied health professionals	Improvement over previous year
3	Overtime hours as a percentage of productive hours for Nurses and Allied Health professionals	5% or less for nurses; 3.5% or less for allied health professionals	Improvement over previous year



## Goal 5 - Academic Health Care

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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)

Collaborate 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.

Build on the memorandum of understanding between Northern Health and the University of Northern British Columbia in support of research

and knowledge exchange in the areas of cancer, child health, and primary care.

Build capacity for research use and knowledge exchange to support primary care best practices.

Collaborate with community colleges and universities to identify and develop key program areas to educate health care providers locally.



## 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 over the next three years.

### Service Area: Organizational Support

Review and implement changes to ensure Organizational Support services are delivered as efficiently and effectively as possible.

- o Identify opportunities to generate revenue
- o centralize corporate services
- o participate in shared services

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

- o Dietary Audit
- o Housekeeping Audit
- o Laundry Review
- o Sterile Processing Review

Explore initiatives to reduce Northern Health's carbon footprint, reduce greenhouse gas emissions, realize energy cost savings, and contribute to the government's initiative to reduce British Columbia's impact on climate change.

Manage and deliver programs and services during the Service Plan period such that operating results are equivalent to or better than those projected in the budget management plans.

Partner with the Ministry of Health Services and other Health Authorities to ensure maximum efficiency in procurement and IT infrastructure.

## Performance Measures and Targets - Sustainability

	PERFORMANCE MEASURES	2008/09 GOVERNMENT LETTER OF EXPECTATIONS LONG-TERM TARGETS	2008/09 NH TARGET
1	Balanced Budget	Balanced Budgets	Balanced
2	Green house gas emissions	Carbon neutrality by 2010	Establish baseline



## Summary Financial Outlook

(\$ millions)	2006/07 Actual	2007/08 Actual	2008/09 (Budget)	2009/10 (Budget)	2010/11 (Budget)
<b>Revenue :</b>					
Provincial government sources	493.307	525.807	544.441	575.265	596.471
Non-provincial- government sources	42.110	43.575	44.556	44.738	52.040
<b>Total Revenue:</b>	535.417	569.382	588.997	620.003	648.511
<b>Expenditures by Sector:</b>					
Acute Care	297.856	317.838	316.849	326.546	343.175
HCC – Residential	60.534	63.221	62.712	70.600	73.845
HCC – Community	29.943	32.016	35.518	39.683	41.511
Mental Health & Addictions	42.776	41.867	45.056	47.166	49.358
Population Health & Wellness	32.542	36.213	42.623	44.313	43.807
Corporate	68.476	77.783	86.239	91.695	96.815
<b>Total Expenditures:</b>	532.127	568.938	588.997	620.003	648.511
<b>Surplus (Deficit)</b>	3.290	0.444	0.000	0.000	0.000
<b>Capital Spending:</b>					
Funded by Provincial Government	33.001	57.061	76.969	92.245	49.090
Funded by Foundations, Regional Hospital Districts, and other non-government sources	20.588	9.457	47.902	40.021	106.296
<b>Total Capital Spending</b>	53.589	66.518	124.871	132.266	155.386



# Principles for Budget Development

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Northern Health will deliver a balanced budget for each of the three years as requested by government. To address the budget challenge we will first allocate our budget lift as follows:

- replace one time revenues enjoyed in 2007/08
- allocate resources to open our share of the 5,000 residential care beds
- allocate resources to fund negotiated wage and benefit increases
- allocate resources to fund inflationary cost pressures
- allocate resources to support the implementation of our Health Link North clinical information system
- allocate resources to support commitments made in 2007/08 including operating costs of capital projects/equipment
- All other demand, strategic and other cost pressures will require reallocation from existing budgets

Work to meet efficiency benchmarks where available.

Identify best practices that have produced cost savings and implement throughout the Region; e.g. reducing Length of Stay for Orthopaedic patients.

Continue to expand health promotion activities that have a proven track record, examples include smoking cessation and reduction, immunization, water and food protection.

Continue to focus resource allocations to upstream health services such as Primary Care (Care North) and the Northern Cancer Strategy.

Continue to support knowledge expansion to our care providers through the implementation of Health Link North. This will also replace aging and failing information systems throughout the North.

Attend to Northern Health Board obligations outlined in the Government Letter of Expectations (GLE) and the Board's Strategic Plan including hips, knees and cataract wait times.

Focus on quality improvement and patient safety in existing services where this can be accomplished without incurring additional costs.

Focus on improving the quality of work life and the development of leaders through tools such as the Gallup process and to focus on retention of existing staff as well as providing adequate recruiting tools and resources.



## Key Assumptions

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General inflation: 2%

Drugs increase: 7%

Natural gas increase: 3%

Electricity increase: 5%

Contract wage lifts - based on negotiated contracts for first two years

Non-contract wage lifts - 3% per year

Contract benefits - LTD 61% in 2008/09, dental 6.5% (4% in 2009/10 & 2010/11), extended health 39% (12% in 2009/10 & 2010/11)

WCB 4% reduction in 2008/09; 20% increase in 2009/10

## Forecast Risks and Sensitivities

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Execution of budget strategies highly reliant on recruitment of professional staff

Control of hospital budgeted surgical & other service levels (physicians)

Impact of strength of Canadian dollar

Full realization of revenue generating initiatives

Increasing expectations of community based service levels

Availability of Capital funding will impact the timing of infrastructure adjustments necessary to support service delivery transformation

Significant changes in resource based economy may have impacts on service demands in several communities

Outcome of shared services provincial initiative

Impact on organization of BC Ambulance Service initiative



## Integrated Risk Management

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Northern Health has begun to undertake an integrated, enterprise wide risk assessment process. Risks which could severely compromise the organization's ability to fulfill its mandate are being identified and have been categorized into an initial list of fourteen global risk factors.

Northern Health has many plans and processes in place to prevent, or mitigate against, the likelihood of these risks actually occurring. Nevertheless, in any human enterprise, a residual risk remains that one or more of the global risks could affect the organization during any given year, despite best efforts of everyone involved.

It will be a priority task of the Board and management to complete the development of Northern Health's integrated risk management framework during the Service Plan period.



# 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. These resources are applied strategically in order to provide the breadth of services Northern Health is responsible for across its geography. Funding sources consist of the Ministry of Health Services, Regional Hospital Districts, 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.

Implement Phase 1 of Health Link North, an integrated region-wide clinical information system, by 2009.

Improve facility infrastructure to a benchmark Facility Condition Index (FCI) of 0.10 by 2010. Northern Health is near completion of life safety and code compliance issues and will begin working on overall building integrity work.

Replacement of medical and diagnostic equipment at recommended turn-over rates to accommodate suggested life spans of equipment. Target lifecycle average of 8 years, current average 10 years.

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 and discussion with funding partners such as Regional Hospital Districts.

Northern Health plans to participate in a re-assessment of facility assets which will update Facility Condition data, add information regarding facility functionality, and include updated pricing consistent with recent escalations in construction and technology costs.



## Appendix A ~ Glossary of Acronyms

ACE	Angiotensin-Converting Enzyme
AL	Assisted Living
ALC	Alternate Level of Care
BC	British Columbia
BCAS	British Columbia Ambulance Service
BCCA	British Columbia Cancer Control Agency
BCMA	British Columbia Medical Association
BSE	Bovine Spongiform Encephalopathy
CCHSA	Canadian Council on Health Services Accreditation
CDPM	Chronic Disease Prevention and Management
CEO	Chief Executive Officer
COO	Chief Operating Officer
CQI	Continuous Quality Improvement
CT	Computed Tomography
CTAS	Canadian Triage & Acuity Scale
ED	Executive Director
FASD	Fetal Alcohol Spectrum Disorder
FCI	Facility Condition Index
FHA	Fraser Health Authority
FNIHB	First Nations Inuit Health Branch
FMM	First Ministers' Meeting
GLE	Government Letter of Expectations
GPSC	General Practice Services Committee
HEAL	Healthy Eating and Active Living
HLN	Health Link North
HRIS	Human Resources Information System
HSA	Health Service Administrator
HSDA	Health Service Delivery Area
HSMR	Hospital Standardized Mortality Rate
ICU	Intensive Care Unit
IHA	Interior Health Authority
IM/IT	Information Management/Information Technology
IMG	International Medical Graduates
InterRAI HC-MDS	Inter Resident Assessment Instrument - Home Care Minimum Data Set
IT	Information Technology
LPN	Licensed Practical Nurse

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MCFD	Ministry of Children and Family Development
MOHS	Ministry of Health Services
MORE <sup>OB</sup>	Monitoring Obstetrical Risk Effectively
NH (A)	Northern Health (Authority)
OD	Doctor of Optometry
OCAP	Ownership, Control, Access, and Privacy
PACS	Picture Archiving and Communication System
PAQ	Performance, Aboriginal, and Quality Committee
PCA	Pre-paid Cash Advance
PGRH	Prince George Regional Hospital
PHSA	Provincial Health Services Authority
RHD	Regional Hospital District
RN	Registered Nurse
SARS	Severe Acute Respiratory Syndrome
SHN	Safer Healthcare Now!
SMART	Specific, measurable, achievable, realistic, and time-bound.
SMR	Standardized Mortality Ratio
SPR	Surgical Patient Registry
TBD	To be determined
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 Northern Health's facility condition index
VP	Vice President
WCB	Worker's Compensation Board



Notes:





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