

**Vancouver Coastal
Health Authority**

**2019/20 – 2021/22
SERVICE PLAN**

October 2019



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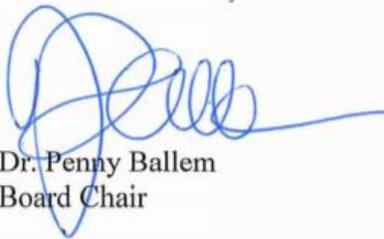
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Board Chair Accountability Statement



The 2019/20 – 2021/22 *Vancouver Coastal Health Authority Service Plan* was prepared under my direction in accordance with the *Health Authorities Act*. The plan is consistent with Government’s strategic priorities and fiscal plan. The Board is accountable for the contents of the plan, including what has been included in the plan and how it has been reported. The Board is responsible for the validity and reliability of the information included in the plan.

All significant assumptions, policy decisions, events and identified risks, as of May 31, 2019 have been considered in preparing the plan. The performance measures presented are consistent with the *Budget Transparency and Accountability Act*, Vancouver Coastal Health’s mandate and goals, and focus on aspects critical to the organization’s performance. The targets in this plan have been determined based on an assessment of Vancouver Coastal Health’s operating environment, forecast conditions, risk assessment and past performance.



Dr. Penny Ballem
Board Chair

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Organizational Overview

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

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

- Serving one of the most culturally, economically and geographically (urban, rural and remote) diverse populations in the province;
- Providing a wide range of primary, secondary and specialized services to people living within and outside of VCH, with a large number of beds and resources used by non-VCH residents;
- The main centre for academic health care (clinical service, research and teaching) in B.C., working with many partner organizations to deliver complex and specialized care to patients from across VCH, B.C. and other parts of Canada;
- Transforming clinical processes and systems across care settings through a sweeping, multi-year initiative to enable a common health record extending across VCH, Provincial Health Services Authority and Providence Health Care (PHC) hospitals, residential care, mental health and ambulatory clinics. The [Clinical and Systems Transformation](#) (CST) initiative will establish a common standardized, integrated, end-to-end clinical information system and environment for 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.
- Home to the VCH Research Institute, 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**. 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 works with management to establish overall strategic direction for the organization, oversees operations and ensures appropriate community consultation. VCH is committed to a continual review and updating process which follows the 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 [2019/20 – 2021/22 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 value for our investments, and create a strong, accountable relationship between VCH, the Ministry of Health and affiliated partners. VCH is strongly committed to its ethical and fiduciary accountability to the taxpayer, and continues to vigorously pursue enhanced performance management to ensure the delivery of patient-centred health services while promoting quality and containing costs.

VCH is aligned with the Government’s key priorities:

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

Strategic Context

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

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

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

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

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

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

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

As part of our commitment to providing efficient and sustainable health care, VCH aims to minimize our environmental impact through a reduction of resource consumption, improvements in facility design, and a culture of empowering staff to make daily decisions to improve processes and operational efficiencies. Over 1,766 VCH staff belong to our internal GreenCare Community in pursuit of reducing our operational energy and environmental impact. This innovative and collaborative approach towards reducing VCH's environmental and carbon footprint will ultimately add to the health of our clients, staff, facilities, and benefit the long term well-being of the extended communities we serve.

Finally, multiple clinical processes and information systems arrayed across VCH significantly challenge our capacity to rapidly share comprehensive information across care settings. With the Clinical and System Transformation (CST) 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 the growing demand.

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

- In alignment with the public sector commitment to achieve net-zero emissions, VCH proudly achieved carbon neutrality in 2018/19 for the ninth consecutive year. Further, the organization continues to pursue an effective response to climate change and limit our emissions: since 2017 VCH reached a 14.1 per cent reduction in energy consumption, and will continue to aggressively pursue reduced greenhouse gas emissions through 2019/20 and beyond.
- Over 1,600 VCH staff and physicians have completed Indigenous Cultural Safety foundations training in partnership with our Aboriginal Health ICS program. VCH also established an Elders in Residence program, which is now offered at all of our Community Health Centres (CHCs) in Vancouver's Downtown Eastside. Further, the organization established two Indigenous patient advisory groups to ensure Indigenous peoples have meaningful input into the design, planning and implementation of programs, services and facilities.
- Vancouver City Centre residents now have more options for same day care for non-life-threatening conditions with the opening of VCH's first Urgent and Primary Care Centre (UPCC) in Vancouver's West End. The City Centre UPCC offers same-day access to team-based urgent primary care, providing access to the health care services they need at the right time, and reducing demand on local emergency departments. The UPCC is appropriate for the treatment of sprains and strains, cuts or wounds, infections including chest, ear and urinary tract, asthma attacks, and less serious child illness and injury.
- The BOOST (**B**est Practices in **O**ral **O**pioid **A**goni**S**t **T**herapy) Collaborative, a successful joint initiative between the BC Centre for Excellence in HIV/AIDS and VCH, introduced a proactive model of treatment for opioid use disorder (OUD) to VCH clients at risk of overdose. Health care teams across Vancouver worked to implement changes to effectively identify, diagnose and engage over 1,100 people in care for OUD—doubling those kept on lifesaving treatment at three months.
- VCH sites are leading the way towards the move to an electronic patient record and computerized physician order entry. As a first step in the overall Clinical and System Transformation, Cerner successfully went live between April 2018 through October 2018 at the following sites: Lions Gate Hospital, Squamish Hospital, Pemberton Health Centre, and Whistler Health Care Centre. An additional four rural and remote sites went live RadNet, the medical imaging applications in the new Cerner system, from October through November 2018. Providence Health Care is scheduled to go live in November 2019; the next acute sites to go live will be Vancouver General Hospital (VGH), University of British Columbia (UBC) Hospital and Richmond Hospital in 2020.

Goals, Objectives, Strategies and Performance Measures

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

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

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

As part of the renewed emphasis on strengthening primary and community care services across B.C., VCH is also looking at innovative practice and service delivery models where primary health care, imaging and diagnostics, acute care, specialized services, 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 people get care from the right provider at the right time, in the right setting and with the best outcomes.

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

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

The 2019/20 Ministry of Health Service Plan is tracking the incremental implementation of Primary Care Networks across all health authorities.

Key Strategies:

- In collaboration with Divisions of Family Practice, support full-service family practice and help to establish team-based practices across VCH communities delivering services based on population and patient need, particularly the needs of key patient populations including frail seniors, people with chronic conditions, and/or people with moderate to severe mental health and addictions issues.

- Improve access to primary care through the creation of new health authority primary care network teams.
- Establish new First Nations led primary care clinics in collaboration with FNHA and the Ministry of Health.
- Establish Urgent and Primary Care Centres to address existing gaps in care within the community.
- Work with the Ministry of Health and community partners to establish new CHCs, or expand existing CHCs to deliver primary care integrated with a broad range of social supports to address social determinants of health based on the assessed needs of the community.

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

The development of Primary Care Networks across the region will help to increase access for frail seniors to coordinated primary and specialist medical care, community outreach services, assisted living and 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 way as part of the service continuum.

Key Strategies:

- Improve and strengthen access to home support and community-based services to better address the needs of seniors living in the community.
- Design and implement reablement services to facilitate smooth transition from hospital to community for adults with complex medical conditions and/or frailty to improve outcomes of care and decrease readmission rates.
- Continue to improve the accessibility, responsiveness and quality of community-based palliative care and continue to provide end-of-life care services including hospice and home-based palliative care to support those at end of life with greater choice and access.
- Improve access and the quality of support to caregivers, including access to adult day programs.

Performance Measure(s)	2016/17 Baseline	2017/18 Actuals	2018/19 Forecast	2019/20 Target	2020/21 Target	2021/22 Target
1.2 Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and over ¹	2,503	2,276	2,256	2,216	2,186	2,156

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

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 is keeping hospital admissions appropriate and as low as possible for people living with one or more chronic diseases. The 2018/19 forecasted rate at which people with a chronic disease per 100,000 people age 75 years and over in VCH were admitted to hospital is expected to be 2,256 – the lowest in B.C. VCH will continue to work to sustain this performance by striving to provide exceptional care and convenient health care services that meet patient needs along the continuum.

Objective 1.3: 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 set a new performance measure and target for surgical services, focusing on the number of hip and knee replacement and dental surgeries completed with no negative impact on keep up volumes. These surgical procedures have been identified as a priority for all 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 improve timely access to appropriate surgical care by:
 - Keeping up with the demand for all surgeries;
 - Catching up to eliminate the backlog of waitlisted patients for hip and knee replacements;
 - Implement plans to optimize existing resources;
 - Manage waitlists optimally, consistently and proactively;
 - Increase the availability of data and information on the quality of surgical services.

Performance Measure(s)	2016/17 Baseline	2017/18 Actuals	2018/19 Actuals	2019/20 Target	2020/21 Target	2021/22 Target
1.3 Surgeries in targeted priority areas* completed ¹	4,045	4,176	5,193	5,252	5,300	5,350

*Note: Including hip and knee total replacement and dental surgeries

¹ Data Source: Surgical Wait Times Database, Health Sector Information, Analysis and Reporting Division, Ministry of Health (Site ID 200)

Linking Performance Measures to Objectives:

1.3 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, as well as dental surgeries, have been identified as priority areas of focus because a high percentage of patients waiting for these procedures have historically waited longer than the benchmark timeframe. Targets for this performance measures will be adjusted in the future as new priority surgical areas are identified and targeted for improvements.

Discussion:

VCH will continue working with all sites to support the achievement of the volume targets, with continued operational focus on strategies such as First in First Out, OR efficiencies, and waitlist management.

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

Goal 2 in the 2019/20 – 2021/22 Service Plan consolidates direction from the Ministry related to prevention, health promotion and service delivery. VCH supports the health of our communities by encouraging healthier lifestyles and choices, and enabling access to the information and tools people need to actively manage their own health and wellness. Working with partners, VCH will continue to build on the number of communities with strategic plans that support healthy living.

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

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

Key Strategies:

- Continue to implement [*Promote, Protect, Prevent: Our Health Begins Here. BC's Guiding Framework for Public Health*](#), the provincial framework for supporting the overall health and well-being of British Columbians and a sustainable public health system that reflects alignment with the strategic actions to address mental health and addictions.
- Ensure long-term health promotion and illness and injury prevention initiatives and services are in place at a Local Health Area level, including the delivery of screening as identified in the Lifetime Prevention Schedule.
- In collaboration with the Ministry of Health, contribute to addressing climate change through working on human health vulnerability assessment and adaptation strategy.
- Ensure patients are treated with respect and compassion, with cultural safety and humility, have a voice in the quality of care they are receiving, and are full partners in their own health care. As well, address patient concerns, including working closely with the Ministry's Patients as Partners Initiative, the BC Patient Safety & Quality Council, and Patient Care Quality Review Offices and Review Boards. Ensure patients have timely access to high quality, appropriate and culturally safe outpatient diagnostic services.
- Support shared decision-making with First Nations people into service planning and delivery activities, including the VCH's Indigenous Health Plan, and implement priority actions to support the achievement of measures, goals and objectives articulated in the [Tripartite First Nations Health Plan](#), the [BC Tripartite Framework Agreement on First Nations Health Governance](#), the Ministry of Health – FNHA Letter of Mutual Accountability, the First Nations' Regional Health and Wellness Plans, and [Partnership Accords](#).
- Support meaningful engagement with Métis Nation and Métis communities in service planning and deliver to improve health outcomes for Métis people in the region.

- Participate in planning cross-sectoral work to address and support the mental health and wellness and social determinants of health in First Nations communities, in support of the commitment in the [Memorandum of Understanding - Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness \(July 2018\)](#).
- Prioritize key initiatives to create a climate for change to improve the patient experience for this population and systematically embed cultural safety and humility as part of quality health services and administration, as set out in the [Declaration of Commitment on Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in BC](#).

Performance Measure(s)	2011/12 Baseline	2017/18 Actuals	2018/19 Forecast	2019/20 Target	2020/21 Target	2021/22 Target
2.1 Percent of communities that have completed healthy living strategic plans ¹	23%	71%	93%	93%	93%	93%

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

Linking Performance Measures to Objectives:

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

Discussion:

VCH continues to be actively engaged with the 13 municipalities with partnership agreements in our region. We work regularly with staff and elected officials in identifying community health priorities and implementing policy and programmatic interventions to address the determinants of health. One of our priorities for 2019/20 is to roll out My Health My Community - a population health survey of the region.

Given the unique jurisdiction and legal framework governing land use and community planning on First Nations Communities, VCH is working with the Ministry and other partners to develop a culturally appropriate approach for promoting healthy communities on reserve.

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

Across B.C., there is a focus on improving access to a range of services and supports in the community, including for persons with mental health and/or substance use issues. In 2017, the Ministry of Mental Health and Addictions was created to improve the access and quality of mental

health and addictions services across B.C., as well as develop an immediate response to the ongoing opioid public health emergency. Another priority area is expanding access to early intervention and support for children and adolescents, which are known to make a significant difference in achieving positive outcomes for children and youth with mental health needs.

Key Strategies:

- Continue to improve team-based care for Mental Health and Addiction Patients through both primary care and specialized services, ensuring improved access and care coordination across services through interdisciplinary teams to better meet the needs of clients and their families.
- Work in partnership with the Ministry to continue to support the continuing response to the ongoing opioid overdose public health emergency.

Performance Measure(s)	2016/17 Baseline	2017/18 Actuals	2018/19 Forecast	2019/20 Target	2020/21 Target	2021/22 Target
2.2 Percent of people admitted for mental illness and substance use who are readmitted within 30 days, age 15 years and over ¹	15.1%	15.6%	15.5%	15.6%	15.5%	15.4%

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

Linking Performance Measures to Objectives:

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

Discussion:

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

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

Key Strategies:

- Continue to improve clinical chronic pain management services in collaboration with PHSA for people living with chronic pain.
- Ensure a consistent, standardized approach in assessing care needs and goals for care for [Community Living BC](#) clients, including aging individuals with developmental disabilities.
- Continue to increase access to both community-based hospice care and the number of hospice spaces in the province in line with regional population health needs.
- Improve the range of supports to people in assisted living and residential care homes to ensure they receive dignified and quality care.

Performance Measure(s)	2017/18 Baseline	2017/18 Actuals	2018/19 Forecast	2019/20 Target	2020/21 Target	2021/22 Target
2.3 Potentially inappropriate use of antipsychotics in long-term care ¹	26.9%	26.9%	26.9%	26.0%	25.1%	24.2%

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

Linking Performance Measures to Objectives:

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

Discussion:

In alignment with the [Best Practice Guideline for Accommodating and Managing Behavior and Psychological Symptoms of Dementia in Residential Care \(B.C. Ministry of Health, 2012\)](#), VCH supports a person centred approach aimed at understanding people’s needs and using non-pharmacological approaches as the first line of treatment to improve the lived experience and quality of care for residents living and their families. VCH has seen steady improvement on this measure over the last four years. In order to meet the 2021/22 target of 24.2 per cent, the regional Residential Care Council is developing plans to accelerate the improvement of this metric over the next 2 years. There are currently 19 care homes within the region that are performing better than the 2021/22 B.C. target of 19 per cent.

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

Key Strategies:

- Work collaboratively with the Ministry of Health/Provincial, Hospitals and Laboratory Health Services Division on hospital performance monitoring and take appropriate actions to ensure the delivery of high-quality hospital patient services and meaningful outcomes.

Performance Measure(s)	2017/18 Baseline	2017/18 Actuals	2018/19 Forecast	2019/20 Target	2020/21 Target	2021/22 Target
2.4 Rate of new <i>C. difficile</i> cases associated with a reporting facility per 10,000 inpatient days ¹	3.4	3.4	3.8	3.3	3.1	3.0

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

Linking Performance Measures to Objectives:

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

Discussion:

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

The 2018/19 forecast for the average rate of *C. difficile* cases across B.C. is 3.5 cases per 10,000 inpatient days. VCH has the second lowest rate of *C. difficile* cases among health authorities in B.C. The rate of reported cases, particularly at the hospital unit-level, is prone to fluctuation due to variation in reporting, the proportion of high acuity (i.e. immunocompromised) patients, and the magnitude of patients and days across units and sites. For smaller units or sites, one additional case may result in a disproportionate increase in the rate.

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

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

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

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

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

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

Key Strategies:

- Proactively plan, recruit and manage health human resources to effectively deliver established and net new health services.
- Ensure that a gender-based analysis plus (GBA+) lens is applied to all operational policies, programs and services.
- Ensure that a cultural safety and humility perspective is applied to all operational policies, programs and services.
- Strengthen relationships with physicians practicing in our facilities and programs.
- Ensure staffing models, including any contracted services, are designed to provide stable, consistent high-quality care for patients.
- Establish effective working relationships with health sector unions and ensure compliance with collective agreement provisions.

- Consistent with the Workplace Violence Prevention Framework and Policy improve measures to protect the health and safety of health care workers.
- Collaborate with partners to identify gaps and develop strategies to support Indigenous student participation in health sciences, and recruit and retain Indigenous employees to health authority career opportunities.

Performance Measure(s)	2016 Baseline	2017 Actuals	2018 Actuals	2019 Target	2020 Target	2021 Target
3.1 Nursing and allied health professionals overtime hours as a percent of productive hours ¹	3.6%	3.5%	4.3%	3.6%	3.6%	3.6%

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

Linking Performance Measures to Objectives:

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

Discussion:

This performance measure compares the amount of overtime worked by nurses and allied health professionals to the amount of time worked. Performance on this measure worsened in 2018/19 across all health authorities, with a B.C. average of 4.4 per cent. The health care system as a whole faces serious challenges meeting targets for this metric, particularly due to health human resource shortages, skill shortages in specific professions, and the high cost of living in metro Vancouver.

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

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

VCH is committed to delivering high quality and appropriate health services that best meet the needs of the population in a fiscally sustainable manner. At the same time, VCH recognizes the need to shift the culture of health care from being disease-centred and provider-focused to being truly patient-centred. In alignment with Ministry priorities and the development of the Provincial Digital and IMIT Health Strategy, 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.

Key Strategies:

- Continue implementation of the CST Project to establish a common, standardized, integrated, end-to-end clinical information system and environment.
- Support PHSA’s province-wide responsibility for provincial clinical policy, delivery of provincial clinical services, provincial commercial services, and provincial digital and information technology.
- Support the Ministry and PHSA in the development and advancement of the Provincial Digital and IMIT Health Strategy, and work with the Ministry and PHSA to ensure all procurements and investments in IMIT align to the Digital and IMITS Health Strategy
- Ensure effective review and continuous improvement of regional health authority governance.
- Support initiatives underway to increase the use of research evidence in your operational policy, planning, and practice, including the Strategy for Patient-Oriented Research Support Unit and the Academic Health Sciences Network, and the Ministry’s “Putting Our Minds Together: Research and Knowledge Management Strategy”.

Resource Summary¹

(\$ millions; to the first decimal)	2018/19 Actual	2019/20 Budget	2020/21 Plan	2021/22 Plan
OPERATING SUMMARY				
Provincial Government Sources	3,703.3	3,877.6	3,971.0	4,063.7
Non-Provincial Government Sources	300.8	273.5	266.1	266.1
Total Revenue	4,004.1	4,151.1	4,237.1	4,329.8
Acute Care	2,425.1	2,421.3	2,458.6	2,504.3
Residential Care	510.4	561.7	570.1	580.7
Community Care	301.2	339.8	362.7	374.0
Mental Health & Substance Use	348.6	362.2	368.6	376.3
Population Health and Wellness	109.0	111.8	113.9	115.9
Corporate	340.3	354.4	363.2	378.6
Total Expenditures	4,034.6	4,151.1	4,237.1	4,329.8
Surplus (Deficit)	-30.5	0.0	0.0	0.0
CAPITAL SUMMARY				
Funded by Provincial Government	120.1	169.4	222.0	301.5
Funded by Regional Hospital Districts, Third Parties, Foundations, Internal Funds and all other sources	84.6	138.2	140.3	85.4
Total Capital Expenditures	204.7	307.6	362.3	386.9

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

* Further information on program funding and vote recoveries is available in the [Estimates and Supplement to the Estimates](#).

Major Capital Projects

Major Capital Project	Targeted Completion Date (Year)	Project Cost to March 31, 2019 (\$'M)	Estimated Cost to Completion (\$'M)	Approved Anticipated Total Capital Cost of Project (\$'M)
New St. Paul's Hospital	2026	2	1,913	1,915
<p>The new St. Paul's Hospital at the Station Street site will continue to serve the people of Vancouver and all of BC as an internationally renowned, full-service, acute-care hospital and integrated health campus.</p> <ul style="list-style-type: none"> • It will have capacity for up to 548 beds, which includes 115 net new beds • The site will be the home of several leading provincial programs and referral centres, including heart and lung care, renal, eating disorders and specialty surgeries and transplants • The new hospital will also offer a diverse and long list of general and specialized care including HIV/AIDS, chronic disease management services, emergency and critical care, mental health and addictions bed and programs, ambulatory services and outpatient clinics, end-of-life care, Indigenous health, maternity, colorectal and gastrointestinal services, and community care and community outreach programs • The new SPH will continue to be a teaching hospital, training hundreds of UBC medical students, British Columbia Institute of Technology nursing students and hundreds of other health sector professions • The total space required for the new St. Paul's Hospital, including parking, is estimated at 187,933 building gross square metres (over 2 million square feet) • A second phase of development on the Station Street site includes the Clinical Support and Research Centre (CSRC) which will accommodate clinicians and researchers on the campus • PHC advises the CSRC needs to be procured in time to open concurrently with the Core Hospital and will be self-funded by Providence Health Care • Detailed business planning is underway for Phase 2 and is expected to complete in fall 2019 				
Lions Gate Hospital Acute Care Facility (ACF)	2023	0	166	166
<p>The Project will deliver the addition of a new 6-storey Acute Care Facility on the Lions Gate Hospital campus with the goal of replacing obsolete facilities and improving inpatient medical, perioperative and support services. This project will result in a new, state of the art, 21,775 m² Acute Care Facility that will enable high quality and sustainable patient care delivery models, meeting the needs of patients from the Coastal Community of Care and from across the Province. This project presents many opportunities, including:</p> <ul style="list-style-type: none"> • Improved access to the best care and patient outcomes • Innovation in advanced procedures by creating a contemporary facility that integrates current advanced technologies and is designed to accommodate future advances 				

- Improved efficiencies and utilization with more universal and flexible Operating Rooms (ORs) and appropriate support space
- Replacing and upgrading Acute Inpatient Units, the OR Suite, and the Medical Device Reprocessing Department - all well past their functional life
- Replacing and upgrading failing facility infrastructure to meet current standards for staff and patient safety, and for business continuity

The scope of the new Acute Care Facility includes:

- Replacement of 108 acute medical and surgical inpatient beds on Levels 4 to 6 from the existing Paul Myers South Tower
- Expansion of the existing perioperative area located on Level 2 of the Northern Expansion building to include 8 new ORs, and a new 39-bay Pre-Operative and Post-Operative care area including anaesthesia intervention and isolation rooms
- Replacement of the Medical Device Reprocessing Department on Level 3
- Mechanical and electrical services required to support the facility at the basement, interstitial and penthouse Levels
- An entry level area that includes a mix of patient care, staff amenities and outpatient care services
- Additional support services and public amenities, including a roof-top garden on Level 4
- Vehicular arrival, short-term parking and one-way circulation

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

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

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

VGH OR Renewal – Phase 1	2021	15	87	102
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The VGH 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 per cent) than any other centre in the Province.

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

This project presents many opportunities, including:

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

Phase 1 will deliver:

- 16 new universal ORs
- 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, VGH	2018	73	9	82
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A new 100-bed Mental Health Pavilion on the VGH Campus replacing the Health Centre and saw the consolidation of mental health inpatient and outpatient programs/ services which were separated between VGH/ UBC Hospital into one purpose-built building.

The new facility consists of an eight storey hospital building with LEED gold certification. The new building accommodates 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.

Dogwood Complex Residential Care Facility	2021	0	58	58
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To address current and projected demand for residential care services in Vancouver, a replacement facility is required for the outdated and obsolete Dogwood Complex Residential Care Facility. To achieve effective and efficient staffing and design, the optimal facility will be 13,481m² including 150 beds over 6-storeys and 2 floors of parking with 74 stalls. The new facility on the current Pearson-Dogwood site will replace all 113 beds within the obsolete Dogwood Lodge, resulting in an additional 37 beds, increasing Vancouver's bed capacity and improving timely access to residential care for Vancouver residents. The facility will also include an Adult Day Care – a central resource enabling clients to remain at home as long as possible, in line with the Home Is Best initiative.

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

Sechelt Hospital Expansion	2018	44	0	44
<p>The design and construction of the diagnostic and treatment expansion of Sechelt Hospital in Sechelt, BC. The work included 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 redeveloped hospital now provides 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 • A new Special Care Unit for high acuity patients • Infection control and isolation capacity • A new Emergency Department with fast track capacity • An expansion to Ambulatory Care, Surgical Day Care • A new Diagnostic Imaging Department 				
Lions Gate Hospital Power Plant Replacement	2020	15	11	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 UBC Hospital	2019	15	7	22
<p>Key spaces within Koerner Pavilion at the UBC Hospital will be repurposed to relocate the Transitional Care Unit and Internal Medicine Department 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 VGH to the new unit and combine within the existing surgical services.</p>				

Significant IT Project

IMIT Project	Targeted Completion Date (Year)	Project Cost to March 31, 2019 (\$'M)	Estimated Cost to Completion (\$'M)	Approved Anticipated Total Capital Cost of Project (\$'M)
CST Project	2020	243	39	282

The primary purpose of the 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.

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 B.C. to better manage future health care costs while improving the quality of patient care.