

Vancouver Coastal Health Authority

2018/19 – 2020/21 SERVICE PLAN

June 2018



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Board Chair Accountability Statement



On behalf of the Board of Directors of Vancouver Coastal Health (VCH), I am pleased to present the 2018/19 – 2020/21 Service Plan. The plan was prepared under the Board’s direction in accordance with the [*Health Authorities Act*](#) and [*Performance Reporting Principles for the British Columbia Public Sector*](#). The plan is consistent with government’s strategic priorities and fiscal plan. The Board is accountable for the contents of the plan, including what has been included in the plan and how it has been reported. The Board is responsible for the validity and reliability of the information included in the plan.

All significant assumptions, policy decisions, events and identified risks, as of May 25, 2018 have been considered in preparing the plan.

The performance measures presented are consistent with the Budget Transparency and Accountability Act, the Ministry of Health’s mandate and goals, and the focus on aspects critical to VCH’s performance. The targets in this plan have been determined based on an assessment of VCH’s operating environment, forecast conditions, risk assessment and past performance.

A handwritten signature in blue ink, appearing to read 'C.C. Woodward'. The signature is fluid and cursive, with a large loop at the end.

C.C. (Kip) Woodward
Board Chair, Vancouver Coastal Health
May 25, 2018

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Organizational Overview

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

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

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

VCH organizes its health services around three geographic *communities of care*: **Coastal** (which includes a mix of urban, rural and remote communities), **Richmond** and **Vancouver**. **Providence Health Care (PHC)** is a significant partner and contracted service provider to VCH, providing a range of clinical services across acute, residential and community sites; PHC also plays a prominent role in supporting academic health care. Most VCH patient services are coordinated through cross-regional programs to enable quality, standardization and efficiency. The large majority of health services are delivered directly by VCH and PHC physicians and staff; contracts are also in place with other providers to deliver services. Support services are organized regionally within VCH – or in conjunction with the other Lower Mainland health authorities.

Corporate Governance

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

Strategic Direction and Alignment with Government Priorities

VCH receives its strategic direction from clearly identified priorities set forth in the [2018/19 – 2020/21 Ministry of Health Service Plan](#) and the [Mandate Letter](#) from the Minister of Health.

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

Vancouver Coastal Health is aligned with the Government’s key priorities:

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

Strategic Context

VCH has made considerable progress in improving services across a range of areas over the past several years. VCH residents enjoy some of the best health indicators in the country, pointing to underlying strengths in certain social determinants across the region, the quality of its health care services and programs, and most importantly, the skill and dedication of the many physicians, staff and volunteers across VCH.

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

Challenges persist with respect to: access to family physicians and primary care in some communities, proactively responding to the needs of the frail elderly who may require complex medical supports, the changing needs of home and residential care clients in terms of dementia, emergency department

congestion and stress on access to inpatient beds in some hospitals, and longer than desired wait times for access to some scheduled surgery and diagnostic imaging services.

In July 2017, the Ministry of Mental Health and Addictions was created to guide the transformation of B.C.'s mental health and addictions system by setting the strategic direction for the province through cross-sector planning and driving system-level improvement. The health authorities, together with the Ministry of Health, are responsible for implementing the strategic direction to improve access and the quality of mental health and addictions services for all British Columbians, as well as mobilize an immediate response to the opioid public health emergency.

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

Finally, multiple clinical processes and information systems arrayed across VCH significantly challenge our capacity to rapidly share comprehensive information across care settings. With the Clinical and System Transformation and eCommunityNEXT initiatives, VCH and its partners have made a significant commitment to maintaining and improving the delivery of high quality patient care by linking the complete electronic health record for each patient, supported by consistent, evidence-based clinical practices, high level capabilities for clinical decision support and standardized documentation, evidence-based order sets, computerized physician order entry and management, and closed loop medication management. Furthermore, the spread of virtual care options for patients and providers will drive VCH to prioritize and accelerate our adoption of virtual care options and the IT infrastructure to support them; which in turn will allow VCH to expand service capacity to meet growing demand.

Goals, Objectives, Strategies and Performance Measures

Goal 1: Ensure a focus on cross sector change initiatives requiring strategic repositioning

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

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

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

Objective 1.1: Enhance primary care services to provide comprehensive and coordinated team-based care linked to specialized services

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

The 2018/19 Ministry of Health Service Plan is tracking the incremental implementation of Primary Care Networks. The effectiveness of the delivery of specialized care services programs (e.g. mental health and substance use, home and community care, surgical services, etc.) are measured in the subsequent three sections of this document.

Key Strategies:

- Prioritize the provision of integrated team-based primary care by establishing urgent primary care centres.
- Work with the Divisions of Family Practice to support full-service family practice and help to establish team-based practices across VCH communities delivering services based on population and patient need, particularly the needs of key patient populations including frail seniors, people with chronic conditions, and/or people with moderate to severe mental health or substance use issues.
- Improve access to coordinated services through the establishment of regional specialized community services programs.

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

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

Key Strategies:

- Improve and strengthen services to ensure seniors receive dignified and quality care.
- Continue to increase the number of hospice spaces in the province.
- Ensure a consistent, standardized approach in assessing care needs and goals for care for Community Living BC clients, including aging individuals with developmental disabilities.

Performance Measure(s)	2016/17 Baseline	2017/18 Actual ²	2018/19 Target	2019/20 Target	2020/21 Target
1.2 Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and over ¹	2,507	2,337	2,467	2,447	2,427

¹ Data Source: Discharge Abstract Database, Hospital, Diagnostic and Workforce Branch, Health Sector Information, Analysis and Reporting Division, Ministry of Health

² Up to and including the third quarter

Linking Performance Measures to Objectives:

1.2 This performance measure tracks the number of people with select chronic conditions, such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. People with chronic conditions need the expertise and support of health care providers to manage their disease in the community in order to maintain functioning and reduce

complications that would require more medical care. As part of a larger initiative to strengthen community-based health care and support services, VCH is working with family doctors, home health care providers and other health care professionals to provide better care in the community and at home to help people with chronic disease to remain as healthy as possible. Proactive disease management reduces unnecessary emergency department visits, hospitalizations, and diagnostic testing.

Discussion:

Through significant efforts, VCH performance in keeping hospital admissions appropriate and as low as possible for people with ambulatory care sensitive conditions across all age groups continues to be very strong. In 2017/18, the rate at which people with a chronic disease per 100,000 people age 75 years and over in VCH were admitted to hospital was 2,337 – the lowest in B.C. VCH will continue to work to sustain this performance by striving to provide exceptional health care services that meet patient needs along the continuum of care.

Objective 1.3: Enhance mental health and substance use services to improve patient health outcomes and reduce emergency department use and hospitalizations

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

Key Strategies:

- Support the creation of a mental health and addictions strategy, which includes a focus on improving access, early prevention, and child and youth mental health services.
- Work in partnership to support an immediate response to the ongoing opioid overdose public health emergency.

Performance Measure(s)	2016/17 Baseline	2017/18 Actual ²	2018/19 Target	2019/20 Target	2020/21 Target
1.3 Percent of people admitted for mental illness and substance use who are readmitted within 30 days, age 15 years and over ¹	15.1%	15.3%	15.0%	15.0%	15.0%

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

² Up to and including the third quarter

Linking Performance Measures to Objectives:

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

Discussion:

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

Objective 1.4: Timely access to appropriate surgical procedures

VCH remains committed to sustaining improvements to timely surgical access. The context for this improvement is better coordination between hospitals, family doctors, and other providers to ensure high quality and accessible care, clinical coordination and standardized pathways to drive appropriate utilization.

The Ministry of Health has set a new performance measure and target for surgical services in 2018/19, focusing on the number of hip and knee replacement and dental surgeries completed. These surgical procedures have been identified as a priority for all regional health authorities in order to help people living in pain get faster and more equitable access to the surgery they need to enjoy an improved quality of life.

Key Strategies:

- Work to reduce wait times and implement province-wide coordination to manage and actively monitor waitlists.
 - Expand approaches to reducing waitlists in patient populations across the province.
 - Ensure timely access to scheduled surgical services, diagnostic imaging and colonoscopy.
 - Standardize care pathways and implement operating room efficiency plans and surgical programs for hip and knee replacement surgeries.
- Improve clinical chronic pain management supports and coordinate for people living with chronic pain.

Performance Measure(s)	2016/17 Baseline	2017/18 Actual	2018/19 Target	2019/20 Target	2020/21 Target
1.4 Surgeries in targeted priority areas* completed ¹	4,045	4,174	5,444	5,549	5,655

*Note: Including hip and knee replacement and dental surgeries

¹ Data Source: Surgical Patient Registry, Hospital, Diagnostic and Workforce Branch, Health Sector Information, Analysis and Reporting Division, Ministry of Health

Linking Performance Measures to Objectives:

1.4 Expanded surgical activity and patient-focused funding combined with continuous effort to foster innovation and efficiency in VCH hospitals, has improved the timeliness of patients' access to an expanding range of surgical procedures. Hip and knee replacements and dental surgeries have been identified as priority areas of focus because a high percentage of patients waiting for these procedures waited longer than the benchmark timeframe.

Discussion:

Continued operational focus on strategies such as First in First out (FIFO), OR efficiencies, and waitlist management resulted in a 5% improvement in 2017/18 compared to the prior year for the percentage of patients waiting longer than 26 weeks for elective hip, knee or dental surgery. VCH will continue with these at all sites to support the achievement of the volume targets.

Goal 2: Support the health and well-being of British Columbians through the delivery of responsive and effective health care services

Goal 2 in the 2018/19 – 2020/21 Service Plan consolidates previous direction from the Ministry related to prevention, health promotion and service delivery.

Objective 2.1: Improve health outcomes and reduce health inequities in the populations we serve

Through health promotion and prevention initiatives that have an impact on the overall health of residents, VCH supports the health of our communities by encouraging healthier lifestyles and choices, and enabling access to the information and tools people need to actively manage their own health and wellness. Working with partners, VCH will continue to build on the number of communities with strategic plans that support healthy living.

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

Key Strategies:

- Establish a long term prevention plan to strengthen and emphasize health promotion and prevention initiatives and services so that health promotion and prevention activities for all health issues, including mental health and substance use actions linked to the Mental health and Addictions Strategy, can be secure and effective.
- Continue to implement [*Promote, Protect, Prevent: Our Health Begins Here. BC’s Guiding Framework for Public Health*](#), the provincial framework for supporting the overall health and well-being of British Columbians and a sustainable public health system that reflects alignment with the Mental Health and Addictions Strategy.
- Standardize business processes and inspections among the five regional health authorities for drinking water facilities and food premises and establishments.
- Improve rural health services.
- Ensure patients have a voice in the quality of care they are receiving and are full partners in their own health care, and address patient concerns, including working closely with the BC Patient Safety & Quality Council and Patient Care Quality Review Offices and Review Boards.
- Ensure patients have timely access to high quality, appropriate and culturally safe outpatient diagnostic services.
- Support the improvements of Indigenous health and wellness in alignment with our commitments and partnership with the First Nations Health Authority as outlined in the Regional First Nations Health & Wellness Plan 2016- 2021 and the Partnership Accord.
- Further to the commitment by the provincial government in the [*Memorandum of Understanding – A Regional Engagement Process and Partnership to Develop a Shared Ten-Year Social Determinants of Health Strategy for First Nations Peoples in BC \(March 2016\)*](#), VCH will participate in planning cross-sectoral work to address and support the social determinants of health in First Nations communities within our region.
- Further to the [*Declaration of Commitment on Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in BC*](#), VCH will also work with its partnership table and the First Nations Health Authority to prioritize key initiatives to create a climate for change to improve the patient experience for this population.

Performance Measure	2011/12 Baseline	2017/18 Actual	2018/19 Target	2019/20 Target	2020/21 Target
2.1 Percent of communities that have completed healthy living strategic plans ¹	23%	71%	79%	93%	93%

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

Linking Performance Measures to Objectives:

- 2.1 Community efforts to support healthy living through planning, policy, built environment and other mechanisms are critical to engaging individuals where they live, work and play. Sustained

community level actions across VCH will encourage more active lifestyles while decreasing the risk factors for chronic disease and injury.

Discussion:

VCH continues to advise communities and local governments on comprehensive healthy living plans while building closer working relationships to facilitate health promotion at the community level. By the end of 2017/18, ten of the fourteen (71 percent) VCH communities had healthy living plans in place, and three more communities are expected to onboard by the end of 2018/19.

Goal 3: Deliver an innovative and sustainable health system

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

Objective 3.1: Engage staff and physicians in developing the best work environment

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

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

In alignment with the 2018/19 MoH Service Plan, the performance measure for this objective has been updated to include nursing and allied health professionals. The three-year B.C. target is set at 3.8% (2016 baseline level).

The VCH Workforce Strategy is aligned with BC Government's Provincial Health Workforce Strategy and internal priority initiatives to ensure VCH has the right talent, with the right skills, in the right place, at the right time to support and deliver patient care and meet our shared goals for the health care system in B.C.

Key Strategies:

- Ensure staffing models, including any contracted services, provide stable, consistent high quality care for patients.
- Ensure effective health human resource planning, management and engagement.

Performance Measure(s)	2016 Baseline	2017 Actual	2018 Target	2019 Target	2020 Target
3.1 Nursing and allied health professionals overtime hours as a percent of productive hours ¹	3.6%	3.5%	3.6%	3.6%	3.6%

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

Linking Performance Measures to Objectives:

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

Discussion:

This performance measure compares the amount of overtime worked by nurses and allied health professionals to the amount of time worked. VCH performance on this measure remains steady, with results up to the third quarter of 2017 coming in 3.5%, just below the 2018/19 target of 3.6%. All health authorities in BC will face challenges meeting this metric, particularly due to skill shortages in health human resource shortages in specific professions. At VCH, workforce optimization strategies in specific areas (e.g. hiring of nursing relief positions), and strengthening efforts by Employee Engagement to educate, support and assist managers in staff scheduling and management will mitigate these challenges.

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

VCH is committed to delivering high quality and appropriate health services that best meet the needs of the population in a fiscally sustainable manner. At the same time, VCH recognizes the need to shift the culture of health care from being disease-centred and provider-focused to being truly patient-centred. In alignment with Ministry priorities, VCH is executing the following strategies to implement and optimize the use of clinical information systems for patients, providers and across the continuum of care. While the overall objective is to improve health outcomes through more timely, effective and safer care, VCH also strives to improve the experience for patients and providers and leverage data to inform further planning, policy and research for the benefit of our population.

There is no performance measure for this objective as the key strategies are currently in planning phase through 2018/19 and an appropriate metric is under development.

Key Strategies:

- Apply lessons learned from past technology projects to future implementation activities to ensure effective management of budgets, timeline and outcomes.
- Ensure an integrated and cost effective approach to information management and technology, including telehealth and home health monitoring.
- Enhance digitally-enabled care as part of the continuum of care for patients.
- Continue implementation of the electronic medical records, and ensure patients are enabled to be strong partners in the access to and control of their personal records.

Resource Summary

(\$ millions)	2017/18 Actual	2018/19 Budget	2019/20 Plan	2020/21 Plan
OPERATING SUMMARY				
Provincial Government Sources	3,553.0	3,668.8	3,772.3	3,862.1
Non-Provincial Government Sources	281.0	241.1	241.4	241.4
Total Revenue	3,834.0	3,909.9	4,013.7	4,103.5
Acute Care	2,311.4	2,314.7	2,373.7	2,424.6
Residential Care	491.7	503.0	517.1	529.2
Community Care	274.2	303.0	311.6	319.0
Mental Health & Substance Use	332.3	342.2	351.6	359.7
Population Health and Wellness	104.1	107.3	110.4	113.2
Corporate	319.2	339.7	349.3	357.8
Total Expenditures	3,832.9	3,909.9	4,013.7	4,103.5
Surplus (Deficit)	1.1	0.0	0.0	0.0
CAPITAL SUMMARY				
Funded by Provincial Government	92.2	125.2	146.8	84.5
Funded by Foundations, Regional Hospital Districts, and other non-government sources	103.0	106.6	71.4	25.4
Total Capital Expenditures	195.2	231.8	218.2	109.9

Note:

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

Major Capital Projects

The following is a list of approved capital projects that are over \$20 million in total capital cost:

Major Capital Projects (over \$20 million)	Targeted Completion Date (Year)	Project Cost to Mar 31, 2018 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
Vancouver General Hospital Operating Room (OR) Renewal – Phase 1	2021	64	96	102
<p>The Vancouver General Hospital (VGH) Operating Room (OR) Suite is a tertiary, quaternary and trauma surgical suite serving inpatients, outpatients, and both scheduled and unscheduled patients from across the Province. As the quaternary and trauma centre for BC, the VGH OR experiences more unscheduled emergency cases (45%) than any other centre in the Province.</p> <p>The proposed Perioperative Suite design will provide a long-term solution to address daily operational challenges caused by undersized, poorly configured operating rooms and failing infrastructure. It will also provide the infrastructure necessary to improve patient safety and quality outcomes and to ensure patients receive their surgery in a timely manner.</p> <p>This project presents many opportunities, including:</p> <ul style="list-style-type: none"> • Improved access to the best care and patient outcomes • Improved efficiencies and utilization with more universal and flexible OR's and appropriate support space • Innovation in advanced procedures by creating a contemporary OR suite that integrates current advanced technologies and is designed to accommodate future technologies • Replacing and upgrading failing facility infrastructure to meet current standards for staff and patient safety, and for business continuity <p>Phase 1 will deliver:</p> <ul style="list-style-type: none"> • 16 new universal Operating Rooms • A new 40-bay Pre-Post-Operative Care Unit • New storage and administrative spaces • New and / or upgraded mechanical, electrical and HVAC systems • A new elevator to service Levels 2 and 3 within the OR suite • New and / or upgraded technology on Level 2 and 3 • New and / or upgraded equipment 				
Joseph & Rosalie Segal Family Health Centre, Vancouver General Hospital	2017	73	9	82
<p>A new 100-bed Mental Health Pavilion on the Vancouver General Hospital Campus which will replace the current Health Centre and see the consolidation of mental health inpatient and outpatient programs / services currently separated between Vancouver General Hospital / University of British Columbia Hospital into one purpose-built building.</p> <p>The new facility consists of the construction of an eight story hospital building, targeted for LEED gold certification. The new building will accommodate 80 beds for the secondary mental health program; 20 beds of Tertiary mental health; Outpatient services; the Assertive Community Treatment program; and research and administration areas.</p>				

Major Capital Projects (over \$20 million)	Targeted Completion Date (Year)	Project Cost to Mar 31, 2018 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
Sechelt Hospital Expansion	2018	44	0	44
<p>To design and construct the diagnostic and treatment expansion of Sechelt Hospital in Sechelt, BC. The work includes a building expansion and extensive renovations to the existing hospital as well as the construction of an Energy Centre for physical plant services.</p> <p>The redevelopment of the hospital will provide a broader range of services, capacity and technology including:</p> <ul style="list-style-type: none"> • Additional beds including an increased number of private rooms • New Special Care Unit for high acuity patients • Infection control and isolation capacity • New Emergency Department with fast track capacity • Expansion to Ambulatory Care, Surgical Day Care • New Diagnostic Imaging Department 				
Lions Gate Hospital Power Plant Replacement	2020	3	23	26
<p>This project includes the complete replacement of the aged and seismically unsafe Power Plant infrastructure, including boilers, steam lines, medical gases, etc., and the demolition of the existing Power Plant building. Relocating the new Power Plant to the north of the HOpe Centre is necessary as the current Power Plant is located within the footprint of the proposed new Acute Care Facility.</p>				
Ortho Reconstructive Surgery Expansion and Transitional Care Unit Move (ORTS), at the University of British Columbia Hospital	2019	5	17	22
<p>Key spaces within Koerner Pavilion at the University of British Columbia University Hospital will be repurposed to relocate the Transitional Care Unit (TCU) and Internal Medicine Department (IMD) from the first floor to a new unit on the second floor with no increase in number of beds; move orthopedics / reconstruction (ortho-recon) services from Vancouver General Hospital to the new unit and combine within the existing surgical services.</p>				

Significant IT Projects (where applicable)

IMIT Project (exceeds \$20 million in total or \$10 million in one fiscal year)	Targeted Completion Date (Year)	Project Cost to Mar 31, 2018 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
Clinical and Systems Transformation (CST) Project	2023	192	90	282
<p>The primary purpose of the Clinical and Systems Transformation (CST) Project is to establish a common standardized, integrated, end-to-end clinical information system and environment (Integrated Clinical Information System Environment) for Provincial Health Services Authority, Vancouver Coastal Health Authority, and Providence Health Care. The project will result in a creation of a single Cerner production domain clinical information system.</p> <p>The CST Project will deliver real-time health information to clinicians and researchers in a way the current heterogeneous systems do not. It will enable the standardization of administration functions, such as referrals, scheduling, and registration. It will also enable the Health Organizations to better manage and measure wait times as well as provide comparable and timely data for efficient resource management. This will in turn allow British Columbia to better manage future health care costs while improving the quality of patient care.</p>				

Appendix A: Health Authority Contact Information

Vancouver Coastal Health

11th Floor, 601 West Broadway

Vancouver, B.C. V5Z 4C2

Information – Lower Mainland: 604-736-2033

Information – Outside the Lower Mainland: 1-866-884-0888

Web: www.vch.ca

Email: feedback@vch.ca