

**From:** Vinje, Diane [NH] **On Behalf Of** Hoefer, Michael [NH]

**Sent:** Monday, April 17, 2023 8:24 AM

**To:** Alisa Thompson; Chris Calder, GM of Financial Services FFGRHD; Curtis Helgesen, CAO SNRHD; Jim Martin, Administator FFGRHD; John Illes, CFO SNRHD; Kevin Erickson, CFO CCRHD; Roxanne Shepherd; Scott Barry, CAO NRRHD; Shawn Dahlen; Trevor Ryhorchuk; Joan Atkinson; Barry Pages; Chair Leonard Hiebert; Director Dan Rose; Councillor Sampson, Kyle; Gladys Atrill; Erin La Vale

**Cc:** Ulrich, Cathy [NH]; Hoefer, Michael [NH]; Chipman, Desa; Vinje, Diane [NH]; Hendricks, Mark [NH]

**Subject:** NH/RHD Spring Joint Meeting April 5, 2023 - Presentations

Thank you for taking the time to attend our spring NH/RHD meeting on April 5<sup>th</sup>. Attached are the presentations that were reviewed and discussed at our meeting. These can be included in your public packages.

Don't hesitate to contact me if you have any further questions. Thank you.

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# Orientation to the Capital Planning Process NH/RHD Spring Joint Meeting

April 5, 2023

# Ministry of Health Capital Investment Categories

- MOH has four categories as summarized below and detailed on the next two slides:
  1. Priority Investment (PI)
  2. Restricted Capital Grant (RCG)
  3. Non- Restricted Capital Grant (Non-RCG)
  4. Carbon Neutral Capital Program (CNCP)

# Ministry of Health Capital Investment Categories

## 1. Priority Investments (PI)

### 1A. Whole Asset Replacement & Renewal

- 50% or more of the asset is replaced
- Work undertaken will improve the facility condition index of the whole asset and reduce Asset Rehabilitation backlog

#### Includes:

- Replacement of existing health care facility
- Complete refurbishment of a building – 50% or more of all major components are replaced, demolished and rebuilt

#### Example:

- Mills Memorial redevelopment
- Dawson Creek redevelopment

### 1B. New and Expansion

- Will result in new system capacity and building footprint

#### Includes:

- Net new health care facility
- Net new major diagnostic equipment and IM/IT and infrastructure

#### Example:

- Cancer Centre for the North

## 2. Restricted Capital Grant

### 2A. Asset Rehabilitation

- Extends the life of the asset and is therefore a capital cost
- Improves facility / asset condition and/or addresses deferred Asset Rehabilitation backlog, including code requirements

#### Includes:

- Major repairs and refits
- Replacement of building systems and components such as: fire alarm, nurse call, mechanical systems
- Replacement of equipment and IM/IT infrastructure because of failure (or at risk of failure)

#### Example:

- Chetwynd Nurse Call replacement
- Bulkley Valley Sterile Compounding Room Upgrade

### 2B. Upgrades & Renovations

- Modifies existing infrastructure to meet the current standards of practice
- Asset improvements undertaken primarily to improve functionality or operational efficiency

#### Includes:

- Replacing equipment and IM/IT infrastructure for reasons of obsolescence. Does not result in additional operating costs other than amortization (e.g., staff costs)
- Net new equipment (excluding net new major diagnostic equipment)
- Net new IM/IT less than \$5 million
- May include small building additions to accommodate program requirements
- Relocations and/or redesign of clinical programs

#### Example:

- Prince Rupert Ultrasound replacement
- GR Baker Chemistry analyzers replacement



# Ministry of Health Capital Investment Categories

## 3. Non-Restricted Capital Grant (Non-RCG)

**Funding provided to Health Authorities from Ministry's operating budget**

Funds can be used for:

- Health capital investments between \$5,000 and \$100,000, including investments for minor construction or minor upgrades of health facilities, and purchase of minor medical equipment or IM/IT;
- Non-capital repairs and maintenance of facilities classified as operating expenditures.

Example:

- IV pumps
- Routers

## 4. Carbon Neutral Capital Program (CNCP)

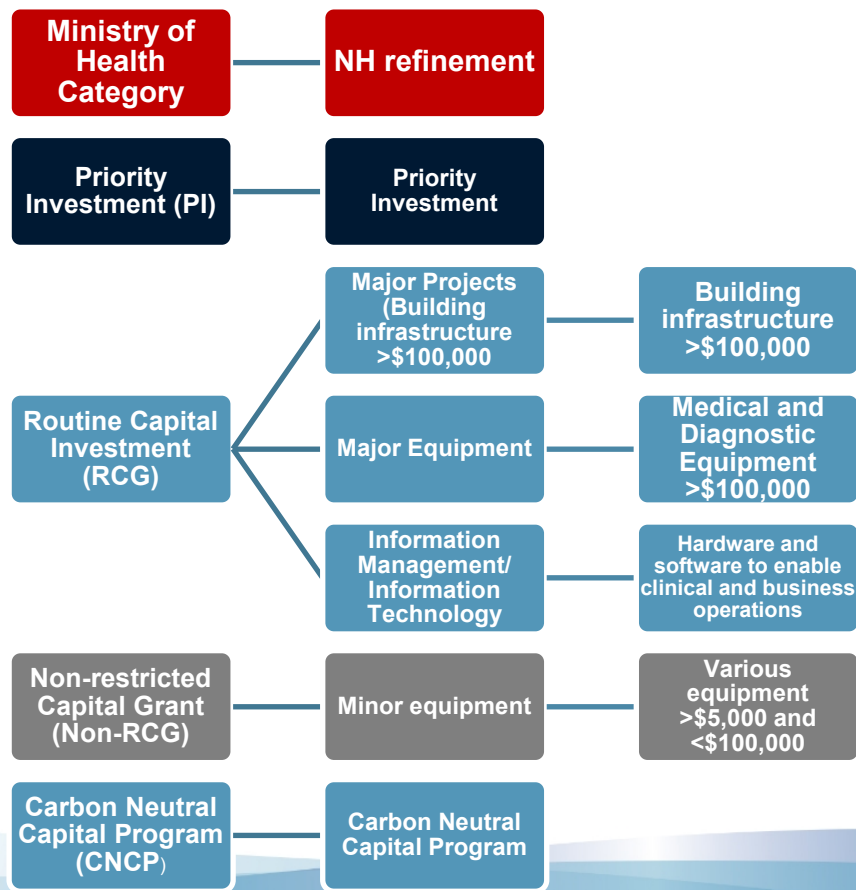
**Targeted funding to support Health Authorities and other public sector organization to make capital investments to reduce energy costs, energy consumption and lower carbon emissions**

Example:

- UHNBC Domestic Hot Water Decoupling and Condensing Boilers
- Terraceview Lodge Boiler Upgrade and HVAC Recommissioning

# Ministry of Health Capital Investment Categories

- For internal management purposes, NH breaks down the MOH Categories as follows:



# Glossary

**Master Program** = Identifies goals and objectives, service area, demographic impacts, current services, future services including block spaces and adjacencies

**Master Plan** = Represents the Master Program space needs in graphical fashion, with block functional areas, defines site spaces, layouts and access requirements

**Concept Planning** = the Concept Plan identifies, at a high level, the need for the project and presents a proposed solution. A Concept Plan describes the issues, outlines the needs, assesses cost, site logistics, and procurement options. Government uses the Concept Plan to inform approvals to proceed to a Business Plan. The Concept Plan is informed by a Master Program and Plan

**Business Plan** = presents a detailed analysis of the project and includes service demands, service delivery, operational needs, financials, procurement, detailed space needs, site requirements and other details upon which Government can make an informed funding decision.

The business plan results in an approval to proceed to procurement

# Key Components of a Master Program and a Master Plan

## **A Master Program consists of the following:**

- Project Parameters
- Functional and Physical Evaluation of the current facility and space
- Description of each Service Component being planned. This includes:
  - Service delivery description (existing and proposed)
  - Historic and projected workloads
  - Description of space elements within each component and associated total space requirement of the component

## **A Master Plan consists of the following:**

- A facility layout solution at a block diagram level of detail
- Cost Estimate (+/- 25%)

# Concept Plan

## A Concept Plan contains the following:

- Ministry of Health grants permission to proceed with concept planning following submission and approval of the Master Plan
- A Project Rationale and context within the Health Authority and the provincial mandate to deliver health care services to residents
- Project Goals and Objectives
- Delivery options for health care services
- A proposed solution to meet the identified needs
- Recommendations for future work
- Cost estimates of solution +/- 25%

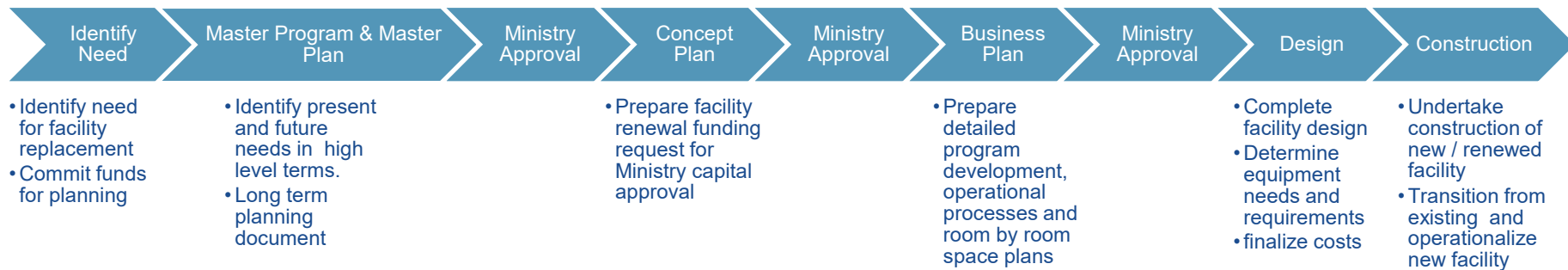


# Business Plan

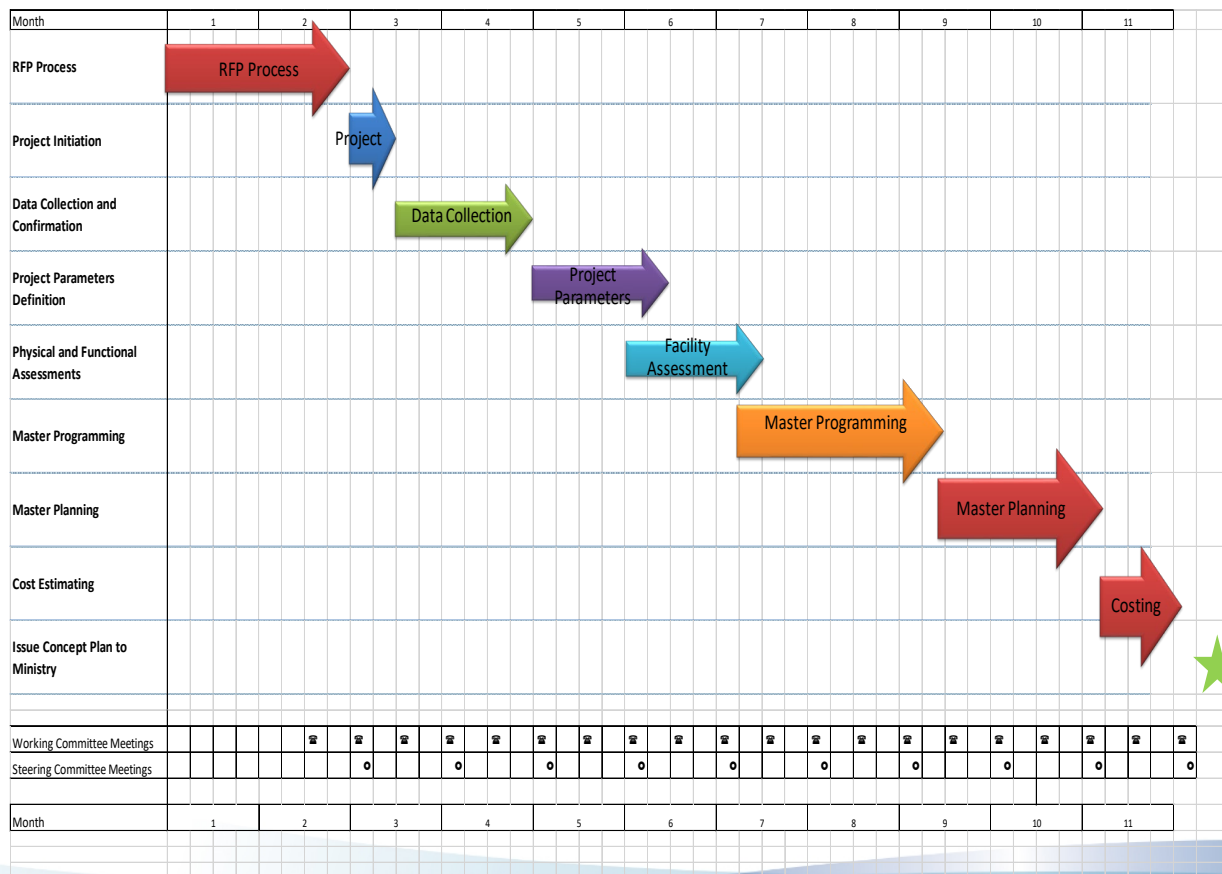
## A Business Plan consists of the following:

- Ministry of Health grants permission to proceed from Concept Planning to Business Planning following approval of the Concept Plan.
- Explores the components of the Concept Plan in greater detail including:
  - Better assurance of project costs
  - Options for procurement
  - Identifies ongoing cost of operations
- Explores operational challenges to transition from old facility/services to new facility/service models
- Cost estimates of solution +/- 15%

# The Capital Planning Process for Facility Renewal

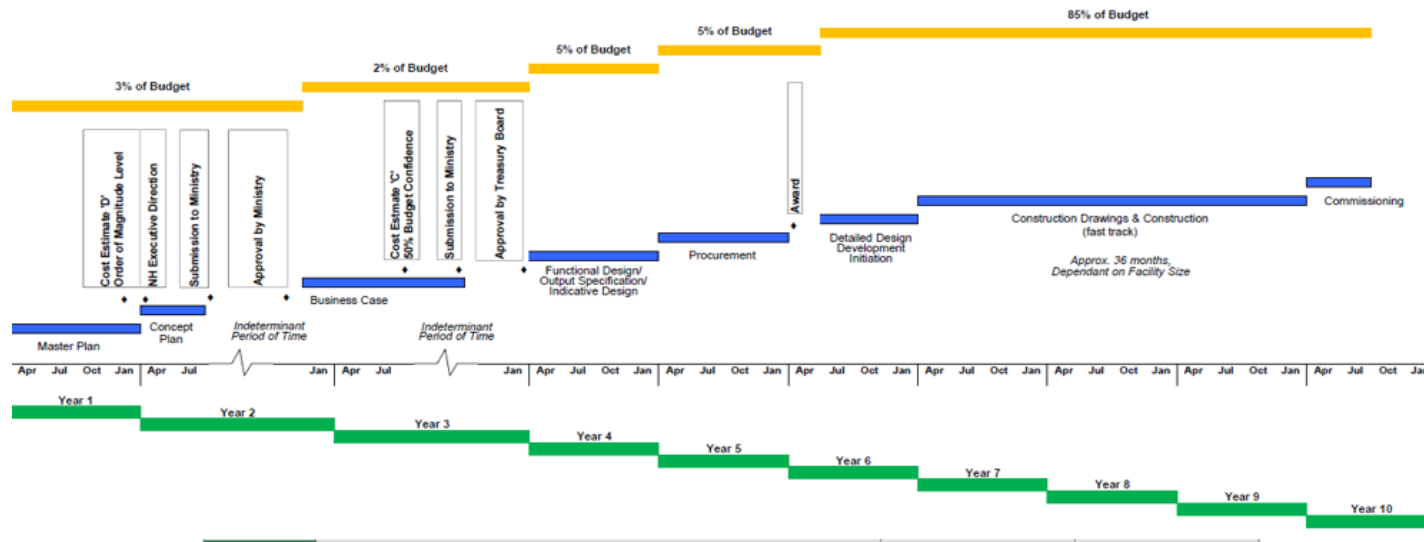


# Master Program & Master Plan Process



# Project Scheduling & Budgeting

Facility Replacement – Approximate Timeline and Cashflow Projections – Project Budgets Exceeding \$50 Million



Year	Task Name	Approx. Duration	% of Budget
Y1	Master Plan	12 months	3%
	Approval by Ministry	Unknown	
Y2	Concept Plan	6 months	2%
	Approval by Ministry	Unknown	
Y2 to Y3	Business Case	9 to 12 months	5%
Y3	Approval by Treasury Board	Unknown	
Y4	Functional Design/Output Specification/Indicative Design	9 months	5%
Y5	Procurement	12 months	
Y6	Detailed Design Development Initiation	6 months	85%
Y6 to Y9	Construction Drawings & Construction (fast track)	36-48 months+	
Y10	Commissioning	6 months	

# Project Governance

**Project Charter:** A project charter will be developed which will act as a guiding document. The charter will define project goals, assumptions, scope and deliverables, project resources, roles and responsibilities of the participants, and a project process

**Provincial Project Board:** The project board provides direction and oversight, financial and risk management to the steering committee and liaison committee. This is a provincial level committee that consists of the Health Authority, Ministry of Health, Infrastructure BC, and Ministry of Transportation & Infrastructure. This structure is only used for major projects where priority investment funding >\$10 M is used.

**Steering Committee:** The Steering Committee will provide direction and oversight of the project, will accept final documents or provide direction to the Working Group for modifications. The project Steering Committee is accountable through to the Ministry of Health through the Provincial Project Board and to the Audit and Finance Committee of the Northern Health Board.

**Advisory Committee:** The Advisory Committee provides advice and recommendations to Northern Health on local considerations, patient experience and cultural safety considerations related to the health services and building design contemplated within the approved project scope. The Advisory Committee reports to the Steering Committee.

**Working Group:** Working groups will be established to address areas of focused work, will work closely with the project management team and will provide input and feedback on these areas of focused work to the NH Project Manager. The Working groups will report to the Steering Committee.



# Building Standards Affecting Health Care Facilities

- CSA Z8000 - Canadian Health Care Facilities - Planning, Design and Construction
- Provides a nationally recognized baseline for the design and construction of hospitals and selected care facilities
  - Issued 2011, revised 2018
- Within the CSA Z8000 Standard is:
  - Heating and Ventilation, Fresh Air, Recirculation
  - Electrical Standards such as generators, redundancy of power
  - Single patient rooms with private washrooms
  - Many Infection Prevention & Control issues
  - Changes in the 2018 edition include technology integration, mobile communications, electronic patient records and robotics

# Building Standards Affecting Health Care Facilities

- CSA Z317.13 - Infection Control During Construction, Renovation and Maintenance of Health Care Facilities
  - Issued 2003, Revised 2007, 2012, 2017 and 2022(CSA Z317.13:22)
  - Especially applies to renovations in an active hospital
- National Building Code of Canada
  - Current Version, 2020
  - Nearly 400 technical changes by Canadian Commission on Building and Fire Codes
- British Columbia Building Codes
  - Current version, 2018, updated every 5 years
- WorkSafe BC
  - Ranges from overhead patient lifts and portable lifts to eye wash stations and flooring standards for non slip, non grounding

# Healthcare Regulations Affecting Northern Health Capital Projects

- BC Centre for Disease Control (BCCDC)
- Provincial Infection Control Network of British Columbia (PicNET)
- Pharmacy Standards
  - USP797- issued 2004, 2 revisions, 1 pending revision(2017)

# Other Standards Affecting Northern Health Capital Projects

- Nuclear Medicine – radiation safety, shielding for X-rays, containment of radiopharmaceuticals
- Diagnostic Accreditation Program standards
  - Laboratory
  - Medical Imaging
  - Nuclear Medicine

# Memorandum of Understanding

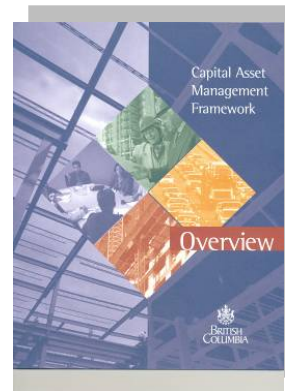
- The Memorandum of Understanding (MOU) was established on October 7, 2003.
- The MOU was developed to provide a partnership arrangement with Northern Health and all the RHD's and how we work together.
- The intent is to ensure the planning and funding of equipment, clinical information technology and capital projects are effective and efficient while ensuring accountability.
- The MOU is reviewed and signed every two years. The last MOU was renewed on October 18, 2021. It is due to be signed again at the fall joint NH/RHD meeting in October 2023.



# Facility Condition Assessments (FCA)

## Provincial Capital Asset Management Framework (CAMF):

- all ministries to establish and maintain an inventory of their facilities and their physical condition



## In 2003:

- Ministry of Health contracted VFA Inc. to complete a province-wide inventory and assessment of 500 health care facilities

## Assessments were completed in 2006

- Contract did not address need for re-assessments to ensure facility condition data reflects ongoing capital investments

# New FCA Agreement

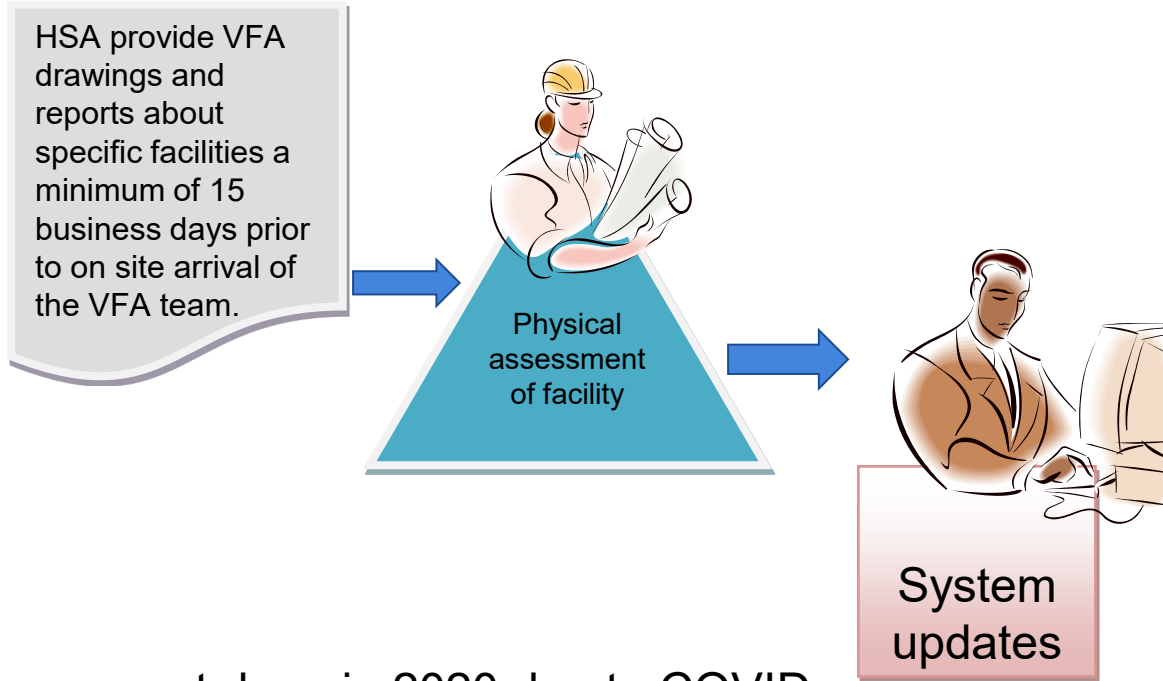
- 2012 – Ministry of Health selected VFA Canada Corporation (VFA) as the successful RFP proponent for facility assessment service
- The Agreement:
  - was signed in July 2012 for a term of 5 years;
  - includes two 5-year options for renewal, at the sole discretion of the Ministry;
  - requires VFA to assess approx. 20% (based on m<sup>2</sup>) of health care facilities per year;
  - requires VFA to assess all identified BC health care over the 5-year term.

# New FCA Agreement (cont'd)

- Physical assessments of approx. 500 health facilities (3 million m<sup>2</sup>) to:
  - identify deficiencies;
  - estimate work required to update the infrastructure.
- Assessments are performed by VFA teams of professionals:
  - architects
  - professional engineers
  - quantity surveyors
- Hosting and maintaining a secure database system to provide the Ministry and Health Authorities with data for:
  - tracking and reporting facility physical condition
  - identifying future capital projects



# The Assessment Process



Assessments were not done in 2020 due to COVID

# Facility Condition Index (FCI)

The FCI is:

- the numeric outcome of a facility assessment
- **an industry-standard indicator** that measures the relative physical condition of a facility and its systems (mechanical, electrical, plumbing, etc.) at a specific point in time

FCI ratio:

Total cost of facility systems repairs/renewals (\$)

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Facility replacement value (\$)





# FCI Example

The diagram illustrates the calculation of the Facility Condition Index (FCI) using two boxes on the left and two boxes on the right. The top box on the left, labeled 'Value of outstanding renewal needs', has a blue arrow pointing to a grey box containing '\$90,000'. The bottom box on the left, labeled 'Current value of building replacement<sup>1</sup>', has a blue arrow pointing to a grey box containing '\$1,000,000'. A horizontal blue line separates the two grey boxes. To the right of the line is an equals sign followed by the text '0.09 FCI'.

$$\frac{\text{Value of outstanding renewal needs}}{\text{Current value of building replacement}^1} = 0.09 \text{ FCI}$$

<sup>1</sup> Current Replacement Value is the total amount required to replace a facility to its optimal condition.

# What does FCI mean?

The lower the FCI value,

- the better condition that a facility is in, and
- the lesser the need for renovations or renewal funding relative to the facility's value.

For health facilities, the target FCI of 0.10 (10%) was recommended by VFA<sup>2</sup>.



# FCI does not capture all costs

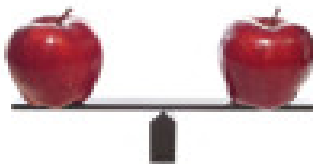
FCI calculations do not include:

- taxes
- LEED improvements
- financing costs
- architectural fees
- Inspection of systems
- commissioning of systems
- consulting fees
- asbestos removal
- site work
- equipment or furniture

# How to Use FCI Values

FCI allows the Ministry and Health Authorities to:

- compare the condition of facilities against industry-wide standards;
- compare similar facilities by their physical condition;
- identify areas of facilities in the greatest need for updating, repair or replacement.



# How to Use FCI Values (cont'd)

- FCI is only **one** component (related to facilities physical infrastructure) used in the process of making informed capital planning decision.
- In capital planning, other conditions and criteria other than the FCI value must be taken into consideration, such as:
  - Is the facility providing the right services?
  - Is the facility over or under capacity?
  - Is the facility adaptable to current standards?

*A well maintained 1960 era hospital with a low FCI value is still designed to deliver care as if it's 1960*

# FCI - Next Steps

- Once facilities have been assessed, Health Authorities use the FCI data, together with other relevant criteria, to plan and prioritize future capital investments.
- FCI data must be considered together with other strategic criteria such as: facility functionality, market trends (e.g. available funding), demographic needs.

# Cariboo RHD

As of March 13, 2023

Building	City	FCI	Replacement Value (\$ Millions)	Facility Repairs/ Renewals (\$ Millions)	Year Constructed
Dunrovin Park Lodge	Quesnel	0.55	28.79	15.77	1974
Dunrovin Park Lodge Addition	Quesnel	0.30	26.14	7.79	2007
Eileen Ramsay Memorial Clinic	Quesnel	0.41	1.73	0.71	1954
G R Baker Memorial Hospital	Quesnel	0.80	85.49	67.97	1954

# Fraser Fort George RHD

As of March 13, 2023

Building	City	FCI	Replacement Value (\$ Millions)	Facility Repairs/ Renewals (\$ Millions)	Year Constructed
Mackenzie Hospital	Mackenzie	0.74	19.13	14.12	1988
Storage	Mackenzie	0.56	0.68	0.38	1995
McBride and District Hospital	McBride	0.81	12.35	9.99	1963
Alward Place	Prince George	0.40	38.27	15.44	1986
Aspen 1 Independent Living	Prince George	0.60	4.67	2.82	1965
Aspen 2 Independent Living	Prince George	0.67	4.35	2.90	1964
Duplex Cottage Independent Living	Prince George	0.53	0.78	0.41	1959
Fourplex Cottage Independent Living	Prince George	0.64	1.34	0.85	1959
Gateway Residential Care Assisted Living	Prince George	0.18	33.12	6.12	2009
Gateway Residential Care Complex Care	Prince George	0.12	53.09	6.11	2009
Iris House	Prince George	0.26	6.44	1.67	2002
JG Mackenzie Family Practice Centre	Prince George	0.56	4.12	2.31	1996
Laurier Manor	Prince George	0.18	11.54	2.12	2001
Learning & Development Centre	Prince George	0.07	4.07	0.27	2015
Nechako Centre	Prince George	0.44	6.67	2.93	2001
Parkside Intermediate Care Home	Prince George	0.47	14.77	6.95	1983
Rainbow Intermediate Care Home	Prince George	0.64	9.13	5.84	1972
Spruceland	Prince George	0.57	10.33	5.88	1955
University Hospital of Northern British Columbia	Prince George	0.63	343.98	215.77	1958
Valemount D and T Centre	Valemount	0.20	3.82	0.76	1978



# Stuart Nechako RHD

As of March 13, 2023

Building	City	FCI	Replacement Value (\$ Millions)	Facility Repairs/ Renewals (\$ Millions)	Year Constructed
Burns Lake - The Pines	Burns Lake	0.50	13.60	6.75	1992
Lakes District Hospital and Health Centre	Burns Lake	0.01	42.82	0.32	2015
Nurses Residence	Burns Lake	0.46	0.91	0.42	1965
Southside Health and Wellness Centre	Burns Lake	0.11	1.60	0.18	2003
Stuart Lake Hospital	Fort St. James	0.55	11.32	6.22	1972
Fraser Lake Community Health Centre	Fraser Lake	0.55	6.77	3.74	1979
Nurses Residence	Vanderhoof	0.66	2.91	1.91	1935
Old Hospital - College of New Caledonia	Vanderhoof	0.62	7.80	4.80	1940
St John Hospital	Vanderhoof	0.64	28.82	18.51	1971
Stuart Nechako Manor	Vanderhoof	0.27	20.97	5.71	2004

# Peace River RHD

As of March 13, 2023

Building	City	FCI	Replacement Value (\$ Millions)	Facility Repairs/ Renewals (\$ Millions)	Year Constructed
Chetwynd General Hospital	Chetwynd	0.68	20.16	13.66	1971
Dawson Creek and District Hospital	Dawson Creek	0.78	94.67	74.24	1960
Dawson Creek and District Hospital Service Building	Dawson Creek	1.04	9.27	9.68	1996
Rotary Manor	Dawson Creek	0.33	20.38	6.65	2002
Rotary Manor Addition	Dawson Creek	0.23	17.59	4.05	2008
Fort St John Hospital	Fort St John	0.17	196.42	32.98	2012
Fort St John Medical Clinic	Fort St John	0.30	7.12	2.11	1963
Peace Villa Residential Care	Fort St John	0.20	43.57	8.61	2012
Hudson's Hope Health Centre	Hudson's Hope	0.66	7.78	5.14	1997
Tumbler Ridge D and T Centre	Tumbler Ridge	0.72	9.16	6.57	1983

# Northern Rockies RHD

As of March 13, 2023

Building	City	FCI	Replacement Value (\$ Millions)	Facility Repairs/ Renewals(\$ Millions)	Year Constructed
Fort Nelson General Hospital	Fort Nelson	0.83	30.33	25.20	1963

# Northwest RHD

As of March 13, 2023

Building	City	FCI	Replacement Value (\$ Millions)	Facility Repairs/ Renewals (\$ Millions)	Year Constructed
Atlin Health Center	Atlin	New Build – To be assessed			
22 Tatcho Street	Dease Lake	0.67	0.43	0.29	1979
23 Tatcho Street	Dease Lake	0.55	0.39	0.22	1979
3rd Avenue	Dease Lake	0.66	0.42	0.28	1982
Stikine Health Centre	Dease Lake	0.60	9.76	5.87	1994
Hazelton Duplex	Hazelton	0.29	0.39	0.11	1998
Wrinch Memorial Hospital	Hazelton	0.86	26.41	22.71	1977
Houston D and T Centre	Houston	0.60	7.60	4.56	1982
Kitimat General Hospital	Kitimat	0.31	79.17	24.41	2002
Kitimat Mixed Elder Care	Kitimat	0.31	18.11	5.70	2002
Masset Assisted Living	Masset	0.23	1.34	0.31	2008
Northern Haida Gwaii Hospital and Health Centre	Masset	0.11	11.16	1.28	2008
Duplex at 2208 and 2210 Dogwood	Masset	0.45	0.55	0.24	1970
Acropolis Manor	Prince Rupert	0.15	22.14	3.30	2011
Prince Rupert Regional Hospital	Prince Rupert	0.60	59.35	35.76	1971
Haida Gwaii Hospital	Haida Gwaii	0.07	22.92	1.70	2017
Bulkley Lodge	Smithers	0.48	18.05	8.67	1978
Bulkley Valley District Hospital	Smithers	0.68	31.96	21.64	1954
Stewart Health Centre	Stewart	0.75	13.59	10.22	1993
Birchwood Place	Terrace	0.35	1.96	0.70	1994
McConnell Estates	Terrace	0.19	8.24	1.56	2002
Mills Memorial Hospital	Terrace	0.79	62.10	49.13	1959
Seven Sisters Residential Mental Health	Terrace	0.34	4.10	1.38	2000
Terraceview Lodge	Terrace	0.54	20.69	11.24	1984
Terraceview Lodge New Addition	Terrace	0.17	15.72	2.61	2009

# Questions?







# Agenda

## 2022-2023 Capital Projects

- Priority Investments in Progress
- Major Projects <\$10M
- Carbon Neutral Capital Program (CNCP)
- IM/IT Major Projects
- Major Equipment >\$100,000
- Minor Equipment Allocations
- Minor Building Integrity Allocations

# Priority Investment

## Mills Memorial Hospital Redevelopment Project

- Mills Memorial Hospital Redevelopment Project will result in the development of a new approximately 33,000 square-meters (360,000 square-feet) acute care hospital and integrated services facility.
- The hospital will be a center for trauma services, orthopedic surgeries, pathology, radiology, clinical support and pharmacy services as well as a training site for medical students in the Northern Medical Program.
- The target substantial completion date for Seven Sisters is Fall 2023 & for MMH is September 2024. The overall project is targeted to be complete on or before Summer 2026. The schedule is on track and meets the terms of the contract.





# Timeline

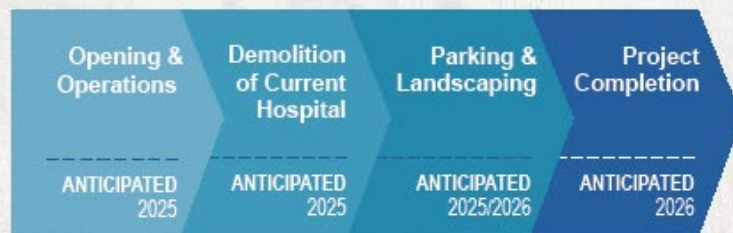
## Completed



## We are here!



## What's next



## Mills Memorial Hospital Replacement Project Terrace, BC

*We are building a new, state-of-the-art hospital in Terrace, BC, to address current and future patient care needs.*

### Let's Talk



Let's Talk Northern Health is where you'll find the most up-to-date information about the new hospital.



[letstalk.northernhealth.ca/register](https://letstalk.northernhealth.ca/register)

[letstalkMMH@northernhealth.ca](mailto:letstalkMMH@northernhealth.ca)

Link to Construction Web Cam

# Mills Memorial Hospital Redevelopment Project

- Steering Committee started in 2019 after business plan approval. Includes representation from North West RHD. Meets monthly.
- Capital Project Advisory Committee started in 2018. Includes representatives from Northern Health, local First Nations, municipalities and partners. Meets quarterly.
- MMH Indigenous Working Group started in spring 2021. Includes representatives from local First Nations, Métis Nation and Indigenous groups. Meets every 2-3 months or as needed.
- MMH Community Advisory Working Group started in September 2021. Includes representatives from regional and community organizations. Meets every 2-3 months or as needed.

# Mills Memorial Hospital Redevelopment Project



# Priority Investment

## Stuart Lake Hospital (Fort St James) Redevelopment

- Government approved the business plan February 2020.
- Request for Qualifications (RFQ) Stage was completed July 2020.
- July 2020, the Project Board approved the results of the Request for Qualification, meaning that three teams were invited to receive the Design Early Works Agreement (DEWA) Request for Proposal (RFP)
- December 2020, Project Board approved the selection of the Graham Design Builder team (Graham working with ZGF Architects) to execute the DEWA and receive the Design Build Agreement (DBA) RFP.
- DBA was executed on April 14, 2022.
- Commencement of construction activities on site started on May 28, 2022.
- Design development is progressing toward 100% design completion, with construction and final design work occurring in parallel.



# Timeline

## Completed

Master Plan  
3 Years

Concept Plan  
3 Years

Business Plan  
1.25 Years

Completed  
2015

Approved  
October 2018

Approved  
January  
2020

## We are Here!

Design

Procurement  
Process

Construction

Ongoing

Anticipated  
February  
2022

Approx.  
3 years  
Anticipated  
Start  
April 2022



## Next Steps

Opening &  
Operations

Demolition  
of Current  
Hospital

Parking &  
Landscaping

Project  
Completion

Anticipated  
2025

Anticipated  
2025

Anticipated  
2026

Anticipated  
2026

## Stuart Lake Hospital Replacement Project Fort St James, BC

*We are building a new, state-of-the-art hospital in Fort St James, BC to address current and future patient care needs.*

### Let's Talk



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[Letstalk.northernhealth.ca](https://letstalk.northernhealth.ca)

[Link to Construction Web Cam](#)

# Stuart Lake Hospital Redevelopment Project

- Steering Committee started in February 2020 after business plan approval. Includes representation from Stuart Nechako RHD. Meets monthly.
- Capital Project Advisory Committee started in 2020. Includes representatives from Northern Health, local First Nations, municipalities and partners. Meets quarterly.
- Cultural Safety Working Group started in February 2022. Includes representatives from local First Nations, Indigenous groups and Indigenous Health. Meets every 2-3 months or as needed.
- Stuart Lake Community Advisory Working Group started in October 2022. Representatives from regional and community organizations, as well as groups or individuals with unique health access experience, and local advocacy groups. Meets every 2-3 months or as needed.



# Stuart Lake Hospital Redevelopment



# Priority Investment

## Dawson Creek & District Hospital Redevelopment

- Northern Health (NH) and the Ministry of Health (MOH) are committed to a successful completion of the Dawson Creek and District Hospital Replacement Project.
- NH ended the Design Early Works Agreement (DEWA) and Request for Proposals (RFP) with Clark Turner Dawson Creek JV on January 3, 2023.
  - The decision was made to ensure the project delivers value to NH and the taxpayers.
- NH and MOH are moving ahead with an alternative design-build procurement process.
  - It is anticipated that this will not materially impact the timeline of the project and expect to have a new Design-Builder on board for approval in spring 2023, with construction to begin shortly thereafter.



# Priority Investment

## Dawson Creek & District Hospital Redevelopment

- 60% of the design has been completed and NH will continue to benefit from all the design work completed to date.
  - HDR Architecture will remain under contract with NH as a Shared Use Partner in the upcoming RFP and serve as the design firm for any interested proponent.
- The Steering Committee meets monthly and includes representation from the Peace River RHD.
- The Capital Project Advisory Committee continues to meet on a quarterly basis. The intent is to keep the community and local First Nations informed of the project and receive input.

# Timeline

## Completed



## We are here!



## What's next



## Dawson Creek & District Hospital Replacement Project

Dawson Creek, BC

*We're building a new state-of-the-art hospital in Dawson Creek, BC to address current and future patient care needs.*

- ④ [letstalk.northernhealth.ca/register](https://letstalk.northernhealth.ca/register)
- ④ [letstalk.northernhealth.ca/dcdh-replacement](https://letstalk.northernhealth.ca/dcdh-replacement)
- ④ [letstalkDCDH@northernhealth.ca](mailto:letstalkDCDH@northernhealth.ca)



Let's Talk Northern Health is where you'll find everything you want and need to know about the new Dawson Creek & District Hospital.



# Dawson Creek & District Hospital

As seen from the main entrance to the site (exterior)



*Indicative and subject to change*

# Dawson Creek & District Hospital

Exterior views from all other entrances to the Facility including staff entrances.



*Indicative and subject to change*



# Priority Investment

## Quesnel: GR Baker Emergency Department + ICU Addition

- The project was announced April 2019.
- The project tendered successfully within approved funding and was awarded for construction in August 2020.
- Construction and equipment procurement continued through the Covid-19 pandemic with delays due to supply chain and workforce challenges.
- The Project was contractually substantially complete March 31, 2023.
- GR Baker Hospital required several upgrades for compatibility with systems in the new ED+ICU.
- Following terminal clean and operational training, staff and patients will commence service in the new space April 14, 2023.
- Final paving will be complete spring/summer 2023.
- The Project is complete and remains within approved funding limits.

# Timeline

## Completed

Master Plan  
2 years

COMPLETED  
2015

Concept Plan  
3 years

APPROVED  
2018

Business Plan  
1 years

APPROVED  
March 2019

Procurement Process  
1.5 years

COMPLETED  
August 2020

## We are here!

Design

Complete

Construction

Approximately  
2.5 years Start:  
September 2020



## What's next

Opening &  
Operations

ANTICIPATED  
Early 2023

Parking &  
Landscaping

ANTICIPATED  
Early 2023

Project  
Completion

ANTICIPATED  
Early 2023

## GR Baker Hospital Emergency Department and ICU Quesnel, BC

*We are building a new emergency department and intensive care unit to improve patient flow, access to imaging and labs, and the alignment of critical care services between the ED and ICU.*



Let's Talk Northern Health is where you'll find the most up-to-date information about the new hospital.



[letstalk.northernhealth.ca](https://letstalk.northernhealth.ca)

Link to Construction Web Cam

# Quesnel GR Baker ED+ICU Addition





# Priority Investment

## ***Potential Project Risks:***

- Certain retained risks materializing as construction commences/in progress (e.g., environmental).
- Cost escalation on components due to global supply chain challenges.
- Availability of experienced contractors to bid on projects.
- Availability of materials, supplies and equipment.
- Ongoing impacts associated with Covid-19.



# Major Projects

RHD	Community	Project	Budget	RHD Funding
NWRHD	Smithers	BVH Pharmacy Sterile Compounding Room	TBD	TBD
PRRHD	Chetwynd	CGH Observation Room	TBD	TBD
PRRHD	Chetwynd	CGH Nurse Call System Replacement	\$266,000	\$106,400
PRRHD	Fort St. John	FSJH Patient Monitoring System Replacement	\$657,452	\$263,000
FFGRHD	Mackenzie	MCK Nurse Call System Replacement	\$146,000	\$58,400
FFGRHD	McBride	MCB Nursing Station Replacement	\$1,007,276	\$150,000
NWRHD	Prince Rupert	PRR FM Source Water Treatment Single Plant and Piping	TBD	TBD
NWRHD	Prince Rupert	PRR Pharmacy Sterile Compounding Room	TBD	TBD
CCRHD	Quesnel	Mental Health Substance Abuse Club Leasehold Improvement	\$1,688,000	\$675,200
SNRHD	Vanderhoof	SNM Roof Replacement	TBD	TBD
NWRHD	Terrace	Specialist Clinic Leasehold Improvement	TBD	TBD
FFGRHD	Prince George	UHN FS Trayline System Replacement	\$2,444,000	\$977,600

# Major Projects

RHD	Community	Project	Budget	RHD Funding
FFGRHD	Prince George	UHN Cardiac Services Department Renovation	TBD	TBD
FFGRHD	Prince George	UHN Fire Alarm System Replacement	TBD	TBD
FFGRHD	Prince George	UHN FM Transformer Replacement	\$2,125,000	\$850,000
FFGRHD	Prince George	UHN Pharmacy Sterile Compounding Room Upgrade	TBD	TBD
FFGRHD	Prince George	UHN Diabetes and Renal Clinic Space	TBD	TBD
FFGRHD	Prince George	UHN Nuclear Medicine Waiting Area	\$1,202,000	\$480,800
FFGRHD	Prince George	UHN Cardiac Care Unit	TBD	TBD
FFGRHD	Prince George	UHN 3 <sup>rd</sup> Floor Stores Area Fire Protection	\$720,000	\$288,000

# Major Projects

## Bulkley Valley Hospital Pharmacy Sterile Compounding Room

- Project Value: TBD
- Northwest RHD Funding: TBD
- Project Description: Renovate the existing space next to the Pharmacy to add a hazardous compounding and ante room, Hazardous drug storage, and preparation space to meet NAPRA (National Association of Pharmacy Regulatory Authorities) Standards.
- Project Status: Detailed design is complete and tender ready pending the completion of the BVH Power Upgrade project. May see an increase based on Quantity Survey and tender results.

# Major Projects

## Chetwynd Observation (Seclusion) Room

- Project Value: TBD
- Peace River RHD Funding: TBD
- Project Description: Develop Mental Health Act designated Seclusion Room within the In-Patient Unit. The Seclusion Room will help ensure patient privacy and confidentiality, staff security, and reduce reliance on protectives services to keep the peace within the hospital. The Seclusion Room will also take a significant burden off the DCDH in-patient psychiatry unit.
- Project Status: In design. Anticipated to increase based on design/Quantity Survey/tender results.

# Major Projects

## Chetwynd Nurse Call System Replacement

- Project Value: \$266,000
- Peace River RHD Funding: \$106,400
- Project Description: Complete replacement of existing Nurse Call system at Chetwynd General Hospital.
- Project Status: In progress. The successful bidder on the project is Logical Solutions. A contract has been signed and they have ordered the material with an approximate lead time of 6 to 8 weeks.

# Major Projects

## Fort St John Patient Monitoring System Replacement

- Project Value: \$657,452
- Peace River RHD Funding: \$263,000
- Project Description: Upgrade on the existing patient monitoring system as it is end of life.
- Project Status: In Progress and will be complete April 2023.

# Major Projects

## Mackenzie Nurse Call System Replacement

- Project Value: \$146,000
- Fraser Fort George RHD Funding: \$58,400
- Project Description: The nurse call system installed in 2005 is now unreliable. The Nurse call system replacement is to be coordinated with the facility staff to maintain functionality during the replacement.
- Project Status: Construction was awarded to Logical Solutions on November 23, 2022. The expectations are to begin Construction in April 2023 and be substantially complete in June 2023.

# Major Projects

## McBride Nursing (Care Team) Station Replacement

- Project Value: \$1,007,276
- Fraser Fort George RHD Funding: \$150,000
- Project Description: The need for a more functional area for charting, a safer environment, more secure for drug storage, and an inviting area for patients and visitors to find Nurses.
- Project Status: PRD Construction Ltd. was awarded the project on January 19, 2023. Site start up was on March 6, 2023, and substantial completion at the end of May 2023.



# Major Projects

## Prince Rupert FM Source Water Treatment Single Plant and Piping

- Project Value: TBD
- Northwest RHD Funding: TBD
- Project Description: Design and installation of a source water treatment plant to serve Prince Rupert Hospital and Summit/Acropolis Manor.
- Project Status: AllNorth consulting retained on contract for design services for the project. Intent is to have design completed before May 2023, with construction/installation starting in June/July 2023.
- Distribution piping inside the buildings is deteriorated and may require replacement

# Major Projects

## Prince Rupert Hospital Pharmacy Sterile Compounding Room

- Project Value: TBD
- Northwest RHD Funding: TBD
- Project Description: Renovate the existing Pharmacy sterile prep space and ante room, hazardous compounding and ante room, Hazardous drug storage, and non-sterile preparation space to meet NAPRA Standards.
- Project Status: Tendered and received single bid.
- Retender in April 2023 using bid depository for Mechanical and Electrical Subtrade works.

# Major Projects

## **Quesnel Mental Health Substance Abuse Club Leasehold Improvement**

- Project Value: \$1,688,000
- Cariboo Chilcotin RHD Funding: \$675,200
- Project Description: Increased program space needs related to expansion of programming and implementation of Overdose Prevention Site in Quesnel.
- Project Status: Construction complete.

# Major Projects

## Stuart Nechako Manor Roof Replacement

- Project Value: TBD
- Stuart Nechako RHD Funding: TBD
- Project Description: Following extreme weather conditions and succession of incidents in 2018, NH prepared a building condition report.
  - The report, recommending changing the attic and roof from a ventilated water 'shedding' assembly to a warm 'waterproof' assembly, was complete in 2021.
- Project Status: Design work is completed. Awaiting Approval to release tender.

# Major Projects

## Terrace Specialist Clinic Leasehold Improvement

- Project Value: TBD
- Northwest RHD Funding: TBD
- Project Description: Relocation of the Pediatric specialist clinic in Terrace. The Mills Memorial Hospital replacement project will see this clinic space removed from the site during the early construction period.
- Project Status: In design.

# Major Projects

## UHNBC Food Services Trayline System Replacement

- Project Value: \$2,444,000
- Fraser Fort George RHD Funding: \$977,600
- Project Description: Replacement of the existing kitchen tray line with a more efficient B Lean system, and installation of new flooring.
- Project Status: Tender is awarded within budget, with construction expected to start in early 2023. Work will include temporary takeover of part of the cafeteria to allow for work to be completed in the existing kitchen.

# Major Projects

## UHNBC Cardiac Services (Diagnostics and Clinics) Department Renovations

- Project Value: TBD
- Fraser Fort George RHD Funding: TBD
- The proposed location at UHNBC is confirmed. The project to be completed in three phases to accommodate the renovations and moves required to ensure no loss of service for each department.
  - Phase 1 (3<sup>rd</sup> floor renovation): Relocate BioMed department and conference room.
  - Phase 2 (1<sup>st</sup> Floor BioMed Renovation): Renovate the existing BioMed Space to relocate Burn, Pain and Ostomy departments.

# Major Projects

## UHNBC Cardiac Services (Diagnostics and Clinics) Department Renovations

- Phase 3 (1<sup>st</sup> Floor Cardiac Diagnostics): Renovate the existing Burn, Wound and Ostomy space for the interim Cardiac Diagnostic Services.

### Project Status:

- Phase 1 (3<sup>rd</sup> floor renovation) – Construction began July 25, 2022 and is scheduled for completion March 31, 2023.
- Phase 2 (1<sup>st</sup> Floor BioMed Renovation) – Tender to follow completion schedule for Phase 1 to allow existing Biomed space to be vacated for construction. Burn, Wound and Ostomy Department will now occupy the space and Pain Department will stay in their current location.
- Phase 3 (1<sup>st</sup> Floor Cardiac Diagnostics) – Tender to be coordinated with Phase 2 and Leasing projects to allow existing clinic spaces to be vacated for construction.



# Major Projects

## UHNBC Fire Alarm System Replacement

- Project Value: TBD
- Fraser Fort George RHD Funding: TBD
- Project Description: Replace the existing Fire Alarm Simplex System due to its age and failing components. The existing system spare parts are obsolete .
- Project Status: Next steps are to request a Quantity Surveyor estimate submit for Capital approval for Tender posting in May 2023.

# Major Projects

## UHNBC FM Transformer Replacement

- Project Value: \$2,125,000
- Fraser Fort George RHD Funding: \$850,000
- Project Description: Replace existing transformers to provide adequate capacity and system redundancy.
- Project Status: Work has begun with the first major milestone scheduled for October 15<sup>th</sup>. Three additional shutdowns in January/February 2023 have been completed with a final shut down scheduled for the end of March 2023 to complete the project.

# Major Projects

## UHNBC Pharmacy Sterile Compounding Room Upgrade

- Project Value: TBD
- Fraser Fort George RHD Funding: TBD
- Project Description: Design and planning for renovating the existing Pharmacy sterile prep space and ante room, hazardous compounding and ante room, Hazardous drug storage, and non-sterile preparation space to meet NAPRA Standards.
- Project Status: Detailed design has been completed and is awaiting Quantity Surveyor report.

# Major Projects

## UHNBC Diabetes and Renal Clinic Space

- Project Value: TBD
- Fraser Fort George RHD Funding: TBD
- Project Description: Move some programs out of UHNBC into Lease environment.
- Project Status: Negotiating lease through Ministry of Citizen Services at Parkwood Mall. Programming for space has started.

# Major Projects

## UHNBC Nuclear Medicine Waiting Area

- Project Value: \$1,202,000
- Fraser Fort George RHD Funding: \$480,800
- Project Description: The renovation of existing physician sleep rooms and some adjacent storage/office spaces to create a new, shielded, nuclear medicine waiting room and four new physician sleep rooms. This waiting room will be shared by nuclear medicine, and the new cardiac diagnostics department for stress testing patients.
- Project Status: Construction scheduled for completion May 2023.

# Major Projects

## UHNBC Cardiac Care Unit

- Project Value: TBD
- Fraser Fort George RHD Funding: TBD
- Project Description: The Cardiac Care Unit Project will see the current IMU C Pod renovated to meet the Phase 1 cohort requirements for cardiac acute care patients. Once the Unit has been established Phase 2 & 3 involving recruitment and training of staff can begin.
- Project Status: Detailed design and Quantity Surveyor has been completed and a budget report was provided. It is determined the initial budget is on par with the trending post pandemic inflationary costs. Project to be Tendered by the end of March.

# Major Projects

## UHNBC 3<sup>rd</sup> Floor Stores Area Fire Protection Upgrade

- Project Value: \$720,000
- Fraser Fort George RHD Funding: \$288,000
- Project Description: To bring the existing 3<sup>rd</sup> floor unoccupied space up to current safety standards and code in conjunction with Phase 1 of the Cardiac Diagnostics Project.
- Project Status: Contract awarded; completion scheduled for May 15, 2023.



# Major Projects (CNCP)

RHD	Community	Project	Budget	RHD Funding
FFGRHD	Prince George	UHN DHW Decoupling and Condensing Boilers	TBD	TBD
NWRHD	Terrace	TVL Boiler Upgrade and HVAC Recommissioning	\$549,292	\$219,718
NWRHD	Stewart	STE Boiler Upgrade	\$850,030	\$340,012
SNRHD	Burns Lake	BLH Nurses Residence DHW Decoupling and Heating Controls	\$189,263	\$44,439
PRRHD	Chetwynd	CGH Heating Boilers Replacement	\$573,140	\$229,256

# CNCP Projects

## UHN Domestic Hot Water Decoupling and Condensing Boilers

- Project Value: TBD
- Fraser Fort George RHD Funding: TBD
- Project Description: Decouple domestic hot water loops from the central heating loop to allow the central heating loop to run at lower temperatures and more efficiently.
- Project Status: Issued for Tender. Documents were reviewed by project team in January who noted space constraints for original boiler positioning. Consultant to return to site in early April. Tender delayed to mid-April.

# CNCP Projects

## Terraceview Lodge Boiler Upgrade and HVAC Recommissioning

- Project Value: \$549,292
- Northwest RHD Funding: \$219,718
- Project Description: Upgrade end of life standard efficiency boilers to high efficiency. Revise heating control to improve heating balance and efficiency.
- Project Status: Minor deficiencies being addressed, completion extended to Aug 2023

# CNCP Projects

## Stewart Boiler Upgrade

- Project Value: \$850,030
- Northwest RHD Funding: \$340,012
- Project Description: Upgrade end of life standard efficiency boilers and hot water heating to high efficiency.
- Project Status: Commissioned with minor deficiencies being addressed. Substantial completion pending due to required overnight shut down for heating loop pump replacement – need warmer ambient temps. Aiming for end of May 2023 completion.

# CNCP Projects

## **Burns Lake Nurses Residence Domestic Hot Water Decoupling and Heating Controls**

- Project Value: \$189,263
- Stuart Nechako RHD Funding: \$44,439
- Project Description: Revise zone controls for improved heating control and efficiency. Upgrade end of life hot water heating and decouple from main heating boiler.
- Project Status: Project tendered and awarded. Equipment ordered and now in storage, construction on hold until May when heating loop can be down overnight for decoupling work. Aiming for September 2023 completion.

# CNCP Projects

## Chetwynd Heating Boilers Replacement

- Project Value: \$573,140
- Peace River RHD Funding: \$229,256
- Project Description: Replace end of life standard efficiency boiler with high efficiency boilers
- Project Status: Substantial completion reached June 1, 2022.

# IMIT Projects

RHD	Community	Project	Budget	RHD Funding
Regional	Regional	InCare Phase 2	\$9,900,000	\$3,960,000
Regional	Regional	Patient Transfer Tool	\$474,000	\$189,600
Regional	Regional	Regional Wireless Replacement	\$200,000	\$80,000
NWRHD	Smithers	BVH Phone System Replacement	\$214,000	\$85,600
Regional	Regional	Videoconferencing Infrastructure Replacement	\$547,000	\$218,800
NWRHD	Houston	Houston Phone System Replacement	\$100,000	\$40,000



# IMIT Projects

## InCare Phase 2

- Project Value: \$9,900,000
- Regional RHD Funding: \$3,960,000
- Project Description: Transition to consistent digitally enabled inpatient acute care processes, practices, ordering, and documentation at 18 Northern Health facilities by March 31, 2028. This includes med-surg, intensive care, maternity, pediatrics, in-hospital long-term care and ambulatory/specialty clinics.
- Project Status: Executing - Completion of build required (30-40%) for Cerner Future State Review session for Inpatient, Ambulatory and eMAR. Planning and work underway for Patient Flow and Capacity Management tool implementation.

# IMIT Projects

## Patient Transfer Tool

- Project Value: \$474,000
- Regional RHD Funding: \$189,600
- Project Description: Implement Cerner software tool will digitally-enable and automate patient transfers processes that are currently done manually within NH and from other health authorities. Cerner Transfer Center facilitates timely clinical assessment, transfer coordination, waitlist management, bed assignment, collaborative communication/documentation, and transfer management reporting.
- Project Status: Pending – not started

# IMIT Projects

## Regional Wireless Replacement

- Project Value: \$200,000
- Regional RHD Funding: \$80,000
- Project Description: The project intends to replace essential wireless network controllers in three regional hub sites - Fort St John, Terrace, and Queen Charlotte City.
- Project Status: Executing

# IMIT Projects

## Bulkley Valley Hospital Phone System Replacement

- Project Value: \$214,000
- Northwest RHD Funding: \$85,600
- Project Description: Replacement of legacy Phone System with new Cisco Call Manager.
- Project Status: Executing - Equipment ordered - ETA end of May 2023. Pre-field planned for week of March 27th. Cutover tentatively planned for end of June 2023.

# IMIT Projects

## Videoconferencing Infrastructure Replacement

- Project Value: \$547,000
- Regional RHD Funding: \$218,800
- Project Description: To replace aging hardware and provide interoperability between all room-based video endpoints and software-based endpoints within NH and between external partners. The intention is to upgrade the end units to Teams compatible units and use Teams as the main method for video calls.
- Project Status: Executing. 20 out of 105 endpoints are replaced.

# IMIT Projects

## Houston Phone System Replacement

- Project Value: \$100,000
- Northwest RHD Funding: \$40,000
- Project Description: Replacement of legacy Phone System with new Cisco Call Manager
- Project Status: Complete.

# Major Equipment (>\$100,000)

RHD	Community	Project	Budget	RHD Funding	Status
PRRHD	Dawson Creek	DCH Mobile C-Arm Replacement	\$265,000	\$106,000	Complete
PRRHD	Dawson Creek	DCH CT Replacement	\$2,552,000	\$1,020,800	Closing
PRRHD	Fort St. John	FSH Chemistry Analyzer Replacement	\$1,305,149	\$552,060	Ordered
CCRHD	Quesnel	GRB Ultrasound 1 Replacement	\$253,000	\$101,200	Closing
CCRHD	Quesnel	GRB General X-Ray	\$1,000,000	\$400,000	Complete
CCRHD	Quesnel	GRB Ultrasound 2 Replacement	\$279,000	\$111,600	Complete
CCRHD	Quesnel	GRB Chemistry Analyzers Replacement	\$1,191,000	\$476,400	Ordered
NWRHD	Houston	HDT X-Ray Machine Replacement	\$780,000	\$312,000	Ordered
NWRHD	Kitimat	KIT Bone Densitometer Replacement	TBD	TBD	In Procurement
NWRHD	Kitimat	KIT Laundry Equipment Replacement	TBD	TBD	In Procurement
NWRHD	Terrace	MMH Ultrasound 1 Replacement	\$256,000	\$102,400	Complete
NWRHD	Terrace	MMH Ultrasound 2 Replacement	\$256,000	\$102,400	Complete
NWRHD	Masset	NHG Ultrasound Replacement	\$271,000	\$108,400	Complete



# Major Equipment (>\$100,000) cont'd

RHD	Community	Project	Budget	RHD Funding	Status
NWRHD	Prince Rupert	PRR Ultrasound 1 Replacement	\$224,000	\$89,600	Complete
NWRHD	Prince Rupert	PRR Ultrasound 2 Replacement	\$227,000	\$90,800	Complete
SNRHD	Vanderhoof	SJH Ultrasound Replacement	\$253,000	\$101,200	Complete
FFGRHD	Prince George	UHN Canon Aplio 500 Ultrasound Replacement	\$249,000	\$99,600	Complete
FFGRHD	Prince George	UHN IVUS System	\$181,000	\$72,400	Complete
FFGRHD	Prince George	UHN X-Ray Room 1 Replacement	\$568,000	\$227,200	Complete
FFGRHD	Prince George	UHN FMU Telemetry and Monitoring System Upgrade	TBD	TBD	In Procurement
FFGRHD	Prince George	UHN Lab Tissue Processor Replacement	\$420,000	\$168,000	Complete
FFGRHD	Prince George	UHN Lab Sysmex Machines Replacement	\$1,255,000	\$502,000	Complete
FFGRHD	Prince George	UHN Maternity and Fetal Monitoring System	TBD	TBD	In Procurement
NWRHD	Hazelton	WRI Ultrasound Replacement	\$260,000	\$104,000	Complete

# Minor Equipment Allocations

RHD	Total Allocation	RHD Portion
FFGRHD	2,679,000	1,050,000
SNRHD	423,000	165,000
CCRHD	479,000	187,000
PRRHD	1,419,000	565,000
NRRHD	166,000	65,000
NWRHD	2,392,000	945,000

# Building Integrity Allocations

RHD	Total Allocation	RHD Portion
FFGRHD	213,000	85,000
SNRHD	56,000	22,000
CCRHD	50,000	20,000
PRRHD	118,000	47,000
NRRHD	26,000	10,000
NWRHD	163,000	65,000

# Questions?





# 2023 – 2024 Capital Plan

## NH/RHD Joint Spring Meeting

### April 5, 2023

# Agenda

## 2023-2024 Capital Plan

- Priority Investments
- Master & Business Planning Updates
- Major Projects
- IM/IT Major Projects
- Major Equipment
- Minor Equipment
- Building Integrity

# Priority Investment

## UHNBC Acute Care Tower Phase One

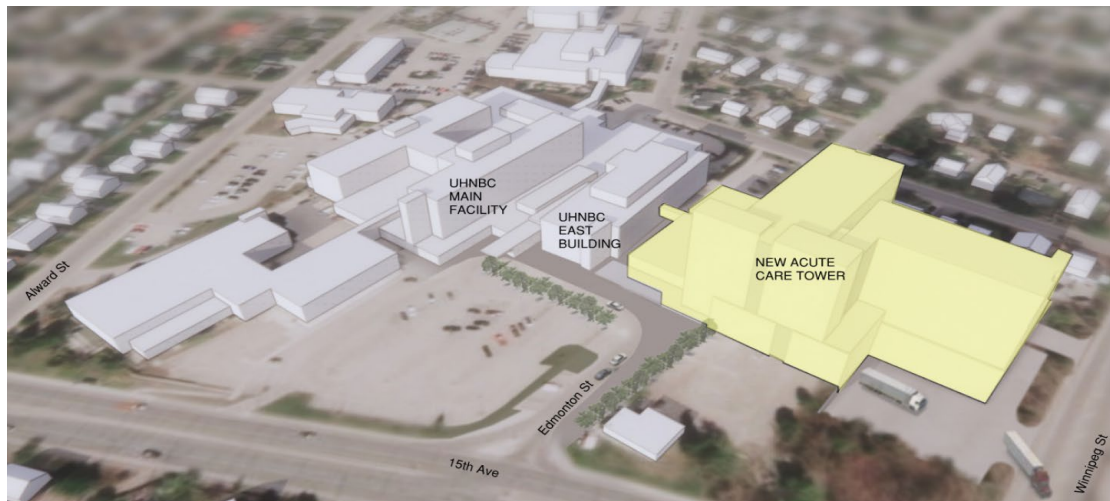
### Business Plan Scope:

- Cardiac Care
  - Diagnostics
  - Cardiac Care Beds (6 Critical Care Unit (CCU), 20 “Step Down”)
  - Interventional Cardiac Services
- Mental Health
  - Existing Services, excluding Youth Treatment
  - 83 Beds, 2 Seclusion Transition Beds + 5 Seclusion Rooms
- Surgical Services
  - 12 OR's
  - 102 Inpatient Beds
- Support Services
  - Kitchen
  - Materials Management
  - Parking



# UHNBC Acute Care Tower Phase One

- Concept Plan was submitted to Government December 2017. Project estimated cost and schedule updated February 2020. The government approved to move to business planning on September 20, 2020.
- On December 13, 2022, the NH Board approved submission of the Business Plan to the Ministry of Health.
- Steering Committee started in November 2020. Includes representation from the Fraser Fort George RHD. Meets monthly.
- Oversight provided by Northern Health Project Board.



# Priority Investment

## UHNBC Acute Care Tower Phase One

### *Functional programming for the Health Unit / JG Mackenzie*

- Functional Programming has commenced.
- Terms of agreement of the Functional Working Group is completed.
- Project is divided into 3 phases. Phase 1 is in progress.
  - Health Unit Functional Programming Round 1 Workshop completed February 13, 2023
  - JG Mackenzie Family Practice Functional Programming Round 1 Workshop completed February 14, 2023
  - Health Unit/JG Mackenzie Functional Planning Programs schedules for March 11, 2023 and March 12, 2023 respectively.

# Long Term Care Facilities - Business Plans

## Providing “Care in the Right Place”

- Long Term Care (LTC) wait times resulted in a review of current long term care beds/their use and other community services with demographic modeling to 2040.
- Development of Universal Bed Model Housing to support within one campus:
  - Long Term Care
  - Dementia Care
  - Assisted Living
  - Adult Day Program
- Five communities in Northern Health were prioritized – business plans are being developed and are at different stages.

# Business Plans - Long Term Care Facilities

- Government priorities considered are Mass Timber, Carbon Emissions Reductions and Child Daycare.
- Business Plan Development Progress:
  - Fort St John; 84 new beds – Completed
  - Quesnel; 276 New/Partial Replacement beds - Completed
  - Prince George; 612 beds – new and replacement - In Development
  - Smithers – 216 beds new and replacement – Completed
  - Hazelton – 48 new beds - Completed
- Business Plans are 100% funded by respective RHD's

# Long Term Care Facilities

## Fort St. John

- The Business Plan is complete and submitted to Government in February 2022.
- 84 new beds in 7 -12 bed households, for Long-Term Care, Assisted Living, Dementia Alternative Housing, and Short Stay (rehabilitation and respite) services, all facilitated by the Universal Bed Model.
- Peace Villa currently provides 124 Long-Term Care beds.
- An Adult Day Program that can accommodate up to 30 clients at one time and will be able to function independently as required.
- Mass timber is not an option for the proposed four storey structure unless Northern Health revises the Indicative design or applies to the Municipality for a waiver of the BC building code for fire resistance requirements.
- Carbon reduction incorporated into the business plan. Carbon emissions are 46% lower than a LEED Gold building

# Long Term Care Facilities Prince George

- Business Plans are in progress but need sites to test fit the design of the facility.
- Three facilities of 204 beds each (612 beds total) plus one facility for logistics and transportation/commercial services.
  - Replacement for Jubilee Lodge, Rainbow and Parkside Long Term Care
- Logistics and transportation/commercial services will require 6-8 months of effort for programming.
- Child daycare considerations will be considered in the business plans for the three Long Term Care facilities depending on fit on available properties.

# Long Term Care Facilities

## Quesnel

- The Business Plan is complete and submitted to Government in April 2022.
- 276 total beds in 23 -12 bed households, for Long-Term Care, Assisted Living, Dementia Alternative Housing, and Short Stay (rehabilitation and respite) services, all facilitated by the Universal Bed Model.
- Mass timber incorporated into the design.
- Carbon reduction incorporated into the business plan. Carbon emissions are 50% lower than a LEED Gold building
- City of Quesnel received a provincial grant to establish a Child Care facility on Webster Street, almost immediately across the street from the new LTC site. Rather than having competing childcare in one neighbourhood, Northern Health proposes to support the City's development and contribute towards replacing or building a new playground.

# Long Term Care Facilities Smithers

- Business Plan submitted to Government on October 27, 2022.
- 216 new beds in 18 -12 bed households, for Long-Term Care, Assisted Living, Dementia Alternative Housing, and Short Stay (rehabilitation and respite) services, all facilitated by the Universal Bed Model.
- An Adult Day Program that can accommodate up to 30 clients at one time and will be able to function independently as required.
- The mass timber assessment tool is recommending mass timber.
- Child daycare solution is included in the business plan.



# Long Term Care Facilities Hazelton

- Business Plan submitted to Government on October 27, 2022.
- One Long Term Care (LTC) Facility.
- 48 new beds in 4 -12 bed households, for Long-Term Care, Assisted Living, Dementia Alternative Housing, and Short Stay (rehabilitation and respite) services, all facilitated by the Universal Bed Model.
- An Adult Day Program that can accommodate up to 10 clients at one time and will be able to function independently as required.
- The current plan is to provide redundant local food and commercial laundry services out of Smithers.
- Child daycare solution is proposed to be a stand-alone facility on the site with a non-profit, not for profit or private operator.

# Business and Master Planning Updates

- Bulkley Valley District Hospital (Smithers): Master planning completed July 2020. Submitted to Government with a request to move to Concept Plan.
- Vanderhoof Primary Care: Draft Business Plan submitted April 2021 but a cost refresh has been undertaken and the business plan updated. It has been re-submitted in July 2022 to the Ministry of Health for consideration.
- Kitimat Dementia House: Business plan is essentially complete. Finalizing the furniture, equipment and IMIT budgets.

# 10 Year Master Plan

- The selection and prioritization of future sites for Master Planning was based on the sites Facility Condition Index (FCI) rating, and existing and anticipated challenges delivering health services to current and future populations.
- Master Planning will explore further the condition of the building and validate assumptions regarding service challenges.
- Annually, NH will select a site to complete the Master Plan. NH will review the 10-year master plan annually and adjust as new information is received.
- For level 2 hospitals and level 1 health centers, it is proposed to execute the master programming as a group as they share many service characteristics. However, as each of the current facilities have varying configurations, each would need to be assessed individually to determine its ability to enable the needed health service delivery.
- The NH Board has approved the commencement of Master Planning for Wrinch Memorial Hospital in Fall 2023.

# 10 Year Master Plan

- Facility master plans help assess and prepare the facility for current and future service delivery, extending the useful life of the facility, minimizing service disruption from unplanned events due to factors such as climate change.
- The outcome of the master plan may lead to a recommendation to replace, in whole or in part, the facility, in which case Government approval will be sought to move forward to Concept Planning for facility redevelopment.
- The master plan may also recommend minor upgrades to the facility; these recommendations would be considered when developing NH's annual Capital Expenditure Plan.
- Development of master plans can be costly both in terms of dollars and effort.
  - Master Planning requires the efforts of NH Capital Planning and consultants with specialized knowledge.
  - Master Planning requires the efforts and time commitment of local physicians, leadership and staff.

# 10 Year Master Plan

Site	Level of Care	Facility Condition Index	Proposed Fiscal Year of Master Plan
Wrinch Memorial Hospital	3	0.86	2023-2024
Fort Nelson Hospital	3	0.83	2025-2027
St John Hospital	3	0.64	2027-2028
Prince Rupert Regional Hospital	4	0.60	2029-2031
Mackenzie & District Hospital	2	0.74	2031-2035
Chetwynd Hospital	2	0.68	2031-2035
McBride & District Hospital	2	0.81	2031-2035
Tumbler Ridge Health Centre	1	0.72	2035-2038
Stewart Health Centre	1	0.75	2035-2038
Hudson's Hope Health Centre	1	0.66	2035-2038
Houston Health Centre	1	0.60	2035-2038
Fraser Lake Health Centre	1	0.55	2035-2038

# Construction Inflation

Construction inflation is driven by several factors including, but not limited to:

*During the height of the pandemic:*

- Limited production of construction materials during the pandemic.
- COVID restrictions resulting in reduced demand for capital projects and downsizing of the labour force.

*Vaccine success and opening of the economy:*

- Extraordinary demand for infrastructure projects following hiatus.
- Slow return of laid off workers.
- Continuation of requirement of proof of vaccine status for contractors working in health facilities; makes healthcare projects less attractive to the market.

# 2023/24 Capital Plan

- The 2023/24 Capital Plan is a draft pending NH Board review and approval at their April meeting.

# 2023/24 Capital Plan

## Major Projects

RHD	Community	Project	Budget	RHD Funding
NWRHD	Prince Rupert	PRR Emergency Department Renovation	TBD	TBD
FFGRHD	Prince George	UHN FS Tray Distribution System	TBD	TBD
NWRHD	Kitimat	KIT FM DDC Control and Building Operating System Replacement	TBD	TBD



# 2023/24 Capital Plan

## Major Carbon Neutral Capital Projects

RHD	Community	Project	Budget	RHD Funding
NWRHD	Prince Rupert	PRR FM Condensing Boilers and Heat Pump	TBD	TBD
FFGRHD	Prince George	UHN FM Condensing Boilers Upgrade	TBD	TBD
FFGRHD	Prince George	GTW FM Chiller Replacement	TBD	TBD
NWRHD	Smithers	BVH FM Heat Recovery and Cooling	TBD	TBD

# 2023/24 Capital Plan IMIT Projects

RHD	Community	Project	Budget	RHD Funding
Regional	Regional	InCare Phase 2 (cont'd)	TBD	TBD
CCRHD	Quesnel	GRB IT Phone System Replacement	TBD	TBD
Regional	Regional	NHR SD Wireless Access Network	TBD	TBD

# 2023/24 Capital Plan

## Major Equipment (>\$100,000)

RHD	Community	Project	Budget	RHD Funding
NWRHD	Smithers	BVH OR Anesthetic Machine N0008247 Replacement	TBD	TBD
PRRHD	Dawson Creek	DCH OR Anesthetic Machine N0010321 Replacement	TBD	TBD
PRRHD	Fort St. John	FSH OR Anesthetic Machine Replacement	TBD	TBD
PRRHD	Fort St. John	FSH OR C-Arm Replacement	TBD	TBD
PRRHD	Fort St. John	FSH OR Orthopedic Fracture Table	TBD	TBD
NWRHD	Kitimat	KIT OR Anesthetic Machine Replacement	TBD	TBD
NWRHD	Prince Rupert	PRR OR Surgical Tower Replacement	TBD	TBD
NWRHD	Hazelton	WRI OR Anesthetic Machine Replacement	TBD	TBD
SNRHD	Vanderhoof	SJH OR Anesthesia Machine Replacement	TBD	TBD
FFGRHD	Prince George	UHN Ultrasound Replacement	TBD	TBD
FFGRHD	Prince George	UHN OR Anesthesia Units x3	TBD	TBD

# 2023/24 Capital Plan

## Major Equipment (>\$100,000)

RHD	Community	Project	Budget	RHD Funding
FFGRHD	Prince George	UHN OR Eye Microscope	TBD	TBD
FFGRHD	Prince George	UHN Surgical Image-Guided SterioTactic System Replacement	TBD	TBD
FFGRHD	Prince George	UHN X-Ray Room	TBD	TBD
PRRHD	Dawson Creek	DCH Patient Monitoring System Replacement	TBD	TBD
NWRHD	Smithers	BVH Lab Chemistry Analyzer Replacement	TBD	TBD
SNRHD	Vanderhoof	SJH X-Ray Room and Portable Replacement	TBD	TBD
FFGRHD	Prince George	UHN PSY Repetitive Transcranial Magnetic Stimulation	TBD	TBD
NWRHD/ PRRHD	Terrace/Fort St. John	NHR Lab Telepathology	TBD	TBD

# Minor Equipment Allocations

RHD	Total Allocation	RHD Portion
FFGRHD	TBD	TBD
SNRHD	TBD	TBD
CCRHD	TBD	TBD
PRRHD	TBD	TBD
NRRHD	TBD	TBD
NWRHD	TBD	TBD

# Building Integrity Allocations

RHD	Total Allocation	RHD Portion
FFGRHD	TBD	TBD
SNRHD	TBD	TBD
CCRHD	TBD	TBD
PRRHD	TBD	TBD
NRRHD	TBD	TBD
NWRHD	TBD	TBD

# Thank You and Questions





**northern health**  
the northern way of caring

# **NH/RHD Spring Meeting - Presentation on Health Human Resources**

## **David Williams, VP Human Resources**

### **April 5, 2023**



# BC's HHR Strategy

## Four Cornerstones

### FOUR CORNERSTONES





**RETAIN:** Foster healthy, safe and inspired workplaces, supporting workforce health and wellness, embedding reconciliation, diversity, inclusion and cultural safety and better supporting and retaining workers in high-need areas, building clinical leadership capacity and increasing engagement.

**REDESIGN:** Balance workloads and staffing levels to optimize quality of care by optimizing scope of practice, expanding and enhancing team-based care, redesigning workflows and adopting enabling technologies.

**RECRUIT:** Attract and onboard workers by reducing barriers for international health-care professionals, supporting comprehensive onboarding and promoting health-care careers to young people.

**TRAIN:** Strengthening employer supported training models; enhancing earn and learn programs to support staff to advance the skills and qualifications; expanding the use of bursaries, expanding education seats for new and existing employees.

*Access the Provincial HHR Strategy Here: <https://news.gov.bc.ca/files/BCHealthHumanResourcesStrategy-Sept2022.pdf>*

Cornerstone	BC HHR Strategy Objectives	Critical Success Factor
 <b>RETAIN</b>	<ul style="list-style-type: none"> <li>• Support workforce health and wellness</li> <li>• Retain staff in high need areas and occupations</li> <li>• Embed reconciliation and cultural safety</li> <li>• Advance diversity, equity, and inclusion</li> <li>• Increase clinical leadership capacity to support staff and services</li> <li>• Increase workforce engagement</li> </ul>	<ul style="list-style-type: none"> <li>✓ Northern Health is an inclusive place to work</li> <li>✓ Northern Health will identify and develop leaders and support succession into leadership roles</li> <li>✓ Northern Health leaders have the right support, at the right time, from the right experts</li> <li>✓ Northern Health support the health and wellness of staff</li> </ul>
 <b>REDESIGN</b>	<ul style="list-style-type: none"> <li>• Balance workloads and staffing levels to optimize quality of care</li> <li>• Advance innovative care models with a focus on interdisciplinary teams</li> <li>• Review scopes of practice to create or optimize key roles</li> <li>• Leverage technology to improve workforce satisfaction and service quality</li> <li>• Increase workforce flexibility and responsiveness</li> </ul>	<ul style="list-style-type: none"> <li>✓ Northern Health will analyze and optimize productivity</li> <li>✓ Northern Health will foster a team-based approach across care and service settings</li> </ul>
 <b>RECRUIT</b>	<ul style="list-style-type: none"> <li>• Remove barriers for Internationally Education HCWs</li> <li>• Refresh enablers and incentives to attract new health workers</li> <li>• Improve onboarding and support transitions to practice</li> </ul>	<ul style="list-style-type: none"> <li>✓ Northern Health attracts a diverse and qualified talent pool to fill positions</li> <li>✓ NH engages with partners to identify pathways to employment</li> <li>✓ NH offers flexibility in work arrangements</li> </ul>
 <b>TRAIN</b>	<ul style="list-style-type: none"> <li>• Strengthen employer supported training models</li> <li>• Expand and modernize priority programs</li> </ul>	<ul style="list-style-type: none"> <li>✓ Northern Health is made up of a workforce primarily trained in the north and employed in the North</li> <li>✓ Northern Health is a teaching and learning organization</li> <li>✓ Northern Health will provide upskilling and competency development to establish and support career pathways.</li> </ul>

# Current Context

- Northern Health current **vacancy indicators**: 20.50% of our baseline positions are unfilled
- Vacancy rates are driven by shortage of supply as well as increased demand (service growth). Since 2019 the overall workforce demand has increased by 16.68%, with a corresponding average of 4.97% increase in supply.
- In fiscal year 2022/23 year to date, Northern Health has posted 4747 non-casual positions.  
Of these postings:
  - 60% have been filled by internal staff (existing regular and casual staff) and
  - 9% have been filled externally (qualified applicants from outside of NH) within 90 days.
  - Approximately 18% remain as “difficult to fill”
- Healthcare Worker shortage is a global problem, that has been exacerbated by COVID 19 Pandemic.
- Northern Health (along with other Rural Remote jurisdictions across Canada and Australia) have experienced the challenge earlier and more acutely than other jurisdictions.
- In 2019, 12% of BC population live in rural/remote locations served by: 6% of BC Nurses, 5% of BC Physios, 3% of BC Occupational Therapists.
- **Health worker shortages are more than twice as high in rural areas than urban areas – WHO (2020)**

# Workforce Trends

- NH workforce trends, and Exit and Stay interviews, indicate that health service providers are departing the organization at nearly the same rate as they are recruited.
  - 37% to 50% of all NH new hires are new graduates, professionals that require enhanced support, orientation, and mentoring – especially in rural remote areas.
  - New-Graduate hires typically do not stay in their first position placement. As they achieve experience, career aspirations lead them to seek career progression through specialty education or other advanced professional opportunities.
  - Significant segment of our Leadership is in early stages of professional life.
- In this post-pandemic period, we anticipate an increase in retirements and/or exits, which will further add to our workforce challenges.
- **Recruitment alone will not solve our health care workforce shortage – we need to retain staff, and expand supply as well.**

## Length of Service

- On average 56.76% of departures from NH occur within 3 years
- This experience is evident in rural/remote jurisdictions across Canada and Australia.
- Indicators are that is related to staff wanting to develop skills in larger facilities or specialty nursing roles, challenges with living in small communities, and outcome of “incentivizing” recruitment into hard to recruit to communities (often with return of service commitments of 2 years).

# Exit Checks

- Interviews are sent to all staff that exit Northern Health – information is collated and shared with leadership and human resources for learning.
- Response rate has increased over past few years to 39%.
- Exploring opportunity to undertake exit interview for internal churn movements.

# Stay Interviews

- Leading indicator.
- Critical in evaluating effectiveness of Northern Health's onboarding program and assessing how new hires are settling in, and what else they may require during their first year with a new organization.
- Can be used for all staff in a unit (new and long serving) to support pulse check.

# Support in the Right Place

*The Support in the Right Place initiative is the culmination of engagement and outreach with NH staff and leader to identify sustainable strategies to address management pressures support organizational quality.*



## Quality Management

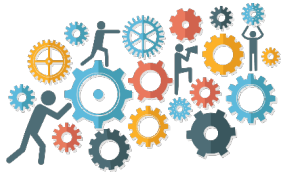
- A set of approaches, tools, and resources intended to embed quality in the work we do every day – whether that be at the bedside, the boardroom, or any place in between.
- The Principles of Quality Management are:
  - Setting Direction – everyone working towards the same clearly defined, visible priorities
  - Establishing Leadership Routine – transparent and predictable practices across all teams
  - Empowering Continuous Improvement - establish a culture where teams solve their own problems in a way that is visible and accountable.

## Management Support Teams

- Specialized teams that engage with leaders on planning and execution of emergent priority work
- Act as navigators in access regional supportive services
- Position team-level support resources for quality, project coordination, evaluation, and other support functions

## Regional Service Optimization

- Review all regional service teams to understand and improve how they function and deliver service
- Mapping of the services, functions, and competencies of teams to identify overlap Establish a framework for coordinated regional supportive services and related processes
- Optimized resource allocation of resources across regional teams



# Travel Resource Program/GoHealthBC

- The Northern Health Travel Resource Program (TRP) was initiated in 2018, under a joint Memorandum of Agreement with the BC Nurses Union, with the goal of mitigating staffing shortages in Northern Health Rural and Remote communities.
- The program provides nurses an opportunity to live in urban areas and work in Rural and Remote communities.
- In September 2022, the Provincial Health Human Resources Coordination Centre (PHHRCC) established a rapid action Integrated Project Team (IPT) to expand the Travel Resource Program to additional rural remote areas of the Province.
- To support this expansion the TRP will be rebranded and renamed “GoHealth BC”. A Marketing campaign will be launched in the spring of 2023 to increase awareness of this unique employment opportunity. It is expected that this marketing campaign will build on the recent success of the program.



**GO  
HEALTH  
BC**

# Travel Resource Program/GoHealthBC

## Focus Communities

- As of December 21, 2022, GoHealth BC provides service to 14 Northern Health Communities, 2 Interior Health Communities, and 2 Island Health communities.
- Northern Health communities include:
  - Massett, Daajing Giids, Prince Rupert, Terrace, Hazelton, Stewart, Dease Lake, Fort St. James, Prince George (select units at UHNBC), McKenzie, Fort St. John, Dawson Creek, Chetwynd, Tumbler Ridge.

## Recruitment

- Recruitment to GoHealth BC over the past 12 months has been strong. Over that time 71 nurses have joined the Go health BC team, and the number of active employees have tripled over the past 24 months.
- This recruitment success has resulted from only word of mouth advertising, with a marketing plan expected over next few months.



# Health Career Access Program (HCAP)

- HCAP is a Provincial sponsored training opportunity that provides paid education and on-the-job training to become a registered Health Care Assistant (HCA).
- From the first cohort graduation in December 2021 to December 2022, NH has supported 214 students to graduation.
- We have 106 HCAP HCA students in school currently.
- We will be recruiting an additional 184 applicants for the 2023 Fall and Spring 2024 HCAP cohorts.
- Our HCA forecasted gap (difference between supply and demand) has reduced from 353 to 187 HCAs, due to influx of steady supply from HCAP.
- Northern Health is working with Provincial Health Human Resources Coordination Centre (PHHRCC) to expand HCAP to other required professions, such as:
  - Combined Xray and Laboratory Technologists (CXLT) 6 seats allocated for NH employees/students to pursue CXLT sponsored education through Northern Alberta Institute of Technology (NAIT) starting September 2023 to September 2025
  - Rehabilitation Assistant – 7 seats allocated for NH employees/students to pursue sponsored education at Capilano College. Program started in January 2023 until January 2024.
  - Extension of Indigenous HCAP programs to Haida Gwaii and to Nisga'a Valley First Nations. Discussions ongoing.
  - Medical Laboratory Assistant- 7 seats allocated for NH employees/students to pursue sponsored education at Thomson River University. Program started March 2023 until October 2023.

# Ministry Funded Housing Initiative

- This prototype program funds procurement of housing units in communities where suitable market housing is a barrier to permanent staffing and short-term deployments.
- Utilized for new hires to area, redeployed staff, agency staff and travel resources.
- Currently supports housing initiatives in Kitimat, Hazelton, Prince Rupert, Chetwynd, Dawson Creek, Fort St John and Robson Valley.
  - Program expanding to Terrace and Haida Gwaii (other areas under review).
- Prioritization based on baseline and difficult to fill vacancies, lost candidates due to housing availability/suitability and other identified factors.

Current Housing Inventory (# of beds)		
NW	NI	NE
95	60	175

## Future Initiatives

- In select areas, explore full-service providers to operate housing units on NHs behalf to reduce staff time currently used for property management tasks.
- Increase number of Housing Coordinators in select areas, while developing policy & systems that can be used region wide.
- Continue with the refurbishment and renovation of select sites across the region.
- Given the continued and increasing demand for housing for staff, it is expected that the total amount of housing will continue to increase and need to be financially supported accordingly.
- Mills Hospital replacement in Terrace is expected to lead to an acute need for new housing options for staff.

# Ministry Funded Childcare Initiative

This prototype program works to support expanded childcare seats and expanded hours of operation to meet the needs of health care workers. Designed to reduce barrier to health care worker availability and help staff return to work following parental leave.

## **Program Communities:**

- Kitimat, Hazelton, Prince Rupert, Chetwynd, Dawson Creek and Ft. St. John (FSJ)
  - Program expanding to Terrace, Haida Gwaii and Prince George

## **Programing Underway:**

- March 2023 NH launched Canadian first-of-its-kind extended day (6:30 am -7:30 pm Mon-Fri) childcare program in FSJ in partnership with the YMCA-Northern BC & SD 60.
- A total of 24 net-new spaces including: 3 spaces for 0-3 Infant/Toddler; 5 spaces for 3–5-year-old & 16 school age spaces.
  - Priority placement for NH extended, rotating shift employees.
- Agreement signed with SD 52 in Prince Rupert to launch Kindergarten to Grade 5 before and after-school program beginning in May 2023 with 11 new seats at two sites.
  - NH contribution will create a total of 48 net-new seats with NH employees gaining priority access to a total of 24 of these seats by September 2023.
- In its first year, the Prince George YMCA Park House childcare spaces continues to operate at capacity providing priority access to 21 childcare spaces for NH employees.

# Rural Remote Retention Incentive

- In October 2021, Ministry implemented prototype program that incentivizes retention and minimizes churn of priority health care workers in our North East Health Service Delivery Area (HSDA), Hazelton and Prince Rupert community.
- This monetary incentive is applied to productive hours worked for those who hold a regular position in a targeted profession and community.
- As of February 1, 2023, Ministry added Haida Gwaii to the list of eligible communities, and expanded eligibility to all regular staff within those communities.
- There has been a net gain of 4.48% staff into regular lines since implementation – this is a combination of new external regular hires, casuals transferring to regular lines minus staff departures.
- These communities are not the only communities facing staffing challenges in the North, this prototype program is being used to inform Ministry of Health Provincial Health Human Resource Plan.

# International Educated Healthcare Professionals

- Provincial work underway to reduce barriers and assessment timeline for Internationally Educated Nurses (IENs)
- NH advocating for IEN regional assessments, in Northern communities with a critical mass of IENs.
- NH advocating provincial priority process for the IEN. Priority given to areas with significant vacancy ratios (both current and historic).
- Northern Health supporting Internationally Educated Health Professionals (IEHPs including nurses, physiotherapists, medical technologists, etc.) to enter the workforce as soon as possible.
- Number of IEHPs who have reached out for support: 282
  - Number of IEHPs in Northern communities: 169 (60%)
  - Number of IENs in Northern communities: 98 (58%)
  - Number of IENs who received upfront funding for credential assessment 21 (21%)
- As of January 31, 2023 IENs have application and assessment fees waived based on a Ministry of Health Return of Service Agreement
- Number of IEHPs who are NH employees 68 (40%) employed in roles including Care Aides, Administrative Assistants, Primary Care Assistants, Human Resource Assistants, Rehabilitation Assistants, Unit Clerks, Registration Clerks, Food Service Workers, Housekeepers, Lab Assistants and Project Coordinators.

# Refreshed Nursing New Grad Hiring Program

- Recruitment and Retention of New Grad Nurses is crucial to sustaining operational teams and quality patient care in the North.
- Practice change in November 2022 to ensure an expedited hiring process to temporary regularized positions (minimum of 0.70 FTE).
- Consistent onboarding and orientation, flexibility, and regular work allow new grad nurses to consolidate skills as they enter nursing profession.
- NH has received more than 120 applicants through this process; 66 have been hired, 45 are in screening. The majority have been hired into areas that were ranked top of preference list.
- In the last New Grad hiring cycle, NH hired a total of 79 (53 started as casual).

# Questions/Ideas?







# Recruitment and Retention Sources

## **Northern Medical Program (NMP) and Family Practice Residency Program.**

- 32 seats per year – NMP
- 21 residency spots per year (includes FP IMGs)
- **Practice Ready Assessment Program (PRA).**
- Nine spots each year – increasing in 2024

## **International Medical Graduates (IMG) Residency Program.**

- Six Family Practitioner allocations each year
- Specialty physician allocations are determined on a yearly basis

# Recruitment Tools

- Referrals through Health Match BC and online applications via the Northern Health website and CRM
- Advertising campaigns in many Canadian and international journals and websites
- Attendance at specialty conferences throughout BC, Canada and the U.S.
- Residency programs across Canada
- Rural incentives that exist through the Physician Master Agreement



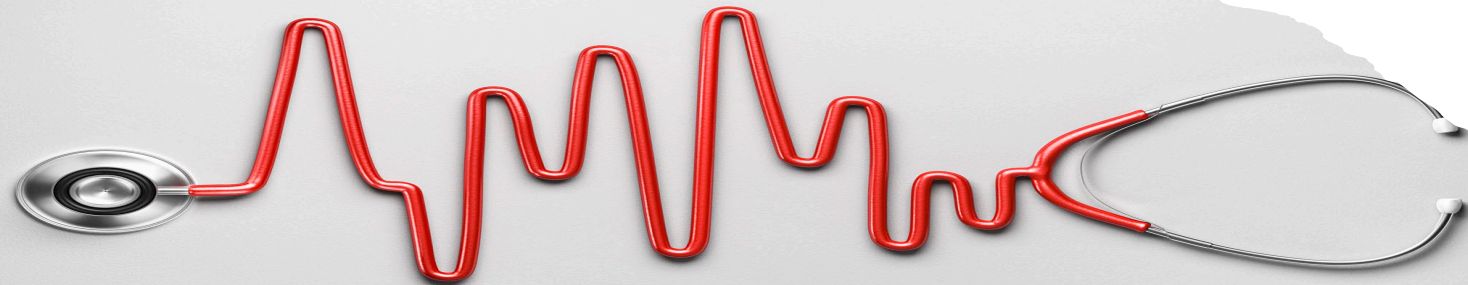
# Recruitment Challenges and Goals

## Challenges

- Increasingly competitive job market for physicians in urban and rural areas across Canada
  - Currently 872 Family Practitioner vacancies posted in BC as of today
- Differing lifestyles, work and practice expectations
- Difficulty attaining, supporting and maintaining the physician service levels
- Housing/childcare/negative social media
- Community amenities

## Goals

- Achieve a sustainable medical workforce
  - Be in a proactive recruitment environment instead of a reactive one
- Provide quality patient care
- Create a competitive recruitment environment
- Address different practice expectations
- Address the needs of a multi-generational workforce
- Work with all stakeholders to meet our common goal







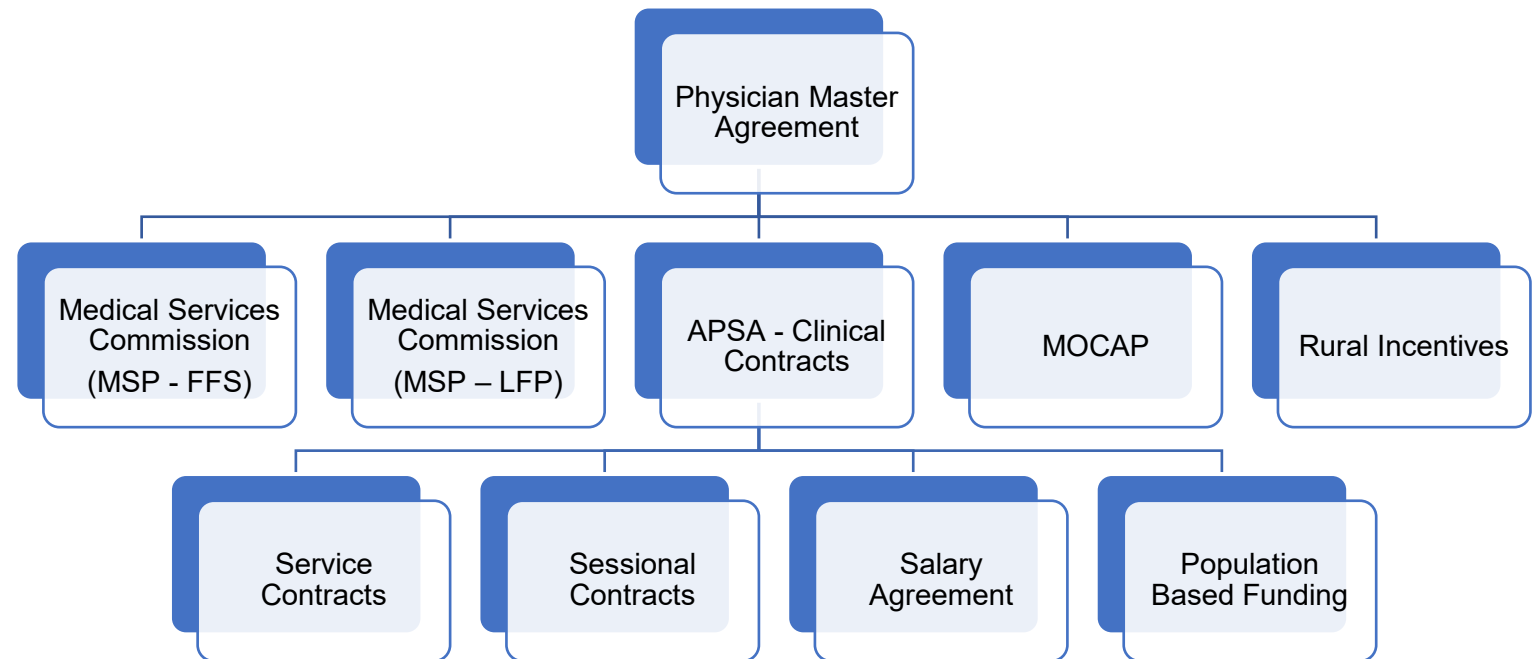


# Physician Compensation

- 1/3 of the entire BC provincial budget is allocated to Health Care
- Estimated Health Spending Budget is projected to be \$28.6 billion for 2023/2024
- There is one centrally administered “Available Amount” for provision of physician services
- Estimated expenditure flowing towards physicians medical services and infrastructure for medical services is \$7 billion
- MoH approximates that 1/10 of the entire provincial budget supports Medical Services for BC (mostly physicians)



# Funding Mechanisms



# Fee-For-Service and APP Contracts

- Fee-For-Service (FFS)
  - Main source of remuneration for Physicians providing medical services
  - Remuneration through the Medical Services Commission (MSP)
  - Set up as an independent/partnership or corporation with own office or a group family practice Physicians sharing office space.
- Two main types of clinical contracts (Alternate Payment Program – APP):
  - Service Contracts
  - Sessional Contracts
- Service Contracts
  - Clinical and service deliverables
  - Compensate for a Full Time Equivalent (FTE) (i.e. hours/year)
  - Compensation ranges negotiated provincially by practice category
- Sessional Contracts
  - Provincially set rate for GP and SP
  - Pays for a block of time (3.5 hours) for a defined service

# Longitudinal Family Physician (LFP) Payment Model

- New payment model
- Launched February 1, 2023
- An alternative to FFS
- Blended capitation model
- Continual evolution and development
- Link for detailed information:

<https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/longitudinal-family-physician/longitudinal-family-physician-payment-schedule-2023-03-13.pdf>



# MOCAP and Rural Programs

- MOCAP (Medical On-Call Availability Program)
  - Payment for services delivered on-site are from either FFS or APP
  - Levels of MOCAP are set provincially based on “burden of call”.
  - Set up as An independent/partnership or corporation with own office or a group family practice sharing office space.
- Rural Programs
  - Programs have been brought in to incentivize rural practice and recognize the additional challenges
  - Most programs take into consideration the “degree of rurality” to determine rates
  - Examples of some of the main rural programs available
    - Rural Retention Flat Amount
    - Rural Retention percentage
    - Rural Continuing Medical Education (individual and community)
    - Rural General Practitioner / Specialist Locum Program
    - Recruitment Incentive Fund
- The Rural Program Guide provides detailed description of each rural incentive program.
- <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/rural-guide.pdf>