

# Our Health Care Report Card

Time Frame	Target	Year to Date
------------	--------	--------------

## Pay for Performance - Live Measures

### VCH Internal

Emergency patients admitted to hospital within 10 hours	Apr 2017 to Feb 2018	>= 55.0 %	61.9 %	
<i>Clostridium difficile</i> infection rate	Dec 2016 to Nov 2017	<= 6.26	3.84	
Discharged long length of stay patient days	Apr 2017 to Feb 2018	<= 88,019	73,885	
Current long length of stay patient days	Apr 2017 to Feb 2018	<= 8,031	7,088	
Average census bed days	Apr 2017 to Feb 2018	<= 2,093	2,049	

## Shadow Measures

### VCH Internal

Care sensitive adverse events (UTI and/or Pneumonia total cases)	Jan 2017 to Nov 2017	<= 1,287	1,243	
Surgical patients treated within benchmark wait time	Feb 2018	>= 80.0 %	60.5 %	
Surgical waitlist over benchmark wait time	Feb 2018	<= 20.0 %	49.2 %	
Percentage of MHSU patients readmitted to any VCH/PHC site	Apr 2017 to Sep 2017	<= 12.3 %	15.5 %	
% of overall hospital deaths for clients known to VCH community programs	Apr 2017 to Sep 2017	<= 39.5 %	39.2 %	

## Provide the best care

### SYSTEM LEVEL

Hospital standardized mortality ratio (HSMR)	Apr 2017 to Sep 2017	<= 100.0	80.0	
Care sensitive adverse events (per 1,000 inpatient cases)	Jan 2017 to Nov 2017	<= 31.4	30.8	

### REDUCE UNNECESSARY VARIATION IN CARE BY USING EVIDENCE BASED PROTOCOLS

Hand hygiene compliance	Apr 2017 to Dec 2017	>= 85.0 %	87.0 %	
-------------------------	----------------------	-----------	--------	--

### IMPROVE CLINICAL INTEGRATION AND QUALITY BY BUILDING REGIONAL PROGRAMS, DEPARTMENTS AND PROCESSES

Surgery wait time longer than 26 weeks	Feb 2018	<= 10.0 %	28.7 %	
Unplanned readmission rate to hospital	Apr 2017 to Sep 2017	<= 8.0 %	8.5 %	

## Promote better health for our communities

### SYSTEM LEVEL

Alternate level of care (ALC) stay days as a proportion of total stay days	Feb 2018	<= 7.3 %	7.0 %	
Percent of communities that have completed healthy living strategic plans	Apr 2016 to Mar 2017	>= 64.0 %	71.0 %	
Average hospital days in the last 6 months of life for clients known to VCH community programs	Apr 2017 to Sep 2017	<= 15.25	15.95	

# Our Health Care Report Card

Time Frame	Target	Year to Date
------------	--------	--------------

## Promote better health for our communities

### COORDINATE CARE ACROSS THE CONTINUUM OF PRIMARY, COMMUNITY, HOME AND ACUTE CARE

Ambulatory care sensitive condition rate (75 years and older)	Apr 2017 to Sep 2018	<= 2,491	2,311	
---	----------------------	----------	-------	---

## Develop the best workforce

### MAXIMIZE STAFF POTENTIAL SO THEY CAN DO THEIR BEST EVERY DAY

Sick time rate	Feb 2018	<= 4.8 %	5.3 %	
Overtime rate	Feb 2018	<= 2.0 %	2.5 %	
Relief not found rate	Apr 2017 to Feb 2018	<= 2.0 %	2.2 %	

## Innovate for sustainability

### OPTIMIZE CAPACITY, RESOURCE UTILIZATION AND PRODUCTIVITY

Acute productive hours per patient day	Feb 2018	<= 6.2	6.4	
Acute length of stay compared to expected length of stay (typical cases)	Oct 2017	<= 100.0 %	100.2 %	

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

## Emergency patients admitted to hospital within 10 hours

Mar 2018

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

#### What are we measuring?

We are measuring the percent 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.

#### How are we doing?

Year to date, 61.9% of ED patients were admitted to the hospital within 10 hours and all CoCs exceeded the target of 55%, with the exception of Richmond, where 46.7% of ED patients were admitted within 10 hours. Winter seasonal variation resulted in a deterioration in January and February performance for all CoCs

#### 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 of being able 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.

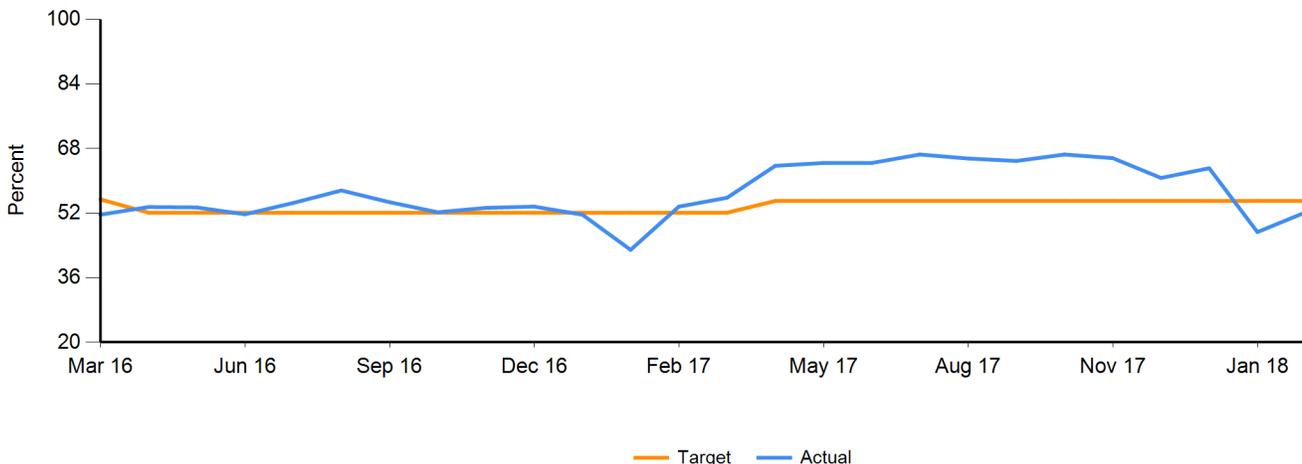
#### What can you do?

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](http://www.edwaittimes.ca), learn when to visit an ED and what options you have for a shorter wait time by going to the ED during less busy times.

Our performance	Target *
61.9 %	>= 55.0 %
of patients moved to an inpatient bed within 10 hours	

Year-to-date Timeline: Apr 2017 to Feb 2018

\*Our target was set by the Ministry of Health



## Clostridium difficile infection rate

Mar 2018

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

#### What are we measuring?

We monitor the number of patients who get sick with the bacterium *Clostridium 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. We multiply that number by 10,000 to arrive at a case rate per 10,000 patient days.

#### How are we doing?

Our *Clostridium difficile* year-to-date rate up to November 2017 is 3.84, which is much lower than our target of 6.26. We continue to work to further drive improvements.

#### What are we doing?

1. Improving our ability to quickly identify cases of *C. difficile* infection.
2. Working with the hospital pharmacy to promote appropriate treatment.
3. 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.
4. Providing nursing units with regular reports (weekly Vancouver Coastal Health, monthly Providence Health Care) that show the number of cases associated with their unit helps them evaluate their improvement efforts. Our infection control team works with all nursing units to identify opportunities for improvement.

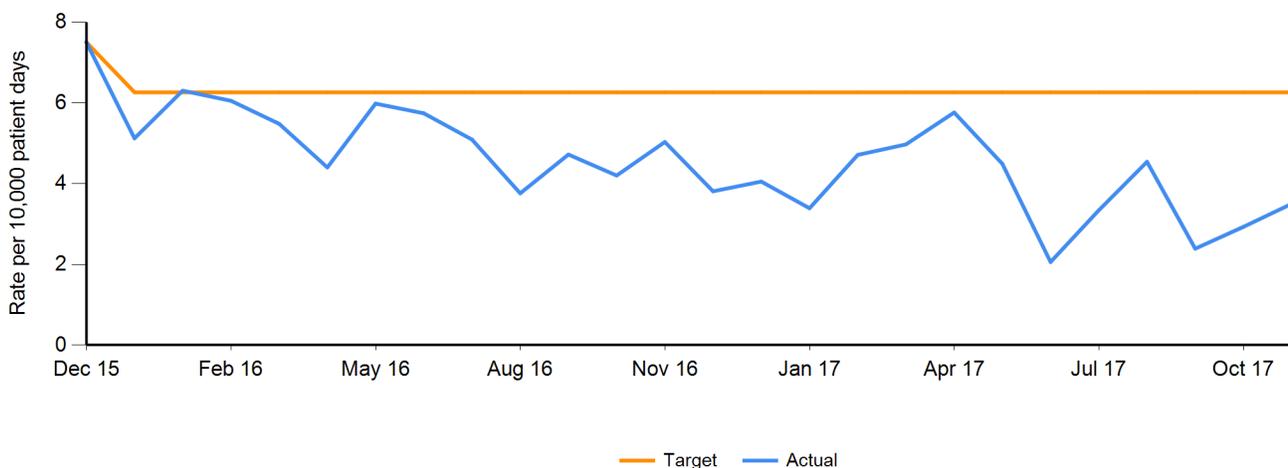
#### What can you do?

1. If you have *C. difficile* infection, be sure to tell anyone who treats you.
2. 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.
3. Use antibiotics only when necessary. Be sure to take the full course of antibiotics, even after you start to feel better.

Our performance	Target *
3.84	<= 6.26
cases of <i>C. difficile</i> per 10,000 patient days	

Year-to-date Timeline: Dec 2016 to Nov 2017

\*Our target is based on PICNet provincial peer group performance



# Our Health Care Report Card

## Discharged long length of stay patient days

Mar 2018

For all patients discharged from the hospital, how many total days of stay are longer than 30 days?

### What are we measuring?

We are measuring the number of days that our patients stay in hospital past 30 days before they are discharged. When the number of days over 30 is greater than 180 days, we count the long length of stay as 180 days.

### Why?

Our goal is to provide the best quality of care for our patients. When patients have stayed longer than 30 days in the hospital, there is a good chance that they could be better suited in a different setting, such as community, long term care, or a separate rehabilitation facility. Measuring our discharged patient days gives us the official view of each patient's full stay.

### How do we measure it?

We count the number of days greater than 30 that each patient stayed. Patients who reside outside of Vancouver Coastal Health (VCH) are excluded from this measure.

### How are we doing?

Performance for discharged long length of stay patients continues to be better than the target in February, 2018 at Vancouver and Coastal Communities of Care and at Providence. Richmond is performing worse than the target. Lions Gate Hospital continues to demonstrate substantial improvements and has recorded approximately 56% fewer LLOS days than were recorded at the same time last year.

### What are we doing?

We are identifying patients who have been staying with us longer than 30 days and working to discharge those patients when appropriate with the correct supports in place.

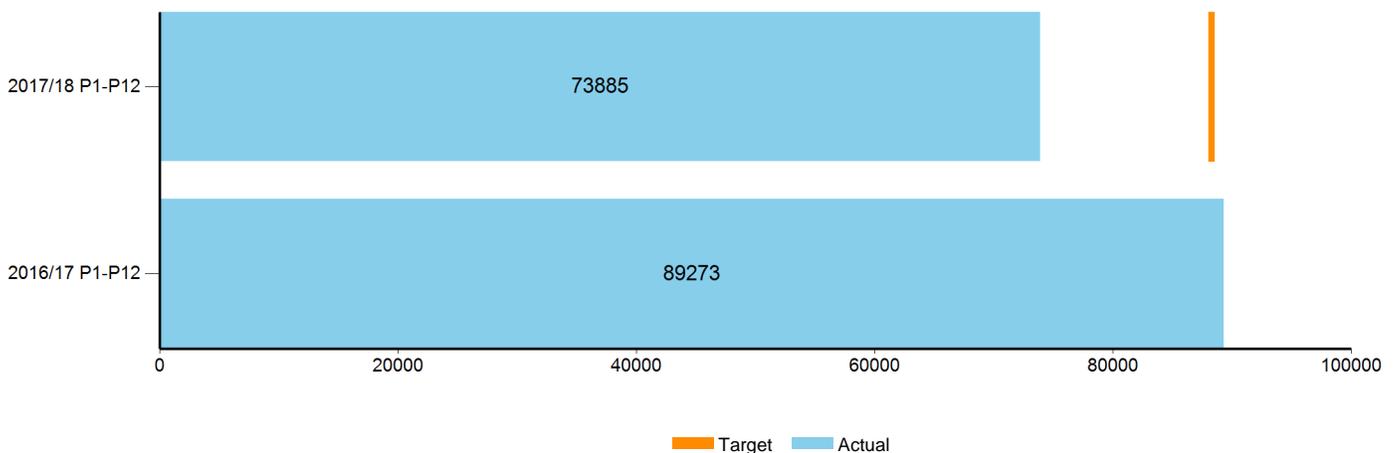
### What can you do?

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

Our performance	Target *
73,885	<= 88,019
stay days over 30	

Year-to-date Timeline: Apr 2017 to Feb 2018

\*Our target is to maintain the three-year historical average



# Our Health Care Report Card

## Current long length of stay patient days

Mar 2018

**For all patients now in the hospital, how many total days of stay are already longer than 30 days?**

### What are we measuring?

We are measuring the number of days greater than 30 days that current patients have stayed so far in our hospitals. When the number of days over 30 is greater than 180 days, we count the long length of stay as 180 days.

### Why?

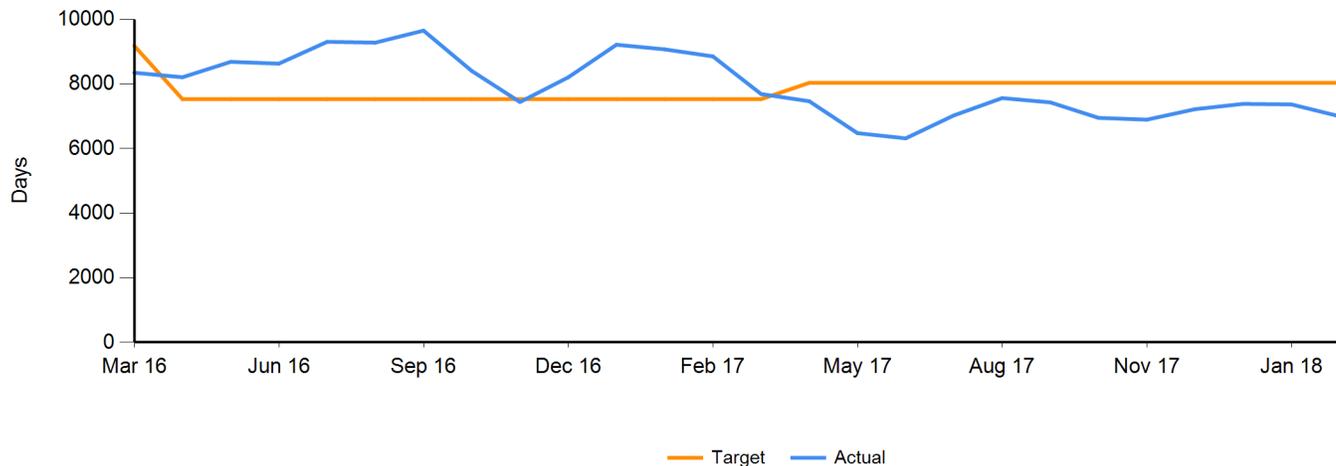
Our goal is to provide the best quality of care for our patients. When patients have stayed longer than 30 days in the hospital, there is a good chance that they could be better suited in a different setting, such as community, long term care, or a separate rehabilitation facility. Measuring our current patient stays helps us determine the current need for our patients.

### How do we measure it?

At the end of the month (fiscal period), we count the number of days that current patients have lengths of stay greater than or equal to 30 days have stayed in the hospital. We report the year-to-date average number of days that are greater than 30 for each patient. For example, if a patient has a current stay of 35 days, we would report 5 long length of stay days for them. Patients who reside outside of Vancouver Coastal Health (VCH) are excluded from this measure.

### How are we doing?

This is a leading indicator corresponding to the long stay days measure for discharged patients. This indicator is based on the long stay patients who are currently in the hospital. From April to February, Vancouver and Coastal sites performed better than target. However, long stay days are worse than target at Richmond and Providence. Subsequently, Richmond and Providence may see a decline in performance in the discharged long length of stay measure in the coming months as these current patients are discharged.



### What are we doing?

We are identifying patients who have been staying with us longer than 30 days and working to discharge those patients when appropriate with the correct supports in place.

### What can you do?

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

Our performance	Target *
7,088	<= 8,031
year-to-date average stay days over 30	

Year-to-date Timeline: Apr 2017 to Feb 2018

\*Our target is to maintain the three-year historical average

## Average census bed days

On average, how many patients are in the hospital each day?

### What are we measuring?

We are measuring the total number of inpatient days in our hospitals divided by the number of days in the year to give us the average number of beds occupied per day.

### Why?

Our goal is to provide the best quality of care to our patients, and to improve their hospital experience. Sometimes, it is more appropriate for patients to be cared for in their homes or in the community. Identifying these patients and attaching them to suitable community level resources will improve their overall experience and quality of care.

### How do we measure it?

We count the number of inpatients that have stayed at our hospitals each period, and the number of days that those patients stayed with us. The average census is the total number of inpatient days divided by the number of calendar days in the month (fiscal period). This metric has been adjusted to remove Diagnostic Treatment Unit (DTU) patients discharged home.

### How are we doing?

Overall VCH is performing better than target at 2,049 average census days. Year-to-date performance for all entities is meeting the targets with the exception of Providence. However, Providence has shown improvement as compared to previous year to date

### What are we doing?

We are striving to make sure that are patients are not staying in hospital longer than they should be, and are not being admitted to hospital when they shouldn't be. We are working with community providers to make sure the continuum of care for our patients is seamless. By doing this we are able to provide a safe transition from acute care to community care.

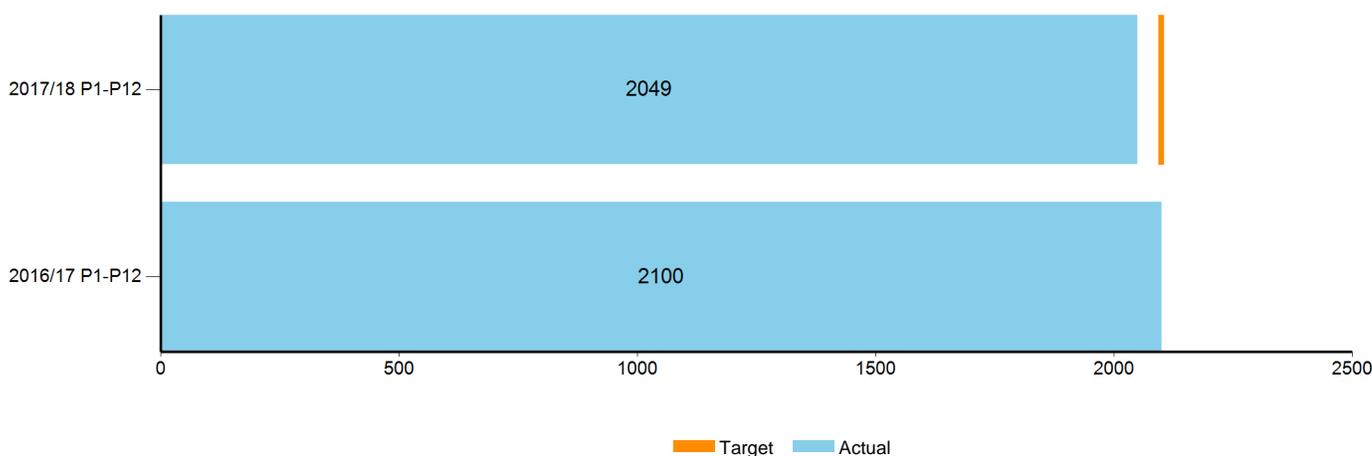
### What can you do?

1. Make sure that you understand your discharge plan when you are leaving the hospital. If you have any questions, do not hesitate to ask your care provider before you leave.
2. If you don't have a family doctor, try to find one who matches your needs at: [www.bcfamilyphysicians.com](http://www.bcfamilyphysicians.com)

Our performance	Target *
2,049	<= 2,093
average stay days	

Year-to-date Timeline: Apr 2017 to Feb 2018

\*The targets are based on complex population projections



# Our Health Care Report Card

## Care sensitive adverse events (UTI and/or Pneumonia total cases)

Mar 2018

### Are our patients getting high quality nursing care?

#### What are we measuring?

Vancouver Coastal Health (VCH) is measuring the total number of Care Sensitive Adverse Events (urinary tract infections and pneumonia only) for all medical and surgical patients 55 years of age or older. An adverse event happens when a patient is unintentionally harmed as a result of their medical treatment.

#### Why?

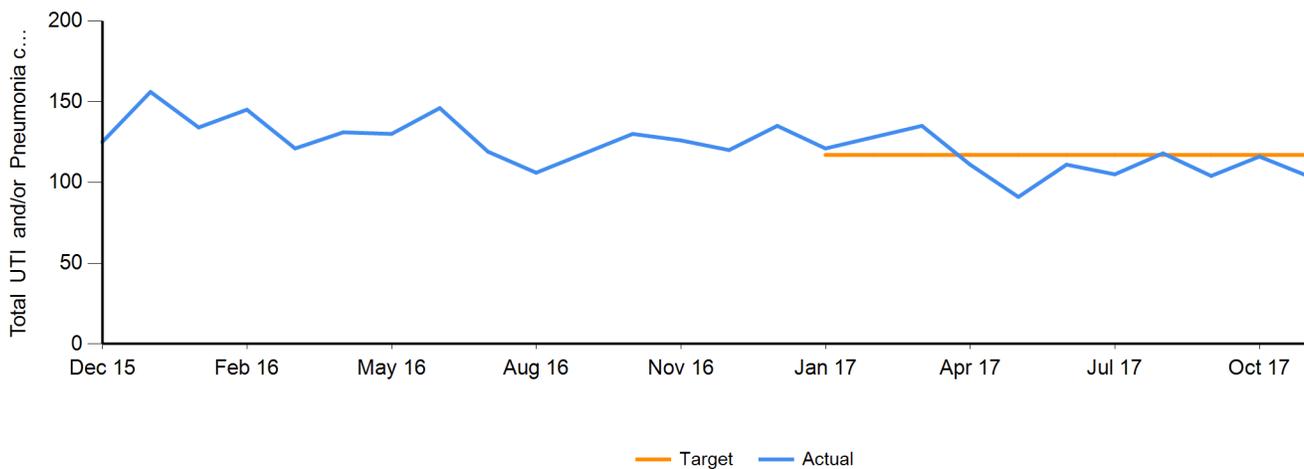
Our goal is to provide the best care to our patients. Our patients will have better health outcomes, and a better recovery, if there is a higher quality of nursing care.

#### How do we measure it?

We track the number of medical and surgical patients aged 55 and older who develop a urinary tract infection (UTI) and/or pneumonia while in hospital.

#### How are we doing?

The CSAE UTI and Pneumonia data collection and reporting process is currently under investigation by Quality and Safety, Health Information Management (HIM), and Decision Support and findings should be interpreted with caution. As such, this indicator will be a shadow indicator for the 2017/18 fiscal year.



#### What are we doing?

We are implementing a number of projects across the organization that focus on reducing the risk of developing urinary tract infections and pneumonia during a hospital stay.

#### What can you do?

To reduce your risk of developing pneumonia if you are staying in the hospital, work with your nurse and physiotherapist to move around as much as possible and to take deep breaths. To reduce your risk of getting a urinary tract infection, work with your nurse to make sure you are getting proper nutrition and that your catheter (if you have one) is kept clean, with the catheter bag hanging at a level below your waist.

Our performance	Target *
1,243	<= 1,287
UTI and/or Pneumonia cases	

Year-to-date Timeline: Jan 2017 to Nov 2017

\*Our target is based on historical peer group performance

## Surgical patients treated within benchmark wait time

Mar 2018

### Are patients having their surgery when they need it?

#### What are we measuring?

We monitor the percentage of elective (non-emergency) surgeries we complete within the benchmark wait time assigned by a patient's surgeon.

#### Why?

We want to ensure patients have timely access to surgery and do not wait beyond the maximum medically acceptable wait times.

#### How do we measure it?

Depending on their patient's diagnosis, surgeons assign their patients one of five provincially agreed upon target wait time levels for elective surgery: 2, 4, 6, 12 or 26 weeks. Cataract surgery is an exception, with a federally mandated wait time target of 16 weeks. We measure the number of elective patients who have their surgery within the benchmark timeframe. As of November 18, 2013, Colonoscopy and Gastroscopy cases are excluded from this report. All results from fiscal year 2016/17 (April 2016 to March 2017) onwards are recalculated.

#### How are we doing?

This wait time indicator showed very slight improvement to 61% and continues to remain well below target as a result of the unprecedented OR nurse shortages affecting Vancouver Acute and to a lesser degree but still significantly, Lions Gate Hospital. With reduced and insufficient OR capacity to meet demand, surgeons are providing care for the most urgent patients first and patients with less urgent conditions are waiting longer. VCH continues to work on turning this around over the next year through a comprehensive health and human resource strategy, shifting services to open available OR capacity at Richmond and Squamish Hospitals and at private facilities, and by increasing effort by all sites to work with offices on booking patients first in, first out within each wait time category as clinically appropriate.

#### What are we doing?

1. Adjusting access to operating rooms so that we can treat patients who are waiting beyond their target wait times more quickly. 2. Educating surgeon's offices on wait list management and ensuring patients are correctly booked according to the target wait time for their diagnosis.

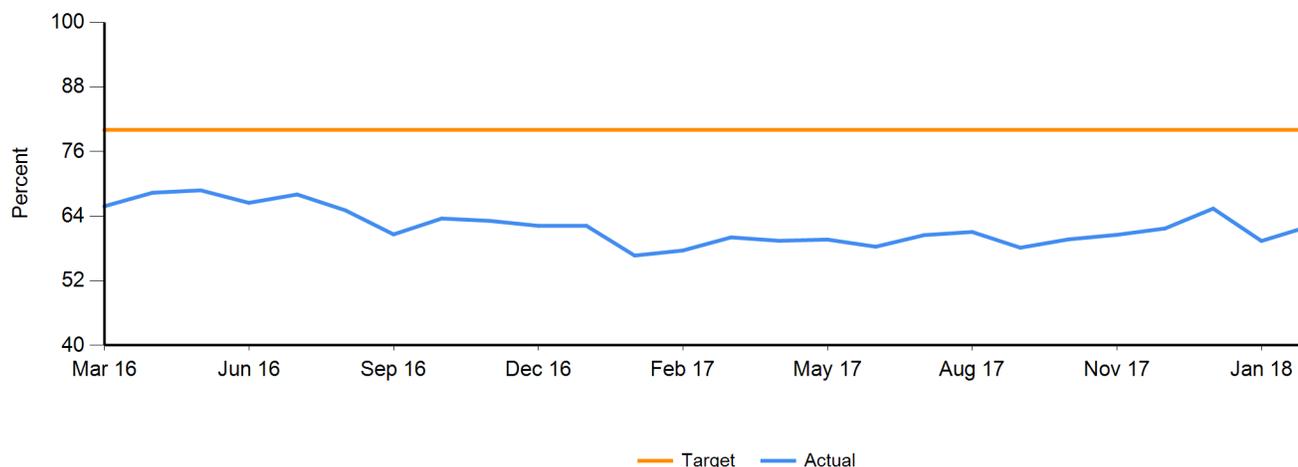
#### What can you do?

1. Go to the Ministry of Health website on BC surgical wait times (<http://www.health.gov.bc.ca/swt/>) and compare the wait times by hospital and surgeon. 2. Talk to your family physician if you want to be referred to a surgeon with a shorter wait time for surgery. 3. Be sure to let your surgeon know if there is a change in your symptoms, for better or for worse, and let your surgeon know if you will be unavailable for surgery for some time or no longer wish to proceed.

Our performance	Target *
60.5 %	>= 80.0 %
of surgery patients waited less than benchmark time.	

Year-to-date Timeline: Feb 2018

\*Our target was set by the Ministry of Health.



## Surgical waitlist over benchmark wait time

### How many patients are waiting too long for surgery?

#### What are we measuring?

We monitor the number of patients who have waited longer than the maximum wait time for their surgery, as assigned by their surgeon based on their diagnosis.

#### Why?

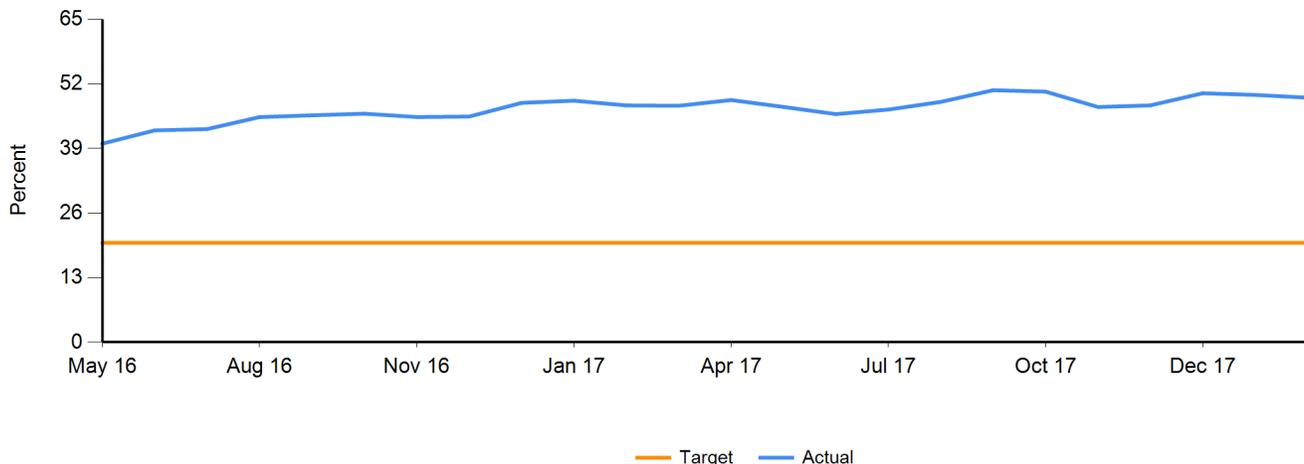
We want to improve access to surgery to ensure patients undergo their procedure within the medically acceptable wait time for their diagnosis.

#### How do we measure it?

When a surgeon's office submits a booking form for a patient to receive surgery, they indicate the patient's diagnosis using a standardized set of codes, each of which is assigned a maximum wait time. From the time that a surgeon submits a booking form, we measure how long a patient has waited to determine if they have exceeded the maximum wait time for their surgery.

#### How are we doing?

The performance for this indicator remains significantly worse than target at 49%. The long term goal is to reduce this percentage to 10% over target by 2020 through a number of strategies: resolve the health and human resource shortages, provide sufficient incremental operating room and bed capacity, ensure offices are booking patients first in, first out within each wait time category as clinically appropriate, and align regional service delivery.



#### What are we doing?

1. We are adding access to operating rooms with dedicated Ministry of Health funding so that we can treat patients who are waiting beyond their target wait times. 2. We are talking to surgeons' offices about their surgeon-specific reports that show which patients are waiting the longest and whether their office is booking patients 'in turn' within each target wait time category.

#### What can you do?

1. Go to the Ministry of Health website on BC surgical wait times (<http://www.health.gov.bc.ca/swt/>) and compare the wait times by hospital and surgeon. 2. Talk to your family physician if you want to be referred to a surgeon with a shorter wait time for surgery. 3. Be sure to let your surgeon know if there is a change in your symptoms, for better or for worse, and let your surgeon know if you will be unavailable for surgery for some time or no longer wish to proceed.

Our performance	Target *
49.2 %	<= 20.0 %
of surgery patients are waiting longer than benchmark time.	

Year-to-date Timeline: Feb 2018

\*Our target was set by the Senior Executive Team.

# Our Health Care Report Card

## Percentage of MHSU patients readmitted to any VCH/PHC site

Mar 2018

### How many of our mental health and substance use patients return within 30 days?

#### What are we measuring?

We measure the percentage of mental health and substance use (MHSU) patients who are discharged from an inpatient unit at any of our hospitals, but return within 30 days for a MHSU condition.

#### Why?

Our goal is to provide the best care to our patients and to improve their health outcomes. We also want to get the best value from our resources. 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 take the number of MHSU patients, 15 years or older, who are readmitted to one of our hospitals within 30 days of discharge (excluding patients discharged home from a Diagnostic and Treatment Unit), and divide it by the total number of MHSU episodes of care, 15 years or older. The last hospital to discharge the patient, before being readmitted, is the hospital that counts the readmission.

#### How are we doing?

The Regional MHSU program is evaluating our current process on how we review readmissions and if there is an opportunity to further standardise this process and support areas that have a high readmission rate. Current reported rate shows a deterioration at all sites except Coastal Urban

#### What are we doing?

Providing appropriate care in the community is one of the most important safeguards against hospital readmission. In order to support an effective transition, health care providers in psychiatry inpatient units are striving to make sure all patients have a community appointment booked and communicated to the patient and/or their family member or support person before they leave the hospital, using the "When I Leave Hospital" form (the target is to have 95% of patients leaving the hospital with a follow up appointment within 28 days). Since many MHSU patients are readmitted after being discharged from emergency services, we are also working to improve connections between emergency departments and MHSU community services. In addition to improving communication and continuity of care between program areas, we have also increased the number of community MHSU services, including outreach teams that will serve these patients.

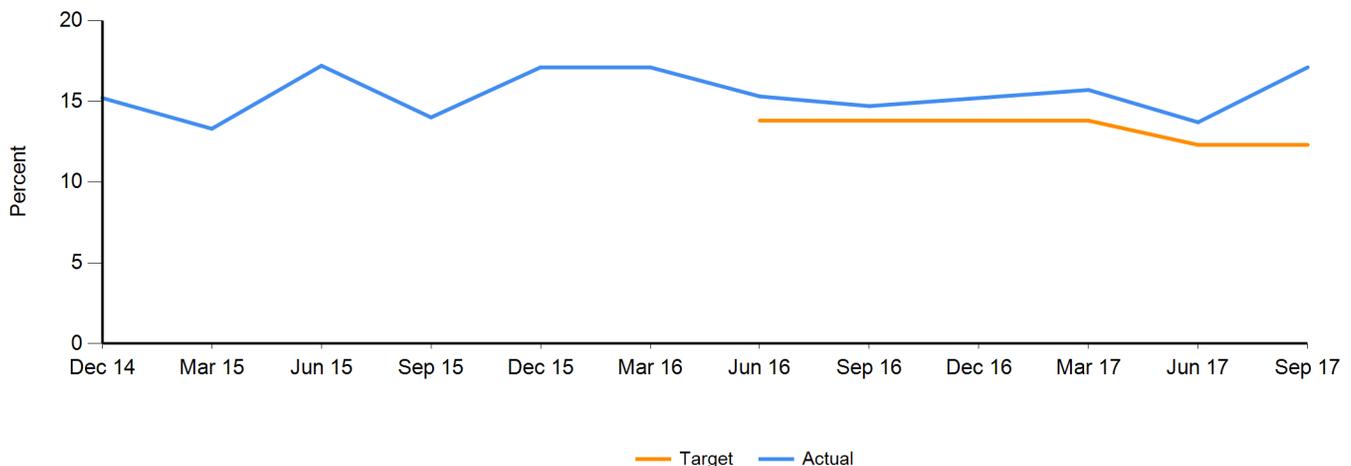
#### What can you do?

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 *
15.5 %	<= 12.3 %
of MHSU patients readmitted to any VCH/PHC site	

Year-to-date Timeline: Apr 2017 to Sep 2017

\*Our target was determined in consultation with regional MHSU program



# Our Health Care Report Card

## % of overall hospital deaths for clients known to VCH community programs

Mar 2018

### What are we measuring?

We are measuring the percentage of deaths that occur in hospital for adults living in our region who have received care from our community programs at some point during their life.

### Why?

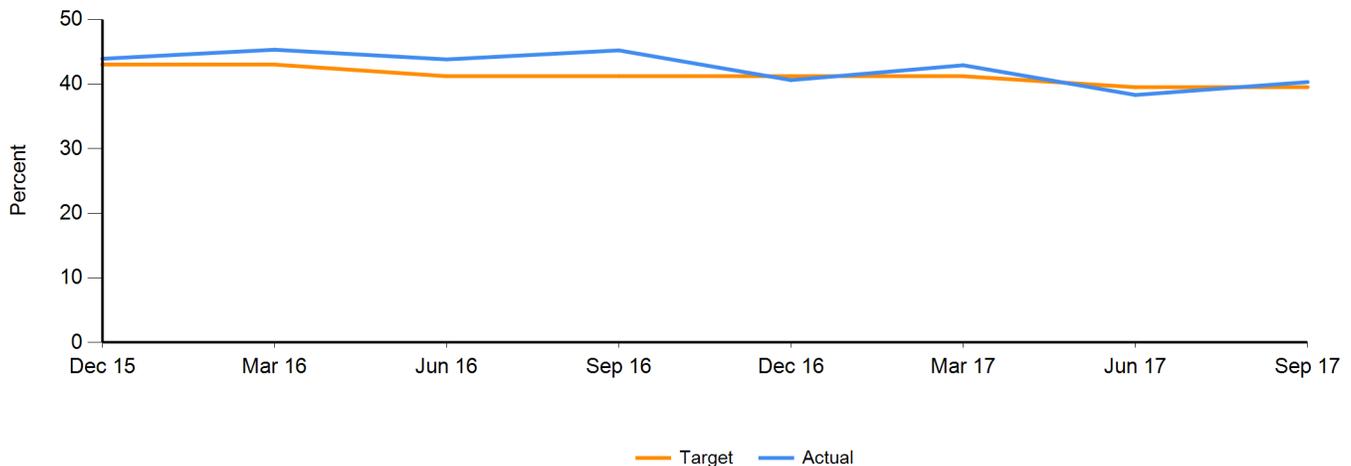
Planning care and supporting patients well in community settings improves quality of life and the experience of care for patients and families. Increasing support for patients in their home setting reduces the need for crisis admission to hospital.

### How do we measure it?

For each fiscal quarter, we count the number of deaths recorded at a Vancouver Coastal Health (VCH) or Providence Health Care hospital and divide that by the total number of deaths recorded for adults known to have accessed a community program at some point before their death. We exclude anyone who is clearly not a resident of the VCH region. The Community of Care level (CoC) indicators are determined by residence, not location of death.

### How are we doing?

Our goal is to show significant improvement over time, which would mean a drop in the percentage of deaths that occur in hospital. From April, 2017 to September, 2017, the percent of deaths in acute met the 2017/18 targets in all regions except Coastal. However, Coastal is within 10% of the performance target. We are expecting to see improvements with work in residential care and identification of healthcare setting will enable us to focus on specific areas.



### What are we doing?

Clinicians have discussions around goals of care with patients and their families. We are working on providing well-coordinated care in the community for clients nearing the end of life and, when required, timely access to hospice. We are also supporting the palliative approach in residential care and developing strategies to better identify the population that need such care.

### What can you do?

Ensure your family and loved ones know what you would want for your care if ever you are unable to speak for yourself. Have a discussion with your care team around your wishes.

Our performance	Target *
39.2 %	<= 39.5 %
of overall hospital deaths of patients from VCH community programs	

Year-to-date Timeline: Apr 2017 to Sep 2017

\*Our target was set by the palliative program

# Our Health Care Report Card

## Hospital standardized mortality ratio (HSMR)

Mar 2018

### 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 takes into account factors that may affect mortality rates, such as the age, sex, diagnosis and admission status of patients. It uses the national baseline average from 2012/13. HSMR data is based on calendar quarter.

#### How are we doing?

VCH continues to focus on reviewing quality improvement initiatives across all Communities of Care to maintain performance better than the national average. Overall, VCH and all Communities of Care continues to perform better than the national average.

#### 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.

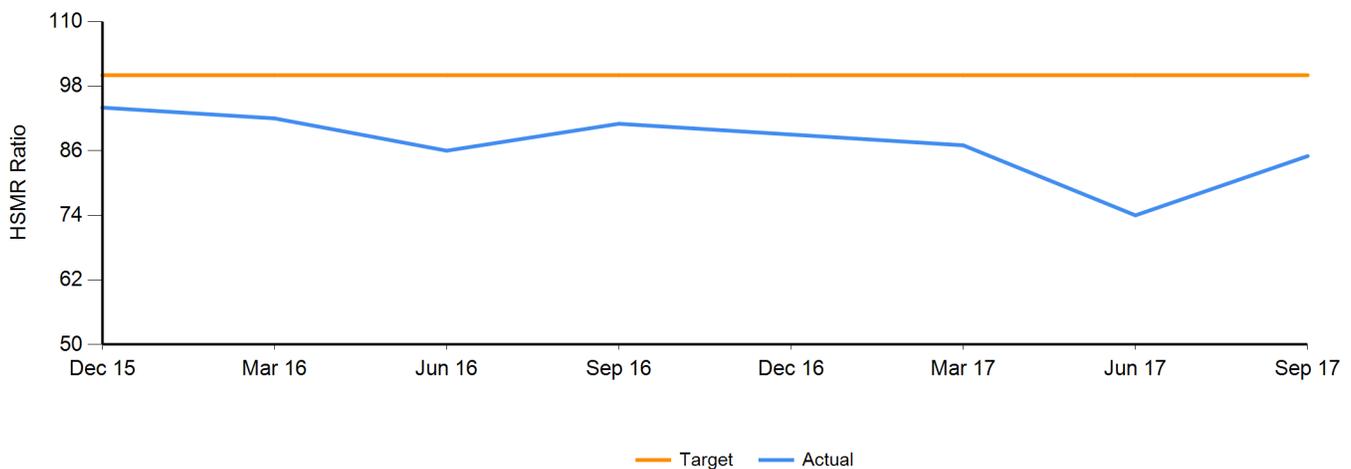
#### What can you do?

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 *
80.0	≤ 100.0
ratio of observed to expected deaths	

Year-to-date Timeline: Apr 2017 to Sep 2017

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



# Our Health Care Report Card

## Care sensitive adverse events (per 1,000 inpatient cases)

Mar 2018

### Are our patients getting high quality nursing care?

#### What are we measuring?

Vancouver Coastal Health (VCH) is measuring the rate of care sensitive adverse events (CSAE) for all medical and surgical patients 55 years of age or older. An adverse event happens when a patient is unintentionally harmed as a result of their medical treatment. The events included in this measure are urinary tract infections (UTI), pressure ulcers, in-hospital bone fractures and pneumonia.

#### Why?

Our goal is to provide the best care to our patients. Our patients will have better health outcomes, and a better recovery, if there is a greater quality of nursing care.

#### How do we measure it?

We take the number of patients who have one or more care sensitive adverse events while in hospital and divide it by the total number of medical and surgical patients aged 55 and older. The rate we report is per 1,000 patient discharges (leaving the hospital).

#### How are we doing?

The CSAE data collection and reporting process is currently under investigation by Quality and Safety, Health Information Management (HIM), and Decision Support and findings should be interpreted with caution.

#### What are we doing?

We are implementing a number of projects across the organization that focus on reducing the risk of developing urinary tract infections and pneumonia during a hospital stay.

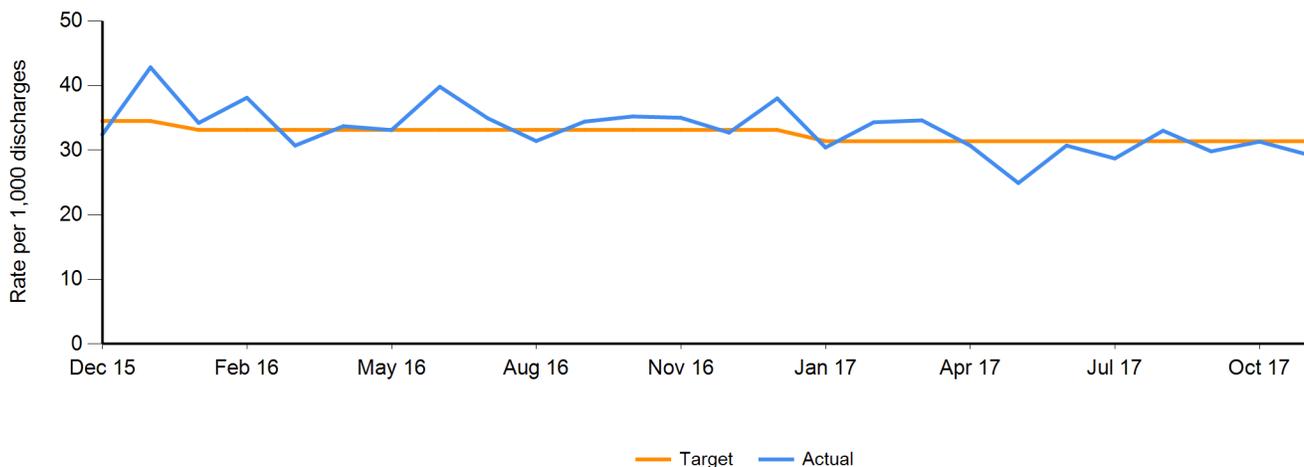
#### What can you do?

To reduce your risk of developing pneumonia if you are staying in the hospital, work with your nurse and physiotherapist to move around as much as possible and to take deep breaths. To reduce your risk of getting a urinary tract infection, work with your nurse to make sure you are getting proper nutrition and that your catheter (if you have one) is kept clean, with the catheter bag hanging at a level below your waist.

Our performance	Target *
30.8	<= 31.4
per 1,000 discharges	

Year-to-date Timeline: Jan 2017 to Nov 2017

\*Our target is based on historical peer group performance



## Hand hygiene compliance

### Do hospital staff clean their hands often enough?

#### What are we measuring?

We observe how often health care workers clean their hands before and after they come in contact with patients or their environment. Do they clean their hands at every opportunity?

#### Why?

Clean hands are the single most effective way to stop the spread of infection or prevent patients from getting infections. Every health care associated infection adds \$10,000 to \$24,000 in treatment cost per patient.

#### How do we measure it?

Every month we observe a sample of staff working in Vancouver Coastal Health (VCH) hospitals. At Providence Health Care (PHC), we observe a sample of staff every three months. The percentage score reflects how often staff, clean their hands when there is an observed opportunity to do so. Hand hygiene data was based on calendar quarter. However, starting 2016/17 Q1 it is based on period quarter.

#### How are we doing?

Overall hand hygiene compliance from October to December, 2017 is at 87% and has met the 85% target for the third consecutive quarter. This improvement is attributed to VCH's modification in its auditing methodology to focus more on "in-the-moment" feedback and quality improvement to improve compliance.

#### What are we doing?

Improvement is contingent on increasing before patient contact hand hygiene compliance, which is consistently lower than after patient contact. Both PHC and VCH are targeting educational interventions to improve compliance before patient contact.

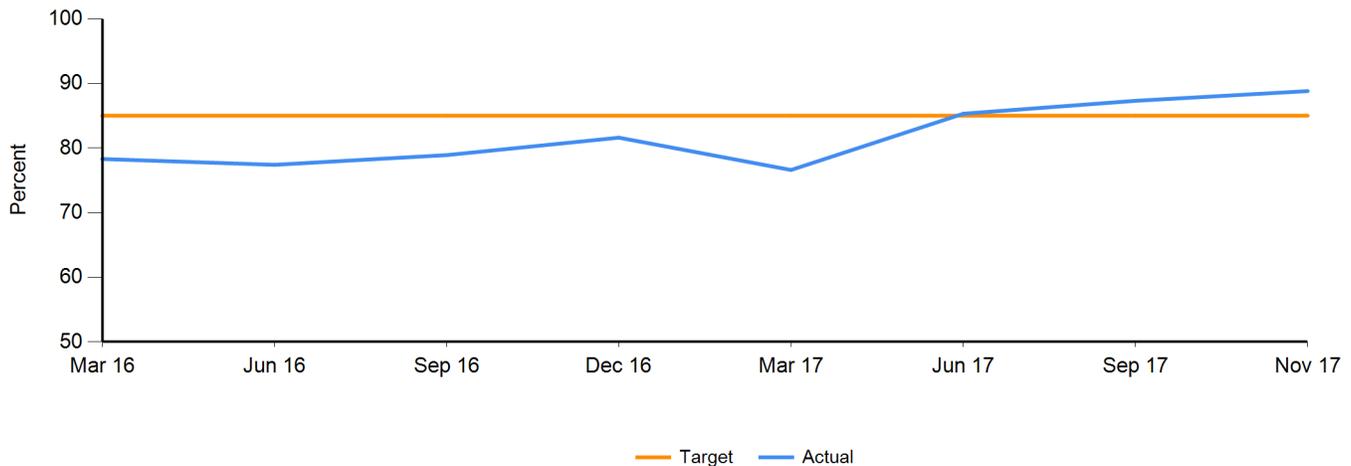
#### What can you do?

1. Politely ask health care workers if they have cleaned their hands before they examine or treat you.
2. Clean your own hands thoroughly and often, especially before and after eating and after going to the washroom.

Our performance	Target *
87.0 %	>= 85.0 %
of hand cleaning opportunities taken	

Year-to-date Timeline: Apr 2017 to Dec 2017

\*Our target is set to encourage incremental improvements with the ultimate goal of 100% compliance.



## Surgery wait time longer than 26 weeks

### How many patients have long waits for non-emergency surgeries?

#### What are we measuring?

We measure the percentage of patients waiting longer than 26 weeks, for elective surgery from the date their surgeon submits the booking package to one of our hospitals.

#### Why?

Our goal is to provide the best care for our patients. Elective surgery can be scheduled in advance because it does not involve a medical emergency. We want to exceed the Ministry of Health's (MoH) target that no patients are waiting more than 26 weeks for surgery by continuing to shorten the time for our longest waiting patients.

#### How do we measure it?

We track the date hospitals receive the booking package from the surgeon's office to the date the patient has the surgery. We take the number of patients waiting longer than 26 weeks and divide it by the total number of patients on the waiting list. As of November 18, 2013 Colonoscopy and Gastroscopy cases are excluded from this report.

#### How are we doing?

This wait list indicator improved slightly and remains well above target at 29%. This indicator is impacted by continued OR nurse shortages at multiple hospital sites. With reduced and insufficient OR capacity to meet demand, surgeons are providing care for the most urgent patients first and patients with less urgent conditions are waiting longer. VCH is working on shifting services to make use of staffed and available OR capacity at Richmond and Squamish Hospitals and at private facilities, and by increasing effort by all sites to work with offices on booking patients within each wait time category.

#### What are we doing?

1. 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.
2. We are giving additional Operating Room time to surgeons to specifically treat patients who have been waiting more than 26 weeks. We are purchasing additional equipment and implants so that surgery isn't limited by a shortage of necessary equipment or implants. We are identifying where a shortage of specialty trained staff might be the reason for the long wait and then planning the necessary recruitment, training or other required action with our partners in physician recruitment, employee engagement and education.
3. We are looking at new models for referral and delivery of service to shorten the wait for consulting and treatment.

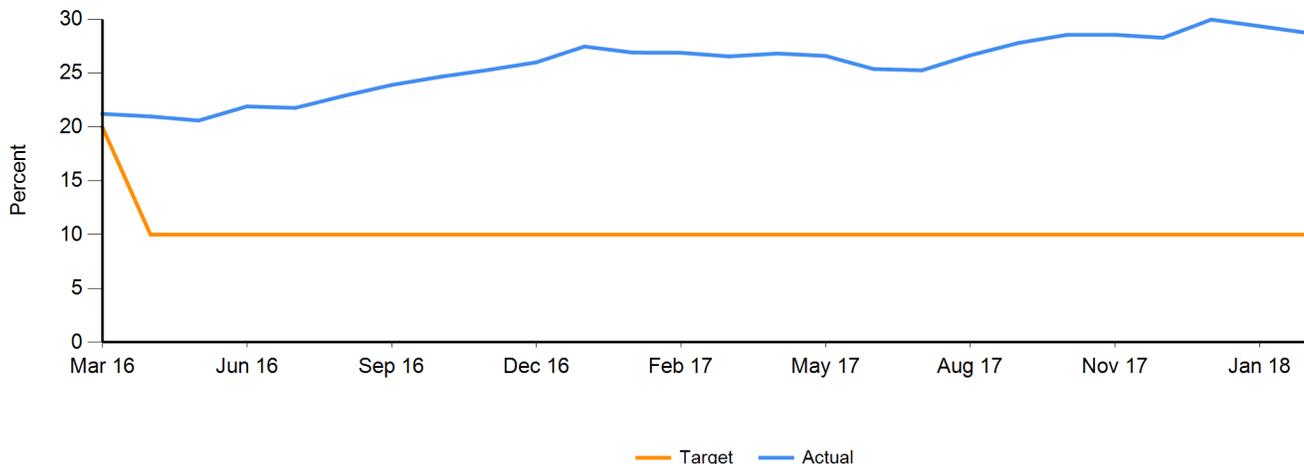
#### What can you do?

1. Use the B.C. MoH Surgical Wait Times website, at [www.health.gov.bc.ca/swt](http://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.
2. Let your surgeon know if you're not yet ready, willing and able to have surgery.
3. Let your surgeon know if you're going to be temporarily away or unavailable for surgery because of vacation or other personal reasons.

Our performance	Target *
28.7 %	<= 10.0 %
of patients waiting longer than 26 weeks for elective surgery	

Year-to-date Timeline: Feb 2018

\*Our target is set by the Regional Surgical Executive Committee.



## Unplanned readmission rate to hospital

### How many patients return to hospital within 30 days?

#### What are we measuring?

We measure the proportion of our hospital patients who are discharged (sent home or to a rehabilitation or residential care facility) and then have an unplanned readmission to any of our hospitals within 30 days.

#### Why?

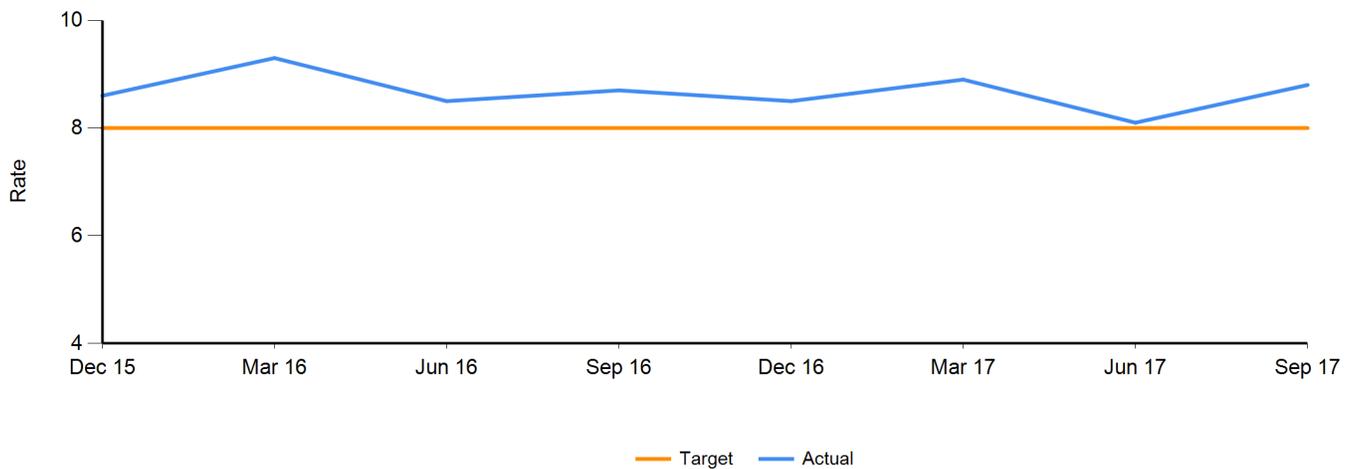
Our goal is to provide the best care to our patients and to improve their hospital experience. We also want to get the best value from our resources. Tracking our readmission rate helps us understand the effectiveness of our hospital care and how well we support patients after they leave the hospital.

#### How do we measure it?

We take the number of patients who are unexpectedly admitted to one of our hospitals within 30 days of discharge (only obstetric, surgical or medical episodes of care, and excluding patients discharged home from a Diagnostic and Treatment Unit), and divide it by the total number of episodes of care between April 1 and March 1 of the fiscal year. The last hospital to discharge the patient, before being readmitted, is the hospital that counts the readmission.

#### How are we doing?

The unplanned readmission rate worsened slightly from 8.1% in June to 8.5% by September. Vancouver Coastal Health sites are working on strategies that focus on improving the transition home. VGH is working on ED-iCare and strengthening the community care response; Coastal is also working on improving the transition home and will review findings from Decision Support to help target initiatives in Coastal Rural. Richmond is also working on ED-iCare, a community quick response service, and piloting a pre-discharge planning integrated community-acute care conferencing. Providence Health Care is analyzing readmission cases and developing strategies to decrease this number.



#### What are we doing?

1. We have a team looking at new ways to improve our discharge planning process. The process is used to decide what a patient needs for a smooth move from one level of care to another.
2. We have developed new programs and services to support discharge.
3. We are working to improve communication with our patients to ensure they have the information they need before they leave, including follow-up appointments and who to contact if they have concerns about their recovery.

#### What can you do?

If you or a loved one 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 type of care needed, activities that might help with recovery, medications, diet or equipment. Let a health care provider know as soon as possible if you have any questions or concerns.

Our performance	Target *
8.5 %	<= 8.0 %
of patients are readmitted to hospital within 30 days.	

Year-to-date Timeline: Apr 2017 to Sep 2017

\*The target was determined based on the best performing hospitals in both urban and rural settings over the last 2 years.

# Our Health Care Report Card

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

Mar 2018

### 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?

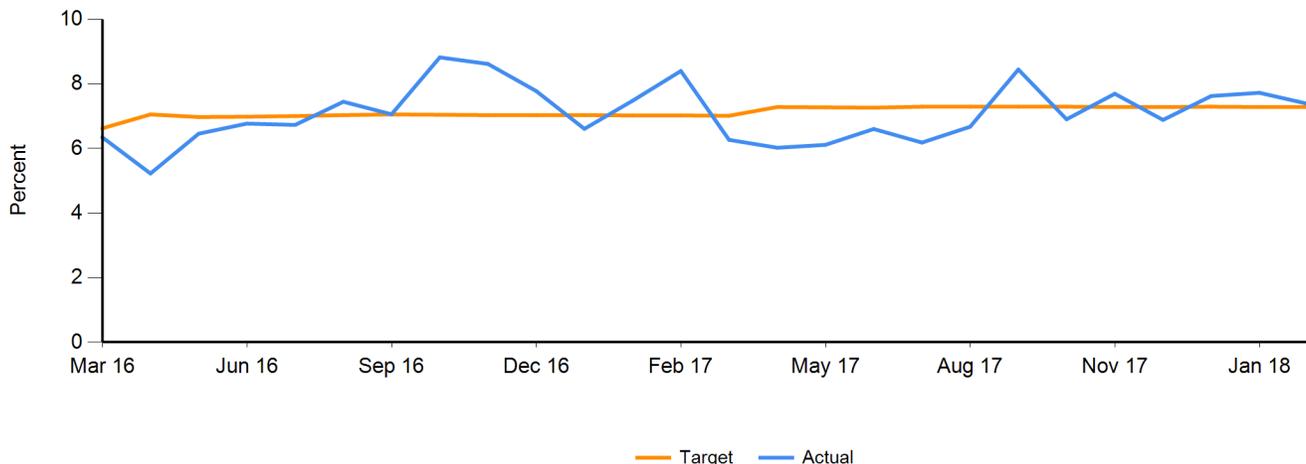
Timely access to the appropriate type of care is in the best interests of our patients and may increase their chances for a healthy recovery. It also means that hospital beds are available for the patients who truly need them. Within the organization, the time to move a patient to ALC may relate to how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

This indicator's performance has remained steady for the past few periods and is now better than target.



#### What are we doing?

1. Working to prevent long hospital stays by providing high quality, integrated patient care.
2. Ensuring we have appropriate capacity in all of our community, rehabilitation and hospital services.
3. Creating efficient processes to support patients transferring between services.
4. Some hospitals are holding weekly meetings to focus on specific patients with a very long hospital stay.

Our performance	Target *
7.0 %	<= 7.3 %
of hospital days are ALC days	

Year-to-date Timeline: Feb 2018

\*Our target is set to match the financial budgets

# Our Health Care Report Card

## Percent of communities that have completed healthy living strategic plans Mar 2018

### Do our communities promote healthy living?

#### What are we measuring?

We are measuring the percentage of communities in our region that have a written agreement with us to promote healthy living, or who have an appropriate healthy living component in a broader community plan. The communities in our region range from cities to remote communities – each partnership is as unique as each place.

#### Why?

Everyone knows we are what we eat, but our health and well-being are also closely linked to where we live and what we do. We want to work with our community partners over the next five years to promote healthy living and address the risk factors for developing a chronic disease, such as heart disease or diabetes. A Healthy Living Strategic Plan will help communities prioritize and promote physical activity, healthy eating, tobacco reduction and their built environments.

#### How do we measure it?

We track how many of our communities have completed a Healthy Living Strategic Plan (or equivalent), and divide it by 14, which is the total number of municipalities in our region. In addition to the 14 municipalities we are also working with some of our Regional Districts and First Nations.

#### How are we doing?

The Vancouver Coastal Health (VCH) catchment area contains 14 municipalities, 5 Regional Districts and 14 First Nations governments. Although the Ministry of Health target only focuses on agreements with the 14 municipalities, VCH is also working with Regional Districts to access key policy levers such as regional plans and is reaching out to multiple local governments. To date we have completed plans with 10/14 municipalities. In 2016/17, the percent of communities with healthy living strategic plans is 71%, which exceeds our Ministry target

#### What are we doing?

We are working with our local government partners on issues such as healthy public policies, opportunities for shared services and health promotion. Vancouver Coastal Health (VCH) provides health data and analysis, community grants, policy support and joint planning. Some examples of our current work are:

- 1) working with Powell River local governments and community partners supporting walkability and active transportation
- 2) working with the District of Squamish and their Official Community Planning Process
- 3) working with the North Shore Congress Food Security and
- 4) working with the City of Vancouver on their Healthy City Strategy.

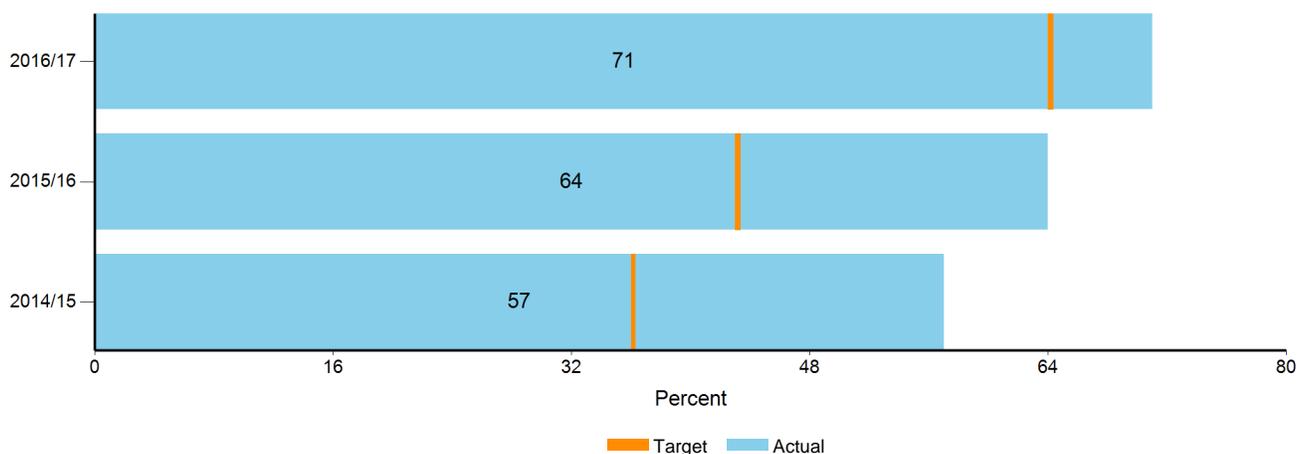
#### What can you do?

1. Complete our online My Health My Community survey at [www.myhealthmycommunity.org](http://www.myhealthmycommunity.org). The survey results will help us learn how our lifestyles, neighborhoods and environment all come together. We will be able to improve our programs and services to better meet your health and wellness needs. We'll also be able to share the most up-to-date health and lifestyle information with local governments and community stakeholders and help them shape policies, programs and community services that lead to better health.
2. To find out more about living a healthier life, visit [www.healthyfamiliesbc.ca](http://www.healthyfamiliesbc.ca).

Our performance	Target *
<b>71.0 %</b>	<b>&gt;= 64.0 %</b>
of communities have completed plans	

Year-to-date Timeline: Apr 2016 to Mar 2017

\*The target was derived by the Population and Public Health Division, Ministry of Health, in consultation with the Healthy Families BC -Healthy Communities Committee.



# Our Health Care Report Card

## Average hospital days in the last 6 months of life for clients known to VCH community programs

Mar 2018

### What are we measuring?

We are measuring the intensity of care by capturing the number of inpatient days a patient spends during final six months of their life who have previously received care and supports through a Vancouver Coastal Health (VCH) community program. It is an inverse indicator of our success in providing appropriate care to clients in their homes.

### Why?

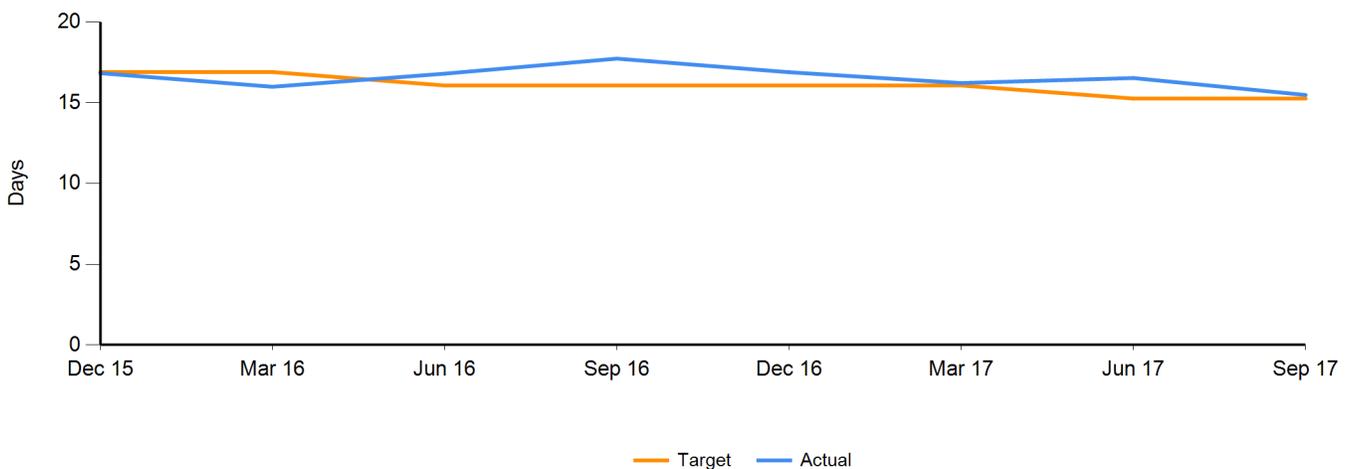
Planning care and supporting patients well in community settings during this stage of life improves quality of life and experience of care for patients and families. Increasing support for patients in their home setting reduces the need for a crisis admission to hospital. Hospital days in the final six months of life is one of the Institute for Health Improvement (IHI)'s Whole System Measures for quality care.

### How do we measure it?

For each fiscal quarter, we count all inpatient days in VCH and Providence Health Care hospitals in the last 180 days of life by adults whose death was recorded during the fiscal quarter and divide it by the number of deaths. We exclude anyone who is clearly not a resident of the VCH region and anyone with no record of receiving care from our community programs. The Community of Care-level indicators are determined by residence, not location of death.

### How are we doing?

Our goal is to show significant improvement over time, which would mean a drop in the average inpatient hospital days in the last 6 months of life. From April, 2017 to September, 2017 the average hospital days in the last 6 months of life by VCH was 15.95 days, which is within 10% of the 2017/18 target value of 15.25%. Coastal is currently the only COC that is within desirable target range.



### What are we doing?

Clinicians have discussions around goals of care with patients and their families. We are working on providing well-coordinated care in the community for clients nearing the end of life and, when required, timely access to hospice. We are also supporting the palliative approach in Residential Care and developing strategies to better identify the population that need palliative care.

### What can you do?

Ensure your family and loved ones know what you would want for your care if ever you are unable to speak for yourself. Have a discussion with your care team around your wishes.

Our performance	Target *
15.95	<= 15.25
Average hospital days in the last 6 months of life	

Year-to-date Timeline: Apr 2017 to Sep 2017

\*Our target was set by the palliative program

# Our Health Care Report Card

## Ambulatory care sensitive condition rate (75 years and older)

Mar 2018

### How many hospital stays could be avoided by using community resources instead?

#### What are we measuring?

Ambulatory care is a non-emergency, condition-specific outpatient visit to a health care provider. Conditions often treated with ambulatory care include: asthma, diabetes, chronic obstructive pulmonary disorder (COPD), among others. These conditions are called ambulatory care sensitive conditions (ACSC). Appropriate ambulatory care can be used to prevent the onset of this type of illness or condition, control an acute episodic illness or condition, or manage a chronic disease or condition.

#### Why?

The rate of admissions to hospital for ACSC are used as a measure of patient access to appropriate primary and community health care. A very low rate of ACSC could indicate that there is good access to appropriate primary and community care and other outpatient care. However, we still expect some ACSC because not all hospital admissions with these conditions are avoidable.

#### How do we measure it?

The hospital admission case rate for ACSC per 100,000 population 75+ years is within target parameters. We are continuing to improve with the implementation of the integrated primary and community care initiative and will be striving to improve further.

#### How are we doing?

The Vancouver Coastal Health (VCH) ACSC rate was at 2,311 from April to September, 2017, which is one of the lowest rates in recent years. VCH continues to have the best rate in BC and is among the best in Canada for this metric, and is better than our fiscal year 2017/18 (April 2017 to March 2018) target level overall. Physicians, other healthcare staff, and patients are looking at their communities to determine where they need to focus. We are looking at reasons patients go to the Emergency Room (ER) "unnecessarily" and introducing changes to respond to local need.

#### What are we doing?

We have started an initiative to redesign how patients with complex health issues receive care in the community. This is a 5 year project and we are in our second year. This project is being approached community by community. We are shifting resources to support the creation of a robust relationship between a General Practitioner (GP), their patients and other care providers in the community. We have patients on all of the planning groups for this work. We are integrating and partnering with all projects that support working to keep people out of emergency and the hospital.

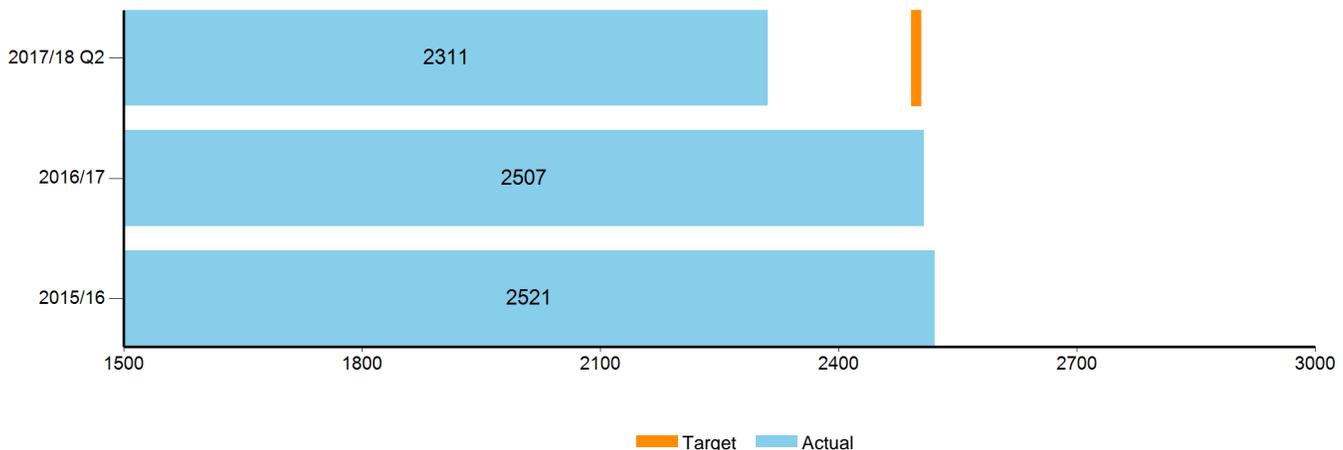
#### What can you do?

Build and maintain a relationship with your GP and other community services and partner with them in keeping yourself well. Exercise if you can, eat a healthy diet and try to maintain a healthy weight.

Our performance	Target *
2,311	≤ 2,491
people were admitted with an Ambulatory Care Sensitive condition for every 100,000 people living in the area	

Year-to-date Timeline: 2017/18 Q2

\*Our target was determined in consultation with the Ministry of Health.



# Our Health Care Report Card

Mar 2018

## Sick time rate

### How often are staff away from work due to an illness?

#### What are we measuring?

We track the amount of time our employees are away from work due to illness.

#### Why?

We want to help our staff be well and productive at work so they can provide the best care to our patients, clients and residents. Reducing sick time improves our services, reduces the workload stress and overtime costs of staff covering for ill or injured coworkers, and allows us to reinvest in patient care.

#### How do we measure it?

We track the number of hours lost to sickness and divide it by the total number of productive (working) hours. This gives us the percentage of productivity lost to sickness.

#### How are we doing?

VCH sick rate remains high and out of range in February 2018, while exhibiting the same seasonality pattern observed in prior years. The most significant change is in medium term sick absences between 5-10 days, which grew 10% period-over-period, driven by Vancouver (12.5%), Richmond (58.7%), and Medical Imaging at non-VCH sites (122.3%), though the absolute number of such absences in Richmond and Medical Imaging are small. Overall, the VCH flu immunization rate is 77.4%, with another 8.3% indicating they would wear masks, down slightly from last year where the immunization rate was 78%. For the second month in a row PHC's sick time has declined slightly. Short-term sporadic and long-term sick times decreased about 15% over the last month (i.e. October). Our flu campaign is still active with 77.8% of PHC's direct care staff being immunized, which is comparable to last year's rate of 77.5%; 6.5% of our staff have indicated they would wear masks.

#### What are we doing?

We have an attendance and wellness program to help staff who have frequent, sporadic absences from work improve their attendance. It does not apply to employees with one long absence or a documented chronic disability. We hold meetings with staff who have above-average sick time to proactively identify any issues that may be contributing to their sick time and offer appropriate support.

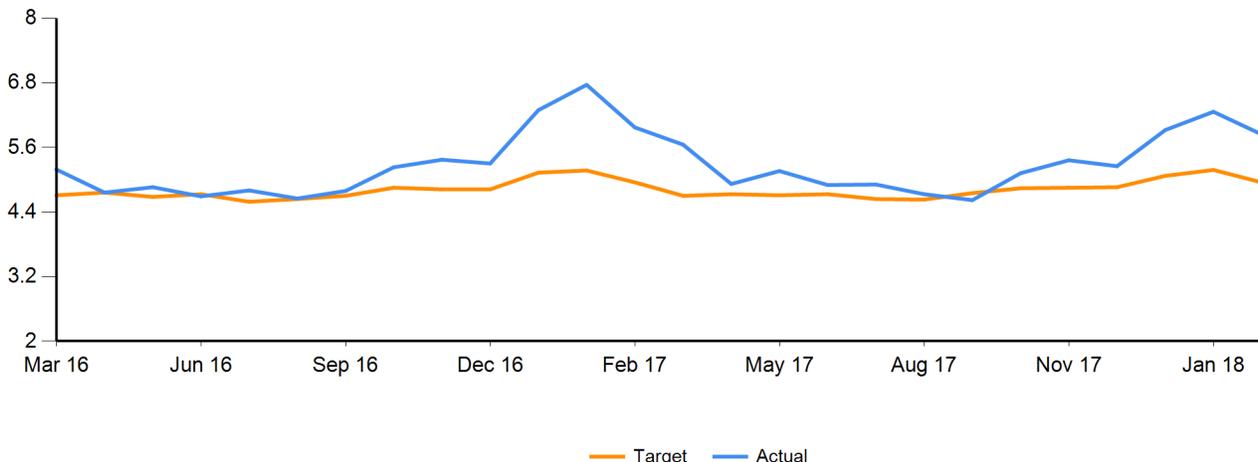
#### What can you do?

Abide with all our infection-control measures; this includes hand washing and staying away from our facilities if you're sick to protect both our patients and our staff. Get a flu shot; anyone who has contact with our patients is eligible for a free flu shot available from your physician, local pharmacy or public health centre. Be respectful of our staff; we know that our patients and their families go through very stressful situations, but disrespectful behavior (verbal or physical) doesn't help any party involved.

Our performance	Target *
5.3 %	<= 4.8 %
of total productive hours were sick hours	

Year-to-date Timeline: Feb 2018

\*The target is the budget for sick time and is determined by finance.



# Our Health Care Report Card

Mar 2018

## Overtime rate

### 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?

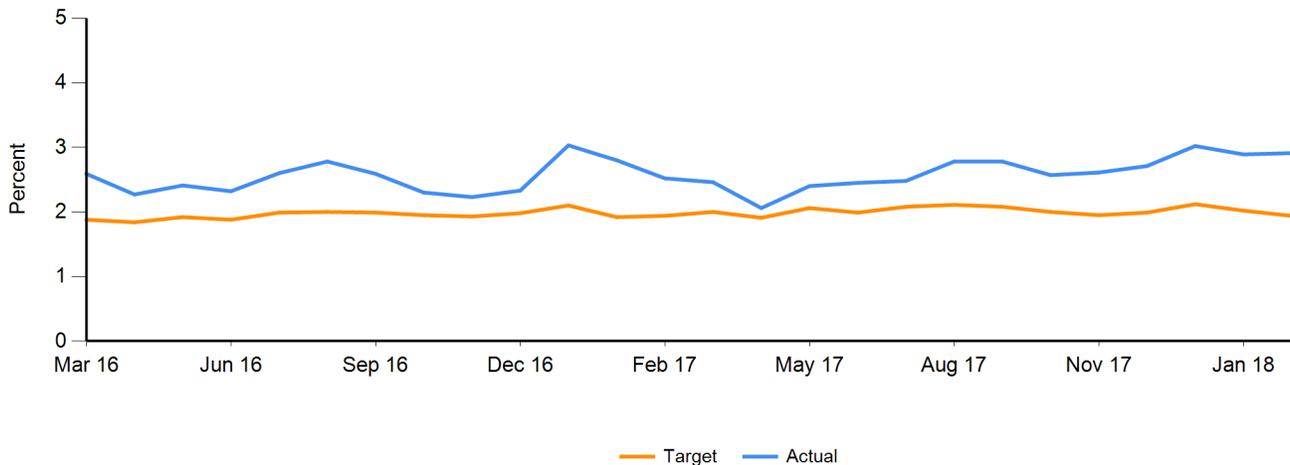
As we are accountable for the funds we receive through B.C. taxpayers, we want to deliver the highest quality patient care at the lowest possible cost. Providing care at overtime rates is often more expensive than providing the same care at regular wage rates. Overtime also puts workload stress on individual employees.

#### How do we measure it?

We take the total overtime hours and divide by total productive (working) hours.

#### How are we doing?

February 2018 overtime percentage at 2.5% is the same as last year-to-date but higher than the budget target of 2%.



#### What are we doing?

1. Our Human Resources team has helped hire for vacation relief positions to avoid staff working overtime to cover their coworkers' shifts.
2. We 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 *
2.5 %	<= 2.0 %
of total productive hours were overtime hours	

Year-to-date Timeline: Feb 2018

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

# Our Health Care Report Card

Mar 2018

## Relief not found rate

### How often was there coverage for absent staff?

#### What are we measuring?

We track the number of employees who are absent and how often staff are able to cover shifts.

#### Why?

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?

We take the total of hours when relief was not found and divide it by the total number of working hours (productive hours). The Vancouver Coastal Health (VCH) total includes corporate and medical imaging non-VCH hours.

#### How are we doing?

Year-to-date relief not found is performing worse than target, but showed slight improvement in February. The main proximate drivers continue to be sick leave and workload, with sick leave showing a high seasonal trend over the winter months due to flu season and other personal illnesses. Specific service areas where relief not found is habitually high include: specialty nursing areas such as Operating Rooms, ICU, and Emergency, Rural areas, and Community settings.

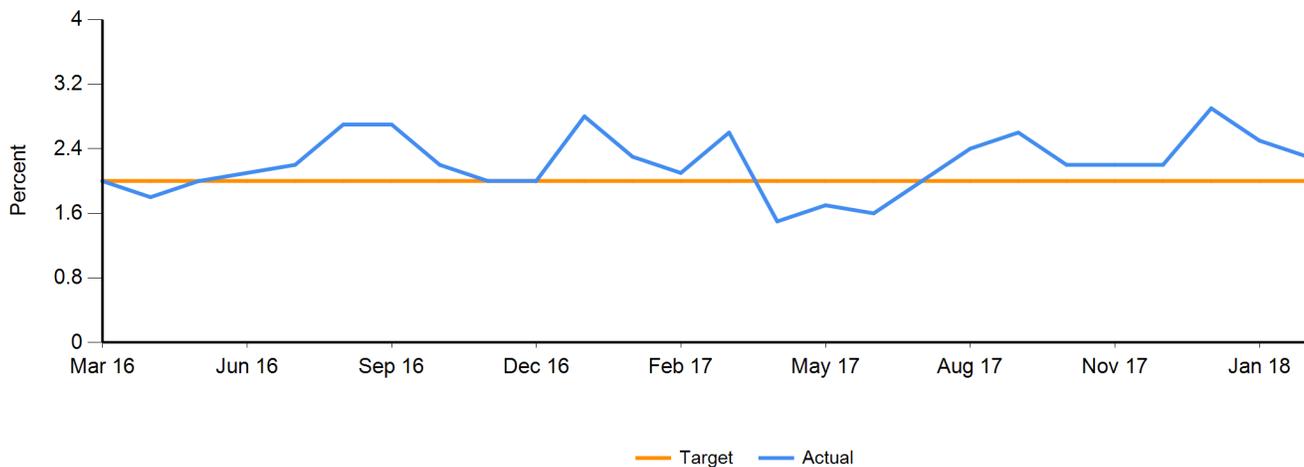
#### What are we doing?

There is an increased focus and work to optimize staffing levels. There is a review every 6 months of data with operational leaders to determine where hours can be regularized. Adding regular positions to provide more reliable relief staffing should free up contingent staff to be free to work during peak demand times.

Our performance	Target *
2.2 %	<= 2.0 %

Year-to-date Timeline: Apr 2017 to Feb 2018

\*The target is set to maintain 2015/16 (April 2015 to March 2016) performance.



# Our Health Care Report Card

## Acute productive hours per patient day

Mar 2018

### 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?

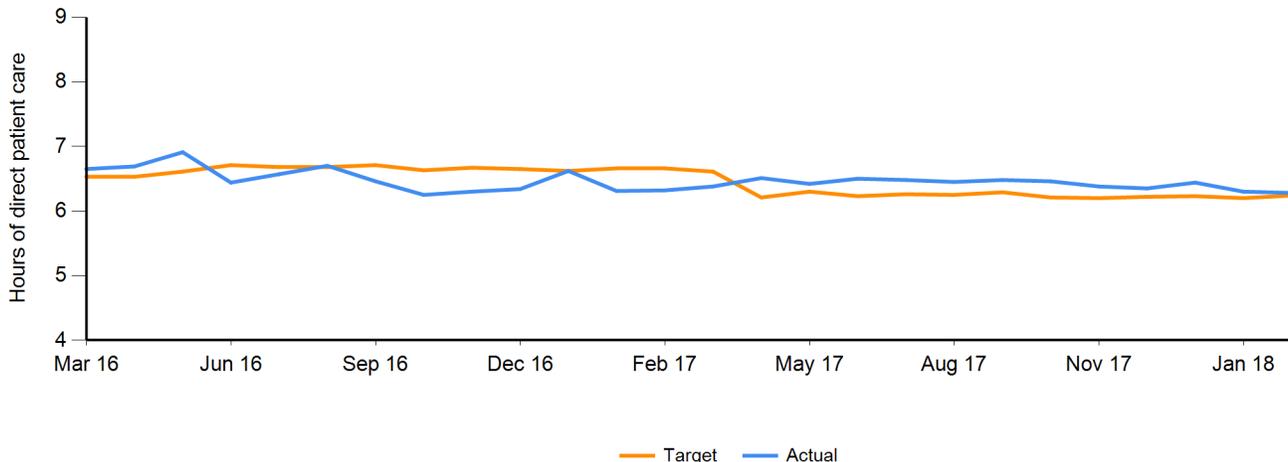
We are measuring productivity levels to help us do a better job of planning ahead for the number of patients we expect to care for. For example, if we know of a time of day, month or year when we see more patients than usual, we can plan for higher staffing levels. Also, some patients in the hospital, 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 patient care and 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 acute productive hours per patient day for February 2018 year-to-date is at 6.4, same as last year-to-date.



#### What are we doing?

1. All Communities of Care (CoCs)/Providence Health Care (PHC) continue to use the Capacity Planning Tool (CapPlan) to access real-time information and managing paid hours reports for better management decision-making.
2. CoCs/PHC continue look for improvement opportunities, eg. internal/CoC benchmarking.

Our performance	Target *
6.4	<= 6.2
hours of direct patient care per day	

Year-to-date Timeline: Feb 2018

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

# Our Health Care Report Card

## Acute length of stay compared to expected length of stay (typical cases)

Mar 2018

### Are patients staying in hospital more, or less, than expected?

#### What are we measuring?

We are measuring the number of days a patient stays in hospital, by site, compared with the expected length of stay for their condition and treatment. The expected length of stay is based on national comparators that take into account the case mix (patient population) of each hospital. We exclude alternate level of care (ALC) days, which are the "extra days" patients spend in hospital when they no longer need acute care and are waiting to transfer to other services.

#### Why?

Length of stay at or below national targets demonstrates efficiency, effectiveness and enables hospitals to regain the internal capacity to increase the number of patients that receive timely care. Overall, it contributes to long term sustainability of the acute system.

#### How do we measure it?

We add up the acute length of stay (excluding alternate level of care days) of all patients discharged in the reporting fiscal period (month) and divide that number by the sum of the expected length of stay of those same patients. Newborns and Atypical discharges are excluded, for example long-stay outliers, deaths and transfers. The DTU (Diagnostic Treatment Unit) and St. Paul's Hospital - Emergency Department ABSU patients are excluded.

#### How are we doing?

The acute length of stay compared to expected length of stay (typical cases) has remained stable at 100.2% which is slightly worse than our target of 100.0%. In overall year-to-date performance, Richmond and Coastal are better than target while Vancouver and Providence are slightly worse than target; however Providence and Vancouver have shown improvement in the past few periods.

#### What are we doing?

Process redesign initiatives (e.g. Care Management Improvement/iCARE/ rCARE/Team Care) have been implemented at many of our acute care sites. The objectives of these initiatives are to use evidence-based decision making related to utilization and flow, and implement daily goal-focused rounds with the health care team to reduce patient length of stay while continuing to provide optimal care.

Our performance	Target *
100.2 %	<= 100.0 %
of Acute length of stay compared to Expected length of stay	

Year-to-date Timeline: Oct 2017

The target is based on 2013/14 fiscal year results.

