# Our Health Care Report Card

| | Time Frame | Target | Year to Date | |
|---|---|---|---|---|
| **System Health** | | | | |
| Acute productive hours per patient day | Apr 2024 to Mar 2025 | <= 6.9 | 6.8 | |
| Alternate level of care (ALC) stay days as a proportion of total stay days | Apr 2024 to Mar 2025 | <= 10.4 % | 11.1 % | |
| **Exceptional Care** | | | | |
| Emergency patients admitted to hospital within 10 hours | Apr 2024 to Mar 2025 | >= 58.0 % | 35.8 % | |
| % of Surgeries Waiting Longer than Clinical Benchmark | Apr 2024 to Dec 2024 | <= 5.0 % | 43.5 % | |
| *Clostridioides difficile* infection rate | Apr 2024 to Feb 2025 | <= 3.2 | 4.1 | |
| % of MHSU Readmissions Within 30 Days – Based on Diagnosis Code | Apr 2024 to Sep 2024 | <= 13.0 % | 13.9 % | |
| Potentially Inappropriate Use of Antipsychotics in Long-Term Care (CIHI-Adjusted RAI-QI) | Oct 2024 to Dec 2024 | <= 24.5 % | 32.1 % | |
| % of Overall Hospital Deaths for Clients with a Community Referral (in Last Year) | Jan 2025 to Mar 2025 | <= 37.6 % | 42.9 % | |
| Hospital standardized mortality ratio (HSMR) | Apr 2024 to Nov 2024 | <= 100 | 84 | |
| **Great Place to Work** | | | | |
| Overtime rate | Apr 2024 to Mar 2025 | <= 5.9 % | 6.4 % | |
| Relief Not Found | Apr 2024 to Mar 2025 | <= 2.1 % | 2.0 % | |
| WorkSafe BC Time Loss Claim Rate | Jan 2024 to Dec 2024 | <= 5.28 | 4.65 | |

Within desirable target range  Within 10% of target  Outside desirable target range by more than 10%

Report Generated on: Jul 07, 2025

# Our Health Care Report Card

## Acute productive hours per patient day

**Jul 2025**

### Are we matching our nursing levels to patient need?

### What are we measuring?

We measure the productivity of nursing staff who provide direct patient care, including registered nurses, licensed practical nurses and nursing care aides.

### Why?

We are measuring productivity levels to help us do a better job of planning ahead for the number of patients we expect to care for. For example, if we know of a time of day, month or year when we see more patients than usual, we can plan for higher staffing levels. Also, some patients in the hospital, as in the intensive care unit, require 24 hours of nursing care per day. Other patients do not need as many direct nursing hours to receive quality care and ultimately to make a full recovery. It's about using our staff resources (labour) in the most efficient and effective way possible.

### How do we measure it?

This measure divides the total number of nursing hours paid (labour) by the number of patient days (volume). As per the Ministry of Health definition, this measure includes Medical, Surgical, Medical/Surgical, Intensive Care Unit (ICU), Obstetrics, Pediatrics, Mental Health and Substance Use, Physical Rehab, and Palliative Nursing Units.

### How are we doing?

The overall VCH acute productive hours per patient day for March 2025 (i.e., Period 13) is at 6.8 which is better than the target. During the past few months, the rate is close to target indicating that there are reasonable staffing levels amidst the staffing issues. If the rate falls below target, this may indicate that the units may be understaffed. Dependency on agency nurses at Coastal sites has increased substantially, but agency hours are not included here resulting in a low rate. Work is being done to develop and review a report for the usage of agency nurses, which will be helpful but will not give an entirely accurate depiction since it will be derived from scheduling data and not from actual hours worked.

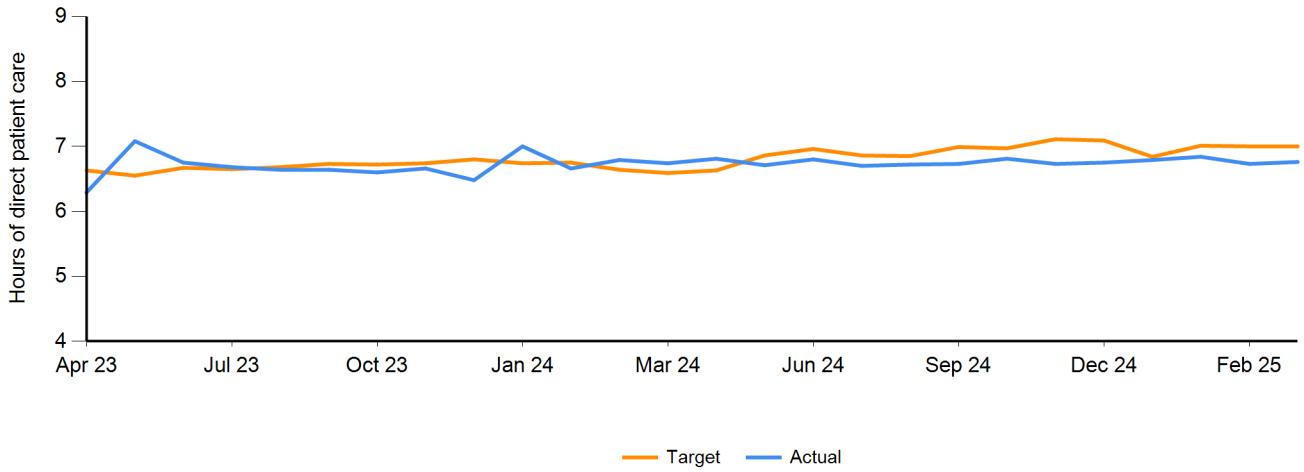
### What are we doing?

All communities of care and Providence Health Care continue to use the Capacity Planning Tool (CapPlan) to access real-time information and managing paid hours reports for better management decision-making. We are also identifying improvement opportunities. For example, internal benchmarking.

| Our performance | Target * |
|---|---|
| 6.8 | <= 6.9 |
| hours of direct patient care per day | |

Year-to-date Timeline: Apr 2024 to Mar 2025

*Our target is based on our performance of the last year to date.



# Our Health Care Report Card

## Alternate level of care (ALC) stay days as a proportion of total stay days

Jul 2025

### How many “extra” days do patients spend in hospital?

### What are we measuring?

We track how many extra days patients spend in hospital when they no longer need hospital treatment. These patients are usually waiting to transfer to other care services such as residential care, home care, or specialized forms of housing and support. The ALC rate will never be zero due to lag between the time a patient finishes hospital treatment and moves to a new service.

### Why?

Timely access to the appropriate type of care is in the best interests of our patients and may increase their chances for a healthy recovery. It also means that hospital beds are available for the patients who truly need them. Within the organization, the time to move a patient to ALC may relate to how responsive community services are to patients, how closely the teams work together, capacity for the right type of care, or the efficiency of the processes for transferring a patient.

### How do we measure it?

We compare the actual date patients were discharged from hospital to the date they were expected to leave. The difference in the number of days reflects the “extra” ALC days. This is divided by the total number of patient days in hospital to give us an ALC percentage.

### How are we doing?

From April 2024 to March 2025, 11.1% of the inpatient days were Alternate Level of Care (ALC) days for VCH overall, which is worse than the target of 10.4%. All communities of care (CoCs) with the exception of Coastal Urban and Coastal Rural are performing worse than the previous period and are currently engaged in developing targeted ALC reduction strategies across various areas, including home support/ home health, long-term care and acute care.

### What are we doing?

We are working to prevent long hospital stays by providing high quality, integrated patient care and ensuring we have appropriate capacity in all of our community, rehabilitation and hospital services. We are also creating efficient processes to support patients transferring between services. Additionally, some hospitals are holding weekly meetings to focus on specific patients with a very long hospital stay.

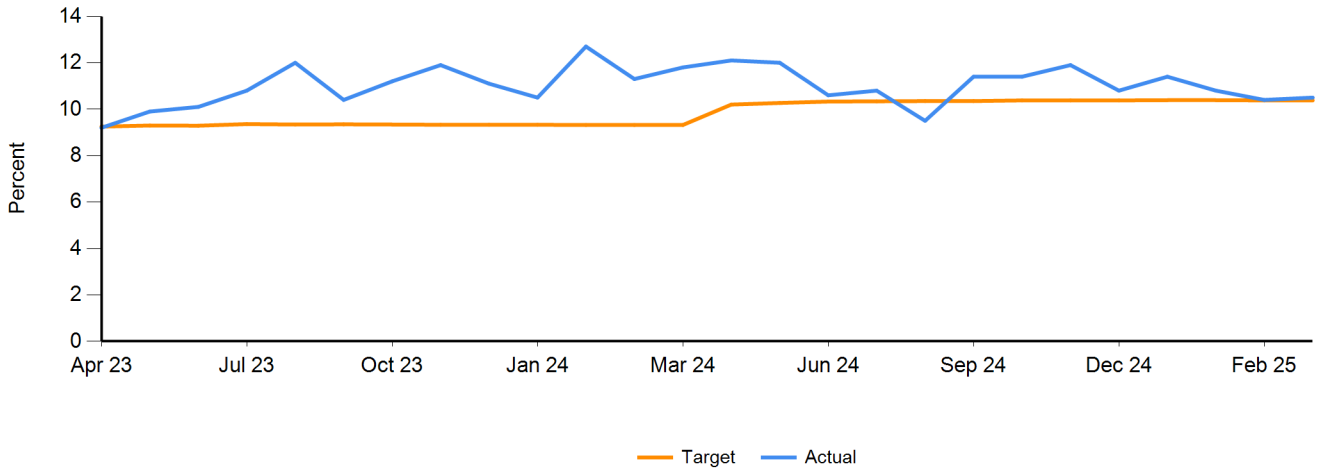
### What can you do?

Talk to your health care provider or a family member about creating a discharge plan that will work best for you.

| Our performance | Target * |
|---|---|
| 11.1 % | <= 10.4 % |
| of hospital days are ALC days | |

Year-to-date Timeline: Apr 2024 to Mar 2025

*Our target is set to match the financial budgets



# Our Health Care Report Card

## Emergency patients admitted to hospital within 10 hours

Jul 2025

### How quickly do emergency patients move to a hospital bed?

### What are we measuring?

We are measuring the percentage of emergency patients who spend 10 hours or less in the Emergency Department (ED) waiting for a hospital bed.

### Why?

Our EDs treat hundreds of people every day. In order to provide the best care for our patients, we want them to receive timely treatment and to move to a hospital bed for longer term care, if needed, within 10 hours. This frees up beds in the ED for other patients waiting for treatment.

### How do we measure it?

We track from the time patients arrive at the ED to the time they leave the ED to go to an inpatient bed. This gives us the number of patients who are admitted to hospital within 10 hours. We divide this number by the total number of patients being admitted to the hospital from the ED. ED wait time calculations exclude all time spent in the ABSU at St. Paul's Hospital.

### How are we doing?

From April 2024 to March 2025, 35.8% of the emergency patients were admitted to the hospital within 10 hours at VCH. This is worse than the target of 58%, but performance remains stable over the past several periods.

### What are we doing?

We are using new care units called diagnosis and treatment units in four of our urban hospitals. These units are located next to the EDs and allow us to observe patients receiving treatment for a longer period of time, with the goal to send them home rather than admit them to hospital. This promotes quality and safe care for patients and frees up space in the ED and hospital units for other ED patients.

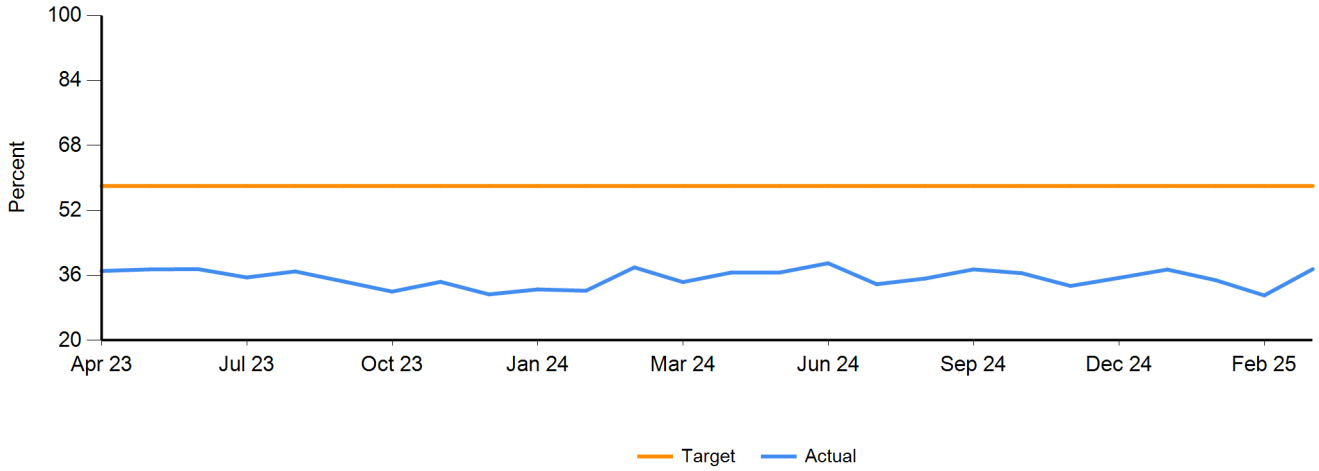
### What can you do?

You can seek alternative ways to get treatment before going to the ED such as going to see your family doctor, going to a walk-in clinic and using other community resources. Use our Emergency Department Dashboard at www.edwaittimes.ca to learn what options you have for a shorter wait time and when the ED may be less busy.

| Our performance | Target * |
|---|---|
| 35.8 % | >= 58.0 % |
| of patients moved to an inpatient bed within 10 hours | |

Year-to-date Timeline: Apr 2024 to Mar 2025

*Our target was set by the Ministry of Health



# Our Health Care Report Card

## % of Surgeries Waiting Longer than Clinical Benchmark

**Jul 2025**

### How long are patients waiting for scheduled elective surgeries?

### What are we measuring?

We measure the percentage of patients waiting longer than the clinical benchmark for scheduled surgeries.

### Why?

Our goal is to provide the best care for our patients. Shorter wait times for scheduled surgeries indicate better access to health care. Elective surgery can be scheduled in advance because it does not involve a medical emergency. We want to exceed the target that no patients are waiting more than the clinical benchmark for surgery by continuing to shorten the time for our longest waiting patients. Delayed access to comprehensive health care can cause poor patient experience and outcomes.

### How do we measure it?

We take the number of scheduled surgeries waiting longer than clinical benchmark divided by the total number of scheduled surgical cases waiting, reported as a percentage.

### What are we doing?

We are providing surgeon offices with regular reports that show, which patients are waiting the longest. This makes it easier for them to book patients, according to the wait time target. We are giving additional Operating Room time to surgeons to specifically treat patients who have been waiting more than 26 weeks and we are also purchasing additional equipment and implants so that surgery isn't limited by a shortage of necessary equipment or implants. Where a shortage of specialty trained staff might be the reason for the long wait, we are planning the necessary recruitment, training or other required action with our partners in physician recruitment, employee engagement, and education. Furthermore, we are piloting new models for referral and delivery of service to shorten the wait for consulting and treatment.

### What can you do?

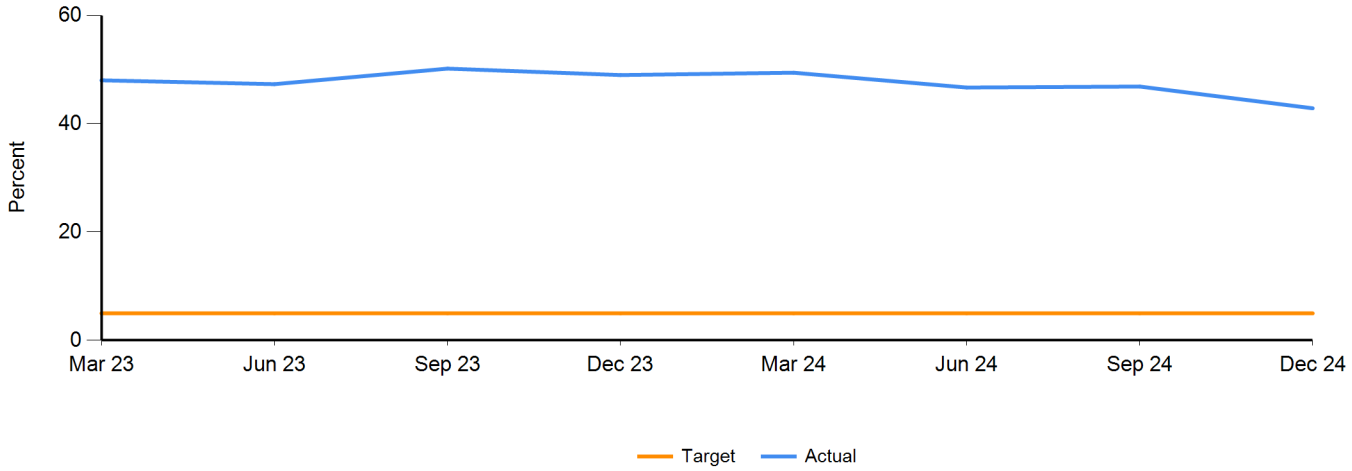
Use the surgical wait times website at www.health.gov.bc.ca/swt to look at the typical waiting times for surgeons performing your surgery. Talk to your family doctor about seeing a surgeon with a shorter wait time. It is also important to let your surgeon know if you're not yet ready, willing and able to have surgery and to let your surgeon know if you're going to be temporarily away or unavailable for surgery because of vacation or other personal reasons.

### How are we doing?

43.5% of patients on the surgical waitlist were waiting for surgery longer than the clinical benchmark by the first week of December 2024, thereby not meeting the target of 5%, however there is an improving trend lately.

| Our performance | Target * |
|---|---|
| 43.5 % | <= 5.0 % |

Year-to-date Timeline: Apr 2024 to Dec 2024



# Our Health Care Report Card

## *Clostridioides difficile* infection rate

**Jul 2025**

### How many patients get this bacterial infection from a hospital stay?

### What are we measuring?

We monitor the number of patients who get sick with the bacterium *Clostridioides difficile* (*C. difficile*) as a result of a stay in hospital.

### Why?

*C. difficile* is the most common cause of hospital associated infectious diarrhea. *C. difficile* infection happens when antibiotics kill the good bacteria in the gut and allow the *C. difficile* bacterium to grow and produce toxins that can damage the bowel. It most commonly causes diarrhea but can sometimes cause more serious intestinal conditions.

### How do we measure it?

We take the total number of healthcare associated *C. difficile* infection cases identified every three months and divide it by the total number of patient days for the same time period to calculate a rate for the fiscal period. To calculate the cumulative year to date rate each iteration of this report, we sum all the new healthcare associated *C. difficile* infections over the time period we are reporting on, and divide it by the total number of patient days for the same time period. We multiply that number by 10,000 to arrive at a case rate per 10,000 patient days. Please note the bacterium formerly classified as *Clostridium difficile* was reclassified to a new genus: *Clostridioides difficile*. To be consistent with this change VCH/PHC have adopted the new name and are updating our documents and reports to reflect the name change.

### How are we doing?

Our C. difficile infection rate for February 2025 is 3.8 (4.1 year-to-date) per 10,000 inpatient days, which is performing worse than the target of 3.2 per 10,000 inpatient days, but performing within our target range of 2.7 to 3.9 per 10,000 inpatient days. The target range is being used especially with our smaller sites that see fewer patients and where slight changes in small numbers of C. difficile cases can lead to greater fluctuation in C. difficile rates. In 2023, CDI testing changed to include a multiplex PCR method which may have impacted CDI rates. We are working on approaches to reduce the higher rates of CDI in our facilities that have seen an increase in healthcare-associated CDI in the most recent fiscal periods. We also continue to work to further drive improvements among all our facilities.

### What are we doing?

We are improving our ability to quickly identify cases of *C. difficile* infection and working with the hospital pharmacy to promote appropriate treatment. We are also providing additional cleaning of hospital isolation rooms and equipment. All rooms with patients known or suspected of having *C. difficile* are cleaned twice a day. Furthermore, we are providing nursing units with regular reports (weekly Vancouver Coastal Health, monthly Providence Health Care) that show the number of cases associated with their unit to help them evaluate their improvement efforts. Our infection control team is working with all nursing units to identify opportunities for improvement.

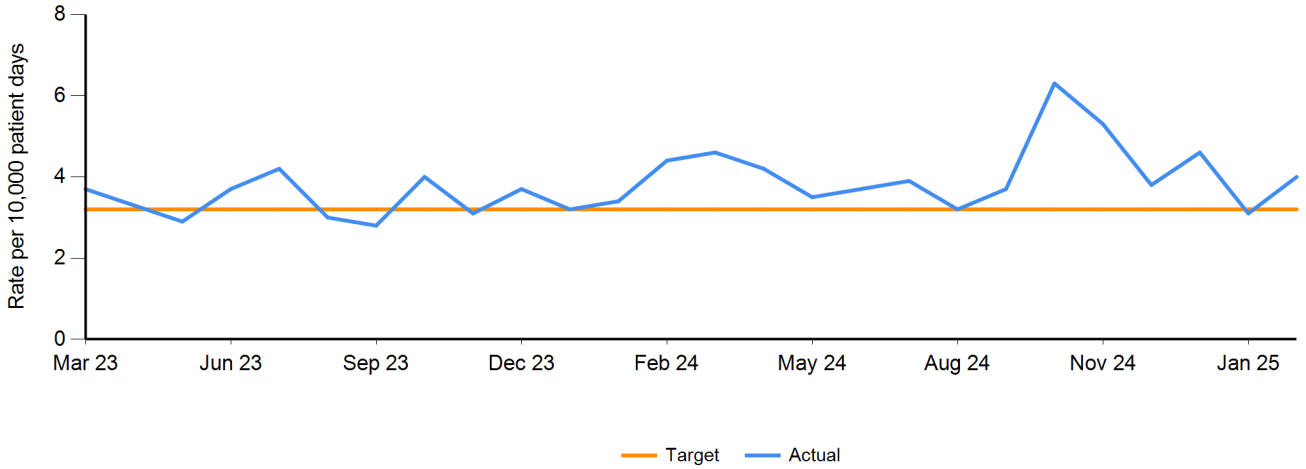
### What can you do?

If you have *C. difficile* infection, be sure to tell anyone who treats you and wash your hands regularly with soap and water to prevent the spread of the bacterium to others. Do not be shy about politely reminding everyone to wash his or her hands. It is important to also only use antibiotics when necessary. Be sure to take the full course of antibiotics, even after you start to feel better.

| Our performance | Target * |
|---|---|
| 4.1 | <= 3.2 |
| cases of *C. difficile* per 10,000 patient days | |

Year-to-date Timeline: Apr 2024 to Feb 2025

*Our target is set by VCH QPS using historical data from VCH (3.2 (95%: 2.7-3.9))



# Our Health Care Report Card

## % of MHSU Readmissions Within 30 Days – Based on Diagnosis Code

Jul 2025

**How many of our mental health and substance use (MHSU) patients return within 30 days?**

### What are we measuring?

We measure the percentage of readmissions to an inpatient unit at any of our hospitals for a MHSU condition, within 30 days. This indicator identifies MHSU patients using hospital discharge diagnosis codes and is considered the gold standard; it is based on the definition used by the Canadian Institute for Health Information. We have an additional indicator that uses hospital admissions data to identify readmissions as it allows for more up-to-date reporting with ~95% accuracy.

### Why?

Reducing the MHSU readmission rate has moved to the top of the priority list for the Regional MHSU program. Ensuring continuity of care by providing appropriate care in the community after hospital discharge is one of the most important safeguards against hospital readmission. Tracking our readmission rate helps us to understand the effectiveness of our hospital care and how well we support patients after they leave the hospital.

### How do we measure it?

We divide the number of readmissions to any of our hospitals for a MHSU condition occurring within 30 days of discharge (excluding patients discharged home from a Diagnostic and Treatment Unit), by the total number of all MHSU episodes of care, for patients who are 15 years or older at the time of their first admission. Readmissions are attributed to the last hospital that discharged the patient before he/she was readmitted. MHSU patients are identified based on the most responsible diagnosis code in the Discharge Abstract Database.

### How are we doing?

The readmission rate for Mental Health and Substance Use (MHSU) has moved to the top of the priority list for the Regional MHSU program. To address this, the MHSU program has created a Regional Steering Committee with the goal to support each Community of Care (CoC) in attaining the 13% readmission rate target. Work to date includes increasing compliance with the 'When I leave the Hospital' form process, creating a standard process across the regions to review each MHSU readmission, and identifying the first CoC to implement the 'Psychosis Treatment Optimization Program' (Vancouver).

### What are we doing?

The MHSU program has created a working group with the purpose of supporting each Community of Care (CoC) towards a 12% readmission rate target. Ongoing work includes: 1) Increasing uptake and compliance of the 'When I leave the Hospital' form, which is used to ensure that patients have a community appointment booked following hospital discharge within 28 days (target= 95%) and that health care providers have communicated the follow-up plan to the patient, family members, and other supports; 2) Creating a standard process across the region for reviewing each MHSU readmission; 3) Increasing services and connections between programs, such as connecting emergency departments and MHSU community services, increasing the number of community outreach teams, and more.

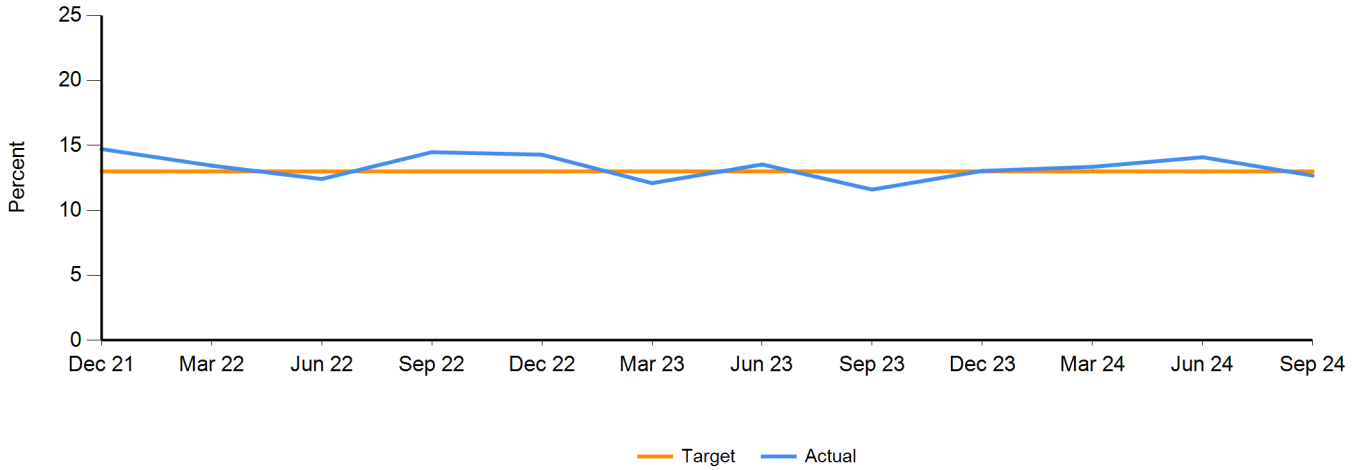
### What can you do?

If you or a family member or friend needs to stay in one of our hospitals, work with our health care providers to understand the discharge plan before going home. The plan could include information on the community services needed, activities that might help with recovery, medications or equipment. Let a health care provider know as soon as possible if you have any questions or concerns.

| Our performance | Target * |
|---|---|
| 13.9 % | <= 13.0 % |
| of MHSU patients readmitted to any VCH/PHC site | |

Year-to-date Timeline: Apr 2024 to Sep 2024

*Our target was determined in consultation with regional MHSU program



# Our Health Care Report Card

## Potentially Inappropriate Use of Antipsychotics in Long-Term Care (CIHI-Adjusted RAI-QI)

**Jul 2025**

### What is the percentage of long-term care residents who are taking antipsychotic drugs without a diagnosis of psychosis?

### Why?

Antipsychotic medications are often prescribed to address symptoms of aggression and agitation in residents with dementia. However, not all symptoms respond well to antipsychotic medications. As a result, a careful balance must be struck between possible benefits and potential risks for cerebrovascular and cardiovascular side effects of stroke, confusion or dizziness including increased chance of death (BC MOH, 2011, Government of Canada, 2005).

### How do we measure it?

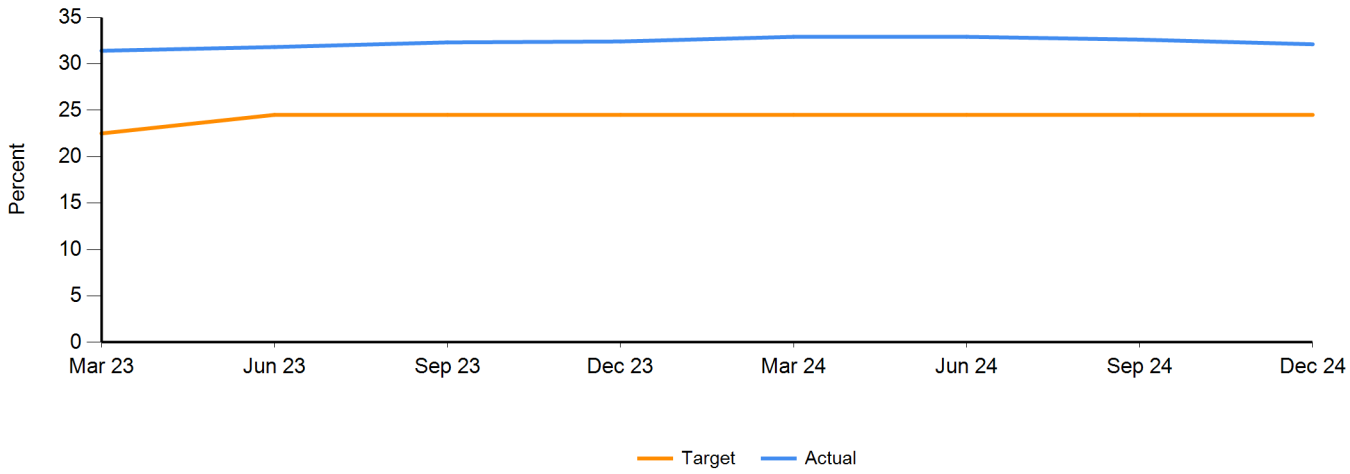
The number of residents who received antipsychotic medication on their target assessment divided by the number of all residents with valid assessments [InterRAI] within the applicable time period.

### How are we doing?

During October 2024 to December 2024, VCH has continued to fall short of the target (24.5%) and our performance has remained steady at 32.1%.

| Our performance | Target * |
|---|---|
| 32.1 % | <= 24.5 % |

Year-to-date Timeline: Oct 2024 to Dec 2024



# Our Health Care Report Card

## % of Overall Hospital Deaths for Clients with a Community Referral (in last year)

**Jul 2025**

**What is the percentage of overall hospital deaths for clients with a community referral?**

### What are we measuring?

We are measuring the percentage of deaths that occur in hospital for adults living in our region who are connected to our community programs in their last year of life.

### Why?

Planning end of life care and supporting patients well in community settings improves quality of life and the experience of care for patients and families. Increasing support for patients in their home setting reduces the need for crisis admission to hospital.

### How do we measure it?

Every three months, we count the number of deaths at a Vancouver Coastal Health (VCH) or Providence Health Care hospital and divide that by the total number of deaths recorded for adults who had a referral to a community program in the last year of their lives. This includes referrals for 'Home & Community Care', 'Mental Health & Addictions', and 'Primary Care', but excludes 'Public Health' referrals. Anyone who is not a resident of the VCH region is also excluded from this indicator. - The specific CoC targets are: Van - 37.3%, Rmd - 44.8%, Cst. Urban - 30% and Cst. Rural - 44%.

### How are we doing?

During January to March 2025, all CoCs had a deterioration (increase) in their rate of Community client deaths in acute. Coastal Urban and Coastal Rural remain within 10% of their target.

### What are we doing?

Healthcare providers in all care settings (hospital, community, Long Term Care) have conversations with patients and loved ones about their goals of care, i.e. the type of care they want to receive at different stages of life. These conversations help us to plan better with clients for their care needs now and in the future. We are working to improve the way we share that information with care providers when clients transition from one care setting to another to ensure that care aligns with what matters most to the people we serve. This approach allows us to provide well-coordinated care aligned with clients' wishes near the end of life and, when required, timely access to any palliative resources.

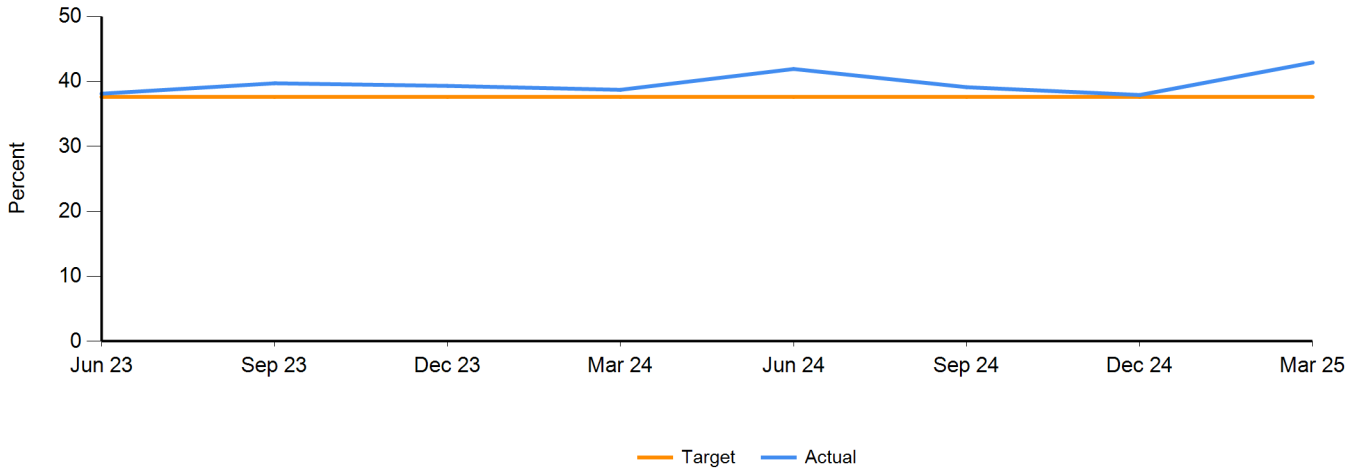
### What can you do?

Ensure your healthcare providers, family and loved ones know what matters most to you for your care if ever you are unable to speak for yourself. If you have one ore more serious health conditions, the 'What Matters Most to Me' worksheet (tinyurl.com/WhatMattersMostToMe) can help you think about what's important to you. Creating an Advance Care Plan can also be a great way to communicate your wishes.

| Our performance | Target * |
|---|---|
| 42.9 % | <= 37.6 % |
| of overall hospital deaths of patients from VCH community programs | |

Year-to-date Timeline: Jan 2025 to Mar 2025

*Our target was set by the palliative program



# Our Health Care Report Card

## Hospital standardized mortality ratio (HSMR)

Jul 2025

### What is our mortality rate compared to other Canadian hospitals?

### What are we measuring?

We are measuring the number of patient deaths in our hospitals, compared to the average Canadian experience.

### Why?

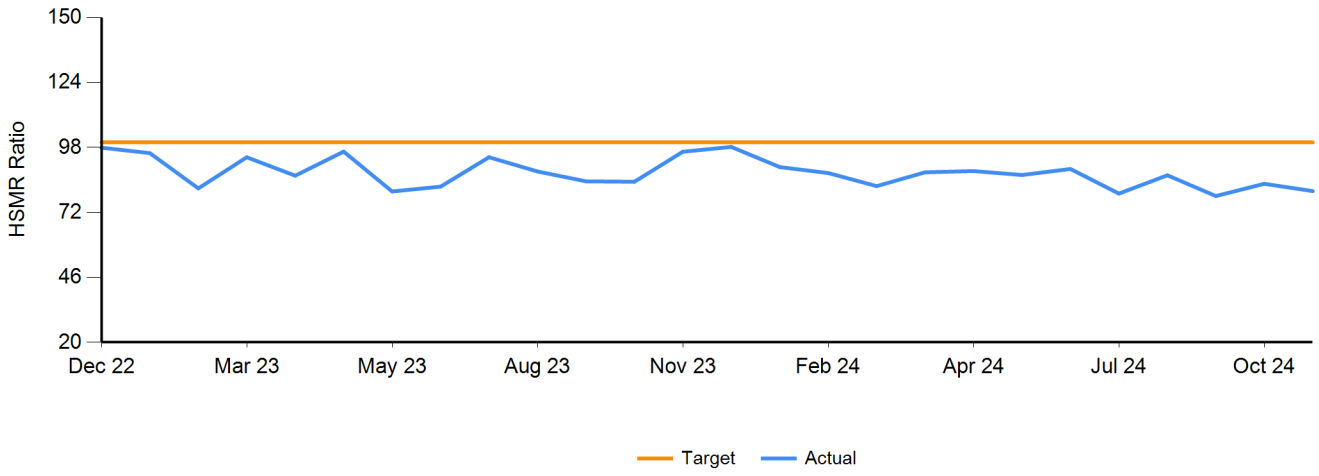
HSMR is an important measure to improve patient safety and quality of care in our hospitals. We use it to identify areas for improvement to help reduce hospital deaths, track changes in our performance and strengthen the quality of patient care.

### How do we measure it?

The HSMR is calculated as a ratio of the actual number of deaths to the expected number of deaths among patients in hospital. It only looks at patients with one of the diagnosis groups that account for about 80% of in-hospital deaths, after excluding patients with palliative care. It takes into account factors that may affect mortality rates, such as the age, sex, length of stay, other diagnoses and the admission status of patients. It uses the national baseline average from 2018/19 to 2020/21.

### How are we doing?

VCH continues to perform better than target and is sitting at 84.




### What are we doing?

Comprehensive reviews are done on all deaths within Vancouver Coastal Health to ensure that safe, high quality care was delivered to the patient.

### What can you do?

1. Keep in mind that HSMR is not a perfect measure. Hospital care is complicated and depends on many factors, not all of which are reflected or accounted for by the HSMR.
2. You should not use the information to pick where to seek care.

| Our performance | Target * |
|---|---|
| 84 | <= 100 |
| ratio of observed to expected deaths | |

Year-to-date Timeline: Apr 2024 to Nov 2024

*Our target is the national standard set by the Canadian Institute for Health Information.

# Our Health Care Report Card

## Overtime rate

**Jul 2025**

### How often do our staff work overtime?

### What are we measuring?

We are measuring the amount of overtime hours our staff work, as an indicator of their workload.

### Why?

As we are accountable for the funds we receive through B.C. taxpayers, we want to deliver the highest quality patient care at the lowest possible cost. Providing care at overtime rates is more expensive than providing the same care at regular wage rates. Overtime also puts workload stress on individual employees and can negatively impact their health. Overtime is an indicator that can prompt a deeper dive to explore contributing factors and identify corrective action which could include regularization of staff or a staffing model review.

### How do we measure it?

Total overtime hours divided by total productive (working) hours. All Corporate and Lower Mainland Consolidation (LMC) overtime is included only in the overall VCH figure and not in each Community of Care or PHC.

### How are we doing?

As of March 2025, just over a third of overtime hours were due to vacancy while sick and workload each accounted for about a quarter of overtime hours. VCH continues recruitment efforts to fill vacancies across communities of care. Additionally, areas with high overtime are being reviewed to find opportunities to modify shift schedules in an effort to reduce overtime.

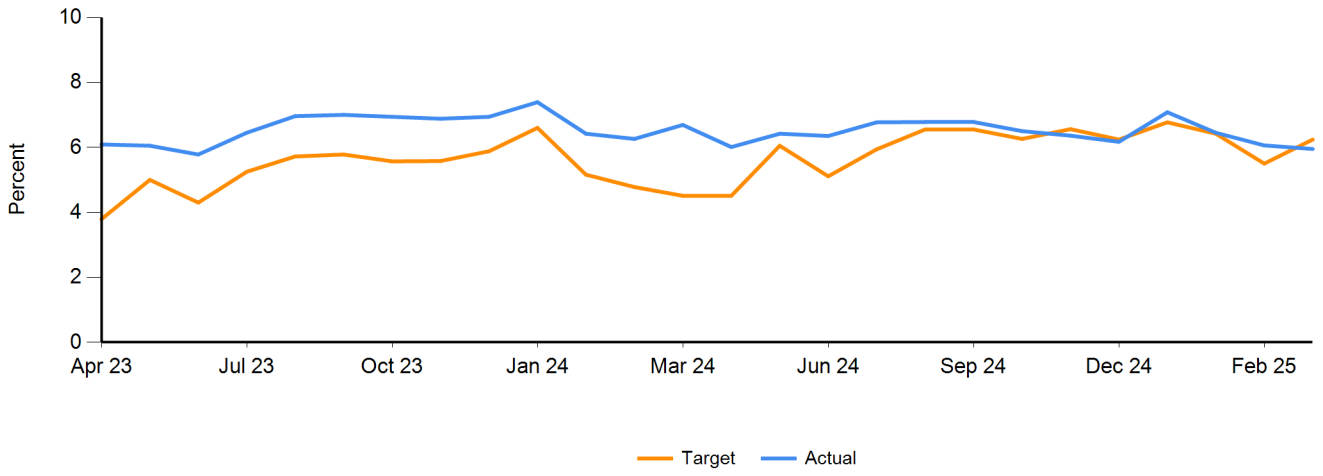
### What are we doing?

Our Human Resources team has helped hire staff for vacation relief positions to avoid staff working overtime to cover their coworkers' shifts. We also have an attendance and wellness promotion program that helps staff working on a casual basis to cover short-notice events, such as sick calls, at regular wage rates.

| Our performance | Target * |
|---|---|
| 6.4 % | <= 5.9 % |
| of total productive hours were overtime hours | |

Year-to-date Timeline: Apr 2024 to Mar 2025

*The target is the budget for overtime and is determined by finance.



# Our Health Care Report Card

## Relief Not Found

**Jul 2025**

### How often are staff absent and we are not able to backfill their shift?

### What are we measuring?

We are measuring the number of times staff are absent and require replacement, or additional staff are required, but we are unable to bring anyone in.

### Why?

Tracking Relief Not Found (RNF) aligns to the Great Place to Work strategic priority, as one of our goals is to ensure departments are not working short staffed. We want to provide the best patient care by ensuring there is sufficient staffing coverage for unexpected staff absences. Providing care when there are not enough staff members compromises patient care and potentially creates unsafe conditions for the workforce. Reducing the number of times relief is not found will ensure uninterrupted staffing coverage and result in better patient care.

### How do we measure it?

Number of RNF hours divided by the number of productive hours plus RNF hours.

### How are we doing?

As of March 2025, a quarter of shifts called out without relief being found were due to workload reasons, while 19% were due to staff reporting absences related to illness/injury (sick time). VCH continues recruitment efforts to fill vacancies across communities of care as well as addressing contingency staffing strategies to address gaps leading to RNF where possible. These strategies could include regularization of relief needs, reviewing work schedules, and expanding casual call out pools where possible.

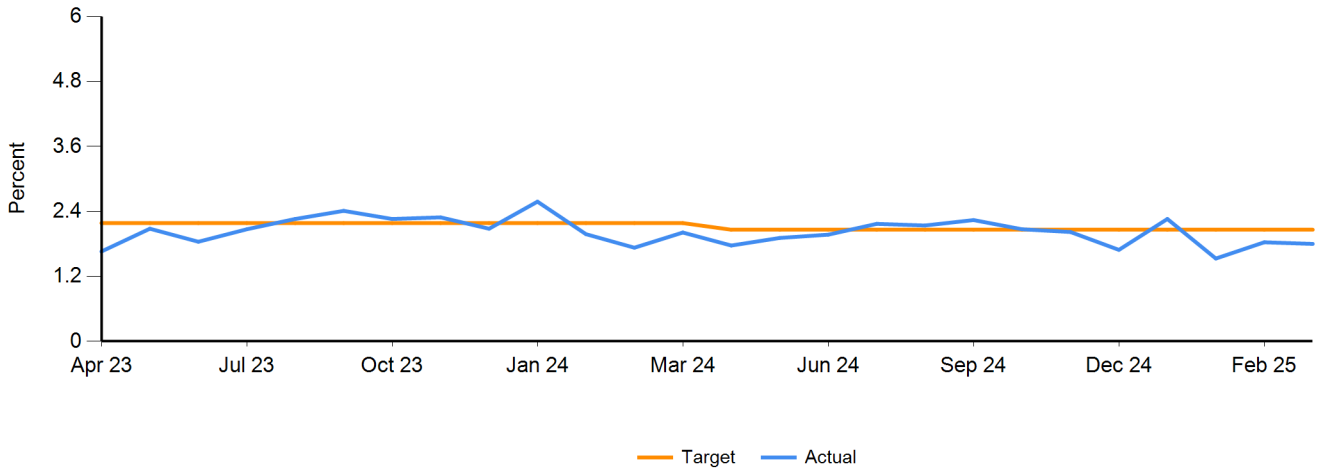
### What are we doing?

Senior leaders, managers, and Employee Engagement teams are either already running or developing projects to understand causes of RNF and reduce it across Vancouver Coastal Health (VCH), focusing on areas that are above desired target. VCH regularly assesses opportunities to regularize relief needs to free up contingent staff to work during peak demand times. VCH has developed RNF dashboards for each Community of Care which the Chief Operating Officer's use to monitor unit progress each fiscal period.

| Our performance | Target * |
|---|---|
| 2.0 % | <= 2.1 % |

Year-to-date Timeline: Apr 2024 to Mar 2025

*Our target was set by the Clinical Strategy and Innovation Committee.



# Our Health Care Report Card

## WorkSafe BC Time Loss Claim Rate

**Jul 2025**

### Why?

The WorkSafe BC Time Loss Claim Rate provides insight to the prevalence of workplace injuries. One of our goals is to ensure a safe working environment for our staff. A high rate would indicate we have had an increase in lost work hours which would also manifest in higher sick rate and possibly an increase in long term disabilities (LTD) for serious injuries. Absences from work can result in increased relief not found (with impacts on patient care and staff burnout) and/or increase related costs of overtime and the working short premium.

### How do we measure it?

Number of WorkSafe BC (WSBC) Timeloss claims divided by productive hours and multiplied by 80% to exclude non-productive hours. It displays the number of WSBC TimeLoss Claims per 100 FTE in each year.

### How are we doing?

The time loss claim rate continues to be better than (below) target as we focus on programs that ensure staff are not injured at work. The safety team continues to support staff by building environments in which there is collaboration at all levels to drive innovation.

| Our performance | Target * |
|---|---|
| 4.65 | <= 5.28 |

Year-to-date Timeline: Jan 2024 to Dec 2024