

Vancouver Island Health Authority

2015/16 ANNUAL SERVICE PLAN REPORT

September 29, 2016



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Board Chair's Accountability Statement



On behalf of the Board of Directors of the Vancouver Island Health Authority (Island Health), I am pleased to present our *2015/16 Annual Service Plan Report*, outlining our organization's progress towards delivering high-quality, patient-centered care for our region's population.

Island Health strives to deliver the right care for residents, patients and their families at the right time and in the right setting. Island Health continues to make progress on our commitments to improve health outcomes and overall population health status and to provide high-quality, accessible and sustainable service. As Board Chair, I am proud of our staff, physicians, and volunteers for their dedication to improving the health and wellbeing of our communities.

The *Vancouver Island Health Authority 2015/16 Annual Service Plan Report* compares the health authority's actual results to the expected results identified in the *2015/16 – 2017/18 Service Plan*. The Board is accountable for those results as reported.

Sincerely,

A handwritten signature in black ink, appearing to read "Don Hubbard". The signature is fluid and cursive, written over a light grey background.

Don Hubbard
Island Health Board Chair
September 29, 2016

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Chair/CEO Report Letter

Island Health has embarked on a transformative journey to improve the health and care of those we serve. Our roadmap is guided by the strategic and operational priorities for the delivery of health care set out in the Ministry of Health's *Setting Priorities for the B.C. Health System* and the expectations and requirements in the 2015/16 Mandate Letter from Government. We are well positioned to meet government's objective of supporting health, and delivering responsive effective health services while ensuring the best value for money spent.

In alignment with the *Taxpayer Accountability Principles*, Island Health recognizes that the efficient and effective use of limited public resources to deliver high-quality, responsive, and safe care is key to sustaining a successful health care system. It also means implementing new ideas and innovative approaches to care; providing the services people need; striving for excellence; challenging the status quo; and enabling patients to define outcomes that matter to them. We have integrated the *Taxpayer Accountability Principles* into our Code of Conduct and have engaged the Board, Island Health leaders and the organization in the implementation of this enhanced accountability framework.

The 2015/16 Mandate Letter set out specific deliverables for Island Health. We are pleased to report that significant progress was made towards achieving these deliverables. Appendix B provides a detailed summary of activities.

Island Health has made major headway towards championing a culture of quality and patient safety with a specific focus on patient- and family-centred health and care. Over the past year, a comprehensive "Engagement to Experience (E2E) Framework" was developed to create a structured approach to continuous improvement of the patient and family experience. In collaboration with our Aboriginal partners, Island Health also developed a plan to embed cultural safety throughout our community and hospital environments.

Island Health is on target to meet its 2020 commitment of an additional 32 hospice beds. In 2015/16, eight hospice beds were opened: four in the Comox Valley and four in Oceanside, bringing the total number of beds to 40 on Vancouver Island. In addition, Island Health opened 55 new treatment beds over the last two years in partnership with community agencies to contribute to meeting the 2017 commitment for the expansion of addiction spaces. In alignment with *Healthy Minds, Healthy People*, Island Health has implemented mental health support services that include Assertive Community Treatment teams, a school-based clinic to provide early intervention for youth at risk, expanded tele-mental health services, and a mental health crisis protocol with First Nations partners.

Continuous improvement is a key focus of Island Health, driven by a strong performance monitoring and reporting framework. In 2015/16, a new Board Reporting Framework was implemented to align reporting with Island Health's strategic priorities and to more fully integrate with Island Health's Performance Dashboard. The introduction of the new Electronic Health Record will generate

significant data and the supporting infrastructure to manage and report on this data has been developed.

Island Health has also advanced primary and community health and care models for key patient populations. The Community Health and Care Framework, a patient-centred approach to guide implementation of primary care homes and improve access to services and quality of care across the region, has been developed. A frail seniors' care model was implemented in Cowichan, Saanich Peninsula and Comox Valley with a plan to strengthen and spread to other communities. A regional prototype primary care home was implemented in Port Hardy.

This past year, Island Health increased surgical volumes for long waiting cases by completing an additional 1,452 cases over 2014/15. In addition, Island Health achieved targets for additional cataract cases, and hip and knee replacements. Island Health also developed and implemented a surgical costing and budget allocation model that reduced costs and facilitated additional surgical volumes at the Royal Jubilee, Victoria General and Nanaimo Regional General Hospitals. A five-year contract was signed with Surgical Centres Inc. to provide daycare surgery services and create capacity for inpatient surgeries in Island Health facilities.

Island Health has made significant progress towards developing a North Island Network of Care. The First Nations Health Authority and local First Nations were actively engaged in planning to extend the Community Health and Care model throughout Vancouver Island North and increase access to specialist care. As noted, activities were initiated to embed cultural safety within our community and hospital environments. The new North Island Hospitals, which are currently under construction in the Comox Valley and Campbell River, will offer an opportunity to strengthen this new culture of care. A particular focus on maternal care resulted in the establishment of the Kwakwaka'wakw Maternal, Child and Family Collaborative and the opening of the Campbell River Maternity Clinic to improve access for expectant mothers from the North Island. Technology also offers opportunities to improve service in rural communities. This past year, both Telehome Monitoring and Teleconsultation services were expanded.

Key to these achievements is a strong and collaborative relationship with the Ministry of Health and our major stakeholders. The Board Chair and Chief Executive Officer (CEO) met with the Minister three times during 2015/16 to provide updates on progress towards achieving these priorities. In addition, the CEO attended regular monthly Leadership Council meetings and also met with the Deputy Minister three times over the course of the year at bi-lateral meetings to provide further progress updates. Island Health's Executive Leadership Team members are members of a variety of Standing Committees established by the Ministry.

In keeping with the spirit of the *Taxpayer Accountability Framework*, new members of the Island Health Board of Directors participate in an in-depth orientation process to familiarize themselves with the *Framework* and ensure full understanding of the principles and how they shape Board discussions and decisions. Ongoing training is also provided to Board Members on the key elements of

governance within the public sector. This past year, the Board spent significant time reviewing and amending its Committee structures to ensure that the governance model is fully aligned to best support the achievement of the direction set out in “*Setting Priorities.*”

We are proud of the work that has been accomplished over the past year and look forward to continued progress on these key initiatives.



Don Hubbard
Island Health Board Chair
September 29, 2016



Dr. Brendan Carr
President & Chief Executive Officer
September 29, 2016

Purpose of the Organization

The Vancouver Island Health Authority (Island Health) is one of five regional health authorities established by the province of British Columbia under the *Health Authorities Act 2001*. Island Health serves approximately 767,000 individuals across a widely varied geographic area of approximately 56,000 square kilometres. This area includes Vancouver Island, the Gulf and Discovery Islands and part of the mainland opposite northern Vancouver Island. An important part of our mandate is to serve people in all the remote and isolated communities in our region, many of which are accessible only by water or air.

Governance and Leadership

A ten-member, government-appointed Board of Directors (the Board) governs Island Health. The Board's primary responsibility is to lead and manage the health authority to deliver high-quality, responsive and effective health services as efficiently as possible. The Board also provides positive leadership to guide Island Health's activities in support of the Government's health system priorities and strategies in accordance with [*Taxpayer Accountability Principles*](#) and direction provided through the Government's annual Mandate Letter. More information on the role of the Board is available at www.viha.ca/about_viha/board_of_directors/.

Working with the Board, and headed by our President and Chief Executive Officer (CEO), the Island Health Executive Team provides leadership in planning, delivering and evaluating health care services in Island Health in collaboration with the government. The Island Health Board and Executive Team are responsible for meeting the health needs of the population and patients in an effective and sustainable manner. For more information see http://www.viha.ca/about_viha/executive_team/.

Created from the shared core beliefs of our staff, physicians, volunteers, Executive Team and Board of Directors, Island Health's vision, *Excellent health and care for everyone, everywhere, every time* and values of **Courage**, **Aspire**, **Respect** and **Empathy** guide us in providing the highest quality health care services to the populations we serve.

Services We Provide

We deliver many types of services for residents, clients and patients: public health, children and youth care, seniors ongoing care and wellness, residential and community care, primary health care, specialized short-term care at local hospitals and health centres, mental health and substance use services, and end-of-life care. We are able to meet virtually all health needs of people who live on Vancouver Island; only rarely must people seek services outside of Island Health for highly specialized needs.

Strategic Direction and Context

Strategic Direction

Health authority planning follows the strategic direction for the health system as outlined in [Setting Priorities for the B.C. Health System](#). Delivering patient-centred services and care is a central facet of all health service delivery, as is a renewed focus on performance management. Improved care for key patient populations is critical in cross-sector priority areas: improved access and service design for primary health care, home and community care, and residential care for those with high health care and support needs; improved access to appropriate surgical services and procedures; and improved health services across rural and remote areas, including First Nations communities.

The health authorities work collaboratively with the Ministry of Health and other system partners to implement actions identified in the health system policy discussion papers released in February 2015. Island Health is committed to achieving priorities set out by government with a focus on supporting the health and wellbeing of our residents, delivering responsive and effective health services, and ensuring the best value for money in accordance with the [Taxpayer Accountability Principles](#).

In collaboration with many partners, Island Health is transforming the health system to better meet the needs of the people we serve. The realignment of programs, services and administrative structures to a more community-based model, the implementation of an integrated electronic health record, and a commitment to building a culture of innovation and value will transform our interactions with patients, clients and their families wherever they are on their health journey.

Strategic Context

Island Health serves about 767,000 individuals or about 16.4% of BC's population. Vancouver Island has a relatively healthy population that is both increasing, and rapidly aging. Approximately 10% of the people Island Health serve are 75 years or older – a number that is expected to double by 2034. At the same time, 27% of our workforce is 55 years or older, which has important health human resource implications. Significant variation in health status across communities also exists, with a 6.2 year gap in life expectancy across the region. About 61,000 people live in rural and remote areas and this small population is dispersed over 60.3% of Island Health's total geographical area. Rural and remote areas often face increased barriers and poorer health status. Aboriginal communities are also an important population on Vancouver Island with unique health needs and considerations.

Within this context, we recognize the need to shift how we think about health care and health and wellness to better respond to the needs of the population. This includes working with community partners, the First Nations Health Authority and other Aboriginal partners to improve access to care for our most vulnerable populations, ensure service delivery that is culturally appropriate, and to influence the broader social conditions that affect the health of our population. Island Health also focuses on maximizing the efficiency and effectiveness of health care services and developing innovative solutions that contain the growth of health care spending. This includes areas that contribute to good health such as health promotion, education, housing and social development.

Report on Performance

In 2015/16, Island Health made progress on the Government's direction as set out in our Mandate Letter from the Minister of Health, and the priorities outlined in [Setting Priorities for the B.C. Health System](#). These are designed to support the health and wellbeing of British Columbians, deliver health care services that are responsive and effective, and ensure value for money in the health system.

Island Health is committed to putting patients and their families at the heart of every interaction. This involves inviting people to be even more engaged as partners in their care, ensuring they play an integral role in decision making and have a strong voice in the quality of care they receive. Island Health continues to work closely with provincial safety and quality councils and the Patient Care and Quality Review Board to strengthen the processes and supports for effectively addressing patient concerns. In addition, shifting the culture of health care in order to engage with and improve the experience of patients and their families to improve health outcomes within and outside of Island Health is an organizational priority.

Island Health continues to move forward on all elements of the cross sector priorities while acknowledging the need to also be systematic and opportunistic in our approach to the changes in the health system. As indicated in the Chair/CEO Report Letter, significant progress was made towards achieving the specific deliverables mandated by government in 2015/16. Additional detail about Island Health's progress on its mandated priorities is provided in Appendix B.

Island Health's Board and Executive Team have adopted the [Taxpayer Accountability Principles](#). They have been integrated into the organization's Code of Conduct, and are used to guide strategic decision-making. Island Health has aligned its budget and cost management activities to support the achievement of organizational priorities, system-wide initiatives and the delivery of high-quality care in a fiscally disciplined and sustainable manner. We have a well-established culture of performance and outcome measurement that is supported by robust monitoring and reporting systems. There are regular meetings between the Minister and Board Chair and the Deputy Minister and CEO to ensure our continued alignment with government's strategic mandate and to regularly review the progress on each of the priority areas.

Island Health has also continued implementing provincially-negotiated compensation plans for unionized employees and revised standardized Terms of Reference for non-contract staff. These actions coupled with our continued compliance with the provincial salary freeze for non-contract staff, demonstrate our commitment to the principle of appropriate compensation.

In addition, Island Health has realigned its regional leadership model to facilitate closer relationships at the local community level and support decision making closer to the communities and populations that we serve. This realignment will also foster greater collaboration and partnerships at the local community level.

Goal 1: Support the health and wellbeing of British Columbians.

Overall health and wellness is influenced by many factors including education, income, housing and healthy living. Within the context of supporting community population health needs, Island Health continues to explore new approaches and opportunities to support health in the future. This involves working with a wide range of public and private partners, including service agencies, local non-profit organizations, all levels of government, the education sector, Aboriginal leaders, businesses, and residents. Effective partnerships among these groups provide the collective wisdom and experience to achieve common goals, including new ways to promote health and prevent disease.

Objective 1.1: Improve population health and reduce disparities.

Strategies

- Develop innovative ways to promote health and support people as they take responsibility for their own health.
- Develop and implement prevention and promotion initiatives focused on children and youth in partnership with community stakeholders.
- Focus on improving the health of vulnerable populations including the chronically ill, seniors and the frail elderly, and those living with mental illness and substance use issues to reduce health disparities.
- Continue to implement healthy living and disease prevention services to address the needs of high-risk populations, and reduce health inequities in alignment with the [*Healthy Families B.C. Policy Framework*](#).
- Continue to implement strategies to address the unique health care needs of Aboriginal peoples in partnership with the First Nations Health Authority and Aboriginal communities.
- Provide effective prevention, protection and environmental programs that target food safety, clean air and water, infection control and communicable diseases.
- Develop web strategies that improve how health promotion and public health information is made available and accessed in communities.

Objective 1.2: Collaborate with communities and strengthen partnerships to improve health and care.

Strategies

- Work with partners to discover new ways of thinking about, and delivering on, health and care services.
- Develop a Community Engagement Framework that defines how Island Health will develop and sustain partnerships.
- Continue to collaborate with community stakeholders to develop healthy living action plans and advance innovative approaches to improving community health and wellbeing in alignment with the [Healthy Families B.C. – Healthy Communities Strategy](#).

Performance Measure 1: Healthy Communities

Performance Measure	2011/12 Baseline	2015/16 Target	2015/16 Actual	2016/17 Target	2017/18 Target
Percent of communities that have completed healthy living strategic plans	14%	42%	50%	44%	47%

Data Source: Survey, Healthy Living Branch, Population and Public Health Division, Ministry of Health.

Discussion

This performance measure focuses on the proportion of the 161 communities in British Columbia that have been developing healthy living strategic plans, in partnership with their health authorities and the Ministry of Health. Community efforts to support healthy living through joint planning, policies, built environments and collaborative action are critical to engaging individuals where they live, work, and play. Sustained community level actions will encourage more active lifestyles while decreasing the risk factors for chronic diseases and injury.

Island Health has exceeded its target for this measure and will continue to build upon successes achieved to date in order to support and promote the health and wellbeing of residents.

Goal 2: Deliver a system of responsive and effective health care services across British Columbia.

Island Health is committed to putting patients and their families at the heart of every interaction. This involves inviting people to be even more engaged partners in their care and ensuring they play an integral role in decision-making. This means listening to patients and their families, responding openly to their concerns, informing them about care options and recognizing and encouraging their input.

Island Health strives to create a culture of engagement, innovation and accountability where trust, collaboration and a strong commitment to safety and quality are built at all levels of care. Care decisions are patient-centred and based on the best available scientific evidence. Care teams work to eliminate ‘must never happen’ events and avoidable harm. An essential element of quality is ensuring the smooth flow of patients through the system as their needs change so that everyone gets the services they need where and when they need them. Island Health continues to work to ensure there are no unnecessary transitions in care, and that all care that can be provided in a community setting is available.

The health authority has implemented a team-based, inter-professional approach in the deployment of health care professionals across acute care and community care settings. This approach allows care providers to work to their optimal scope of practice, enhancing the work environment, the quality of care, and the patient experience.

Objective 2.1: Provide exemplary patient experience, advancing excellence in quality, safety and ‘patient and family-centred care.’

Strategies

- Empower patients and families to be partners in their care and to play an integral role in decision-making and innovation.
- Create a framework that advances patient and family-centred care and integrates quality, safety and excellence for patient/clients and families.
- Create an environment where employees, physicians and volunteers pursue excellence through learning and doing.
- Advance Island Health’s transformational change initiative, IHealth, towards achieving One Person, One Record, One Plan for Health and Care.
- Lay the foundation for improving individual and population health through targeted initiatives that are enabled by automation and advanced analytics, including personalization, monitoring and early intervention.

- Enhance the delivery of high quality, safe care by embedding quality standards into practice through the advanced Electronic Health Record, and establishing a closed-loop medication system with the introduction of unit-dose medication distribution.
- Implement a clinical governance framework designed to support continuous improvement in quality of care and patient safety.

Objective 2.2: Provide effective and sustainable primary and community focused care to meet the needs of communities and vulnerable populations.

Strategies

- Enhance services for those living with mental illness or substance use through implementation of the Mental Health Substance Use Operating Plan with focused efforts on the implementation of new treatment beds and intensive case management teams to support high needs clients.
- Work with the Doctors of B.C., the Ministry of Health and the Ministry of Children and Family Development to improve access to speciality care in acute and community services for children and youth.
- Support implementation of the [*Rural Health Services in B.C. Policy Paper*](#) by developing community plans to improve health and wellness and quality of care in rural and remote communities.
- Promote excellence in care for frail seniors through timely identification, assessment and care of ‘at-risk’ seniors, supporting seniors with dementia and their caregivers, and improving the efficiency and effectiveness of home care services.
- Continue to implement the Community Focused Health and Care strategy to improve local service alignment, enhance client-friendly service access, and provide support for patients/clients, to remain healthy and in their homes for as long as possible.
- Improve services for individuals with medium to high complex chronic conditions through a service model redesign based on community partnerships and interdisciplinary collaborative practice teams built around primary caregivers.
- Continue implementation of the plan to double hospice beds in alignment with the Ministry of Health End-of-Life strategy.

Objective 2.3: Improve access to appropriate quality care with a focus on more timely surgical procedures.

Strategies

- Implement a comprehensive strategy to reduce wait times and achieve optimum utilization of surgical facilities across Island Health.
- Support people to move smoothly through the health system by implementing a cross-continuum patient flow strategy designed to improve appropriateness of care and reduce acute care admissions.
- Use technology, such as Telehealth and eReferral capabilities, to improve access and reach of care delivery by connecting patients and providers, particularly in rural communities.

Performance Measure 2: Managing Chronic Disease in the Community

Performance Measure	2013/14 Baseline	2015/16 Target	2015/16 Actual	2016/17 Target	2017/18 Target
Number of people with select chronic diseases admitted to hospital per 100,000 people aged 75 years and older (age-standardized)	2,735	2,728	2,410	2,721	2,714

Data Source: Discharge Abstract Database, Business Analytics Strategies and Operations Branch, Health Sector Information Analysis and Reporting Division, Ministry of Health.

Note: Annualized Quarterly Data

Discussion

This performance measure tracks the number of people, 75 years of age and older, with select chronic diseases such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. People with these chronic diseases need the expertise and support of health care providers to help manage their disease in the community in order to remain as healthy as possible and reduce complications that require more medical care. This proactive disease management reduces unnecessary emergency department visits, hospitalizations and diagnostic testing.

Island Health has exceeded its target for this measure. We will continue to build upon successes achieved to date in order to provide Island Health residents living with these chronic diseases the expertise and support of health care providers that they require to be as healthy as possible.

Performance Measure 3: Community Mental Health Services

Performance Measure	2013/14 Baseline	2015/16 Target	2015/16 Actual	2016/17 Target	2017/18 Target
Percent of people admitted to hospital for mental illness and substance use who are readmitted within 30 days (15 years of age and over)	13.1%	12.6%	12.2%	12.4%	12.0%

Data Source: Discharge Abstract Database, Business Analytics Strategies and Operations Branch, Health Sector Information Analysis and Reporting Division, Ministry of Health.

Discussion

This performance measure focuses on one aspect of the effectiveness of community-based supports to help persons with mental illness and/or substance use issues receive appropriate and accessible care, and avoid readmission to hospital. Other components include good discharge planning and maintaining the appropriate length of stay in a hospital. Central to these efforts is building a strong system of primary and community care which enhances capacity and provides evidence-based approaches to care.

Island Health has exceeded its target for this measure. We are committed to continuing to improve community access for people with moderate to severe mental illness and/or substance uses issues by creating specialized teams to support services such as early psychosis intervention and eating disorder programs.

Performance Measure 4: Access to Scheduled (Non-Emergency) Surgery

Performance Measure	2013/14 Baseline	2015/16 Target	2015/16 Actual	2016/17 Target	2017/18 Target
Percent of scheduled surgeries completed within 26 weeks	87%	92%	81%	95%	95%

Data Source: Surgical Wait Time Production (SWTP, Site 147), Ministry of Health. Includes all elective adult and pediatric surgeries.

Notes:

1. Baseline is for surgeries completed from April 1, 2013 to March 31, 2014. Target percents are for surgeries completed in the fiscal year.
2. The total wait time is the difference between the date the booking form is received at the hospital and the date the surgery is completed.

Discussion

During the last several years, there has been a focus on reducing wait times for many surgeries. Funding incentives, combined with continuous efforts to foster innovation and efficiency in British Columbia’s hospitals, are initiatives designed to improve the timeliness of access to an expanding range of surgical procedures. This performance measure tracks whether scheduled surgeries are completed within the maximum established benchmark wait time of 26 weeks. Surgical resources are also being allocated to complete the surgeries of people who have been waiting the longest.

The percentage of planned surgical cases performed within 26 weeks improved slightly in 2015/16 despite performing 300 additional emergency surgeries and waitlist growth of almost 1,100 patients (6%). To increase operating room capacity, Island Health signed a long-term third-party contract in December 2015. When the new surgical centre is operational in Q4 of 2016/17, it is expected an additional 2,500 day procedures will be completed per year, thereby creating capacity for inpatient surgeries in Island Health facilities.

Goal 3: Ensure value for money.

Key to a successful, sustainable health care system is ensuring that limited public resources are used in the most efficient and effective way possible to deliver high-quality, responsive and safe care. It also means implementing new ideas and innovative approaches to care; providing the services people need; striving for excellence; challenging the status quo; and enabling patients to define outcomes that matter to them. Focusing on cross-system supports such as health human resource management, IM/IT and technology infrastructure will help achieve the vision set out in [Setting Priorities for the B.C. Health System](#).

Objective 3.1: Ensure the best value through collaboration and courageous innovation.

Strategies

- Collaborate with health sector partners to advance the information technology infrastructure in the Province to support innovation and integration of health services.
- Continue the North Island Hospitals Project, including the St. Joseph's General Hospital transition, with a focus on developing a network of care to meet the needs of local communities and First Nations.
- Work with research and educational partners to pursue learning, education and research opportunities to support system changes.
- Maximize revenue and cost savings through participation in provincial shared services planning.
- Maintain and upgrade our capital infrastructure to support our strategic direction, including identifying alternative financing models.
- Expand and improve our residential care infrastructure in priority areas.

Objective 3.2: Create a great place to work and learn.

Strategies

- Foster a culture grounded in our values, where people feel supported, are comfortable expressing ideas and opinions and are proud to be a part of Island Health.
- Develop leaders who are visionary and support transformational change.
- Develop a health human resource management strategy as a foundational component of the Island Health Quality, Safety and Experience framework to support strategic workforce planning, organizational change management, workplace safety and education and skills development.

- Provide the foundation required for leaders, employees, physicians and volunteers to perform well.
- Ensure Island Health’s workforce reflects our diverse population, in particular Aboriginal peoples.

Objective 3.3: Enhance the Island Health performance management and accountability framework to drive continuous improvement.

Strategies

- Evolve the current accountability and performance monitoring framework to meet the expectations of the [Taxpayer Accountability Principles](#).
- Continue to refine performance monitoring, reporting and continuous improvement structures and processes to support management excellence and cost-effective and efficient services.

Performance Measure 5: Nursing Overtime

Performance Measure	2010 Baseline	2015 Target	2015 Actual	2016 Target	2017 Target
Nursing overtime hours as a percent of productive nursing hours	3.5%	<= 3.3%	4.0%	<= 3.3%	<= 3.3%

Data Source: Health Sector Compensation Information System, Health Employers Association of British Columbia.

Note: Based on calendar year.

Discussion

This performance measure compares the amount of overtime worked by nurses to the overall amount of time nurses worked. Overtime is a key indicator of the overall health of a workplace as high rates of overtime may reflect inadequate staffing or high levels of absenteeism. Reducing overtime rates by addressing the underlying causes helps promote both patient and caregiver safety while also reducing unnecessary costs to the health system.

There is a strong emphasis within Island Health to better manage “workload” or staffing beyond the funded baseline. Having sufficient available staff is made possible by: improvements in the recruitment process reducing delays to hire; strategies for training and education for specialty and difficult to fill positions; strategies for attendance promotion; increased numbers of dedicated relief pool positions as part of the nursing settlement agreement; proactive seasonal capacity planning for over census protocol staffing; as well as efficiencies in contacting staff for available shifts.

Financial Report

Discussion of Results

The Island Health 2015/16 budget was \$2.170 billion. Actual operating expenditures for the fiscal year ending March 31, 2016, were \$2.176 billion and actual revenues were \$2.179 billion, resulting in an operating surplus of \$3.6 million, or 0.2 per cent of the annual budget.

The significant operating variances were:

Residential Care: Increased expenses are due to one-time grants, ongoing service pressures and continued funding of temporary beds.

Community Care: Additional costs include ongoing demand of Home Support Services, higher than expected allocation of Integrated Primary & Community Care (IPCC) funding, and a reclassification of programs from Mental Health & Substance Use (see footnote to Financial Resource Summary Table on next page).

Mental Health & Substance Use: The surplus is primarily due to implementation delays, position vacancies, lower than expected allocation of IPCC funding, and reclassification of programs to HCC – Community (see footnote to Financial Resource Summary Table on next page).

Financial Resource Summary Table

(\$ millions)	2015/16 Budget ¹	2015/16 Actual	Variance
OPERATING SUMMARY			
Provincial Government Sources	2,048.0	2,042.3	-5.7
Non-Provincial Government Sources	122.3	136.9	14.6
Total Revenue:	2,170.3	2,179.2	8.9
Acute Care	1,185.6	1,176.3	-9.3
Residential Care	348.8	360.1	11.3
Community Care	239.1	247.1	8.0
Mental Health & Substance Use	169.1	161.4	-7.7
Population Health & Wellness	60.6	58.7	-1.9
Corporate	167.1	172.0	4.9
Total Expenditures:	2,170.3	2,175.6	5.3
Surplus (Deficit)	0.0	3.6	3.6
CAPITAL SUMMARY			
Funded by Provincial Government	156.6	151.8	-4.8
Funded by Foundations, Regional Hospital Districts, and Other Non-Government Sources	168.6	132.9	-35.7
Total Capital Spending	325.2	284.7	-40.5

¹ Subsequent to the initial establishment of the budget, some programs were reclassified from Mental Health & Substance Use to another sector. The impact is as follows:

- Acute Care increased by \$0.26
- Community Care increased by \$2.76
- Mental Health & Substance Use decreased by \$3.02

These adjustments have not been considered within the 2015/16 budget figures in the above Resource Summary table and thus contribute to the year-end variances.

Major Capital Projects

Major Capital Projects	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to March 31, 2016 (\$ millions)
<p>North Island Hospital Project This project will see new hospitals for Campbell River and the Comox Valley open in 2017. The new 39,800 square metre (approximately 428,400 square foot) Comox Valley Hospital will have 153 beds, replacing the 120-bed St. Joseph’s General Hospital. The new 32,300 square metre (approximately 347,700 square foot) Campbell River Hospital will have 95 beds, replacing the existing 79-bed Campbell River Hospital. Together the new hospitals will form an enhanced network of care for the mid and north island, delivering high quality patient care through world-class health care facilities.</p> <p>For more information on this project see the project site.</p>	2017	606.2	357.8
<p>Campbell River Hospital – Magnetic Resonance Imaging Valued at \$2.2 million, this 1.5T Medical Resonance Imaging (MRI) machine will have a significant impact on patient care for North Vancouver Island communities. Currently, the only MRI machine available through Island Health is a shared mobile unit that rotates through Campbell River, Comox, Duncan, and Port Alberni every six weeks. A fixed MRI machine at the Campbell River Hospital is expected to further enhance patient care in the region. Funding for the new MRI machine is being donated and is slated to be in place when the new, 95-bed Campbell River Hospital opens in the fall of 2017.</p> <p>For more information on this project see the news release.</p>	2017	2.4	0.8
<p>Nanaimo Regional General Hospital – Computed Tomography Scanners Two new state-of-the-art Computed Tomography (CT) scanners have been installed at Nanaimo Regional General Hospital. These CT scanners will result in improved images and faster image acquisition and processing, leading to improved diagnosis for patients. A CT scan uses x-rays and computer to create detailed, cross-sectional images of the inside of the body.</p> <p>For more information on this project see the news release.</p>	2016	3.6	0.8
<p>Nanaimo Regional General Hospital – Electrical Plant A new electrical energy plant is needed at Nanaimo Regional General Hospital to address the potential risk associated with previous growth at the hospital and enable future development. The project will increase the amount of power available to the campus and comply with regulatory, redundancy and operational requirements.</p>	2018	12.5	0.5

Major Capital Projects	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to March 31, 2016 (\$ millions)
<p>Nanaimo Regional General Hospital – Unit Dose Medication Distribution Island Health is improving medication safety for patients with an island-wide project to establish a closed-loop medication system at its care locations. The Unit Dose Medication Distribution (UDMD) Project will make a full range of medications available in a ready-to-administer, bar-code-labelled format that will reduce adverse drug events at the point of medication administration. The project includes redevelopment and expansion of the pharmacy at Nanaimo Regional General Hospital and modification to existing storage areas in the hospital and Dufferin Lodge patient areas.</p> <p>For more information on this project see the news release.</p>	2017	4.6	2.1
<p>Saanich Peninsula Hospital – Computed Tomography Scanner A new Computed Tomography (CT) scanner has been installed at Saanich Peninsula Hospital replacing a 10 year old scanner. The new CT scanner is state-of-the-art and will result in more accurate images and much lower radiation dosages than earlier machines.</p> <p>For more information on this project see the Saanich Peninsula Hospital Foundation site.</p>	2016	2.9	0.7
<p>Victoria General Hospital – Endoscopy Suite A renovation is underway to develop a new endoscopy suite at Victoria General Hospital. The new suite includes procedure rooms that meet current standards, redesigned patient areas for before and after procedures to allow for improved flow of patients, staff and equipment, and more adequate space for cleaning medical devices.</p> <p>For more information on this project see the news release.</p>	2017	2.2	0.5
<p>Royal Jubilee Hospital - Simulation Lab Development The simulation lab centre development is a collaborative effort between Island Health, the University of Victoria (UVIC), and the University of British Columbia Faculty of Medicine. Now complete, the Simulation Centre provides a state-of-the-art training space for Operating Room, Trauma, Intensive Care, and bedside patient care, allowing for robust and realistic learning opportunities in a team-based setting. This helps both new and experienced health care providers prepare and assure their competency for actual patient care situations.</p> <p>For more information on this project see the news release.</p>	2015	4.4	3.4

Major Capital Projects	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to March 31, 2016 (\$ millions)
<p>Royal Jubilee Hospital –Boiler Plant The current boiler plant and part of its distribution system at Royal Jubilee Hospital has been operating since the mid-1960s and has reached the end of its useful life. Replacement of the boilers is needed to prevent a potential hospital shutdown due to heating plant failure. The new boilers will also be more efficient and will reduce natural gas consumption.</p> <p>For more information on this project see the news release.</p>	2017	6.5	1.3
<p>South Island – Unit Dose Medication Distribution Island Health is improving medication safety for patients with an Island-wide project to establish a closed-loop medication system at its care locations. The Unit Dose Medication Distribution (UDMD) Project will make a full range of medications available in a ready-to-administer, bar-code-labelled format that will reduce adverse drug events at the point of medication administration. The South Island UDMD project will cover four hospitals, eight residential care facilities that are supported by hospital pharmacies and five health centres within the Capital Regional District.</p> <p>For more information on this project see the news release.</p>	2017	10.3	0.2
<p>IHealth – Next Generation Electronic Health Record IHealth is a multi-year, Island Health-wide strategy to support quality, safe patient care, increase consistency across sites and systems and reduce the risk of medication-related errors. IHealth will provide a single electronic health record for all parts of the health care system. It is interactive for health care providers, and includes clinical decision support and quality measures that will guide critical thinking in a new way. It is a powerful integrated electronic system that will keep track of patients’ health records in one single record, across sites and across programs and services, over patients’ entire life.</p> <p>For more information on this project see the IHealth project website.</p>	2023	100.3	60.7

Appendix A: Health Authority Contact Information

For more information about Island Health, please visit: www.viha.ca

or contact:

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Appendix B: Health Authority Mandate and Actions Summary

In the 2015/16 Mandate Letter from the Minister of Health, the Vancouver Island Health Authority (Island Health) received direction on strategic priorities for the 2015/16 fiscal year. These priorities and the health authority's resulting actions are summarized below.

Mandate Letter Direction	Health Authority Action
<p>1. Deliver patient-centred services and care to shift the culture of health care from being disease-centred and provider-focused to being patient-centred.</p>	<ul style="list-style-type: none"> • Improving the experience of patients and their families and the delivery of patient centred care is a priority focus of Island Health. <ul style="list-style-type: none"> ○ An innovative new approach, the Engagement 2 Experience (E2E) Framework, has been developed to guide the shift of health care culture to being patient and family-centered. A current state analysis of the experience of our patients and their families was completed and informed the development of the E2E Framework. The aim of this framework is to provide a structured approach to the continued improvement of engagement and experience of patients and their families, care team members, and communities, in support of the other goals of improved health outcomes and the efficient delivery of services. ○ In collaboration with our Aboriginal partners, Island Health developed a plan to embed cultural safety throughout all aspects of practice in our community and hospital environments.
<p>2. Ensure the delivery of high quality and appropriate health services that best meets the assessed needs of your population in a fiscally sustainable manner.</p> <ul style="list-style-type: none"> • Development of hospice space expansion to meet Government's goal of doubling hospice spaces in B.C. by 2020; and, • Full implementation of the provincial mental health and addictions plan, <i>Healthy Minds, Healthy People</i>, including expansion of addiction spaces by 2017. 	<ul style="list-style-type: none"> • Achieved target to open eight additional hospice beds: four beds in Comox Valley and four beds in Oceanside, bringing the total number of beds to 40 on Vancouver Island; on track to meet target of 64 end-of-life beds open by 2020. • Initiated implementation of the mental health system redesign in alignment with the <i>Healthy Minds, Health People</i> Framework: <ul style="list-style-type: none"> ○ Achieved the two year commitment to open 55 new substance use treatment beds in partnership with community agencies. ○ Implemented a First Nations Community Mental Health Crisis Response Protocol; ○ Established two Assertive Community Treatment teams in rural and urban settings; ○ Opened a new school-based clinic (in Nanaimo) to provide early intervention for youth at risk; ○ Expanded tele-mental health services for adults and youth; and ○ Implemented 13 Child Youth Mental Health and Substance Use local action teams.

<p>3. Manage the performance of your organization through continuous improvement across service and operational accountabilities.</p>	<ul style="list-style-type: none"> • Island Health has a robust performance monitoring and reporting framework that drives continuous improvement. Actions have been taken to strengthen performance reporting and monitoring processes and continuous improvement structures include: <ul style="list-style-type: none"> ○ Implemented a new Board Reporting Framework to align reporting with Island Health’s strategic priorities and more fully integrates with Island Health’s Performance Dashboard. ○ Continued to enhance Island Health’s Performance Dashboard by developing and monitoring new performance measures in alignment with provincial work to develop a robust performance measurement framework. ○ Implemented the critical infrastructure to support the management and reporting of data generated by the electronic health record. ○ Developed Quality and clinical governance structures and quality and safety data is being provided to Quality Councils. ○ Enhanced Island Health project governance with a new monitoring and reporting mechanism. • Completed the implementation of a geographically-based organizational structure. This is expected to more effectively support local needs through community-based regional hubs, enabling Island Health to respond to the needs of our specific population and improve services with a particular focus on the cross-sector priorities.
<p>4. Improve care for key patient populations and service delivery in cross sector priority areas that are critical to both quality and sustainability by:</p> <ul style="list-style-type: none"> • Improving access and service design for primary health care, home and community care, and residential care for those with high health care and support needs (e.g., complex chronic conditions, frail elderly, and moderate to severe mental illness and/or substance use issues) in order to reduce the flow of these populations into hospital; • Achieving significant improvement in timely access to appropriate surgical treatments 	<ul style="list-style-type: none"> • Developed the Community Health and Care Framework, a transformational patient-centred approach to guide implementation of an integrated community health system that includes primary care homes and improves access to services and quality of care across the region: <ul style="list-style-type: none"> ○ Implemented a regional prototype primary care home with the opening of the Port Hardy Primary Care Centre through collaboration between integrated care teams and family physicians, attaching 100 additional clients within targeted populations and achieving a 30% reduction in less- and non-urgent visits at Port Hardy ED. ○ Developed a frail seniors care model and implemented the prototype in Comox, Cowichan and Saanich Peninsula. Close to 200 clients registered at each of Comox and Cowichan. Patients and staff report high levels of satisfaction with the service model in Cowichan. Saanich Peninsula Hospital reports reduced occupancy through rapid response and integrated care focused on frail seniors.

<p>and procedures; and,</p> <ul style="list-style-type: none"> • Working with rural communities, including First Nations, to implement a renewed approach to providing quality health services across rural and remote areas. 	<ul style="list-style-type: none"> ○ Port Alberni Health Outreach Program developed an integrated care team that links to all 26 General Practitioners (GPs) in Port Alberni. ○ Eight neighborhood integrated care teams formed in Victoria aligning with GPs and establishing a foundation for primary care homes. ○ Created specialized teams to support community based services such as early psychosis intervention and eating disorder programs. • Improved the timely access to surgical treatments and procedures: <ul style="list-style-type: none"> ○ Increased surgical volumes for long waiting cases by completing an additional 1,452 cases compared to 2014/15. ○ Achieved targets for additional cataract cases and arteriovenous access surgeries and volume targets for hip and knee replacements and major spine surgeries. ○ Performed transgender breast procedures in support of the provincial transgender strategy, ○ Increased the volume of daycare procedures contracted out to private providers to free up hospital operating rooms for more complex surgical cases. ○ Signed a five year service agreement with Surgical Centres Incorporated (SCI) to construct and operate a new surgical day care facility. • Achieved the target for increased volume of colonoscopies by performing 7,000 procedures • Worked collaboratively with physicians, First Nations Health Authority, other Aboriginal partners and key stakeholders to improve health and wellness and the quality of care in rural and remote areas. Actions included: <ul style="list-style-type: none"> ○ Established the Kwakwaka'wakw Maternal, Child and Family Collaborative. ○ Opened the Campbell River Maternity Clinic to improve high level access to expectant mothers from the North Island; as a result 427 individuals from the North have received services to date. ○ Expanded Teleconsultation and Telehome Monitoring services resulting in a 28% increase in access to specialist services over previous year and a 46% increase in Telehome clients. ○ Telehealth expanded to First Nations health clinics in Ucluelet and Bamfield as part of Port Alberni Health Outreach Program. ○ Successfully recruited physicians to practice in rural locations through the Practice Readiness Assessment program.
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