STUART-NECHAKO REGIONAL HOSPITAL DISTRICT

AGENDA

THURSDAY, APRIL 28, 2016

	SUPPLEMENTARY AGENDA	Receive
	AGENDA – APRIL 28, 2016	Approve
PAGE NO.	MINUTES	ACTION
2-4	Stuart-Nechako Regional Hospital District Meeting Minutes – March 24, 2016	Adopt
	REPORTS	
5-13	Hans Berndorff, Treasurer - 2015 Audited Financial Statements	Recommendation (Page 5)
	CORRESPONDENCE	
14-25	Northern Health Strategic Plan – Looking to 2021	Receive
	INVITATION	
26-28	Northern Health Meetings at NCLGA Annual Convention – May 4-6, 2016	Direction
	VERBAL REPORTS	
	RECEIPT OF VERBAL REPORTS	
	SUPPLEMENTARY AGENDA	
	NEW BUSINESS	
	ADJOURNMENT	

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STUART-NECHAKO REGIONAL HOSPITAL DISTRICT

MEETING MINUTES

THURSDAY, MARCH 24, 2016

PRESENT:	Chairperson	Jerry Petersen
	Directors	Eileen Benedict Tom Greenaway Dwayne Lindstrom Thomas Liversidge Rob MacDougall Bill Miller Mark Parker Luke Strimbold Gerry Thiessen
	Staff	Gail Chapman, Chief Administrative Officer Cheryl Anderson, Manager of Administrative Services Hans Berndorff, Treasurer Wendy Wainwright, Executive Assistant
	Media	Flavio Nienow, LD News – arrived at 10:28 a.m.

CALL TO ORDER Chair Petersen called the meeting to order at 10:03 a.m.

AGENDA & SUPPLEMENTARY AGENDA

Moved by Director Miller
Seconded by Director Greenaway

SNRHD.2016-3-1

"That the Stuart-Nechako Regional Hospital District Agenda of March 24, 2016 be approved; and that the Supplementary Agenda be received."

(All/Directors/Majority) CARRIED UNANIMOUSLY

MINUTES

Stuart-Nechako Regional Hospital District Meeting Minutes – February 25, 2016

Moved by Director MacDougall
Seconded by Director Liversidge

SNRHD.2016-3-2

"That the minutes of the Stuart-Nechako Regional Hospital District meeting of February 25, 2016 be adopted."

(All/Directors/Majority) CARRIED UNANIMOUSLY

REPORTS

Auditors' Engagement Letter

Moved by Director Liversidge
Seconded by Director Lindstrom

SNRHD.2016-3-3

"That the Stuart-Nechako Regional Hospital District Board of Directors receive the Treasurer's March 11, 2016 memo titled "Auditors' Engagement Letter."
Further, that the Audit Engagement Letter for the year ended December 31, 2015 be approved for signature."

(All/Directors/Majority) CARRIED UNANIMOUSLY

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REPORTS (CONT'D)

2016 Draft Final Budget

Moved by Director MacDougall
Seconded by Director Liversidge

SNRHD.2016-3-4

"That the Stuart-Nechako Regional Hospital District Board of Directors receive the Treasurar's March 15, 2016 memo titled "2016 Draft Final Budget."

(All/Directors/Majority) CARRIED UNANIMOUSLY

2015 Report Short Term Investments

Moved by Director Parker
Seconded by Director Miller

SNRHD.2016-3-5

"That the Stuart-Nechako Regional Hospital District Board of Directors receive the Treasurer's March 2, 2016 memo titled "2015 Report Short Term Investments."

(All/Directors/Majority) CARRIED UNANIMOUSLY

CORRESPONDENCE

Correspondence

Moved by Director Miller
Seconded by Director Benedict

SNRHD.2016-3-6

"That the Stuart-Nechako Regional Hospital District Board of Directors receive the following correspondence from Northern Health:

-Is it Time to Return Your Radon Kit?
-Partnered Approaches to Enhancing Health Care Services Recognized at Northern Health Board Meeting."

(All/Directors/Majority) CARRIED UNANIMOUSLY

BYLAW

BYLAW FOR THIRD READING AND ADOPTION

No.57 – SNRHD Annual Budget Bylaw

Moved by Director Parker
Seconded by Director Greenaway

SNRHD.2016-3-7

"That "Stuart-Nechako Regional Hospital District Annual Budget Bylaw No. 57, 2016" be given third reading and adoption this 24th day of March, 2016."

(All/Weighted/Majority) CARRIED UNANIMOUSLY

VERBAL REPORTS

Mental Health and Seniors Health Care Gap Meeting in Vanderhoof

Director Thiessen mentioned that along with Director Petersen he attended a meeting in Vanderhoof regarding the gaps occurring in mental health services and seniors care services in Vanderhoof. He indicated that a future symposium is being planned to identify the gaps and find solutions in moving forward.

Discussion took place regarding the issues and lack of support in regard to mental health and senior's care being a regional issue and that Fraser Lake and Fort St. James also utilize services in Vanderhoof.

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VERBAL REPORTS (CONT'D)

Recruiting, Keeping Doctors a Community-wide Effort

Chair Petersen spoke of the Union of B.C. Municipalities correspondence titled "Recruiting, Keeping Doctors a Community-wide Effort" as a good source of information along with the recruitment and retention webpage to assist communities in recruitment of doctors.

Receipt of Verbal Reports

Moved by Director Miller
Seconded by Director Greenaway

SNRHD.2016-3-8

"That the verbal reports of the various Stuart-Nechako Regional Hospital District Board of Directors be received."

(All/Directors/Majority) CARRIED UNANIMOUSY

SUPPLEMENTARY AGENDA

REPORT

Spring Meeting with Northern Health

Moved by Director Greenaway
Seconded by Director Parker

SNRHD.2016-3-9

"That the Stuart-Nechako Regional Hospital District Board of Directors receive the Treasurer's March 21, 2016 memo titled "Spring Meeting with Northern Health."

(All/Directors/Majority) CARRIED UNANIMOUSLY

The following items were discussed to bring forward at the Spring Meeting with Northern Health:

- Fort St. James Primary Health Care Facility;
  - Critical decent working conditions for physicians;
- Part time physicians in Fraser Lake:
  - Filling a gap but not a long term solution;
- Lack of beds for seniors assisted living in Vanderhoof.
  - Stuart Nechako Manor – lack of capacity.

ADJOURNMENT

Moved by Director MacDougall
Seconded by Director Greenaway

SNRHD.2016-3-10

"That the meeting be adjourned at 10:32 a.m."

Jerry Petersen, Chairperson

Wendy Wainwright, Executive Assistant

Stuart-Nechako Regional Hospital District

Memo

April 19, 2016

Board Agenda – April 28, 2016

To: Chair Petersen and the Board of Directors
From: Hans Berndorff, Treasurer
Regarding: 2015 Audited Financial Statements

Attached for the Board's review and approval is a copy of the Audited Financial Statements for the year ended December 31, 2015 which includes the audit report from Price Waterhouse Coopers (formerly RHB Schmitz de Grace).

I would be pleased to answer any questions.

Recommendation: (all/directors/majority)

That the memorandum from the Treasurer dated April 19, 2016 regarding the 2015 audited financial statements be received; and,

That the Audited Financial Statements for the year ended December 31, 2015 be approved for signature.

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STUART - NECHAKO REGIONAL HOSPITAL DISTRICT

Financial Statements

December 31, 2015

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INDEPENDENT AUDITORS' REPORT

To the Directors of
Stuart – Nechako Regional Hospital District

We have audited the accompanying financial statements of the Stuart – Nechako Regional Hospital District, which comprise the statement of financial position as at December 31, 2015, and the statements of financial activities, and of cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Opinion
In our opinion, the financial statements present fairly, in all material respects, the financial position of the Stuart – Nechako Regional Hospital District as at December 31, 2015, and its financial performance and its cash flow for the year then ended in accordance with Canadian generally accepted accounting principles. As required by the Hospital District Act (British Columbia), we report that, in our opinion, these principles have been applied on a basis consistent with that of the preceding year.

Other Matter
The financial statements of the Stuart-Nechako Regional Hospital District for the year ended December 31, 2014 were audited by another auditor who expressed an unmodified opinion on these statements on March 5, 2015.

PricewaterhouseCoopers LLP

March 8, 2016
Prince George, BC

Chartered Professional Accountants

STUART - NECHAKO REGIONAL HOSPITAL DISTRICT

STATEMENT OF FINANCIAL POSITION

December 31, 2015

	2015	2014
FINANCIAL ASSETS		
Cash and temporary investments (Note 8)	$ 1,404,227	$ 3,998,228
Accounts receivable	3,214	5,642
	1,407,441	4,003,870
LIABILITIES		
Accounts payable and accrued liabilities	24,092	2,334,800
NET FINANCIAL POSITION	$ 1,383,349	$ 1,669,070

Approved By The Board:

Chairperson _____

Treasurer _____

STUART - NECHAKO REGIONAL HOSPITAL DISTRICT

STATEMENT OF FINANCIAL ACTIVITIES

For the year ended December 31, 2015

	2015		2014
	Budget (unaudited) (Note 6)	Actual	Actual
REVENUE			
Property tax requisition	$ 1,790,000	$ 1,790,000	$ 1,742,614
Interest	6,500	29,899	58,853
Grants in lieu of taxes	10,000	6,220	9,680
	1,806,500	1,826,119	1,811,147
EXPENDITURES			
Grants for capital expenditures	3,817,563	2,087,766	5,568,663
Administration and audit	25,500	24,074	18,907
	3,843,063	2,111,840	5,587,570
ANNUAL (DEFICIT) SURPLUS	(2,036,563)	(285,721)	(3,776,423)
FINANCIAL POSITION AT BEGINNING OF THE YEAR	1,669,070	1,669,070	5,445,493
FINANCIAL POSITION AT END OF THE YEAR	$ (367,493)	$ 1,383,349	$ 1,669,070

STUART - NECHAKO REGIONAL HOSPITAL DISTRICT

STATEMENT OF CASH FLOW

For the year ended December 31, 2015

	2015	2014
ANNUAL SURPLUS		
Excess revenue (expenditures) for the year	$ (285,721)	$ (3,776,423)
Changes in non-cash working capital:		
Accounts receivable	2,427	2,779
Accounts payable and accruals	(2,310,707)	936,432
	(2,308,280)	939,211
(DECREASE) INCREASE DURING THE YEAR	(2,594,001)	(2,837,212)
CASH AND TEMPORARY INVESTMENTS AT BEGINNING OF THE YEAR	3,998,228	6,835,440
CASH AND TEMPORARY INVESTMENTS AT END OF YEAR	$ 1,404,227	$ 3,998,228

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT

NOTES TO THE FINANCIAL STATEMENTS

For the year ended December 31, 2015

1. BASIS OF PREPARATION

The Regional Hospital District prepares its financial statements in accordance with Canadian generally accepted accounting principles for government using guidelines developed by the Public Sector Accounting Board ("PSAB") of the Canadian Institute of Chartered Accountants.

No Schedule of Expenditures by function has been presented because the Regional Hospital District has only one function – providing financing for equipment, renovation and construction of Hospitals and Health Centres.

No Consolidated Statement of Change in Net Debt has been included because the Regional Hospital District does not own non-financial assets. The function of this statement is to reconcile financial and non-financial assets.

Revenue generated by taxes is recognized in the period to which it relates. Grants in lieu of taxes are recognized in the period they pertain

2. OPERATIONS

The Regional Hospital District was incorporated in November 1, 1998, and commenced operations on January 1, 1999.

3. RESERVE FUNDS

	2015	2014
Opening balance	$ 1,618,226	$ 4,100,125
Contributions	-	-
Interest	17,525	47,341
Disbursements	(794,544)	(2,529,240)
Closing balance of funds	$ 841,207	$ 1,618,226

The reserve funds are intended to provide for the replacement of equipment and acute care facilities in the Regional Hospital District.

4. USE OF ESTIMATES

The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements, and the reported amounts of sales and expenses during the year. Actual results could differ from management's best estimates as additional information becomes available in the future.

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT

NOTES TO THE FINANCIAL STATEMENTS

For the year ended December 31, 2015

5. BUDGET

The Annual Budget adopted by the Board of Directors on March 26, 2015 was prepared on a modified accrual basis while the Financial Statements are prepared on a full accrual basis as required by Canadian Public Sector Accounting Standards. The Budget anticipated the use of surpluses accumulated in prior years to supplement current year revenues. In addition, the budget included transfers to and from reserves. The budget figures includad in these Financial Statements represent the Budget adopted by the Board of Directors with edjustments as follows:

		2015
Budgeted deficit per statement of financial activities		$ (2,036,563)
Add:	Contributions to reserves	-
Less:	Prior years net surplus	44,245
	Temporary borrowing	373,590
	Withdrawl from capital reserves	1,618,728
		2,036,563
Surplus in the Financial Plan		$ -

6. FINANCIAL INSTRUMENTS

The Regional Hospital District's financial instruments are comprised of cash and temporary investments, accounts receivable, accounts payable and accrued liabilities.

Credit Risk

The Regional Hospital District does not issue credit in the normal course of doing business. Credit risk is minimal.

Interest Rate Risk

The Regional Hospital District is exposed to interest rate risk from fluctuating interest rates on investments.

Fair Value

The fair value of cash and temporary investments, accounts receivable, accounts payable and accrued liabilities is approximately equal to their carrying value due to their short-term maturities.

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT

NOTES TO THE FINANCIAL STATEMENTS

For the year ended December 31, 2015

7. FUND ALLOCATION

The allocation of the funds is:

	2015	2014
Current funds	$ 542,142	$ 50,844
Reserve funds (Note 3)	841,207	1,618,226
	$ 1,383,349	$ 1,669,070

8. CASH AND TEMPORARY INVESTMENTS

Cash and Temporary investments consists of:

	2015	2014
Cash	$ 4,263	$ 2,471
Temporary investments	1,399,964	3,995,757
	$ 1,404,227	$ 3,998,228

Temporary Investments consists of GIC cash investments of $1,399,964 (2014 - $3,833,646) with an average interest rate of 1.66% (2014 – 1.35%) and RBC savings cash accounts totaling $nil (2014 - $162,111) recorded at market value.

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Geraldine Craven

From:	Chipman, Desa <Desa.Chipman@northernhealth.ca>
Sent:	April-07-16 12:01 PM
To:	jeraud@telus.net
Cc:	Gail Chapman
Subject:	Northern Health Strategic Plan - Looking to 2021
Attachments:	2016-04 NH Full Strategic Plan 2016 - 2021.pdf; 2016-04-06_Strategic Plan 2021 _Stakeholders_Stuart Nechako RHD.pdf

The attached correspondence is being sent to you on behalf of Northern Health Board Chair, Dr. Charles Jago and Chief Executive Officer, Cathy Ulrich.

Desa Chipman, Executive Assistant to:
- Cathy Ulrich, Chief Executive Officer
- Northern Health Board of Directors

Northern Health
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Tel: 250.565.2922
Fax: 250.564-7196
www.northernhealth.ca
www.facebook.com/NorthernHealth
www.twitter.com/Northern_Health
www.youtube.com/NorthernHealthBC

'The Northern Way of Caring'

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

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"I can't say enough about the teamwork and camaraderie here. We are capable of great things when we all work together."

- Lorilee Sweeney
Registered Nurse

Strategic Plan

. . . Looking to 2021

northern health

the northern way of caring

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Vision

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

Mission

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

Values

Value statements guide decisions and actions.

We will succeed in our work through:

Empathy
Seeking to understand each individual's experience.

Respect
Accepting each person as a unique individual.

Collaboration
Working together to build partnerships.

Innovation
Seeking creative and practical solutions.

"Being open to listen and offering support creates strong relationships with my clients and team."

- Kimberley Seabrook
Speech-Language Pathologist

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An Introduction to the Plan

In 2009, Northern Health developed a Strategic Plan that outlined an ambitious vision for health services in the North. The Plan included the following four strategic priorities:

- *Northern people will have access to integrated health services, built on a foundation of primary health care.*
- *Northern Health will create a dynamic work environment that engages, retains and attracts staff and physicians.*
- *Northern Health will lead initiatives that improve the health of the people we serve.*
- *Northern Health will ensure quality in all aspects of the organization.*

Over the last six years, significant progress has been made in each of these priority areas and much has been learned about what changes are needed to achieve the vision. These learnings, together with the feedback gained through a 2015 consultation process with staff, physicians and external partners, informed the development of the 2016-2021 Strategic Plan.

The 2016-2021 Strategic Plan describes the path Northern Health will take over the next five years to continue the transformation of health services in Northern BC in order to improve the health of the people we serve. The Plan recommits Northern Health to this vision for health services in the North and outlines the work necessary to achieve it.

What will we achieve?

We will:

1. Partner with others to create healthy, resilient communities that foster health and wellness for Northern populations, including longer life expectancy, reduction in disease and injury, and improved quality of life.
2. Take a person- and family-centred approach in providing health services which support each person and their family over the course of their lives, from staying healthy, to addressing disease and injury, to end-of-life care.
3. Ensure a culture of continuous quality improvement in all areas of Northern Health.

To achieve these priorities, we will implement integrated services accessed through the Primary Care Home[1], with service pathways to and from higher levels of care when needed. A focus on wellness will support people and their families to live healthy lives in their community.

What must we pay attention to?

This plan will be implemented with the understanding that the North is a large geographic region with many of the challenges associated with rural, remote, and Northern regions. Some of the trends and influences we will attend to in this plan include:

- Ministry of Health Priorities[2]: The BC government's priorities for the health system include primary health care, primary and community services for those with complex needs, timely access to appropriate surgical services, and sustainable and effective rural and remote health services.
- Primary Care: There is international evidence that existing resources can be used with greater impact by shifting to an integrated primary care and community health services system — a Primary Care Home for each person, with services coordinated around the person and family.

[1] A "Primary Care Home" is where a person establishes a long-term relationship with an interprofessional team, and through this team receives health care and is supported in managing their own health.

[2] Setting Priorities for the B.C. Health System – 2014 (British Columbia Ministry of Health)

- Demographics:
  - The number of seniors (people aged 65+) in the North will grow by more than 75% over the next 15 years, and by 2030, will represent approximately 22.5% of the total population.
  - The demographic shift from a predominantly younger population to one with a higher proportion of seniors is anticipated to change the demand for health services.
  - Northern Health's workforce will also be affected by this shift, with many staff and physicians planning retirement over the next decade.
  - Northern BC is home to many First Nations and Aboriginal people. The creation of the First Nations Health Authority is changing the way services are provided to First Nations communities and Aboriginal people.
- Health Status: On average, the population of Northern BC experiences a poorer health status than that experienced by the population in the rest of the province. While First Nations and Aboriginal people in the North tend to be healthier than their counterparts in the rest of the province, they still experience poorer health outcomes than the rest of the Northern population. The poorer health status for the population of Northern BC is reflected in a higher standardized mortality ratio and a higher burden of illness. The health status of people in Northern BC is similar to that of populations in the Northern regions of other Canadian provinces.
- Technological change: Technology continues to change quickly and will be a critical part of improving health services. Parts of the North continue to experience challenges with digital connectivity.
- Geography: Northern BC encompasses an area of more than 600,000 square kilometres, with sometimes extreme weather and difficult travel conditions.
- Fiscal reality: Service demands are expected to increase over the next five years and will continue to compel the health system to use available resources effectively and efficiently.

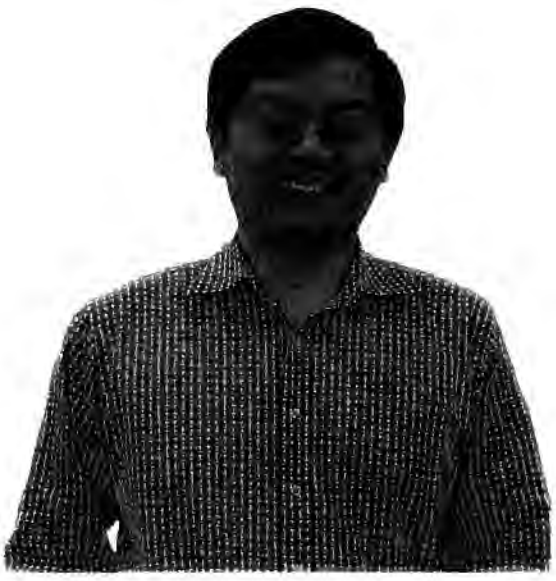
How will we achieve our priorities?

We will achieve our priorities by:

- Recruiting, retaining, developing, and engaging staff, managers, and physicians who will strengthen a person- and family-centred service delivery culture, and who will flourish within a team-based system of service delivery.
- Developing and using clinical and business information management and information technology systems, communications systems, diagnostic equipment, and facilities.

How will we know if we have achieved our priorities?

A scorecard of the key performance indicators linked to each of the priorities will guide Northern Health in analyzing and monitoring performance.



"The respect that Northern Health has for its employees and its clients is very important to me."

- Dale Chen
Public Health Technical Support

Strategic Priorities

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Priority 1: Healthy People in Healthy Communities

Northern Health will partner with communities to support people to live well and to prevent disease and injury.

We will:	We will know we are successful when...
1. Seek to understand the health assets and needs of each community, including the rural areas in Northern BC, and use this information to address health inequities and improve health outcomes.	• Data-based community profiles are in place • We are consulting with local government, First Nations and community leaders every two years • Partnering for Healthy Communities processes are in place
2. Partner with First Nations and Aboriginal peoples to develop and implement the First Nations Health and Wellness Plan.	• We are collaborating with First Nations to implement the priorities agreed to in the First Nations Health and Wellness Plan • Improvements in health outcomes are realized over time
3. Partner with communities, industry, and other organizations to respond to the health and health service impacts of shifts in economic development.	• Ongoing communication of economic changes enables advance planning for health services • Partnerships are established that maximize the benefits of economic development and minimize the risks
4. Align population health activity with the Primary Care Home to address health risk factors and support healthy living.	• Partnerships are in place with Divisions of Family Practice to incorporate disease prevention and health promotion activity into the Primary Care Home • Primary care interactions related to tobacco, substance use, mental wellness, active living, and early disease screening are increasing
5. Address the needs of a growing senior population by supporting age-friendly communities, identifying frail seniors as early as possible, and taking a rehabilitative approach.	• Communities are working on age-friendly approaches • Seniors experiencing frailty are being identified before a hospital or emergency room admission • The per capita use of emergency and hospital services by seniors is decreasing • Seniors are increasingly satisfied with the services they receive • The role of caregivers and volunteers is recognized and supported
6. Partner with communities and organizations to improve the health and wellbeing of Northern children and families.	• An action plan to partner with communities in supporting early child development and child health and wellbeing is in place • Child health indicators are improving
7. Promote and protect healthy environments.	• Partnerships are in place with communities and other organizations to enable compliance with legislation and regulation • Partnerships are in place with UNBC research institutes and other organizations to translate knowledge related to healthy environments

Priority 2: Coordinated and Accessible Services 20

Northern Health will provide health services based in a Primary Care Home and linked to a range of specialized services which support each person and their family over the course of their lives, from staying healthy, to addressing disease and injury, to end-of-life care.

We will:	We will know we are successful when...
1. Embed a person- and family-centred approach in everything we do.[3]	• A framework for involving people and families in the health care system is developed and implemented • Staff, managers, and physicians are increasingly providing services in a culturally safe manner • Services are provided based on a person's needs and values and these needs are anticipated by service providers • Care plans are developed in partnership with a person and their family and caregivers • Indicators for measuring person and family involvement have been developed
2. Implement interprofessional teams to support Primary Care Homes in providing health services for people and their families over the course of their lives.	• We are collaborating with Divisions of Family Practice to plan, implement, evaluate and improve the quality of primary care and community services • Interprofessional teams are established • Health service providers are increasingly satisfied • Those receiving services are increasingly satisfied with the services provided • Outcomes for those with complex health needs are improving
3. Implement specialized services teams connected to specialist physicians, with service pathways for the person and their family between the Primary Care Home and these specialized services.	• The relationship between primary care providers and specialist physicians is described and understood • Specialized physicians are connected to specialized services teams • Service pathways are in place for perinatal; child health; chronic disease; mental health and substance use; seniors; and surgical, critical care and end-of-life care • Wait times for surgical services and diagnostic procedures are reduced
4. Partner with First Nations communities and the First Nations Health Authority to establish culturally safe pathways between First Nations services and Northern Health services.	• Mental Wellness and Substance Use Mobile Support Teams are in place and have been implemented in partnership with First Nations communities and the First Nations Health Authority • Primary care services to First Nations communities are accessible and linked to the rest of the health care system
5. Describe and establish the rural and Northern network of services, built on the foundation of Primary Care Homes, balancing local access and quality.	• The distribution of services has been described • Public communication of networks of services is occurring • Technology, transportation, outreach, and human resource deployment are being used to enable access to this network of services
6. Improve systems and methods for sharing and protecting health information. Each person will be known across the system and will be able to access their own health information.	• Electronic medical records are in place, with the ability to appropriately share information while respecting privacy • Processes and technology are in place for people and/or their designates to access their health information

[3] Person- and family-centred care is an approach to the planning, delivery, and evaluation of health services grounded in mutually beneficial partnerships among health care providers, patients/clients, and families. It redefines the relationships in health care and leads to better health outcomes, wiser allocation of resources, and greater individual and family satisfaction. - *Adapted from Institute for Patient- and Family-Centered Care*

Priority 3: Quality

Northern Health will ensure a culture of continuous quality improvement in all areas.

We will:	We will know we are successful when...
1. Develop the ability of staff, physicians, and managers to undertake continuous quality improvement action at the service delivery level.	• The quality education program is increasing the ability of staff and physicians to improve quality of services • Standardized processes, methods and tools are in place and are used • Quality improvement resources are available to support a team approach to continuous quality improvement
2. Establish quality improvement goals and continuously measure, monitor, and improve performance.	• Organizational quality improvement goals and targets are established • Performance indicators are in place from governance to the site/unit level • The generation and presentation of data enable the meaningful use of information for decision-making and quality improvement • Accreditation status is maintained, and required organizational practices inform the development of organizational goals
3. Encourage and enable local teams and departments to design and test innovative solutions.	• Engaged staff and physicians shape an innovative culture • Formal recognition of innovation and creativity is in place
4. Engage in research, education, and quality improvement partnerships with academic organizations to create a learning environment throughout Northern Health.	• Research partnerships with UNBC's Health Research Institute and other research institutes are in place • A research partnership with the Academic Health Sciences Network is in place as it evolves in the province • Education partnerships with UNBC, colleges, and other academic institutions are in place • AMCARE is used to support and foster quality improvement
5. Identify and manage risks to the organization and to service delivery.	• The integrated risk management process is reviewed annually • The residual risk profile is decreasing in likelihood and severity

Enabling Priorities

These two priorities cut across all parts of the health care system and are critical for enabling Northern Health to achieve its Strategic Priorities.

Our People

Northern Health provides services through its people and will work to have those people in place and to help them flourish in their work.

We will:	We will know we are successful when...
1. Understand our workforce and plan for future needs within the context of the Northern population.	• Managers are using a Health Human Resource plan to forecast and address staffing needs • A Physician Human Resource Plan is being used to forecast and address physician recruitment needs
2. Design and implement an innovative recruitment and retention strategy that addresses current and emerging workforce needs in Northern and rural communities.	• Partnerships with communities, staff/physicians, and academic institutions are in place with a focus on a "from the North, for the North" recruitment strategy • Volunteer opportunities to expose youth to health service careers are in place • Full-career support is provided for employees, including orientation, education, and training • Employees have opportunities for career development and growth • Volunteers are encouraged, supported, and recognized • Staff and physicians are recognized for their commitment and dedication to Northern Health's mission, vision, and values • Staff scheduling systems meet the needs of staff and managers and provide access to information
3. Improve our capacity to support each other through change, with particular attention to the changes required to implement interprofessional teams linked closely with the Primary Care Home.	• Leaders are educated in managing change • Ongoing team development processes are occurring • Staff and team celebrations occur regularly • Staff and physician engagement is measurably improving
4. Foster a workplace culture of health and safety.	• Leaders demonstrate their commitment to safety and wellness in the workplace • Safe work practices are understood and implemented • Return-to-work processes are understood and implemented • Violence prevention is being addressed by risk assessments, education, and action • Workplace incidents are decreasing in frequency, severity, and impact
5. Implement processes that enable Northern Health's staff to be more culturally reflective of Northern communities.	• The cultural safety of the work environment is improving • Explicit policies supporting cultural safety and the implementation of the First Nations Health and Wellness Plan are in place • Workforce needs are linked to local education, from elementary school to the university level

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Communications, Technology, and Infrastructure

Northern Health will implement effective communications systems, and sustain a network of facilities and infrastructure that enables service delivery.

We will:	We will know we are successful when...
1. Create innovative approaches for engaging communities in two-way communication, and for building meaningful relationships with staff, physicians, the public, and community partners.	• Two public consultations have been completed • A Partnership Accord has been sustained between Northern Health, the First Nations Health Authority, and the First Nations Health Council - Northern Regional Caucus • A Northern First Nations Health Partnership Committee is leading the planning, implementation and evaluation of the First Nations Health and Wellness Plan • There is ongoing communication between Northern Health and local government and regional hospital districts • Communities are satisfied with their communication pathways with Northern Health
2. Continue to use traditional communication methods and tools while enabling staff, physicians, and the public to leverage emergent methods that are appropriate to our Northern and rural region.	• Websites (internal and public) are adaptive to mobile devices, as well as understandable and usable by all target audiences • Relevant social media channels are being used and their impact is being measured
3. Use technology to reduce the impacts of distance and time in bringing health services to people and their families.	• Increased access to telehealth is in place • Technology enables people to receive services closer to home • Transportation options are available for people who need to travel for health services • Increased outreach is in place for specialized and diagnostic services, such as mobile digital mammography
4. Implement electronic health records to improve continuity of care from the Primary Care Home to specialized services, and to increase people's access to their own information.	• Electronic Medical Records (EMRs) are more accessible across services • Interoperability between information systems enables the appropriate sharing of health information and care plans • People's access to their personal health information is increasing
5. Using technology, deliver a range of clinical and diagnostic services to support primary care, community services, and specialized services.	• Advances in clinical technology are planned for and adopted • Technology is used to support people to stay at home • A 10-year diagnostic imaging plan is being progressively implemented • Comprehensive inventory and lifecycle plans are in place for all equipment • Partnerships that enhance clinical and diagnostic services are in place with regional hospital districts, foundations, and auxiliaries
6. Build, maintain and manage facilities and infrastructure in support of service delivery.	• Leading practices for the maintenance of facilities are being implemented • Formal assessments of the condition of facilities are carried out regularly • Master planning and business planning provide comprehensive information needed for future decision-making on facility replacement and renovation projects • Creative partnerships are established to meet infrastructure needs

Conclusion

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This 2016-2021 Strategic Plan outlines an ambitious set of priorities and actions that build on the foundation established in the 2009-2015 Strategic Plan. As well, the 2016-2021 Plan describes four values that will guide the implementation of these priorities and actions: empathy, respect, collaboration, and innovation.

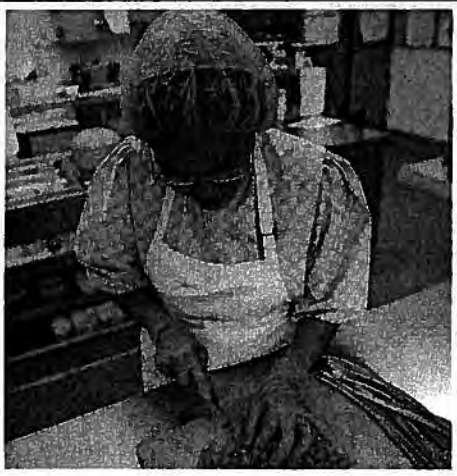
As we look forward to 2021, we believe that the implementation of the 2016-2021 Strategic Plan will further Northern Health's vision to lead the way in promoting health and providing health services for Northern and rural populations. Finally, we commit to an annual review of this plan to ensure that it remains relevant and reflects changes in the provincial health system and the Northern context within which Northern Health operates.

"I get to witness community-born projects that are driven to enhancing cultural safety and respect."

- Jessie King
Lead, Research & Community Engagement, Aboriginal Health

"Great team collaboration allows me to feel that we're delivering 'care in the right place.'"

- Angela Pace
Rehab Manager



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Geraldine Craven

From: Madison Kordyban <mkordyban@nclga.ca>
Sent: April-18-16 9:25 AM
To: Oliver Ray; NCLGA ADMIN
Subject: Invitations
Attachments: 2016 Northern Health Invitation.pdf; 2016 BCMCLC Leadership Forum Invite.pdf

Good Morning,

Please find attached two invitations to events happening in conjunction with NCLGA 2016 in Dawson Creek, BC. If you have any questions about these events or wish to register, please contact the organizers:

Northern Health Meetings
Irma Trudel
nhadministration@northernhealth.ca

BCMCLC Leadership Forum
David Dubois
ddubois@communityenergy.bc.ca

Best,

Madison Kordyban
Communications & Development Officer

The Elected Voice of Central & Northern BC
North Central Local Government Association
206 - 155 George Street
Prince George, BC V2L 1P8
Office: (250) 564-6585

Twitter: @NCLGA
Website: http://www.nclga.ca

northern health
the northern way of caring

Northern Health Regional Office
600 – 299 Victoria St,
Prince George, BC V2L 5B8
www.northernhealth.ca

INVITATION

April 14, 2016

Dear NCLGA Member,

Subject: NCLGA Annual General Meeting & Convention, Dawson Creek, BC, May 4 – 6, 2016

We are pleased to inform you of Northern Health's participation at the upcoming NCLGA Annual General Meeting in Dawson Creek.

I will be joining Cathy Ulrich, CEO, for the opportunity to meet one-on-one with local government representatives to discuss any health care issues or questions they may have. If you are interested in meeting with us, we invite you to contact our offices to arrange a time convenient for you.

We will be hosting meetings throughout Thursday May 5th between 8:00am – 4:30pm and Friday May 6th between 8:00am – 2:00pm.

Meetings will be held in the same location as the NCLGA convention at the Encana Events Centre in the Catering & Food Services room. There will be signage to assist you in finding where we will be located.

To book a meeting please contact Irma Trudel, Administrative Assistant, at (250)649-7038 or nhadministration@northernhealth.ca for an appointment no later than noon on Thursday, April 28th. Please indicate with your RSVP who will be in attendance and the specific topics you would like to discuss, a reminder to provide as much detail as possible to assist us in preparing for the discussion.

We look forward to meeting with you in May.

Sincerely,

Dr. Charles Jago
Northern Health Board Chair

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BC MAYORS CLIMATE LEADERSHIP COUNCIL

Invitation

Energy Leadership Workshop

To: Mayors, Councillors and Regional District Directors

From: BC Mayors Climate Leadership Council

Re: **Peer Learning Event: May 6th, 2016**

Objective

Communities are engaged in saving energy, emissions, and money in their own operations and helping their residents and businesses to do the same but there is no specific manual for local government elected officials. The **BC Mayors Climate Leadership Council (BC MCLC)** wants to help **GET ANSWERS**:

1. How are neighboring communities saving energy, emissions, and money in their operations?
2. What about community-wide?
3. What are your neighboring governments doing to recirculate money in the local economy rather than send it away?
4. What has your local government committed to?

BC MCLC is hosting a workshop May 6th (following NCGLA AGM). Those attending this half day workshop facilitated by the **Community Energy Association (CEA)** will walk away with increased knowledge of what your peers are doing, identification of opportunities for your community, an appreciation of the challenges and discuss ways to overcome, and a network of peers in your region. Those with experience will share it with colleagues. For more information or to register contact David Dubois at ddubois@communityenergy.bc.ca or REGISTER HERE.

Share *Learn* *Explore* *Connect* *Strategize* *Inspire*

Invitees

Locally elected officials – Mayors, Councillors, Regional Directors and Staff.

Agenda (2 pm – 4 pm)

2:00 Welcome and Introduction to BCMCLC
2:05 Group Introductions and outcome setting
2:25 Energy Opportunity Primer
2:50 Strategies for moving forward on climate change
3:15 Break
3:20 Diving deep on topics of interest (to be defined by group)
3:50 Next steps and commitments
3:55 Close and Networking opportunity

Details

Location	*Cost*	*Registration*
Encana Events Centre - Tentative	***FREE, thanks to support from BC Hydro and Real Estate Foundation of BC***	Please REGISTER HERE or call David Dubois at 250-457-7319.

Thanks

Organized by Community Energy Association

On behalf of BC MAYORS CLIMATE LEADERSHIP COUNCIL

With support from BC hydro, real estate foundation BRITISH COLUMBIA