

February 2018



AN INDEPENDENT AUDIT OF THE RECRUITMENT
AND RETENTION OF RURAL AND REMOTE
NURSES IN NORTHERN B.C.

www.bcauditor.com



OFFICE OF THE
Auditor General
of British Columbia

CONTENTS

Auditor General's comments	3
Report highlights	5
Summary	6
Summary of recommendations	9
Response from Northern Health	10
About the audit	13
Background	13
Audit scope	19
Audit method	19
Audit objective and conclusion	21
Audit objective	21
Audit conclusion	21
Audit criteria summary	21
Key findings and recommendations	23
Health human resources planning	23
Northern Health's RN and NP shortage	24
Impacts of the RN and NP shortage	29
Factors contributing to the RN and NP shortage	31
Recruitment, hiring and retention	35
Audit quality assurance	42
Appendix A: HHR planning good practice assessment	43
Appendix B: Recruitment good practice assessment	45
Appendix C: Detailed results of our file review	53
Appendix D: Hiring good practice assessment	56
Appendix E: Retention good practice assessment	60

623 Fort Street
Victoria, British Columbia
Canada V8W 1G1
P: 250.419.6100
F: 250.387.1230
www.bcauditor.com

The Honourable Daryl Plecas
Speaker of the Legislative Assembly
Province of British Columbia
Parliament Buildings
Victoria, British Columbia
V8V 1X4

Dear Mr. Speaker:

I have the honour to transmit to the Speaker of the Legislative Assembly of British Columbia the report, *An Independent Audit of the Recruitment and Retention of Rural and Remote Nurses in Northern B.C.*

We conducted this audit under the authority of section 11(8) of the *Auditor General Act* and in accordance with the standards for assurance engagements set out by the Chartered Professional Accountants of Canada (CPA) in the CPA Handbook – Canadian Standard on Assurance Engagements (CSAE) 3001 and Value-for-money Auditing in the Public Sector PS 5400.



Carol Bellringer, FCPA, FCA
Auditor General
Victoria, B.C.
February, 2018

AUDITOR GENERAL'S COMMENTS

WHEN WE BEGAN looking at the broader topic of rural and remote health, we learned that the recruitment and retention of health professionals, including registered nurses (RNs) and nurse practitioners (NPs), is a significant concern in B.C.'s north. Both RNs and NPs play a critical and independent role in rural and remote communities, and staffing gaps can have large impacts on health care.

Northern Health Authority (Northern Health) is responsible for planning and delivering health services to approximately 300,000 northern B.C. residents across a largely rural and remote territory the size of France. Its 2016/17 health human resources plan set out the number of RN and NP full-time equivalents (FTEs) required to deliver planned health services in its region.

We looked to see if Northern Health was effectively recruiting and retaining enough RNs and NPs to fill these positions. We concluded that it was not.

As of April 1, 2017, Northern Health was short 121 RN FTEs, approximately 15% of its rural and remote RN workforce and at least 5.9 NP FTEs. It was able to fill approximately half of its vacant shifts with nurses who work on a casual basis and existing nursing staff, sometimes at an overtime rate. The remaining shifts went unfilled or were covered by agency (contracted) nurses at a higher hourly wage.

Not having enough RNs and NPs means patient needs may go unmet, and they may have to wait longer for care. Working long hours to cover vacant shifts increases the risk of medical error and can lead to burnout, illness and injury. And backfilling shifts at overtime rates or with agency nurses is more expensive.



CAROL BELLRINGER, FCPA, FCA
Auditor General

AUDITOR GENERAL'S COMMENTS

RNs were also concerned about patient safety, as they were not always able to check on patients in the waiting room or keep up with regular checks on medication, crash carts and other equipment.

Northern Health is struggling to fill some RN and NP positions, in part because of factors beyond its control. These include weather, isolation, limited amenities, and in some communities, the cost and availability of housing. Social opportunities may be limited, and meeting the needs of other family members, such as finding employment for a spouse, can be difficult. Not all of these factors are unique to northern B.C. Some, e.g. housing costs, are a challenge in other parts of the province as well.

However, there are factors that Northern Health can influence. Northern Health's transition to interprofessional teams is affecting recruitment and retention of primary care nurses, HR training for nurse managers could be improved, and the distribution of RN programs in northern B.C. deserves some attention.

While there is room for improvement, Northern Health has implemented many good recruitment and retention practices. But it has done little to track the performance of its recruitment, hiring and retention functions and programs. As such, we were unable to determine if its efforts in these areas are having a positive impact on its results.

We recommend that Northern Health address root causes of the RN and NP shortage that are in its control. We also recommend that Northern Health develop overarching RN recruitment and retention strategies to help guide its activities and enable it to assess progress.

I would like to thank Northern Health for its co-operation during this audit.



Carol Bellringer, FCPA, FCA
Auditor General
Victoria, B.C.
February 2018

REPORT HIGHLIGHTS

NORTHERN HEALTH

covers about **2/3** of B.C., mostly rural & remote

RECRUITMENT and RETENTION PRACTICES



partially align with **GOOD PRACTICE**

9 recommendations to address **ROOT CAUSES & IMPROVE PRACTICE**

3.
4.
5.
6.
7.
8.
9.

MORE THAN A

1/4

OF RURAL AND REMOTE NP POSITIONS VACANT

EXTERNAL factors contribute to shortage:

- WEATHER
- ISOLATION
- LIMITED AMENITIES

RNs & NPs play a **CRITICAL ROLE** in RURAL and REMOTE COMMUNITIES



NORTHERN HEALTH SHORT

121 RNs, **15%** of its rural and remote workforce

INTERNAL factors contribute to shortage:

- INTERPROFESSIONAL TEAM TRANSITION
- MANAGEMENT
- NURSING EDUCATION

IMPACT:

- UNMET PATIENT NEEDS
- SAFETY RISKS
- NURSE BURNOUT
- HIGHER COSTS

SUMMARY

NURSES PLAY A critical role in the accessibility and sustainability of health services in northern B.C.'s rural and remote communities. They deliver the majority of direct patient care, and in some communities, they are the only resident health care provider.

Northern Health Authority (Northern Health) is responsible for planning and delivering health services to approximately 300,000 northern B.C. residents across 592,116 square kilometres—roughly two-thirds of the province. This includes health human resources (HHR) management, which involves identifying the number and type of health care professionals required to deliver planned health services, and recruiting, hiring and retaining these professionals.

The objective of this audit was to determine if Northern Health is effectively recruiting and retaining registered nurses (RNs) and nurse practitioners (NPs) to fill the rural and remote RN and NP positions identified in its HHR plan. We focused our audit on RNs (including registered psychiatric nurses) and NPs because of their critical and independent role in rural and remote communities.

We concluded that Northern Health is not effectively recruiting and retaining enough RNs and NPs to fill the rural and remote RN and NP positions identified in its HHR plan.

Northern Health's RN and NP shortage

As of April 1, 2017, Northern Health had not filled 121, or approximately 15%, of the 790 RN full-time equivalents (FTEs) identified in its 2016/17 HHR

plan. Seven local health areas were short more than 20% of their workforce: Upper Skeena, Nechako, Smithers, Prince Rupert, Fort Nelson, Peace River North and Terrace.

Northern Health was also unable to fill all of the 31.9 NP FTEs. On April 1, 2017, Northern Health had 25 NP FTEs in active practice: 12.7 FTEs in rural and remote communities and 12.3 FTEs in Prince George. 5.9 of the unfilled NP FTEs were in rural and remote areas; the remaining vacant FTE was not assigned to a community.

In some cases, when there is a vacancy or someone calls in sick or takes a vacation, Northern Health is able to find a nurse to fill in temporarily. Northern Health was able to fill approximately half of its vacant RN and NP shifts with casual or existing nursing staff, sometimes at an overtime rate. It had the toughest time filling vacant shifts with existing nursing staff in northeastern B.C.

The remaining shifts, which are the equivalent of 64.7 RN FTE workloads and 6.8 NP FTE workloads, went unfilled or were covered by agency (contracted) nurses at a higher hourly wage.

SUMMARY

Impacts of the RN and NP shortage

Not having enough RNs and NPs has negatively impacted patients, RNs and NPs, and Northern Health.

Working short-staffed made it difficult for RNs to meet the needs of acute patients and long-term care residents. RNs also worried about patient safety. Long hours to cover vacant shifts or last-minute absences can lead to decreased cognitive functioning and increase the risk of medical error. And they did not always have time to monitor patients in the waiting room or keep up with regular checks on medication, crash carts and other equipment.

Increased hours and workload demands put RNs and NPs at greater risk of burnout (emotional exhaustion, disengagement and reduced performance), illness and injury. And backfilling shifts at overtime and agency nurse rates led to higher costs for Northern Health. In 2016, the equivalent of 51.7 RN workloads were worked at an overtime rate, and the equivalent of 16.7 RN workloads were filled by agency nurses.

Factors contributing to the RN and NP shortages

There are many reasons why Northern Health was not able to fill all of the RN and NP positions in its HHR plan.

External factors include weather, isolation, limited amenities—and in some communities, the cost and availability of housing. Social opportunities may

be limited, and meeting the needs of other family members, such as finding employment for a spouse, can be difficult.

Internal factors (factors that Northern Health is responsible for or can reasonably influence) also contributed to the RN and NP shortages. Northern Health is implementing interprofessional teams in which primary care nurses (PCNs) deliver a range of community-based services. However, many RNs have focused on a particular area (e.g., public health, mental health) for many years, and some are not interested in a generalist practice or require additional training to feel comfortable providing other types of care. RNs reported that this, and heavy workloads, are impacting PCN recruitment and retention.

Management also has a significant impact. RNs described cases where they chose one community over another because the hiring manager was quick and attentive throughout the recruitment process. They also told us about RNs who left due to poor management.

And, many staff and stakeholders that we spoke with pointed out that there is no RN program in northeastern B.C., despite a significant population and RN shortage. A low supply of local RNs is correlated with low numbers of RNs at nearby hospitals.

We recommend that Northern Health work with communities, provincial ministries, and the British Columbia Nurses' Union to address both internal and external factors that contributed to Northern Health's RN and NP shortage.

SUMMARY

Recruitment, Hiring and Retention

Northern Health's recruitment, hiring and retention programs, practices and strategies partially align with good practice. Key recruitment initiatives include *Grow Our Own*, a program that encourages high school students in northern B.C. to pursue careers in health care and the use of clinical student placements.

Implementation of good hiring practices varied across the health authority because orientation is a local responsibility, and programs differ from site to site. To ensure all RNs receive an orientation grounded in good practice, we recommend that Northern Health develop and implement a standard orientation process for RNs that can be adapted to meet the needs of diverse sites.

Northern Health has a number of good retention strategies in place, including support for training and

professional development, and nursing leadership development, but it could do more to ensure the supports are well used and meeting the needs of staff.

We noted Northern Health's numerous recruitment and retention programs, practices and strategies for RNs were not organized into overall strategies with clear goals and performance measures. To help guide Northern Health's activities and enable it to assess progress, we recommend that Northern Health develop comprehensive recruitment and retention strategies for RNs.

Finally, Northern Health's performance monitoring of its recruitment, hiring and retention functions is minimal. As a result, Northern Health was not able to show that its recruitment, hiring and retention efforts had a positive impact on its results, despite having implemented many good practices in all three areas.

SUMMARY OF RECOMMENDATIONS

WE RECOMMEND:

- 1** That Northern Health, to create a more effective health human resource plan, consider a broad range of factors, including community characteristics, population health needs, scope of practice, stakeholder input and current circumstances.
- 2** That Northern Health work with communities and the provincial government to expand temporary and long-term affordable housing options in northern rural and remote communities.
- 3** That the University of Northern British Columbia and the Ministries of Health and Advanced Education work with Northern Health and other key stakeholders to analyze the distribution of nursing education programs in the north and implement changes to address regional recruitment challenges.
- 4** That Northern Health continue to work with the British Columbia Nurses' Union to develop and implement new recruitment and retention programs and tools for RNs in the north.
- 5** That Northern Health develop an RN recruitment strategy with clear goals and performance measures that guide its activities and enable it to assess progress.
- 6** That Northern Health establish clear responsibility for all aspects of its recruitment and hiring processes, including oversight.
- 7** That Northern Health ensure that all hiring managers receive comprehensive training on their recruitment and retention roles and responsibilities.
- 8** That Northern Health develop and implement a standard orientation process for RNs that can be adapted to meet the needs of diverse sites.
- 9** That Northern Health develop an RN retention strategy with clear goals and performance measures that guide its activities and enable it to assess progress.

RESPONSE FROM NORTHERN HEALTH

NORTHERN HEALTH (NH) would like to thank the Office of the Auditor General (OAG) for their audit of recruitment and retention of rural and remote nurses in northern BC. NH values the review of recruitment and retention best practices and the identification of where the organization is performing well and where work needs to continue. The findings from the OAG audit concur with our long-held understanding that in the North, ensuring the right skilled professionals are in the right place at the right time faces unique challenges. Overall, the OAG's recommendations are consistent with the direction that NH has already set out for itself.

As this audit was developing, NH was in the process of finalizing a new Strategic Plan: Looking to 2021, which was undertaken through extensive community involvement and consultation with more than 2,000 staff members. The vision and mission statements situate NH's efforts in the rural and remote context of northern BC. One of the Plan's enabling priorities relevant to this audit states, "*Northern Health provides services through its people and will work to have those people in place and to help them flourish in their work.*" The Plan further describes five key directions that will contribute to achieving this strategic priority. These five key directions are consistent with the best practices and recommendations outlined in the OAG audit. However, best practices such as those identified by the OAG audit will require contextualization to enable successful implementation in rural and remote communities.

NH is invested in understanding how the rural, remote, and northern context impacts service delivery and the educational preparation and deployment of human resources to enable that service delivery.

To increase our understanding, NH engages with other sparsely populated health authorities across Canada and with the Canadian Institute for Health Information to interpret evidence in support of planning rural and remote health services. Through partnerships in two national studies (2001-2005 and 2011-2016) of rural and remote nursing, we have learned that best practices and guidelines are frequently underpinned by unacknowledged assumptions about the availability of resources, the availability of managers and support staff, the anonymity inherent in urban areas that does not exist in rural and remote communities, and the presumed separation between the rural community and health services.

While the principles of best practices remain relevant in rural and remote health regions, the required processes cannot necessarily be fulfilled as outlined in a best practice or guideline. Hence, rural settings and health services are often identified to be in deficit mode. Alternative and creative approaches that draw on the inherent relationship between the community

RESPONSE FROM NORTHERN HEALTH AUTHORITY

and health services, and that work within a context of markedly lower availability of and accessibility to resources, are a necessity if the intent of evidence-informed practices are to be realized.

Accordingly, NH is working with our provincial and northern partners to improve our recruitment and retention processes with attention to the northern rural and remote community context. In response to the OAG recommendations, the following outlines a range of actions that NH is undertaking.

OAG recommendations regarding Health Human Resource (HHR) Planning:

- ◆ Over the course of 2017-18, NH has been refining its analysis of HHR needs and projections. Community-specific HHR planning is informed by the NH Distribution of Services Framework, incorporates improved metrics, and draws on the Ministry of Health's projected HHR needs for the province. Increasing the clarity and specificity of this work will continue throughout 2018/19.

OAG recommendations regarding recruitment and retention strategies:

- ◆ Most of the components of a Northern recruitment strategy are in place. This strategy, including clear objectives, associated actions, and metrics is being articulated for NH Board approval by September/October 2018.
- ◆ In late 2017, NH undertook a reorganization of its Human Resources portfolio, which has provided opportunity to clarify responsibilities and consolidate oversight of recruitment and hiring processes across the region.

- ◆ An improved onboarding program has been approved for launch across NH. Implementation is expected to start in March 2018.
- ◆ NH is early in the process of coordinating and extending its retention strategies. The reorganization of the Human Resources portfolio will improve the focus in this area over the next two to three years. A particular focus will be on supporting and retaining first-line supervisors and managers.

OAG recommendations regarding HHR programs/tools, including education and housing:

- ◆ NH has enjoyed supportive relationships with municipalities and regional districts to problem-solve access to housing in many northern rural and remote communities. We will continue to foster these partnerships to address evolving housing challenges.
- ◆ NH, the University of Northern British Columbia, and local community colleges continue to work together to maximize educational opportunities and clinical practice. The practice-driven Rural Nursing Certificate Program is a key educational component for nurses practicing in rural communities.
- ◆ The University of Northern British Columbia and NH are collaborating on a proposed nursing program in the northeast.
- ◆ Work is continuing between NH, the Health Employers Association of British Columbia (HEABC), the Ministry of Health (MOH), and the Nurses Bargaining Association (NBA) related to rural and remote recruitment and

RESPONSE FROM NORTHERN HEALTH AUTHORITY

retention programs and tools, such as a travel nurse pool, recruitment incentives, and funding for speciality education specific to rural and remote settings.

NH is continuing its transition to a primary and community care model centred on northern people and their families, cared for by interprofessional teams (IPTs) that include primary care providers, primary care nurses, and other professionals. This audit coincided with the initiation of IPTs across NH. As is the case with any change process, there has been a wide variety of reactions to change. Through a structured change management approach, NH is addressing the emerging concerns as implementation occurs.

In summary, NH has much to offer their rural and remote communities. As outlined in the audit findings, internal and external challenges exist when recruiting and retaining nurses in these locations.

We acknowledge the efforts of staff and managers in enabling 85% of NH's nursing positions and three-quarters of the nurse practitioner positions to be filled in the context of national and provincial shortages of health professionals and an array of recruitment and retention challenges. Additionally, NH experienced a 38% reduction in nurses leaving the organization since 2012. Nevertheless, further action is required and is outlined in this response to the OAG audit.

Finally, NH would like to extend a special thank you to the nurses, nurse practitioners and other staff and physicians who provide care and services for people across care settings in the North, at times in adverse circumstances. We are also grateful to the community members, municipal and regional districts, northern academic institutions, unions representing nurses, and other organizations who willingly partner to creatively support and contribute to NH's recruitment and retention efforts.

ABOUT THE AUDIT

BACKGROUND

Nursing in British Columbia

NURSING IS THE largest health profession in Canada. Regulated nurses make up almost half of Canada's health care workforce, and they are highly trusted by the public. British Columbia has four types of regulated nurses:

- ◆ registered nurses (RNs)
- ◆ registered psychiatric nurses (RPNs)
- ◆ nurse practitioners (NPs)
- ◆ licensed practical nurses (LPNs)

Each type of nursing offers specialized knowledge and skills to health care teams and patients, and has its own *scope of practice*.

Scope of practice describes what each profession does and how it does it. It specifies, in broad, non-exclusive terms, the procedures and actions that members of the profession may undertake, within the terms of their professional licences.

Registered nurses (RNs)

Approximately 37,000 RNs in B.C. provide direct patient care, including mental health and public health services and education. They work both autonomously

(by themselves) and in teams across a range of clinical settings, and they can specialize in a particular area of practice, such as emergency or maternity care. In some remote communities, RNs are the only permanent health care provider.

In B.C., RNs must have a nursing diploma (prior to 2005) or undergraduate degree, meet competence requirements, pass a national examination and register with the College of Registered Nurses of British Columbia (CRNBC). Entry-level RNs are prepared as generalists to enter into practice safely, competently and ethically:

- ◆ in situations of health and illness
- ◆ with people of all genders across the lifespan
- ◆ with the following possible recipients of care: individuals, families, groups, communities and populations
- ◆ across diverse practice settings

Once registered, RNs can get additional certifications to expand their scope of practice. For example, nurses who are certified in sexually transmitted infections management can independently diagnose and treat some diseases.

Registered psychiatric nurses (RPNs)

RPNs focus on mental and developmental health within the context of patients' overall health and life situations. They provide nursing care to patients experiencing mental health and addictions challenges,

ABOUT THE AUDIT

emotional difficulty, or a crisis in health and welfare. There are approximately 2,700 RPNs in B.C.

RPNs in B.C. must have a three-year equivalent diploma or a four-year degree in psychiatric nursing, pass the Registered Psychiatric Nurses of Canada examination, and register with the College of Registered Psychiatric Nurses of BC.

Nurse practitioners (NPs)

The B.C. government introduced NPs to the province in 2005 to help improve access to primary health care services. NPs provide comprehensive clinical care: they diagnose and manage disease and illness, prescribe medications, order and interpret laboratory and diagnostic tests, and initiate referrals to specialists—without physician supervision. Over 385 active NPs in the province provide care in both primary and acute care settings in rural, remote and urban centres.

In B.C., NPs are RNs who have completed a nurse practitioner educational program (a master's degree), passed written and practical exams designed to show safe practice, and are registered with the CRNBC.

Primary care is first-contact health care provided in the community, usually by family doctors, nurse practitioners, community nurses and other health professionals. The majority of health problems are treated at this level.

Acute care is generally provided in a hospital setting, and involves treating the patient for a brief but severe injury or episode of illness, for an urgent medical condition, or during recovery from surgery.

Licensed practical nurses (LPNs)

LPNs provide nursing care under the direction of medical practitioners, RNs and other health team members. In 2016, there were approximately 12,000 LPNs in the province. They work in a range of health care settings, most often providing direct care to patients.

In B.C., LPNs must graduate from an approved practical nursing program, pass the Canadian Practical Nurse Registration Examination and register with the College of Licensed Practical Nurses of BC.

Nurses are in short supply

Globally, nurses are in short supply, and many western countries, including Canada, are reporting current and predicted shortages, particularly in rural and remote areas. An aging workforce, coupled with an aging population and a growing burden of chronic disease, have created a difficult situation where demand for nursing services is increasing at the same time as many experienced nurses are retiring.

In B.C., despite this growing demand and pending retirements, the number of new nursing graduates has remained relatively stable since 2010. There

ABOUT THE AUDIT

are currently no major planned expansions to undergraduate and diploma nursing programs.

Since 2016/17, the Ministry of Advanced Education has added 722 provincially funded specialty nursing seats at the British Columbia Institute of Technology (BCIT) to help address current and future shortages in critical acute care areas. And it plans to add 611 more seats in 2018/19.

Nursing shortages can lead to a number of undesirable consequences, including heavy workloads and burnout among nurses (the effects of prolonged stress, including emotional exhaustion, disengagement and reduced performance), increased service wait times, decreased quality of care and risks to patient health and safety.

Nursing in the rural and remote north

Nurses play a critical role in the accessibility and sustainability of health services in northern rural and remote communities. They deliver the majority of direct patient care, and in some communities, RNs are the only resident health care provider.

Due to the isolation and geography, nurses working in northern rural and remote communities need to be skilled generalists with the experience and education to assess effectively, to think critically, and to manage patients with unstable and emergent diseases—often in circumstances of limited resources and under difficult conditions.

Undergraduate and postgraduate nursing education programs play an important role in preparing nurses for the realities of rural and remote practice. The

College of New Caledonia, Northwest Community College and the University of Northern British Columbia (UNBC) collaboratively offer a Bachelor of Science in Nursing in three northern B.C. communities: Terrace, Prince George and Quesnel. These programs, which can graduate up to 152 RNs per year, have a northern focus and offer opportunities for exposure to rural practice.

UNBC also offers a Rural Nursing Certificate Program, which provides RNs with the opportunity to pursue concentrated coursework in rural nursing, through specialty education.

Northern Health Authority

The Northern Health Authority (Northern Health) is responsible for planning, delivering and monitoring quality health services to approximately 300,000 B.C. residents across 592,116 square kilometres—almost the size of France. It is the largest geographic health region in the province, covering roughly two-thirds of B.C.

Prince George, a small city of roughly 75,000, is northern B.C.'s only urban centre. The rest of northern B.C. is classified as rural or remote (see [Exhibit 1](#)). In many places, there are fewer than three people per square kilometre. It can be hours by vehicle to basic amenities such as a grocery store, and internet and phone services can be unreliable.

But despite the social isolation that comes with living in the rural and remote regions of northern B.C., a strong sense of community, opportunities for outdoor recreation, and work in the natural resource industry are a draw for many people.

ABOUT THE AUDIT

DEFINING RURAL AND REMOTE

There are many different ways to define rural and remote. For this audit, we used the Ministry of Health's definitions:

Rural: a community with 3,500 to 20,000 residents that has primary and community care services and limited general inpatient care to meet the basic acute care needs of the population. Specialized acute, residential care and assisted living services are available in some communities.

Small rural: a community with 1,000 to 3,500 residents that has primary and community care that meets most health needs of the population, with the potential for urgent and basic emergency care in some locations.

Remote: a community with fewer than 1,000 residents that may have nurse-led care to meet the immediate needs of the population, or no local health care services at all.

Exhibit 1: Location of communities in northern B.C.



Source: GeoBC

ABOUT THE AUDIT

On average, northern B.C. residents have a poorer health status than residents in the rest of the province, although their health status is similar to that of other northern populations in Canada. Income, socio-economic status and education are important determinants of health, and many northern communities are below average in these areas.

A large Indigenous population

Indigenous people make up roughly 20% of northern B.C.'s population. There are 54 Indigenous Nations located in northern B.C., governing more than 80 communities (see [Exhibit 1](#)). While Indigenous people in the north tend to be healthier than their counterparts in other parts of the province, they still experience poorer health outcomes (e.g. higher standardized mortality ratio, higher burden of illness) than the rest of the northern population.

The recent Truth and Reconciliation Commission concluded that the poor overall health of Indigenous people in Canada is directly linked to their history of colonization and to policies, such as the *Indian Act* and the residential school system.

A transient workforce and aging population

Northern B.C.'s resource-based economy is supported by a transient workforce. Many of these workers have permanent homes elsewhere in the country. The seasonal and cyclical nature of resource development and the subsequent arrival and departure of workers place additional stress on health services and staff, particularly in northeastern B.C.

Also, as elsewhere in the province, northern B.C. has an aging population. The number of seniors (people 65+ years old) in the north is expected to grow by more than 75% over the next 15 years. By 2030, forecasts suggest that they will represent approximately 23% of the total population. This shift from a predominantly younger population to an aging one is expected to change the demand for health services.

Health human resources management

Health human resources (HHR) refers to the people who are engaged in the delivery of health care. HHR planning involves identifying the number and type of health care professionals (typically in full-time equivalent, or FTE positions) that an organization needs to deliver health services. The HHR planning, recruiting, hiring and retaining of those professionals is known as HHR management.

The goal of HHR management is to ensure that the right number of people with the right skills are in the right place at the right time. [Exhibit 2](#) shows the HHR management continuum and identifies some of the key actions for each stage.

A full-time equivalent (FTE) is a measure that means the total hours worked by one employee on a full-time basis each year. The hours worked by part-time staff can be converted into FTEs.

ABOUT THE AUDIT

In **health human resources**, there is no one way to define recruitment, hiring and retention. For our audit, we used the following definitions:

Recruitment: Everything from identifying a vacancy to selecting a successful candidate. This involves identifying, attracting, searching for and interviewing potential candidates who have the desired knowledge, skills and experience for the position.

Hiring: The steps between finding a successful candidate and the end of orientation. This includes

checking references, verifying licensing and performing a criminal record check, and then onboarding the new employee to the organization and providing orientation at the local site.

Retention: Keeping employees within a workforce. Common retention strategies include training and development, offering supportive clinical supervision and providing financial incentives such as financial payments in exchange for a fixed term of service.

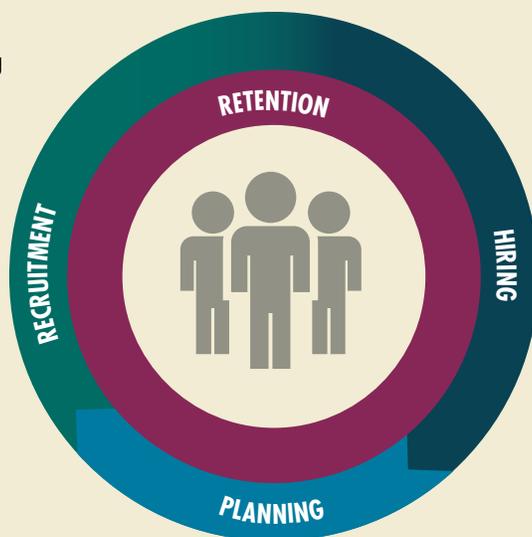
Exhibit 2: Health human resources continuum

RECRUITMENT:

- Identifying and attracting potential candidates
- Screening candidates
- Interviewing candidates

PLANNING:

- Forecasting HHR supply & demand



HIRING:

- Notifying successful candidates and formalizing employment contracts
- Preparing new employees to start work
- Onboarding and orienting new employees

RETENTION:

- Supporting professional development
- Recognizing employee contributions
- Working with employees to manage their performance effectively
- Ensuring staffing levels and skill mix are effective, to reduce staffing gaps and burnout

Source: Office of the Auditor General of British Columbia, based on our review of good practice

ABOUT THE AUDIT

Recruitment and retention of rural and remote nurses in northern B.C.

In our [2016/17 Performance Audit Coverage Plan](#), we said we would audit rural health in B.C. We were concerned about the poorer health status of rural B.C. residents, and when we began our work, it became clear that the recruitment and retention of health professionals was a significant concern in the north. We chose to focus our audit on RNs (including RPNs) and NPs because of their critical and independent role in rural and remote communities.

Throughout this report, we use the term RN to refer to both RNs and RPNs. This is for ease of reading, and because Northern Health didn't distinguish between the two types of nurses in its HHR plan.

AUDIT SCOPE

We looked at Northern Health's HHR planning for, and recruitment and hiring of, rural and remote RNs and NPs in the 2016/17 fiscal year. Because trends in retention only become clear over time, we looked at a period of five years, from 2012/13 to 2016/17. We also looked at documents beyond these timeframes if they were significant and newer information was unavailable.

Our scope included all of the communities in northern B.C. except Prince George, which is considered an urban centre. We looked at the programs, practices and processes used to recruit RNs and NPs, but did not assess the merit of Northern Health's hiring decisions.

Our audit covered all full-time, part-time and term RNs (including RPNs) practising in general and specialty areas, as well as NPs. We focused on these professions because of their large numbers and critical role in northern rural and remote practice. We didn't include LPNs or care aides (to keep our scope manageable).

We did not look at any other health authorities or jurisdictions. And we did not audit other organizations that can impact the recruitment and retention of RNs and NPs in B.C., e.g. the Ministry of Health.

AUDIT METHOD

Our work involved:

- ◆ conducting a literature review of good practice in the following areas: HHR planning, recruitment, hiring and retention, with a focus on RNs and NPs in a rural and remote setting, where possible
- ◆ reviewing hundreds of Northern Health's human resources documents
- ◆ reviewing a targeted sample of rural and remote RN competition files and all NP competition files from 2016/17
- ◆ carrying out site visits to health care facilities in six rural and remote communities in northern B.C.
- ◆ interviewing over 100 Northern Health executives, corporate human resources staff, RNs, NPs, hiring managers and stakeholders

ABOUT THE AUDIT

- ◆ analyzing Northern Health data from the Meditech, eStaffing and ESP systems to validate RN and NP FTE numbers and to quantify the impact of vacancies
- ◆ consulting with subject matter experts in rural and remote nursing

The report is dated February, 2018. This is the date the audit team completed obtaining the evidence used to determine the findings and conclusions of the report.

AUDIT OBJECTIVE AND CONCLUSION

AUDIT OBJECTIVE

THE OBJECTIVE OF this audit was to determine if Northern Health is effectively recruiting and retaining registered nurses (RNs) and nurse practitioners (NPs) to fill the rural and remote RN and NP positions identified in its health human resources (HHR) plan.

AUDIT CONCLUSION

Our audit found that Northern Health:

- ◆ as of April 1, 2017, had filled 669 of the 790 RN FTEs and 25 of the 31.9 NP FTEs identified in its 2016/17 HHR plan
- ◆ has implemented or partially implemented many recruitment, hiring and retention good practices, but due to a lack of performance monitoring, is not able to show that its efforts in each of these areas are effective

We concluded that Northern Health is not effectively recruiting and retaining enough RNs and NPs to fill the rural and remote RN and NP positions identified in its HHR plan.

AUDIT CRITERIA SUMMARY

Our audit objective and criteria are based on Northern Health's own targets and good practice in the areas of HHR planning, recruitment, hiring and retention.

We used the following criteria to help us meet our objective:

1. Northern Health has filled the rural RN and NP positions identified in its health human resources plan.
2. Northern Health's recruitment programs and practices for rural RNs and NPs are effective.
3. Northern Health's hiring process for rural RNs and NPs is effective.
4. Northern Health's retention strategies for rural RNs and NPs are effective.

To determine whether Northern Health met our first criterion, we compared the number of RN and NP FTEs that Northern Health had on April 1, 2017, with the number of full-time equivalents (FTEs) it said it needed at the start of 2016/17. We also assessed the process it used to develop its HHR plan against good practice, to ensure it considered a range of factors in determining its demand for RNs and NPs.

To determine the effectiveness of Northern Health's recruitment, hiring and retention strategies, we

AUDIT OBJECTIVE AND CONCLUSION

assessed Northern Health's performance in each of these areas against good practice. We also checked to make sure that it was following its own processes, and using its own programs and strategies as expected. Finally, we reviewed Northern Health's qualitative and quantitative data to see if it showed that its activities in each of these areas were having a positive impact on its results.

KEY FINDINGS AND RECOMMENDATIONS

HEALTH HUMAN RESOURCES PLANNING

Northern Health's HHR plan

TO ENSURE THAT B.C. residents have access to the health services they need, health authorities must anticipate:

- ◆ the health services required
- ◆ the number and type of health professionals required to provide those services (demand)
- ◆ the number and type of health professionals that are currently available (supply)

Once both demand and supply are known, health authorities can develop strategies and partner with educational institutions, the provincial government and communities to address projected gaps.

In 2015, the Ministry of Health (HLTH) published a *Health Human Resources Policy Paper*, which set out a framework and direction for health human resources (HHR) in B.C., and began taking steps to build an HHR plan for the province. To create the provincial plan for the 2016/17 fiscal year, HLTH asked each health authority to develop an HHR plan for the next three fiscal years using a province-wide methodology.

Northern Health's 2016/17 HHR plan identified substantial gaps between its forecasted demand and supply for RNs and NPs in its rural and remote communities.

We looked at whether Northern Health was able to use its recruitment, hiring and retention programs, practices and strategies to close this gap and fill all of the rural and remote RN and NP positions in its HHR plan. We also assessed whether the methodology that Northern Health used to develop the plan aligned with good practice.

Alignment with good practice

Although there is no broad consensus on the "right" way to develop an HHR plan, considerable good practice (a practice that has been proven to work well) is available to help health care organizations make their plans as accurate as possible. We conducted a literature review of good practice in HHR planning (validated with our subject matter experts and Northern Health) and assessed Northern Health's methodology against the most frequently cited guidance.

We found that the methodology Northern Health used to develop its 2016/17 HHR plan partially aligns with good practice (see [Appendix A](#)). Northern Health used its past demand for health professionals as a basis

KEY FINDINGS AND RECOMMENDATIONS

for future demand. This is an important consideration, but good practice calls for considering a broader range of factors, such as population health needs, scope of practice, stakeholder input and current circumstances.

For the most part, Northern Health is gathering that information, but it didn't formally feed this information into its plan. For example, although Northern Health completes an environmental scan every year that assesses social and economic factors that impact its business, it didn't use this information to test or inform the demand forecasts in its HHR plan.

Good practice also calls for basing an HHR plan on timely and accurate information. The methodology that Northern Health used to determine its demand for RNs and NPs in 2016/17 had some limitations. It included positions that Northern Health was not actively recruiting to, and as a result, demand may have been overstated. Also, the number of full-time equivalents (FTEs—see sidebar on [page 17](#)) was an estimate, based on the number of full- and part-time staff in previous years, adjusted for its historical growth rate. This methodology was updated in 2017/18 to reflect better the past demand for RN and NP services, which may improve the accuracy of future demand forecasts.

Given these gaps in information and challenges with forecasting demand, there is a risk that Northern Health does not have an accurate picture of its future demand.

Northern Health began rolling out a workforce planning toolkit in October 2017 to help managers align their workforce planning goals with strategic

priorities, identify gaps in the workforce, and prioritize the challenges they face. This may result in a broader spectrum of factors being considered in future years.

RECOMMENDATION 1: *We recommend that Northern Health, to create a more effective health human resource plan, consider a broad range of factors, including community characteristics, population health needs, scope of practice, stakeholder input and current circumstances.*

NORTHERN HEALTH'S RN AND NP SHORTAGE

Having a full complement of RNs and NPs is critical if Northern Health is to fulfill its mandate to plan and deliver health services to northern B.C. residents. A full complement helps ensure that enough RNs and NPs are available to meet patient needs in a reasonable timeframe, and that workloads are manageable. It can also lead to lower costs, by reducing the amount of money spent on overtime and on paying for agency nurses (nurses who are employed by private firms and contracted out to health care organizations at an hourly rate).

We found that Northern Health was not able to fill a significant number of the RN and NP positions in its HHR plan.

KEY FINDINGS AND RECOMMENDATIONS

Registered nurse shortage

The 2016/17 HHR plan indicated that Northern Health required 790 RN FTEs to deliver planned health services in its rural and remote areas. At the end of the 2016/17 fiscal year, Northern Health had 669 RN FTEs available to provide care. Seven local health areas were short more than 20% of their workforce: Upper Skeena, Nechako, Smithers, Prince Rupert, Fort Nelson, Peace River North and Terrace. Northern Health's largest shortages were among nurses working on medical and surgical wards and other RNs (see sidebar).

Two communities, Burns Lake and Kitimat, have a moderate surplus of RNs. This is due in part to Northern Health's hiring of relief staff and RNs into specialty training positions that are above and beyond the usual complement required to run the facility. These positions contribute to retention by preventing RN burnout and supporting professional development.

[Exhibit 3](#) shows the number of RN FTEs by community and specialty, and indicates how these numbers compare with Northern Health's forecasted demand (where available). The red numbers in brackets show a shortage and the green numbers show a surplus for the type of RN in that community.

DEFINITIONS OF RN AREAS OF PRACTICE

Medical and surgical: RNs who practise primarily on hospital units and care for adult patients who are acutely ill with a wide range of medical issues or are recovering from surgery.

Perinatal RNs: RNs who provide education and support to childbearing women and their families, typically in a hospital setting.

Emergency RNs: RNs who treat patients in emergency situations, such as trauma or injury.

Perioperative: RNs who provide care and support to patients immediately before, during and after surgery.

Intensive care/ critical care: RNs who care for patients who are seriously ill and facing life-threatening problems due to trauma, illness or major surgery in intensive care or critical care units.

Other: Includes a number of different types of RNs, including:

- ◆ primary care nurses (PCNs) who provide primary care services, such as public health, mental health and home care as part of an interprofessional team (see sidebar on [page 14](#)), as well as nurses who still specialized in these areas in 2016/17
- ◆ nurse educators who teach and prepare RNs for entry to practise, and who provide continuing education to licensed nursing staff
- ◆ nurses who specialize in a particular condition, such as diabetes or cancer, or focus on a particular population, such as children or patients at the end of life

KEY FINDINGS AND RECOMMENDATIONS

Exhibit 3: RN shortages, by community and specialty, as of April 1, 2017

Community	Type of RN							Total RNs
	Medical & surgical	Perinatal	Emergency	Perioperative	Intensive care	RN (other)		
Burns Lake	16 (+5.15)		3 (-0.44)	1.64 (+1.64)		7.94 (-1.57)	28.58 (+4.78)	
Fort Nelson	8.62 (-1.99)					7 (-2.67)	15.62 (-4.66)	
Haida Gwaii	13.54 (-8.45)		3.0 (+3.0)			10.47 (+0.16)	27.01 (-5.29)	
Kitimat	9.23 (-1.71)	1.66 (+1.66)	6.08 (-0.06)	8.0 (+1.92)	2.66 (+2.66)	17.79 (+5.42)	45.42 (+9.89)	
Nechako	15.83 (-9.09)		2.0 (-2.44)	4.0 (-0.06)		11.99 (-4.95)	33.82 (-16.54)	
Peace River North	12.24 (-4.38)	12.56 (-3.31)	15.81 (-3.21)	14.04 (+2.71)	7.62 (+0.42)	44.69 (-23.77)	106.96 (-31.54)	
Peace River South	14.96 (-2.93)	9.62 (+0.06)	12.79 (-1.09)	8.77 (-2.78)	4.55 (-1.97)	51.95 (-6.27)	102.64 (-14.98)	
Prince Rupert	16.95 (-2.5)		9.92 (-3.89)	10.93 (-2.79)		11.43 (-8.5)	49.23 (-17.68)	
Quesnel	24.44 (-2.28)		9.47 (-0.99)	9.25 (+0.88)	5.41 (-1.96)	41.88 (-5.41)	90.45 (-9.76)	
Smithers	9.64 (-2.03)	4.75 (-2.62)	5.83 (-2.98)	6.06 (+1.5)		15.29 (-12.30)	41.57 (-18.43)	
Snow Country						2.0 (-0.03)	2.0 (-0.03)	
Stikine		0.5 (+0.5)	2.75 (-2.48)			1.16 (+1.12)	4.41 (-0.86)	
Terrace	13.5 (+0.21)	7.5 (+2.01)	10.66 (-1.42)	11.01 (-2.67)	6 (-2.18)	44.45 (-22.41)	93.12 (-26.46)	
Upper Skeena	4 (-6.61)			0 (-0.61)		6.68 (-0.38)	10.68 (-7.6)	
Regional Programs	1.0			1.0 (+1.0)		15.72 (+15.72)	17.72 (+17.72)	
Total	159.95 (-35.61)	36.59 (-1.7)	81.31 (-16.0)	74.70 (+0.74)	26.24 (-3.03)	290.44 (-65.84)	669.23 (-121.44)	

Note: Red and green numbers in parentheses indicate a shortage (with a minus sign) or surplus (with a plus sign) of RNs in relation to Northern Health's forecasted demand.

Source: Office of the Auditor General of British Columbia

KEY FINDINGS AND RECOMMENDATIONS

New graduate RNs

Some RN managers indicated that they have a full complement of RNs, but many of them are recent nursing school graduates (within the last year). A shortage of experienced RNs can lead to burnout among senior RN staff, which in turn makes it difficult to ensure that new graduates receive adequate training and support as they adjust to their new roles and learn to work in a rural and remote setting.

LOAN FORGIVENESS PROGRAMS

RNs and RN managers told us that the province's student loan forgiveness program is a big draw for new graduates. New graduates of in-demand occupations (including RNs and NPs) are eligible if they work at publicly funded health care facilities in underserved communities in B.C. Each year, the provincial government will forgive up to 20% of the outstanding B.C. portion of each Canada-B.C. student loan for up to five years.

The provincial government recently extended the loan forgiveness period from three to five years (in the past 33.3% of the loan was forgiven each year) and made changes to the list of communities eligible for the program. We were told that this has made recruiting even new graduates more difficult in some places.

RNs and NPs can also apply to the federal government for Canada Student Loan forgiveness. Eligibility requirements include providing in-person services for a minimum of 400 hours in one or more rural or remote communities for a minimum of one year.

Nurse practitioner shortage

Northern Health was also unable to fill all of its NP positions. At the start of 2016/17, it forecasted a need for 31.9 NP FTEs across Northern Health. At the end of the fiscal year, Northern Health had 25 NP FTEs in active practice: 12.7 FTEs in rural and remote communities and 12.3 FTEs in Prince George. Nearly six of the unfilled FTEs were in rural and remote areas, and the remaining FTE was not assigned to a particular community.

Productive hours lost

Another way to understand the extent of Northern Health's RN and NP shortage is to look at the number of productive hours lost over the course of the 2016/17 fiscal year. This approach accounts for the hours worked by casual employees, as well as overtime hours, which are not factored into the FTE numbers above.

In some cases, when there is a vacancy, or someone calls in sick or takes a vacation, Northern Health is able to find a nurse to fill in temporarily. Some communities have a pool of casual staff. Part-time and full-time RNs and NPs may also be called if no casual nurses are available, sometimes at an overtime rate. Northern Health was able to cover approximately half of its vacant shifts using existing staff.

Another alternative is to contract with a private agency to bring in an RN (referred to as an agency nurse). When no one is available to cover a vacant shift, the rest of the team works short-staffed. This situation is referred to as *relief not found*.

KEY FINDINGS AND RECOMMENDATIONS

Northern Health tracked the number of productive hours lost due to vacancy. This is the number of RN hours that Northern Health could not fill with its own staff (relief not found and hours worked by agency nurses) for the 2016 calendar year.

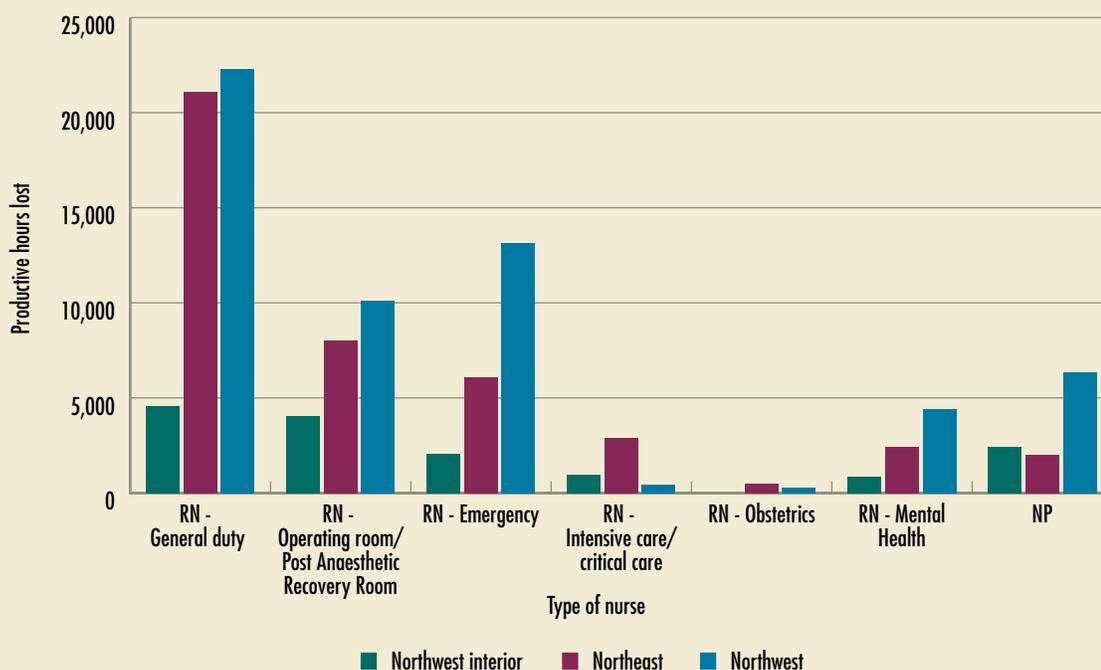
During this period, Northern Health lost the equivalent of 64.7 RN FTE workloads (an average RN workload is 1,611.5 hours a year) and 6.8 NP FTE workloads (an NP workload is 1,581 hours a year).

Relative to the total expected amount, the most productive hours were lost in the northeastern part

of the province (9.92%), followed by the northwest (9.83%) and the northern interior (5.03%). This indicates that, even though five of the six largest FTE shortages at the local health area level were not in northeastern B.C., it was more difficult to fill vacant shifts there than in other parts of the north.

Exhibit 4 shows the number of productive hours lost due to vacancy by specialty and region in 2016. The general RN category includes RNs working on medical and surgical wards as well as primary care nurses that provide public health, mental health and home care services to the community.

Exhibit 4: Productive hours lost by nurse type and region, 2016



Source: Office of the Auditor General of British Columbia

KEY FINDINGS AND RECOMMENDATIONS

IMPACTS OF THE RN AND NP SHORTAGE

Not having enough RNs and NPs can negatively impact patients, staff and the organization.

Impacts on patients

For patients, nursing shortages can lead to unmet needs, safety risks and longer wait times.

During our field work, we heard about instances where RNs said they were unable to meet the needs of patients because they were short-staffed. Primary care nurses described feeling unable to offer patients the full range of primary nursing services (e.g., home care, mental health, public health) because they did not believe they had the necessary training to deliver

care in all of these areas. In facilities that provide both acute and long-term care, RNs told us that they were challenged to meet the needs of both patient populations, and deliver the mandated hours of care to long-term care residents.

In some cases, the RN shortage created a patient safety risk. RNs working in acute settings were not always able to monitor patients in the waiting area for a change in their condition, or to oversee patients requiring a high degree of supervision adequately. Sometimes they were not able to keep up with regular checks on medication, crash carts and other equipment. Long hours to cover vacant shifts or last-minute absences were also a concern, because working long hours can lead to decreased cognitive functioning and increase the risk of medical error.

INTERPROFESSIONAL TEAMS AT NORTHERN HEALTH

Northern Health is in the process of implementing interprofessional teams in communities across northern B.C. This is part of a larger provincial initiative to improve the quality and accessibility of primary care in the province. Evidence for the effectiveness of interprofessional teams, especially in the context of chronic disease management, is particularly promising.

At Northern Health, interprofessional teams work closely with a primary care physician or nurse practitioner to deliver patient-centred care. Each team is different, but all are generally made up of a team leader, nurses, social workers and allied

health professionals (e.g., physiotherapists). They may also be supported by specialist RNs and other professionals in the community.

Under this new model, RN members of primary care teams deliver the full spectrum of primary nursing services —from mental health to home care. This change has had a significant impact on RNs, many of whom previously focused on one area of practice, such as public health or mental health. Some require additional training to feel proficient in providing the full range of primary nursing services.

KEY FINDINGS AND RECOMMENDATIONS

Patients in communities with an RN or NP shortage may also experience longer wait times for primary care nursing services. NPs and RNs told us that when they are short-staffed, patients may have to wait weeks to get an appointment, and booked appointments must sometimes be rescheduled if more urgent cases come in. A shortage of primary care nurses with expertise in a particular area (e.g., home care, public health) may also cause delays. For example, in one community we were told that there was only one primary care nurse trained to carry out home and residential care assessments. This led to a backlog of patients waiting to be assessed.

Impacts on RNs and NPs

Patients aren't the only ones negatively impacted by nursing shortages. NPs reported working beyond their set hours to keep up with charting and patient appointments. For RNs, this means picking up additional shifts, coming in early, staying late and, when relief cannot be found, working short-staffed with increased workload demands. This can lead to burnout, which in turn can lead to departures and exacerbate the shortage further.

Impacts on Northern Health

RN shortages also lead to higher costs for Northern Health and interfere with its ability to achieve its organizational objectives.

When Northern Health cannot fill an RN shift with a nurse who has not yet worked full-time hours that

week, it must compensate someone at an overtime rate to fill in. RN overtime rates range from 1.5 to two times the RN's usual rate. Between 2012 and 2016, the amount of RN overtime hours increased by 30%. In 2016, the equivalent of 51.7 full-time RN workloads were worked at an overtime rate. NPs are paid on a salary basis, so there are no overtime costs to consider for this group of nurses.

In cases where no one can cover RN shifts internally for an extended period of time, Northern Health contracts with private agencies to bring in RNs. Agency nurses play an important role in communities where there are no other alternatives to cover vacations and other short-term absences, and in cases where there is a prolonged vacancy. However, agency nurses are more expensive than RNs employed by Northern Health, and overuse of agency nurses can negatively impact team dynamics and patient care. Teamwork depends on effective communication and shared understanding, both of which take time to develop. The temporary nature of agency nursing also limits agency nurses' ability to build organizational knowledge and deliver continuity of care.

Agency nurse use spiked in 2013, dropped in 2014, and has been slowly increasing again over the past two years at a rate of approximately 10% a year. Northern Health told us that more consistent controls and authorizations for bringing in agency nurses were implemented in 2013, which accounts for the decrease in agency nurse use in subsequent years. The equivalent of 16.7 full-time RN workloads were filled by agency nurses (who are paid a higher hourly rate) in 2016.

KEY FINDINGS AND RECOMMENDATIONS

Exhibit 5 shows Northern Health’s agency nurse and overtime hours by calendar year.

Higher workloads and additional shifts lead to burnout, as described above. Burnout puts RNs at greater risk for injury and illness, and a few RN managers reported that this has led to increased sick time among RNs at their sites.

2016/17 HHR plan. Some of the factors are external. For example, the geography and environment of B.C.’s rural and remote north are outside of Northern Health’s control.

Other factors are internal and fall within the realm of Northern Health’s responsibility or can be reasonably influenced by Northern Health.

FACTORS CONTRIBUTING TO THE RN AND NP SHORTAGE

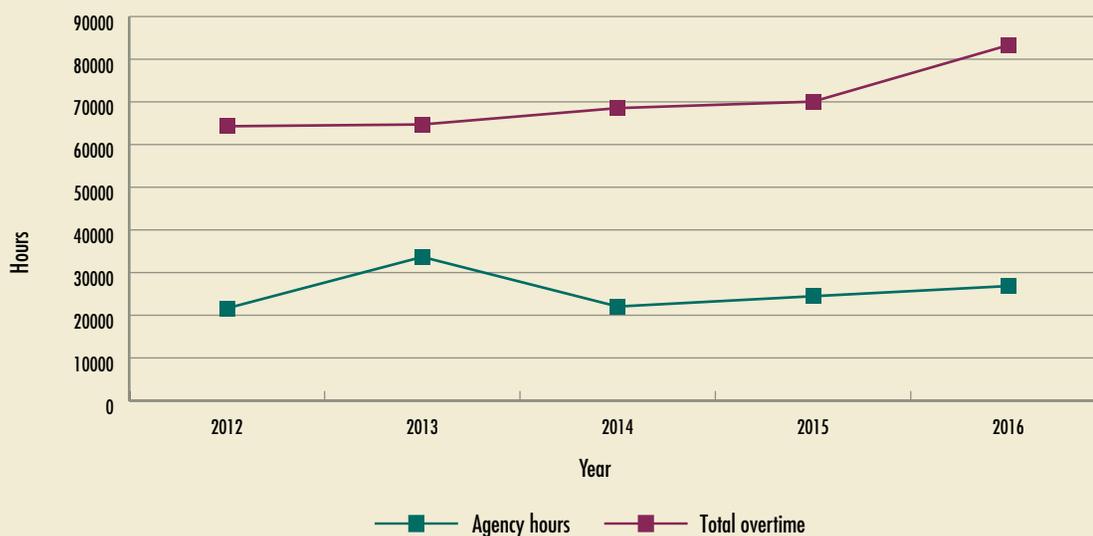
There are many reasons why Northern Health was not able to fill all of the RN and NP positions in its

External factors

Geography and environment

Northern Health spans more than 590,000 square kilometres, which is about two-thirds of B.C. The weather, long distances between communities, and

Exhibit 5: Agency nurse and overtime hours by year, 2012–2016



Source: Office of the Auditor General of British Columbia

KEY FINDINGS AND RECOMMENDATIONS

limited amenities can affect the willingness of RNs and NPs to move to rural and remote areas of northern B.C. or prompt them to leave after a short while.

Housing and cost of living

Housing can be expensive and difficult to find in parts of the north. High salaries in the resource industry can drive up rents, and in communities where there is a market for tourism, some owners are opting to list their properties on short-term rental sites (e.g., AirBnB), reducing the supply of long-term rentals and driving up prices.

Other costs, such as for heat, internet and cellphone service, can be relatively expensive. As RN compensation is roughly the same across the province, higher costs may be a deterrent for some potential recruits and cause others to leave if they are having difficulty achieving their financial goals.

Family life

RNs and NPs who chose to work in rural and remote communities may experience a number of challenges related to family life. For those in a long-term relationship, finding the right employment for a partner can be tough. And for parents, daycare can be difficult to find, particularly for RNs doing shift work and education may be a concern. Social opportunities may also be limited. All of these challenges may cause some RNs and NPs to look to bigger centres for employment, and lead to departures, especially when children reach school age.

Small pool of qualified NPs

In 2016, there were just 385 active NPs in the province, and only a maximum of 45 NPs graduate each year in B.C.

Requirements specific to B.C. may make it more difficult to recruit NPs, particularly from other provinces. In B.C., fully qualified NPs must pass an exam called the Objective Structured Clinical Examination, which is quite intensive and offered only twice a year. This is in addition to the applicable written exams required in B.C. and other jurisdictions.

Internal factors

Transition to interprofessional teams

Many RNs we spoke with said that Northern Health's transition to interprofessional teams is leading to recruitment and retention challenges among RNs for a few reasons.

Some RNs are not interested in a more general primary care practice. They have focused on a particular area (e.g., public health, mental health) for a number of years, and are not interested in, or don't feel comfortable, expanding their practice to other areas.

Training was also a significant concern. Some primary care nurses told us they are not able to take timely training in areas they are unfamiliar with, causing some discomfort.

KEY FINDINGS AND RECOMMENDATIONS

In the communities we visited, primary care nurse workloads were heavy. Some team members told us that they lost RN resources in the transition. And since not all team members felt comfortable providing the full range of primary care services, those with skills and knowledge in certain areas may bear a larger workload burden.

Management

Nurse managers have a significant impact on the recruitment of rural RNs and NPs. We heard stories about RNs choosing a particular community over another because the hiring manager was quick and attentive throughout the recruitment process. Managers also have a huge impact on retention. A poor manager can cause staff to leave, and we heard cases where this had occurred. But the inverse is also true: a great manager can keep people, even if it means a longer commute or fewer opportunities for development.

Full-time positions

It can be difficult to recruit RNs to casual and part-time positions, particularly if recruitment involves moving to a new community. RNs may also leave if they are currently working part-time or on a casual basis and can secure full-time work elsewhere.

Distribution of RN education

RN programs in northern B.C. are delivered through a hybrid model. Students do the first two years of their degree at a college and complete the remaining

two years through the University of Northern British Columbia (UNBC). Programs are offered in three communities: Terrace, Prince George and Quesnel. UNBC has the potential to graduate up to 152 RNs a year.

There has been little research on whether or not having local RNs (who have lived and trained in their communities) has an impact on RN shortages. However, a 2008 study found that RN supply in the surrounding geographic area plays a major role in determining a hospital's RN staffing levels: a low supply of local RNs correlated with low RN levels at nearby hospitals.

Many people we spoke with pointed out that there is no RN program available in the northeastern part of the province, and saw this as one of the causes of the significant shortage of RNs in this area.

Other challenges to recruitment and retention

The Provincial Collective Agreement (PCA) (see sidebar on [page 34](#)) can pose challenges to both recruitment and retention. It sets out pay and benefits, recruitment timelines for internal competitions, and how internal positions are awarded. This means there is little flexibility around what Northern Health can offer prospective hires. The PCA also outlines the requirements of work schedules and flexibility in working hours, which limits what Northern Health can do to accommodate RN scheduling requests.

KEY FINDINGS AND RECOMMENDATIONS

The **Provincial Collective Agreement** is a negotiated agreement between the Nurses' Bargaining Association and Health Employers Association of British Columbia. It sets out the terms and conditions of employment for LPNs, RNs and RPNs working in B.C. health authorities and affiliates, and Canadian Blood Services.

Over the past few years, Northern Health has made efforts to work with the British Columbia Nurses' Union (BCNU) to address recruitment and retention challenges. The BCNU has indicated that it is willing to negotiate letters of agreement for initiatives that are unique to northern B.C.

In 2013, Northern Health suggested developing a pool of RNs who would operate like agency nurses and cover vacancies or short-term leaves across the north. Northern Health and the BCNU made a joint submission to the Ministry of Health to create a Travel Nurse Pool and received limited duration funding for this initiative in late 2017. The parties also worked together to implement the Rural and Remote Nursing Initiative in 2015 (see sidebar).

There are further opportunities for Northern Health and the BCNU to work together to improve the recruitment and retention of RNs in northern B.C. For example, Northern Health would like to improve its ability to retain RNs who receive substantial investments from Northern Health in their education.

RECOMMENDATION 2: *We recommend that Northern Health work with communities and the provincial government to expand temporary and long-term affordable housing options in northern rural and remote communities.*

RECOMMENDATION 3: *We recommend that the University of Northern British Columbia and the Ministries of Health and Advanced Education work with Northern Health and other key stakeholders to analyze the distribution of nursing education programs in the north and implement changes to address regional recruitment challenges.*

RURAL AND REMOTE NURSING INITIATIVE

In collaboration with the British Columbia Nurses' Union (BCNU), Northern Health has implemented a financial incentive to attract nurses to eight difficult-to-fill positions in rural and remote areas. Participating RNs receive \$15,000 in the first year (\$10,000 from Northern Health and \$5,000 from the BCNU) and \$2,000 towards professional development in years two through five. Participating RNs must commit to a three-

year return of service. If they leave during this period, they must repay a portion of the incentive payment at a prorated amount (1/36th of the total allowance for each month of the three-year return of service not yet served).

The results of this initiative have been mixed. Northern Health was able to fill all eight positions at one point, but three of the program participants didn't complete their return of service.

KEY FINDINGS AND RECOMMENDATIONS

RECOMMENDATION 4: *We recommend that Northern Health continue to work with the British Columbia Nurses' Union to develop and implement new recruitment and retention programs and tools for RNs in the north.*

RECRUITMENT, HIRING AND RETENTION

To determine whether Northern Health's recruitment, hiring and retention programs, practices and strategies were effective, we looked at three things:

- ◆ alignment with good practice
- ◆ the extent Northern Health is using its own programs, practices and strategies
- ◆ performance data

Overall, we found that Northern Health's programs, practices and strategies in all three areas partially aligned with good practice. Northern Health was using most of its own programs, practices and strategies as expected.

We also found that Northern Health's performance monitoring of its recruitment, hiring and retention functions was minimal and, as a result, it was not able to show that its efforts in these areas had a positive impact on its results.

Recruitment

We assessed Northern Health's recruitment programs and practices against 18 good practices routinely identified in the literature (see [Appendix B](#) for our detailed assessment). We found that Northern Health implemented or partially implemented the vast majority of these practices. In the case of RNs, however, it was missing an overarching recruitment strategy with goals and performance measures to guide its efforts.

Northern Health has fully implemented a number of good practices, including clinical student placements and programs to promote nursing and other health professions to youth who live in rural and remote areas (see sidebar). Some hiring managers across Northern Health accommodated flexible scheduling and job

GROW OUR OWN

Northern Health's *Grow Our Own* program focuses on recruiting "from the North, for the North." Using interactive presentations and activities, the program educates middle school and high school students about health care career opportunities while they still have time to make decisions about their career path. After the presentation, students

and parents are mailed a handout that identifies 40+ health care professions, salary ranges and education requirements.

Since 2015, Northern Health has held nine *Grow Our Own* sessions in a number of rural communities throughout northern B.C.

KEY FINDINGS AND RECOMMENDATIONS

sharing, offered various forms of social support, and used effective interviewing techniques. And, recently, Northern Health partnered with the First Nations Health Authority and Indigenous communities to hire staff to deliver mental health and addictions services to Indigenous communities throughout the north (see sidebar).

NEW PRACTICE: MENTAL HEALTH MOBILE SUPPORT TEAM PANELS

First Nations Health Authority (FNHA), Indigenous communities and Northern Health are in the process of implementing Mobile Support Teams. Once fully implemented, these teams will provide mental health and addiction services to the majority of Indigenous communities in northern B.C. Recruitment for Mobile Support Team positions is currently underway, and FNHA, Northern Health and Indigenous community representatives are all participating. They worked together and reached consensus on the interview process, and each party is represented on the interview panels.

Northern Health has not implemented two good practices: a sourcing strategy for RNs and recruitment performance measures. It has done some research on who it wants to recruit, and it uses a variety of techniques and platforms to attract applicants. But it has not looked at all of its techniques and platforms as a whole in relation to an overall objective or assessed their effectiveness.

Northern Health has also not evaluated the effectiveness of key recruitment programs and practices or routinely tracked recruitment performance measures, such as quality of hire, and hiring manager and candidate satisfaction.

Northern Health has developed a single recruitment strategy for NPs. The strategy identifies:

- ◆ the NP positions that it's trying to fill
- ◆ challenges to recruitment
- ◆ current market conditions
- ◆ sourcing channels
- ◆ recruitment programs and practices
- ◆ limited performance data

Northern Health has no similar strategy document for recruiting RNs.

RECOMMENDATION 5: *We recommend that Northern Health develop an RN recruitment strategy with clear goals and performance measures that guide its activities and enable it to assess progress.*

Aside from the gaps we identified in our file review (see [Appendix C](#)), Northern Health has implemented the majority of its recruitment programs and practices as expected. In some places, it brought on advanced hires when there was a projected vacancy, and in partnership with the BCNU, it converted relief hours into more than 100 permanent RN positions. It also leveraged some of its general recruitment programs

KEY FINDINGS AND RECOMMENDATIONS

to attract current and future RNs, such as providing additional funding to train new graduate nurses and using generic postings for difficult-to-fill positions.

We also sought to determine whether Northern Health's recruitment programs and practices were effective. We did this by reviewing key performance data and any relevant program evaluations.

We looked to see whether Northern Health was tracking performance measures, such as the percentage of hires coming from various sources, hiring manager and candidate satisfaction, and cost per hire. However, we found that it only tracked the average time it takes to fill RN and NP positions, and the number of difficult-to-fill vacancies, on an ongoing basis. There were no clear trends in either of these measures over the past five years to suggest that Northern Health's recruitment programs and practices had a positive impact on its recruitment of RNs.

Northern Health gathered feedback on two of its key recruitment programs in recent years: the *Employed Student Nurse* program and *Grow Our Own*. Student evaluations of the *Employed Student Nurse* program showed that 90% of student participants would seek

employment with Northern Health, suggesting the program is an effective recruitment tool. Participant feedback on the *Grow Our Own* program was also positive, but the long-term impacts of the program won't be known for years.

Review of RN and NP competition files

To determine whether Northern Health was following its recruitment and hiring processes, we reviewed a targeted sample of 45 RN competition files and 2 NP competition files from the 2016/17 fiscal year. This represented 10% of the rural and remote RN competitions and 100% of rural and remote NP competitions that Northern Health carried out during this period. The RN sample reflected the broader population, in terms of regional distribution, employment status (relief, part-time or full-time) and competition type.

There are two types of competitions: internal and external. Internal competitions are limited to Northern Health staff. All unionized RN positions must be posted internally first, in accordance with the terms

EMPLOYED STUDENT NURSE PROGRAM

Northern Health's *Employed Student Nurse* program aims to provide RN students who have completed their second and third years of their RN degrees with the opportunity to:

- ♦ engage in summer employment with Northern Health patient care areas
- ♦ develop interdisciplinary teamwork and communication skills
- ♦ consolidate previously learned concepts and skills in the nursing program
- ♦ take advantage of opportunities to connect theory with practice

KEY FINDINGS AND RECOMMENDATIONS

of the Provincial Collective Agreement. If there are no qualified applicants, a position can then be posted externally and any member of the public can apply. NP positions are non-contract, and competitions are always posted externally. Because there are different processes for internal and external competitions, we assessed them separately.

Overall, we noted substantial inconsistencies between Northern Health's established recruitment and hiring process and practice for both internal and external competitions (see [Appendix C](#)). We found that:

- ◆ the ownership of both internal and external competition files was unclear
- ◆ many hiring managers had not taken training on the recruitment process and were unaware of various steps

Northern Health has three groups that participate in the recruitment and hiring process: recruiters, human resources employee services, and hiring managers. None of these groups is the clear, designated owner of competition files. When we were gathering documents for the file review, the three groups often referred us to each other for some of the same records, and files were not passed on when individuals left the organization. In many cases, key records, such as interview notes, candidate rankings and reference checks, couldn't be located.

Northern Health offers training to hiring managers, but this training has not been well attended in recent years. No RN managers took the course in 2016/17. It was clear from our interactions with hiring managers that some were not aware of the required steps, and so were unable to follow Northern Health's recruitment and hiring processes.

Also, we noted that Northern Health has no internal or external oversight mechanism to ensure that recruitment and hiring processes are followed, and that hiring decisions are supported by documented assessments. This gap could be addressed by establishing overall responsibility for the recruitment and hiring processes.

RECOMMENDATION 6: *We recommend that Northern Health establish clear responsibility for all aspects of its recruitment and hiring processes, including oversight.*

RECOMMENDATION 7: *We recommend that Northern Health ensure that all hiring managers receive comprehensive training on their recruitment and retention roles and responsibilities.*

Hiring

We found that Northern Health had not fully implemented any of the good hiring practices we identified in our literature review (see [Appendix D](#)). Many of these good hiring practices relate to orientation for RNs (e.g., using a competency-based assessment tool, tracking the new hire's progress through the orientation program) and were implemented in some sites but not others. The reason is that Northern Health's RN orientation process is decentralized: each site is responsible for organizing its own orientation for new employees. Northern Health told us that it is currently working to standardize RN orientation.

KEY FINDINGS AND RECOMMENDATIONS

Northern Health has a standard orientation program for NPs. New NPs spend their first week in Prince George becoming familiar with the organization and their new role. After that, they work with an experienced NP for up to six weeks. New NPs are also assigned an NP mentor to support them through their first year.

Northern Health had not consistently implemented other good hiring practices for external candidates, such as:

- ◆ completing credential and reference checks, and offering successful candidates the position within four days of the last interview (a quick turnaround reduces the likelihood that the selected candidate will accept offers elsewhere)
- ◆ providing feedback to unsuccessful candidates who were interviewed (this helps build the relationship between the candidate and the organization, and increases the likelihood that they will apply for future competitions)
- ◆ systematically scoring candidate qualifications and/or interview responses (this helps mitigate bias and provides justification for candidate selection)

Northern Health isn't monitoring compliance with its hiring timelines and doesn't have controls to ensure some credential and reference checks are completed. It doesn't track relevant performance measures, such as time to start or time from reference check to hire, and hasn't evaluated key hiring programs, including its organizational onboarding and RN and NP orientations. Northern Health has completed staff surveys that provide some data on the success of

different aspects of the hiring process (e.g., orientation to the organization), but this information is dated and does not reflect current processes.

RECOMMENDATION 8: *We recommend that Northern Health develop and implement a standard orientation process for RNs that can be adapted to meet the needs of diverse sites.*

Retention

We assessed Northern Health's retention strategies against 18 good practices that are routinely identified in the literature, and we found that 17 of the good practices have been partially implemented (see [Appendix E](#)). However, as was the case with recruitment, Northern Health's retention strategies were operating in isolation from one another, were not aligned with a set of goals, and were not measured to determine their effectiveness.

Of the many retention strategies employed by Northern Health, the importance of three were highlighted repeatedly by RNs and NPs: professional development, nursing leadership development, and recognition.

Northern Health offers professional development and education, including specialty RN training, tuition reimbursement, and online courses on the *Learning Hub* (Northern Health's online learning management system). However, some RNs and RN managers indicated that these opportunities are not enough to keep them in their positions.

KEY FINDINGS AND RECOMMENDATIONS

Leadership training is available to nurse leaders, but uptake has been low and it does not cover the full spectrum of management responsibilities.

Northern Health has three formal programs to recognize staff:

- ◆ long service awards, which recognize staff for years of service at significant milestones
- ◆ the *Random Acts of Acknowledgement and Recognition (RAAR)* program, an electronic tool that all staff, including RNs and NPs can use to publicly acknowledge each other's contributions
- ◆ the *Dr. Charles Jago awards*, which recognize staff who have demonstrated one of Northern Health's four core values over the past year

Northern Health sites also hold their own staff recognition events (e.g., holiday parties, barbeque and pizza lunches) on an ad hoc basis. And some managers have come up with their own creative ways to acknowledge RNs who make the extra effort (e.g., giving them a lottery ticket when they take on tasks outside their usual duties). Many RNs indicated that they were recognized for good work, but others felt that there was room for improvement.

The only retention good practice that Northern Health was unable to show that it has implemented is effective performance management. Northern Health provides tools to help supervisors assess RN and NP performance, but it does not know how often performance reviews are actually carried out. Staff indicated that, in practice, the reviews are not always completed because of workload.

We found that Northern Health is using most of its retention strategies as expected. For RNs, it has rolled out the Rural and Remote Nursing Initiative (see sidebar on [page 34](#)), as well as specialty education training positions and funding for RNs interested in pursuing specialty training independently. NPs have community of practice meetings twice a year, and a mentorship program is available to new recruits.

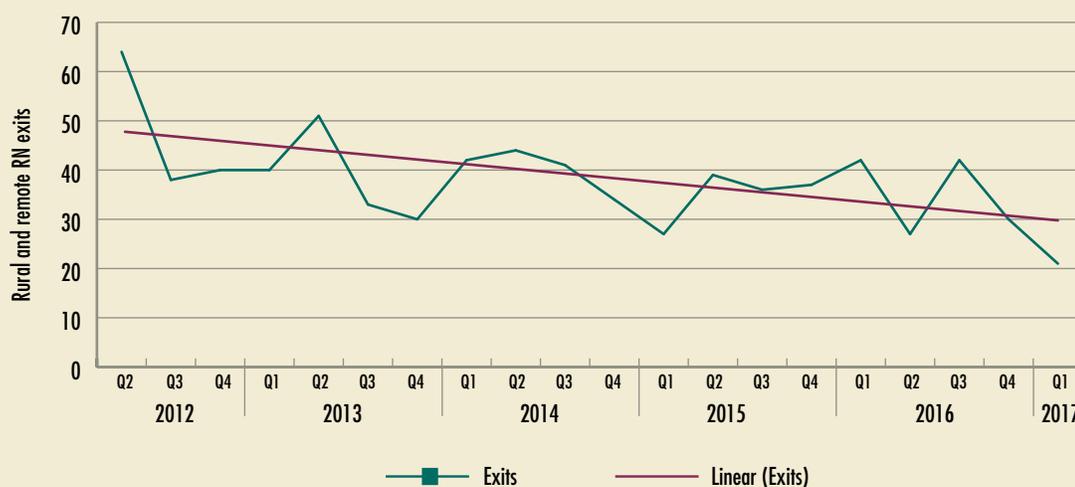
Northern Health will hire NPs who have completed their education on a provisional basis, and pay for them to take the Objective Structured Clinical Exam (a structured, scenario-based performance test that NPs are required to take to practise in B.C.), in exchange for a two-year return of service. However, we concluded that Northern Health could do more to leverage some of its broader retention strategies, including its preceptor development program (a program that provides support to experienced clinicians who provide supervision during clinical practice), exit interviews and performance appraisals.

KEY FINDINGS AND RECOMMENDATIONS

Northern Health was not able to demonstrate that its retention strategies have had a positive impact on the retention of rural and remote RNs and NPs. Northern Health reports indicate a slow downward trend in the number of RN exits per quarter over the period of our audit (2012/13–2016/17) (see Exhibit 6). However, there are no clear trends in other key retention metrics, such as average active length of service, average departure length of service (the average length of service of all RNs and NPs who departed the organization in that fiscal year) and departure reasons for RNs.

RECOMMENDATION 9: We recommend that Northern Health develop an RN retention strategy with clear goals and performance measures that guide its activities and enable it to assess progress.

Exhibit 6: Rural and remote RN exits per quarter by year, 2012–2017



Source: Office of the Auditor General of British Columbia, based on data from Northern Health

AUDIT QUALITY ASSURANCE

WE CONDUCTED THIS audit under the authority of section 11(8) of the *Auditor General Act* and in accordance with the standards for assurance engagements set out by the Chartered Professional Accountants of Canada (CPA) in the CPA Handbook – Canadian Standard on Assurance Engagements (CSAE) 3001 and Value-for-money Auditing in the Public Sector PS 5400. These standards require that we comply with ethical requirements, and conduct the audit to independently express a conclusion whether or not the subject matter complies in all significant respects to the applicable criteria.

The office applies the CPA Canadian Standard on Quality Control 1 (CSQC), and accordingly, maintains a comprehensive system of quality control, including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements. In this respect, we

have complied with the independence and other requirements of the code of ethics applicable to the practice of public accounting issued by the Chartered Professional Accountants of British Columbia, which are founded on the principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour.

APPENDIX A:

HHR PLANNING GOOD PRACTICE ASSESSMENT

WE CONDUCTED A literature review of health human resources (HHR) planning good practices (validated with our subject matter experts and Northern Health) and assessed Northern Health’s implementation of those most often cited. The table below outlines the results of this assessment.

Good Practice	Northern Health Actions	Assessment
HHR planning should be done from the perspective of population health needs: how much service and what kind of services are required; and should consider evidence about who can most effectively provide those services.	<ul style="list-style-type: none"> ◆ Northern Health monitors its population health needs, but it did not feed this information into its HHR plan. ◆ Northern Health considers who can most effectively provide services on an ad hoc basis, when prompted by a particular concern, but did not do so systematically when developing its HHR plan. 	Partially implemented
HHR planning should reflect an understanding of overlapping scopes of practices and increased use of other health professions.	<ul style="list-style-type: none"> ◆ Northern Health did not consider overlapping scopes of practices in the development of its HHR plan. ◆ However, it considers alternative staffing complements on an ad hoc basis when challenged to fill particular positions (e.g., hiring two LPNs instead of one RN or a social worker instead of an RPN). 	Not implemented
HHR planning should include an engagement process with a wide variety of stakeholders (whereby ideas can be tested through research and consultation), and include consultations with the public.	<ul style="list-style-type: none"> ◆ Northern Health reports engaging a wide variety of stakeholders (e.g., community leaders, Indigenous governing bodies and organizations, unions), but only two of these meetings specifically focused on HHR planning. It has not engaged the public. ◆ Corporate and management interviewees reported being engaged on HHR planning, but only one RN/NP said he or she was consulted. 	Partially implemented
HHR planning should optimize staff mix (mixing qualifications, balancing junior and senior staff, and mixing disciplines).	<ul style="list-style-type: none"> ◆ Northern Health did not formally consider staff mix in the development of its HHR plan. ◆ However, some managers reported considering these factors when making hiring decisions. 	Not implemented

APPENDIX A

Good Practice	Northern Health Actions	Assessment
<p>HHR planning should consider the service delivery model (e.g., the use of interprofessional teams), including changes in the design that may be needed.</p>	<ul style="list-style-type: none"> ◆ Northern Health considered the HHR planning implications of its transition to interprofessional teams, but it indicated that due to timing, it was not able to feed this information into its HHR plan. ◆ Northern Health has demonstrated a willingness to make changes to its service delivery model to better meet the needs of its communities, particularly in the northeast part of the province. 	<p>Partially implemented</p>
<p>HHR planning should be based on timely accurate information (good quality of evidence and data).</p>	<ul style="list-style-type: none"> ◆ Northern Health’s full-time equivalent (FTE) headcount was timely and it took steps to validate its FTE figures against an external source. ◆ Supply and demand forecasts were informed by recent historical data, but didn’t reflect up-to-date information on population needs and current circumstances. ◆ Northern Health indicated that its demand forecasts were based on a count of all positions, including some that were not actively being recruited to, so its demand may have been overstated. 	<p>Partially implemented</p>
<p>HHR planning should have ongoing monitoring and reporting on progress to reflect changes in population health, health system and HHR needs.</p>	<ul style="list-style-type: none"> ◆ HHR planning is done on an annual planning cycle. ◆ All major considerations are also monitored annually. ◆ Local managers may identify changes in population health, health system and HHR needs during the year. 	<p>Implemented</p>
<p>HHR planning should consider current circumstances (e.g., supply of workers), number and skills required (e.g., fiscal resources, changes in worker education and training), and other factors such as social, political, geographic, legal, regulatory and technological factors.</p>	<ul style="list-style-type: none"> ◆ Northern Health monitors all of these factors on an annual basis, but it did not feed this information into its HHR plan. 	<p>Partially implemented</p>

APPENDIX B: RECRUITMENT GOOD PRACTICE ASSESSMENT

WE CONDUCTED A literature review of recruitment good practices for health human resources (HHR) (validated with our subject matter experts and Northern Health) and assessed Northern Health’s implementation of those most often cited. The table below outlines the results of this assessment.

Good Practice	Northern Health Actions	Assessment
<p>Use student placements/clinical rotations at rural and remote sites.</p>	<ul style="list-style-type: none"> ◆ Northern Health has implemented two types of student placements: <i>Employed Student Nurse</i> program positions, and practicums or clinical placements. ◆ Northern Health recently implemented a preceptor development program to support preceptors in their role and improve the student experience. ◆ The number of both placement types is limited due to operational challenges such as preceptor availability. 	<p>Implemented</p>
<p>Take steps to promote nursing to local rural and remote youth, e.g.:</p> <ul style="list-style-type: none"> ◆ provide tours of health facilities and opportunities to speak with health care professionals ◆ provide opportunities for youth to get insight and hands-on health care experience ◆ visit rural high schools to promote the profession ◆ create sponsorships/scholarships to “grow your own” from within the community 	<ul style="list-style-type: none"> ◆ Northern Health has two programs that target the local rural and remote youth: <ul style="list-style-type: none"> ◆ <i>Adventures in Healthcare</i> (multi-day learning forum that exposes students to different roles and careers in health care) ◆ <i>Grow Our Own</i> (presentations to middle school and high school students about health care career opportunities) 	<p>Implemented</p>

APPENDIX B

Good Practice	Northern Health Actions	Assessment
<ul style="list-style-type: none"> ◆ market the unique and rich opportunities of the rural/ remote community, but also openly communicate the realities of rural life ◆ tailor marketing to reflect the diversity of candidates (age, gender, career stage, professional discipline, location, culture and language) ◆ target those who have a rural background, which is a key predictor of intent to practise rurally 	<ul style="list-style-type: none"> ◆ Northern Health has several marketing initiatives that describe the benefits of a rural lifestyle and target rural youth, new RN graduates and other populations of interest. Among those initiatives: <ul style="list-style-type: none"> ◆ <i>Now This Is Living</i> ad campaign: showcases staff members talking about their professional opportunities and the advantages of a northern lifestyle ◆ <i>Hire a Nurse</i> campaign: collaboration with the British Columbia Nurses' Union to encourage casual nurses to explore regular positions ◆ Visits to post-secondary classrooms and career fairs to inform students about opportunities at Northern Health ◆ Advertising at career fairs and industry conferences across Canada ◆ Online advertising on LinkedIn and Facebook 	<p>Implemented</p>
<p>Develop and implement a sourcing strategy that:</p> <ul style="list-style-type: none"> ◆ defines what sourcing channels will be employed to attract talent ◆ is based on past experience and the measurement of how successful various channels have been in the past with regard to volume, quality and other measures ◆ identifies and uses an effective mix of sourcing channels (e.g., print ads, campus visits, job fairs, web-based job boards, email announcements, social media, industry conferences) 	<ul style="list-style-type: none"> ◆ Northern Health uses a variety of sourcing channels (Facebook, Twitter, newsletters, online job boards, campus recruitment, career fairs) to attract candidates, but it has not analyzed each channel's effectiveness or developed a cohesive, evidence-based sourcing strategy. 	<p>Partially implemented</p>

APPENDIX B

Good Practice	Northern Health Actions	Assessment
<p>Collect and monitor qualitative and quantitative recruitment metrics, e.g.,:</p> <ul style="list-style-type: none"> ◆ quality of hire (e.g., number of new hires still in position after six months, number of new hires receiving high performance scores) ◆ percentages of hires coming from various sources (e.g., advertising, referrals, college recruiting) ◆ hiring manager satisfaction ◆ candidate satisfaction ◆ time to start ◆ time to fill ◆ cost per hire 	<ul style="list-style-type: none"> ◆ Northern Health does not collect or monitor routine qualitative and quantitative recruitment metrics such as quality of hire, hiring manager satisfaction, candidate satisfaction and time to start. 	<p>Not implemented</p>
<p>Provide competitive pay and financial incentives, e.g.,:</p> <ul style="list-style-type: none"> ◆ higher levels of compensation to rural health professionals ◆ benefits (health, life) ◆ vacation ◆ sick leave 	<p>Registered Nurses</p> <ul style="list-style-type: none"> ◆ RN pay, sick leave, and vacation are set out in the Provincial Collective Agreement between the Nurses' Bargaining Association and the Health Employers Association of BC. ◆ Northern Health provides the following benefits and financial incentives to RNs: <ul style="list-style-type: none"> ◆ benefits, including Medical Services Plan premiums, extended health and dental, and the Employee & Family Assistance Program BC ◆ a financial incentive to attract external and internal casual nurses to positions in rural/remote areas that are difficult to fill ◆ an isolation allowance of \$74/month to nurses in specific locations to offset community differences in cost of living and travel ◆ RNs in B.C. are paid less per hour than RNs in other western provinces but differences in benefits, vacation and sick leave make it difficult to compare total compensation. <p style="text-align: right;"><i>continued...</i></p>	<p>Implemented</p>

APPENDIX B

Good Practice	Northern Health Actions	Assessment
	<p>Nurse Practitioners</p> <ul style="list-style-type: none"> ◆ NP salaries start at \$95,000 per year, which is 98% of the current salary range. Experienced NPs are placed on the range relative to others with similar years of experience. ◆ Northern Health offers paid vacation (starting at 20 days, to a maximum of 35 days per year after 19 years of service) and sick leave. ◆ It provides the following benefits and financial incentives to NPs: <ul style="list-style-type: none"> ◆ benefits, including Medical Services Plan premiums, extended health and dental, and the Employee & Family Assistance Program BC ◆ an isolation allowance of \$74/month to NPs in specific locations to offset community differences in cost of living and travel 	
<p>Offer other incentives, e.g.,:</p> <ul style="list-style-type: none"> ◆ relocation expenses ◆ loan repayment/forgiveness ◆ scholarships/tuition ◆ housing 	<ul style="list-style-type: none"> ◆ Northern Health offers the following incentives to RNs in some communities: <ul style="list-style-type: none"> ◆ relocation allowance that covers items within specified parameters ◆ affordable accommodation ◆ tuition reimbursement for continuing development ◆ graduate education funding ◆ Northern Health offers the following incentives to NPs: <ul style="list-style-type: none"> ◆ relocation allowance that covers items within specified parameters ◆ reimbursement of OSCE exam expenses ◆ educational funding – full time NPs working outside Prince George receive \$6,000 per year for education (pro-rated for part-time positions) ◆ The provincial and federal governments offer loan forgiveness to RNs and NPs who work in underserved areas after graduation. 	<p>Implemented</p>

APPENDIX B

Good Practice	Northern Health Actions	Assessment
<p>Provide social support, e.g.,:</p> <ul style="list-style-type: none"> ◆ welcoming committee in community ◆ community-based networks for health care professionals ◆ assistance locating daycare ◆ assistance finding spousal employment 	<ul style="list-style-type: none"> ◆ Northern Health offers varying levels of social support in different communities, including housing, spousal employment, social engagement and opportunities for new hires. 	Partially implemented
<p>Support flexible scheduling and job sharing</p>	<ul style="list-style-type: none"> ◆ Some managers have worked with staff to develop flexible schedules on an ad hoc basis. 	Partially implemented
<p>Ensure that the roles and responsibilities of all those involved in recruitment are documented and defined so there is clear accountability</p>	<ul style="list-style-type: none"> ◆ Recruitment roles and responsibilities are documented, but were not well understood by all parties involved. 	Partially implemented
<p>Job postings should:</p> <ul style="list-style-type: none"> ◆ set the tone for the position ◆ describe main duties, expectations and responsibilities of the job ◆ state all essential qualifications plus other key evaluation criteria ◆ use inclusive and unbiased language and contain a diversity statement related to equity, encouraging applications from members of groups that have been marginalized 	<ul style="list-style-type: none"> ◆ Northern Health’s job postings describe the main duties and responsibilities of the job and state all essential qualifications. ◆ The postings don’t include a diversity statement, and they provide limited information to set the tone for the position (e.g., information about Northern Health, the unit or facility where the position is based). ◆ Interested applicants can visit Northern Health’s website to learn more about the organization and specific communities. 	Partially implemented

APPENDIX B

Good Practice	Northern Health Actions	Assessment
<p>Create a positive candidate experience by:</p> <ul style="list-style-type: none"> ◆ communicating with candidates throughout the process ◆ publicizing hiring process timelines ◆ being responsive to questions ◆ sharing candid and realistic information about the job ◆ responding to candidates in a timely manner ◆ capturing candidate information and building relationships so that people can be targeted when hard-to-fill positions arise 	<ul style="list-style-type: none"> ◆ Northern Health uses a Candidate Relationship Management approach to manage impressions and interactions with potential and future hires. ◆ Northern Health has not publicized external hiring process timelines; and timeliness continues to be an issue for some competitions. 	<p>Partially implemented</p>
<p>Effectively screen candidates by:</p> <ul style="list-style-type: none"> ◆ reviewing each application to ensure candidates meet minimum qualifications ◆ using pre-screening telephone conversations, which can give the employer a wealth of information 	<ul style="list-style-type: none"> ◆ Northern Health’s recruitment staff pre-screened most external applicants, but there were instances where this did not occur. 	<p>Partially implemented</p>
<p>Effectively interview by:</p> <ul style="list-style-type: none"> ◆ having candidates interview with a team of interviewers ◆ training interviewers (everyone should know their role; how to ask appropriate questions; what needs to be learned from, and communicated to, the candidate) ◆ asking behavioural interview questions and questions that reflect the real dynamics of the health centre and organizational culture ◆ providing overall “feel” of the organization to the candidate 	<ul style="list-style-type: none"> ◆ Northern Health has training, supports and reference material in leading hiring practices for managers, including interviewing. ◆ However, managers often didn’t follow Northern Health’s documented interview process. 	<p>Partially implemented</p>

APPENDIX B

Good Practice	Northern Health Actions	Assessment
<p>Identify and monitor community demographics, and develop policies and activities aimed at recruiting a culturally diverse and representative workforce.</p>	<ul style="list-style-type: none"> ◆ Northern Health monitors its community demographics. ◆ Northern Health has an Employee Aboriginal Self-Identification Initiative underway to create a workforce that reflects the community. ◆ Northern Health’s 2016-2021 Strategic Plan indicates that it will “implement processes that enable Northern Health’s staff to be more culturally reflective of Northern communities.” 	<p>Implemented</p>
<p>Take steps to recruit Indigenous candidates, e.g.,:</p> <ul style="list-style-type: none"> ◆ research and know the Indigenous workforce (economic, historical and social aspects) ◆ develop an Indigenous policy/strategy for recruitment ◆ build networks and connect with Indigenous organizations (Indigenous employment centres, First Nations communities, Friendship Centres, Indigenous student centres at post-secondary institutions, Indigenous-focused career fairs) ◆ allow more time for an interview than typically scheduled ◆ be open to more informal interview approaches that may include Indigenous agencies or community leaders/Elders assisting in the interview process 	<ul style="list-style-type: none"> ◆ Northern Health has an Employee Aboriginal Self-Identification Initiative underway, to create a workforce that reflects the community. It has also held recruitment fairs geared to Indigenous recruitment. ◆ Northern Health has included Indigenous community members on hiring panels for some mental health outreach positions. ◆ Northern Health could be doing more to increase Indigenous recruitment (e.g., develop an Indigenous recruitment policy or strategy, advertise on Indigenous job sites, make accommodations in the hiring process for Indigenous candidates). 	<p>Partially implemented</p>

APPENDIX B

Good Practice	Northern Health Actions	Assessment
<p>Formalize an employee referral program to bring in talent from the relationships of current employees.</p>	<ul style="list-style-type: none"> Northern Health's <i>Roving Recruiter</i> program pays employees for successful referrals to difficult-to-fill, permanent full- and part-time positions, but it may be underused. In 2016/17, two payments were made to employees for referring RNs. 	<p>Implemented</p>
<p>Use an applicant tracking software that allows:</p> <ul style="list-style-type: none"> recruiters to immediately reference key information create communities of people who can be targeted facilitate communication with candidates ease the resumé screening process collect recruitment metrics 	<ul style="list-style-type: none"> Northern Health's e-Staffing system gathers and stores information by competition and by candidate. This enables recruiters to create communities of people who can be targeted for vacant positions, and supports communication with candidates. e-Staffing does not ease the resume screening process, and to date has not been used to report on recruitment metrics. 	<p>Partially implemented</p>

APPENDIX C: DETAILED RESULTS OF OUR FILE REVIEW

INTERNAL RN COMPETITIONS (33 COMPETITION FILES)

NORTHERN HEALTH'S INTERNAL recruitment process starts when it posts the position on its internal iSite page, and ends when successful candidates have completed their orientation. According to Northern Health documents, key steps include posting the position for 72 hours, ranking applicants by seniority, conducting interviews, systematically assessing candidates, selecting the candidate with the highest score, checking references, providing a letter of offer, contacting unsuccessful candidates, and ensuring that the new employee receives training and guidance as he or she transitions into the role.

The Provincial Collective Agreement (PCA) states that internal RN positions must be posted for 72 hours. Northern Health then generates an automated ranking of candidates by seniority. Both of these steps were followed in all of the internal RN competitions we reviewed.

Interviews are an important part of the recruitment process. They help the employer understand the candidate's skills, experience, achievements and motivation. There was evidence that interviews occurred in approximately 20% of the internal competitions we sampled. In the remaining 80%, hiring managers said they conducted interviews but didn't take notes, or said they were not required to interview because there was only one applicant, or the successful candidate already worked in the facility.

Systematically evaluating candidates helps mitigate bias and provides justification for candidate selection. Twenty-two internal competitions had multiple candidates. A selection plan spreadsheet (a tool used

to ensure that selection requirements are based on the job description and to compare candidates on the three selection criteria outlined in the PCA: competency, qualifications and seniority) was used in just one competition. And evidence that hiring managers selected the candidate with the highest score across all three categories was only available in two.

Reference checks allow the prospective employer to obtain independent information about a candidate's previous performance. These checks can also be used to verify information on a candidate's resumé and responses during an interview. We found evidence of reference checks in less than 10% of internal competitions. Many hiring managers indicated that they didn't conduct reference checks because the candidate was already known to them or working in the facility.

We validated that all but one of the successful candidates received letters of offer, but Northern Health didn't ask candidates to sign these letters

APPENDIX C

and agree to the new terms of their employment. Hiring managers were unable to demonstrate that any successful candidates received comprehensive onboarding support, training or guidance as they transitioned into their new role. Many hiring managers said that it wasn't necessary if the new hire had previously worked in a similar role elsewhere or within their unit or facility.

EXTERNAL RN AND NP COMPETITIONS

The external recruitment and hiring processes are similar to those for internal competitions, with a few additional steps, such as posting the competition internally first, pre-screening applicants, determining if the position is eligible for relocation allowance, sending a pre-arrival package to the new hire and meeting established timelines.

RNs (13 competition files)

The PCA requires unionized RN positions to be posted internally before they can be made available to external applicants. We found that this didn't occur in four cases. To reduce the hiring manager's workload, recruiters pre-screen applicants to ensure they meet qualifications. We were able to confirm that this occurred in just over half of the external RN competitions we reviewed.

Northern Health's recruitment process includes a step for hiring managers to contact the recruitment unit to determine whether an external position is eligible for relocation allowance. This prevents confusion down

the road and clarifies what the hiring manager can offer the successful candidate. Approximately half of the hiring managers contacted a recruiter to determine whether candidates were eligible for relocation allowance at some point in the recruitment process.

Hiring managers could demonstrate that they conducted interviews in 7 of the 13 external RN competitions we reviewed. According to Northern Health, three of these competitions had more than one qualified applicant. Northern Health was not able to provide documentation showing that the candidate with the highest rank across all selection criteria was appointed in any of these competitions. And just one hiring manager was able to show that he or she had notified unsuccessful candidates that the position had been filled.

Checking a prospective employee's credentials and criminal record are a basic part of the hiring process. This ensures that they are qualified for the position and are not a danger to the organization or its patients. In four cases, we were unable to validate that the successful candidate's credentials had been verified. There was a record of completed reference checks in just under half (six) of the external RN competitions we looked at.

Successful candidates are supposed to sign and return a copy of their offer letter from Northern Health, indicating their acceptance of the position, but Northern Health could only locate signed letters for six of the external RN competitions.

Orientation is an important part of the hiring process because it lays the foundation for the new employee's entire career with the organization. Without

APPENDIX C

orientation, a new employee may feel uncomfortable in the position or take longer to become effective in the role. Part of Northern Health's hiring process involves sending out a welcome package prior to the new hire's start date. We found that only eight new hires received this package, which includes their contract and benefit details, as well as instructions for online orientation. And just two hiring managers were able to demonstrate that their new RNs received further onboarding and orientation once they arrived at their worksite.

Running external competitions in a timely manner reduces the risk that strong candidates will accept positions elsewhere while the recruiting process is still underway. Northern Health has target timelines for hitting four milestones in its recruitment and hiring processes, but we found that very few of the competitions met them—and only one competition met its overall target of 15 days from the time the competition closed to having a signed offer by the successful candidate.

NPs (2 competition files)

The external recruitment and hiring processes for NPs is the same as the one followed for RNs with one additional step: NPs are offered a site visit to the community where the position is located before a formal offer is made. The two external NP competitions we reviewed followed Northern Health's processes much more closely than the RN competitions discussed above, although there were still some minor deviations.

We found that the recruiter assigned to NPs pre-screened applicants for both NP competitions. Hiring managers conducted interviews in both cases, but just one had copies of all the interview notes taken by all panel members, and none of the answers were scored. There is no evidence that either of the new NP hires completed a site visit, but Northern Health indicated that the circumstances in both cases made it unnecessary.

Credential and criminal record checks were completed in both competitions, and Northern Health indicated that reference checks were completed as well. However, there was no record of the information provided during these checks. The hiring manager didn't offer the candidates the position the day after reference checks were completed (as per Northern Health's internal guidance), but obtained signed copies of both offer letters.

One of the NPs who was hired was external to Northern Health (the other was already a Northern Health employee), but there was no record of the welcome package being sent. There was evidence that one of the new NPs received onboarding, but there was no record of either completing the clinical site checklist—a tool that helps familiarize them with their new facility.

APPENDIX D: HIRING GOOD PRACTICE ASSESSMENT

WE CONDUCTED A literature review of hiring good practices of health human resources (HHR) (validated with our subject matter experts and Northern Health) and assessed Northern Health’s implementation of those most often cited. The table below outlines the results of this assessment.

Good Practice	Northern Health Actions	Assessment
HR/the hiring manager has original copies of the competition file (it is good practice to retain competition files for a least two years).	<ul style="list-style-type: none"> ◆ Northern Health’s Records Classification and Retention Schedule requires competition files to be retained for one year. ◆ Many hiring managers didn’t retain all competition files or pass them on to another person if they left the organization. 	Not implemented
Offer the successful candidate the position within four days of conducting interviews.	<ul style="list-style-type: none"> ◆ External hiring: Northern Health has a leading hiring process timeline that indicates successful candidates should be offered the position within four days after the interview. There were often delays in extending formal offers to external candidates (although some hiring managers reported making verbal offers earlier, potentially within this timeframe). ◆ Internal hiring: Northern Health does not have a timeline indicating the timeframe to award internal applicants positions. 	Not implemented
Offer and provide feedback to unsuccessful applicants.	<ul style="list-style-type: none"> ◆ Northern Health hiring guidance states that hiring managers are to contact and advise unsuccessful interviewed candidates. ◆ Most hiring managers didn’t contact and provide feedback to unsuccessful candidates. 	Not implemented

APPENDIX D

Good Practice	Northern Health Actions	Assessment
<p>Prepare early for the new employee to start work, e.g.,:</p> <ul style="list-style-type: none"> ◆ announce your new hire to staff ◆ arrange for appropriate equipment and software access ◆ prepare orientation material ◆ prepare working area ◆ ensure badges, uniforms and entry codes are set up ◆ contact the new employee and provide information to help him or her prepare for the first day (e.g., schedule for the first day, name of a contact person, online forms, frequently asked questions, onboarding material) 	<ul style="list-style-type: none"> ◆ Northern Health did not always send external hires orientation documents (contract and benefit details) and instructions for an online orientation prior to their start date. ◆ There is no similar package for internal hires. ◆ Some sites have checklists and resources, but Northern Health lacked a consistent, documented resource to help hiring managers prepare for the arrival of new staff. 	<p>Partially implemented</p>
<p>Orientation Good Practices</p>		
<p>Combine a variety of teaching strategies and delivery methods to orient new staff, e.g.,:</p> <ul style="list-style-type: none"> ◆ computer-assisted learning ◆ clinical skills training opportunities ◆ support groups ◆ case studies/mock scenarios ◆ simulation ◆ classroom training ◆ group discussions 	<ul style="list-style-type: none"> ◆ Northern Health uses some of the strategies listed. ◆ However, because orientation differs from site to site, it is unclear whether all new RNs and NPs benefit and were exposed to a range of teaching methods. 	<p>Partially implemented</p>
<p>Assign a preceptor to new clinical nursing graduates to help them adapt to their new role.</p>	<ul style="list-style-type: none"> ◆ Northern Health did not assign preceptors to new clinical nursing graduates to help them adapt to their new role. 	<p>Not implemented</p>
<p>Assign a mentor/buddy to provide support and guidance as the newly hired nurse transitions into his or her new role.</p>	<ul style="list-style-type: none"> ◆ Some RNs are paired up with a mentor/buddy for a few shifts. ◆ However, in many cases, buddy shifts were difficult to fit in due to workload and/or a shortage of mentors/buddies. 	<p>Partially implemented</p>

APPENDIX D

Good Practice	Northern Health Actions	Assessment
<p>Ground the orientation in a competency-based assessment model (assess knowledge and skills and identify learning and experience gaps; e.g., the Competency, Assessment, Planning & Evaluation [CAPE] tool).</p>	<ul style="list-style-type: none"> ◆ Northern Health provides access to the CAPE tool for staff to use for orientation, but its use isn't mandatory and our file review suggests it is used infrequently. ◆ Northern Health is developing learning pathways that will act as a "road map" to outline the sequence of learning activities, practice and experience someone requires to become proficient in a task. 	<p>Partially implemented</p>
<p>Have a clearly defined timeframe, goals and expectations, but be flexible to adapt to the newly hired nurse's needs.</p>	<ul style="list-style-type: none"> ◆ Northern Health's orientation process didn't have a defined timeframe, goals or expectations. ◆ There was flexibility at some sites to extend the orientation timeframe if required. ◆ Northern Health is developing learning pathways that outline the sequence of learning activities, practice and experience that someone requires to become proficient in a function or task. ◆ Northern Health indicated that the learning pathways will include a timeframe, goals and expectations and allow for flexibility. 	<p>Not implemented</p>
<p>Include regularly scheduled check-ins between newly hired nurses and their manager/clinical leads.</p>	<ul style="list-style-type: none"> ◆ Some managers/leads regularly checked in with newly hired nurses. ◆ Northern Health is developing learning pathways that are expected to include check-ins as learning activities. 	<p>Partially implemented</p>
<p>Provide cultural competency training that focuses on self-awareness, communication and new learning.</p>	<ul style="list-style-type: none"> ◆ Most RNs have taken the <i>San'yas Indigenous Cultural Safety Training</i> (an online training program designed to increase knowledge, enhance self-awareness, and strengthen the skills of those who work with Indigenous people), though not always during the orientation period. 	<p>Partially implemented</p>
<p>Track progress against the defined orientation program (e.g., using a checklist).</p>	<ul style="list-style-type: none"> ◆ Tools are available (e.g., orientation checklist, the CAPE tool), but in practice very few hiring managers tracked new staff member progress. 	<p>Partially implemented</p>

APPENDIX D

Good Practice	Northern Health Actions	Assessment
<p>Set expectation of a work environment free from lateral violence and bullying behaviour, e.g., discuss respectful workplace policy.</p>	<ul style="list-style-type: none"> ◆ Northern Health provides training on violence prevention, and the majority of nurse staff completed the training within the first few months of their employment. Some sites also offer respectful workplace training as part of orientation. 	<p>Partially implemented</p>
<p>Provide a targeted orientation program to new graduates to support their transition into professional practice that includes:</p> <ul style="list-style-type: none"> ◆ ongoing support from coworkers/managers/peers ◆ general orientation to the organization ◆ flexibility to request additional orientation/training 	<ul style="list-style-type: none"> ◆ Northern Health held a one-day new graduate workshop in Fort St. John in June 2016, but similar sessions were not offered in other rural and remote communities. ◆ New graduate transition funding is available to pay for additional supernumerary and orientation shifts, and educational opportunities such as the <i>Advanced Cardiac Life Support</i> course and UNBC rural nursing courses. 	<p>Partially implemented</p>

APPENDIX E: RETENTION GOOD PRACTICE ASSESSMENT

WE CONDUCTED A literature review of retention good practices for health human resources (HHR) (validated with our subject matter experts and Northern Health) and assessed Northern Health’s implementation of those practices most often cited. The table below outlines the results of this assessment.

Good Practice	Northern Health Actions	Assessment
<p>Retention strategies should include a set of combined or bundled interventions, as retention factors are complex and intricate.</p>	<ul style="list-style-type: none"> Northern Health has a number of retention strategies, but it does not have a single overarching one that combines/bundles initiatives in a strategic manner reflecting the complexity and intricacy of retention factors. 	<p>Partially implemented</p>
<p>Support professional development and continued education opportunities, e.g.,:</p> <ul style="list-style-type: none"> provide reimbursement for tuition, transportation and accommodation costs associated with pursuing education develop a framework and education pathways that support the expanded role of nurses in rural settings offer or facilitate access to enhanced skills training 	<ul style="list-style-type: none"> Northern Health funds specialty education training positions and educational opportunities for RNs, provides tuition reimbursement, and gives each NP an annual education budget. Additional training is available through the <i>Learning Hub</i> (a secure web-based system that houses learning materials for all health care staff, managed by the Provincial Health Services Authority) on a range of topics. However, some RNs and RN managers indicated that these opportunities are not enough to keep them in their positions. 	<p>Partially implemented</p>
<p>Provide supportive clinical supervision to enhance practice.</p>	<ul style="list-style-type: none"> Clinical supervision is provided primarily to students, new graduates, new specialty RNs and NPs, and those experiencing performance issues. Northern Health is finding it difficult to meet the demand for student clinical placements, and there are opportunities to improve the student experience. Northern Health is working to address these challenges through its preceptor development program. 	<p>Partially implemented</p>

APPENDIX E

Good Practice	Northern Health Actions	Assessment
<p>Use information and communication technologies for consultations, mentoring, networking and professional development/education opportunities to lessen isolation and support the workforce.</p>	<ul style="list-style-type: none"> ◆ Northern Health uses the <i>Learning Hub</i> to provide online professional development and educational opportunities to staff. ◆ It uses Telehealth to improve access to education, professional support and other sites, and teleconferences for training and meetings. ◆ Northern Health could expand its use of technology for other purposes such as networking, consultations and mentoring. 	<p>Partially implemented</p>
<p>Build an understanding of the multi-generational and cultural values of the workforce, and customize strategies based on preferences and needs.</p>	<ul style="list-style-type: none"> ◆ Northern Health has taken steps to understand the values of certain groups within its workforce, i.e. millennials, international hires, Indigenous staff, and has customized some of its efforts to accommodate certain demographics, but these efforts are not widespread. 	<p>Partially Implemented</p>
<p>Offer other incentives, e.g.,:</p> <ul style="list-style-type: none"> ◆ loan repayment/forgiveness ◆ housing ◆ vehicle ◆ scholarships/bursaries 	<ul style="list-style-type: none"> ◆ Northern Health offers some retention incentives (e.g., exam reimbursement, housing) but it could explore additional ones to encourage people to stay (e.g., scholarships with a return of service, loan payments). 	<p>Partially implemented</p>
<p>Foster the establishment of professional networks that allow staff to connect, support, mentor and stay socially connected to others.</p>	<ul style="list-style-type: none"> ◆ Northern Health helps establish professional connections among NPs through its mentorship program and community of practice meetings, but there are no similar mechanisms for RNs or smaller cohorts such as new graduates. 	<p>Partially implemented</p>
<p>Offer flexible contracts and working arrangements to promote the balance of work–life responsibilities (e.g., part-time schedules, phased retirement, secondments, compressed schedules).</p>	<ul style="list-style-type: none"> ◆ Some managers worked with staff to develop flexible schedules on an ad hoc basis. ◆ There are opportunities to incorporate additional flexibility (e.g., phased retirement, secondments, compressed schedules). 	<p>Partially implemented</p>
<p>Invest in nurse leadership development, enabling managers to respond effectively to HR complexities.</p>	<ul style="list-style-type: none"> ◆ Some leadership development opportunities are available to nursing leaders, but uptake has been low and these do not cover the full range of HR responsibilities. 	<p>Partially implemented</p>

APPENDIX E

Good Practice	Northern Health Actions	Assessment
<p>Offer mentoring programs for new recruits and to support ongoing development.</p>	<ul style="list-style-type: none"> ◆ There is a mentorship program for NPs. ◆ RNs may receive buddy shifts, but there is no formal mentorship program in place. 	<p>Partially implemented</p>
<p>Take steps to promote a healthy workplace environment, e.g., by:</p> <ul style="list-style-type: none"> ◆ having a strategy to address workplace violence (harassment, aggression, bullying and assault) ◆ promoting diversity and inclusiveness within the workplace (employees feel safe from discrimination) ◆ having a conflict resolution policy ◆ having workplace wellness initiatives ◆ promoting work autonomy ◆ having a voice on shared governance councils ◆ having a stress management program ◆ providing employees with a sense of shared values and purpose ◆ updating staff on organizational issues through internal communications 	<ul style="list-style-type: none"> ◆ Northern Health has the expected workplace health and safety policies and is working to support the mental health of its staff through implementation of the <i>Psychological Health and Safety Standard</i>. ◆ However, some RNs expressed concerns about workplace violence and bullying. 	<p>Partially implemented</p>

APPENDIX E

Good Practice	Northern Health Actions	Assessment
<p>Work with employees to manage performance effectively, by:</p> <ul style="list-style-type: none"> ◆ having the manager/supervisor and employee work together to plan, monitor and review the employee's work objectives/goals and overall contribution to the organization ◆ providing ongoing, constructive feedback on performance ◆ identifying skills and abilities of each employee to assign work that builds on employee strengths ◆ identifying training and development opportunities ◆ providing career planning 	<ul style="list-style-type: none"> ◆ Northern Health provides tools to help supervisors assess RN and NP performance, but it does not know how often performance reviews are actually carried out. ◆ Staff indicated that performance reviews are not always completed due to supervisor workload. 	<p>Not implemented</p>
<p>Implement employee recognition initiatives, and recognize employee successes and accomplishments on an ongoing basis.</p>	<ul style="list-style-type: none"> ◆ Northern Health has a number of employee recognition initiatives, including long-service awards, the <i>Random Acts of Acknowledgement and Recognition (RAAR)</i> program, staff and team celebrations, and the <i>Dr. Charles Jago Awards</i>. ◆ Northern Health could further promote other forms of recognition on an ongoing basis (e.g., supervisor feedback). 	<p>Partially implemented</p>
<p>Conduct employee engagement surveys (keeping responses anonymous):</p> <ul style="list-style-type: none"> ◆ analyze responses ◆ develop an action plan based on results ◆ benchmark results for year over year comparison 	<ul style="list-style-type: none"> ◆ Northern Health conducted Gallup engagement surveys in 2011 and 2013, and conducted a health authority wide employee engagement survey using the Worklife Pulse tool in June and July 2017. Because of differences in methodology, Northern Health's recent survey results are not comparable with past results. ◆ Northern Health hasn't yet analyzed and acted on the results of the 2017 Worklife Pulse survey. 	<p>Partially implemented</p>

APPENDIX E

Good Practice	Northern Health Actions	Assessment
<p>Offer ongoing social support, e.g.,:</p> <ul style="list-style-type: none"> ◆ opportunities for spousal employment ◆ social activities in the workplace to help staff feel part of the team 	<ul style="list-style-type: none"> ◆ Northern Health has created a database of industries in the Northern Health service delivery area to help the spouses of staff find employment. ◆ The Organizational Development group offers team building and conflict resolution to teams on an ad hoc basis. ◆ Some Northern Health sites have social activities to help staff feel part of the team. 	<p>Partially implemented</p>
<p>Promote cultural competency:</p> <ul style="list-style-type: none"> ◆ An annual cultural competency learning experience should be provided that promotes the values of inclusivity, respect, valuing of differences, equity, commitment, critical reflection and social justice ◆ Staff evaluations should include cultural competency goals 	<ul style="list-style-type: none"> ◆ Northern Health has implemented a number of strategies to support staff training to practise in a culturally safe manner, including <i>San'yas Indigenous Cultural Safety Training</i>, Aboriginal Patient Liaisons, an Indigenous Health Team and website with resources, Aboriginal Health Improvement Committees, and targeted recruitment from Indigenous communities. ◆ However, the cultural competency training doesn't occur annually. There is also no direction for staff evaluations to include cultural competency goals, nor is there evidence that this is occurring. 	<p>Partially implemented</p>
<p>Conduct exit interviews to provide information about why staff are leaving:</p> <ul style="list-style-type: none"> ◆ Analyze the information provided and use it to inform future organizational quality improvements ◆ Ideally, have the interviews conducted by someone other than the manager—and someone who is trained to conduct them 	<ul style="list-style-type: none"> ◆ Northern Health has a process for carrying out exit interviews, but acknowledges that there is room for improvement, as only about 19% of exiting RN staff complete exit interviews. 	<p>Partially implemented</p>

APPENDIX E

Good Practice	Northern Health Actions	Assessment
<p>Have effective staffing levels and skill mix to reduce staffing gaps and burnout.</p>	<ul style="list-style-type: none"> ◆ Northern Health has made efforts to achieve effective staffing levels (e.g., by regularizing positions and implementing the My Schedule system) and managers consider the skill mix on an ad hoc basis. ◆ However, RNs are working short-staffed in some cases, which contributes to burnout and reduced quality of patient care. 	<p>Partially implemented</p>



OFFICE OF THE
Auditor General
of British Columbia

Location

623 Fort Street
Victoria, British Columbia
Canada V8W 1G1

Office Hours

Monday to Friday
8:30 am – 4:30 pm

Telephone: 250-419-6100

Toll free through Enquiry BC at: 1-800-663-7867

In Vancouver dial: 604-660-2421

Fax: 250-387-1230

Email: bcauditor@bcauditor.com

Website: www.bcauditor.com

This report and others are available at our website, which also contains further information about the Office.

Reproducing

Information presented here is the intellectual property of the Auditor General of British Columbia and is copyright protected in right of the Crown. We invite readers to reproduce any material, asking only that they credit our Office with authorship when any information, results or recommendations are used.



AUDIT TEAM

Morris Sydor,
Assistant Auditor General

Sarah Riddell,
Senior Manager

Lisa Sevigny,
Auditor

Carla Leuschen,
Audit Analyst

Michelle Poon,
Research Assistant

SUBJECT MATTER EXPERTS

Paulina O. Niechcial,
BScN, RN(C)

Judith C. Kulig,
RN, PhD



OFFICE OF THE
Auditor General
of British Columbia