

**Vancouver Island
Health Authority (Island Health)**

**2017/18
ANNUAL SERVICE PLAN REPORT
September 2018**



For more information on Island Health
see Contact Information on page 21 or contact:

ISLAND HEALTH

1952 Bay Street

Victoria, British Columbia

V8R 1J8

or visit our website at
<https://www.islandhealth.ca/>

Board Chair's Accountability Statement



Island Health recognizes and acknowledges the Kwakwaka'wakw, Nuu-chah-nulth, and Coast Salish peoples are the traditional stewards of the lands upon which Island Health is situated, where we all live, work and play. The First Peoples' relationship to these lands is of continued importance to health and wellness. As we continue to work toward rebuilding our relations we do so with respect and humility.

On behalf of the Board of Directors of Island Health, I am pleased to present our *2017/18 Annual Service Plan Report*, outlining our organization's progress towards achieving the mandate set out by government in the 2017/18 Mandate Letter and delivering high-quality, patient-centered care for our region's population.

Island Health strives to deliver excellent health and 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 Island Health *2017/18 Annual Service Plan Report* compares the health authority's actual results to the expected results identified in the *2017/18 - 2019/20 Service Plan*. I am accountable for those results as reported.

Sincerely,

A handwritten signature in cursive script that reads "Leah Hollins". The signature is written in black ink on a white background.

Leah Hollins
Island Health Board Chair
September 27, 2018

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Chair/CEO Report Letter

Island Health has set out on a course to improve the health and care of those we serve. Our path reflects the strategic priorities. We continue our contribution towards meeting government's overall objectives of making life more affordable, delivering the services people count on, and having a strong, sustainable economy. We do this through supporting the health and wellbeing of British Columbians, delivering health care services that are responsive and effective, and ensuring value for money in the health system.

Island Health continues to partner with family physicians to establish Primary Care Networks across Island Health. Work is advancing on implementation of primary care homes and specialized care programs for the target populations of complex medical and/or frail older adults and patients with more complex mental health and/or addictions issues. Island Health submitted and received approval for three expressions of interest for Primary Care Networks in 2017/18. The Ministry of Health acknowledged Island Health as a leader on the primary and community care strategy. Specifically, Island Health's approach to partnering with Divisions of Family Practice and Collaborative Services Committees on primary and community care has been recognized provincially by the Ministry of Health as a leading practice for furthering strong relationships.

In addition, we are enhancing integrated team-based care and increasing community capacity to support key patient populations. This includes embedding clinicians with a mental health and addictions focus in primary care settings. School-based population-focused primary care services are in place at several sites. Island Health continues to work with the First Nations Health Authority to identify models of primary care that are culturally safe and aligned with First Nations' desired care models. Patients requiring timely community-based services now have improved access through expanded service hours, including weekends and evenings, and single, easier-to-navigate, community service access points.

Although we still have improvements to make to reduce surgical wait times, we have made some notable advances this year. Island Health met its goal of completing 200 additional hip and knee replacements by March 31, 2018. One major step in achieving this goal was the opening of the South Island Hip and Knee Centre as announced by Health Minister Adrian Dix on March 22nd, 2018. Progress was made towards implementation of a new booking system for waitlisted surgical patients and ongoing monitoring is already seeing improvements in this area.

Island Health is responding to the ongoing opioid overdose public health emergency in collaboration with system partners. This response encompassed both harm reduction activities and enhancement of treatment and recovery services. The Pandora Street Supervised Consumption Service (SCS) received Health Canada approval on August 3, 2017. A second SCS for Victoria was approved in November 2017. Island Health opened nine Overdose Prevention Sites across the Island since December 2016, with over 100,000 visits and no fatalities; Island Health has widely distributed take home naloxone, which is used to intervene in overdoses. Island Health has moved from the initial emergency response to implementing mid and long-term strategies including working in collaboration with the other Health Authorities and the Ministry of Mental Health and Addictions to launch a provincial awareness campaign in partnership with the Vancouver Canucks organization.

Island Health has continued to strengthen its relationships with communities and other partners to improve health and care. We have exceeded our target with 53 per cent of communities completing healthy living strategic plans in alignment with the *Healthy Families B.C. – Healthy Communities Strategy*. Sustained community level actions will decrease risk factors and promote preventative factors for chronic diseases and injury.

Island Health is making significant steps towards supporting the improvement of Aboriginal health and wellness and creating a climate for change to improve the patient experience for Aboriginal peoples. The Cultural Safety and Humility plan for Geography 1 is being implemented with Aboriginal partners. Some of the key actions in the Vancouver Island Partnership Accord Work Plan were completed this year including: an update of the Community Crisis response protocol; improved support for maternity, child and family health through strengthened interagency collaboration; and on-line and in-person Cultural Safety and Humility training.

The new North Island Hospital campuses at Campbell River and Comox Valley were constructed on schedule, within scope and budget. This complex work included the transfer of acute care services from St. Joseph’s General Hospital to Island Health, and the provision of cultural humility training. The Campbell River campus successfully opened on September 10, 2017 and the Comox Valley campus opened on October 1, 2017.

Island Health has a strong and collaborative relationship with the Ministry of Health. Key to this relationship is the ongoing meetings between the Board Chair, Chief Executive Officer (CEO) and the Minister to receive updates on progress towards achieving strategic priorities. The CEO attends regular meetings with the Deputy Minister and Ministry senior leadership. Members of the Executive Leadership Team also attend bilateral meetings with Ministry senior leaders, and sit on a variety of Standing Committees established by the Ministry.

We are proud of the work that has been accomplished over the past year and look forward to continued progress on our strategic and operational priorities.



Leah Hollins
Island Health Board Chair



Kathy MacNeil
President and Chief Executive Officer

Purpose of the Organization

Island Health is one of five regional health authorities established by the province of British Columbia (B.C.) under the [Health Authorities Act](#). Island Health provides health care to over 785,500 people 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 rural 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 the health authority to deliver high quality, responsive and effective health services as efficiently as possible. The Board also provides leadership to guide Island Health's activities in support of the Government's health system priorities and strategies in accordance with the direction provided through the Government's annual Mandate Letter. More information on the role of the Board is available here:

http://www.viha.ca/about_viha/board_of_directors/link.

Working with the Board, and headed by our President and CEO, the Island Health Executive Leadership 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. (See http://www.viha.ca/about_viha/executive_team/).

Created from the shared core beliefs of our staff, medical staff, volunteers, 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 and care services to the populations we serve.

Services We Provide

We deliver many types of services for residents, clients and patients across the entire life span including public health, children and youth care, seniors 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. Working with our partners in the community, including the First Nations Health Authority and Metis Nation British Columbia, we are able to meet most of the health care needs of our population; only rarely must people seek specialized services outside of Island Health.

Strategic Direction and Operating Environment

Strategic Direction

Island Health is committed to achieving the strategic goals and priorities outlined in the *2017/18 Ministry of Health Service Plan*, and the government mandate set out in the Island Health Mandate Letter. This includes the government's commitment to true, lasting reconciliation with Aboriginal people living in B.C. by moving towards fully adopting and implementing the [United Nations Declaration on the Rights of Indigenous Peoples](#), the [Metis Nation Relationship Accord II](#) and the [Calls to Action of the Truth and Reconciliation Commission](#).

Changes in leadership occurred in 2017/2018 which impacted the strategic direction of Island Health, including new Board members, a new Board Chair, and a new CEO.

Strategic Context

Island Health has a relatively healthy population. The average life expectancy, at 82 years, is among the highest in the world. The population of Island Health is expected to increase 22.5 per cent by 2041. Currently, 10 per cent of our population is 75 years or older, and this population is expected to more than double by 2041 to over 184,000 (19 per cent of the population). Meanwhile, 27 per cent of our workforce is 55 years or older, which has health human resource implications. There is also substantial variation in health status across communities, with a 5.8 year difference in life expectancy between the regions with the highest and lowest life expectancies. In our rural areas and Aboriginal communities, people often experience increased barriers and poorer health status and have unique health needs and considerations. The North Island Hospital campuses opened in 2017/2018 which will have a positive impact on Island Health's northern communities.

7.8 per cent of Island Health's population identify as Aboriginal compared to 6 per cent for the Province. There are presently 50 First Nations in the Island Health service area, belonging to three First Nations cultural families, generally grouped by language: Coast Salish, Nuu-chah-nulth, and Kwakwaka'wakw. There are also six Métis Chartered Communities within the Island Health region, and six Friendship Centres, which are multi-service urban Aboriginal centres providing support and services to Aboriginal peoples who live in urban locations on Vancouver Island.

Island Health, like other jurisdictions in B.C., is experiencing a public health emergency related to opioid overdoses and deaths. Two hundred and thirty seven people died of illicit drug overdoses in Island Health between April 1, 2017 and March 31, 2018. This is a critical challenge facing Island Health and particularly affects our most vulnerable populations.

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 our changing population. This includes working closely with community partners to improve access to care for our most vulnerable populations and to address the broader social conditions that influence health. 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. This work includes the government priority of implementing Primary Care Networks and Urgent Primary Care Centres.

Report on Performance

In 2017/18, Island Health made progress on the government's direction as set out in our Mandate Letter from the Minister of Health. These actions are designed to support the health and wellbeing of British Columbians, deliver health and 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 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 and improve health outcomes within and outside of Island Health is an organizational priority.

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.

Goals, Strategies, Measures and Targets

The *2017/18 – 2019/20 Service Plan* reflects the strategic priorities identified by government. The priorities build from previous plans and focus on supporting the health and wellbeing of British Columbians, delivering health and care services that are responsive and effective, and ensuring value for money in the health system. Underlying these goals is the fundamental principle of patient-centred care: a sustained focus on shifting the culture of health care in B.C. to put patients at the centre, which drives policy, accountability, service design and delivery.

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 will continue 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: Improved population health and reduced disparities through targeted and effective health promotion and disease prevention.

Strategies

- 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](#), and [Promote, Protect, Prevent: Our Health Begins Here. B.C.'s Guiding Framework for Public Health](#).

Objective 1.2: Strengthened collaboration and partnerships with communities and other stakeholders to improve health and care.

Strategies

- Continue to implement prevention and promotion initiatives focused on children and youth in partnership with community stakeholders, and in alignment with the *Healthy Families B.C. – Healthy Schools Framework*.
- 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*.
- Further strengthen our collaboration and relationships with communities, physician partners, Aboriginal partners (First Nations, Metis, Friendship Centres), and other stakeholders to support the health and wellbeing of our population.
- Work with research and academic partners to strengthen the health research and innovation agenda to foster improved patient outcomes and health system performance.

Performance Measure 1: Healthy Communities.

Performance Measure	2011/12 Baseline	2017/18 Target	2017/18 Actual	2018/19 Target	2019/20 Target
Percent of communities that have completed healthy living strategic plans.	14%	50%	53%	50%	53%

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

Discussion

This performance measure focuses on the proportion of the 162 communities in B.C. that have been developing healthy living strategic plans, in partnership with the Ministry and health authorities, since 2010/11. Community efforts to support healthy living through planning, policies, built environments and other mechanisms 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 exceeded its target by one community (3%) for this measure with 19 of 36 communities having a healthy living strategic plan (53%). Island Health will continue to build upon the 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 B.C.

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 will be patient-centred and based on the best available scientific evidence. Care teams will 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 will work to ensure there are no unnecessary transitions in care, and that all care that can be provided in a community setting is available.

Objective 2.1: Exemplary patient experience, based on excellence in quality and 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.
- Continue to implement Island Health’s *Engagement to Experience Framework* to achieve exemplary patient, care team, physician, and community experience through excellence in engagement.
- Improve patient experiences by embedding cultural safety and humility into all aspects of care as described in the [*Declaration of Commitment to Cultural Safety and Humility in Health Services for First Nations and Aboriginal people in British Columbia*](#).
- Continue to implement IHealth to enable 'One Person, One Record, One Plan for Health and Care'.
- Continue to advance the clinical analytics capabilities of IHealth to enable continuous quality improvement.
- Enhance the delivery of high quality, safe care by embedding quality standards into practice and through expansion of a closed-loop medication system and unit-dose medication distribution.

Objective 2.2: A primary care model that provides comprehensive and coordinated team-based care linked to specialized services.

Strategies

- Increase access to services and continuity of care for patients by implementing Primary Care Homes in targeted Island Health communities through collaboration between family practices and Island Health care teams.
- Improve services for vulnerable populations through a service model redesign based on community partnerships, and interdisciplinary collaborative practice teams, built around primary care providers.
- Continue to expand Telehome monitoring to support patients in their homes, providing proactive support to improve health and avoid acute care services.
- Work with the Ministry of Health and the BC Cancer Agency of the Provincial Health Services Authority to implement the Cancer Control Strategy.

Objective 2.3: Improved patient health outcomes and reduced hospitalization for seniors through effective community services.

Strategies

- Implement a service model redesign in targeted Island Health communities to improve care outcomes and reduce hospitalization for seniors through effective community services.
- Continue implementation of the plan to increase hospice spaces in alignment with the Ministry of Health End-of-Life strategy.

Objective 2.4: Improved patient health outcomes and reduced hospitalization for those with mental health and substance use issues through effective community services.

Strategies

- Continue implementation of mental health system redesign to improve patient health outcomes and reduce hospitalizations for those with mental health and substance use issues, in alignment with Ministry of Health direction.
- Continue to improve access to addiction treatment, including creating additional substance use treatment spaces.
- Respond to the opioid overdose public health emergency to reduce preventable deaths and harm in the region.

Objective 2.5: Improved access to timely and appropriate surgical treatments and procedures.

Strategies

- Continue implementation of Island Health's comprehensive Surgical plan to increase surgical volumes and improve access to timely and appropriate surgical treatments and procedures.
- Increase MRI scans to improve access for patients.
- Open the View Royal Surgical Centre to provide daycare surgery services and create capacity for inpatient surgeries in Island Health facilities.

Objective 2.6: Sustainable and effective health services in rural and remote areas, including Aboriginal communities.

Strategies

- Enhance health and wellness, and the quality of care in Island Health rural and remote communities, by improving the rural patient journey, continuing the recruitment of physicians and integrating community paramedicine roles in select sites.
- Expand Virtual Care (Telehealth services) in alignment with population and community needs, with a specific focus on First Nations communities.
- Continue to implement strategies to address the unique health care needs of Aboriginal peoples in partnership with the First Nations Health Authority, and other Aboriginal partner organizations.

Performance Measure 2: Managing Chronic Disease in the Community.

Performance Measure	2013/14 Baseline	2017/18 Target	2017/18 Actual	2018/19 Target	2019/20 Target
The number of people with a chronic disease admitted to hospital per 100,000 people, aged 75 years and over (age standardized).	2,884	2,574	2,587	2,562	2,550

Data Source: Discharge Abstract Database, Integrated Analytics: Hospital, Diagnostic and Workforce Branch, Health Sector Information, Analysis and Reporting Division., Ministry of Health.

Discussion

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

Island Health is slightly over target for this measure, missing the target rate by 13 admissions per 100,000 people over 75 years of age, and the rates have been decreasing steadily since 2015/16. Heart failure and COPD continue to be the two most common Ambulatory Care Sensitive Condition (ACSC) diagnoses (accounting for approximately 80% of ACSC discharges among patients 75y+) and both continue to increase among Island Health discharges. Almost half of ACSC cases are among South Vancouver Island residents (43% of discharges in 2017/18 as of the third quarter). Island Health continues to improve how it effectively supports individuals who have chronic conditions. An Intensive Integrated Care Management Team at Nanaimo Regional General Hospital provides multidisciplinary care, including developing individual care plans and goal setting. The team supports patients to identify root causes and change behaviour, provides advocacy support, and works across programs and services to develop client-focused plans of care. Telehome monitoring for patients with heart failure and COPD implemented in Victoria, Nanaimo and Oceanside helps patients who are living in their own homes.

Performance Measure 3: Community Mental Health Services.

Performance Measure	2013/14 Baseline	2017/18 Target	2017/18 Actual	2018/19 Target	2019/20 Target
Percent of people admitted to hospital for mental illness and substance use who are readmitted within 30 days, aged 15 years and over.	13.1%	12.0%	12.5%	12.0%	12.0%

Data Source: Discharge Abstract Database, Integrated Analytics: Hospital, Diagnostic and Workforce Branch, Health Sector Information, Analysis and Reporting Division, Ministry of Health.

Discussion

In B.C., there is a focus on improving access to a range of services and supports in the community, including for persons with mental health and substance use issues. This performance measure focuses on one aspect of the effectiveness of community-based supports to help persons with mental health and 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 was over its target for this measure by 22 readmissions or 0.5%. The Ministry of Health data for 2017/18 shows 529 total mental illness and substance use readmissions within 30 days out of 4,227 total mental illness and substance use episodes (12.5%). There is variation by site and by period but Royal Jubilee and Nanaimo Regional General have the largest volumes so changes at those two sites impact the overall average the most. Substantial fluctuations in this rate also occur throughout the year but the average has remained between 12.2 per cent and 12.5 per cent since 2015/16. We are committed to continuing to improve community access for people with moderate to severe mental illness and/or addiction issues by strengthening and improving the continuum of care, including specialized programs and services for individuals living with significant mental health and/or addictions.

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

Performance Measure	2013/14 Baseline	2017/18 Target	2017/18 Actual	2018/19 Target	2019/20 Target
Percent of scheduled surgeries completed within 26 weeks	87%	95%	80%	95%	95%

Data Source: Surgical Wait Time Production, Ministry of Health. Includes all elective adult and pediatric surgeries. Paediatric priority code VI cases are excluded from the numerator and denominator because the benchmark wait time is 52 weeks.

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

B.C.'s health system has focussed on reducing wait times for many surgeries. Funding incentives, combined with continuous efforts to foster innovation and efficiency in B.C.'s hospitals, are 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.

Island Health, as well as all other Health Authorities in the province, was challenged by surgical wait time performance. Last year, 80 per cent of surgeries met the 26 week benchmark. Island Health missed this target by 7,186 cases (15%). Ministry of Health data for 2017/18 shows that 37,450 elective cases were completed within 26 weeks out of the 46,985 elective cases in total (80%).

Wait times for hip and knee surgeries have steadily decreased since 2016/17 with a smaller per cent of those surgeries with wait times longer than 26 weeks. Island Health has met its goal of completing 200 additional hip and knee replacements by March 31, 2018. The South Island Hip and Knee Centre opened in early 2018 and is fully operational.

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 strategic vision in alignment with government priorities.

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

Strategies

- Pursue innovation through the creative use of technology to support the patient and staff experience, and improve efficiency across the health system.
- Open the North Island Hospitals with sites in the Comox Valley and Campbell River, providing an enhanced network of care to meet the needs of local communities and Aboriginal peoples.
- Expand and improve our residential care infrastructure in priority areas.
- Maintain and upgrade our capital infrastructure to support our strategic direction, including identifying alternative financing models.

Objective 3.2: Effective management of Health Human Resources, IMIT and technology infrastructure, and approaches to funding.

Strategies

- Implement a health human resource strategy to enhance engagement and experience through workforce planning, organizational change management, workplace safety, human resources and talent management processes.
- Maximize revenue and cost savings through participation in provincial shared services planning.
- Collaborate with health sector partners to ensure integrated and cost-effective approaches to information management and technology.
- Improve medical staff engagement and enhance the processes that support physicians to participate effectively in health system decision-making.

Objective 3.3: A robust performance management and accountability framework that drives continuous improvement.

Strategies

- Continue to strengthen performance monitoring, reporting and continuous improvement structures and processes to support management excellence and cost-effective and efficient services.
- Ensure Island Health governance and actions continue to support the *Taxpayer Accountability Principles*.

Performance Measure 5: Nursing Overtime.

Performance Measure	2010 Baseline	2017 Target	2017 Actual	2018 Target	2019 Target
Nursing overtime hours as a percent of productive nursing hours	3.5%	<=3.3%	3.9%	<=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.

Island Health was over its target in 2017 by an additional 39,894 nursing overtime hours. In total, 256,333 nursing overtime hours were incurred out of 6,558,771 nursing productive hours (3.9%). However, Island Health's nursing overtime rate was less than the B.C. average as of the third quarter of 2017 and the rate at Island Health has improved by 0.5% since 2017/18.

The main reasons for overtime are sick relief (33 per cent), workload (37 per cent), callback (8 per cent), vacancy (5 per cent), vacation relief (5 per cent), and on call (6 per cent). 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 including reducing delays to hire and offering incentives in rural and remote areas; strategies for training and education for specialty and difficult to fill positions; strategies for attendance promotion; the appropriate number of dedicated relief pool positions, proactive seasonal capacity planning for over census protocol staffing; as well as efficiencies in contacting staff for available shifts.

Financial Report

Discussion of Results

In 2017/18 Island Health stayed within the budget and had a small surplus of \$.2 million. Negative variances in acute care and corporate sector costs were offset by positive variances in non-provincial government revenues. Continuing demand for services constitute the biggest risk to financial position of Island Health but these are mitigated in a variety of ways. Major capital projects in 2017/18 included the North Island Hospital Project and IHealth.

Highlights

- The Island Health 2017/18 budget was \$2.384 billion.
- Island Health had a surplus of \$.2 million.
- The most significant operating variance was in acute care.
- The increase in Corporate sector costs is primarily due to higher than expected Amortization costs.
- The increase in Non-Provincial Government revenues is mainly due a higher than anticipated share of Deferred Capital Contributions being received from Non-Provincial sources.
- Future risk to Island Health’s financial position includes continuing pressure on demand for services; mainly in the acute care sector which we mitigate through a variety of methods (see discussion below)
- Major capital projects included the North Islands Hospital Project and IHealth – the next generation Electronic Health Record.

Financial Resource Summary Table

\$ millions	2017/18 Budget	2017/18 Actual	2017/18 Variance
OPERATING SUMMARY			
Provincial Government Sources	2,258.2	2,265.9	7.6
Non-Provincial Government Sources	126.4	160.0	33.6
Total Revenue:	2,384.7	2,425.9	41.2
Acute Care	1,291.6	1,338.8	47.2
Residential Care	394.4	394.8	0.4
Community Care	271.9	267.1	-4.8
Mental Health & Substance Use	181.3	176.4	-4.9
Population Health & Wellness	65.2	62.0	-3.2
Corporate	180.2	186.6	6.4
Total Expenditures:	2,384.7	2,425.7	41.1
Surplus (Deficit) – <i>even if zero</i>	0.000	0.2	0.2
CAPITAL SUMMARY			
Funded by Provincial Government	61.1	64.4	3.3
Funded by Foundations, Regional Hospital Districts, and other Non-Government Sources	125.5	85.7	-39.8
Total Capital Spending:	186.5	150.1	-36.5

Variance and Trend Analysis

The Island Health 2017/18 budget was \$2.384 billion. Actual operating expenditures for the fiscal year end March 31, 2018, were \$2.426 billion and actual revenues were \$2.426 billion, resulting in a surplus of \$.2 million, or 0.008 percent of the annual budget.

The most significant operating variance was in acute care. Increased revenue and expenditures in acute care are both due primarily to increased volume and rates for payments to contracted physicians, funding for additional bariatric surgeries and increased wage rates negotiated through collective agreements effective February 1, 2018. The increase in Corporate sector costs is primarily due to higher than expected Amortization costs. The increase in Non-Provincial Government revenues is mainly due a higher than anticipated share of Deferred Capital Contributions being received from Non-Provincial sources.

Risks and Uncertainties

Future risk to Island Health's financial position includes continuing pressure on demand for services; mainly in the acute care sector. The organization mitigates this risk through pursuing savings initiatives in the form of increasing efficiencies, managing costs, and delaying new spending. Regular variance analysis and forecasting is conducted through the fiscal year to monitor results and create action plans to adjust accordingly.

Major Capital Projects

Major Capital Projects (over \$20 million)	Targeted Completion Date (Year)	Project Cost to March 31, 2018 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
North Island Hospitals Project	2017	584.231	21.969	606.200
<p>The North Island Hospital Comox Valley and Campbell River Campuses opened in the Fall 2017. The new 39,800 square metre (approximately 428,400 square foot) Comox Valley Campus has 153 beds, which replaced the 120-bed St. Joseph's General Hospital. The new 32,300 square metre (approximately 347,700 square foot) Campbell River Campus has 95 beds, which replaced the existing 79-bed Campbell River Hospital. Together the new hospital campuses 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, please see the website at: http://nihp.viha.ca/.</p>				
IHealth – Next Generation Electronic Health Record	2020	86.070	14.248	100.318
<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. IHealth implementation now includes Primary and Community care EMR integration as well as launching patient portal for availability of real time information about the care.</p> <p>For more information on IHealth, please see the IHealth Information Site</p>				

Appendix A – Health Authority Contact Information

For more information about Island Health, please visit: <https://www.islandhealth.ca/>

or contact:

Island Health

1952 Bay Street
Victoria, British Columbia
V8R 1J8

EMAIL: **INFO@VIHA.CA**

PHONE: **250.370.8699**

TOLL-FREE: 1-877-370-8699