

**Vancouver Coastal
Health Authority**

2017/18

ANNUAL SERVICE PLAN REPORT



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Board Chair's Accountability Statement



On behalf of the Board of Directors of Vancouver Coastal Health (VCH) Authority, I am pleased to present the *2017/18 Annual Service Plan Report*. The report was prepared under the Board's direction in accordance with the [*Budget Transparency and Accountability Act*](#).

The *Vancouver Coastal Health Authority 2017/18 Annual Service Plan Report* compares the health authority's actual results to the expected results identified in the *2017/18 – 2019/20 Service Plan*. I am accountable for those results as reported.

A handwritten signature in blue ink, which appears to be "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

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Chair/CEO Report Letter

We are pleased to present our *2017/18 Service Plan Annual Report*. This report compares our actual results to the expected results identified in the *VCH 2017/18 – 2019/20 Service Plan*. As you read through this document, you will see examples of the progress VCH has made toward achieving the strategic objectives and mandated deliverables as defined in VCH's mandate letter from the Minister of Health.

With over 13,700 staff including 4,900 nurses, 2,100 physicians and 3,000 volunteers, we are one of British Columbia's largest health authorities. VCH provides care and support to over one million people in Vancouver, Richmond, the North Shore, the Sunshine Coast, Whistler, Squamish, the Central Coast communities of Bella Bella and Bella Coola, and many other locations. Our services are as diverse as the people and places we serve. As too, is the role we play. While our focus is on providing the health care and services needed to support our communities, we also support our communities in other ways.

As a publicly-funded provider of quality health services, transparency and accountability is important. Compensation levels for our employees earning more than \$75,000 annually are available [publicly](#), as is our [Health Care Report Card](#) that outlines our performance on several key indicators, such as length of stay in hospitals, infection rates, emergency department wait lists and more. VCH engages frequently with its communities and stakeholders on matters of performance, strategy and direction. Our [Open Board Forums](#) focus on key progress and developments within our Communities of Care, while ongoing relationships through Local Governance Liaison Committees, our [Community Engagement Advisory Network](#) and other mechanisms link us with our partners.

Even while developing and investing in new and innovative patient-centred service models intended to respond to future demands, VCH continues to demonstrate fiscal responsibility with a balanced operating budget posted for the 2018/2019 fiscal year. We successfully “went live” with our first installation of the ground-breaking Clinical Systems and Transformation (CST) project in our Coastal Community of Care – a multi-partner project that will transform the delivery of health care in areas of our region – and began work on the major capital upgrade of surgical suites at Vancouver General Hospital. A multitude of strategies to address the ongoing opioid overdose public health emergency were also implemented.

We continue to work closely with the Ministry of Health on many levels: not just to remain accountable for our tax-payer funded system of care, but to also make sure that our strategies are aligned with Ministry priorities and expectations, reflect value for money, and deliver the highest quality care outcomes for our patients, clients and residents. VCH staff routinely participates in and contributes to provincial and regional working groups, committees and task forces in areas ranging from mental health and substance use, to public health, surgical services and primary care implementation. Public awareness and health education campaigns are also developed in coordination with the Ministry of Health, other health authorities and stakeholders.

The 2018/2019 year also saw some changes to the VCH Board of Directors. Each new Board member receives a detailed orientation to the operations and strategies of VCH as well as the Ministry of Health priorities and directions.

While demands and expectations of our health care system are high, VCH is more focused than ever before on transforming our internal culture to demonstrate that we value caring, learning and the best possible outcomes for the people we serve. In doing so, we aim to bring out the best in our talented and dedicated physicians, staff and volunteers – and to draw more like-minded people to our team, all to the benefit of the British Columbians who rely on us each and every day for life-saving and life-changing care at every stage of their lives.



C.C. (Kip) Woodward
Board Chair
Vancouver Coastal Health
August 2018



Mary Ackenhusen
President and CEO
Vancouver Coastal Health
August 2018

Purpose of the Organization

VCH is mandated under the [Health Authorities Act](#) to plan, deliver, monitor, and report on health services for the geographic region we serve. These services include population and public health programs, high quality community based health care and support services, acute hospital care, as well as improved productivity and performance. VCH delivers health services to about 1.25 million people – nearly 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, and Richmond. We recognize that our places of work and VCH facilities lie on the traditional homelands of the 14 First Nations communities. There are also three Métis Chartered Communities within our region.

One of Canada’s largest health care providers, VCH is the main centre for academic health care (clinical service, research and teaching) in British Columbia, working with many partner organizations to deliver complex and specialized care to patients from across VCH, the province, and other parts of Canada. Through our partnerships with UBC, SFU, BCIT and other academic institutions, we train over 12,000 doctors, nurses, allied health and administrative professionals every year to support the future health human resources needs across the province.

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.

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. Its financial and operational information and results are reported to the Ministry of Health, which provides the majority of our funding. The Board of Directors oversees operations, works with management to establish overall strategic direction for the organization and ensures appropriate community consultation. More information about board members, committees and senior executive team can be found at [VCH Leadership](#).

Information about performance, commitment to quality, financial reporting and other measures can be found on the [Accountability](#) section of the [VCH website](#).

Strategic Direction and Operating Environment

VCH receives its strategic direction from clearly identified strategic priorities identified by government and set forth in the [Mandate Letter](#) from the Minister of Health. These strategic priorities have served as the foundational touchstone for strategic planning at VCH, guiding priority setting for health services across the region.

VCH is committed to working collaboratively with the many partners required to achieve the Ministry of Health's strategic vision. This collaborative approach helps to strengthen communications, promote 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.

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. This pressure is further compounded by the need for new health service delivery models, which help to support system sustainability, and the continuous need to maintain the health system's physical infrastructure.

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.

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 and other partners to close these gaps in health status.

Finally, multiple clinical processes and information systems across VCH significantly challenge our capacity to rapidly share comprehensive information across care settings. With the CST and eCommunity Next 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.

Report on Performance

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 in 2017/18. Through our commitment to accountability and effective public sector governance, we aim to strengthen communications, promote cost control, and build a stronger, more accountable relationship between VCH, the Ministry of Health and affiliated partners.

VCH remains committed to a positive and cooperative working relationship with the Ministry of Health, based on a shared understanding on the accountabilities, roles and responsibilities of both parties in the planning, administration, delivery, and monitoring of the health services for the population we serve. VCH participated in sector-specific strategic planning sessions and bilateral meetings with the Ministry of Health over the course of the year. In addition, VCH prepared and submitted all required plans and reports to the Ministry of Health, including the *Annual Service Plan Report* which serves to evaluate the organization's health and performance.

VCH met expectations for a balanced operating budget in 2017/18. Furthermore, VCH followed a "whole base" approach in order to ensure its entire budget (including notional 2018/19 and 2019/20 Ministry of Health funding allocations) specifically supported the Ministry of Health's overall strategic priorities and progress towards the Target Operating Model. The allocation of notional funding was approved through a rigorous process, selecting for the highest potential impact initiatives. VCH implemented a reporting framework to monitor strategic project milestones, budget, and risks. Following this methodology will drive greater accountability for our investments in new service design and delivery initiatives, ensuring that the system is realizing the expected benefits.

VCH is committed to supporting its employees to maintain the highest standard of professional ethics and integrity. VCH has separate Conflict of Interest, Whistleblower and Standards of Conduct policies and reviews these with all new employees at orientation, as well as with current staff through various internal communication channels. Metrics which measure compliance and effectiveness of these policies are to be reported annually to the Board Audit and Finance Committee. In collaboration with the Health Employers Association of BC (HEABC), VCH continues to align its compensation practices through the implementation of a shared, common compensation philosophy and the Compensation Reference Plan.

Goals, Strategies, Measures and Targets

This service plan has been updated from previous service plans to reflect the strategic priorities set forth in the [2017/18 – 2019/20 Ministry of Health Service Plan](#) and the [Mandate Letter](#) from the Minister of Health. The priorities focus on supporting the health and well-being of VCH residents, delivering responsive and effective health care services, and ensuring value for money in the health system.

This service plan re-affirms the clear alignment of VCH goals with the overall goals for the B.C. health system:

1. Support the health and well-being of VCH residents.
2. Deliver a system of responsive and effective health care services across VCH.
3. Ensure value for money.

Foundational to these goals is the principle of *people-first*: a sustained emphasis across VCH to put patients, residents, staff and physicians at the centre of what we do, thereby driving our service design, delivery, and performance over the coming years.

Goal 1: Support the health and well-being of VCH residents.

Through promotion and prevention initiatives that have an impact on the overall health of residents, VCH will support the health of VCH families and communities by encouraging healthier lifestyles and choices, as well as enabling self-management. VCH is committed to helping residents who do not enjoy good health or who are at risk of diminished health, along with supporting residents who enjoy positive health status. In particular, First Nations communities and individuals who reside in rural and remote communities tend to have comparatively poorer health status relative to urbanites. VCH will continue coordinated efforts to enable sustainable and effective health services in rural and remote areas of the region, including First Nations communities.

Objective 1.1: Improve the health outcomes and reduce health inequities in the populations we serve.

Strategies:

- Support the continued implementation of [*Promote, Protect, Prevent: Our Health Begins Here, B.C.'s Guiding Framework for Public Health*](#) to help enable the overall health and well-being of VCH residents and a sustainable public health system.
 - Work with the Ministry of Health, other Health Authorities and partners to support [*Healthy Families BC*](#), focussing on providing evidence-based programs and interventions to address major risk and protective factors across the life cycle. Support local governments to take leadership roles in the health and well-being of the citizens in their respective communities.
- Enhance and sustain care in rural and remote communities by leveraging resources and expertise through the networking of rural and remote communities with urban communities. Build better access to reduce disparities in access to care, and to advance learning and quality improvement. Key strategies include:
 - Facilitate discharge planning through enhanced rehab support in rural and remote communities
 - Operationalize the urban-rural-remote telehealth network with an initial focus on:
 - Expanding access to rehab and wound care for the Sunshine Coast and Sea-to-Sky.
 - Improving access to ultrasound services for the Central Coast.
 - Enhance and support outreach clinics to improve access to specialized services (e.g. Stepping Stones telehealth counselling in the Central Coast; specialist services in Bella Bella).
 - Develop recruitment and retention strategies for allied health professionals and nursing care team members.
 - Partner in First Nations Joint Project Board initiatives and Health Centre community health programs.

- Implement rural communities’ action plan with the flexibility to meet the unique needs of the rural and remote communities.
- Partner to improve the health of residents, particularly in First Nations populations and rural and remote communities within VCH, by engaging with schools, workplaces and health settings to promote healthy lifestyles and communities.
- Enable meaningful input to the Indigenous Health Plan, service planning and delivery activities by Indigenous people. Continue to expand partnerships with the First Nations Health Authority (FNHA) through service linkages, co-location and clinic arrangements, Indigenous patient navigators, and knowledge exchange to improve access to services.
- Enable access to the information and tools people need to actively manage their own health and wellness.

Performance Measure 1: Healthy Communities

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

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

Discussion

By the end of 2017/18, ten of the fourteen (71 per cent) VCH communities had healthy living strategic plans in place. VCH continues to advise communities and local governments on comprehensive healthy living plans while building closer working structures to facilitate health promotion at the community level. Sustained community level actions across VCH will encourage more active lifestyles while decreasing the risk factors for chronic diseases and injury. Community efforts to support healthy living through planning, policy, built environments and other mechanisms are critical to engaging individuals where they live, work and play.

Goal 2: Deliver a system of responsive and effective health care services across VCH.

VCH is committed to delivering high quality and appropriate health services that best meets the assessed needs of the VCH population in a fiscally sustainable manner, and to shifting the culture of health care from being disease-centered and provider-focused to being patient centered. The health outcomes of VCH patients and residents are continuously improved by embedding patient-centred practices in the delivery of all care and services. Building directly upon the health system policy direction papers, actions are being taken by VCH in the high priority areas of primary care, home and community care, mental health and substance misuse services, and surgical services. Concurrently,

VCH is working to enable shared information across providers and settings, which is integral to high quality, responsive and sustainable health care services across the region.

Objective 2.1: Improve patient outcomes and reduce variation in care through clinical and system transformation. Link the electronic health record across all sectors.

Key Strategies:

- Support professionals and care teams to deliver high quality, patient-centered care by enabling the exchange of patient information across service areas. Design consistent, evidence-informed clinical practices and move to a shared clinical information system on one platform through CST.
- Design and implement a community system that supports client interaction in care planning and seamless, integrated care across the continuum (eCommunityNEXT).
- Continue to expand the electronic medical record to additional primary care clinics across VCH.
- Implement human resources software to enable wide-scale, secure identity management.
- Implement learning activities to support the adoption of the new clinical practices and systems, and achieve high level capabilities for clinical decision support and standardized clinical documentation, evidence-based order sets, computerized physician order entry and management and closed loop medication management. Reduce unwarranted variation in care quality and improve outcomes by implementing evidence-based protocols and by strengthening processes and outcome reporting.

Objective 2.2: Enhance primary care services to provide comprehensive and coordinated team-based care linked to specialized services.

VCH has been part of a collaborative process to improve primary and community care across its communities. Working closely with numerous partners, VCH has helped to introduce various practice and service delivery models and innovations to meet the expanding demand for services due to population demographics. The focus on effective team-based practices and healthy partnerships between providers will support better care for VCH residents, particularly those who are more vulnerable, such as people suffering with frailty, chronic conditions and mental health and substance use issues. It will also contribute to the progressive reduction in preventable hospitalization.

Key Strategies:

- Work with partners to integrate or link family practices with primary care services across VCH communities to create a “primary care home” for VCH residents and families to reduce the need for accessing emergency departments and hospitalizations.
- Build further primary care capacity across VCH through expansion of the Health Connections Clinic, the Three Bridges Clinic, and the Downtown Eastside Drop-In Centre and Low Threshold Clinic.
- 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.

Objective 2.3: Improved health outcomes and reduced hospitalizations for seniors through effective community services.

The development of the primary care home 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 and caring manner as part of the service continuum. In addition, high quality end-of-life services will be delivered through a population, needs-based approach.

Key Strategies:

- Implement prototype models of care for seniors across three VCH communities to ensure enhanced and coordinated services and a reduced reliance on acute care. The new models include multidisciplinary teams, expanded adult day programming and medical respite capacity, expanded and aligned home support services, and the proliferation of ED iCare/quick response teams across all urban emergency departments. Reduce the number of hospital long stay and alternative level of care patients through earlier discharge planning and expanded community support.
- Increase community capacity and help prevent emergency visits and acute admissions by shifting to more nursing and allied health visits in ambulatory settings and to expanding telehealth to support clients and families across the continuum of care.
- Collaborate with BC Emergency Health Services to support the provision of pre-hospital emergency services.
- Support residential care staff and facilities to embed best practices for resident care and support by implementing goals of care and clinical practice guidelines. Expand residential care capacity in Richmond and continue implementation of the regional residential care rejuvenation plan.
- Implement end-of-life care education, clinical guidelines and protocols with a focus on clinical transitions, interdisciplinary care, and clear priority to improve pain and symptom management. Support the expansion of end of life services, including hospice spaces, and home-based palliative care in alignment with the overall B.C. commitment.

Performance Measure 2: Managing Chronic Disease in the Community

Performance Measure	2013/14 Baseline	2017/18 Target	2017/18 Actual	2018/19 Target	2019/20 Target
The number of people with a chronic disease admitted to hospital per 100,000 people, age 75 yrs and over (age-standardized)	2,920	2,491	2,277	2,471	2,451

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

Discussion

Through significant efforts, VCH performance continues to be very strong in keeping hospital admissions appropriate and as low as possible for people with ambulatory care sensitive conditions across all age groups. 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 2,277 – well below the B.C. rate. VCH will continue to work to sustain this performance.

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.

Objective 2.4: Enhance mental health and substance use services to improve patient health outcomes and reduce emergency department use and hospitalizations.

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.

Key Strategies:

- Implement new urban, rural and remote mental health and addiction intensive case management teams for adults experiencing moderate to severe substance use issues with or

without mental illness who are in need of assertive outreach care in the community.

- Implement and support new spaces across VCH for addiction treatment, prevention and services including a combination of transition beds, community-based withdrawal management beds, supportive recovery beds and complex enhanced concurrent disorder beds.
- Implement an Integrated HUB (St. Paul’s Hospital) similar to the Access and Assessment Centre at VGH to enable a non-emergency room alternative for adults in Vancouver with a mental health or addiction diagnosis with a coordinated 24/7 continuum of intake, assessment, referrals and care.
- Support the coordinated, collaborative delivery of mental health and substance use services for children and youth across VCH.
- Complete the *Segal Family Health Centre* as a key resource within the continuum of services for people suffering with mental health and addiction issues.
- Complete the redesign of primary and community services to meet the evolving and challenging health and social needs of the residents of Vancouver Downtown Eastside (Downtown Eastside 2nd Generation Strategy).
- Continue to work in partnership with municipal and government partners to develop and implement strategies to reduce the number of opioid/fentanyl-related overdoses.

Performance Measure 3: Community Mental Health Services

Performance Measure	2013/14 Baseline	2017/18 Target	2017/18 Actual	2018/19 Target	2019/20 Target
Percent of people admitted for mental illness and substance use who are readmitted within 30 days, age 15 yrs and over	15.2%	12.0%	15.6%	12.0%	12.0%

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

Discussion

In 2017/18, VCH had a hospital readmission rate involving people suffering with mental illness and substance use issues of 15.6 per cent.

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 substance use issues. This performance measure contains stretch targets; progress towards achieving those targets will be focused on increased specialized community-based supports, particularly coordinated and integrated team-based primary and community care programs, to help those with mental health and/or substance use issues receive appropriate and accessible care.

VCH is working in partnership with the Ministry of Health, the Ministry of Mental Health and Addictions and other lower mainland health authorities to expand mental health and addiction

services, including a new mental health and addictions hub at St Paul's Hospital with 10 beds dedicated to assessing and helping those with mental health challenges or substance use issues.

VCH continues to be fully committed to achieving the vision established in Healthy Minds, Healthy People to address the complexities of helping people with mental illness and substance use issues. Greater primary, community and outreach capacity, supported by better coordination and more specialized services and beds, will help to progressively reduce readmissions to hospital of people with mental health and substance use issues over time.

Objective 2.5: Deliver operational excellence in surgical services to improve outcomes and efficiency, and to achieve significant improvement in timely access to appropriate surgical procedures.

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.

VCH remains committed to sustaining and further improving timely surgical access. The context for this improvement is better coordination between hospitals, primary care, and other providers to ensure high quality and accessible care, clinical coordination and pathways to help avoid hospitalizations, and the appropriate utilization of an expensive sector in the health care system.

Key Strategies:

- Recruit and retain committed, highly qualified staff and surgeons to fully enable the delivery of appropriate and optimal surgical volumes.
- Further improve the number of patients treated within target wait times and continue to address long waiting surgical patients. Meet incremental commitments for surgical volumes and colonoscopy volumes, calibrated through detailed modeling and operational realities.
- Increase access to diagnostic services, especially MRI exams, to enable greater surgical access to patients.
- Advance the development of high quality, sustainable surgical care delivery models, including standardized care pathways, with evidence-based timelines and practice guidelines for consulting with patients on treatment options. Engage with and inform patients to increase the amount of information available.
- Improve access for surgical patients across VCH through improved screening, better management of surgical capacity, and a coordinated approach to siting.

Performance Measure 4: Access to Scheduled (Non-Emergency) Surgery

Performance Measure	2013/14 Baseline	2017/18 Target	2017/18 Actual	2018/19 Target	2019/20 Target
Percent of scheduled surgeries completed within 26 weeks	93%	95%	88%	95%	95%

Data Source: Surgical Wait Time Production, Ministry of Health. Includes all elective adult and pediatric surgeries. Paediatric priority code VI cases are excluded from the numerator and denominator because the benchmark wait time is 52 weeks.

Notes:

1. Baseline is for surgeries completed from April 1, 2013 to March 31, 2014. Target percents are for surgeries completed in the fiscal year.
2. The total wait time is the difference between the date the booking form is received at the hospital and the date the surgery is completed.

Discussion

In 2017/18, 88 per cent of scheduled surgeries across VCH were completed within 26 weeks on a year to date basis, above the B.C. level of 85 per cent.

This performance measure tracks the proportion of non-emergency surgeries that are completed within 26 weeks, although many surgeries are completed in a much shorter time frame. More timely access to appropriate surgical procedures demonstrates commitment to improving patient-centred practice, responsiveness and system efficiency.

Over the past several years, VCH has successfully reduced wait times for numerous high priority surgical procedures. Funding incentives, combined with continuous efforts to foster innovation and efficiency in VCH hospitals, have improved the timeliness of access to an expanding range of surgical procedures. VCH continues to focus on reducing the number of patients with the *longest* waits (i.e. not just on 26 week boundary), and on reducing the number of people waiting for critical surgeries that have targeted wait times of less than 26 weeks.

Goal 3: Ensure value for money.

VCH is committed to ensuring health system resources are used in the most efficient and effective way possible. This includes 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.

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 workplace where staff and physicians do their best every day, and to attract, develop and retain outstanding leaders across many fields. The leadership, engagement and innovative thinking of our medical and clinical partners are essential. VCH is committed to working with physicians to engage them 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 patients, through mutually beneficial partnerships among health care providers, the people we serve and their families.

Objective 3.1: Embed patient-centered practices in the delivery of all care and services.

Key Strategies:

- Improve care for patients through collaborative efforts to reduce care sensitive adverse events and through support for patients with complex health and social challenges.
- Advance the Choosing Wisely initiative to help enable evidence-based appropriate care, reduce variation in care processes, impact acute demand growth and improve the use of resources.
- Demonstrate quality surgical patient outcomes through the use of multiple tracking tools and active support to provincial surgical screening programs. Leverage use of the National Surgical Quality Improvement Program (NSQIP) to focus and drive quality improvement.

Objective 3.2: Partner with physicians to improve patient outcomes and quality. Create a workplace where staff and physicians can do their best every day. Attract, develop and retain outstanding leaders.

Key Strategies:

- Continue to create and support opportunities for improved collaboration among colleagues and connections across disciplines and sites to create a more fulfilling and productive work culture at VCH sites. This includes strengthening relationships with VCH leaders and increasing opportunities for physicians to participate in health authority planning and decision-making activities.
- Ensure that initiatives to support physician engagement are coordinated and effective across care settings and service locations and operate in alignment with the Doctors of BC agreement. Partner with physicians to support shared care, enhance the care experience for patients, and ensure collaborative accountability for health system performance.
- Develop and sustain physician recruitment and retention strategies. Deliver comprehensive orientation, education and leadership programs for physician managers.
- Enhance staff recruitment strategies to meet human resource requirements across the continuum. Enhance orientation for new staff to improve the transition into VCH.
- Provide additional education for new models of service delivery. Recruit and sustain educator resources and enhance specialty training.
- Optimize the scope and performance of the VCH workforce through regularization of positions, staff scheduling technology, and use of resource staff pools.
- Sponsor additional specialty education training positions to ensure VCH's ability to meet staffing needs in the ORs, EDs, critical care and other specialty units.
- Improve VCH organizational understanding and application of human resource metrics to

influence best practices and to increase quality of care, safety and productivity.

Performance Measure 5: Nursing Overtime

Performance Measure	2010 Baseline	2017 Target	2017 Actual	2018 Target	2019 Target
Nursing overtime hours as a percent of productive nursing hours	4.0%	<=3.3%	4.2%	<=3.3%	<=3.3%

Data Source: Health Sector Compensation Information System, Health Employers Association of British Columbia.

Note: Based on calendar year.

Discussion

In 2017, 4.2 per cent of productive nursing hours across VCH were nursing overtime hours. This performance measure compares the amount of overtime worked by nurses to the amount of time nurses work. 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.

Objective 3.3: Improve sustainability by applying innovative service models and funding mechanisms. Continuously improve health delivery through analysis and knowledge management. Leverage capital investment to support future health needs.

Key Strategies:

- Fully engage with the Ministry of Health, other health authorities and partners to ensure alignment with the overall direction on health system strategic and operational priorities, and to help bind the efforts of the sector together. Manage the performance of VCH through continuous improvement and reporting across service and operational accountabilities.
- Through Providence Health Care, advance the development of the new *St. Paul's Hospital* at Station Street site – integrating acute, community and primary care within the regional primary care network. Support the completion of the *Clinical Plan* and the subsequent *Business Plan* through a collaborative process with key partners.
- Rejuvenate residential care capacity to enable increased access for those clients for whom residential care is the appropriate option. Continue progress on the *Pearson Dogwood Redevelopment* project, working closely with clients and families to ensure engagement throughout the process.
- Reduce repeat visits to emergency departments, reduce unplanned readmissions to hospital and achieve improvements in patient access and flow, as well as provide physicians with their quality outcomes through increased use of decision support and analytics.

- Demonstrate strong commitment to having the majority of VCH residents' health needs met by primary and community care through targeted allocation and strategic use of patient-focused funding and innovative accountable care models.
- Support the mandate of BC Clinical and Support Services Society to improve the coordination, management and provision of clinical, diagnostic and support services.
- Collaborate with UBC, PHC and PHSA on the co-creation of an effective Academic Health Sciences Centre.

Financial Report

Discussion of Results

Vancouver Coastal Health's (VCH) 2017/18 budget including Providence Health Care (PHC) was \$3.7848 billion. The VCH budget is set based on funding levels in the Preliminary Funding Letter from the Ministry of Health, as that is the most current information available at the time. Over the course of the 2017/18 fiscal year, both Revenues and Expenses exceeded the budget due to additional funding that was confirmed after the Preliminary Funding Letter.

Highlights

Actual revenues for the fiscal year ending March 31, 2018 were \$3.8340 billion which is higher than the total revenues of \$3.6840 billion for the year ending March 31, 2017 due to increases in Ministry of Health Funding, Non-Resident revenues, and Other Contributions. Actual expenditures for 2017/18 were \$3.8329 billion mainly due to higher expenditures than budgeted in Acute Care and Community Care offset by lower expenditures than budgeted in Corporate. The additional expenditures above budget were offset by the increased revenues discussed above. This resulted in a combined VCH/PHC surplus of \$1.1 million for the 2017/18 fiscal year.

Financial Resource Summary Table (VCH including PHC)

\$ millions	2017/18 Budget	2017/18 Actual	2017/18 Variance
OPERATING SUMMARY			
Provincial Government Sources	3,561.0	3,553.0	-8.0
Non-Provincial Government Sources	223.8	281.0	57.2
Total Revenue:	3,784.8	3,834.0	49.2
Acute Care	2,256.3	2,311.4	55.1
Residential Care	490.7	491.7	1.0
Community Care	268.2	274.2	6.0
Mental Health & Substance Use	334.3	332.3	-2.0
Population Health & Wellness	105.0	104.1	-0.9
Corporate	330.2	319.2	-11.0
Total Expenditures:	3,784.8	3,832.9	48.1
Surplus (Deficit) – <i>even if zero</i>	0.0	1.1	1.1
CAPITAL SUMMARY			
Funded by Provincial Government	130.6	92.2	-38.4
Funded by Foundations, Regional Hospital Districts, and other Non-Government Sources	103.5	103.0	-0.5
Total Capital Spending:	234.1	195.2	-38.9

Notes:

1. Operating revenues and expenses are a consolidation of VCHA and PHC information. These amounts will not agree to any publicly available consolidated financial statements. They are

Notes (continued):

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 health authorities.

2. Capital expenditures on Major Facilities and IMITS projects in 2017/18 were lower than budgeted.

Variance and Trend Analysis

The significant 2017/18 actual to budget operating variances were:

Revenue – Provincial Government Sources: Lower than budgeted due to Ministry of Health funding deferral offset by additional Provincial Health Services Authority (PHSA) funding that was provided over the course of the year after the budget had been finalized, increased Medical Services Plan revenue, increased Recoveries from Government Reporting Entities and funding for specific initiatives such as the Opioid Overdose crisis and increased surgical services.

Revenue – Non-Provincial Government Sources: Higher than budgeted due to change in process in recording Non-Resident revenues and higher than budgeted Out-of-Province revenues.

Acute Care Expenditures: Higher than budgeted due to increased Physician Fees including retroactive payments (partially offset by Medical Services Plan revenue), increased Medical Supplies, increased Provision for Doubtful Accounts due to change in process in recording Non-Resident of Canada revenues, increased Equipment expenses due to higher than budgeted maintenance and purchase of Alaris pumps, higher than budgeted Contracted Services due to private clinic surgeries and an increase in Contracted Out to other health authorities. The increased expenditures are offset by additional revenues confirmed after the Preliminary Funding Letter or generated through provision of services.

Community Care Expenditures: Higher than budgeted due to increased Contracted Services to reduce length of stay in Acute Care offset by additional revenues.

Corporate Expenditures: Lower than budgeted due to delays in the Strategic Funding Initiative Program and targeted funding projects, adjustment to LTD and Health and Welfare benefits per Health Benefit Trust year-end disclosure statement offset by an increase in Professional & Consulting Fees for various projects including Vancouver General Hospital (VGH) operating room renewal start-up costs, Health Care Solutions General and Master Site planning, and My VCH project and higher than budgeted PHC flow-through funding.

Risks and Uncertainties

One of the most significant risks facing Vancouver Coastal Health (VCH) and Providence Health Care (PHC) is the risk of clinical or support system breakdown. VCH is addressing this risk through the Clinical Systems Transformation project and other system improvement projects which are underway.

The ongoing Opioid Overdose Crisis is a potential risk that could require additional investment in 2018/19 or future years.

Major Capital Projects

Major Capital Projects (over \$20 million)	Targeted Completion Date (Year)	Project Cost to March 31, 2018 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
Vancouver General Hospital Operating Room Renewal – Phase 1	2021	6	102	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 B.C., 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 OR's • 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	2018	73	82	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 8-storey 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>				
Sechelt Hospital Expansion	2018	44	82	44
<p>To design and construct the diagnostic and treatment expansion of Sechelt Hospital in Sechelt, B.C. 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>				

Major Capital Projects (over \$20 million)	Targeted Completion Date (Year)	Project Cost to March 31, 2018 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<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	26	26
<p>This project includes the complete replacement of the aged Power Plant infrastructure, including boilers, steam lines, medical gases, etc., and the demolition of the existing Power Plant building. Relocating the Power Plant away from the future Acute Care Facility site is also necessary as the current Power Plant is located within the footprint of the proposed new building.</p>				
Ortho Reconstructive Surgery Expansion and Transitional Care Unit Move (ORTS), at the University of British Columbia Hospital	2019	5	22	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

IMIT Project	Targeted Completion Date (Year)	Project Cost to March 31, 2018 (\$ millions)	Estimated Cost to Completion (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
Clinical and Systems Transformation (CST) Project	2020	189	282	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

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