

Vancouver Coastal Health

2015/16 – 2017/18  
SERVICE PLAN

REVISED July 20, 2015

June 2015



For more information about  
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## Accountability Statement



On behalf of the Board of Directors of Vancouver Coastal Health (VCH), I am pleased to present the 2014/15 – 2016/17 Service Plan. The plan was prepared under the Board’s direction in accordance with the [Health Authorities Act](#) and [Performance Reporting Principles for the British Columbia Public Sector](#). The plan is consistent with government’s strategic priorities and fiscal plan. The Board is accountable for the contents of the plan, including what has been included in the plan and how it has been reported.

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

A handwritten signature in blue ink, consisting of a series of loops and a long horizontal stroke, positioned above the printed name.

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

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## Organizational Overview

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;
- has 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 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. VCH's 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](#).

VCH is committed to a continual review and updating process which follows the Board Resourcing and Development Office (BRDO) provincial best practice guidelines. Information on governance practices at VCH is available at: [VCH Board of Directors](#). For more information on specific services, please see: [www.vch.ca](http://www.vch.ca).

## Strategic Direction

VCH receives its strategic direction from clearly identified priorities set forth in the Ministry of Health strategic plan [Setting Priorities for the B.C. Health System](#) and the Mandate Letter from the Minister of Health. Since its release in February 2014, *Setting Priorities for the B.C. Health System* has served as the foundational touchstone for strategic and operational planning at VCH, guiding priority setting and delivery of health services across the region. The VCH strategic framework was affirmed soon after, in May 2014, committing VCH to a focus on patient centred-care through an overarching lens of “**people-first**” and to “**True North**” goals which serve to ensure coordinated alignment with the priorities established by the Ministry 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 aligns with the [Taxpayer Accountability Principles](#) – helping to strengthen communications, promote cost control, and create a strong, accountable relationship between VCH, the Ministry of Health and affiliated partners. VCH is strongly committed to its ethical and fiduciary accountability to the taxpayer, and continues to vigorously pursue enhanced performance management to ensure the delivery of patient-centred health services while promoting quality and containing costs.

## Strategic Context

The key challenge facing VCH is 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 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 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 magnifies these demands. And, the pressure is further compounded by the need for new health service delivery models which help to support system sustainability and the continuous need to maintain the health system’s physical infrastructure (i.e. buildings and equipment).

VCH also faces a challenge in ensuring that all parts of society and all populations can access health services and enjoy good health. While some improvements in health status have occurred over past years, health inequities continue to be pronounced for people in various population groups, including First Nations communities and people with low socioeconomic status. VCH is committed to tackling health inequities and to working with First Nations and other partners to close these gaps in health status.

Finally, multiple clinical processes and information systems arrayed across VCH significantly challenge our capacity to rapidly share comprehensive information across care settings. With the recent launch of the Clinical and System Transformation and eCommunity Next initiatives, VCH and its partners have made a significant commitment to maintaining and improving the delivery of high quality patient care by linking the complete electronic health record for each patient, supported by consistent, evidence-based clinical practices, high level capabilities for clinical decision support and standardized documentation, evidence-based order sets, computerized physician order entry and management, and closed loop medication management.

## Goals, Objectives, Key Strategies & Performance Measures

This service plan re-affirms the focus of VCH on the overall goals for the B.C. health system. Applied to VCH, the Ministry of Health three goals for the health system are:

1. Support the health and wellbeing of VCH residents.
2. Deliver a system of responsive and effective health care services across VCH.
3. Innovate to ensure value for money and sustainability.

Foundational to these goals is the principle of *people-first*: a sustained focus across VCH to put patients, residents, staff and physicians at the centre of what we do, thereby driving our service design and delivery and performance over the coming years. This service plan has been updated from previous plans to reflect the strategic priorities contained in [Setting Priorities for the B.C. Health System](#) and to ensure consistency with the [Taxpayer Accountability Principles](#). Finally, this service plan has been strongly guided by the recently-released policy papers from the Ministry of Health, which provide direction on key priorities and populations ([Patient Centered Care](#), [Primary and Community Care](#), [Rural Health](#), [Surgical Services](#)) along with key enablers (including [Health Human Resources](#) and [Information Management and Technology](#)). Going forward, VCH will be working with partners to put these and other directions into practice.

**Goal 1:** Support the health and wellbeing of VCH residents.

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

**Objective:** Improve the health outcomes of the populations we serve.

**Key Strategies:**

- Advance the VCH Coastal Urban-Rural-Remote Network (URRN) strategy by leveraging resources and expertise through the networking of urban and rural and remote communities. Share best practices, expertise and innovations. Expand the knowledge network and resources to support recruitment, reduce population health inequities and disparities in access to care, and to advance learning, quality improvement and standardization of evidence-based care.
- Drive the ongoing recruitment and retention of health care providers for rural and remote areas with a strong focus on generalist practices. Build greater access for communities through expanded telehealth services and more visiting healthcare providers.
- Partner to improve the health of residents, particularly in First Nations communities and rural and remote communities within VCH by engaging with communities, schools, workplaces and health settings to promote healthy lifestyles and healthy communities.
- Continue to expand partnerships with the First Nations Health Authority (FNHA) through service linkages, co-location and clinic arrangements, Aboriginal patient navigators, and knowledge exchange and staff training to improve access to services.

- Support the continued implementation of **B.C.’s Guiding Framework for Public Health**. Work with the Ministry of Health, other Health Authorities and partners to support **Healthy Families BC**, focussing on providing evidence-based programs and interventions to address major risk and protective factors across the life cycle. Support local governments to take leadership roles in the health and well-being of the citizens in their respective communities.
- Support the **BC Healthy Connections** project and the Nurse-Family partnership program through participation and evaluation to help guide future direction.

**Performance Measure 1:** Healthy Communities

Performance Measure	2011/12 Baseline	2015/16 Target	2016/17 Target	2017/18 Target
Percent of communities that have completed healthy living strategic plans	23%	43%	57%	64%

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

**Discussion**

By the end of 2014/15, 57 per cent of VCH communities had completed healthy living strategic plans. Community efforts to support healthy living through planning, policy, built environments and other mechanisms are critical to engaging individuals where they live, work and play. Sustained community level actions across VCH will help to decrease the number of residents who develop chronic diseases. VCH continues to advise communities and local governments on comprehensive healthy living plans while building closer working structures to facilitate health promotion at the community level.

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

VCH is committed to delivering high quality and appropriate health services that best meets the assessed needs of the VCH population in a fiscally sustainable manner, and to shifting the culture of health care from being disease-centered and provider-focused to being patient centered. The health outcomes of VCH patients and residents are continuously improved by embedding patient-centred practices in the delivery of all care and services. The Clinical and System Transformation initiative will accelerate improvement by reducing variations in care through the linking of the electronic health record across all sectors. A key focus for VCH is the emphasis on primary, home and community services to help reduce the demand for hospital and residential care services, thereby contributing to system sustainability. In addition, VCH continues to advance operational excellence in surgical services to improve outcomes and efficiency, and to enable timely access for patient to appropriate surgical procedures.

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

**Key Strategies:**

- Make coordinated care integral to all professional services and shift to interdisciplinary teams integrated with General Practitioner (GP) practices to improve quality of life and functional status of people living in the community with chronic health conditions and disabilities.
- Improve care for medical patients through collaborative efforts to reduce care sensitive adverse events and through support for older adult patients with medical/complex challenges.
- Demonstrate quality surgical patient outcomes through the use of multiple tracking tools and active support to provincial surgical screening programs. Leverage use of the National Surgical Quality Improvement Program (NSQIP) to focus and drive quality improvement.
- Support the full implementation of the BC mental health and addiction plan **Healthy Minds, Healthy People**, including the expansion of addictions spaces. Help clients with the most complex form of severe addiction and/or mental illness who present a greater risk to themselves and other individuals (including in Vancouver's Downtown Eastside) through comprehensive care, stabilization and support services.
- Support residential care staff and facilities to embed best practices for resident care and support by implementing goals of care and clinical practice guidelines.
- Implement a population, needs-based approach to planning and delivering quality, end-of-life services. Implement 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. Support the expansion of end of life services, including hospice spaces, in alignment with the overall BC commitment.

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

**Key Strategies:**

- Support professionals and care teams to deliver high quality, patient-centered care by enabling the exchange of patient information across service areas.
- Design consistent, evidence-informed clinical practices and move to a shared clinical information system on one platform through clinical and system transformation (CST).
- Design and implement a community system that supports client interaction in care planning and seamless, integrated care across the continuum (eCommunity Next).
- Implement learning activities to support the adoption of the new clinical practices and systems, and achieve high level capabilities for clinical decision support and standardized clinical documentation, evidence-based order sets, computerized physician order entry and management and closed loop medication management.
- Reduce unwarranted variation in the quality of care and improve care outcomes by implement evidence-based protocols and by strengthening processes & outcome reporting.

**Objective:** Reduce the demand for acute and residential care through increasingly effective primary, home and community services.

**Key Strategies:**

- Collaborate with Divisions of Family Practice to create an integrated, inter-professional primary and community care model of service delivery in each community based on population demographics. Support continued development of full service family practices and team-based family practices. Establish linked community and residential care service practices for older adults with chronic conditions and for patients with mental health and/or substance use issues. Support full service practice teams with access to medical specialist shared care and consultation.
- Support the collaborative role of the family physician within hospitals in the care of their admitted patients, as well as for other patients who are not attached to a family physician and/or family practice.
- Develop a prioritized plan to address gaps in current VCH community-based services, including enhanced care for frail seniors in the community and in residential care, the role of walk-in clinics and urgent care centres in the continuity of care, better linking of home health providers, nurse practitioners, and specialist teams with local family physicians and family practices, and expanded staff training to support dementia care and end of life care.
- Improve patient flow and emergency department responsiveness by reducing the number of hospital long stay and alternative level of care patients through earlier discharge planning and expanded community support.
- Increase community capacity and help prevent emergency visits and acute admissions by shifting to more nursing visits in ambulatory settings and to more telephone contact to support clients and families.
- Avoid unnecessary hospital admissions for our frail elders and 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.

- 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.
- Improve the flow of mental health and addiction clients by ongoing assessment of all clients and transitioning less intense/complex clients to other services. Create capacity to meet increasing demand and complexity by redesigning community mental health and addiction teams and implementing care management.
- Expand mental health and addiction housing partnership projects, in cooperation with B.C. Housing and other partners. Complete the **Joseph & Rosalie Segal Family Health Centre** as a key resource within the continuum of services for people suffering with mental health and addiction issues. Implement new spaces across VCH for addiction treatment, prevention and services.

**Performance Measure 2:** Managing Chronic Disease in the Community

Performance Measure	2013/14 Baseline	2015/16 Target	2016/17 Target	2017/18 Target
The number of people with a chronic disease admitted to hospital per 100,000 people, aged 75 years and over (age-standardized)	2,697	2,690	2,683	2,676

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

**Discussion**

At the 3<sup>rd</sup> quarter of 2014/15, 2,253 people with a chronic disease per 100,000 people age 75 years and over in VCH were admitted to hospital. Through significant efforts, VCH performance in keeping hospital admissions appropriate and as low as possible for people with ambulatory care sensitive conditions across all age groups has been the strongest across in B.C. VCH will continue to work to sustain this performance.

This performance measure tracks the number of people with select chronic conditions, such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. People with chronic conditions need the expertise and support of 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, 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.

**Performance Measure 3:** Community Mental Health Services

Performance Measure	2013/14 Baseline	2015/16 Target	2016/17 Target	2017/18 Target
Percent of people admitted to hospital for mental illness and substance use who are readmitted within 30 days, aged 15 years and over	15.2%	14.6%	13.4%	12.0%

**Data Source:** Discharge Abstract Database

**Discussion**

Preliminary results for 2014/15 show that VCH had a hospital readmission rate involving people suffering with mental illness and substance use issues of about 14.7 per cent, slightly above the B.C. level of 14 per cent. This new measure focuses on the effectiveness of community-based supports to help persons with mental illness and substance use issues receive appropriate and accessible care and avoid readmissions to hospital. Central to this effort is building a strong system of primary and community care which enhances capacity and provides evidence-based approaches to care. VCH is fully committed to achieving the vision established in *Healthy Minds, Healthy People* to help address the complexities of helping people with mental illness and substance use issues.

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

**Key Strategies:**

- Advance the development of high quality, sustainable surgical care delivery models, including standardized care pathways with evidence-based timelines and practice guidelines for consulting with patients on treatment options.
- Establish the surgical enterprise architecture model to improve and standardize surgical wait list management, surgical booking and synchronization of wait list data between various stakeholders to create a single and reliable source of information for surgical services. Expand the use of telehealth services for pre and post-surgery assessments and follow-up.
- Engage with and inform patients to increase the amount of information available to patients on the surgical care pathway including the best practice standards for timely access, covering all the surgical wait time segments including GP to surgical consult, access to diagnostic services, surgical consult to surgery, and patient recovery.
- Improve access for surgical patients across VCH through improved screening, better management of surgical capacity, a coordinated approach to siting, and focusing more nursing time on patient care.
- Improve surgical system efficiency through better priority booking processes, by advancing OR productivity through standard surgical processes and order sets, and by refreshing the diagnosis code wait time targets assigned by provincial specialty groups.
- Work with the Ministry of Health and key partners to introduce standardized surgical patient satisfaction surveys (available in multiple formats) as part of the discharge plan, along with standardized follow-up contact.

**Performance Measure 4:** Access to Surgery

Performance Measure	2013/14 Baseline	2015/16 Target	2016/17 Target	2017/18 Target
Percent of scheduled surgeries completed within 26 weeks	93%	94%	95%	95%

**Data Source:** Surgical Wait Times Production (SWTP), Business Analytics Strategies and Operations Branch, Health System Planning 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. The day the booking form is received at the hospital is NOT counted.
2. Periods when the patient is unavailable (e.g., travelling) are excluded from the total wait time.

**Discussion**

In 2014/15, 91 per cent of scheduled surgeries across VCH were completed within 26 weeks, above the B.C. level of 87 per cent. More timely access to appropriate surgical procedures demonstrates commitment to improving patient-centred practice, responsiveness and system efficiency. This performance measure will track the proportion of non-emergency surgeries that are completed within 26 weeks, although many surgeries are completed in a much shorter time frame. 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, will improve the timeliness of patients' access to an expanding range of surgical procedures.

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

Key to the goals of supporting the health and wellbeing of VCH residents and delivering a system of responsive and effective health care services is the support and cooperation of our medical and clinical partners. VCH is committed to working with physicians to engage them in new and creative ways to meet patient needs while recognizing the realities of fiscal resources, rapidly-changing technology and growing demand. Our approach to the planning, delivery and evaluation of health care will focus on patients, through mutually beneficial partnerships among health care providers, the people we serve and their families.

VCH has maintained – or in some cases increased - service levels and access over the past few years while managing within available resources. From this solid footing, VCH will continue to push for innovation and improvements in quality, productivity and efficiency across the continuum. Improvements will be 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 will continue 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:** 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:**

- Optimize the scope and performance of the VCH workforce through regularization of positions, staff scheduling technology, and use of resource staff pools.
- Ensure that physician engagement is fundamental to organizational decision making at VCH. Partner extensively with physicians through Collaborative Services Committees, Divisions of Family Practice, Advisory Committees, staff associations, and other organizational arrangements to support shared care, enhance the care experience for patients, and ensure collaborative performance accountability for health system performance. Deliver comprehensive orientation, education and leadership programs for physician managers. Ensure that initiatives to support physician engagement are coordinated and effective across care settings and locations.
- Manage the effective span of leadership for clinical management and supervisions to appropriate and effective levels. Strengthen leadership and accountability by engaging management staff in the *Performance Excellence Program* based on comprehensive management competencies.
- Enhance support to home, community, residential care, and remote and rural areas in forecasting, developing and implementing health human resources plans.
- Expand behavioural care assessment and planning, with a focus on mental health and substance misuse and dementia care, to mitigate violence towards staff.
- Improve VCH organizational understanding of human resource metrics to influence best practices and to increase quality of care, safety and productivity.

**Performance Measure 5:** Nursing Overtime

Performance Measure	2010 Baseline	2015 Target	2016 Target	2017 Target
Nursing overtime hours as a percent of productive nursing hours	4.0%	<=3.3%	<=3.3%	<=3.3%

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

**Discussion**

Over 2014, 3.6 per cent of productive nursing hours across VCH were nursing overtime hours. This performance measure compares the amount of overtime worked by nurses to the amount of time nurses work. Overtime is a key indicator that is used in assessing the overall health of a workplace. High rates of overtime may reflect inadequate staffing or high levels of absenteeism, resulting in workload issues and increased costs. Reducing overtime rates by addressing the underlying causes not only assists in reducing direct (e.g. labour) and indirect (e.g. un-engaged staff) costs to the health system, it also helps promote both patient and caregiver safety. VCH will continue to focus on improving overtime performance by leveraging our Attendance and Wellness Promotion (AWP) program and related initiatives.

**Objectives:** 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:**

- Manage the performance of VCH through continuous improvement across service and operational accountabilities.
- Improve patient outcomes, increase staff-patient interaction and optimize resource utilization by expanding Lean thinking across VCH.
- Demonstrate strong commitment to having the majority of VCH residents’ health needs met by primary and community care through targeted allocation and strategic use of patient focussed funding.

**Objectives:** Leverage capital investment to support future health needs. Continuously improve health delivery through analysis and knowledge management.

**Key Strategies:**

- Advance the business plan development through Providence Health Care for the development of a new **St. Paul's Hospital** at Station Street site that integrates acute, community and primary care with the regional primary care network.
- Rejuvenate residential care capacity to enable increased access for those clients for whom residential care is the appropriate option. Continue progress on the **Pearson Dogwood Redevelopment** project, working closely with clients and families to ensure engagement throughout the process.
- Reduce repeat visits to emergency departments, reduce unplanned readmissions to hospital and achieve improvements in patient access and flow, and provide physicians with their quality outcomes through increased use of decision support and analytics.
- Advance the *Choosing Wisely* initiative to help enable evidence-based appropriate care, reduce variation in care processes, impact acute demand growth and improve the use of resources.

## Resource Summary

(\$ millions)	2014/15 Actual	2015/16 Budget	2016/17 Plan	2017/18 Plan
<b>OPERATING SUMMARY</b>				
Provincial government sources	3,223.9	3,311.5	3,379.9	3,434.4
Non-provincial government sources	241.1	200.7	200.7	200.7
<b>Total Revenue:</b>	<b>3,465.0</b>	<b>3,512.2</b>	<b>3,580.6</b>	<b>3,635.1</b>
Acute Care	2,115.1	2,129.8	2,170.1	2,202.2
Residential Care	461.1	462.6	472.0	479.5
Community Care	242.5	245.3	250.3	254.3
Mental Health & Substance Use <sup>2</sup>	296.1	291.8	298.7	305.4
Population Health & Wellness	98.4	98.6	100.7	102.4
Corporate <sup>3</sup>	250.5	284.1	288.8	291.3
<b>Total Expenditures:</b>	<b>3,463.7</b>	<b>3,512.2</b>	<b>3,580.6</b>	<b>3,635.1</b>
<b>Surplus (Deficit)</b>	<b>1.3</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>CAPITAL SUMMARY</b>				
Funded by Provincial Government	142.8	176.2	116.8	33.6
Funded by Foundations, Regional Hospital Districts, and other non-government sources	35.7	54.8	21.5	3.6
<b>Total Capital Spending</b>	<b>178.5</b>	<b>231.0</b>	<b>138.3</b>	<b>37.2</b>

## Notes:

1. Operating revenues and expenses are a consolidation of VCHA and PHC information. These amounts will not agree to the publicly available consolidated Financial Statements.
2. Mental Health & Substance Use - The Burnaby Centre for Mental Health transferred from VCH to PHSA effective December 2014. This change accounts for a \$10 million reduction from 2014/15 actuals.
3. Corporate - The increase in the 2015/16 budget is due to reclassification of technology expenses from acute to corporate sector (\$7 million), additional technology projects (\$11 million), and 2014/15 employee benefit budget variance for all sectors being recorded in Corporate (\$16 million).

## Capital Project Summary

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

<b>Community Name</b> (as applicable)	<b>Facility location</b> (as applicable)	<b>Project Name</b>	<b>Total Project Cost</b> (\$ 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

## Contact Information

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