

Nisga'a Valley Health Authority



NISGA'A NATION HEALTH PLAN 2015-2020

"A Shared Path to Improved Health"

July 21, 2015

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1. Executive Summary

The Nisga'a Nation Health Plan strives to build a world class health system for the Nisga'a Nation that is culturally appropriate and incorporates Nisga'a beliefs and traditions. It recognizes that health and wellness spans the full life of an individual from pre-natal to end of life. Services available to the Nisga'a people and residents of the Nass Valley should be of the highest quality. They should be delivered, where possible, in the Nass Valley in a cost effective and sustainable manner for future generations.

The Nisga'a Nation Health Plan is a five year requirement in the Nisga'a Lisims Government and Nisga'a Valley Health Authority Health Programs and Service Delivery Agreement. It is renewed on a five-year cycle while the Operational Plan is updated on an annual basis. The Nisga'a Nation Health Plan provides the foundation for Nisga'a Valley Health Authority input into the Annual Operational Plan. Annual operational plans lay out the priority activities of the Health Authority in the upcoming year with specific budgets attached.

The Nisga'a Nation Health Plan was completed in accordance with the Health Programs and Service Delivery Agreement, and in consultation with the Nisga'a Nation. It was developed by a collaborative team comprising of senior management from Nisga'a Lisims Government and Nisga'a Valley Health Authority:

Julia Adams, Chief Executive Officer, Nisga'a Valley Health Authority
Margaret Patsey, Director of Human Resources, Nisga'a Valley Health Authority
Linda Morven, Director of Health Services, Nisga'a Valley Health Authority
Cheryl Stephens, Executive Director, Nisga'a Lisims Government
Roberta Stewart, Director of Programs & Services, Nisga'a Lisims Government

It also included consultations with each Nisga'a community, a door-to-door distribution in each Nisga'a community, meetings with Village Governments, an initial review at the Nisga'a Lisims Government Executive, a final review of the draft with the Nisga'a Lisims Government officers, and finally, approval by the Nisga'a Valley Health Authority Board of Directors and the Nisga'a Lisims Government Executive. The Board of Directors of the Nisga'a Valley Health Authority adopted the Plan on July 21, 2015.

Key priorities for improved health have been identified in the Nisga'a Nation Health Plan as follows:

- Strengthen the Primary Care service delivery model.
- Re-commission hospital infrastructure and services.
- Invest in and build local capacity.
- Build a network of regional and remote specialists.
- Design and implement population health programs.
- Expand to become a regional referral hospital, to be able to respond to any regional expansion.

- Communication plan.

The steps identified in the work plan to achieve this vision include:

- 1) Strengthen clinical leadership, and include communities in an ongoing engagement strategy as they help to shape the health care service delivery model.
- 2) Revitalize primary care services, creating a proactive longitudinal model of care delivery, and attracting high quality primary care physicians.
- 3) Improve health system infrastructure enabling better access to diagnostics and medical care in the Nass Valley.
- 4) Improve local human resources capacity to provide health services sustainably into the future.
- 5) Design and implement public and population health programs, taking a proactive approach to improving the health and well-being of the Nisga'a people and residents in the Nass Valley.
- 6) Build on the strength of the health system created to serve the Nisga'a people and residents in the Nass Valley, improve their autonomy, and decrease reliance on Northern Health Authority. Offer these skills and infrastructure assets to neighboring Nations and external stakeholders and generate additional economic and social benefits to the community.

2. Health Programs and Service Delivery Agreement

The Nisga'a Valley Health Authority is the Health Authority responsible for helping Nisga'a and non-Nisga'a citizens residing on Nisga'a lands maintain and improve their health in accordance with the Nisga'a Lisims Government and Nisga'a Valley Health Authority Health Programs and Service Delivery Agreement. The Nisga'a Nation Health Plan – A Shared Path to Improved Health – was completed according to Sections 5 and 6 of the Agreement and in consultation with the Nisga'a Nation as follows:

Nisga'a Nation Health Plan

- 5 (1) For the purposes of this section, "consultation" between the Parties to Agreement means the provision by one Party to the other of
- (a) notice of a matter to be decided, in sufficient detail to permit the Party to prepare its view on the matter,
 - (b) if requested by a Party, sufficient information in respect of the matter to permit the Party to prepare its views on the matter,
 - (c) a reasonable period of time to permit the Party to prepare its views on the matter,
 - (d) an opportunity for the Party to prepare its view on the matter, and
 - (e) a full and fair consideration of any views on the matter so presented by the Party.
- (2) The Health Authority will:
- (a) develop, in consultation with the Nisga'a Nation, a Nisga'a Nation Health Plan for consideration by the Nisga'a Nation; and
 - (b) implement the Nisga'a Nation Health Plan.
- 6 (1) In developing the Nisga'a Nation Health Plan, the Health Authority will ensure that the following information is incorporated into the Plan:
- (a) the health programs and services provided by the Health Authority;
 - (b) a provision specifying how the Nisga'a Nation Health Plan is to be implemented;
 - (c) policies and procedures for the delivery of the health programs and services;

- (d) an evaluation plan, prepared in accordance with the fiscal financing agreement;
 - (e) emergency preparedness planning, including pandemic planning, for the delivery of health programs and service delivery by the Health Authority;
 - (f) a long term financial risk management plan for the delivery of health programs and services by the Health Authority, including non-insured health benefits;
 - (g) performance indicators, measurements and best practices for the delivery of health programs and services by the Health Authority.
- (2) The Health Authority will ensure that it prioritizes the delivery of these programs and services set out in sections 3(1) and 4 of this Agreement in the Nisga'a Nation Health Plan.
 - (3) The Nisga'a Nation Health Plan will be effective for five years, and will be revised by the Health Authority, in consultation with the Nisga'a Nation, on an annual basis.
 - (4) The Health Authority will submit the Nisga'a Nation Health Plan, as revised in accordance with subsection (3), to the Nisga'a Nation no later than March 14 of each fiscal year.

The Nisga'a Valley Health Authority works collaboratively with the Nisga'a Lisims Government to ensure the Nation's health care system serves the needs of Nisga'a and non-Nisga'a citizens who reside in the Nass Valley.

The Nisga'a Nation Health Plan is published by the authority of the Chief Executive Officer and the Board of Directors of the Nisga'a Valley Health Authority.

Nisga'a Nation Health Plan: "A Shared Path to Improved Health" is available on our website at the following address: www.nisgahealth.bc.ca . This publication can be made available on request in a variety of alternative formats. For further information or to obtain additional copies, please contact:

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3. Addresses

Message from the Chief Executive Officer, Nisga'a Valley Health Authority

The Nisga'a Valley Health Authority has had a longstanding role of providing the delivery of health services on and off Nisga'a Lands. The work the Nisga'a Valley Health Authority has undertaken with the various stakeholders has contributed to the many improvements and innovations in how health programs and services are delivered. At the same time, healthcare is becoming a much more complex and inter-related area of public policy.

Today, Nisga'a Valley Health Authority issues intersect with a number of other key government priorities – notably in areas such as social and economic policy, community safety, the environment, and affiliated -community-national relations. Moreover, how Nisga'a Valley Health Authority chooses to address the health issues is an important consideration in how the Nisga'a Nation manages its ongoing relationship with the people it serves. For these reasons, improving the overall health and well-being of people is not only an important element of the Nisga'a Valley Health Authority mandate, it is also contingent on the involvement of a wider range of partnerships.

The Nisga'a Nation Health Plan outlines how the Nisga'a Valley Health Authority plans to move forward in fulfilling its core mandate of providing health services while strengthening its focus with key partners to advance mutual priorities for improved health. These priorities have been identified in collaboration with Nisga'a Lisims Government, the four Nisga'a villages, and with the Nisga'a Valley Health Authority Board of Directors, Executive team, medical teams, and employees. Nisga'a Valley Health Executive and employees are key players in ensuring our success in implementing this Plan.

The Nisga'a Valley Health Authority trusts that this Nisga'a Nation Health Plan will become an important resource for employees, partners and stakeholders to pursue a *shared path towards improved Nisga'a health*.

Respectfully,

Julia Adams, BA
Chief Executive Officer
Nisga'a Valley Health Authority

Message from the Chair of the Board of Directors, Nisga'a Valley Health Authority

The Nisga'a Nation Health Plan 2015-2020 is our roadmap to the delivery of health care to the Nisga'a Nation over the next several years. This document guides us in the decisions we make. It lays out the goals and specific actions that will continue to improve the high-quality health care we deliver to Nisga'a and non-Nisga'a citizens every day, and helps us measure how far we have come in achieving those goals.

With the work of previous years behind us, we have moved to further developing the business and organizational foundation for Health Services in the Nass Valley, and through this plan, have focused our attention on what matters most – the quality of care that is provided.

Providing high-quality, sustainable health care is a challenge. It is a challenge everyone at Nisga'a Valley Health Authority embraces with the health, wellness and care of our patients as their highest priority. Each day, the staff, nurses and physicians of Nisga'a Valley Health Authority rise to the challenge and provide excellent care for citizens in a rapidly changing, and always demanding, environment.

We are using the shared experiences of health care providers and patients across this nation, and what we hear from Nisga'a, to inform our decisions. We are working with our stakeholders and partners to improve health care in every corner of the nation, and we are working to balance every initiative we are involved in with being fiscally responsible in how we deliver care. The care we provide is informed by research and evidence. We embrace and embed research and innovation in our work. We use this informed information to transform our health services to meet the needs of our growing nation.

As we strive to achieve our goals, our work is grounded in our values. Our values of respect, accountability, transparency, engagement, safety, learning and performance drive quality patient care and guide the decisions we make every day.

This plan is designed to build on our current successes, focus our efforts on outcomes and quality, and help us improve the overall health and quality of life of Nisga'a people and community members in our service delivery area. We strive to deliver the best health care possible no matter what stage of life they are in, or what their health care needs may be.

Respectfully,

Reverend James Moore
Chair of the Board of Directors
Nisga'a Valley Health Authority

Message from the President of the Nisga'a Nation

Nisga'a Lisims Government is committed to ensuring we improve the quality of life of our Nisga'a citizens, and the effective delivery of health care services is integral to that vision.

Under the *Nisga'a Programs and Services Delivery Act*, in any agreement with a health services provider, the Executive of Nisga'a Lisims Government must include provisions that ensure the development and implementation of a comprehensive, well-integrated, open, accountable, and financially responsible approach to the delivery of health programs or services to Nisga'a citizens, and to non-Nisga'a citizens residing on Nisga'a Lands.

To meet those and other requirements, the Nisga'a Valley Health Authority has developed the Nisga'a Nation Health Plan 2015-2020 titled "*A Shared Path to Improved Health*".

The Nisga'a Valley Health Authority has produced this plan with one key purpose: to improve health outcomes for the Nisga'a Nation. To achieve this outcome, the Health Authority has committed to carrying out 7 key goals

- Strengthen the Primary Care service delivery model.
- Re-commission hospital infrastructure and services.
- Invest in and build local capacity.
- Build a network of regional and remote specialists.
- Design and implement population health programs.
- Expand to become a regional referral hospital, to be able to respond to any regional expansion.
- Communicate effectively with key stakeholders.

In reviewing this plan, one of the Council of Elders, Sim'oogit Hleek, reflected on the changes to the delivery of health services during his lifetime. In the 1950's, health delivery in the Nass Valley was limited to 'dispensing bandages'; in 2011, the James Samuel Gosnell Memorial Centre was designated as a Hospital. The Health Authority has much greater responsibilities today, and its Board of Directors, who are accountable for performance under this Plan, have significant obligations as well.

As President, I along with my elected colleagues, remain committed to the vision of improved health services for our people, and we intend to ensure the Health Authority lives up to this plan.

So I urge all Nisga'a citizens to review this plan, reflect on it, and use it as a tool to measure the progress of the activities of the Nisga'a Valley Health Authority, and ensure the Nisga'a Valley Health Authority remains accountable to you and your families.

H. Mitchell Stevens
President

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4. Background

The Nisga'a Valley Health Authority was founded in 1986 and is governed by the Health Programs and Services Delivery Agreement with Nisga'a Lisims Government. Under the Agreement, the Nisga'a Valley Health Authority is fully accountable to deliver on the vision for improved health care.

The Nisga'a Valley Health Authority was created by the Nation to empower the Nisga'a Nation to deliver community health care in an effective and sustainable manner. The Nisga'a Valley Health Authority has six board members, one from each of the four communities, one non-Nisga'a member, and an appointed representative from Nisga'a Lisims Government.

From its origin in 1986 as a Diagnostic and Treatment Centre in one community, the Nisga'a Valley Health Authority has expanded to include four clinics, one in each Nisga'a community – New Aiyansh, Gitwinksihlkw, Laxgalts'ap and Gingolx. The James Samuel Gosnell Memorial Health Centre was designated a hospital under the Hospital Act in July 2011 as per the attached Order of the Minister of Health:

Ministerial Order No.

PROVINCE OF BRITISH COLUMBIA
M 176
ORDER OF THE MINISTER OF HEALTH
Hospital Act

I, Michael de Jong, QC, Minister of Health, hereby order that the designation of the Nisga'a Valley Health Centre made by Ministerial Order M 09/1986 be rescinded, and do further designate the James Samuel Goswell Memorial Health Centre, New Aiyansh as a hospital under the *Hospital Act*.

July 6, 2011
Date


Minister of Health

(This part is for administrative purposes only and is not part of the Order.)
Authority under which Order is made:
Act and sections: *Hospital Act*
Other (specify): M.O. 09/1986

The Nisga'a Nation Health Plan outlines the key strategies that the Nisga'a Valley Health Authority will implement over the next five years in pursuit of its identified goals and objectives in all areas of program and service delivery.

The purpose of the Nisga'a Nation Health Plan is to improve health outcomes through prevention programs allowing the Nisga'a Nation to regain control over the processes and measures of success in the delivery of health services. The Nisga'a Valley Health Authority will take a consultative and holistic approach by embracing the concept of "Sayt K'il'im Goot," "One Heart, One Path, One Nation" and will ensure that the vision "Daxgadim Gandidils," "Healthy Minds, Healthy Bodies, Healthy Spirits" is achieved.

Several groups and individuals have been instrumental in the development of the Nisga'a Nation Health Plan. In particular, the Nisga'a Valley Health Authority acknowledges the contributions of:

- Nisga'a Valley Health Authority staff who participated in the engagement process - the Executive Team, Administrative Teams, Board Committees, and Medical Teams
- Nisga'a Lisims Government Programs & Services
- Nisga'a Lisims Government Executive
- Wilp Si'ayuukhl Nisga'a
- New Aiyansh Community members
- Gitwinksihlkw Community members
- Laxgalts'ap Community members
- Gingolx Community members

In addition, the following Literature Review Sources were utilized to assist with completion of the Plan:

Nisga'a Valley Health Authority Reports & Nisga'a Lisims Government publications

- Nisga'a Valley Health Authority (NVHA) Annual General Meeting Reports
- NVHA Chief Executive Officer Reports
- NVHA Fiscal Finance Reports
- NVHA Service Delivery Agreement & Reports
- Fiscal Financing Agreement
- Nisga'a Lisims Government Special Assembly Reports
- Northern Health Authority Reports
- Aboriginal Health Improvement Committee Reports
- Nisga'a Lisims Government Quality Of Life Committee
- NVHA HEU union Agreements
- NVHA BCNU union Agreements
- NVHA Alternative Payments Programs Agreements
- Hub Results
- Laxgalts'ap/Greenville Community Health Plan (draft, February 2012)

5. Governance

In compliance with the Nisga'a Constitution and laws of the Federal and Provincial Governments and the BC Society Act, the Nisga'a Valley Health Authority will implement a holistic approach that is responsible to the voice of the Nisga'a Nation as represented by the Nisga'a Lisims Government Executive.

The Nisga'a Valley Health Authority is governed by the Nisga'a Lisims Government Programs and Service Delivery Act, the Health Programs and Service Delivery Agreement with the Nisga'a Nation, the Canada Health Act and Provincial Legislation. The Nisga'a Valley Health Authority will uphold the Agreement and reporting requirements in a timely manner to Nisga'a Lisims Government.

The Nisga'a Valley Health Authority has six board members, one from each of the four communities, one non-Nisga'a member, and an appointed representative from Nisga'a Lisims Government. The Board of Directors for this term include:

Reverend James Moore, Nisga'a Lisims Government
Maureen Morven, Gitlaxt'aamiks
Kimberly Azak, Gitwinksihlkw
Sylvia Stephens, Laxgalts'ap
Peter Stevens, Gingolx
Norman Hayduk, Local Area 92

The Board of Directors is the governing body that is responsible for overseeing the provision of Healthcare services and for the administration of the delivery of those services in keeping with its mission, mandate, legal framework, policies, and procedures.

The Board of Directors will provide strategic leadership to the Nisga'a Valley Health Authority by ensuring formal strategic planning is undertaken on a recurring scheduled basis. The Board of Directors has the responsibility to ensure the Board is meeting its legal obligation to the Nisga'a Valley Health Authority, the Nisga'a Lisims Government, its community members, and other stakeholders.

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6. Vision

The Nisga'a Valley Health Authority's vision is to improve health outcomes through education, prevention, acute services and research. The Nisga'a Valley Health Authority's vision statement of Daxgadim Gandiils, "Healthy Bodies, Healthy Minds, Healthy Spirits" will encourage the Nisga'a Nation to develop a healthy environment incorporating "Sayt K'il'im Goot," "One Heart, One Path, One Nation."

Nisga'a culture and traditional healing practices remind us that listening and choosing to live a healthy lifestyle results naturally in a healthy mind, healthy body and healthy spirit. Working in the spirit of Sayt K'il'im Goot with healthy citizens in a healthy environment, supporting and being supported by healthy families and communities continues to be the Nisga'a Valley Health Authority's ultimate vision (Nisga'a Valley Health Authority National Health Plan, July 2010).

The Nisga'a Valley Health Authority will promote and educate citizens utilizing the concepts of Daxgadim Gandiils and Sayt K'il'im Goot. The Nisga'a Valley Health Authority will continue to promote prevention/intervention programs implementing Nisga'a values and respect with a holistic approach.

The philosophy of the Nisga'a Nation is Sayt K'il'im Goot, one healthy Nation and one healthy community setting the guiding principles for the governance of the Nisga'a Valley Health Authority through our five pillars of health services. The Nisga'a Nation Health Plan will embrace these five pillars of Health Services:

Public Health

Public Health is based on the Nation's needs and will be structured to enhance health services. The Nisga'a Valley Health Authority will engage the public to maintain and improve the well-being of all citizens.

Public Trust

The Nisga'a Valley Health Authority will continue to develop and implement policies in accordance with legislation, expectations and the needs of the public. The Nisga'a Valley Health Authority will continue to provide patient advocacy to those who cannot advocate for themselves.

Public Confidence

The Nisga'a Valley Health Authority will be accountable and transparent in the delivery of Health Care services to enhance public confidence and to make a positive impact on the health of the Nation.

Public Accountability

The Nisga'a Valley Health Authority is accountable to the Nation through effective communication and reporting on goals, outcomes and health service delivery on a regular and ongoing basis.

Professionalism

The Nisga'a Valley Health Authority will ensure professionalism by re-evaluating and adjusting structures and protocols. The Nisga'a Valley Health Authority will uphold ethical standards by adopting and implementing existing National Code of Ethics.

The Nisga'a Valley Health Authority Board of Director mandate involves designating administration and defining responsibilities including planning, managing, delivering and evaluating health services.

In addition, the delivery of the Nisga'a Nation Health Plan is in compliance with the Nisga'a Lisims Government and Nisga'a Valley Health Authority Health Programs and Service Delivery Agreement and is in keeping with the Canada Health Act. The Nisga'a Valley Health Authority will establish specific performance objectives and standards in an effort to deliver quality healthcare.

7. Guiding Principles

The Nisga'a Valley Health Authority provides treatment and preventative services to the five local communities – New Aiyansh, Gitwinksihlkw, Laxgalts'ap, Gingolx and Local Area 92 - to a population of approximately 3,500 people within Nisga'a Lands. The Nisga'a Valley Health Authority also provides Non-Insured Health Benefits to the Nation of 7,500 people.

The Nisga'a Valley Health Authority believes in working together, sharing our collective knowledge and wisdom in the delivery of programs and services in health which are suited to the needs of all clients in the Nass Valley. As health care providers in the delivery of these programs and services, we see ourselves as facilitators of better quality health, promoting and assisting in the process of making healthier choices toward healthy minds, healthy bodies and healthy spirits.

Overall, the Nisga'a Valley Health Authority will provide better quality and culturally-relevant services in the treatment of illnesses and assist individuals, families and communities become and remain healthy.

The Nisga'a Valley Health Authority will work in partnership with health practitioners, Nisga'a Lisims Government, Village Governments, other funding agencies and our neighbours to align our initiatives toward improving the health through health promotion, quality service delivery, education and research. The Nisga'a Valley Health Authority will strive for excellence in the governance of aboriginal health in the North, transparent and accountable to the Nisga'a communities it serves.

Programs and services are organized around three themes, acute/emergency care, preventative care and the Non-Insured Health Benefits program. The Health Programs and Services are being delivered via four Nisga'a Health Centers – one located in each of the Nisga'a communities.

Health services are provided under the terms of the Nisga'a Nation Health Plan that direct the provision of all health care services within the Nisga'a Valley Health Authority.

The Nisga'a Valley Health Authority has utilized the following guiding principles to ensure that the healthcare system provides for quality health and well-being for the Nisga'a Nation.

- Services will be culturally appropriate incorporating Nisga'a beliefs and traditions.
- Services will be of the highest quality, provide optimal patient experience, and will be cost effective.
- Delivering health services and programs which serve the communities and meet the needs of individuals, families, and groups; with service centered on client, patient, and employee safety.
- Where possible, services will be delivered close to home.

- Service design will promote pro-active prevention of illness and preventable disease.
- The continuity of relationships between patient and provider are critical to success.
- Health and wellness spans the full life of an individual from pre-natal to end of life.
- The ability to respond to increased needs from increased economic development activity.

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8. Building on the Previous Five Years

Challenges were identified in the Five Year Evaluation (2009-2014) that the Nisga'a Valley Health Authority submitted to Nisga'a Lisims Government in 2014, and recommendations were made as a result to address the challenges. These recommendations, as listed below for the existing programs, continue to guide the Nisga'a Valley Health Authority on its path toward the delivery of quality health services in all areas of program and service delivery.

Physician Services/Primary Care

1. Achieve greater control of the recruitment process.
2. Strengthen the holistic health model encouraging all departments to align services that meet the holistic needs of clients.
3. Maintain equitable access to physician services throughout the Nass Valley.
4. Update orientation package for physicians including cultural orientation.
5. Increase primary practice care and accessibility of physicians.
6. Retain a full-time Senior Physician.
7. Improve chronic disease management.
8. Strengthen discharge planning processes.
9. Review and strengthen emergent care requirements.
10. Implement x-ray services.
11. Improve lab services.
12. Complete accreditation requirements for ultrasound and provide a broad scope of ultrasound services.
13. Continue with the implementation of the point of care equipment at each center including a Beckman Coulter Counter for differential blood cell counts. This will greatly reduce the need to send blood samples to Mills Memorial Hospital.
14. Strengthen accountability measures to the people it serves, the communities and the Nation.
15. Strengthen performance indicators and health outcome indicators.
16. Implement strategy.

Nursing

1. Strengthen recruitment and retention strategies for nurses in the Nass Valley.
2. Update orientation package for nurses including cultural orientation.
3. Support nursing practices toward the delivery of quality care and preventative measures.
4. Provide for student nurse mentorship in the Nass Valley.
5. Strengthen nursing services in the Nass Valley including providing extended clinics.

Public Health

1. Increase public awareness of the significance of public health in all areas.
2. Increase training to strengthen public health services.

3. Strengthen relationships with parents and Nisga'a organizations particularly with School District No. 92 to strengthen services to our children and youth in the school setting.
4. Promote awareness of significance of immunizations/vaccines and improve on numbers of immunizations/vaccines including the flu vaccine (minimize risk to chronic/acute clients and babies).
5. Secure funding for a Nisga'a dietician.
6. Review and improve on staffing for public health.
7. Strengthen collaboration between public health and Nisga'a Valley Health Authority physicians and nurses.
8. Strengthen public health services in the Nass Valley.

Dental Services

1. Complete cost analysis/comparison of Nisga'a Valley Health Authority dental services and cost of dental services after dental office closed.

Home Support & Resident Care

1. Continue to review and improve services.
2. Increase quality of independence of clients.
3. Build on the limited respite services provided to increase service to clients.
4. Maintain staffing and quality of care provided.
5. Increase education for family on quality of care and safety requirements of clients in the home.
6. Strengthen networking and collaboration with Village Government Home-Maker programs and other services provided such as Housing requirements, for example, the need for ramps, to increase quality of care of clients.

Cultural and Community Health Representatives

1. Provide CCHR access to the Electronic Medical Record to improve on client care and statistical information (reporting requirements).
2. Strengthen CCHR work with the public health nurse, physicians and nurses.
3. Strengthen liaison services in the community and with Village Governments.
4. Improve on program and service delivery.

Mental Health and Community Wellness

1. Ensure certification of community wellness counsellors.
2. Improve program and service delivery.
3. Implement Team Lead function.
4. Strengthen networking and collaboration as required including the Nass Valley Crisis Response Team.
5. Enhance training in detox and care of clients at all levels.
6. Increase public awareness of programs and services including Family, Alcohol Anonymous, and Interagency supports.

Non-Insured Health Benefits

1. One of the major areas of expenditures in NIHB is in the pharmaceutical (prescription) program. Implement recommendations made by Great West Life to provide innovative prescription drug and health benefit solutions to help meet our needs now and in the future.

Product Development

We have introduced new contract provisions to enhance and update benefits plans with improved efficiencies and cost containment, such as Enhanced Generic Substitution, and to support valuable healthcare services, such as Health Case Management, and efficient access to coverage for specialty medications.

We are continuing to design product options that provide simple plan design alternatives that effectively manage cost and help you align your plan design with your benefits philosophy.

Cost Management

We are working with pharmacists and pharmacy service providers to help establish more efficient processes that help reduce costs, while improving or maintaining patient coverage and health outcomes.

Health Case Management

Programs such as Prior Authorization for specialty medications provide the opportunity to help ensure that coverage is provided for the treatment most appropriate for the patient and his or her condition. Adding Health Case Management services helps to facilitate the process of identifying the most appropriate treatment and considering alternative treatments. Health outcomes are more closely monitored to help ensure the most appropriate treatment is underway and to avoid unnecessarily continuing treatment that is not providing the desired health outcomes.

For specialty medications that require Health Case Management, a health case manager is assigned to work with the claimant and his or her physician to understand the treatment plan and monitor the effectiveness of the treatment. The health case manager also provides information, conducts regular follow-up calls and uses or recommends support resources to help manage medication adherence and effectiveness. By monitoring and managing a plan member's treatment plan, better health outcomes may be achieved without incurring unnecessary benefits plan costs.

Education and Engagement

Some people may question whether coverage for specialty drugs is sustainable into the future. Engaging plan members to embrace cost-effective alternatives is an important step to successfully meeting this challenge.

Raising awareness and educating plan members about treatment alternatives that maintain positive health outcomes are key to ensuring value, maximizing effectiveness and improving the sustainability of drug plans.

2. Review cost management of programs.
3. Increase funding to Non-Insured Health Benefits – requires an increase in Fiscal Finance Agreement funding.
4. Review exceptions process and improve process for exception requests.
5. Continue to review all areas of services including staffing requirements (manager position with strong financial background).
6. Review and improve on Great West Life administration of programs including formulary.
7. Continue to review the standards of patient travel needs and utilization.
8. Improve staff communication with clients.
9. Provide staff with ongoing training including how to deal with difficult clients.
10. Improve program delivery.
11. Increase public education on user of last resort, and utilizing services provided in the Nass Valley.

Environmental Health

1. Hire an Environmental Health Officer.
2. Review environmental health issues in each Nisga'a community.
3. Strengthen relationship with Village Governments on environmental health issues.
4. Improve environmental health in the Nass Valley.

Human Resources

Managers will encourage employee incident reporting in a timely manner.

Administration will encourage managers to address concerns from employee in a timely manner. Human resources to work with the union for filed grievances to respond to breaches of respective Articles in the collective agreements in timely manner.

The Nisga'a Valley health Authority intends and strives to ensure that our staff members are provided with accurate and appropriate information on a regular basis that details the processes, achievements, and changes that occur within the organization. The Nisga'a Valley Health Authority developed policies and procedures and have established guidelines for appropriate internal communication to ensure that staff members are able to work effectively as a team. The Nisga'a Valley Health Authority administration will provide staff with the internal resources to send and receive information in an effective manner that will ensure awareness of company news, initiatives, changes, and achievements.

The Nisga'a Valley Health Authority will communicate the following forms of information:
Employment Opportunities – In the event that a position within the organization becomes available, Nisga'a Valley Health Authority will post the opportunity internally for a period of 2 weeks, and will ensure that the posting is made available on the company intranet, and posted on the bulletin board in the staff rooms. Nisga'a Valley Health Authority management are advised to provide posting information to their staff. After two weeks, it will be posted externally. Depending on the position, it may be posted both internally and externally.

Staffing Changes – The Nisga'a Valley Health Authority will communicate staffing changes that affect the organization including promotions, retirements, and vacancies created through other means of attrition. This information will be communicated in an effort to recognize the achievements of staff, appreciate the service of our retiring employees, and ensure that staff members are aware of any changes made in staffing that may affect the flow of work.

Organizational Change – The Nisga'a Valley Health Authority will ensure that all changes regarding the way it does business or manages the flow of work within the organization is properly communicated to all staff. Changes regarding company initiatives, goals and objectives will be communicated to provide staff with the updated information. Similarly, Nisga'a Valley Health Authority will communicate news regarding changes made within the organization, within internal structures (e.g. departments, work-units), physical structures, and any other form of change regarding the operations of the company.

Policy Change – Where Nisga'a Valley Health Authority implements a new policy or revises a previously existing policy that affects our staff and/or the organization, the change will be communicated through appropriate channels.

Motivational Information – In the event of any new incentive programs regarding performance, rewards made available or awarded, and/or the recognition of achievements made by our staff, the Nisga'a Valley Health Authority will ensure that these are effectively communicated to staff. The Nisga'a Valley Health Authority recognizes and rewards the achievements of staff, and will work to ensure that they are provided with motivational forces to inspire further achievement.

Health and Safety – In the event of any changes made to work-processes or where any workplace hazards are identified, and control measures are put into place, the Nisga'a Valley Health Authority will ensure that all staff are provided with appropriate information regarding the change.

Information for the Public – Nisga'a Valley Health Authority will provide clients and the public at large with information regarding organizational news, disruptions in service, and other appropriate information regarding Nisga'a Valley Health Authority products and/or services. This form of communication will be governed by the Nisga'a Valley Health Authority Communications Policy.

Unacceptable Forms of Communication

The Nisga'a Valley Health Authority will ensure that staff will not communicate any confidential information regarding Nisga'a Valley Health Authority personnel, our clients, or the company in accordance with the Personal Protection and Privacy policies.

The Nisga'a Valley Health Authority will ensure that any communication to be made does not send a message of violence, harassment, discrimination or bullying.

Methods of Communication

The Nisga'a Valley Health Authority will employ the following methods of communication for internal processes:

Management Face-to-Face – Where possible, Nisga'a Valley Health Authority management will communicate appropriate information for staff members. Staff members are encouraged to communicate openly with management and provide them with pertinent information.

Staff Meetings – Nisga'a Valley Health Authority departments and teams will hold regular staff meetings to discuss work processes, and communicate goals, objectives, processes, and pertinent information.

Seminars – Where training and/or education is to be provided regarding changes made, Nisga'a Valley Health Authority may elect to hold seminars to communicate the information.

Suggestion Boxes – Where Nisga'a Valley Health Authority staff would like to submit information for consideration / communication, suggestion boxes will be made available.

Staff encouragement boxes - Where Nisga'a Valley Health Authority clients would like to submit recognition for Nisga'a Valley Health Authority staff for exceptional services.

Bulletin Boards – The Nisga'a Valley Health Authority will post information for communication purposes on Bulletin Boards located in each centre.

Emails –The Nisga'a Valley Health Authority may send memorandums for the purposes of communication via email.

Intranet – Where communication is required, the pertinent information will be made available on the Nisga'a Valley Health Authority intranet.

Housekeeping/Maintenance

1. Strengthen housekeeping accountabilities, and infection, prevention and control measures.
2. Continue to improve on health standards in housekeeping.

3. Provide ongoing work related orientations to levels of cleaning and maintenance requirements in all areas of program and service delivery within the Nisga'a Valley Health Authority at all centers.
4. Improve work order process for both housekeeping and maintenance.

Capital Improvements & Facilities/Fleet Management

1. Review capital and facility improvements/expansion for Gingolx, Gitwinksihlkw, and New Aiyansh centers.
2. Increase storage capacity.
3. Continue to access the Capital Finance Commission funding for improvements/replacements.
4. Expand the Aiyansh center to accommodate other proposed services.
5. Continue to maintain all capital assets, facilities and fleet.
6. Upgrade generators at all centers.
7. Short/long term planning at all centers and residences to meet program and service delivery changes.
8. Upgrade heating system at the New Aiyansh center.
9. Upgrade phone system at the New Aiyansh center.

Emergency Preparedness/Occupational Health & Safety

1. Improve on internal response to emergencies in all departments.
2. Ensure client needs are met at all levels in emergencies.
3. Ensure that all centers are equipped to maintain services in power outages.
4. Strengthen emergency and pandemic planning.
5. Maintain participation on Nisga'a Lisims Government Emergency Preparedness Committee.
6. Increase emergency preparedness training of staff.

Information Technology

1. Improve on information technology requirements in all areas.
2. Provide ENTEL and the Nation on internet concerns and recommendations to improve internet service (will improve Electronic Medical Record access and connectivity to Mills Memorial Hospital and other health organizations).
3. Improve information technology work order process and communication with staff.
4. Strengthen information technology service at all centers.

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9. Monitoring Our Progress

The Nisga'a Nation Health Plan entails a systematic process to monitor and report on the progress that the Nisga'a Valley Health Authority is making in pursuit of the goals.

Key Performance Indicators are a valuable tool that are being used to measure and report on progress in all areas of program and service delivery in the Nisga'a Nation Health Plan. The intent of this section is to provide highlights of the Key Performance Indicators of health care service delivery to the Nisga'a Nation as provided for in the Service Delivery Agreement.

Requirements

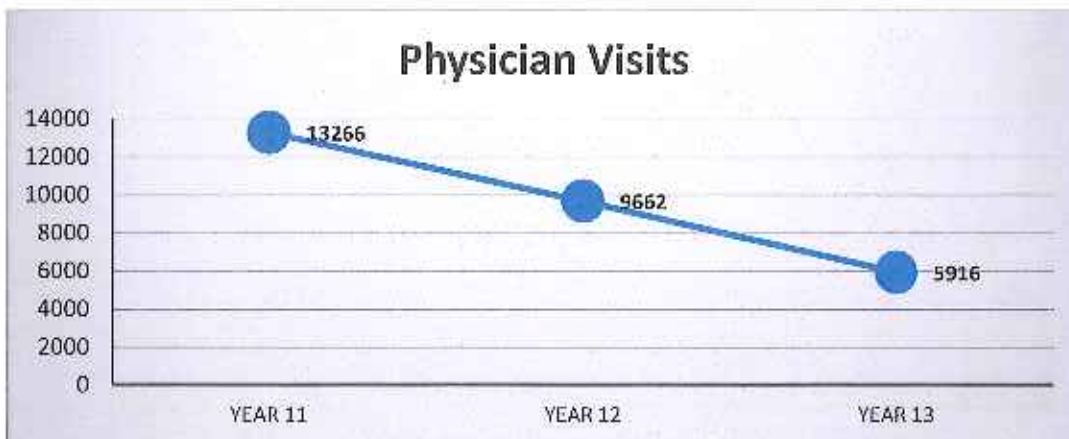
The Nisga'a Valley Health Authority would like to take this opportunity to highlight the requirements under the Health Programs and Services Delivery Agreement and how Nisga'a Valley Health Authority has complied with the requirements to fulfill the vision of the Nisga'a Nation in consultation with our partners and governing authorities.

Physician Services/Primary Care

Physician Services/Primary Care – The Operational Plan outlines the strategy for delivery on this requirement.

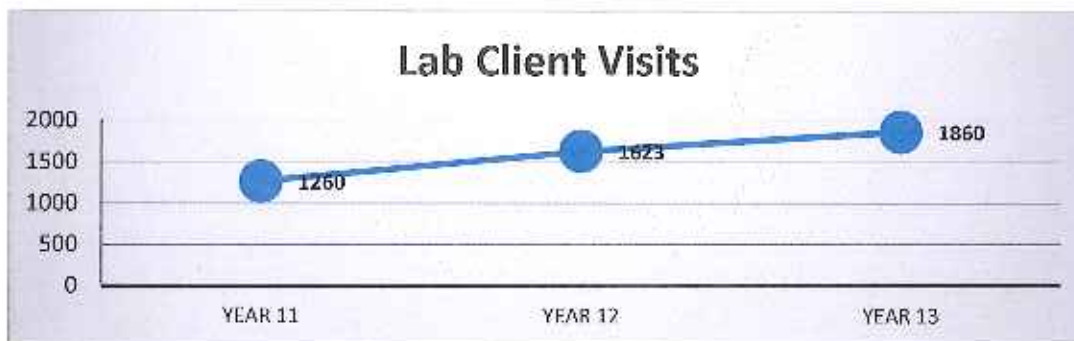
Centralized Services – Physician Visits

Key Performance Indicators for Physician Visits - Year 10/11, 13,266 visits to community members representing a number equivalent to 7 visits per person on Nisga'a Lands, Year 11/12, 9662 representing a number equivalent to 5 visits per person on Nisga'a Lands, Year 12/13, 5916 representing a number equivalent to 3 visits per person on Nisga'a Lands. The decline is attributed to the increase in immunizations, and is also due to the shortage of physicians during the reporting period. The Nisga'a Valley Health Authority has also increased immunizations and the preventative care strategy resulting in less required physician visits. The Nisga'a Valley Health Authority is implementing preventative care programs that strengthen healthy community initiatives.



Diagnostic Services – Clinical Lab Services

Key Performance Indicators for Diagnostic Services - Year 10/11, 1260 client visits to our facilities, Year 11/12, 1623 visits to our facilities, Year 12/13, 1860 visits to our facilities representing a 48% increase for the time period from 2010-2013. This increase is indicative of the acquisition of additional lab equipment at Nisga'a Valley Health Authority. It is critical that we have this service in the Valley to help our preventative care strategy. The Nisga'a Valley Health Authority is providing in-house laboratory services as opposed to sending clients to neighbouring communities. There is more labs being completed resulting in the diagnosis of disease and infection earlier as clients had to wait inordinate amounts of time for results from the nearby communities. The closer to home the service, the quicker the response time and less severe the disease and or infection.

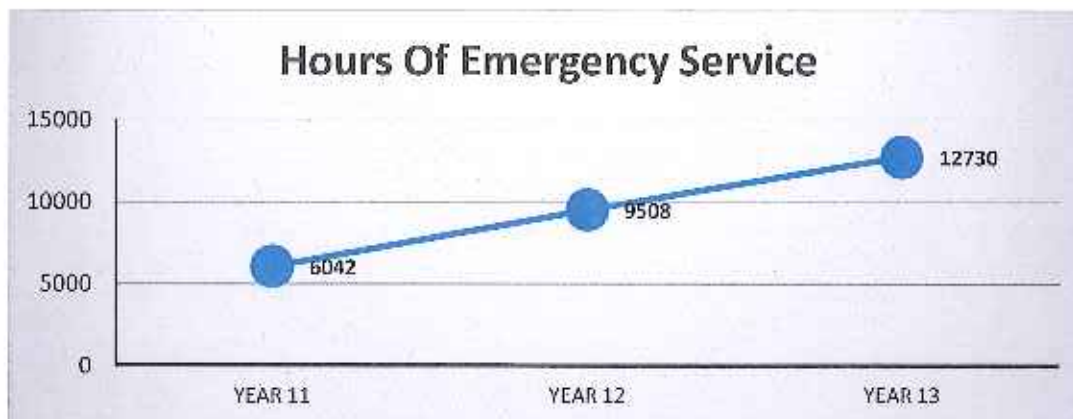


Nursing

Emergent Services – The Strategic Plan outlines the strategy for delivery on this requirement.

Centralized Services – Emergency Services

Key Performance Indicators for Emergency Services – Year 10/11, 6042 hours of emergency services provided, Year 11/12, 9508 hours of emergency services provided, Year 12/13, 12730 hours of emergency services provided. This represents 111% increase in services hours over a three year period. This increase is reflective of both a decrease in primary care service delivery and the increased accessibility of emergency services in the nursing area. The emergency services that we are providing has increased drastically. We are providing more hours to provide more care and we can't deny services. As our population gets older, we need more emergent hours. As children move out due to family growth, the elders will need more emergency services. We need more resources to sustain the 24 hour service that's required in communities. This is an underfunded liability that the Nisga'a Valley Health Authority has no control over. More nursing funding is needed to increase our premium time care and hours of service delivery.



Centralized Services – Nursing Services

Key Performance Indicators for Nursing Interactions - Year 10/11, 9052 encounters, Year 11/12, 10800 encounters, Year 12/13, 12600 encounters. This represents a 39% increase of client encounters over a 3 year period. This is a direct impact of less physician services and increased accessibility to nursing in the Valley. Nisga'a Valley Health Authority needs increased health services for preventative care. We have to respond to the health care needs with what we have. Again, we need an increase in nursing to respond to the growing community needs. The Nisga'a Valley Health Authority is currently seeking additional funding to increase our ability to support our preventative care strategy.



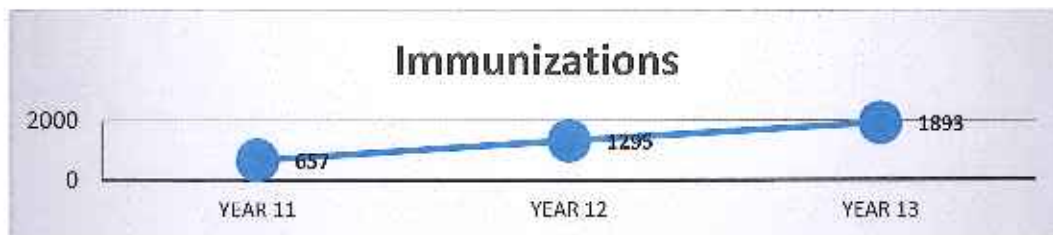
Public Health

Public Health including health promotion and illness prevention – The Operational Plan outlines the strategy for delivery on this requirement, more specifically the goals include:

Preventative Care Strategy – Immunizations

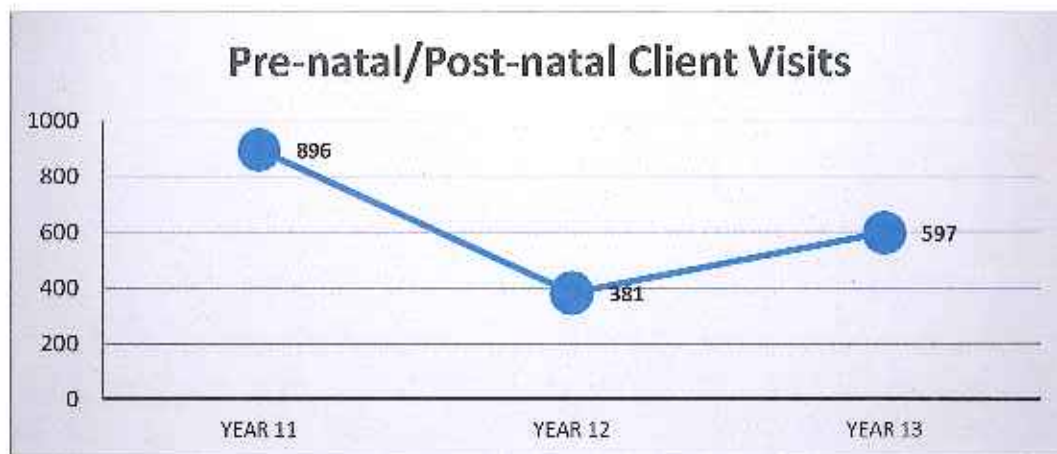
Key Performance Indicators for Immunizations - Year 10/11, 657 immunizations representing 35% of the population on Nisga'a Lands, Year 11/12, 1295 immunizations representing 68% of the population on Nisga'a Lands, Year 12/13, 1893 immunizations representing 99% of the population on Nisga'a Lands. Immunizations help protect people from getting infectious diseases. When people get vaccinated, they help protect others especially at-risk clients. Vaccines are very safe. It's much safer to get the vaccine than an infectious disease. Over the years, the Nisga'a Valley Health Authority is seeing an increase in the numbers of immunizations including the annual flu vaccine and requisite vaccines for healthy babies through our Canada Prenatal Program.

This is a three year snapshot of immunizations. We went from 657 in year one to 1893 in year three which is reflective of an almost 100% increase to a current year population of 1900 community members. This is directly reflective of the Nisga'a Valley Health Authority's increase in its preventative care strategy. It is anticipated that we will have less physician reactive care visits, less chronic disease, less preventative disease and healthier communities.



Healthy Baby Initiative – Pre-natal/Post-natal Program

Key Performance Indicators for Pre-natal Education - Year 10/11, 896 client visits to our facilities, Year 11/12, 381 visits to our facilities, Year 12/13, 597 visits the numbers represents 21 visits total per infant over a period of 21 months. The Canada Prenatal Program is a healthy baby initiative in Public Health and CCHR departments. Ongoing work is being completed with pre-natal and post-natal clients to complete requisite care, and supporting healthy babies and Moms including immunizations, education, and initiatives such as promoting healthy eating.

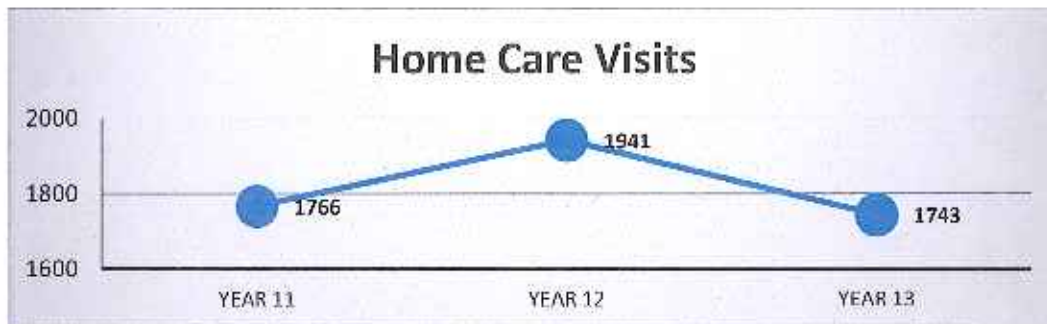


Home Support & Resident Care

Home and community care services– The Operational Plan outlines the strategy for delivery on this requirement.

Local Services – Home Care

Key Performance Indicators for Home Care Visits - Year 10/11, 1766 visits to community members representing a number equivalent to 93% of the population on Nisga'a Lands, Year 11/12, 1941 home care visits representing a number equivalent to 100% of the population on Nisga'a Lands, Year 12/13, 1743 home care visits representing a number equivalent to 92% of the population on Nisga'a Lands. This is one of the more critical pieces as we get older as a Nation. Based on the current year population, our manpower was exhausted based on the number of client care encounters. In response to the shortage of homecare providers to client care needs, we secured the services of three full-time recent Nisga'a graduates from a homecare program. We are also responding to increasing the care levels of homecare clients by developing a day respite program in house to support client needs and increase our ability to deliver additional support to both the clients, family and the home care program.



Mental Health and Community Wellness

Mental Health Services– The Operational Plan outlines the strategy for delivery on this requirement.

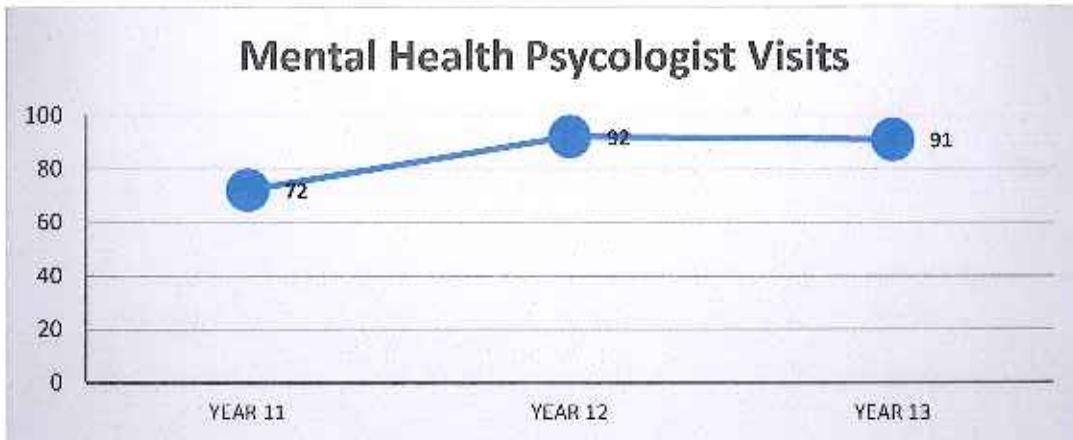
1.1.2 Centralized Services – Mental Health Referrals

Key Performance Indicators for Mental Health Referrals – Year 10/11, 553 mental health referrals, Year 11/12, 643 mental health referrals representing a number equivalent to 34% of the population on Nisga'a Lands, Year 12/13, 714 mental health referrals. Our percent of representation is equivalent to an average of 30% of our current year population. This affects 1 in 3 community members and the number is still rising.



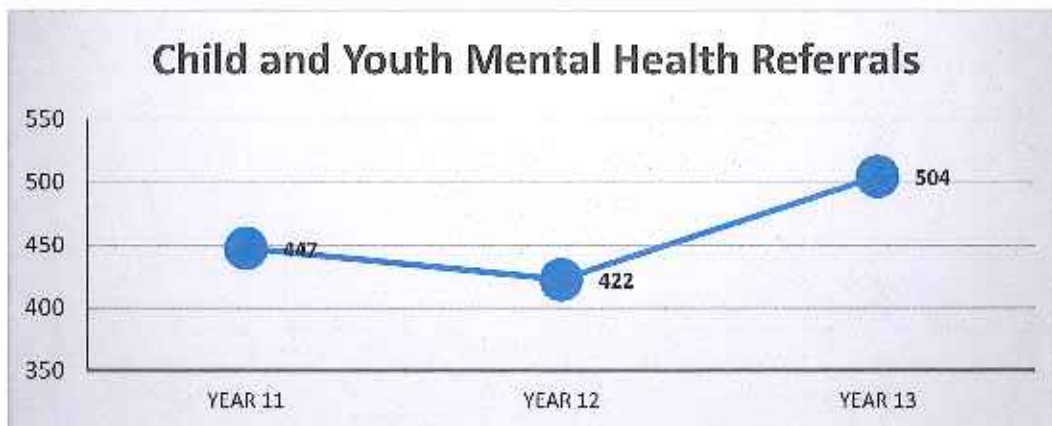
Centralized Services – Mental Health Psychologist Visits

Key Performance Indicators for Mental Health Psychologist Visits – Year 10/11, 72 visits, Year 11/12, 92 visits, Year 12/13, 91 visits. We have had a reactive care model and are currently moving this service to encompass preventative care. We are working through early assessments with our new psychologist to address concerns and issues earlier for clients at risk.



Centralized Services – Child and Youth

Key Performance Indicators for Child and Youth Interactions – Year 10/11, 447 interactions, Year 11/12, 422 interactions, Year 12/13, 504 interactions. This is one of the programs that is setting the stage for preventative care. We are focusing our services on suicide awareness and substance abuse. We are strategizing with our Community Wellness Counsellors to working with the youth to increase support services. Our psychologist is working with our mental health team to increase our program service delivery and focus our client care approach to a support team effort with family/wilp and community supports in place to increase positive outcomes. The team assists in creating a health and wellness plan for clients, prevention and intervention of suicide ideation and attempts, that integrates Nisga'a traditional values and beliefs, and strengthens the families' coping strategies. The current client feedback is positive from parents and teachers of clients. Clients are working through personal goals. We have had an increase in clients committing to substance abuse treatment centre. The team is gaining the confidence and trust of youth.



Non-Insured Health Benefits

The Operational Plan outlines the strategy for delivery on this requirement.

Centralized Services – Dental (Number of Clients)

Key Performance Indicators for Dental Clients - Year 11/12, 7955 encounters, Year 12/13, 9249 encounters, Year 13/14, 9734. This represents 22% increase client encounters over a 3 year period. This also represents a minimum of 5 encounters per person on Nisga'a lands. The number of clients who have sought dental services and received dental services is 100%. We are currently looking at opportunities to provide this service in Nass Valley. We have equipment purchase requirements to deliver this program. The equipment that we had was outdated and non-functioning.



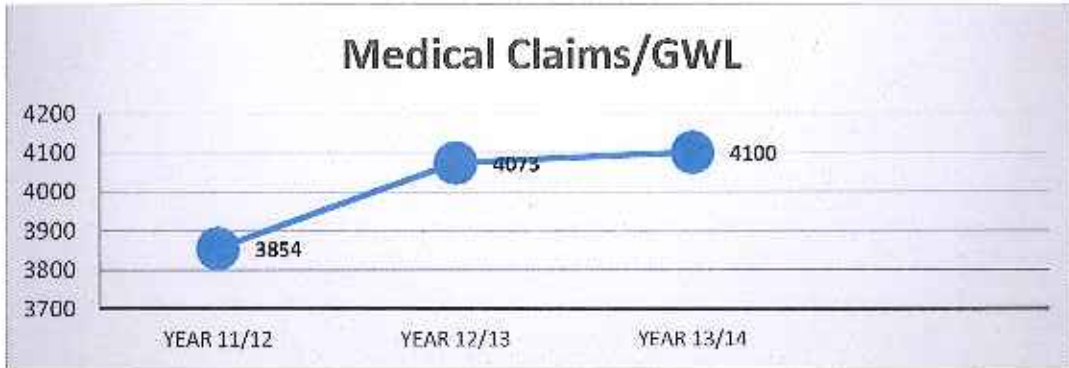
Centralized Services – Pharmacy (Drugs) – Number of Clients

Key Performance Indicators for Pharmacy Clients - Year 11/12, 3801 encounters, Year 12/13, 4033 encounters, Year 13/14, 4046. This represents 6% increase client encounters over a 3 year period. This also represents a minimum of 2 encounters per person on Nisga'a lands. Our pharmacy encounters are increasing with our aging population. We are providing more services to our people and need to bring this service in house to bring down the dispensing fees.



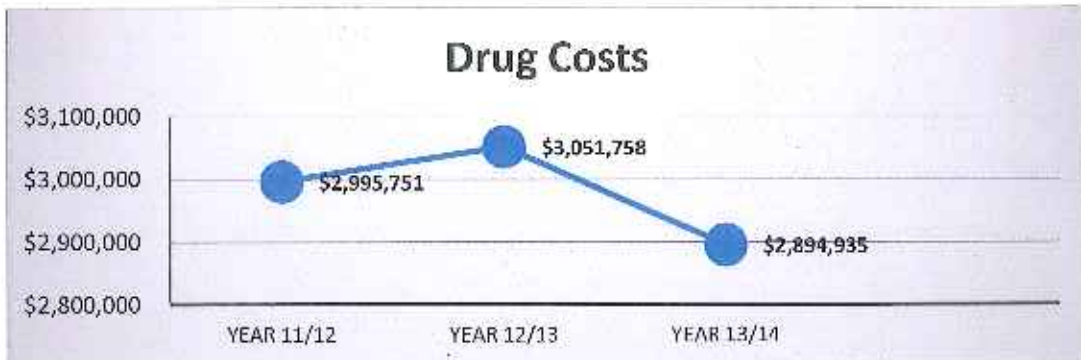
Centralized Services – Medical Claims

Key Performance Indicators for Medical Claims - Year 11/12, 3854 encounters, Year 12/13, 4073 encounters, Year 13/14, 4100. This represents 6% increase client encounters over a 3 year period. This also represents a minimum of 2 encounters per person on Nisga'a lands. Again with an aging population, our medical claims are increasing and will continue to grow.



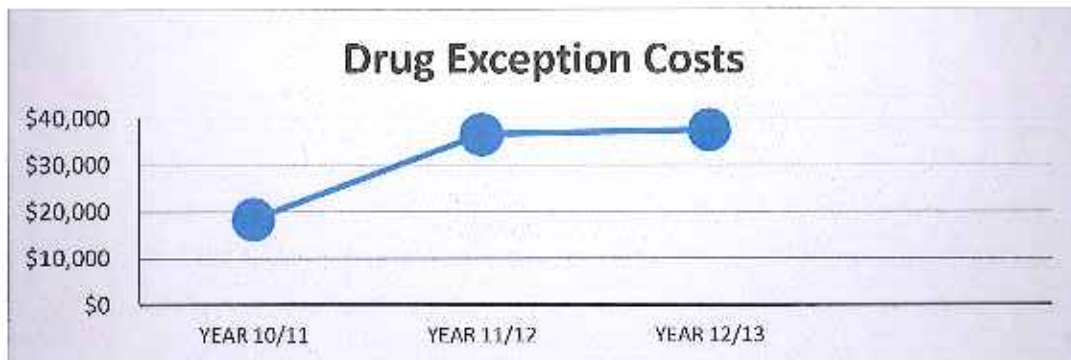
Centralized Services – Pharmacy Drug Costs

Key Performance Indicators for Pharmacy Drug Costs - Year 11/12, \$2,995,751, Year 12/13, \$3,051,758, Year 13/14, \$2,894,935. This represents a 5% decrease in cost from the previous year. Opening our own pharmacy has directly impacted the cost associated with drug costs. These are costs that we can manage especially with the strategies we are implementing to decrease costs.



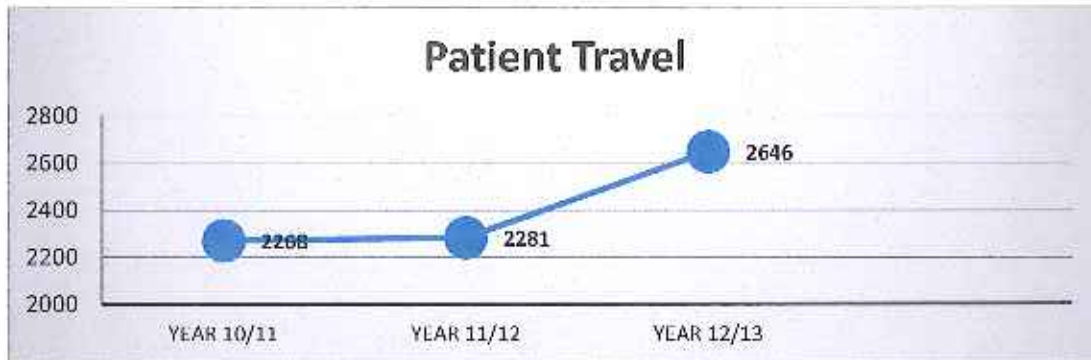
Centralized Services – Pharmacy Drug Exceptions

Key Performance Indicators for Drug Exception Costs - Year 10/11, \$18,292, Year 11/12, \$36,476, Year 12/13, \$37,400. This represents a 104% increase in cost from the previous two years. We have not been able to keep up with medication not on the formulary. This is critical, because as our population ages, we have more serious illnesses. As our population ages, more invasive drugs are utilized to respond to more serious illness.



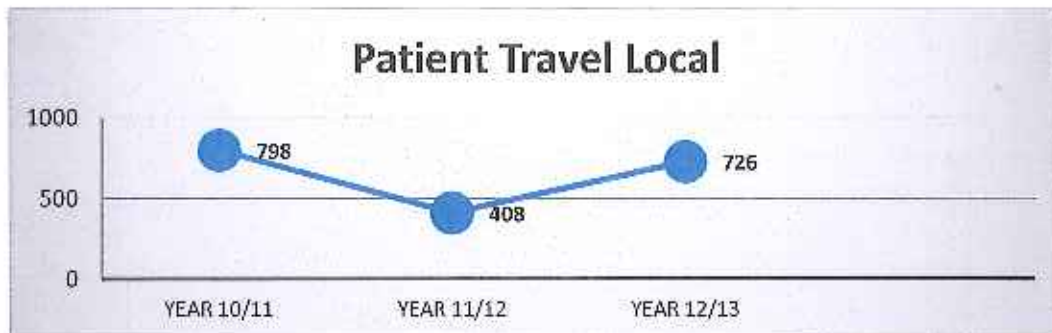
Centralized Services – Patient Travel (Number of Clients)

Key Performance Indicators for Patient Travel - Year 10/11, 2268 clients, Year 11/12, 2281 client, Year 12/13, 2646 clients. This represents a 17% increase in cost over the three year period. This increase to client encounters is reflective of an increase in access to specialists, dental appointments, and grief and loss counselling services. We had an increase in patient travel clients, but a decrease in travel costs.



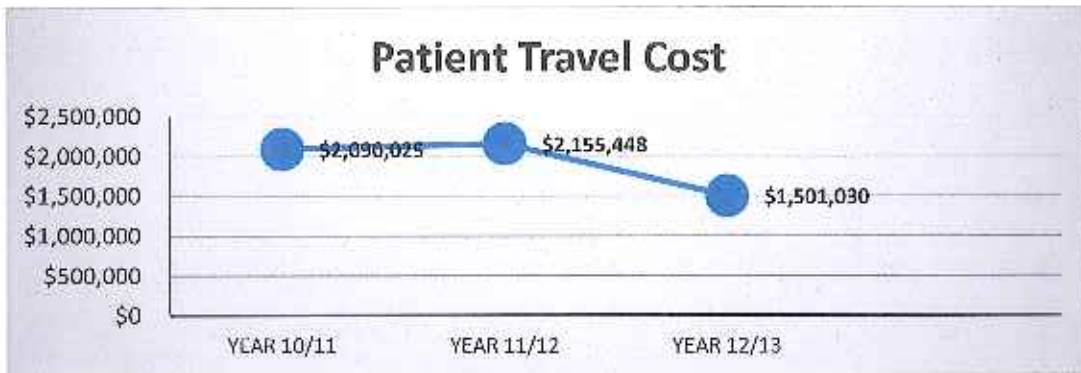
Centralized Services – Patient Travel Local

Key Performance Indicators for Patient Travel Local - Year 10/11, 798 clients, Year 11/12, 408 clients, Year 12/13, 726 clients.



1.1.17 Centralized Services – Patient Travel (Cost)

Key Performance Indicators for Patient Travel Cost - Year 10/11, \$2,090,025, Year 11/12, \$2,155,448, Year 12/13, \$1,501,030. This represents a 28% decrease in cost over the three year period.



Centralized Services – Medical Supplies and Equipment

Key Performance Indicators for Medical Supplies and Equipment - Year 10/11, \$389,343, Year 11/12, \$471,873, Year 12/13, \$405,256. This represents a 4% increase in cost over the previous year.



Human Resources

The Operational Plan outlines the strategy for delivery on this requirement; the core of the Nisga'a Valley Health Authority health organization is the people that deliver service. Our people are critical to the outcomes of services. We therefore must develop and nurture our staff through various performance indicators, more specifically the goals include:

Employee Services – Number of Employees In Support of Health Services

Key Performance Indicators (KPI) Number of employees in support of health services - Year 10/11, 50 employees, Year 11/12, 54 employees, Year 12/13, 62 employees, and Year 13/14, 77 employees



The Operational Plan outlines the strategy for delivery on this requirement through professional development for all management & supervisors to address employee issues as they arise with fairness, equality, good faith in consideration of the health, safety and wellbeing of the employees they manage and supervise. More specifically the goals have been met through the following measurement;

Employee Services – Employee Satisfaction (Number of Grievances)

Key Performance Indicators (KPI) Number of employee grievances - Year 10/11, 0 grievances, Year 11/12, 0 grievances, and Year 12/13, 12 grievances noting that the 12 grievances were given at bargaining, 5 were resolved and 7 were withdrawn, Year 13/14, 1 grievance, withdrawn, and Year 14/15, 0 grievances. At present, there are no grievances outstanding.



The Operational Plan outlines the strategy for delivery on this requirement is through recruitment & retention. More specifically the goals have been met through the following measurement;

Employee Services – Employee retention (Number of exits)

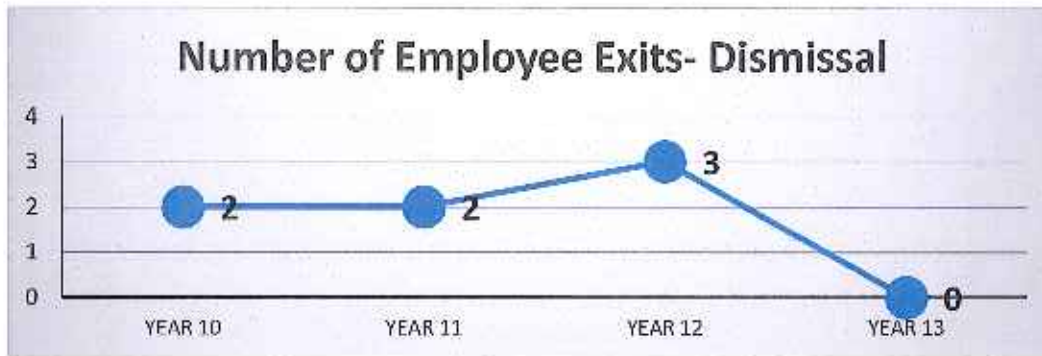
Key Performance Indicators (KPI) Number of employee exiting the organization for reason of relocating - Year 2010, 3 relocated, Year 2011, 5 relocated, Year 2012, 6 relocated, and in Year 2013, 0 relocated. The employees leave for various reasons ranging from spouse moving, family needs, re-educate for career change, to family social needs.



The Operational Plan outlines the strategy for delivery on this requirement is through recruitment & retention. More specifically, the goals have been met through the following measurement;

Employee Services – Employee accountability (Number of exits)

Key Performance Indicators (KPI) Number of employee exiting the organization for reason of dismissal: Year 2010, 2 dismissals, Year 2011, 2 dismissals, Year 2012, 3 dismissals, and in Year 2013, 0 dismissals. Employees have been relieved of services for various reasons ranging from probationary employee -employee not meeting position expectation, abandoned position, or unprofessional conduct. This is in accordance with labor standards.



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10. COMMUNITY INPUT

The Health Programs and Services Delivery Agreement requires that the Nisga'a Nation Health Plan be developed in consultation with the Nisga'a Nation (as represented by the Nisga'a Lisims Government Executive) for consideration by the Nisga'a Nation. The Nisga'a Nation Health Plan is completed with ongoing review and input from the Nisga'a Lisims Government Executive Director and the Director of Programs and Services including an opportunity for the Programs and Services Committee to review it and provide input.

The Nisga'a Valley Health Authority also completed community consultations in each Nisga'a community – New Aiyansh, Gitwinksihlkw, Laxgalts'ap and Gingolx – as part of the engagement process. The following brief descriptions of each Nisga'a community were taken from the Nisga'a Nation webpage:

Gitlaxt'aamiks: Capital of the Nisga'a Nation

One of four Nisga'a communities, Gitlaxt'aamiks (formerly New Aiyansh) is located 97 kilometres northwest of Terrace, British Columbia. Home to approximately 1,800 residents, Gitlaxt'aamiks offers rich cultural history, natural beauty, and central location for exploring Nisga'a Lands.

Gitwinksihlkw: At Home on the Nass River

One of four Nisga'a communities, Gitwinksihlkw is located on the north bank of the Nass River 100 kilometres northwest of Terrace, British Columbia. Home to 250 residents, Gitwinksihlkw offers cultural rich history, natural beauty, and access to Canada's newest lava bed.

Laxgalts'ap: Where River Meets Sea

One of four Nisga'a communities, the village of Laxgalts'ap is located on the Nass River estuary, approximately 150 kilometers north of Terrace. Home to approximately 520 residents, Laxgalts'ap offers rich cultural history, natural beauty, and world-class fishing.

Gingolx: Seafood Capital of the Nass

One of four Nisga'a communities, the seaside village of Gingolx is located on the northwest coast of British Columbia on Portland Inlet, approximately 170 kilometers northwest of Terrace. Home to approximately 500 residents, Gingolx offers rich cultural history, natural beauty, and some of North America's finest seafood.

The Nisga'a Valley Health Authority's five pillars of health – Public Health, Public Trust, Public Confidence, Public Accountability, and Professionalism – also stipulates that *the public will be engaged to maintain and improve the well-being of all citizens*. Community

input is a significant aspect of the planning process. Engaging the community and receiving the valuable input and recommendations help guide the Nisga'a Valley Health Authority in all areas of program and service delivery, and ultimately, contributes to better health of Nisga'a and non-Nisga'a citizens of the Nass Valley. Communities play an important role in supporting and sustaining a healthy population. Much of the community input received mirrors the recommendations made in the five-year evaluation. This will also greatly assist the Nisga'a Valley Health Authority toward achieving better health.

Community input has been organized into themes and summarized as follows:

Health Act

- Develop Health Act (is a recommendation that is at a higher level than the Nisga'a Valley Health Authority; recommendation provided to Nisga'a Lisims Government)
- Change society status to Hospital Board and Authority. Review non-Nisga'a Board member, and accountability to non-Nisga'a resident in the Nass Valley.
- Change name from James Samuel Gosnell Memorial Health Centre to James Samuel Gosnell Memorial Hospital.

Collaborative Planning

- Contingency planning is important.
- Comparisons of direct patient benefits and governance and administration costs, and director and employee vs. patient travel costs (internal review).
- Need to build capacity for when FFA funding is no longer available. Need negotiating skills, develop partnerships, and look at ways to raise funds.
- Develop grassroots health plan that serves all communities.
- Require governance practices that will work for our people.
- Strengthen connections with Nisga'a Lisims Government, Village Governments, and the School District in the delivery of services.
- Re-implement health committee consisting of representatives from each Village Government.
- Ongoing networking and partnerships with Village Governments for improved health.
- Focus on holistic health in the development of the plan – spiritual, physical, emotional, and mental.
- Include Hopes and Dreams Section in the Plan.
- Increase communications – changes, processes, etc.
- Utilize various methods to share information as not all people have internet – newsletters, etc.
- When completing community consultations, for example, the entire Board should be present as they're representing the Nation in health including rotating Board meetings in communities.
- Board members to meet with organizations in the communities and get input or go door to door and bring it forward.
- Include demographics and forecasted trends in the planning.

Physician Services/Primary Care

- Increase full-time onsite resident physicians with telemedicine as a support.
- Better oversight of how telemedicine is used including reviewing charts prior to telemedicine appointments.
- Good accessible primary care.
- Complete comparison of onsite physician services and telemedicine.
- Orientate physicians and nurses on the culture and values including how they communicate with clients (maintaining respect).
- Resident doctor in Laxgalts'ap to provide services for Laxgalts'ap and Gingolx clients.
- Recruitment to include medical students in their final years of study including creating incentives to bring them here.
- Maintain ongoing evaluation of physician and nursing services that are provided.
- Strengthen policies regarding medication.
- Maintain inventory list to ensure medications that may be needed are available at centres.
- Formalize traditional medicines program including any legalities, if any.
- Develop and implement naturopath program.
- Focus on chronic disease management (cancer, heart, diabetes, etc.) – will provide for better health.
- Maintain statistics for all illnesses – needs to be a good focus for the plan.
- State of the art programs for diabetes, cancer, dementia, etc. including meeting with families and providing as much information as possible.
- Critical that BC Ambulance services be implemented in the Nass Valley.
- Work in collaboration with the volunteer fire departments on BC Ambulance service in the Nass Valley and requisite training.
- Ambulance situated in Laxgalts'ap (logistically, is more efficient to travel up rather than travel down and back up again).
- Ambulance situated in Gingolx – is more feasible in terms of travel logistics, time and cost.
- Develop and implement day program/respite/assisted living.
- Continue to upgrade testing equipment, for example, diabetes.
- Communicate need to Wilps as a way to contribute for new equipment.
- Increase access to specialists in the Nass Valley.
- Discharge planning.
- Strengthen triage process with applicable staff (what's an emergency and what's not an emergency)
- Review how waiting area is structured especially in terms of maintaining confidentiality of clients at the health centre.
- Ensure clients are treated respectfully at all times (maintain Code of Ethics).
- Improve on requisite follow-up with clients in all areas of service delivery.
- Plan for incoming work force such as pipeline – need to meet demand.
- Ensure proper storage of client records and disposal of records when needed.
- Provide as much education and information to client and family about what's ahead of them especially in terms of serious illnesses such as cancer.
- Review needs of Special Needs clients and how care can be provided to meet their needs.

Nursing

- Address quality of nursing – review call-back, testing processes of nurses, etc.

Public Health

- Deliver public and population health initiatives.
- Improved lifestyles – quality of life.
 - Provide opportunities to test/screen people at large functions like Hobiye.
- Reactive care to preventive care and services for healthier citizens.
- Workshops and conferences are useful to educate people and to continue educating people.
- Implement initiatives that focus on wellness, for example, acquire funding to develop and implement Fitbit initiative.
- Focus on youth programs that include cultural components to help build a strong healthy Nation.
- Educate youth about potential social impacts, for example, with pipelines, the possibility of prostitution and keeping our youth safe.
- Provide monthly communications on diseases, community health challenges, etc.

Cultural and Community Health Representatives

- Develop and implement fitness and nutrition program for elders.
- CCHR's to act as liaison for clients who require the support in appointments.
- Strengthen CCHR services in the community including delivering services in consultation with Village Governments.

Mental Health and Community Wellness

- Strengthen mental health services in each community including developing a Path to Wellness for people and increased visibility in the communities.
- Fundamental mental health supports.
 - Support for suicide attempts – develop and implement process of ongoing support.
- NCRT is critical in crisis situations. Strengthen access to NCRT workers including posting contact list especially for after-hours contact, additional training, and implementation of services.
- Provide range of services and variety of counsellors that address service needs – alcohol and drug, physical abuse, mental abuse, sexual abuse, and grief counselling.
- Review alternative plan for drug and alcohol treatment (detox centres aren't working for some clients).
- Strengthen alcohol and drug program services to clients including support for individuals who come back from treatment – an after-care program.

Non-Insured Health Benefits

- Review and improve on services.
- Review options to meet needs of clients especially in Patient Travel, for example, the possibility of purchasing a hotel.
- After hour contact for patient travel.

- Strengthen communication with clients including urban locals regarding patient travel and other services.
- Re-establish dental program in the Nass.
- Educate the community about generic brand medications.
- Advocate for clients on and off Nisga'a lands including assistance with requisite forms such as MSP.

Human Resources

- Utilize qualified staff specific to each community for requisite work such as qualified carpenters and casuals.
- Strengthen employee retention and morale (workers need to feel valued).
- Debriefing opportunities for staff including physicians and nurses.
- Strengthen services for employees – sexual harassment policy (conduct line by line review with staff), communication, training, etc.
- Maintain professionalism in the workplace. There may be conflicts in the workplace, but recognize that once we leave the workplace, we're family.
- Conduct a review of the organization (recommending utilizing the SWOT analysis process).
- Workers to maintain Oath of Confidentiality (previous workers and current employees disclosing information in the community about the NVHA).
- Professional development of staff to address complaints of unprofessional conduct of some staff – maintaining ethics and confidentiality.

Capital Improvements & Facilities/Fleet Management

- Expand facilities including in vision assisted living facility and hospital.
- Complete facility assessments and requisite work that's required particularly Gingolx Centre.
- Review and renovate front waiting area at Gingolx (feel like criminals).
- Ensure medical bus is properly heated especially in the winter and that pre/post-checks are completed on a daily basis. Consider separate vehicle for elderly and chronic clients as it's a long wait for them to/from Terrace.

Emergency Preparedness/Occupational Health & Safety

- Attain funding for smoke detectors and fire extinguishers in every home.

Information Technology

- Improve internet service – will improve health delivery.

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11. Nisga'a Nation Health Plan

The goal of the Nisga'a Nation Health Plan is to set out the strategy for improvement of the health outcomes and quality of life for those that Nisga'a Valley Health Authority serves. The Nisga'a Nation Health Plan provides the road map for service delivery for the next five years while the Annual Operational Plan provides for delivery strategy and annual operations for each of the five years. The Nisga'a Nation Health Plan is the "what" and the Annual Operational Plan is the "how".

The Nisga'a Valley Health Authority is required to provide various health and benefit services to citizens, persons within Nisga'a lands and others who are eligible for benefits. Funding is provided through the Fiscal Financing Agreement and targeted Ministry of Health funding to the Nisga'a Nation. This funding is paramount in ensuring that the resources are available and sufficient to provide for the necessary health initiatives, benefit premiums and service costs. Prioritization of services and resource allocation is necessary to cover unanticipated service demands.

The Nisga'a Valley Health Authority is also required to provide acute, primary and community health services that meet the spiritual, cultural and holistic needs of the community. It therefore must provide for the medical, psychological and social needs of the individual. The Nisga'a Valley Health Authority sets the standard for quality care and is accredited through Accreditation Canada as having met and exceeded the appropriate standards for acute care health facilities in Canada.

As a recognized hospital by the Ministry of Health, the Nisga'a Valley Health Authority must continually meet and exceed the health standards as set out in the Provincial Hospital Act and the Canada Health Act.

Measurements of success will be achieved through improving the quality of life through enhanced health care delivery. Improvements will be reflected in the decrease of the following: mortality rates, infectious diseases, diabetes rates, suicides, obesity, addiction/substance abuse, communicable diseases and cancer incidences, as well as other areas of program and service delivery such as immunizations and the Canada Pre-natal program. Success will result in increased life expectancy with an enhanced quality of life.

In addition to the recommendations made in the five-year evaluation, and the input and recommendations received from communities, the Nisga'a Valley Health Authority will:

- Strengthen the Primary Care service delivery model.
- Re-commission hospital infrastructure and services.
- Invest in and build local capacity.
- Build a network of regional and remote specialists.
- Design and implement population health programs.
- Expand to become a regional referral hospital.

- Communication plan.

Strengthen the Primary Care Service Delivery Model

How Nisga'a Valley Health Authority will strengthen the primary care service model:

- Improved access to primary care in all communities.
- Increase full-time equivalents for physicians with the Ministry of Health.
- Recruit full-time committed family physicians.
- Increase on-site resident physicians in the Nass Valley.
- Implement a Hybrid model of services enhanced by telemedicine.
- Expand Proactive Care Model
- Increase nursing funding from the Ministry of Health to expand nursing services.
- Improve on recruitment strategy for physicians and nurses including mentorship model to attract medical students.

Re-commission Hospital Infrastructure and Services

- Maintain Accreditation Canada status
- Diagnostic Imaging
- Laboratory Services
- Medication Management
- Telemedicine Infrastructure
- Electronic Medical Record
- Overnight Stay Beds
- Develop a Respite Care, Assisted Living & Extended Care strategy
- Maintain and Expand Capital & Hospital Infrastructure – Capital Finance Commission Schedule C Assets, Nisga'a Valley Health Authority facilities, Northwest Regional Hospital District

Increase Local Capacity

- Point of Care Laboratory Testing
- Specialist Access
- Expanded Clinic Operations
- Ongoing staff training
- NVHA Board and Executive Professional Development
- Cultural Competency

Build a Network of Regional and Remote Specialists

- Specialist Consultations via Telemedicine
- Roster of Highly Skilled Specialists Committed to serve clients
- Reduced Need for Travel
- Unprecedented Timely Access to Care

- Allied Health Services Available via Telemedicine

Design and Implement Population Health Programs

The Nisga'a Valley Health Authority will continue to work towards population health programs:

- Proactive Primary Care, Prevention and Chronic Disease Management
- Addiction and Mental Health
- Public and Community Health
- Environmental Health
- Emergency Preparedness/Occupational Health & Safety
- Infection, Prevention, and Control

Expand to Become a Regional Referral Hospital

The Nisga'a Valley Health Authority is working towards becoming a regional Referral Centre for citizens in the following areas:

- Specialist Services
- Diagnostic Services
- Allied Health
- Addiction Services
- Occupational Medicine
- Primary Care
- Emergency Services/Emergency Transport Service – BC Ambulance Services, First Responders

In addition, the Nisga'a Valley Health Authority is prepared to respond to the upward trending of health services in all health service delivery areas.

Communication Plan

While supporting the mission, vision, and values of Nisga'a Valley Health Authority:

The Nisga'a Valley Health Authority will strengthen its communication plan. Administration is responsible for the development and delivery of all communication. We are responsible to provide internal communications and also prepare external communications consistent with the communication strategies for Nisga'a Valley Health Authority. Administration plans and coordinates communications and related projects, special events, proactive media publicity, advertising and external speakers. Administration evaluates media coverage and prepares various internal and external communications materials.

How Nisga'a Valley Health Authority will strengthen the communication plan:

- Provide consultation with appropriate internal management staff and conducts appropriate supporting communication research and analysis.
- Provides timely and efficient information technology services throughout the Nisga'a Valley Health Authority
- Assesses and selects the most appropriate information technology hardware and software for the Nisga'a Valley Health Authority.
- Assesses media reports and develops implements and evaluates current communication strategies to engage internal and external audiences.
- Collaborates with other members of the management team to engage employees, physicians, volunteers, patients/clients/residents and the community to support cultural initiatives and promote a positive image.
- Develops, recommends and implements strategic communications and/or promotional plans for Nisga'a Valley Health Authority.
- Coordinates and evaluates external and internal suppliers involved in communications-related projects including writing, language translation, graphic design, web design, printing, photography, video production, signage and site maps.
- Prepares a communications budget consistent with the strategic direction of Nisga'a Valley Health Authority.
- Develops media action plans including setting objectives, coordinating appropriate internal spokespeople and interview opportunities, preparing key messages and news releases.
- Plans and coordinates regional speaking opportunities, community displays/exhibits, social media and advertising to promote a positive image for Nisga'a Valley Health Authority. Participate in the development, implementation and evaluation of departmental goals, objectives, policies and procedures.

Annual Operating Plans will specify how the goals and the action plan of the Nisga'a Nation Health Plan will be achieved for each year, and will also align with the annual fiscal budget planning process.

12. Evaluative Criteria

In addition to performance measurement as part of operational planning, the Nisga'a Valley Health Authority has developed a comprehensive Health Indicators Monitoring Framework that will provide the principal tool for measurement of progress of the Nisga'a Nation Health Plan goals. Key outcomes have been identified based on key performance indicators that the Nisga'a Valley Health Authority will continually reference to measure its approach and progress.

- Improved access to a longitudinal primary care physician relationship.
- Strengthened alignment and coordination of multidisciplinary health care providers.
- Improved access to timely diagnostic services.
- Improved timely access to cost effective specialist services.
- Reduced burden of acute illness and preventable chronic disease.
- A health care system that attracts first class health providers.

Key performance indicators – indicators of improved health – and best practices in the delivery of health programs and services will measure all areas of program and service delivery for the next 5 years of the Plan.

Physician Services & Primary Care

- The Primary Care service delivery model (full-time resident physicians in the Nass Valley).

Physician Service Delivery Models

Service	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
NA FP	8	8	8	8	8	8	8
CC FP		8		8			
GV FP	8	8	8	8	8		
KK FP	8	8	8	8	8		
ER	4	4	4	4	4	4	4
HC	4	4	4	4	4	4	4

FP = Family Practice
ER = Emergency Room
HC = Homecare

NA = New Aiyansh
CC= Gitwinksihlkw
GV = Laxgalts'ap
KK = Gingolx

Service	Hours/d	Days/yr	Hours	FTE
NA FP	8	365	2920	1.59
CC FP	8	104	832	0.45
GV FP	8	260	2080	1.13
KK FP	8	260	2080	1.13
ER	4	365	1460	0.79
Hosp	4	365	1460	0.79
Med Admin			552	0.3
Total			11384	6.19

Minimum 2 on-site MD = 3.17 Fulltime Equivalency (FTE)

FP = Family Practice ER = Emergency Room HC = Homecare Hosp= Hospital	NA = New Alyansh CC= Gitwinksihkw GV = Taxgalls'ap KK = Glingolx
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- Hospital infrastructure and services.
- Building local capacity.
- Regional and remote specialists.
- Population health programs.
- Expansion toward becoming a regional referral hospital.
- Measure leadership and community feedback and complaints process.

Nursing

- Nurses continue to provide a full range of services in each of the Nass communities.
- Monthly and annual statistics on all levels of nursing care in each community.
- Increase in nursing funding and number of nurses practicing in the Nass Valley.

Public Health

- Policies and procedures implemented for quality assurance.
- Target 100% immunization rates for the Nass Valley.
- Track public health and population health programs.
- Monitor trends in public health and respond to community demands.
- Healthy babies.
- Track number of contacts with Public Health Nurse in areas of service delivery, emergency services, lab services, and nursing services.

Dental Services

- Mobile dental services.

- Increase in number of children and clients who are cavity free.

Home Support & Resident Care

- Track services and levels of care provided including Chronic Disease Management.
- Completion of reports including statistical reports for service delivery.

Cultural and Community Health Representatives

- Increased participant numbers in early diabetes intervention programs and Chronic Disease Management.
- Increased participants in Walk for Life and exercise programs.
- Track success of health promotion activities.
- Reduction in the numbers utilizing tobacco.
- Identify cancer survivorship.

Mental Health and Community Wellness

- Ongoing NVCRT training and improved protocols for crisis response for wide range of crisis intervention.
- Willp engagement strategies.
- Increased education and knowledge on suicide intervention and prevention and choosing healthy lifestyle.
- Reduced stigma on mental health illness and conditions through education.
- Ongoing training.
- Increased individualized and family support for individuals and families dealing with schizophrenia.
- Increased coping and resistance skills when faced with alcohol, racism, sexism, abuse, sexual exploitation and body image.
- Targeted programs for youth addressing addictions.
- Increased skills, tools and knowledge to support women and men in abusive relationships.
- Psychologist services maintained in communities.

Non-Insured Health Benefits

- Community Information sessions.
- Regular reporting of statistical information and other reports.
- Amendment and development of policies and procedures.
- Staff training.
- Better equipment and services.
- Decreased travel rates for local and non-local patient travel.
- Decreased pharmaceutical costs.

Environmental Health/Sustainability

- Improve core public health processes and functions.
- Track water sampling and other environmental health services.

Human Resources

- Number of partnerships to enable employees to gain an understanding of each area's function and impact.
- Staff engagement to identify, acknowledge, and address the diverse needs of NVHA service delivery, and the delivery of a unified, value-added solution to all employees' needs.
- Strategic resolutions to address future concerns rather than transactional responses which may only resolve the problem at hand.
- Acknowledge and resolve all employee issues and respond promptly to all requests.
- Communicate with employee and keep them apprised of the status of their request and when to expect information.
- Provide NVHA employees with realistic delivery times based on the nature of the request.
- Manage multiple demands and competing priorities while always maintaining quality.
- Continually strive to improve processes, and the level of knowledge and expertise to better address employee needs.
- Recognize and employ effective partnerships in marshalling NVHA-wide resources.
- Ongoing commitment to quality.
- Communicating in an open, direct and honest manner.
- Responsive to feedback about how to better meet the needs of employees including what's done well and areas to improve on.

Housekeeping/Maintenance

- Quarterly reports on number of maintenance and vehicle work orders.
- Ongoing reduction in Carbon Neutral Action Program.
- Infection, Prevention and Control measures.

Capital Improvements

- Capital asset strategy for all NVHA facilities, fleet, and new assets.
- Report on capital assets purchased on a quarterly basis.
- Number of approved CFC capital projects.
- Number of proposals completed and approved to improve capital and health service programs.

Emergency Preparedness/Occupational Health & Safety

- Updated safety and preparedness plans.
- Regular Risk Management Assessments completed for all departments.
- Updated policies and procedures.

Information Technology

1. Capital IT assets replaced.
2. Ongoing staff training.
3. Improved EMR and other technologies.
4. Improved hardware/software.

Evaluation and Reporting

Reporting will also be completed in collaboration with Nisga'a Lisims Government both at the Executive and Administrative levels in accordance with the Health Programs and Service Delivery Agreement.

While ongoing progress will be monitored through annual operational planning, the Nisga'a Valley Health Authority is committed to reviewing in depth the Nisga'a Nation Health Plan every five years, and producing an updated version of the Plan at the end of this review. The Nisga'a Valley Health Authority recognizes that the Nisga'a Nation Health Plan goals will require dedicated effort over a longer-term horizon, but are confident that considerable change can be achieved in the short and medium terms.

The next Five-Year Evaluation and Nisga'a Nation Health Plan including community engagement will commence in October 2019 to present to the Nisga'a Lisims Government Executive in March 2020. The same process will occur on every five-year cycle on a go-forward basis.

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13. Financial Risk Management Plan

KPMG, Risk Consulting, was engaged to assist Nisga'a Valley Health Authority to complete the Financial Risk Management Plan. Many leading companies turn to KPMG as the best firm to work with to navigate their most complex business issues – shaping the thinking of boards and management to transform risk into advantage. By bringing together their deep sector knowledge, world class expertise and innovative approaches to the latest risk issues, they deliver impactful solutions for clients. The core value proposition of their Risk Consulting services and professionals is cutting through complexity to:

- Strengthen Governance, Risk Management, Control, and Compliance of organizations, business relationships, projects, systems, and business and reporting processes;
- Responding to Changes, Risks, Regulations, Fraud, and Litigation; and
- Optimizing risk management to protect and drive business performance and add value.

The Nisga'a Valley Health Authority worked closely with KPMG to complete the Financial Risk Management Plan toward meeting the requirements and incorporating the values.

FINANCIAL RISK MANAGEMENT PLAN

The objective of the Nisga'a Valley Health Authority Financial Risk Management Plan (the Plan) is to help ensure risks that have the ability to prevent the Nisga'a Valley Health Authority from fulfilling its mission, vision and strategic goals and meeting financial obligations are proactively identified, assessed, managed and communicated to all key stakeholders.

The plan includes the following key components and categories:

- 1) Enterprise Risk Management
- 2) Internal Controls over Financial Reporting
- 3) Emergency Management, Business Continuity, and Disaster Recovery
- 4) Program Governance and Ongoing Sustainability



1. Enterprise Risk Management

1.1 Enterprise Risk Management Framework

The Nisga'a Valley Health Authority is currently developing an enterprise risk management (ERM) framework for implementation by March 2016 to manage risks in a consistent and coordinated manner. Effective risk management will enable the Nisga'a Valley Health Authority to fulfil its mandate and maintain long-term business viability.

ERM will be incorporated in the strategic planning process to ensure that risk identification, assessment and evaluation take place within the Nisga'a Valley Health Authority's strategic context. Enterprise risks will be identified and analyzed through scanning and other means. Management will assess the likelihood and impact of the risks occurring, including an evaluation of the corresponding levels of possible financial loss, and develop a risk profile of prioritized top risks. The Executive Management Team will provide input to the selection of the top risks which will be presented to the Board of Directors for approval. Executive Management Team members will be accountable for creating risk mitigation plans (i.e. policies, practices, and procedures for

managing risks) and monitoring progress, which will be reported to the Board on a quarterly basis.

The Nisga'a Valley Health Authority has a governance framework that includes a number of policies and committees to guide decision-making. The Board of Directors provides oversight for this governance framework. The Operations & Finance (O&F) Committee and Program & Evaluation (P&E) Committee are sub-committees of the Board and are responsible for developing and monitoring aspects of the Nisga'a Valley Health Authority's overall risk management policies, processes and practices.

The Board of Directors has the overall responsibility for overseeing risk management and ensuring that policies, control systems and practices are in place to manage key business and financial risks. The Operations & Finance Committee and Planning & Evaluation Committee assist the Board to fulfil its responsibilities by:

- reviewing and providing oversight concerning the Nisga'a Valley Health Authority's enterprise risk management process and its integration with the strategic planning process; and
- providing ongoing review and oversight of management's initiatives to mitigate key risks.

2. Internal Controls over Financial Reporting

2.1 Control Environment

2.1.1 Policies and guidance regarding internal controls

The Nisga'a Valley Health Authority Board Policies & Procedures Manual provides the policy framework that guides the financial and administrative conduct and overall control for the Nisga'a Valley Health Authority and identifies key roles and responsibilities. The Board of Directors retains oversight responsibility for management's design, implementation, and conduct of internal control. The Chief Executive Officer is responsible for providing leadership, general supervision, management and control of the operations of Nisga'a Valley Health Authority in accordance with the strategies, plans and policies approved by the Board.

2.1.2 Code of Ethics

The Code of Ethics and the policy on personal conduct within the Human Resources Policy & Procedure Manual establishes acceptable actions, behavior and conduct. The requirement to comply with these standards of conduct is a condition of employment. Employees who fail to comply with these standards may be subject to disciplinary action up to and including dismissal.

2.1.3 Human Resources Practices

The Executive Management Team is responsible for developing operational plans for the Nisga'a Valley Health Authority and managing recruiting and employee engagement. Management analyzes the knowledge and skills necessary for particular functions. Job descriptions are

developed and reference and criminal background checks are performed prior to employment for key positions. There is an annual employee performance management process to evaluate the performance of individuals against the Authority's expected standards of conduct. Human Resources policies exist to guide these processes, including for example policies with respect to:

- Recruitment
- Personal Conduct
- Training
- Employee Performance Management
- Conflicts of Interest

2.1.4 Delegation of Authority

The Financial Policies & Procedures provide guidance on financial spending and signing authority of Board and management. Operational expenditures and capital expenditures will be approved by the Board via the annual operating budget and capital plan budget, respectively. All capital expenditures greater than \$20,000 and outside of the capital plan budget must be approved by Board resolution. Department managers have the authority to spend funds as outlined in their applicable approved budget. Purchase requisitions for expenditure must be approved by the requesting employee's supervisor or manager who is one level higher.

2.2 Information and Communication

The Chief Financial Officer communicates the required information to enable all personnel to understand and carry out their internal control responsibilities through the Financial Policies & Procedures and through monthly management meetings to discuss financial performance. Management and the Board of Directors communicate through monthly Board meetings to review financial statements and fulfill their roles with respect to financial oversight.

2.3 Monitoring

2.3.1 Financial reporting processes

Management meet with the Board of Directors monthly to review the financial statements and to discuss variances between budget and actual expenditure. This process will be formally documented in a budgeting and forecasting policy and procedure by March 2016. This policy and procedure will include new requirements to prepare quarterly forecasts, review variances between actual and forecasted expenditure for Board review and approval on a quarterly basis, and obtain Board approval for budget reallocations over a specified threshold.

Management will prepare a monthly cash flow projection by March 2016 to allow Nisga'a Valley Health Authority to better understand the sources and timing of cash coming into and going out of organization and its overall ability to fund future operations and critical health services. Through this analysis, any potential shortfalls in cash would be identified well in advance.

2.3.2 Internal monitoring activities

The Nisga'a Valley Health Authority will be implementing an internal control self-assessment process by March 2016, which will be completed by management to confirm compliance with policies and procedures and internal controls over key financial processes.

Management will implement an internal audit process to assess compliance with Internal Controls over Financial Reporting by March 2016. Management will test key controls for design and effectiveness on a rotation basis annually, with each key control being tested at a minimum of once every three years. Deficiencies will be communicated to parties responsible for taking corrective action and to Executive management and the Board of Directors, as appropriate. Management tracks whether deficiencies are remediated on a timely basis.

2.3.3 External Financial Statement Audit

The Nisga'a Valley Health Authority is subject to an annual external financial statement audit to meet the funding requirements of all stakeholders which considers the design effectiveness of internal controls over financial reporting. The independent auditor's report is presented to management and the Board of Directors.

2.4 Specific Financial Risk Mitigation Strategies

2.4.1. Insurance coverage

Effective April 1, 2006, the Nisga'a Valley Health Authority has sufficient insurance coverage for liability on all operations under the Health Care Protection Program through the Province of British Columbia. This covers the Authority for liability including: non-owned automobile liability, professional liability, employee benefits liability, excess auto liability, advertising liability, personal injury, property damage, legal liability for fire fighting expense, and voluntary compensation for volunteer workers.

Management will implement a policy to review the adequacy of insurance coverage annually by March 2016.

2.4.2 Contingency funds

Management will include a requirement in the budgeting and forecasting policy to maintain a contingency fund. This fund will be approved in the operating budget to provide for one-time expenditures which are not known or expected at the time the operating budget is approved by the Board.

Contingency funds may only be used for: one-time non-recurring costs that were not identified at the time the operating budget was approved; and unforeseen expenditures resulting from catastrophic events, significant funding decreases from Nisga'a Lisims Government and legal settlements. The funds shall not be used for over-expenditures by programs, and approval must be obtained by the Chief Executive Officer and Board for any use of the contingency funds.

As part of the budgeting and forecasting policy development by March 2016, management will formalize:

- annual contribution level to the fund;
- minimum level of funds to be maintained;
- specific criteria for accessing the fund; and
- approval authorities for accessing the fund.

2.4.3 Centralizing essential services in event of cash shortfall

In accordance with the strategic plan, management will prepare an analysis by March 2016 to identify whether services can be centralized to one location in the event of unexpected and significant cash shortfall and the potential impact on funding requirements. The analysis will also include prioritizing essential services in each Nisga'a community.

3. Emergency Management, Business Continuity Management and IT Disaster Recovery Plan

Nisga'a Valley Health Authority has a formalized Emergency Response Plan to address major emergencies and disasters such as flood, volcano, earthquake, and outbreak of pandemic disease. The goals of the Nisga'a Valley Health Authority Emergency Response Plan are to provide for the health and safety of employees and patients/clients; save lives, reduce suffering; protect public health, critical infrastructure, property, the environment and reduce economic and social losses.

The Nisga'a Valley Health Authority will fulfill its role as a partner in the emergency response of Nisga'a Lisims Government Emergency Operations Centre (LEOC), the four Village Governments and Nass Camp. Meetings are held regularly and testing exercises are performed using a desktop approach. Amendments to the Emergency Response Plan are made as required and ongoing training is provided to employees.

Management will develop a wider framework that encompasses aspects of Emergency Response, Business Continuity Management (BCM) and IT Disaster Recovery (DR). These efforts will be coordinated and aligned to ensure the timely resumption and availability of essential health services, programs and operations in the event of an interruption of service.

Management will formalize procedures and protocols to support the Emergency Response Plan by March 2016, including:

- Identifying essential health services in accordance with the level of emergency and latest health issues that are trending;
- Reviewing identified essential health services for consistency and alignment with the guidelines and protocols of the B.C. Emergency Response Management System (BCERMS) integrated response model to ensure maximum inter-operability within the provincial emergency management system.
- Developing a procedure for mobilization (i.e. call back) of employees as required; and
- Developing a procedure to monitor emergency health issues and communicate mitigation strategies to all staff and members, as required.

The Business Continuity Management Framework including business continuity and IT disaster recovery plans (BCP and DRP) will be initiated in 2015 with development of the framework, implementation and exercises rolling into fiscal 2017, 2018 and beyond. The aim will be to develop a fit for purpose plan that is pragmatic and aligned with leading practices such as the ISO 22301 (Societal Security – Business Continuity Management Systems) and the CSA Z1600 (Emergency and continuity management program).

The following table describes the planned initiatives and estimated timelines to further enhance Nisga'a Valley Health Authority's business continuity and IT disaster recovery capabilities and integrate roles, responsibilities and processes with existing emergency/incident/crisis management capabilities as applicable.

Target Date	Business Continuity Management (BCM) Initiatives	IT Disaster Recovery Plan (DRP) Initiatives
March 2016	<ul style="list-style-type: none"> • Develop the BCM framework (set policy, objectives and priorities given context of Nisga'a Valley Health Authority) • Perform a business impact analysis (BIA) • Perform a continuity and availability focused risk assessment for key assets identified by the BIA. • Identify asset requirements for business continuity 	<ul style="list-style-type: none"> • Identify business requirements for IT • Evaluate existing DR capability • Perform a gap assessment and develop a prioritized plan to enhance DR capabilities.
March 2017	<ul style="list-style-type: none"> • Assess and select strategies to meet asset requirements for continuity (IT and non-IT) • Develop Business Continuity Plans (BCP) • Perform a desktop exercise • Initiate implementation activities 	<ul style="list-style-type: none"> • Initiate development of disaster recovery plans • Procure and implement the infrastructure and applications needed to meet management approved strategies.
March 2018	<ul style="list-style-type: none"> • Refresh the business impact analysis • Perform a gap assessment based on requirements and existing capabilities and address gaps identified • Perform a BCP simulation exercise 	<ul style="list-style-type: none"> • Perform DRP testing for implemented components
March 2019	<ul style="list-style-type: none"> • Develop a business continuity management system (BCMS) to sustain the program and ensure continuous improvement. • Perform desktop exercise (once per year) • Review and update the BCP (each year) 	<ul style="list-style-type: none"> • Perform DRP test (once per year) • Review and update the DRP (each year)
March 2020	<ul style="list-style-type: none"> • Perform integrated BCP and DRP testing (once every two years) 	

4. Program Governance and Ongoing Sustainability

As part of the ERM Framework being developed by March 2016, accountability and roles and responsibilities for the effectiveness of the Nisga'a Valley Health Authority's Financial Risk Management Plan will be established.

As outlined in Section 1.1 Enterprise Risk Management Framework, the Board of Directors has the overall responsibility for overseeing risk management and ensuring that policies, control systems and practices are in place to manage key business and financial risks. The Board will approve the formal Enterprise Risk Management Framework by March 2016. Once the Framework is implemented, management will refresh the Financial Risk Management Plan based on the risk profile of the Nisga'a Valley Health Authority for Board approval.

The Chief Executive Officer is ultimately accountable to the Board for the effectiveness of the overall Financial Risk Management Plan. Under the ERM Framework, risk owners will be identified and be held responsible for developing risk mitigation strategies for each of the risks identified during the risk assessment process. The Chief Executive Officer is responsible for ensuring that risk owners develop risk mitigation strategies to support the overall Financial Risk Management Plan. The Chief Executive Officer will monitor and report to the Board on a quarterly basis on the effectiveness of the Plan.

As outlined in this Plan, a number of strategies, frameworks, policies, and procedures will be formalized and implemented over the next five years to help the Nisga'a Valley Health Authority mitigate the risk of financial loss. Each risk owner will develop an implementation schedule for various strategies with target timeframes agreed with the Chief Executive Officer and the Board. Risk owners will report to the Chief Executive Officer on the progress of their implementation plans on a periodic basis (frequency of reporting to be outlined in the ERM framework), and will be presented to the Board for review.