

ANNUAL REPORT 2019-2020



FRONT COVER IMAGES, LEFT TO RIGHT:

- Charlotte Houston, a paramedic with the BC Ambulance Service, practices a COVID-19 Code Blue drill (cardiac arrest) at Xaayda Gwaay NgaaysdII Naay Hospital in the Village of Queen Charlotte.
PHOTO: Kerry Laidlaw, Site Administrator, Xaayda Gwaay NgaaysdII Naay Hospital
- Practicing a COVID-19 Code Blue drill (cardiac arrest) at Xaayda Gwaay NgaaysdII Naay Hospital in the Village of Queen Charlotte. L – R: Norm Wager, paramedic with BC Ambulance Service (BCAS); Dr. Caroline Shooner; Dave Schroeder, BCAS paramedic.
PHOTO: Kerry Laidlaw, Site Administrator, Xaayda Gwaay NgaaysdII Naay Hospital

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ABOUT US

Northern Health delivers health care across Northern British Columbia, serving about 300,000 people, many of whom are Indigenous.

Our services include:

- Hospital care
- Mental health and addictions
- Public health
- Home and community care
- And more

More than 7,000 people work for Northern Health, in over two dozen hospitals, 14 long-term care facilities, two urgent and primary care centres, and many offices providing specialized services. Find out more at northernhealth.ca.

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.

CEO MESSAGE

During the last few months of fiscal year 2019-2020, Northern Health, together with the rest of the world, shifted its focus to responding to the COVID-19 pandemic.

Northern Health staff members and medical staff met the challenge with resolve, providing quality care and services while also facing unforeseen challenges in both their work and personal lives.

One particularly noteworthy achievement was the creation of the online Northern Health COVID-19 clinic and information line in mid-March, which was set up over two days. As of June 10, this service had received nearly 14,000 calls.

Northern Health's staff members and medical staff fill many vital roles across the North: nurses; care aides; support workers in acute care and long term care facilities, kitchens, and laundries; rehabilitation staff; technologists; physicians, nurse practitioners, and midwives; and office workers in Information Technology Services, Human Resources, Finance, Population and Public Health, Infection Prevention and Control, and other departments.



▲ CATHY ULRICH, NORTHERN HEALTH CEO

I appreciate the commitment, professionalism, and caring all staff and physicians have shown, and continue to show, during the COVID-19 pandemic.

My thanks also to all Northern Health staff members who served on Emergency Operations Committees and helped shape Northern Health's pandemic response.

As well, I would like to recognize the team from Health Emergency Management BC North. In addition to being deeply involved in Northern Health's planning and response, they are continuing to track and evaluate our work relating to this pandemic while also managing several other emergency situations that occurred over the spring and summer.

Despite COVID-19, Northern Health's large capital projects are continuing to move ahead, with appropriate physical distancing and other precautions in place.

In the Northwest, work is well under way on the procurement process for the replacement of Mills Memorial Hospital in Terrace.

In the Northern Interior, the Stuart Lake Hospital replacement in Fort St James was announced by BC Premier John Horgan on January 18, 2020, and we are now starting the procurement process. As well, upgrades to G.R. Baker Memorial Hospital's emergency department and intensive care unit in Quesnel are moving forward.

In the Northeast, planning is underway to redevelop and expand Dawson Creek and District Hospital.

As I write this in July 2020, BC's Restart Plan is moving ahead. While our focus on COVID-19 continues, Northern Health is again able to expand its attention to additional areas. Projects and initiatives that were paused or reduced during the past few months are restarting, including the focus on the opioid public

health emergency and implementing the priorities outlined in the strategic plan work.

I look forward to continuing to support and work with Northerners, Northern Health staff members, Northern Health medical staff, and the communities and organizations that make our region such a beautiful and rewarding place to call home.




Sincerely,
Cathy Ulrich
President and CEO, Northern Health

THIRD ISLAND MOUNTAIN IN ATLIN, BRITISH COLUMBIA ►



CAPITAL PROJECTS IN YOUR REGION

This section highlights major renovations and new builds in Northern Health's three areas: the Northwest, the Northern Interior, and the Northeast.

-  Northeast Health Service Delivery Area
-  Northern Interior Health Service Delivery Area
-  Northwest Health Service Delivery Area



NORTHWEST

NWRDH: Northwest Regional Hospital District

TERRACE

Mills Memorial Hospital Chiller Replacement

Project Value	NWRDH Funding
\$ 947,000	\$ 378,800
Spent in 2019/20: \$ 488,000	Funded in 2019/20: \$ 170,000

Mills Memorial Hospital Replacement

Project Value	NWRDH Funding
\$ 447,500,000	\$ 110,200,000
Spent in 2019/20: \$ 2,099,000	Funded in 2019/20: \$ 630,000

ATLIN

Atlin Clinic Replacement

Project Value	NWRDH Funding
\$ 2,230,000	\$ 0
Spent in 2019/20: \$2,063,000	Funded in 2019/20: \$0

A TRADITIONAL TOTEM POLE IN HAIDA GWAI ▶



NORTHERN INTERIOR

SNRHD: Stuart Nechako Regional Hospital District
FFGRHD: Fraser-Fort George Regional Hospital District
CCRHD: Cariboo Chilcotin Regional Hospital District

VANDERHOOF

St. John Hospital Boiler Replacement

Project Value	SNRHD Funding
\$ 842,868	\$ 269,638
Spent in 2019/20: \$492,000	Funded in 2019/20: \$0

FORT ST. JAMES

Primary Care Clinic Leasehold Improvement

Project Value	SNRHD Funding
\$ 3,400,000	\$ 680,000
Spent in 2019/20: \$3,322,000	Funded in 2019/20: \$680,000

Stuart Lake Hospital Replacement

Project Value	SNRHD Funding
\$ 116,124,000	\$ 18,400,000
Spent in 2019/20: \$120,000	Funded in 2019/20: \$0

PRINCE GEORGE

Phoenix Lab Outpatient Renovation

Project Value	FFGRHD Funding
\$ 549,948	\$ 166,000
Spent in 2019/20: \$549,948	Funded in 2019/20: \$166,000

Urgent Primary Care Centre

Project Value	FFGRHD Funding
\$ 2,481,632	\$0
Spent in 2019/20: \$2,471,000	Funded in 2019/20: \$0

QUESNEL

GR Baker Emergency Room/Intensive Care Unit Addition

Project Value	CCRHD Funding
\$ 27,000,000	\$10,800,000
Spent in 2019/20: \$1,317,000	Funded in 2019/20: \$716,000

JOMY KANNETH, LICENSED PRACTICAL CARE NURSE IN DAWSON CREEK ►



NORTHEAST

PPRHD: Peace River Regional Hospital District
NRRHD: Northern Rockies Regional Hospital District

DAWSON CREEK

Dawson Creek District Hospital Sterilization Department

Project Value	Funding from the Peace River Regional Hospital District
\$ 2,079,000	\$ 831,600
Spent in 2019/20: \$ 753,000	Funded in 2019/20: \$374,000

The existing Medical Device Processing (MDR) Department requires complete renovations to meet the requirements current CSA Z314.8-08 and to address infection and safety risks identified following an infection prevention and control risk assessment

Dawson Creek District Hospital Chiller Replacement

Project Value	PPRHD Funding
\$ 584,000	\$ 233,600
Spent in 2019/20: \$ 555,000	Funded in 2019/20: \$221,000

FORT ST. JOHN

Medical Clinic Third Pod

Project Value	PRRHD Funding
\$ 2,050,000	\$ 820,000
Spent in 2019/20: \$ 1,178,000	Funded in 2019/20: \$471,000

MAJOR EQUIPMENT

The following major equipment was approved for 2019-20:

RHD Area	Description	Total Budget	RHD Funding
SNRHD	St. John Hospital C-Arm Replacement	\$156,000	\$62,400
PRRHD	Chetwynd X-Ray Replacement	\$887,000	\$354,800
NWRHD	Wrinch Radiology Room and Portable X-Ray Replacement	\$910,000	\$364,000
CCRHD	GR Baker Radiology Room and Portable X-Ray Replacement	\$901,000	\$360,400
PRRHD	Fort St. John SPECT CT Replacement	\$1,760,000	\$704,000
NWRHD	Mills Memorial Hospital CT Suite Replacement	\$1,876,000	\$608,000
FFGRHD	UHNBC Pharmacy Tablet Packager Verifier	\$169,000	\$67,600
PRRHD	DCDH Ultrasound Replacement x2	\$500,000	\$200,000
PRRHD	Fort St. John Ultrasound Replacement x2	\$500,000	\$200,000

YEAR IN REVIEW

NORTHERN HEALTH CONNECTIONS BUS SERVICE

Statistics for 2019-2020:

- 18,995 passengers transported (up 25% from 2018)
- 988 coach trips completed
- 1,008,614 kms driven



In early March 2020, with the advent of the COVID-19 pandemic, we started offering rides for essential medical appointments only.

This allowed us to set up physical distancing inside the coaches, helping keep our passengers safe. We also introduced additional disinfections to our regular daily cleaning program, including adding commercial-grade sterilization foggers to the overnight cleaning process.



Other measures taken this spring in light of COVID-19:

- Directing drivers to maximize fresh air to the passenger cabin (rather than recirculating air)
- Providing hand sanitizer, wipes, and masks on the bus at all times.
- Installing Plexiglas® behind drivers' and passengers' seats.

In June, all passengers with a medical appointment were able to travel (not just those with essential appointments.)

HEATHER ANCHIKOSKI, OCCUPATIONAL THERAPIST
FROM BURNS LAKE, WORKING WITH A PATIENT ▶



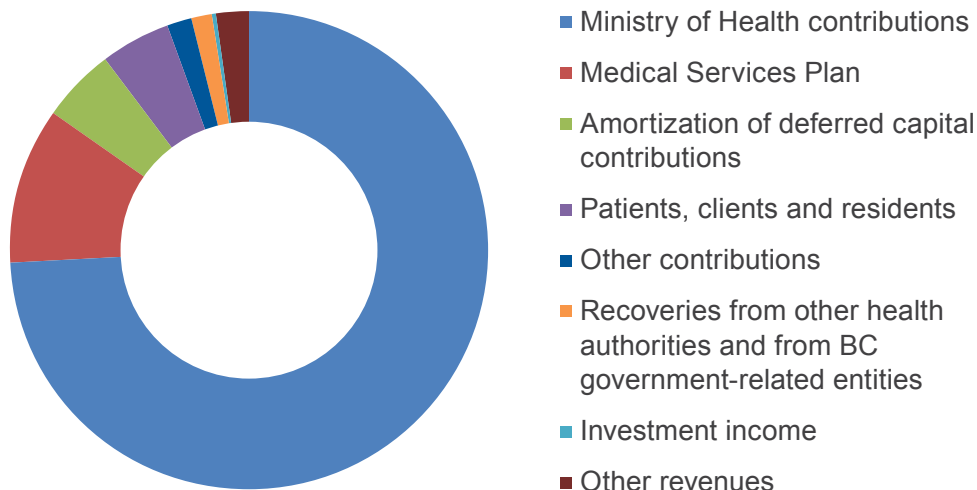
FINANCIAL SUMMARY 2019-2020 *(in thousands of dollars)*

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

REVENUES

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

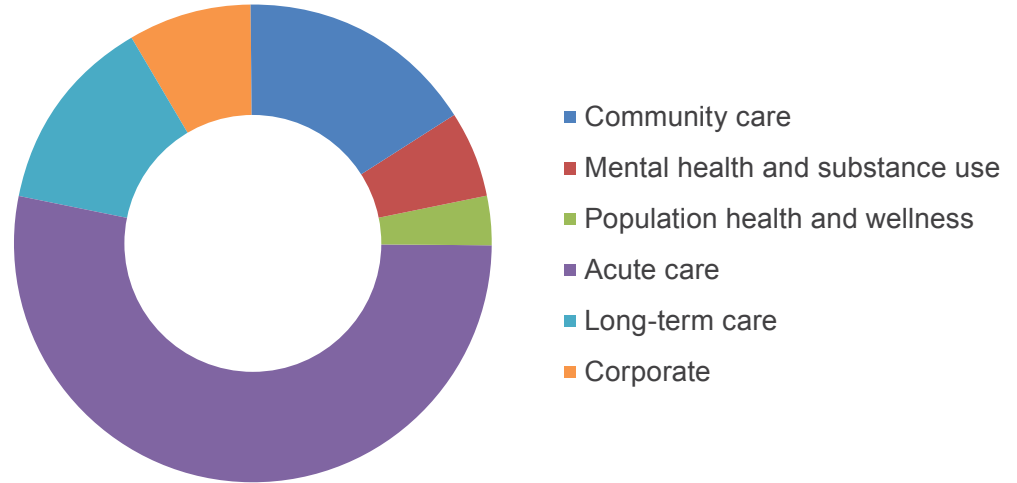
2019-20 Revenues



EXPENSES

Total expenses for the year were \$947.0 million, an increase of \$50.3 million, or 5.6% from the prior year. Acute care remains the largest sector of expenditure, at \$510.9 million, or 53.9% of total expenses. The next largest sector is community services, at \$229.8 million, or 24.3% of total expenses. Community services is the aggregate term for community care, mental health and substance use, and population health and wellness.

2019-20 Expenses



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

FINANCIAL SUMMARY RESOURCE

\$ millions – to the first decimal	2019/20 Budget	2019/20 Actual	Variance
OPERATING SUMMARY			
Provincial Government Sources	689.3	706.4	17.1
Non-Provincial Government Sources	238.6	243.0	4.4
Total Revenue:	927.9	949.4	21.5
Acute Care	492.1	510.9	-18.8
Long-Term Care	124.6	131.5	-6.9
Community Care	149.8	147.0	2.8
Mental Health & Substance Use	54.7	52.6	2.1
Population Health & Wellness	31.3	30.2	1.1
Corporate	75.4	74.8	0.6
Total Expenditures:	927.9	947.0	-19.1
Surplus (Deficit) – even if zero	0	2.4	2.4
CAPITAL SUMMARY			
Funded by Provincial Government	13.1	19.6	
Funded by Foundations, Regional Hospital Districts, and other Non-Government Sources	42.6	24.6	
Total Capital Spending:	55.7	44.2	

VARIANCE AND TREND ANALYSIS

REVENUES

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

EXPENSES

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

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

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

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

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

The main driver of the budget surplus was staffing vacancies.



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the northern way of caring



#healthynorth

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