

Vancouver Coastal Health Authority

2020/21 – 2022/23 SERVICE PLAN

October 2020



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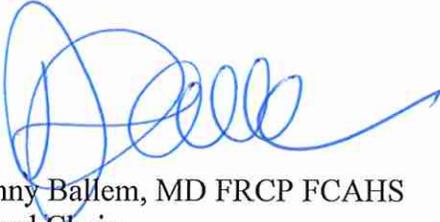
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Board Chair Accountability Statement



The 2020/21 – 2022/23 *Vancouver Coastal Health Authority Service Plan* was prepared under my direction in accordance with the *Health Authorities Act*. The plan is consistent with Government’s strategic priorities and fiscal plan. The Board is accountable for the contents of the plan, including what has been included in the plan and how it has been reported. The Board is responsible for the validity and reliability of the information included in the plan.

All significant assumptions, policy decisions, events and identified risks, as of September 1, 2020 have been considered in preparing the plan. The performance measures presented are consistent with the [*Budget Transparency and Accountability Act*](#), Vancouver Coastal Health’s mandate and goals, and focus on aspects critical to the organization’s performance. The targets in this plan have been determined based on an assessment of Vancouver Coastal Health’s operating environment, forecast conditions, risk assessment and past performance.

A handwritten signature in blue ink, appearing to read 'Penny Ballem', written over a light blue circular stamp or watermark.

Penny Ballem, MD FRCP FCAHS
Board Chair
Vancouver Coastal Health

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Organizational Overview

Vancouver Coastal Health (VCH) is one of five regional health authorities established by the Province of B.C. under the [Health Authorities Act](#). The mandate of VCH is to plan, deliver, monitor, and report on health services, which include population and public health programs, high quality community-based health care and support services, acute hospital care, as well as improved productivity and performance. VCH delivers health services to about 1.25 million people – nearly a quarter of B.C.’s population. The geographic area covered by VCH includes 12 municipalities and four regional districts in the Coastal Mountain communities, Vancouver, North Vancouver, West Vancouver, and Richmond. We recognize that our places of work and VCH facilities lie on the traditional homelands of the 14 First Nation communities. There are also three Métis Chartered communities within our region.

As one of Canada’s largest health care providers, VCH is:

- Serving one of the most culturally, economically and geographically (urban, rural and remote) diverse populations in the province;
- Providing a wide range of primary, secondary and specialized services to people living within and outside of VCH, with a large number of beds and resources used by non-VCH residents;
- The main centre for academic health care (clinical service, research and teaching) in B.C., working with many partner organizations to deliver complex and specialized care to patients from across VCH, B.C. and other parts of Canada;
- Transforming clinical processes and systems across care settings through a sweeping, multi-year initiative to enable a common health record extending across VCH, Provincial Health Services Authority (PHSA) and Providence Health Care (PHC) hospitals, long term care, mental health and ambulatory clinics. The [Clinical and Systems Transformation](#) (CST) initiative will establish a common standardized, integrated, end-to-end clinical information system and environment for PHSA, VCH, and PHC. This major capital project will fundamentally improve the consistency and connectivity of clinical information, resulting in better patient care, and a system that supports client interaction in care planning and seamless, integrated care across the continuum.
- Home to the VCH Research Institute and the St. Paul’s Research Foundation, both of which play an important role in the B.C. and the Canadian research industry - with investigators conducting clinical and discovery research to improve patient health, transform health systems, create technology transfer jobs and foster a new generation of knowledge and innovation leaders.

VCH is also an organization that believes our values greatly influences our culture. Values help guide our everyday behaviours and create an organization where everyone is pulling in the same direction towards the same common goals – to help deliver the best possible results. More than 5,700 staff and physicians co-created the three values that guide everything we do at VCH: we care for everyone, we are always learning, and we strive for better results.

VCH organizes its health services around three geographic *communities of care*: **Coastal** (which includes a mix of urban, rural and remote communities), **Richmond** and **Vancouver**. PHC is a significant partner and contracted service provider to VCH, providing a range of clinical services across acute, long term care and community sites; PHC also plays a prominent role in supporting

academic health care. Most VCH patient services are coordinated through cross-regional programs to enable quality, standardization and efficiency. The large majority of health services are delivered directly by VCH and PHC physicians and staff; contracts are also in place with other providers to deliver services. Corporate support services are organized regionally within VCH, or in conjunction with the other Lower Mainland health authorities.

Corporate Governance

Vancouver Coastal Health is committed to being open and accountable to the public we serve. VCH reports to a Board of Directors and its sub-committees. VCH's financial and operational information and results are reported to the Ministry of Health, which provides the majority of its funding. The Board of Directors works with management to establish overall strategic direction for the organization, oversees operations and ensures appropriate community consultation. VCH is committed to a continual review and updating process which follows the Crown Agency and Board Resourcing Office provincial best practice guidelines. Information on governance practices at VCH is available at: [VCH Board of Directors](#). Information about board members, committees and the senior executive team can be found at [VCH Leadership](#).

Strategic Direction and Alignment with Government Priorities

The Government of British Columbia remains focused on its three strategic priorities: making life more affordable, delivering better services, and investing in a sustainable economy. Health Authorities are essential to achieving these priorities by providing quality, cost-effective services to British Columbia families and businesses.

Additionally, where appropriate, the operations of health authorities will contribute to:

- Implementation of the [Declaration on the Rights of Indigenous Peoples Act](#) and the [Truth and Reconciliation Commission Calls to Action](#), demonstrating support for true and lasting reconciliation, and
- Putting B.C. on the path to a cleaner, better future – with a low carbon economy that creates opportunities while protecting our clean air, land and water as described in the [CleanBC](#) plan.

By adopting the Gender-Based Analysis Plus (GBA+) lens and health authorities will ensure that equity is reflected in their budgets, policies and programs.

VCH receives its strategic direction from clearly identified priorities set forth in the [2020/21 – 2022/23 Ministry of Health Service Plan](#) and the [Mandate Letter](#) from the Minister of Health.

VCH is committed to working collaboratively with the many partners required to achieve the Ministry of Health’s strategic vision. This collaborative approach helps to strengthen communications, promote value for our investments, and create a strong, accountable relationship between VCH, the Ministry of Health and affiliated partners. VCH is strongly committed to its ethical and fiduciary accountability to the taxpayer, and continues to vigorously pursue enhanced performance management to ensure the delivery of patient-centred health services while promoting quality and containing costs.

VCH is aligned with the Government’s key priorities:

Government Priorities	Vancouver Coastal Health Authority Aligns with These Priorities By:
Delivering the services people count on	<ul style="list-style-type: none"> • Ensuring a focus on service delivery areas requiring strategic repositioning (Goal 1) • Supporting the health and well-being of British Columbians through the delivery of high-quality health services. (Goal 2)
A strong, sustainable economy	<ul style="list-style-type: none"> • Delivering an innovative and sustainable public health care system. (Goal 3)

Strategic Context

VCH residents enjoy some of the best health indicators in the country, pointing to underlying strengths in certain social determinants across the region, the quality of its health care services and programs, and most importantly, the skill and dedication of the many physicians, staff and volunteers across VCH.

At the same time, VCH continues to face the ongoing challenge of delivering comprehensive, high quality, sustainable health services – from prevention to end-of-life care – in the face of significant growth in demand. The most significant drivers of this rising demand are the aging and diverse population, the increasing need to provide care to the frail elderly, a rising burden of illness from chronic diseases, mental illness and addiction, and the advances in technology and pharmaceuticals driving new costly procedures and treatments. VCH’s significant role in providing services to its residents as well as to people from across the province magnifies these demands. This pressure is further compounded by the need for new health service delivery models, which help to support system sustainability, and the continuous need to maintain the health system’s physical infrastructure.

In addition to the deliverables VCH meets each year as a health authority, our organization is also there to support British Columbians when unprecedented health crises arise. In early 2020, the emergence of the global COVID-19 pandemic created unprecedented challenges in almost every aspect of our daily lives. The impact on the economy and people’s mental health and wellness will be felt for years to come, including how we deliver health care services. Collectively, our 15,000 staff and physicians staff and physicians working from Richmond to Bella Coola went above and beyond the call of duty, working together as part of a comprehensive regional response to the crisis.

One of our biggest strengths during this time was the ability to quickly communicate critical information to our employees and physicians so our organization could adapt to the rapidly changing landscape: from embracing virtual care options to maintain continuity of care where appropriate, to supporting staff to work from home when possible, to ensuring frontline workers had the personal protective equipment (PPE) they needed. We saw changes to community care, long-term care and in our hospitals to prepare our health-care system for a potential surge of patients who are COVID-19 positive. A key example was the difficult decision in mid-March to postpone elective surgeries. Now, our collective efforts have helped flatten the curve, and as COVID-19 cases decrease and acute care capacity is more stable, we are working with the Ministry of Health to restart key acute care and community services, starting with surgery, hospital-based ambulatory and community services, diagnostic imaging and laboratory services. At the same time, maintaining capacity in our acute care facilities into the fall/winter.

Meanwhile, challenges also persist with respect to: access to family physicians and primary care in some communities, proactively responding to the needs of the frail elderly who may require complex medical supports, the changing needs of home and long term care clients in terms of dementia, stress on access to inpatient beds in some hospitals, and longer than desired wait times for access to some scheduled surgery and diagnostic imaging services.

With strategic direction from the Ministry of Mental Health and Addictions, VCH is working towards creating a seamless, accessible and culturally safe mental health and addictions system of care. The transformation of B.C.’s mental health and addictions system requires focused cross-sector planning and system-level improvement. To this end, the health authorities, together with the Ministry of Health, are responsible for implementing the strategic direction to improve access and the quality of mental health and addictions services for all British Columbians with an initial focus on addressing the needs of Indigenous peoples, children and youth, and continuing to deliver an escalated and sustained response to the ongoing opioid overdose public health emergency.

It is important to VCH that all patients are treated with respect and compassion, with cultural safety and humility, have a voice in the quality of care they are receiving, and are full partners in their own health care. VCH is committed to addressing patient concerns by working closely with the Ministry's Patients as Partners Initiative, the BC Patient Safety & Quality Council, and Patient Care Quality Review Offices and Review Boards.

VCH is committed to a discrimination-free workplace and does not tolerate racism or any form of discrimination against our staff and medical staff. Now, more than ever, we must stand united and true to our shared values of caring, learning, and striving for better results as it relates to diversity, inclusion and respect. As an organization, we have done some great foundational work with our Respectful Workplace program. We are building on this work with the diversity, equity and inclusion initiative to foster a safe, discrimination-free workplace, which was underway prior to the COVID-19 pandemic and will be rolled out in the coming months.

One of VCH's challenges is ensuring that all parts of society and all populations can access health services and enjoy good health. Health inequities continue to be pronounced for people in various population groups, including First Nations communities and people with low socioeconomic status. VCH is committed to tackling health inequities and to working with First Nations Health Authority (FNHA) and local bands as key partners in closing these gaps in health status. VCH shares the Government's commitment to true and lasting reconciliation with the Indigenous peoples of B.C. by moving towards fully adopting and implementing the [*United Nations Declaration on the Rights of Indigenous Peoples*](#), the [*Truth and Reconciliation Commission of Canada: Calls to Action*](#), and the [*Métis Nation Relationship Accord II*](#).

To achieve meaningful health outcomes across the full continuum of care, VCH must ensure it is meeting the needs of the population within its region. As part of this commitment VCH must heighten its focus on how diverse groups within our population may experience our policies, programs and services. Applying a GBA+ lens to the design and delivery of our services, including how our staff and physicians represent the diverse population we serve, is imperative to providing caring and compassionate person-centred care.

As part of our commitment to providing efficient and sustainable health care, VCH aims to minimize our environmental impact through a reduction of resource consumption, improvements in facility design, and a culture of empowering staff to make daily decisions to improve processes and operational efficiencies. Approximately 1,800 VCH staff belong to our internal GreenCare Community in pursuit of reducing our operational energy and environmental impact. This innovative and collaborative approach towards reducing VCH's environmental and carbon footprint will ultimately add to the health of our clients, staff, facilities, and benefit the long term well-being of the extended communities we serve.

Finally, multiple clinical processes and information systems arrayed across VCH significantly challenge our capacity to rapidly share comprehensive information across care settings. With the Clinical and System Transformation (CST) in acute care and the Community Clinical Systems Roadmap, VCH and its partners have made a significant commitment to maintaining and improving the delivery of high quality patient care by linking the complete electronic health record for each patient, supported by consistent, evidence-based clinical practices, high level capabilities for clinical

decision support and standardized documentation, evidence-based order sets, computerized physician order entry and management, and closed loop medication management. Furthermore, the spread of virtual care options for patients and providers will drive VCH to prioritize and accelerate our adoption of virtual care options and the IT infrastructure to support them, which in turn will allow VCH to expand service capacity to meet the growing demand.

VCH has made considerable progress in improving services across a range of areas over the past year:

- In alignment with the public sector commitment to achieve net-zero emissions, VCH proudly achieved carbon neutrality in 2019 for the tenth consecutive year. VCH continues to implement an effective response to climate change by monitoring and reducing our emissions, moving forward on a range of energy and emission reduction projects, and developing climate resilience and adaptation strategies to inform our future facilities and campus planning. In 2019, this work was projected to reduce electricity consumption by over 1,100,000 kilowatt-hours (equivalent to the annual electricity consumption of 42 CT scanners) and natural gas consumption by over 18,800 gigajoules (equivalent to the annual natural gas consumption of 204 homes). This will directly reduce our carbon footprint by over 800 tCO₂e (tonnes of carbon emissions) per year and makes progress towards the provincial 2030 emission reduction targets (50 per cent reduction by 2030).
- Over 3,100 VCH staff and physicians have completed Indigenous Cultural Safety (ICS) foundations training in partnership with our Aboriginal Health ICS program. In addition, beginning in January 2020, as part of our regional orientation, all new VCH staff attend a session led by Aboriginal Health on Indigenous Cultural Safety as part of the regional orientation. This demonstrates VCH's commitment to be more inclusive and our respect for the diversity of our patients and staff. All new staff are also made aware of the presence of the Aboriginal Health team and the services we provide as well as share information about the ICS policy and ICS training sessions.
- Aboriginal Health and Vancouver Capital Projects continued to grow their partnership throughout 2019 and have contracted an Indigenous Designer to support the incorporation of Indigenous engagement and collaborative design into five large-scale projects that foster VCH's commitment to Indigenous cultural safety. An Indigenous design advisory committee was also developed to inform these projects.

In honour of the important role of Indigenous women on the unceded land of the Musqueam (x^wməθk^wəyəm), Squamish (Skwxwú7mesh) and Tsleil-Waututh (səlílwətaʔl), both past and present, an Indigenous Design Advisory Team was established with matriarchs from the three host nations. The matriarch-led design advisory team supports the creative direction of new and ongoing initiatives throughout the VCH region through the creation of spaces that respect and honour the history and importance of the land and fostering VCH's commitment to Indigenous cultural safety.

- Vancouver City Centre, East Vancouver and North Vancouver residents now have more options for same day care for non-life-threatening conditions with the opening of VCH's first three Urgent and Primary Care Centres (UPCC). The UPCCs are an integral part of primary and

community health services. The UPCCs offer same-day access to team-based urgent primary care, providing access to the health care services at the right time. The UPCC is appropriate for the treatment of sprains and strains, cuts or wounds, infections including chest, ear and urinary tract, asthma attacks, and less serious child illness and injury. UPCCs ensure that patients who are looking for a primary care provider can be attached to ongoing care. For those who have a primary care provider, the UPCCs ensure that a report about their visit is sent to their provider for continuity of care.

- People with pain and symptom management, palliative, and end-of-life needs can now receive care in their home in the evening in person and by phone. They and their families can also call a nurse for support throughout the night any night of the year. Improve access to respite resources for home support including for palliative clients so that caregivers have support and relief from their caregiving responsibilities. Another important development is that clients and families are now routinely being asked what their goals of care are and what matters most to them as a regular part of their palliative care plan and journey of care no matter where they receive that care— this is through the various educational initiatives of the Regional Palliative Approach to Care team.
- VCH sites continue to lead the way towards a fully electronic patient record and computerized physician order entry. As a first step in the overall Clinical and System Transformation (CST), Cerner successfully went live between April 2018 through October 2018 at sites in our Coastal communities, followed by the Providence Health Care (PHC) go-live in November 2019. While organizational priorities and CST resources understandably shifted during the COVID-19 pandemic, we continue to make progress on the CST roadmap including improvements to CST Cerner functionality that will benefit all sites.

Goals, Objectives, Strategies and Performance Measures

Goal 1: Ensure a focus on service delivery areas requiring strategic repositioning

Primary and community care services are the foundation of our health care system. They provide a critical point of entry to the health care system and set the standard for how care is delivered and received in our communities. Health care providers, the health authorities, the Ministry of Health, the Ministry of Mental Health and Addictions and other partners across the system are rethinking how we can better organize our services and harness the capacity and expertise of providers in support of those who need care. This is the start of a long-term yet rapid transformation that requires the leadership and commitment of all partners.

In collaboration with various stakeholders, VCH has been exploring new ways of working together to overcome the barriers to creating an integrated and coordinated system of care in B.C. With a strong focus on building effective team-based practices and healthy partnerships between providers, VCH is supporting advancements in access to care for VCH residents, particularly those who are more

vulnerable – including those suffering with frailty, chronic conditions and mental health and substance use issues.

As part of the renewed emphasis on strengthening primary and community care services across B.C., VCH is also looking at innovative practice and service delivery models where primary health care, imaging and diagnostics, acute care, specialized services, community services, and public health are linked and coordinated to address the needs of the patients and populations. These changes will build on the strengths of the system – including a skilled and dedicated workforce – and ensure people get care from the right provider at the right time, in the right setting and with the best outcomes.

Objective 1.1: A primary care model that provides comprehensive, coordinated and integrated team-based care

VCH shares the Ministry of Health’s vision for a robust system of primary and community care services where everyone is attached to a full service primary care provider and/or patient medical home, and is part of a Primary Care Network (PCN’s). This means people have ongoing relationships with primary care providers (such as family doctors or nurse practitioners) who work in team-based practices that include nurses and other health professionals to manage their care. The Primary Care Networks will support better access to primary care, including urgent care services and seamless coordination with specialized community service programs delivered by the health authorities.

The 2020/21 Ministry of Health Service Plan is tracking the incremental implementation of Primary Care Networks across all health authorities.

Key Strategies:

- In collaboration with Divisions of Family Practice, support full-service family practice and help to establish team-based practices across VCH communities delivering services based on population and patient need, particularly the needs of key patient populations including frail seniors, people with chronic conditions, and/or people with moderate to severe mental health and addictions issues.
- Improve access to primary care through the creation of new primary care network teams.
- Identify and explore virtual health opportunities as a component of the patient medical home and PCN’s focused on improving access connecting patients and providers, using technology to optimize wellness and outcomes.
- Establish new First Nations led primary care clinics in collaboration with FNHA and the Ministry of Health.
- Establish Urgent and Primary Care Centres to address existing gaps in care within the community.
- Work with the Ministry of Health and community partners to establish new community-led Community Health Centres (CHCs), or expand existing CHCs to deliver population and public health and primary care integration with a broad range of social supports to address social determinants of health based on the assessed needs of the community.

Objective 1.2: Improved health outcomes and reduced hospitalizations for seniors through effective community services

The development of Primary Care Networks across the region will help to increase access for frail seniors to coordinated primary and specialist medical care, community outreach services, assisted living and long term care services, and planned access to diagnostic and hospital services. Further supports will help seniors manage the challenges of increasing frailty, chronic conditions, dementia and other issues that can impact their ability to maintain independence, helping to avoid unnecessary hospital admissions by maintaining/returning seniors to their homes in a timely and well-supported manner. Accessible and appropriate long term care will be provided in a safe, dignified and caring way as part of the service continuum.

Key Strategies:

- Improve and strengthen access to home support and community-based services to better address the needs of seniors living in the community.
- Complete the repatriation of contracted home support services to a health authority operated model that offers consistent care access and quality across VCH.
- Design and implement reablement services to facilitate smooth transition from hospital to community for adults with complex medical conditions and/or frailty to improve outcomes of care and decrease readmission rates.
- Provide interdisciplinary, team-based care to improve the delivery of coordinated, holistic, and proactive care through the expansion of roles and functions within teams.
- Improve access and quality of care through the implementation of standardized referral and assessment processes.
- Expand virtual care options, based on clinical appropriateness, to deliver remote monitoring options particularly for chronic disease management; maintain connection to clients with less urgent or lower frequency of service needs; and increase access, reablement, and efficiency through the utilization of video-conferencing.
- Continue to improve the accessibility, responsiveness and quality of community-based palliative care and continue to provide end-of-life care services including hospice and home-based palliative care to support those at end of life with greater choice and access. This includes expanded access to home visits in the evening and weekends, and implementation of an after hours palliative care phone service so that patients and families can access care when they need it.
- Improve access and the quality of support to caregivers, including expanding adult day program capacity and overnight respite services across our urban and rural communities.
- Expand the “Embedding a Palliative Approach to Care” strategy by educating our staff and physicians on having goals of care conversations and documenting patient goals for their care.
- Increase the hours of care residents receive in our long term care and assisted living sites.

Performance Measure	2016/17 Baseline	2018/19 Actuals	2019/20 Actuals	2020/21 Target	2021/22 Target	2022/23 Target
1.2a Average direct care hours per resident day across the health authority ²	3.03	3.20	3.26	3.36	3.36	3.36

² Data Source: Ministry of Health

Linking Performance Measures to Objectives:

1.2a This indicator reports the average direct care hours per resident day (HPRD), across all long-term care facilities in VCH. The direct care hours includes care provided by registered nurses, licensed practical nurses, nursing care aides, and allied care.

Discussion:

For 2020/21 to 2022/23, VCH is funded to reach the target of 3.36 hours per resident day (HPRD), on average, across all long term care facilities in the health authority. All VCH owned and operated facilities are funded at a minimum of 3.36 HPRD. The HPRD varies between facilities and is based on client population and needs. Additionally, some sites such as George Pearson Centre in Vancouver, have a more complex client base with higher care needs. VCH strives to ensure that our residents are receiving appropriate levels of care and will increase staffing levels as needed to meet the target of an average of 3.36 hours of care per resident day.

Performance Measure	2016/17 Baseline ²	2018/19 Actuals	2019/20 Actuals	2020/21 Target	2021/22 Target	2022/23 Target
1.2b Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and over ¹	2,620	2,312	2,147	2,282	2,252	2,222

¹ Data Source: Discharge Abstract Database, Health Sector Information, Analysis and Reporting Division, Ministry of Health.

² P.E.O.P.L.E 2019. Note that the baseline and targets for this performance measure may not reflect what was reported in previous service plans as this performance measure incorporates provincial population estimates (P.E.O.P.L.E.) that are updated annually by BC Stats.

Linking Performance Measures to Objectives:

1.2b This performance measure tracks the number of people with select chronic conditions, such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. People with chronic conditions 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 would require more medical care. As part of a larger initiative to strengthen community-based health care and support services, VCH is working with family doctors, home health care providers and other health care professionals to provide better care in the community and at home to help people with chronic disease to remain as healthy as possible. Proactive

disease management reduces unnecessary emergency department visits, hospitalizations, and diagnostic testing.

Discussion:

Through significant efforts, VCH performance is keeping hospital admissions appropriate and as low as possible for people living with one or more chronic diseases. The 2019/20 actual rate at which people with a chronic disease per 100,000 people age 75 years and over in VCH were admitted to hospital is 2,147– the lowest in B.C. VCH will continue to work to sustain this performance by striving to provide exceptional care and convenient health care services that meet patient needs along the continuum.

Objective 1.3: Provide timely access to appropriate surgical procedures, medical imaging services and gastrointestinal endoscopies

Key Strategies:

Preparing B.C.'s health-care system for COVID-19 meant making the difficult decision to postpone all non-urgent scheduled surgeries on March 16, 2020. This action was a necessary step to prepare for the potential surge of patients requiring critical care due to the virus, and to ensure health-care capacity if needed. On May 18, 2020 Vancouver Coastal Health resumed these surgeries¹.

These postponements have resulted a significant setback in the previous gains made in increasing patients' access to surgery and reducing the time they had to wait. To keep up with new demands for surgery and complete the surgeries lost to COVID-19, the Ministry launched its commitment to surgical renewal. Every effort will be made by Vancouver Coastal Health to achieve the goals of surgical renewal. Vancouver Coastal Health will work with the Ministry to develop plans that achieve the following five goals of renewal:

1. Focusing on patients by calling all patients to confirm that they are willing to come for surgery and by prioritizing patients whose surgeries must occur in less than four weeks; patients who have had their surgery postponed; patients who have waited more than twice their targeted wait time; and patients whose surgeries can safely be conducted as day procedures or outside of the main operating room.
2. Increasing surgeries through generating efficiencies, extending hours, operating on weekends, optimizing operations over the summer, opening new or unused operating rooms, and, increasing capacity at contracted private surgical clinics that agree to follow the Canada Health Act and not extra bill patients.
3. Increasing essential personnel through focused recruitment, additional training, and evaluation and implementation of new models of care.
4. Adding more resources; and

¹ Under surgical renewal, as of late 2020, VCH has completed 88 percent of their surgeries that were postponed. This work will need to continue to catch up, not only on postponed cases, but to meet patient needs now and into the future.

5. Reporting on the progress of these efforts. The Ministry will work with Vancouver Coastal Health to monitor and report regularly on the progress made as strategies are implemented

It is recognized that this will be challenging work and requires Vancouver Coastal Health to adapt to learnings from COVID and to implement new ways of delivering our surgical programs. This work is also highly vulnerable to future resurgences of COVID-19 that are expected this fall/winter that will again impact hospitals and surgeries performed.

In addition, Vancouver Coastal Health will continue to focus on ensuring patients have timely access to high quality, appropriate and culturally safe to medical imaging and gastrointestinal endoscopy services by:

- Expediting capacity and service enhancements to address postponed services during the initial COVID-19 response; and
- Reducing wait times by optimizing existing resources, streamlining business process, and actively monitoring and managing waitlists, and reducing inappropriate / unnecessary procedures.

Goal 2: Support the health and well-being of British Columbians through the delivery of high-quality health services

Goal 2 in the 2020/21 – 2022/23 Service Plan consolidates direction from the Ministry related to prevention, health promotion and service delivery. VCH supports the health of our communities by encouraging healthier lifestyles and choices, and enabling access to the information and tools people need to actively manage their own health and wellness. Working with partners, VCH will continue to build on the number of communities with strategic plans that support healthy living.

VCH is also committed to supporting residents who do not enjoy a positive health status. First Nations communities and individuals who reside in rural and remote communities tend to have comparatively poorer health status relative to those living in urban areas. VCH will continue coordinated efforts to enable effective and sustainable health services in rural and remote areas of the region, including First Nations communities. This includes leveraging technology, resources and expertise through networking of communities to improve access to care and health information, as well as working to ensure culturally safe health services for Indigenous Peoples.

Objective 2.1: Leverage effective population health, health promotion and illness and injury prevention services to reduce long term health system costs

Key Strategies:

- Mitigate the impacts of COVID-19 cases and contacts by implementing surveillance, early detection, screening, testing and contact tracing plans.
- Analyze and respond to the unintended consequences of COVID-19 on the population living across the VCH region.

- Participate in the refresh and continue to implement [*Promote, Protect, Prevent: Our Health Begins Here. BC's Guiding Framework for Public Health*](#), the provincial framework for supporting the overall health and well-being of British Columbians and a sustainable public health system that reflects alignment with the strategic actions to address mental health and addictions.
- In collaboration with the Ministry of Health, contribute to addressing climate change through working on human health vulnerability assessment and adaptation strategy.
- In collaboration with the Ministry of Health, develop business process for food safety and drinking water.
- Support shared decision-making with First Nations people into service planning and delivery activities, including the VCH's Indigenous Health Plan, and implement priority actions to support the achievement of measures, goals and objectives articulated in the [*Tripartite First Nations Health Plan*](#), [*the BC Tripartite Framework Agreement on First Nations Health Governance*](#), the Ministry of Health – FNHA Letter of Mutual Accountability, the First Nations' Regional Health and Wellness Plans, and [*Partnership Accords*](#).
- Through a mutual letter of understanding, VCH will support meaningful engagement with Métis Nation and Métis communities in service planning and delivery to improve health outcomes for Métis people in the region and ensure services are accessible and culturally appropriate.
- Participate in planning cross-sectoral work to address and support the mental health and wellness and social determinants of health in First Nations communities, in support of the commitment in the [*Memorandum of Understanding - Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness \(July 2018\)*](#).
- Prioritize key initiatives to create a climate for change to improve the patient experience for this population and systematically embed cultural safety and humility as part of quality health services and administration, as set out in the [*Declaration of Commitment on Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in BC*](#).

Performance Measure	2017/18 Baseline	2018/19 Actuals	2019/20 Actuals	2020/21 Target	2021/22 Target	2022/23 Target
2.1 Percent of communities that have completed healthy living strategic plans ¹	71%	93%	93%	93%	93%	93%

¹ Data Source: Health Authority Annual Community Survey, Population and Public Health Division, Ministry of Health.

Linking Performance Measures to Objectives:

- 2.1 Community efforts to support healthy living through planning, policy, built environment and other mechanisms are critical to engaging individuals where they live, work and play. Sustained community level actions across VCH will encourage more active lifestyles while decreasing the risk factors for chronic disease and injury.

Discussion:

VCH continues to be actively engaged with the 13 municipalities with partnership agreements in our region. We work regularly with staff and elected officials in identifying community health priorities and implementing policy and programmatic interventions to address the determinants of health. Throughout the pandemic VCH has continued to connect with the indigenous, local and regional governments to identify emerging issues and address the unintended consequences of the pandemic.

Over the past years our teams have been enhancing our relationships with First Nations communities regarding healthy communities work, frequently as part of joint planning with neighbouring communities or PlanH grants although we have chose not to pursue formal agreements as we have with municipalities. Most recently VCH has started to build closer relationships with FNHA to better coordinate our support to the First Nations communities in the Central Coast and Sea to Sky regions.

Objective 2.2: Enhance mental health and substance use services to improve patient health outcomes and reduce emergency department use and hospitalizations

Across 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/or substance use issues. In 2017, the Ministry of Mental Health and Addictions was created to improve the access and quality of mental health and addictions services across B.C., as well as develop an immediate response to the ongoing opioid public health emergency. Another priority area is expanding access to early intervention and support for children and adolescents, which are known to make a significant difference in achieving positive outcomes for children and youth with mental health needs.

Key Strategies:

- Improve access and care coordination across services through interdisciplinary teams to better meet the needs of clients and their families.
- Make improvements to the VCH website to support easier navigation and access to care.
- Implement strategies to improve patient transitions from hospital to community Mental Health and Substance Use services by ensuring timely follow up post discharge.
- Develop and improve virtual care options to increase access to Mental Health and Substance Use services.
- Work in partnership with the Ministry, community partners, clients and their families to continue to support the response to the ongoing opioid overdose public health emergency.
- Collaborate with Divisions of Family Practice to support individual with complex mental health and substance use concerns to be attached to primary care providers.

Performance Measure	2016/17 Baseline	2018/19 Actuals	2019/20 Actuals	2020/21 Target	2021/22 Target	2022/23 Target

2.2 Percent of people admitted for mental illness and substance use who are readmitted within 30 days, age 15 years and over ¹	15.1%	14.4%	14.0%	13.1%	13.0%	12.9%
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¹ Data Source: Discharge Abstract Database, Health Sector Information, Analysis and Reporting Division, Ministry of Health.

Linking Performance Measures to Objectives:

2.2 Continued progress on this performance measure through increased specialized community-based supports, particularly coordinated and integrated team-based primary and community care programs, will help reduce hospitalizations for people with severe and complex mental health and/or substance use issues. Additionally, an opioid overdose strategy that includes plans for harm reduction, policy, prevention and treatment will impact the performance measure for this objective.

Discussion:

VCH has been at the forefront in the design and delivery of comprehensive and impactful services to help people struggling with mental health and substance use issues. Working with numerous partners, VCH strives to build a broad continuum of primary, community, acute and specialized services and programs, and to be responsive to the growing burden of mental illness and substance misuse often requiring ongoing treatment and support across the life span. VCH will continue these efforts to improve patient health outcomes, to appropriately align services and programs to best meet the needs of patients and families, and to reduce emergency department use and hospitalizations. The targets for this performance measure are a conservative estimate of improvement going forward and may be revised in the future.

Objective 2.3: Continued improvement of other key primary and community care services

Key Strategies:

- Ensure a consistent, standardized approach in assessing care needs and goals for care for [Community Living BC](#) clients, including aging individuals with developmental disabilities.
- Improve the range of supports and hours of care provided to people in assisted living and long term care (LTC) homes to ensure they receive dignified and quality care.
- Expansion of home support point-of-care technology across all VCH Home Support teams by the end of 2020/21 to improve the patient care experience.
- Implement focused education and approach to care within LTC setting to decrease the potentially inappropriate use of antipsychotics.
- Continue to implement and monitor progress on increasing goals of care conversations across LTC facilities through focused education for our staff, residents and families.

Performance Measure	2017/18 Baseline	2018/19 Actuals	2019/20 Actual	2020/21 Target	2021/22 Target	2022/23 Target
2.3 Potentially inappropriate use of antipsychotics in long-term care ¹	26.9%	26.6%	26.6%	22.5%	20.0%	18.0%

¹ Data Source: Canadian Institute for Health Information. Health Sector Information, Analysis and Reporting Division, Ministry of Health.

Linking Performance Measures to Objectives:

2.3 This performance measure was new to health authority Service Plans in 2019/20 and identifies the percentage of long-term care residents who are taking antipsychotic drugs without a diagnosis of psychosis. Antipsychotic drugs are sometimes used to manage behaviours associated with dementia. Use of these drugs without a diagnosis of psychosis may compromise safety and quality of care. Future year targets for these measures may be adjusted as initiatives and efforts to reduce this issue mature.

Discussion:

In alignment with the [*Best Practice Guideline for Accommodating and Managing Behavior and Psychological Symptoms of Dementia in Residential Care \(B.C. Ministry of Health, 2012\)*](#), VCH supports a person centred approach aimed at understanding people’s needs and using non-pharmacological approaches as the first line of treatment to improve the lived experience and quality of care for residents living and their families. VCH has seen steady improvement on this measure over the last four years. In October 2019, the VCH Interdisciplinary Long Term Care (ILTC) team launched *Come Alive!*, a three pillared quality improvement initiative that focuses on culture, elements of care and antipsychotic reduction in VCH long-term care homes. While education and engagement with long-term care home staff, leaders, residents and families continued virtually through the COVID-19 pandemic, resources were largely focused on pandemic planning and response. In order to meet the 2021/22 target of 22.5 per cent, the regional Residential Care Council is developing plans to accelerate the improvement of this metric over the next two years, including a partnership with the Emily Carr Health Design Lab to engage residents in change initiatives at their care homes.

Objective 2.4: Provide high quality hospital services that meet the needs of our population

Key Strategies:

- Work collaboratively with the Ministry of Health on hospital performance monitoring and take appropriate actions to ensure the delivery of high-quality hospital patient services and meaningful outcomes.
- Work collaboratively with the Ministry’s Pharmaceutical Services Division and PHSA to ensure patients have timely access to high-quality, appropriate and cost-effective pharmaceutical therapies and services.

Performance Measure	2017/18 Baseline	2018/19 Actuals	2019/20 Actual (Quarter 2)	2020/21 Target	2021/22 Target	2022/23 Target
2.4 Rate of new <i>C. difficile</i> cases associated with a reporting facility per 10,000 inpatient days ¹	3.4	3.6	3.0	3.1	3.0	2.9

¹ Data Source: Provincial Infection Control Network of British Columbia (PICNet)

Linking Performance Measures to Objectives:

2.4 *Clostridium difficile* (*C. difficile*) is a bacterium that can pose a health risk for people who are taking antibiotics or who have weakened immunity. Actively monitoring patient safety, including *C. difficile* infections in our acute care facilities, is an organizational priority for VCH. Developing and applying evidence-informed, innovative infection control practices and promoting a strong patient safety culture will reduce such infections and drive further improvements to the quality of care and the safety of patients and health care providers in our facilities.

Discussion:

Health care associated infections present a risk to some patients during a hospital stay, and may be related to or following a medical or surgical procedure. Reducing all harmful events is important not only because of the indirect emotional, social and economic impact of harmful events on patients and their families, but because harmful events hurt the overall health care system through the increased use of resources. By reducing harmful events we can free up resources to meet growing demands and other health care needs.

The second quarter 2019/20 actual results for the average rate of *C. difficile* cases across B.C. is 3.0 cases per 10,000 inpatient days. VCH has the third lowest rate of *C. difficile* cases among health authorities in B.C. The rate of reported cases, particularly at the hospital unit-level, is prone to fluctuation due to variation in reporting, the proportion of high acuity (i.e. immunocompromised) patients, and the magnitude of patients and days across units and sites. For smaller units or sites, one additional case may result in a disproportionate increase in the rate.

VCH will implement a number of tactics to continue to improve our infection prevention and control program including our continued support the appropriateness of antibiotic use program to proactively reduce rates of *C.difficile*, and expansion of our internationally leading canine scent detection program to timely and accurately detect *C. difficile* environmental contamination across VCH, the province, and Canada. Currently, VCH is the only healthcare organization in the world to operationalize a *C. difficile* canine scent detection program.

Goal 3: Deliver an innovative and sustainable public health care system

VCH is committed to ensuring health system resources are used in the most efficient and effective way possible. This includes health human resource staffing and planning, the use of technology, the application of innovative service models and funding mechanisms, continuously improving health delivery through data, analysis and knowledge management, and leveraging capital assets to support future health needs.

Objective 3.1: Engage staff and physicians in making VCH a great place to work

Key to providing the best care for VCH residents and promoting better health for VCH communities is developing and supporting the best workforce. VCH works hard to create a work environment where staff and physicians can do their best every day, and to attract, develop and retain outstanding leaders across many disciplines. We are expanding opportunities for employee and physician engagement and involvement in decision-making as part of our commitment to building a positive, values-based organizational culture.

At VCH, we take our commitment to diversity, inclusion and equity seriously by putting forth the effort to understand what makes our employees feel included. We leverage our differences to achieve better results. When our employees and medical staff feel connected and empowered, it serves as the underpinning in delivering exceptional care for our patients. We also recognize that the leadership, engagement and innovative thinking of our medical and clinical partners is the key ingredient in our ability to achieve our strategic objectives.

VCH is partnering with physicians in new and creative ways to meet patient needs while recognizing the realities of fiscal resources, rapidly-changing technology and growing demand. Our approach to the planning, delivery and evaluation of health care will focus on making the system easy to navigate for patients, through mutually beneficial partnerships among health care providers, and the patients, residents, clients and families that we serve.

Key Strategies:

- Proactively plan, recruit and manage health human resources to effectively deliver established and net new health services.
- Ensure that a gender-based analysis plus (GBA+) lens is applied to all operational policies, programs and services.
- Ensure that a cultural safety and humility perspective is applied to all operational policies, programs and services.
- Increase diversity and equity in leadership roles and VCH occupational groups.
- Reduce unconscious bias during recruitment, selection, interview and hiring process.
- Continue to strengthen relationships with physicians practicing in our facilities and programs, as well as community-based family practice physicians.
- Ensure staffing models, including any contracted services, are designed to provide stable, consistent high-quality care for patients.
- Foster effective working relationships with health sector unions and ensure compliance with collective agreement provisions.

- Consistent with the Workplace Violence Prevention Framework and Policy improve measures to protect the health and safety of health care workers.

Performance Measure	2016 Baseline	2018 Actual	2019 Actual	2020 Target	2021 Target	2022 Target
3.1 Nursing and allied health professionals overtime hours as a percent of productive hours ¹	3.6	4.3	4.5	≤3.6	≤3.6	≤3.6

¹ Data Source: Health Sector Compensation Information System (HSCIS), Health Employers Association of British Columbia (HEABC). Includes Providence Health Care.

Linking Performance Measures to Objectives:

3.1 Overtime is a key indicator that is used in assessing the overall health of a workplace. High rates of overtime may reflect inadequate staffing or high levels of absenteeism, resulting in workload issues and increased costs. Reducing overtime rates by addressing the underlying causes not only assists in reducing direct (e.g. labour) and indirect (e.g. low staff morale) costs to the health system, it also helps promote both patient and caregiver safety.

Discussion:

This performance measure compares the amount of overtime worked by nurses and allied health professionals to the amount of time worked. Performance on this measure worsened in 2019 across all health authorities, with a B.C. average of 4.6 percent. The health care system as a whole faces serious challenges meeting targets for this metric, particularly due to health human resource shortages, skill shortages in specific professions, and VCH is further impacted by the high cost of living in metro Vancouver. The potential risk for a second surge of COVID-19 cases in the fall/winter may also impact staffing.

The VCH Workforce Strategy is aligned with BC Government’s Provincial Health Workforce Strategy and internal priority initiatives to ensure VCH has the right talent, with the right skills, in the right place, at the right time to support and deliver patient care and meet our shared goals for the health care system in B.C. Workforce optimization strategies (e.g. hiring of nursing relief positions) in targeted areas, and strengthening efforts by Employee Engagement to educate, support and assist managers in staff scheduling and management will mitigate these challenges.

Objective 3.2: Improve patient and population health outcomes through clinical and system transformation

VCH is committed to delivering high quality and appropriate health services that best meet the needs of the population in a fiscally sustainable manner. At the same time, VCH recognizes the need to shift the culture of health care from being disease-centred and provider-focused to being truly patient-centred. In alignment with Ministry priorities and the development of the Health Sector Digital and IMIT Investment Strategy and Roadmap, VCH is executing the following strategies to implement and optimize the use of clinical information systems for patients and providers across the continuum of

care. While the overall objective is to improve health outcomes through more timely, effective and safer care, VCH also strives to improve the experience for patients and providers and leverage data to inform further planning, policy and research for the benefit of our population.

Key Strategies:

- Support the Ministry and PHSA to develop a Health Sector Digital and IMIT Investment Strategy and Roadmap for 2021/22-2030/31.
- In recognition of increase in cybersecurity attacks, improve security posture and ensure protection of patient and employee information through cybersecurity preparedness.
- Continue implementation of the Clinical & System Transformation (CST) Project to establish a common, standardized, integrated, end-to-end clinical information system and environment. Planned CST go-lives for 2020 include PHC's long-term care, tertiary mental health, hospice and priority clinics (in smaller 'sprints'); BC Mental Health and Substance Use Services Heartwood Centre for Women, and VCH's Vancouver-City Centre Urgent and Primary Care Centre.
- Streamline community technology investments in alignment with a provincial digital health strategy and roadmap, while building a foundation for consistent, timely and accurate information sharing across VCH's continuum of care. A comprehensive community digital strategy will enhance patient safety, create capacity, and enable patients' digital participation in their health journey.
- Support PHSA's province-wide responsibility for provincial clinical policy, delivery of provincial clinical services, provincial commercial services, and provincial digital and information technology.
- Support initiatives underway to increase the use of research evidence in our operational policy, planning, and practice, including the Strategy for Patient-Oriented Research Support Unit and the Academic Health Sciences Network, and the Ministry's *"Putting Our Minds Together: Research and Knowledge Management Strategy"*.

Resource Summary

(\$ millions; to the first decimal)	2019/20 Actual	2020/21 Budget	2021/22 Plan ²	2022/23 Plan ²
OPERATING SUMMARY¹				
Provincial Government Sources	4,024	4,166	4,284	4,355
Non-Provincial Government Sources	339	300	300	300
Total Revenue	4,363	4,466	4,584	4,655
Acute Care	2,564	2,606	2,675	2,717
Long-Term Care	581	591	607	616
Community Care	346	361	370	376
Mental Health & Substance Use	385	392	403	409
Population Health and Wellness	111	114	116	118
Corporate	366	402	413	419
Total Expenditures	4,353	4,466	4,584	4,655
Surplus (Deficit)	10	0	0	0
CAPITAL SUMMARY				
Funded by Provincial Government	171	256	217	269
Funded by Regional Hospital Districts, Third Parties, Foundations, Internal Funds and all other sources	100	176	249	476
Total Capital Expenditures	271	433	466	745

¹ Operating revenues and expenses are a consolidation of VCHA and PHC information. These amounts will not agree to any publicly available consolidated Financial Statements. They are consistent with what has been presented in past years, with the exception of changes to the Sector groupings made by the Ministry along with the HA's.

Major Capital Projects

Major Capital Project	Targeted Completion Date (Year)	Project Cost to March 31, 2020 (\$'M)	Estimated Cost to Completion (\$'M)	Approved Anticipated Total Capital Cost of Project (\$'M)
New St. Paul's Hospital	2026	8	2,075	2,083
<p>The new St. Paul's Hospital at the Station Street site will continue to serve the people of Vancouver and all of BC as an internationally renowned, full-service, acute-care hospital and integrated health campus.</p> <ul style="list-style-type: none"> • It will have capacity for up to 548 beds, which includes 115 net new beds • The site will be the home of several leading provincial programs and referral centres, including heart and lung care, renal, eating disorders and specialty surgeries and transplants • The new hospital will also offer a diverse and long list of general and specialized care including HIV/AIDS, chronic disease management services, emergency and critical care, mental health and addictions bed and programs, ambulatory services and outpatient clinics, end-of-life care, Indigenous health, maternity, colorectal and gastrointestinal services, and community care and community outreach programs • The new SPH will continue to be a teaching hospital, training hundreds of University of British Columbia medical students, British Columbia Institute of Technology nursing students and hundreds of other health sector professions • The total space required for the new St' Paul's Hospital, including parking, is estimated at 187,933 building gross square metres (over 2 million square feet) 				
Lions Gate Hospital Acute Care Facility (ACF)	2024	2	253	255
<p>The Project will deliver the addition of a new 6-storey Acute Care Facility (ACF) on the Lions Gate Hospital campus with the goal of replacing obsolete facilities and improving inpatient medical, perioperative and support services. This project will result in a new, state of the art, 21,775 m² Acute Care Facility that will enable high quality and sustainable patient care delivery models, meeting the needs of patients from the Coastal Community of Care and from across the Province. This project presents many opportunities, including:</p> <ul style="list-style-type: none"> • Improved access to the best care and patient outcomes • Innovation in advanced procedures by creating a contemporary facility that integrates current advanced technologies and is designed to accommodate future advances • Improved efficiencies and utilization with more universal and flexible Operating Rooms (ORs) and appropriate support space • Replacing and upgrading Acute Inpatient Units, the OR Suite, and the Medical Device Reprocessing Department - all well past their functional life • Replacing and upgrading failing facility infrastructure to meet current standards for staff and patient safety, and for business continuity <p>The scope of the new Acute Care Facility includes:</p> <ul style="list-style-type: none"> • Replacement of 108 acute medical and surgical inpatient beds on Levels 4 to 6 from the existing Paul Myers South Tower • Expansion of the existing perioperative area located on Level 2 of the Northern Expansion building to include 8 new ORs, and a new 39-bay Pre-Operative and Post-Operative care area including anaesthesia intervention and isolation rooms • Replacement of the Medical Device Reprocessing Department on Level 3 • Mechanical and electrical services required to support the facility at the basement, interstitial and penthouse Levels • An entry level area that includes a mix of patient care, staff amenities and outpatient care services • Additional support services and public amenities, including a roof-top garden on Level 4 • Vehicular arrival, short-term parking and one-way circulation 				

The project also includes the renovation of areas within the existing Northern Expansion, Paul Myers South Tower and Hope Centre to accommodate additional elevators, the perioperative services, FMO needs and the basement connection to the Hope Centre. This will include:

- Renovation of Surgery Reception and 6 Minor Treatment areas on Level 2 in the existing facility
- Pedestrian circulation between the new and existing facilities at Levels 0, 1 and 2

The Acute Care Facility design will provide a long-term solution to address daily operational challenges caused by undersized, poorly configured and failing infrastructure. Supporting inpatient care and safety with a modern facility that includes single occupancy rooms, adequate washrooms and interdisciplinary care areas facilitates optimized patient care, flow and throughput.

Vancouver General Hospital Operating Room (OR) Renewal – Phase 1	2021	54	48	102
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The Vancouver General Hospital (VGH) Operating Room (OR) Suite is a tertiary, quaternary and trauma surgical suite serving inpatients, outpatients, and both scheduled and unscheduled patients from across the Province. As the quaternary and trauma centre for BC, the VGH OR experiences more unscheduled emergency cases (45%) than any other centre in the Province.

The proposed Perioperative Suite design will provide a long-term solution to address daily operational challenges caused by undersized, poorly configured operating rooms and failing infrastructure. It will also provide the infrastructure necessary to improve patient safety and quality outcomes and to ensure patients receive their surgery in a timely manner.

This project presents many opportunities, including:

- Improved access to the best care and patient outcomes
- Improved efficiencies and utilization with more universal and flexible OR's and appropriate support space
- Innovation in advanced procedures by creating a contemporary OR suite that integrates current advanced technologies and is designed to accommodate future technologies
- Replacing and upgrading failing facility infrastructure to meet current standards for staff and patient safety, and for business continuity

Phase 1 will deliver:

- 16 new universal Operating Rooms
- A new 40-bay Pre-Post-Operative Care Unit
- New storage and administrative spaces
- New and/ or upgraded mechanical, electrical and HVAC systems
- A new elevator to service Levels 2 and 3 within the OR suite
- New and/ or upgraded technology on Level 2 and 3
- New and/ or upgraded equipment

Dogwood Complex Residential Care Facility	2022	4	54	58
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To address current and projected demand for residential care services in Vancouver, a replacement facility is required for the outdated and obsolete Dogwood Complex Residential Care Facility. To achieve effective and efficient staffing and design, the optimal facility will be 13,481m² including 150 beds over 6-storeys and 2 floors of parking with 74 stalls. The new facility on the current Pearson-Dogwood site will replace all 113 beds within the obsolete Dogwood Lodge, resulting in an additional 37 beds, increasing Vancouver's bed capacity and improving timely access to residential care for Vancouver residents. The facility will also include an Adult Day Care – a central resource enabling clients to remain at home as long as possible, in line with the Home Is Best initiative.

In alignment with the overarching Pearson-Dogwood Redevelopment initiative and obligations, there is strong political and community support for the facility to be rebuilt in its current location - Cambie Street and 57th Avenue in Vancouver.

Lions Gate Hospital Power Plant Replacement	2021	25	1	26
<p>This project includes the complete replacement of the aged and seismically unsafe Power Plant infrastructure, including boilers, steam lines, medical gases, etc., and the demolition of the existing Power Plant building. Relocating the new Power Plant to the north of the HOpe Centre is necessary as the current Power Plant is located within the footprint of the proposed new Acute Care Facility.</p>				
Ortho Reconstructive Surgery Expansion and Transitional Care Unit Move (ORTS), at the University of British Columbia Hospital	2021	20	2	22
<p>Key spaces within Koerner Pavilion at the University of British Columbia University Hospital will be repurposed to relocate the Transitional Care Unit (TCU) and Internal Medicine Department (IMD) from the first floor to a new unit on the second floor with no increase in number of beds; move orthopedics/ reconstruction (ortho-recon) services from Vancouver General Hospital to the new unit and combine within the existing surgical services.</p>				
Vancouver General Hospital Food Services Redesign	2022	1	21	22
<p>This project will create a seamless system of food delivery to patient/ client populations within acute services, inpatient psychiatric services and residential care programs across the Vancouver General Hospital campus; will decommission the physically and functionally obsolete Blackmore Pavilion Kitchen, freeing up much-needed space for acute care needs; and will optimize the use of available space on the Vancouver General Hospital and St. Paul’s Hospital sites to more efficiently serve patients/clients.</p> <p>The proposed Cook-Chill, Decentralized Foodservice System for the Vancouver General Hospital campus combines:</p> <ul style="list-style-type: none"> • Decentralized bulk assembly service depots (2) which receive bulk cook-chill food from the centralized food production center and food products from other suppliers for assembly into smaller bulk food supplies for distribution to the patient units • Meal assembly and ware washing within serveries and galleys located on each patient unit • Centralized food production at St. Paul’s Hospital <p>To enable this new model of food delivery, renovations and equipment upgrades will occur throughout Vancouver General Hospital and Banfield Pavilion and within the current production kitchen at St. Paul’s Hospital.</p>				

Significant IT Projects

IMIT Project	Targeted Completion Date (Year)	Project Cost to March 31, 2020 (\$'M)	Estimated Cost to Completion (\$'M)	Approved Anticipated Total Capital Cost of Project (\$'M)
Clinical and Systems Transformation (CST) Project	2025	336	4	340
<p>The primary purpose of the Clinical and Systems Transformation (CST) Project is to establish a common standardized, integrated, end-to-end clinical information system and environment (Integrated Clinical Information System Environment) for Provincial Health Services Authority, Vancouver Coastal Health Authority, and Providence Health Care. The project will result in a creation of a single Cerner production domain clinical information system.</p> <p>The CST Project will deliver real-time health information to clinicians and researchers in a way the current heterogeneous systems do not. It will enable the standardization of administration functions, such as referrals, scheduling, and registration. It will also enable the Health Organizations to better manage and measure wait times as well as provide comparable and timely data for efficient resource management. This will in turn allow British Columbia to better manage future health care costs while improving the quality of patient care.</p>				

