

Vancouver Island Health Authority

2016/17 ANNUAL SERVICE PLAN REPORT

October 30, 2017



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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 *2016/17 Annual Service Plan Report*, outlining our organization's progress towards achieving the mandate set out by government in the 2016/17 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 *Vancouver Island Health Authority 2016/17 Annual Service Plan Report* compares the health authority's actual results to the expected results identified in the *2016/17 - 2018/19 Service Plan*. I am accountable for those results as reported.

Sincerely,

A handwritten signature in cursive script that reads "Leah Hollins".

Leah Hollins
Island Health Board Chair

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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 and care services set out in the Ministry of Health's *Setting Priorities for the B.C. Health System* and the expectations and requirements in the 2016/17 Mandate Letter from government. We are well positioned to meet government's objective of supporting health, and delivering responsive effective health and care services while ensuring the best value for money spent.

The 2016/17 Mandate Letter from government 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 is partnering with family physicians to establish Primary Care Networks across Island Health. In addition, we are enhancing integrated team-based care and increasing community capacity to support key patient populations, including those with complex medical conditions and/or the frail elderly, those living with mental health and addiction challenges and other vulnerable 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.

Island Health reduced the number of long-waiting surgical patients. Seventeen percent of patients waited over 40 weeks for surgery in April 2016, while less than 10 percent waited over 40 weeks by the end of the 2016/17 fiscal year. Island Health also began the implementation of the Three-Year Plan for Surgery at Victoria General Hospital, which focused on increasing surgical capacity, and improved waitlist management and patient communication.

Island Health is on track to meet our 2020 commitment of an additional 32 hospice beds. In 2016/17, six hospice beds were opened: four in Campbell River and two in Sooke, bringing the total number of hospice beds on Vancouver Island to 46. Island Health exceeded its three-year commitment to open 93 new addiction spaces – opening a total of 107 spaces in communities throughout Vancouver Island with local bed types aligned with local community needs.

Island Health is making significant steps towards supporting the improvement of Indigenous¹ health and wellness and creating a climate for change to improve the patient experience for Indigenous peoples. The First Nations Tripartite Partnership Accord was updated and signed on December 13, 2016, and implementation of 34 action items continues. Island Health also completed the draft Five-Year Aboriginal Health Strategic Plan in collaboration with the First Nations Health Authority. As part of Island Health's ongoing commitment to cultural safety and humility, the new North Island

¹ Island Health understands the term Indigenous to include all First Nations, Aboriginal, Inuit, and Métis people.

Hospital is embedding cultural safety in every aspect of care and is informed by the care needs identified by the communities they serve.

The new North Island Hospital campuses at Campbell River and Comox Valley were constructed on schedule, on scope and on budget. The North Island Hospital Transition Project advanced in support of opening both campuses in fall 2017. This complex work includes the transfer of acute care services from St. Joseph's General Hospital to Island Health, and the provision of cultural humility training.

In addition to these priorities, Island Health also reallocated resources and effort during 2016/17 to respond to the opioid public health emergency declared on April 14, 2016 by the Provincial Health Officer. This response encompassed both harm reduction activities, including the opening of eight Overdose Prevention Sites and the submission of two applications to the federal government for Supervised Consumption Services for Victoria, targeted outreach and engagement activities focused on street-entrenched populations and wide distribution of take home naloxone which is used to intervene in overdoses.

Treatment and recovery services have also been enhanced. These included the establishment of a Rapid Access Addiction Clinic in Victoria and partnering with physicians to increase access across communities to Opioid Agonist Therapies, designating spaces in detox services for individuals with opioid use disorder and establishing an inpatient addictions medicine consult service on the South Island.

Island Health has a strong and collaborative relationship with the Ministry of Health and 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. New members of Island Health's Board of Directors take part in a comprehensive orientation program to familiarize them with the *Taxpayer Accountability Principles*.

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
Interim President and Chief Executive Officer

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 780,000 individuals, including approximately 40,000 First Nations people, 50 First Nations communities, and seven Chartered Métis communities, 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 and care 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 CEO, the Island Health Leadership Team provides leadership in planning, delivering and evaluating health and care services in Island Health in collaboration with the government. The Island Health Board and Leadership 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, medical staff, volunteers, Leadership 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 and 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 addictions services, and end-of-life care. We are able to meet virtually all health needs of people who live within the Island Health region; only rarely must people seek services outside of Island Health for highly specialized needs.

Strategic Direction and Context

Strategic Direction

[Setting Priorities for the B.C. Health System](#), and the Ministry's series of [policy papers](#), present the strategic vision for British Columbia's health system and the strategic and operational priorities for the delivery of health and care services across the province. Island Health is committed to achieving the vision and priorities set out by government in the *2016/17 Island Health Mandate Letter* with a focus on supporting the health and wellbeing of our residents, delivering responsive and effective health and care services, and ensuring the best value for money in accordance with the [Taxpayer Accountability Principles](#).

In alignment with government's direction and in collaboration with many partners, Island Health is transforming the health system to better meet the needs of the people we serve. We are committed to improving care for key patient populations, ensuring the delivery of high quality and appropriate health and care services, and pursuing innovative approaches to service delivery.

Strategic Context

Vancouver Island 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 23 percent, to over 940,000, by 2041. Currently, 10 percent of our population is 75 years or older, and this population is expected to more than double by 2041 to almost 170,000 (18 percent of the population). Meanwhile, 27 percent 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 6.2 year difference in life expectancy between the regions with the highest and lowest life expectancies. In our rural and remote areas and Indigenous communities, people often experience increased barriers and poorer health status and have unique health needs and considerations.

Island Health, like other jurisdictions in British Columbia, is experiencing a public health emergency related to opioid overdoses and deaths. One hundred and sixty people died of drug overdoses in Island Health in 2016, and a further 63 people died between January 1, 2017 and March 31, 2017.

Within this context, we are shifting how we think about health and wellness and health care services 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 is currently engaged in transformative projects including the ongoing implementation of the IHealth cross-continuum Electronic Health Record, and construction of the North Island Hospital, with campuses in Campbell River and Comox Valley. It is critical that we maximize the efficiency and effectiveness of health and care services and develop innovative solutions that contain the growth of health care spending.

Report on Performance

In 2016/17, 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 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 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 2016/17. Additional detail about Island Health's progress on its mandated priorities is provided in Appendix B.

Island Health's Board and Leadership Team integrated the [Taxpayer Accountability Principles](#) into the organization's Code of Conduct, and used the Principles 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.

Goals, Strategies, Measures and Targets

The *2016/17 – 2018/19 Service Plan* reflects the strategic priorities contained in [Setting Priorities for the B.C. Health System](#), subsequent policy papers, and is aligned with the [Taxpayer Accountability Principles](#). 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 explore new approaches and opportunities to support health in the future. This involves working with a wide range of partners, including service agencies, local non-profit organizations, all levels of government, the education sector, Indigenous 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*.

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, First Nations, 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	2016/17 Target	2016/17 Actual	2017/18 Target	2018/19 Target
Percent of communities that have completed healthy living strategic plans.	14%	44%	53%	47%	50%

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

Discussion

This performance measure focuses on the proportion of the 162 communities in British Columbia 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.

As of March 2017, Island Health has exceeded its target for this measure with 19 communities having a healthy living strategic plan. 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 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 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 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.
- Implement Island Health’s *Engagement to Experience Framework* to achieve exemplary patient, care team, physician, and community experience through excellence in engagement.
- Continue expansion of 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.
- Improve patient experiences by embedding cultural safety into all aspects of care, with a focus on Indigenous cultural safety and humility.

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.

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 addiction 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 addiction issues, in alignment with Ministry of Health direction.
- Continue to improve access to addiction treatment, including creating additional addiction treatment spaces.

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

Strategies

- Continue implementation of our comprehensive plan to increase surgical volumes and improve access to timely and appropriate surgical treatments and procedures.
- Increase MRI scans to improve access for patients.

Objective 2.6: Sustainable and effective health services in rural and remote areas, including Indigenous 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 implementing a community paramedicine program in select sites.
- Expand Virtual Care (Telehealth services) in alignment with population and community needs, with a specific focus on Indigenous communities.
- Continue to implement strategies to address the unique health care needs of Indigenous peoples in partnership with the First Nations Health Authority, and Indigenous communities.

Performance Measure 2: Managing Chronic Disease in the Community.

Performance Measure	2013/14 Baseline	2016/17 Target	2016/17 Actual	2017/18 Target*	2018/19 Target*
Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and older (age-standardized).	2,735	2,642	2,614	2,612	2,582

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

* 2017/18 and 2018/19 targets derived using a 1991 population base; in future reporting, targets and actual values for 2017/18 onwards will be restated based on the 2011 population base.

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 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 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 care that they require to be as healthy as possible. We will continue to enable team-based care and innovative approaches such as virtual care and home-based monitoring to enable our residents to receive their care from the most appropriate provider available.

Performance Measure 3: Community Mental Health Services.

Performance Measure	2013/14 Baseline	2016/17 Target	2016/17 Actual	2017/18 Target	2018/19 Target
Percent of people admitted to hospital for mental illness and addictions who are readmitted within 30 days, 15 years of age and over.	13.1%	12.4%	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, Business Analytics Strategies and Operations Branch, Health Sector Information, Analysis and Reporting Division, Ministry of Health.

Discussion

In British Columbia, there is a focus on improving access to a range of services and supports in the community, including for persons with mental health and addiction issues. This performance measure focuses on one aspect of the effectiveness of community-based supports to help persons with mental

health and addiction 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 substantially achieved its target for this measure. 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	2016/17 Target	2016/17 Actual	2017/18 Target	2018/19 Target
Percent of scheduled surgeries completed within 26 weeks	87%	95%	80%	95%	95%

Data Source: Surgical Wait Time Production (SWTP, Site 158), 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, British Columbia’s health system has continued to focus on reducing wait times and improving surgical access. 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 for people who have been waiting the longest.

Island Health continues to be challenged by surgical wait time performance, despite improving the number of long-waiting patients. Seventeen percent of patients waited over 40 weeks for surgery in April 2016 while less than 10 percent waited over 40 weeks by the end of the 2016/17 fiscal year. Island Health also began the implementation of the Three-Year Plan for Surgery at Victoria General Hospital, which focused on increasing surgical capacity, and improved waitlist management and patient communication.

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

- Pursue innovation through the creative use of technology to support the patient and staff experience, and improve efficiency across the health system.
- Advance the construction of the North Island Hospitals, including the St. Joseph's Hospital transition, with a focus on developing a network of care to meet the needs of local communities and First Nations.
- Expand and improve our residential care infrastructure in priority areas.
- Maintain and upgrade our capital infrastructure to support our strategic direction.

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	2016 Target	2016 Actual	2017 Target	2018 Target
Nursing overtime hours as a percent of productive nursing hours	3.5%	<=3.3%	4.4%	<=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 did not meet the overtime target in 2016. In the first three months of 2017, Island Health saw an improvement in nursing overtime, and which was less than the British Columbia average. However, nursing overtime is still above the 2017 target. 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

The Island Health 2016/17 budget was \$2.237 billion. Actual operating expenditures for the fiscal year end March 31, 2017, were \$2.282 billion and actual revenues were \$2.285 billion, resulting in a surplus of \$2.3 million, or 0.1 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 Magnetic Resonance Imaging (MRI) volumes, North Island Hospital start-up costs, and increased wage rates negotiated through collective agreements effective February 1, 2017.

Financial Resource Summary Table

\$ millions	2016/17 Budget	2016/17 Actual	2016/17 Variance
OPERATING SUMMARY			
Provincial Government Sources	2,112.3	2,159.2	46.9
Non-Provincial Government Sources	125.0	125.3	0.3
Total Revenue:	2,237.3	2,284.5	47.2
Acute Care	1,214.7	1,257.9	43.2
Residential Care	362.9	365.9	3.0
Community Care	255.9	256.3	0.4
Mental Health & Substance Use	167.8	166.9	-0.9
Population Health & Wellness	59.2	60.5	1.3
Corporate	176.8	174.8	-2.0
Total Expenditures:	2,237.3	2,282.2	44.9
Surplus (Deficit)	0.0	2.3	2.3
CAPITAL SUMMARY			
Funded by Provincial Government	149.9	118.2	-31.7
Funded by Foundations, Regional Hospital Districts, and other Non-Government Sources	161.5	117.8	-43.7
Total Capital Spending:	311.4	236.0	-75.4

Major Capital Projects

Major Capital Projects	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to March 31, 2017 (\$ millions)
<p>North Island Hospital Project</p> <p>Ground breaking took place in July 2014 at both sites for new campuses in Campbell River and in the Comox Valley to open in fall 2017. The new 39,800 square metre (approximately 428,400 square foot) Comox Valley campus 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 campus will have 95 beds, replacing the existing 79-bed Campbell River Hospital. Together the new hospitals will form an enhanced integrated 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>	2017	606.200	519.887
<p>Nanaimo Regional General Hospital Electrical Energy Plant Redevelopment</p> <p>The Nanaimo Regional General Hospital continues to grow and expand. These changes have created a deficit within the electrical distribution infrastructure that needs to be addressed given future projected growth. This project will redevelop the electrical energy plant to meet current codes and standards with capacity for future growth.</p>	2017	12.500	2.803

Major Capital Projects	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to March 31, 2017 (\$ millions)
<p>Nanaimo Regional General Hospital CT Scanner Replacement</p> <p>This project will replace the existing Computed Tomography (CT) scanners with two new state of the art scanners. These new scanners improve the image quality of scans, reduce radiation exposure to patients, and improve the speed of results processing. This leads to improved diagnoses for more patients.</p> <p>For more information on this project, please see the NRGH CT Scanner News Release.</p>	2016	3.600	3.572
<p>Saanich Peninsula Hospital CT Scanner Replacement</p> <p>This project will replace the existing Computed Tomography (CT) scanner with a new state of the art scanner. This new scanner will improve the image quality of scans, reduce radiation exposure to patients, and improve the speed of results processing. This leads to improved diagnoses for more patients.</p>	2016	2.921	2.912
<p>Royal Jubilee Hospital Thermal (Boiler) Energy Plant Replacement</p> <p>This project replaces the aging Royal Jubilee Hospital boiler plant with three new state of the art boilers. This mitigates a risk that the 60 year old boilers will fail, leaving the RJH site with no steam service. The new boilers will be more energy efficient and will reduce green house gas emissions.</p> <p>For more information on this project, please see the Island Health website.</p>	2017	6.500	5.542

Major Capital Projects	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to March 31, 2017 (\$ millions)
<p>Victoria General Hospital Endoscopy Unit Renovation</p> <p>This project will redevelop the endoscopy unit to improve safety and quality of care for patients. The renovation includes development of three procedure rooms that meet modern standards, redesigning patient areas to improve the flow of patients, staff and equipment, and providing improved space for cleaning medical devices.</p> <p>For more information on this project, please see the Island Health website.</p>	2017	2.200	2.131
<p>Nanaimo Unit Dose Medication Distribution System</p> <p>In support of quality and patient safety, Island Health is developing a strategy to implement a bar-coded unit dose medication system. This “closed loop” medication system uses a bar code scanning system to allow nursing and medical staff to verify that the right drug, in the right dose, and by the right route of administration, is being given to the right patient at the right time. Bar coding, when integrated with the advancement of the Island Health Electronic Health Record (IHealth) will serve as an automated independent double-check where none exists today. To implement the Unit Dose project at Nanaimo Regional General Hospital, the pharmacy needs to be renovated and expanded, minor renovations are required on patient floors and new equipment will be purchased.</p> <p>For more information on this project, please see the Island Health website.</p>	2017	4.636	3.950

Major Capital Projects	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to March 31, 2017 (\$ millions)
<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. For more information on this project, please see the Island Health website.</p>	2020	100.318	70.633

Appendices

Appendix A – Island Health Contact Information

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

or contact:

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Appendix B – Island Health Mandate and Actions Summary

In the 2016/17 Mandate Letter from the Minister of Health, the Vancouver Island Health Authority received direction on strategic priorities for the 2016/17 fiscal year. These priorities and the health authority’s resulting actions are summarized below:

Mandate Letter Direction	Health Authority’s Action
<p>1. 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"> • supporting the development of an individualized primary care home by strengthening collaboration between family practices and health authority primary care services to improve access and the continuity of care for patients • Improving patient health outcomes and reducing hospitalizations for seniors through effective community services • Improving patient health outcomes and reducing hospitalizations for those with mental health and substance use issues through effective community services • Improving access to timely and appropriate surgical treatments and procedures through implementation of the surgical services strategy • Ensuring sustainable and effective health services are available in rural and remote areas of the province, including First Nations communities 	<ul style="list-style-type: none"> • Island Health worked in partnership with physicians, the Divisions of Family Practice and Collaborative Services Committees in the establishment of Primary Care Home Networks across Island Health. • Enhanced team-based care and increased community capacity to support key patient populations, including those with complex medical conditions and/or the frail elderly, those living with mental health and addiction challenges and other vulnerable populations. This includes embedding clinicians with a mental health and addictions focus in primary care settings in Nanaimo, Campbell River, Comox, and on Gabriola and Salt Spring Islands. • School-based population-focused primary care services were placed at sites including the John Barsby and Vancouver Island University clinics in Nanaimo and the Belmont High School Clinic on the Westshore. • Conducted initial evaluations of Primary Care Networks in Saanich Peninsula and Port Alberni with results showing both clients and care providers have increased satisfaction with services provided. • Continued to work with the First Nations Health Authority guided by the direction set in the Partnership Accord, to identify models of primary care that are culturally safe and aligned with First Nations’ desired care models. <ul style="list-style-type: none"> • An example of this work is the primary care approach at the Slhexun sun’ts’a’ Clinic within the Ts’ewulhtun Health Centre in Duncan. • Identified and engaged frequent users of acute care services, including emergency

	<p>departments to provide appropriate community-based services and supports.</p> <ul style="list-style-type: none"> • Expanded community-based services hours in evenings and weekends, enhanced rapid response capacity for community clients experiencing a crisis and implemented a single, geographically based access (intake) point for community services to improve and simplify service provision. • Completed 866 net additional surgical cases; additional cases completed included 100 hip and knee replacements, 1,630 cataract surgeries, and 562 daycare cases. • Implemented the Ministry’s Three Year Plan for Surgery at VGH, which focused on increasing surgical capacity, and improved waitlist management and patient communication. • Placed new or strengthened Primary Care Homes in communities across Island Health including Port Hardy, Port McNeill, Comox, Oceanside, Port Alberni, Tofino, Ucuelet, Ladysmith and Saanich Peninsula. • Integrated Emergency Health Services Commission community paramedicine roles in three pilot communities. • Engaged private physicians and the First Nations Health Authority (FNHA) on the advancement of the IHealth Community Electronic Medical Record (EMR) in Port McNeill and the ‘Namgis Health Centre. • Integrated Telehome monitoring for Congestive Heart Failure across Island Health.
<p>2. Ensure the delivery of key government priorities for high quality and appropriate health services.</p> <ul style="list-style-type: none"> • Continue implementation of <i>Promote, Protect, Prevent: Our Health Begins Here. BC’s Guiding Framework for Public Health</i>, the provincial framework for supporting the overall health and well-being of British Columbians and a sustainable public health system as well as the <i>Healthy Families BC Policy Framework</i>, which lays out at a more operational level the chronic disease and 	<ul style="list-style-type: none"> • Continued to support Health Living Strategic Plans in 19 communities across Island Health. • Supported existing Community Health Networks (CHNs) and supported the development of new CHNs in communities that are interested and do not yet have these mechanisms to collectively discuss and develop strategies to address the social determinants of health. • As part of Island Health’s Engagement 2 Experience Framework, the Patient Advisory Committee initiated development of patient rights/responsibilities.

<p>injury prevention strategy for B.C.</p> <ul style="list-style-type: none"> • Continue to ensure patients have a voice in the quality of care they are receiving by strengthening processes designed to respond to patient concerns, including working closely with the BC Patient Safety & Quality Council and Patient Care Quality Review Offices and Review Boards. • Improve access to addiction treatment, including creating additional addictions spaces by 2017. • Continue progress to meet the commitment to double the number of hospice spaces in the province by 2020. • Support the improvement of Indigenous health and wellness by ensuring Indigenous people have meaningful input into the health authority's Indigenous Health Plan and other service planning and delivery activities, working closely with the First Nations Health Authority and regional partnership tables, and implementing priority actions to support the achievement of measures, goals and objectives articulated in the Tripartite First Nations Health Plan and First Nations' Regional Health and Wellness Plans, and Partnership Accords. • Further to the <i>Declaration of Commitment on Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in B.C.</i>, the health authority will also work with its partnership table and the First Nations Health Authority to prioritize key initiatives to create a climate for change to improve the patient experience for this population. • In partnership with the Ministry of Health, review the governance, service delivery and funding models for MRIs to ensure an accessible, sustainable medical imaging system. • Strengthen effective evidence-based use of pharmaceutical therapies. 	<ul style="list-style-type: none"> • Exceeded Island Health's three year commitment to open 93 new addiction spaces; opened a total of 107 spaces in communities throughout Vancouver Island with local bed types aligned with local community needs. • Continued to meet Island Health's commitment to double hospice spaces by 2020, and opened six beds in 2016/17: <ul style="list-style-type: none"> • four at Yucalta Lodge in Campbell River; and, • two at Ayre Manor in Sooke. • Updated and signed the First Nations Tripartite Partnership Accord on December 13, 2016 and implementation of 34 action items continues. • After 200 people took part in eight community-wide sessions and over 800 online surveys were received, completed Island Health's draft Five Year Aboriginal Health Strategic Plan in collaboration with the First Nations Health Authority, Métis Nation BC, Vancouver Island Friendship Centres and through engagement with community Indigenous representatives. • As part of Island Health's ongoing commitment to cultural safety and humility, planned to incorporate aspects of local Indigenous cultures into the two new North Island hospital campuses including art, language and food. • Initiated cultural humility training with a specific focus on maternity care at Campbell River. • Island Health worked with the Ministry of Health and in partnership with all BC Health Authorities on an Advanced Imaging Strategy to ensure sustainability in a period of increasing demand. This will produce provincial recommendations with respect to MRI governance, quality, and business processes. • Completed the construction of the RJH Medication Packaging Hub and the NRGH Pharmacy addition and renovation. These are part of the Unit Dose Medication Distribution project to support, along with the cross-
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	<p>continuum Electronic Health Record, the reduction of adverse drug events and medication errors that occur with medication dispensing and administration processes.</p>
<p>3. Pursue innovative approaches to service delivery and manage the performance of your organization through continuous improvement across service and operational accountabilities.</p> <ul style="list-style-type: none"> • Identify areas in need of improvement based on the assessed needs of your population and an assessment of your organizational performance. • Provide regular performance reports on service delivery to sector governors on the performance of your organization. • Collaborate with the Ministry on the development of standardized health system reports to measure performance and quality in the system. • Support the development of a strengthened health research and innovation agenda, including the Strategy for Patient-Oriented Research Support Unit, Academic Health Sciences Network and the BC Tech Strategy, in order to foster improved patient outcomes and health system performance. • Ensure an integrated and cost effective approach to information management and technology, including the continued implementation of electronic medical records, telehealth and home health monitoring. • Ensure effective health human resource planning and management. • Strengthen relationships between health authorities and physicians practicing in health authority facilities and programs (as outlined in the April 1, 2014, Memorandum Of Understanding on Regional and Local Engagement), specifically: <ul style="list-style-type: none"> • Support the improvement of medical staff engagement within health 	<ul style="list-style-type: none"> • Island Health has a robust performance monitoring and reporting framework that drives continuous improvement. • Strengthened performance reporting and monitoring processes and continuous improvement structures. • Continued to collaborate with the Ministry of Health on the development of standardized health system reports to measure performance and quality in the system. • Completed the Strategy for Patient-Oriented Research (SPOR) Regional Centre Operating Plan; initiated implementation of the SPOR strategy. • Completed the Vancouver Island Research Capacity Building Business Plan, which encompasses the transition to support the emerging Academic Health Science Network. • Advanced the IHealth cross-continuum Electronic Health Record by implementing recommendations from internal and external reviews undertaken. • Engaged private physicians and the FNHA on the advancement of the IHealth Community EMR in Port McNeill and the ‘Namgis Health Centre. • Integrated Telehome monitoring for Congestive Heart Failure across Island Health. • Developed three-year Health Human Resource (HHR) plans for employees and medical staff. Specific HHR actions include the redesign of new employee onboarding and orientation processes. • Recruited key positions in Island Health’s medical leadership structure. • Established Quality Committees that are being used to increase medical staff awareness and utilization of Island Health resources. • Established baseline recruitment and retention rates of family physicians participating in Return-of-Service (ROS) programs; evaluation of the effectiveness of ROS

<p>authorities through existing local medical staff association structures, or where mutually agreed to by the parties at the local level, through new local structures so that medical staff:</p> <ul style="list-style-type: none"> ▪ views are more effectively represented; ▪ contribute to the development and achievement of health authority plans and initiatives, with respect to matters directly affecting physicians; ▪ prioritize issues significantly affecting physicians and patient care; and, ▪ have meaningful interactions with health authority leaders, including physicians in formal health authority medical leadership roles. <ul style="list-style-type: none"> • Improve processes locally within health authority programs and facilities as well as provide physicians with appropriate information to allow for more effective engagement and consultation between physicians and health authority operational leaders. • Support physicians to acquire, with continued or expanded Joint Clinical Committee funding support, the leadership and other skills required to participate effectively in discussions regarding issues and matters directly affecting physicians and their role in the health care system. 	<p>programs underway.</p> <ul style="list-style-type: none"> • Supported the Facility-Based Engagement initiative to increase opportunities for collaboration between Island Health and physicians on quality initiatives. • Supported the implementation of the Regional Quality Improvement (QI) Initiative and the development of criteria to fund physician-led QI activities in alignment with Island Health strategic priorities. • Supported physicians to ensure that Specialist Services Committee funding reaches eligible physicians to support quality initiatives.
<p>4. Manage within budget allocation and continuously improve productivity while maintaining a strong focus on quality service attributes.</p> <ul style="list-style-type: none"> • Optimize budget planning and cost management processes • Ensure effective management of capital across a range of projects 	<ul style="list-style-type: none"> • Aligned budget and cost management activities through a combination of focusing individual and team efforts on organizational and system-wide priorities, reallocating existing resources and net new investment in key strategies and initiatives. This allows Island Health to maintain a strong focus on quality improvement while improving our overall efficiencies and productivity. • Aligned capital funding availability with strategic priorities, achieving best value by following fair business practices and

	<p>prioritizing capital projects to appropriately utilize internal and external resources. Regular monitoring of each project and its anticipated cash flows ensures that we are able to match capital funding availability to the capital plan. Island Health utilizes excess capital funds to support priority projects that create operational savings. Island Health is committed to the continuous improvement and effective management of our capital processes.</p>
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