

# Vancouver Coastal Health

## 2014/15 Annual Service Plan Report

December 2015



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## Message and Accountability Statement



**O**n behalf of the Board of Directors of Vancouver Coastal Health (VCH), I am pleased to present our 2014/15 Annual Service Plan Report. This report is consistent with Government's strategic priorities and strategic plan, and the Ministry of Health's goals, objectives and strategies. The Board and I are accountable for the contents of the plan which was prepared in accordance with the [Health Authorities Act](#) and the [Performance Reporting Principles for the British Columbia Public Sector](#). As you read through this document, you will see examples of the progress VCH has made toward achieving our strategic objectives and those of the Ministry of Health.

As 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.

This year was marked by many accomplishments across VCH. Our emergency departments (EDs) faced another four per cent increase in visits over the previous year. The inspiring, committed front-line ED staff and doctors handled that demand, using their experience, practices, and outcomes to produce the innovations that make our health system better.

Of the patients who required admission to hospital from the ED during 2014/15, over 60 per cent were admitted within 10 hours — better than the provincial target of 55 per cent. Despite the increase in ED visitors, our admission rate was down 11 per cent. No, people aren't being turned away or not receiving treatment. Quite the opposite. VCH is increasing the effectiveness of the community services, facilities, and supports that help people stay out of hospital. The same holds true for the average length of stay. Down four per cent across VCH acute care and 5.4 per cent in mental health, the reduced length of stays is indicative of our efforts in securing earlier alternate treatment options for those who need them.

It was also a milestone year for VCH mental health facilities and programs. The HOpe Psychiatry and Education Centre brings together clinicians and programs into a single, central location on the grounds of Lions Gate Hospital. In addition to in-patient psychiatry, the facility will include outpatient clinics, the Djavad Mowafaghian UBC Medical Education Centre, a clinical research trials unit, and a permanent home for B.C. Ambulance Services.

At Vancouver General Hospital, ground breaking occurred for the Joseph & Rosalie Segal Family Health Centre. Designed with input from mental health patients, families, health care providers and trauma care experts, the centre will support the transformation in the delivery of mental health care when it opens in 2017. Both of these projects were enabled by the generosity of two individuals who recognized mental health is a disease still marked with stigma and isolation.

The year saw the creation of the inaugural Assertive Outreach Teams (ACT) at VCH, which bring a nurse, social worker, psychiatrist, physician and Vancouver police officers together to support people with severe addictions and mental health issues in order to transition them from local EDs in Vancouver to appropriate community services. This joint initiative with the VPD has reduced the amount of repetitive visits to EDs.

Also in Vancouver, our primary care redesign and expansion of youth services saw Raven Song Community Health Centre officially open its High Needs and Stabilization Clinic. The clinic focused VCH's primary care resources on our most vulnerable and highly marginalized clients to provide better access to home care, public health and mental health and addictions services, resulting in improved health outcomes and fewer emergency department visits. Youth also benefit through walk-in or pre-booked primary care appointments, plus direct access to social work, counselling, and mental health and addictions services.

Overall, VCH met its budget expectations — a critical achievement in an era of unrelenting pressure on resources. Progress was made in the [Clinical and System Transformation](#) (CST) and [eCommunity NEXT](#) projects, as the partner organizations built a solid foundation for moving forward towards integrated clinical systems that span the acute, primary and community settings.

While it's rewarding to note some of our achievements, we know we can always do better. The demands and expectations of our health care system are high, but it's a dynamic that brings out the best in our skilled and dedicated physicians, staff and volunteers. It's also a dynamic that lets us know — should any of us require health care services today, tomorrow, or in the near future — that we are in skilled, professional, and caring hands.



C.C. (Kip) Woodward  
Board Chair, Vancouver Coastal Health  
December 2015

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## Purpose of the Organization

VCH delivers health services to more than one million people, or one quarter of British Columbia's population. The geographic area covered by VCH includes 12 municipalities and four regional districts in the Coastal Mountain communities, Vancouver, North Vancouver, West Vancouver, Richmond and 14 Aboriginal communities.

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

- serves one of the most culturally, economically and geographically (urban, rural and remote) diverse populations in the province;
- provides a wide range of primary, secondary and specialized services to people living within and outside of VCH, with a large number of beds and resources used by non-VCH residents;
- is the main centre for academic health care (clinical service, research and teaching) in B.C., working with many partner organizations to deliver complex and specialized care to patients from across VCH, B.C. and other parts of Canada;
- is 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;
- launched, with partner organizations, a sweeping, multi-year initiative to transform clinical processes and systems across care settings, enabled by a common health record that will extend across VCH, Provincial Health Services Authority and Providence Health Care hospitals, residential care, mental health and ambulatory clinics. The [Clinical and Systems Transformation](#) initiative, or CST, will fundamentally improve the consistency and connectivity of clinical information, resulting in better patient care and to meet the challenge to deliver comprehensive, high quality, sustainable health services now and in the future. The [eCommunity NEXT](#) initiative will advance the design and implementation of a community system that supports client interaction in care planning and seamless, integrated care across the continuum.

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 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. 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 Context

VCH planning for the 2014/15 fiscal year followed the strategic direction for the health system as outlined in [Setting Priorities for the B.C. Health System](#). Patient-centered care was a central facet of all health service delivery, as was a renewed focus on performance management and prioritizing cross sector actions to realize an overall improvement in the quality and sustainability of the B.C. Health system:

- improving quality of care for seniors with complex health issues and patients with mental illness and/or addictions while reducing hospitalizations
- improving access to surgical services and procedures
- Improving delivery of rural health services.

VCH worked collaboratively with the Ministry of Health and other system partners to implement actions identified in the health system policy discussion papers released in February 2015, although the impact of these won't likely be seen until the 2015/16 year.

## Strategic Context

The key challenge facing VCH in 2014/15 was the need 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 were 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 cancer, 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 magnified these demands. And, the pressure was further compounded by the need for new health service delivery models to support system sustainability and the continuous need to maintain the health system's aging physical infrastructure (i.e. buildings and equipment).

VCH also faced a challenge in ensuring that all parts of society and all populations could access health services and enjoy good health. While some improvements in health status occurred over past years, health inequities continued to be pronounced for people in various population groups, including First Nations communities and people with low socioeconomic status. VCH remained 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 arrayed across VCH significantly challenged our capacity to rapidly share comprehensive information across care settings. With the launch of the [Clinical and System Transformation](#) and [eCommunity NEXT](#) projects, VCH and its partners made a significant commitment to maintaining and improving the delivery of high quality patient care. Key to this will be 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 it continued to vigorously pursue enhanced performance management to ensure the delivery of patient-centred health services while promoting quality and containing costs in 2014/15. Putting the [Taxpayer Accountability Principles](#) into practice helped to strengthen communications, promote cost control, and build a strong, accountable relationship between VCH, the Ministry of Health and affiliated partners.

Over the course of 2014/15, the following occurred:

- VCH Board members and VCH executive leadership received an orientation to the new Taxpayer Accountability Principles, and Board members signed the Government Letter of Expectations (GLE) committing to the Principles.
- A joint strategic planning session was held in May 2014 involving senior Ministry of Health staff, the VCH Board and VCH executive leadership.
- Regular communications and meetings occurred throughout the year involving senior Ministry of Health staff, VCH Board members and VCH executive leadership. Strategic priorities and performance reporting were standing agenda items at all meetings.
- VCH prepared and submitted all required plans and reports to the Ministry of Health, including financial and operational performance reports, Service Plan, Detailed Service and Operating Plan, and Budget Management Plan. Public accountability documents including audits, health and system performance reports, and accreditation and patient satisfaction reports were/are regularly posted to the VCH website.

## Goals, Objectives, Strategies and Performance Results

### Goal 1: Support the health and wellbeing of VCH residents

VCH remained committed to helping residents who do not enjoy good health or are at risk of diminished health, along with supporting residents who enjoy positive health status. Through promotion and prevention initiatives that have an impact on the overall health of residents, VCH supported the health of VCH families and communities by encouraging healthier lifestyles and choices and enabling self-management. VCH worked to reduce health inequities in the populations we serve, with the emphasis placed on key populations such as people with mental illness and/or problematic substance use, complex chronic conditions, frail seniors, people of low socio-economic status and people at the end of life.

#### Objective:

Improve the health outcomes of the populations we serve.

#### Key Strategies:

- VCH worked with the Ministry of Health and other BC Health Authorities to deliver the next phase of **Healthy Families BC**, the chronic disease and injury prevention plan focussing on providing evidence-based programs and interventions to address major risk and protective factors across the life cycle. Along with our partners, we aimed to improve the health of residents by supporting communities, schools, workplaces and health settings in promoting health lifestyles and creating healthy communities.
- Participated in the **BC Healthy Connections Project** to scientifically evaluate the Nurse Family Partnership to help determine the effectiveness and future direction, accepting clients into the project as part of the implementation of the Nurse-Family partnership program.
- Enhanced capacity to support local governments to take leadership roles in the health and well-being of the citizens in their respective communities by undertaking **My Health, My Community** profiles to improve population focus of health service design and delivery.
- VCH's **Healthy Community Initiative** was identified as a priority for the Regional Public Health Program in 2014/15. VCH supported this initiative by establishing a Healthy Public Policy grants program in partnership with BC Healthy Communities.
- Continued to expand partnerships with First Nations communities and the First Nations Health Authority (FNHA) through formal linkages, co-location arrangements, clinic initiatives, Aboriginal patient navigators, staff training, and best practice knowledge exchange.
- Participated in Joint Project Board primary care project investments to implement and sustain primary care projects in collaboration with the First Nations Health Authority and the Ministry of Health to support direct service delivery to First Nations, and improve access and service delivery for First Nations in alignment with the **VCH First Nations Regional Health and Wellness Plan**.

Performance Measure 1: Healthy Communities

Performance Measure	2011/12 Baseline	2014/15 Target	2014/15 Actual	2015/16 Target	2016/17 Target
Percent of communities that have completed healthy living strategic plans	23%	36%	57% (exceeded)	43%	57%

**Data Source:** Survey, ActNow BC Branch, Population and Public Health Division, Ministry of Health.

Discussion

This performance measure focuses on the proportion of communities in VCH that have developed and are implementing joint healthy living strategic plans in partnership with their health authorities. Community efforts to support healthy living through joint planning, policy, and collaborative action are critical to improving the quality of life of individuals where they live, work, learn and play. Sustained community level actions will decrease risk factors and promote protective factors for chronic diseases and injury.

With completed healthy living strategic plans in 57 per cent of communities, VCH significantly exceeded the target set for 2014/15. By the end of 2014, VCH had developed partnership agreements with nearly all of our urban communities, covering 88 per cent of the total VCH population – City of Richmond, City of Vancouver, City of North Vancouver and the District of North Vancouver. Over 2014/15, we added partnership agreements with the District of West Vancouver, City of Powell River, Town of Gibsons, Sunshine Coast Regional District and the District of Squamish.

The release of the *My Health My Community* survey results to the 29 local governments across VCH and Fraser Health this spring is another example of sharing the health data with implications for local government action that has been very well received. The profiles have been presented to many municipal councils across VCH and are helping to frame new areas for collaboration.

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

VCH delivered comprehensive, integrated primary and community care to improve the health outcomes of residents, enable positive impact on patient/family quality of life and satisfaction with the health system and contribute to health system sustainability. VCH worked to prevent or delay the onset of frailty, support clinical excellence at the community level to help support individuals to manage chronic disease, mental illness and/or problematic substance use and integrate services to improve coordination of care, address gaps, improve transitions and reduce duplication.

#### Objective:

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

#### Key Strategies:

- Supported professionals and care teams to deliver high quality, patient-centered care by enabling the exchange of patient information across service areas.
- Supported residential care to embed best practices by implementing goals of care and clinical practice guidelines.
- Redesigned home health services to support clients' decision to stay at home as long as it is safe to do so, to promote self-management, and to improve health outcomes. Made coordinated care integral to all professional services and shift to interdisciplinary teams integrated with GP practices to improve quality of life and functional status of people living with disabilities and chronic health conditions.
- Operated and assessed the impact of the care and stabilization services recently launched to help clients with the most complex form of severe addiction and/or mental illness who present a greater risk to themselves and others individuals, including in Vancouver's Downtown Eastside. Improved information sharing between key partners to better meet client needs.
- Implemented a population needs-based approach to planning quality end-of-life services and identified people who would benefit from a palliative approach to receive quality care in the most appropriate settings based on values, beliefs and wishes. VCH also implemented end-of-life care clinical guidelines and protocols with a focus on clinical transitions, interdisciplinary care, and clear priority to improve pain and symptom management.
- Improved care for medical patients through collaborative efforts to reduce nursing sensitive adverse events (e.g. urinary tract infections, pressure ulcers, in-hospital bone fractures and pneumonia) and through focused support for older adult patients with medical/complex challenges.
- Improved access for medical patients through improved transitions to community and home care settings. Patient flow and emergency department responsiveness was enhanced by reducing the number of hospital long stay and alternative level of care patients through earlier discharge planning and expanded community support.
- Access for surgical patients across VCH was improved through waitlist management, better screening, management of surgical capacity and a coordinated approach to siting. Key areas of focus were colorectal cancer screening, cataract and sino-nasal and upper extremity and hip and knee replacement surgeries, and rapid access breast health diagnosis and treatment. VCH reinforced expected performance by internally supplementing provincial patient focused funding.
- VCH demonstrated quality surgical outcomes through the use of multiple tracking tools, and provided active support for provincial surgical screening programs. We leveraged the use of the National

Surgical Quality Improvement Program (NSQIP) to focus and drive quality improvement in surgical services.

Performance Measure 2: Managing Chronic Disease in the Community

Performance Measure	2009/10 Baseline	2014/15 Target	2014/15 Actual	2015/16 Target	2016/17 Target
The number of people with a chronic disease admitted to hospital per 100,000 people, aged less than 75 years (ACSC admissions rate)	184	185	199 (Not achieved but lowest level in BC)	185	185

**Data Source:** Discharge Abstract Database, Business Analytics, Strategies and Operations Branch, Health Sector Planning and Innovation Division, Ministry of Health.

Discussion

In 2014/15, VCH did not meet the target for the number of people with a chronic disease admitted to hospital per 100,000 people aged less than 75 years. However, VCH continued to have the lowest rate by a considerable margin amongst all the health authorities in the province.

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 family physicians and other health care providers to manage their disease in order to maintain their functioning and reduce complications that would require more medical care. Proactive disease management reduces hospitalizations, emergency department visits, some surgeries and repeated diagnostic testing, all of which helps to maintain quality of life for people with chronic conditions, and help to control the costs of health care. As part of a larger initiative to strengthen community-based health care and support services, family doctors, home health care providers and other health care professionals across VCH are working together to provide better care in the community and at home to help people with chronic disease to remain as healthy as possible.

Performance Measure 3: Home Health Care and Support for Seniors

Performance Measure	2013/14 Baseline	2014/15 Target	2014/15 Actual	2015/16 Target	2016/17 Target
Rate of people aged 75+ receiving long term home health care and support per 1,000 people	91	93	90 (Not achieved)	96	100

**Data Source:** P.E.O.P.L.E. 2013 population estimates for baseline, P.E.O.P.L.E. 2014 population estimates for 2014/15 actual, BC Stats; Home and Community Care Minimum Reporting Requirements (HCCMRR) Data Warehouse, Business Analytics, Strategies and Operations Branch, Health Sector Planning and Innovation Division, Ministry of Health.

Discussion

Over the standard assessment time frame, which was most of 2014/15, VCH missed the target for the rate of seniors in the population who received long term home health services. However, it should be noted that full year results may have given a more favourable result. Partly attributable to the growth in the senior population across VCH and our focus on seniors with high and complex needs, better performance on this measure continued to be a priority for VCH going forward. Telephonic care, ambulatory nursing visits, client attachment and new seniors care models are a few of the initiatives now in place to help positively influence this measure.

This performance measure tracks the rate of seniors (aged 75+ years) who receive long term home health care services such as case management, home support, assisted living and adult day services. While the majority of seniors experience healthy aging at home, there is a growing need for community care options to support people who need supports to manage daily living tasks. This support helps people manage chronic disease and frailty, and may prevent falls or other incidents that potentially can result in hospital care or require a move to a residential care setting. As part of a larger initiative of strengthening community-based health care and support services, VCH has expanded home health care services and ensures that seniors at higher risk are the priority in the provision of care. This focus, combined with the use of technology to aid in monitoring wellbeing, significantly improves the quality of life and other health outcomes for seniors.

Performance Measure 4: Access to Surgery

Performance Measure	2013/14 Baseline	2014/15 Target	2014/15 Actual	2015/16 Target	2016/17 Target
Percent of scheduled surgeries completed within 26 weeks	93%	93%	91% (Not achieved)	94%	95%

**Data Source:** Surgical Wait Times Production (SWTP, Site 130), Business Analytics, Strategies and Operations Branch, Health Sector Planning and Innovation Division, Ministry of Health.

**Notes:**

1. 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. 2. Periods when the patient is unavailable (e.g., travelling) are excluded from the total wait time.

Discussion

Over 2014/15, VCH missed the target for the per cent of non-emergency surgeries completed within 26 weeks by a small margin. It is important to note that many surgeries were completed in a much shorter time frame.

A key reason for missing this target was VCH's stated focus on reducing the number of patients with the *longest* waits i.e. not just on 26 week boundary. As evidence of the success of the approach, the number of patients waiting longer than 52 weeks for non-emergency surgery declined by *nearly 60 per cent* across VCH over the course of 2014/15; just 1 per cent of all patients were waiting longer than 52 weeks for non-emergency surgery by year end.

Over the past several years, VCH has successfully reduced wait times for cataract, hip and knee replacement, hip fracture and cardiac surgeries. 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.

### Objectives:

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

### Key Strategies:

- Continued with the implementation of medication reconciliation as a systematic process in which health professionals partner with patients and residents to ensure accurate and complete transfer of medication information at care interfaces. This will reduce adverse events due to medications by implementing structured medical reconciliation processes at care transitions.
- Reduced unwarranted variation in the quality of care and improve care outcomes by implementing evidence-based protocols (including provincial priority areas) and by strengthening organizational processes and outcome reporting.
- Work commenced on the design of consistent, evidence-informed clinical practices, the move to a shared clinical information system on one platform (CST), development of transformational learning activities to support the adoption of the new clinical practices and system, and the achievement of 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.
- VCH began the process to support clinical system transformation through movement to one master procedure list, along with standard surgical processes and order sets. This will improve system efficiency through better priority booking processes and a refresh of diagnosis code wait time targets assigned by provincial specialty groups.

### Objectives:

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

### Key Strategies:

- VCH partnered with physicians through Collaborative Services Committees and Divisions of Family Practice to support shared care, to enhance the care experience for target populations, and to implement performance accountability. The objective is to reduce Emergency Department visits by increasing the connections between GPs and Emergency Departments, by improving care coordination around complex clients, and through early notification to GPs about patient emergency use.
- Leadership and accountability was strengthened by engaging senior management staff in a *Performance Excellence Program* based on new management competencies.
- Organizational improvement projects were implemented based on results of the Gallup staff engagement survey, along with a new *No Bully* program targeting areas where disrespect was causing staff disengagement.

Performance Measure 5: Nursing Overtime

Performance Measure	2010/11 Baseline	2014/15 Target	2014/15 Actual	2015/16 Target	2016/17 Target
Nursing overtime hours as a percent of productive nursing hours	4.0%	<=3.3	3.6% (Not achieved)	<=3.3	<=3.3

**Data Source:** Based on calendar year. Health Sector Compensation Information System (HSCIS). Health Employers Association of British Columbia (HEABC).

Discussion

While continuing to show gradual improvement from the 2010/11 baseline, VCH narrowly missed the 2014/15 target for nursing overtime hours as a percent of productive nursing hours.

This performance measure compares the amount of overtime worked by nurses to the overall amount of time nurses worked. Overtime is a key indicator of the overall health of a workplace as high rates of overtime may reflect inadequate staffing or high levels of absenteeism. Reducing overtime rates by addressing the underlying causes helps promote both patient and caregiver safety while also reducing unnecessary costs to the health system. VCH continues to focus on improving its performance on the use of overtime. Bi-weekly tracking and organization-wide reporting of all overtime usage is in place, triggering rapid response to unwanted trends. Experienced nurse resource pools have been established to reduce the reliance on overtime. And the comprehensive Attendance and Wellness Promotion (AWP) program has markedly helped to reduce absenteeism and improve the overall health of VCH workplaces.

### Goal 3: Innovate to ensure value for money and sustainability

Over the past number of years, VCH has consistently maintained – or in some cases increased - service levels and access while managing within available resources. From this solid footing, VCH continued to push for innovation and improvements in quality, productivity and efficiency across the continuum. Improvements were leveraged through clinical and systems transformation, Lean thinking, workforce optimization, service sharing across the Lower Mainland, and the application of new knowledge generated through comprehensive and systematic analysis. VCH continued to press for increased access to capital resources to support better care for patients and residents – and to optimize productivity in the use of current and new capacity.

#### Objectives:

- Reduce the demand for acute and residential care through increasingly effective community services.
- Use LEAN thinking at all levels to optimize capacity, access, resource utilization and productivity.
- Improve sustainability by applying innovative service models and funding mechanisms.

#### Key Strategies:

- VCH targeted unnecessary hospital admissions for our frail elders and moved to return them safely to their homes in a timely and well-supported manner through community quick response teams in emergency departments, effective communications, daily emergency department rounds and staff huddles.
- Physicians were allowed more time with patients and less time travelling among units through improved multidisciplinary team functionality and optimized communications within inpatient units.
- Emergency Department processes were made smoother and more efficient to improve patients' experience and promote patient flow. The *Every Minute Counts* campaign supported this through the use of bed management systems, setting of discharge targets, increased bed turn around efficiency, and by connecting GPs and community care providers.
- Improved patient outcomes, increase staff-patient interaction and optimize resource utilization by expanding Lean thinking across VCH.
- Redesigned home health services to better leverage home health staff, improve linkages with GPs and promote self-management. Community capacity was increased to prevent emergency visits and acute admissions by shifting - when the client no longer needs ambulatory or home health visits - to more telephone contact to support for clients and families.
- VCH improved the flow of mental health and addiction clients by an ongoing assessment of all clients and transitioning less intense/complex clients to other services. Capacity was created to meet increasing demand and complexity by redesigning community mental health and addiction teams and implementing care management.
- VCH demonstrated a strong commitment to having the majority of residents' health needs met by primary and community care through targeted allocation and strategic use of patient focused funding.

Objectives:

- Leverage capital investment to support future health needs
- Continuously improve health delivery through analysis and knowledge management

Key Strategies:

- Work began on rejuvenating residential care capacity to enable increased access for those clients for whom residential care is the appropriate option. Progress continued on the Pearson Dogwood Redevelopment project, working closely with clients and families to ensure engagement throughout the process.
- Expanded mental health and addiction housing partnership projects, in cooperation with B.C. Housing and other partners. Completed the ***HOpE Centre for Psychiatry and Education*** and began development of the ***Joseph & Rosalie Segal Family Health Centre***. These projects will be key resources within the continuum of services for people suffering with mental health and addiction issues.
- VCH reduced repeat visits to emergency departments, unplanned readmissions to hospital and achieved improvements in patient access and flow, while providing physicians with their quality outcomes through increased use of decision support and analytics.
- Reduced variation in care processes, impacted acute demand growth and improved use of resources by advancing the *Choosing Wisely* initiative to help enable evidence-based appropriate care.

## Financial Report

### Management Discussion and Analysis

Vancouver Coastal Health's 2014/15 budget (including Providence Health Care) was \$3.440 billion.

Actual revenues and expenditures for the fiscal year ending March 31, 2015 were \$3.465 billion and \$3.464 billion, respectively, resulting in an operating surplus of \$1.3 million or 0.04% of the annual budget.

The significant operating variances were:

**Revenue - Non-Provincial Government Sources:** The increased revenue is due to higher than planned Research contributions, Recoveries in Facilities project, Patient/client and other revenues. The increased revenues are offset by additional costs.

**Acute Care:** The increased expenditure is due to higher than planned activities which is partially offset by increased revenues.

**Mental Health & Substance Use:** The 2014/15 actual expenditures are lower than budget due to the transfer of the Burnaby Centre for Mental Health to PHSA effective December 2014.

**Corporate Expenditures:** The decrease in Corporate Expenditures from plan is primarily due to favorable employee benefit budget variance for all sectors being recorded in Corporate.

### Resource Summary

(\$ millions)	2014/15 Budget	2014/15 Actual	Variance
<b>Operating Summary:</b>			
Provincial government sources	3,239.6	3,223.9	(15.7)
Non-provincial government sources	200.0	241.1	41.1
<b>Total Revenue:</b>	<b>3,439.6</b>	<b>3,465.0</b>	<b>25.4</b>
Acute Care	2,080.7	2,115.1	(34.4)
Residential Care	460.1	461.1	(1.0)
Community Care	238.4	242.5	(4.1)
Mental Health & Substance Use	300.0	296.1	3.9
Population Health & Wellness	99.7	98.4	1.3
Corporate	260.7	250.5	10.2
<b>Total Expenditures:</b>	<b>3,439.6</b>	<b>3,463.7</b>	<b>(24.1)</b>
Surplus (Deficit)	0.0	1.3	1.3
<b>Capital Summary:</b>			
Funded by Provincial Government	180.9	142.8	(38.1)

## Vancouver Coastal Health

Funded by Foundations, Regional Hospital Districts, and Other Non-Government Sources	42.3	35.7	(6.6)
<b>Total Capital Spending</b>	<b>223.2</b>	<b>178.5</b>	<b>(44.7)</b>

**Notes:**

1. Operating revenues and expenses are a consolidation of VCH and PHC information. These amounts will not agree to any publicly available consolidated Financial Statements.
2. Non-Provincial Government Sources revenue: Actual revenue higher than planned in Research contributions, Recoveries in Facilities project, Patient/client and other revenues. The additional revenues are offset by additional costs.
3. Acute Care: The increased expenditure is due to higher than planned activities which is partially offset by increased revenues.
4. Mental Health & Substance Use Expenditures: Actual expenditures lower than budgeted due to the transfer of the Burnaby Centre for Mental Health to PHSA effective December 2014.
5. Corporate Expenditures: Actual expenditures lower than budgeted due to favorable employee benefit budget variance for all sectors being recorded in Corporate.

## Capital Project Summary

Following is a list of VCH approved capital projects over \$2.0M in total capital cost:

Community Name (as applicable)	Facility location (as applicable)	Project Name	Total Project Cost (\$ million)
<b>Facility Projects</b>			
Vancouver	Vancouver General Hospital	Joseph and Rosalie Segal Family Health Centre	76.3
North Vancouver	Lions Gate Hospital	The HOpe Centre	58.1
Sunshine Coast	Sechelt	St. Mary's Hospital Redevelopment	44.3
Richmond	Richmond Hospital	Power and Electrical Distribution Systems	17.0
Vancouver	Vancouver General Hospital	Medical Gas Tank Farm Relocation	8.7
Vancouver	Vancouver General Hospital	Renal Unit Redesign	7.0
Vancouver	University of British Columbia Hospital	Thermal Energy Supply	6.5
Richmond	Richmond Hospital	Domestic Water Re-piping - North Tower	2.0
<b>Clinical Equipment Projects</b>			
Vancouver	Vancouver General & University of British Columbia Hospitals	Replacement of three Computed Tomography Scanners	7.0
<b>Information Management/Information Technology Projects</b>			
Various Communities	Various Facilities	Clinical and Systems Transformation Project	265.2
Various Communities	Various Facilities	E-Community NEXT	4.7

Various Communities	Various Facilities	Billing and Accounts Receivable Transformation	4.6
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## Contact Information

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