

Vancouver Coastal Health Authority

2016/17 ANNUAL SERVICE PLAN REPORT



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Board Chair's Accountability Statement



On behalf of the Board of Directors of Vancouver Coastal Health (VCH) Authority, I am pleased to present the *2016/17 Annual Service Plan Report*. The report was prepared under the Board's direction in accordance with the [*Budget Transparency and Accountability Act*](#).

The Vancouver Coastal Health Authority 2016/17 Annual Service Plan Report compares the health authority's actual results to the expected results identified in the *2016/17 - 2018/19 Service Plan*. I am accountable for those results as reported.

A handwritten signature in blue ink, which appears to be "C.C. Woodward". The signature is fluid and cursive, with a large loop at the end.

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

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Chair/CEO Report Letter

We are pleased to present *our 2016/17 Service Plan Annual Report*. This report compares our actual results to the expected results identified in the VCH 2016/17-2018/19 Service Plan and demonstrates our commitment to the government's [Taxpayer Accountability Principles](#) and the Ministry of Health's mandate letter for Vancouver Coastal Health (VCH).

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. We are proud of those achievements and our continued focus on providing People First care, but remain aware that we face some ongoing challenges that we need to continue to address.

With over 13,000 staff, 4,500 nurses, 2,100 physicians and 3,000 volunteers, we are one of British Columbia's largest health authorities. VCH provides care and support to over one million people in Vancouver, Richmond, the North Shore, the Sunshine Coast, Whistler, Squamish, the Central Coast communities of Bella Bella and Bella Coola, and many other locations. Our services are as diverse as the people and places we serve. As too, is the role we play. While our focus is on providing the health care and services needed to support our communities, we also support our communities in other ways.

As a publicly-funded provider of quality health services, accountability is important. Compensation levels for our employees earning more than \$75,000 annually, are available [publicly](#), as is our [Health Care Report Card](#) that outlines our performance on several key indicators. This Annual Service Plan Annual is another example of our commitment to accountability. In accordance with the Taxpayer Accountability Principles, VCH engages frequently with its communities and stakeholders on matters of performance, strategy and direction. Our [Open Board Forums](#) focus on key progress and developments within our Communities of Care, while ongoing relationships through Local Governance Liaison Committees, our [Community Engagement Advisory Network](#) and other mechanisms link us with our partners.

Despite increases in demand for some services, VCH continues to demonstrate fiscal responsibility with yet another balanced operating budget posted for the 2016/2017 fiscal year. We continued to move ahead with our innovative Clinical Systems and Transformation (CST) project - a multi-partner project that will transform the delivery of health care in areas of our region – as well as our residential care rejuvenation, and implemented strategies to address the growing opioid overdose public health emergency. VCH's "whole base" approaches to budgeting support the Ministry of Health's overall strategic priorities and assists us in tracking our progress towards the Target Operating Model.

We continue to work closely with the Ministry of Health on many levels. Not just to remain accountable for the work we do with the resources provided, but to also make sure that our strategies are aligned with Ministry priorities and expectations, reflect value for money, and increased patient, client and resident safety. VCH staff routinely participates in and contributes to provincial and regional working groups, committees and task forces in areas ranging from mental health and substance use, to public health, surgical services and primary care implementation. Public awareness and health education campaigns are also developed in coordination with the Ministry of Health, other health authorities and stakeholders.

The 2016/2017 year also saw some changes to the VCH Board of Directors and, further to the Taxpayer Accountability Principles, each new Board member receives a detailed orientation to the operations and strategies of VCH as well as the Ministry of Health priorities and directions.

While demands and expectations of our health care system are high, it is an environment that brings out the best in our skilled and dedicated physicians, staff and volunteers. It is also an environment that makes us accountable for the delivery of safe, high quality, cost-effective health care which — should any of us require such services today, tomorrow, or in the near future — offers reassurance that we are in skilled, professional, and caring hands.



C.C. (Kip) Woodward
Board Chair
Vancouver Coastal Health
October 2017



Mary Ackenhusen
President and CEO
Vancouver Coastal Health
October 2017

Purpose of the Organization

The mandate of VCH is to plan, deliver, monitor, and report on health services, which include population and public health programs, high quality community based health care and support services, acute hospital care, as well as improved productivity and performance. VCH delivers health services to about one and a quarter million people – nearly one quarter of British Columbia’s population. The geographic area covered by VCH includes 12 municipalities and four regional districts in the Coastal Mountain communities, Vancouver, North Vancouver, West Vancouver, Richmond and 14 Aboriginal communities.

One of Canada’s largest health care providers, VCH 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. Through our partnerships with UBC, SFU and BCIT and other academic institutions we train over 12,000 doctors, nurses, allied health and administrative professionals every year to support the future health human resources needs across the province.

VCH organizes and delivers its health services according to three geographic communities of care: **Coastal** (which includes urban, rural and remote communities), **Richmond** and **Vancouver**. The large majority of health services are delivered directly by VCH physicians and staff; a range of agreements and contracts are also in place with other providers to deliver health services. Support services are organized regionally within VCH – or in conjunction with the other Lower Mainland health authorities.

In addition, there are 15 regional programs in place, with significant clinical and operational leadership from the three communities of care and Providence Health Care. Working in close partnership with the communities of care – and with each other – the VCH regional programs enable quality, standardization, effective design and efficiency across patient services, and provide a structure to focus on key priorities to help advance local service delivery.

[Providence Health Care](#) (PHC) is a significant partner to VCH, providing a range of clinical services and programs across multiple acute, residential and community sites. PHC plays a prominent role in supporting academic health care through extensive research and teaching programs. PHC is deeply involved in the cross-regional programs which span VCH, and is partnering to with VCH in the development of a new St. Paul’s Hospital at the Station Street site which will fully integrate acute, community and primary care within the regional primary care network.

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 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 planning at VCH, guiding priority setting for health services across the region.

VCH is committed to working collaboratively with the many partners required to achieve the Ministry of Health's strategic vision. This collaborative approach aligns with the [Taxpayer Accountability Principles](#). VCH is strongly committed to its ethical and fiduciary accountability to the taxpayer, and continues to vigorously pursue enhanced performance management to ensure the delivery of patient-centred health services while promoting quality and containing costs.

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

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

Challenges persist with respect to: access to family physicians and primary care in some communities, proactively responding to the needs of the frail elderly who may require complex medical supports, the changing needs of home and residential care clients in terms of dementia, emergency department congestion and stress on access to inpatient beds in some hospitals, and longer than desired wait times for access to some scheduled surgery and diagnostic imaging services.

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

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

Report on Performance

VCH is strongly committed to its ethical and fiduciary accountability to the taxpayer, and continues to vigorously pursue enhanced performance management to ensure the delivery of patient-centred health services while promoting quality and containing costs in 2016/17. Through our commitment to accountability, and by following the framework of [Taxpayer Accountability Principles](#), we aim to strengthen communications, promote cost control, and build a stronger, more accountable relationship between VCH, the Ministry of Health and affiliated partners.

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

VCH met expectations for a balanced operating budget in 2016/17. Furthermore, VCH followed a "whole base" approach in order to ensure its entire budget (including notional 2017/18 and 2018/19 Ministry of Health funding allocations) specifically supported the Ministry of Health's overall strategic priorities and progress towards the Target Operating Model. The allocation of notional funding was approved through a rigorous process, selecting for the highest potential impact initiatives. VCH implemented a reporting framework to monitor strategic project milestones, budget, and risks. Following this methodology will drive greater accountability for our investments in new service design and delivery initiatives, ensuring that the system is realizing the expected benefits.

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

Goal 1: Support the health and wellbeing of British Columbians.

VCH continued to help 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 substance use, complex chronic conditions, frail seniors, people of low socio-economic status and people at the end of life.

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

Strategies

- Support the continued implementation of *B.C.'s Guiding Framework for Public Health* to help enable the overall health and well-being of VCH residents and a sustainable public health system.
- Work with the Ministry of Health, other health authorities and partners to support *Healthy Families BC*, focusing on providing evidence-based programs and interventions to address major risk and protective factors across the life cycle. Support local governments to take leadership roles in the health and well-being of the citizens in their respective communities.
- Enhance and sustain care in rural and remote communities by leveraging resources and expertise through the networking of rural and remote communities with urban communities. Build better access to reduce disparities in access to care, and to advance learning and quality improvement.
- 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 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 to improve access to services.

Performance Measure 1: Healthy Communities.

Performance Measure	2011/12 Baseline	2016/17 Target	2016/17 Actual	2017/18 Target	2018/19 Target
Percent of communities that have completed healthy living strategic plans.	23%	57%	71%	64%	79%

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

Discussion

This performance measure focuses on the proportion of the 162 communities in British Columbia that have been developing healthy living strategic plans, in partnership with the Ministry and health authorities, since 2010/11. Community efforts to support healthy living through planning, policies, built environments and other mechanisms are critical to engaging individuals where they live, work and play. Sustained community level actions will encourage more active lifestyles while decreasing the risk factors for chronic diseases and injury.

VCH has completed healthy living strategic plans with 71 per cent of municipalities, covering the large majority of the total VCH population, significantly exceeding the target set for 2016/17. VCH continues to partner with local governments to put healthy living plans into action, contributing health data and expertise to municipal planning and policy development processes, on topics such as transportation, neighbourhood design, and safe early childhood environments – all to create supportive environments that keep people healthy and thriving in their communities. The remaining partnership agreements with Whistler and Pemberton are slated for completion in 2017/18.

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

VCH maintained focus on delivering high quality and appropriate health services that best meet 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. By embedding patient-centred practices in the delivery of all care and services, VCH continuously improved the health outcomes of patients and residents. Significant progress was achieved on the Clinical and System Transformation (CST) and eCommunity NEXT initiatives, which will further accelerate improvement by reducing variations in care by linking the electronic health record across all sectors.

VCH placed significant 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 continued to advance operational excellence in surgical services which improved outcomes and efficiency, and enabled timely access for patients to appropriate surgical procedures.

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

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). Expand the electronic medical record to 21 primary care clinics across VCH.

- Implement human resources software to enable wide-scale, secure identity management.
- Implement learning activities to support the adoption of the new clinical practices and systems, and achieve high level capabilities for clinical decision support and standardized clinical documentation, evidence-based order sets, computerized physician order entry and management and closed loop medication management. Reduce unwarranted variation in care quality and improve outcomes by implementing evidence-based protocols and by strengthening processes and outcome reporting.

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

Strategies

- Work with partners to integrate or link family practices with primary care services across VCH communities to create a “primary care home” for VCH residents and families to reduce the need for accessing emergency departments and hospitalizations
- Build further primary care capacity across VCH through expansion of the Health Connections Clinic, the Three Bridges Clinic, and the DTES Drop-In Centre and Low Threshold Clinic.
- Support full-service family practice and help to establish team-based practices across VCH communities delivering services based on population and patient need, particularly the needs of key patient populations including frail seniors, people with chronic conditions, and/or people with moderate to severe mental health or substance use issues.

Objective 2.3: Enhance home and community care services for seniors to reduce demand for acute services and improve appropriateness of residential care.

Strategies

- Implement prototype models of care for seniors across three VCH communities including multidisciplinary teams, expanded adult day programming and medical respite capacity, expanded and aligned home support services, and the proliferation of ED iCare/quick response teams across all urban emergency departments. Reduce the number of hospital long stay and alternative level of care patients through earlier discharge planning and expanded community support.
- Increase community capacity and help prevent emergency visits and acute admissions by shifting to more nursing visits in ambulatory settings and to more telephone contact to support clients and families.
- Support residential care staff and facilities to embed best practices for resident care and support by implementing goals of care and clinical practice guidelines. Expand residential care capacity in Richmond and continue implementation of the regional residential care rejuvenation plan.

- Implement end-of-life care education, clinical guidelines and protocols with a focus on clinical transitions, interdisciplinary care, and clear priority to improve pain and symptom management. Support the expansion of end of life services, including hospice spaces, and home-based palliative care in alignment with the overall BC commitment.

Performance Measure 2: Managing Chronic Disease in the Community.

Performance Measure	2013/14 Baseline	2016/17 Target	2016/17 Actual	2017/18 Target	2018/19 Target
Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and older (age-standardized).	2,697	2,350	2,356	2,337	2,324

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

Discussion

This performance measure tracks the number of people, 75 years of age and older, with select chronic diseases such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. People with these chronic diseases 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 will require more medical care. This proactive disease management reduces unnecessary emergency department visits, hospitalizations and diagnostic testing.

In 2016/17, 2,356 people with a chronic disease per 100,000 people age 75 years and over in VCH were admitted to hospital. Through significant efforts, VCH will not only achieve the performance target for 2016/17 but will continue to be the best in the province at keeping hospital admissions appropriate and as low as possible for people with ambulatory care sensitive conditions across all age groups. Strengthening community-based health care and support services is a key strategic and operational focus for VCH. By working in collaboration with family doctors, home health care providers and other health care professionals VCH is providing better access to care in the community and at home to help people with chronic disease to remain as healthy as possible.

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

Strategies

- Implement new urban, rural and remote mental health and addiction intensive case management (ICM) teams for adults experiencing moderate to severe substance use issues with or without mental illness who are in need of assertive outreach care in the community.
- Implement new spaces across VCH for addiction treatment, prevention and services including a combination of transition beds, community-based withdrawal management beds, supportive

recovery beds and complex enhanced concurrent disorder beds.

- Implement an Integrated HUB (St. Paul’s Hospital) and Access and Assessment Centre (VGH) to enable a single point of service access for adults in Vancouver and provide a more accessible and coordinated 24/7 continuum of intake, assessment, referrals and care.
- Support the coordinated, collaborative delivery of mental health and substance use services for children and youth across VCH.
- Complete the *Segal Family Health Centre* as a key resource within the continuum of services for people suffering with mental health and addiction issues.
- Complete the redesign of primary and community services to health meet the evolving and challenging health and social needs of the residents of Vancouver Downtown Eastside (DTES 2nd Generation Strategy).

Performance Measure 3: Community Mental Health Services.

Performance Measure	2013/14 Baseline	2016/17 Target	2016/17 Actual	2017/18 Target	2018/19 Target
Percent of people admitted to hospital for mental illness and substance use who are readmitted within 30 days, 15 years of age and over.	15.2%	13.4%	15.1%	12.0%	12.0%

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

Discussion

In British Columbia, there is a focus on improving access to a range of services and supports in the community, including for persons with mental health and substance use issues. This performance measure focuses on one aspect of the effectiveness of community-based supports to help persons with mental health and substance use issues receive appropriate and accessible care, and avoid readmission to hospital. Other components include good discharge planning and maintaining the appropriate length of stay in a hospital. Central to these efforts is building a strong system of primary and community care which enhances capacity and provides evidence-based approaches to care.

Results for 2016/17 show VCH had a hospital readmission rate involving people suffering with mental illness and substance use issues of 15.1 per cent, above the overall B.C. level. While managing the ongoing pressure of ED visits related to mental illness and substance use issues, VCH continues to build a strong system of primary and community care to enhance capacity and provide evidence-based approaches to mental health and addiction care. The Downtown Eastside (DTES) of Vancouver is a small community with a large number of individuals with substance dependency issues, and has been seriously impacted by the opioid crisis. VCH has responded by increasing access to addiction services, including overdose prevention sites, a temporary mobile medical unit and support for long-term treatment. In addition, good discharge planning and maintaining the appropriate length of stay in hospital are a priority as VCH works to realign its acute and community services into

an integrated and coordinated system of care. Overall, VCH remains 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 2.5: Deliver operational excellence in surgical services to improve outcomes and efficiency, and to achieve significant improvement in timely access to appropriate surgical procedures.

Strategies

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

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

Performance Measure	2013/14 Baseline	2016/17 Target	2016/17 Actual	2017/18 Target	2018/19 Target
Percent of scheduled surgeries completed within 26 weeks	93%	95%	90%	95%	95%

Data Source: Surgical Wait Time Production (SWTP, Site 158), Ministry of Health. Includes all elective adult and pediatric surgeries.

Notes:

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

Discussion

During the last several years, British Columbia’s health system has continued to focus on reducing wait times for many surgeries. Funding incentives, combined with continuous efforts to foster innovation and efficiency in British Columbia’s hospitals, are initiatives designed to improve the timeliness of access to an expanding range of surgical procedures. This performance measure tracks

whether scheduled surgeries are completed within the maximum established benchmark wait time of 26 weeks. Surgical resources are also being allocated to complete the surgeries of people who have been waiting the longest.

VCH maintains its focus on reducing the number of patients waiting for surgery exceeding the wait time target, while not just focusing on those with the longest waits (i.e. patients on the 26 week boundary or those waiting greater than 26 weeks). With reduced OR capacity due to staff shortages on select sites (OR RNs at VGH and at LGH) surgeons are continuing to provide care for the most urgent patients first and patients with less urgent conditions continue to wait longer. On sites such as Vancouver General Hospital, the complexity and the duration of the surgical cases continue to increase.

To increase access to surgery, VCH is working on a comprehensive health and human resource strategy, shifting services to make better use of staffed and available OR capacity. At each VCH site emphasis is also on improving surgical efficiency by decreasing turnaround time, late starts and early finishes and working with surgeon offices on “first in, first out” approach to case completion where clinically appropriate.

Collaboration with Fraser Health through the Lower Mainland Surgery Group and a focus on shared priorities will also improve access to surgery for patients.

Goal 3: Ensure value for money.

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 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 focuses on patients, their families, and - through mutually beneficial partnerships - our health care providers.

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 continued to drive innovation and improvements in quality, productivity and efficiency across the continuum. Improvements have been leveraged through clinical and systems transformation, workforce optimization, service sharing across the Lower Mainland, and the application of new knowledge generated through comprehensive analysis. VCH also pursued increased access to capital resources to support better care for patients and residents – and to optimize productivity in the use of current capacity.

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

Strategies

- Achieved full regional accredited status in 2016.

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

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

Strategies

- Support excellence in physician partnership through engaged organizational decision making at VCH. Ensure that initiatives to support physician engagement are coordinated and effective across care settings and service locations. Partner with physicians to support shared care, enhance the care experience for patients, and ensure collaborative accountability for health system performance.
- Develop and sustain physician recruitment and retention strategies. Deliver comprehensive orientation, education and leadership programs for physician managers.
- Enhance staff recruitment strategies to meet human resource requirements across the continuum. Streamline orientation for new staff to improve the transition into VCH.
- Provide additional education for new models of service delivery. Recruit and sustain educator resources and enhance specialty training.
- Optimize the scope and performance of the VCH workforce through regularization of positions, staff scheduling technology, and use of resource staff pools.
- Implement the Professional Image policy across VCH.
- Improve VCH organizational understanding and application of human resource metrics to influence best practices and to increase quality of care, safety and productivity.

Performance Measure 5: Nursing Overtime

Performance Measure	2010 Baseline	2016 Target	2016 Actual	2017 Target	2018 Target
Nursing overtime hours as a percent of productive nursing hours	4.0%	<=3.3%	4.3%	<=3.3%	<=3.3%

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

Note: Based on calendar year.

Discussion

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.

In 2016, 4.3 per cent of productive nursing hours across VCH were worked as overtime hours. Along with all other health authorities, VCH did not achieve the target for this performance measure. VCH continued to experience periodic shortages of OR nurses during the year which contributed to its overall overtime usage. Reducing overtime rates by addressing the underlying causes also assists in reducing direct (e.g. labour) and indirect (e.g. un-engaged staff) costs to the health system, and helps promote patient and caregiver safety. VCH will continue to focus on improving overtime performance by increasing specialty nursing education, creating regular positions to provide relief coverage, smoothing vacation leave across the year and leveraging our Attendance and Wellness Promotion (AWP) program and related initiatives.

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

Strategies

- Fully engage with the Ministry of Health, other health authorities and partners to ensure alignment with the overall direction on health system strategic and operational priorities, and to help bind the efforts of the sector together. Managed the performance of VCH through continuous improvement and reporting across service and operational accountabilities.
- Through Providence Health Care, advance the development of the new St. Paul's Hospital at Station Street site – integrating acute, community and primary care within the regional primary care network. Complete the *Clinical Plan* and the subsequent *Business Plan* through a collaborative process with key partners.

- Rejuvenate residential care capacity to enable increased access for those clients for whom residential care is the appropriate option. Continue progress on the Pearson Dogwood Redevelopment project, working closely with clients and families to ensure engagement throughout the process.
- Reduce repeat visits to emergency departments, reduce unplanned readmissions to hospital and achieve improvements in patient access and flow, and provide physicians with their quality outcomes through increased use of decision support and analytics.
- Demonstrate strong commitment to having the majority of VCH residents' health needs met by primary and community care through targeted allocation and strategic use of patient focused funding.

Financial Report

Vancouver Coastal Health's 2016/17 budget (including Providence Health Care) was \$3.632 billion. The VCH budget is set based on funding levels in the Preliminary Funding Letter as that is the most current information available at the time. Over the course of the 2016/17 fiscal year, both Revenues and Expenses exceeded the budget due to additional funding that was confirmed after the Preliminary Funding Letter.

Actual revenues for the fiscal year ending March 31, 2017 were \$3.6840 billion which is lower than the total revenues of \$3.8742 billion for the year ending March 31, 2016 due to a one time gain on sale of \$276.4 million related to the Dogwood Pearson lands in 2015/16. Once this extraordinary one time item is removed from 2015/16, the 2016/17 revenue is higher than past years due to increases in Ministry of Health Funding, Medical Services Plan Funding, Non-Resident revenues, Out-of-Province revenues, Worksafe BC revenues, Other Contributions and Other Miscellaneous revenues. Actual expenditures for 2016/17 were \$3.6834 billion mainly due to higher expenditures than budgeted in Acute Care. The additional expenditures above budget were offset by the increased revenues discussed above. This resulted in a combined VCH/PHC surplus of \$0.6 million for the 2016/17 fiscal year.

The significant 2016/17 actual to budget operating variances were:

Revenue – Provincial Government Sources: is higher than budgeted due to additional Provincial Health Services Authority (PHSA) funding that was provided over the course of the year after the budget had been finalized, increased Medical Services Plan revenue including retro funding received in the year, increased Recoveries from Government Reporting Entities and funding for specific initiatives such as the Opioid Overdose crisis response that was not included in the original budget.

Revenue – Non-Provincial Government Sources: is higher than budgeted due to increases in Non-Resident revenues, Out-of-Province revenues, Worksafe BC revenues, Other Contributions and Other Miscellaneous revenues.

Acute Care Expenditures: The increase in 2016/17 Acute Care expenditures over budget is due to increased Physician Fees including retro payments (partially offset by Medical Services Plan revenue), increased Medical Supplies, increased Diagnostic Supplies as a result of increased Lab and Diagnostic Imaging activity, increased Professional Fees on one time projects such as the St. Paul's Hospital redevelopment business case and increases in benefits. The increased expenditures are offset by additional revenues confirmed after the Preliminary Funding Letter or generated through provision of services.

Mental Health & Substance Use Expenditures: Mental Health & Substance Use expenditures are over budget due to the Crosstown Clinic and the response to the Opioid Overdose crisis.

Corporate Expenditures: 2016/17 Corporate expenditures have increased over budget due to CST, NBA implementation and benefit costs, and higher bad debt expenses which were offset by higher patient revenues.

Risks and Uncertainties

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

The ongoing Opioid Overdose Crisis is a potential risk that could require additional investment in 2017/18 or future years.

Financial Resource Summary Table (VCH including PHC)

(\$ millions)	2016/17 Budget	2016/17 Actual	2016/17 Variance
OPERATING SUMMARY			
Provincial government sources (note 2)	3,419.8	3,429.9	10.1
Non-provincial government sources (note 3)	212.5	254.1	41.6
Total Revenue:	3,632.3	3,684.0	51.7
Acute Care (note 4)	2,207.4	2,245.1	-37.7
Residential Care	470.9	474.1	-3.2
Community Care	258.5	261.5	-3.0
Mental Health & Substance Use (note 5)	297.0	301.8	-4.8
Population Health & Wellness	102.4	100.3	2.1
Corporate (note 6)	296.1	300.6	-4.5
Total Expenditures:	3,632.3	3,683.4	-51.1
Surplus (Deficit)	0.0	0.6	0.6
CAPITAL SUMMARY			
Funded by Provincial Government	179.3	106.0	73.3
Funded by Foundations, Regional Hospital Districts, and other non- government sources	101.9	75.5	26.4
Total Capital Spending	281.2	181.5	99.7

Notes:

1. Operating revenues and expenses are a consolidation of VCHA and PHC information. These amounts will not agree to any publicly available consolidated Financial Statements. They are 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.
2. Revenue from Provincial Government Sources is higher than budgeted due to additional Provincial Health Services Authority (PHSA) funding that was provided over the course of the year after the budget had been finalized, increased Medical Services Plan revenue including retro funding received in the year, increased Recoveries from Government Reporting Entities and funding for specific initiatives such as the Opioid Overdose crisis that was not included in the original budget.

3. Revenue from Non-Provincial Government Sources in 16/17 is higher than budgeted due to increases in Non-Resident revenues, Out-of-Province revenues, Worksafe BC revenues, Other Contributions and Other Miscellaneous revenues.
4. The increase in 16/17 Acute Care expenditures over budget is due to increased Physician Fees including retro payments (partially offset by Medical Services Plan revenue), increased Medical Supplies, increased Diagnostic Supplies as a result of increased Lab and Diagnostic Imaging activity, increased Professional Fees on one time projects such as the SPH redevelopment business case and increases in benefits. The increased expenditures are offset by additional revenues confirmed after the Preliminary Funding Letter or generated through provision of services.
5. Mental Health & Substance Use expenditures are over budget due to the Crosstown Clinic and the response to the Opioid Overdose crisis.
6. 2016/17 Corporate expenditures have increased over budget due to CST, NBA implementation & benefit costs, and higher bad debt expenses which were offset by higher patient revenues.
7. Capital expenditures on Major Facilities and IMITS projects in 2016/17 were lower than budgeted.

Major Capital Projects

Major Capital Project	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$'M)	Project Cost to March 31, 2017 (\$'M)
Vancouver General Hospital Operating Room Renewal – Phase 1	2020	102	2
<p>The Vancouver General Hospital (VGH) Operating Room (OR) Suite is a tertiary, quaternary and trauma surgical suite serving inpatients, outpatients, and both scheduled and unscheduled patients from across the Province. As the quaternary and trauma centre for BC, the VGH OR experiences more unscheduled emergency cases (45%) than any other centre in the Province.</p> <p>The proposed Perioperative Suite design will provide a long-term solution to address daily operational challenges caused by undersized, poorly configured operating rooms and failing infrastructure. It will also provide the infrastructure necessary to improve patient safety and quality outcomes and to ensure patients receive their surgery in a timely manner.</p> <p>This project presents many opportunities, including:</p> <ul style="list-style-type: none"> • Improved access to the best care and patient outcomes • Improved efficiencies and utilization with more universal and flexible OR's and appropriate support space • Innovation in advanced procedures by creating a contemporary OR suite that integrates current advanced technologies and is designed to accommodate future technologies 			

- Replacing and upgrading failing facility infrastructure to meet current standards for staff and patient safety, and for business continuity

Phase 1 will deliver:

- 16 new universal OR's
- A new 40-bay Pre-Post-Operative Care Unit
- New storage and administrative spaces
- New and/ or upgraded mechanical, electrical and HVAC systems
- A new elevator to service Levels 2 and 3 within the OR suite
- New and/ or upgraded technology on Level 2 and 3
- New and/ or upgraded equipment

Joseph & Rosalie Segal Family Health Centre, Vancouver General Hospital	2017	76	71
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A new 100-bed Mental Health Pavilion on the Vancouver General Hospital Campus which will replace the current Health Centre and see the consolidation of mental health inpatient and outpatient programs/ services currently separated between Vancouver General Hospital / University of British Columbia Hospital into one purpose-built building.

The new facility consists of the construction of an 8-storey hospital building, targeted for LEED gold certification. The new building will accommodate 80 beds for the secondary mental health program; 20 beds of Tertiary mental health; Outpatient services; the Assertive Community Treatment program; and research and administration areas.

The Hope Centre, Lions Gate Hospital	2015	51	51
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This project created a new Mental Health Centre, replacing the current 26-bed psychiatric inpatient unit, and consolidated the majority of the mental health and addiction outpatient clinics in North Vancouver currently housed in several old residential houses. The building also created space in support of Lions Gate Hospital's teaching role, and provided space to repatriate the local BC Ambulance station.

Strategic intent of this project:

- The replacement of a high priority, physically and functionally obsolete structure with one designed to current standards to meet the needs of patients/ clients
- Optimizing the building space on the Lions Gate Hospital Campus in accordance with Municipal zoning (and site) requirements
- Provided a means to aggregate disparate Mental Health outpatient services
- Created space to support the teaching role of Lions Gate Hospital
- Repatriated the BC Ambulance Service (BCAS) operations back onto the Lions Gate Hospital Campus

The project delivered a 4-storey building with two levels of parking, located on the Southeast Corner of the Lions Gate Hospital Campus.

Sechelt Hospital Expansion	2018	45	40
<p>To design and construct the diagnostic and treatment expansion of Sechelt Hospital in Sechelt, BC. The work includes a building expansion and extensive renovations to the existing hospital as well as the construction of an Energy Centre for physical plant services.</p> <p>The redevelopment of the hospital will provide a broader range of services, capacity and technology including:</p> <ul style="list-style-type: none"> • Additional beds including an increased number of private rooms • New Special Care Unit for high acuity patients • Infection control and isolation capacity • New Emergency Department with fast track capacity • Expansion to Ambulatory Care, Surgical Day Care • New Diagnostic Imaging Department 			
Lions Gate Hospital Power Plant Replacement	2020	26	-
<p>This project includes the complete replacement of the aged Power Plant infrastructure, including boilers, steam lines, medical gases, etc., and the demolition of the existing Power Plant building. Relocating the Power Plant away from the future Acute Care Facility site is also necessary as the current Power Plant is located within the footprint of the proposed new building.</p>			
Ortho Reconstructive Surgery Expansion and Transitional Care Unit Move (ORTS), at the University of British Columbia Hospital	2018	22	2
<p>Key spaces within Koerner Pavilion at the University of British Columbia University Hospital will be repurposed to relocate the Transitional Care Unit (TCU) and Internal Medicine Department (IMD) from the first floor to a new unit on the second floor with no increase in number of beds; move orthopedics/ reconstruction (ortho-recon) services from Vancouver General Hospital to the new unit and combine within the existing surgical services.</p>			

Significant IT Projects

IMIT Project	Targeted Completion Date (Year)	Approved Anticipated Total Capital Cost of Project (\$'M)	Project Cost to March 31, 2017 (\$'M)
Clinical and Systems Transformation (CST) Project	2019	282	150
<p>The primary purpose of the Clinical and Systems Transformation (CST) Project is to establish a common standardized, integrated, end-to-end clinical information system and environment (Integrated Clinical Information System Environment) for Provincial Health Services Authority, Vancouver Coastal Health Authority, and Providence Health Care. The project will result in a creation of a single Cerner production domain clinical information system.</p> <p>The CST Project will deliver real-time health information to clinicians and researchers in a way the current heterogeneous systems do not. It will enable the standardization of administration functions, such as referrals, scheduling, and registration. It will also enable the Health Organizations to better manage and measure wait times as well as provide comparable and timely data for efficient resource management. This will in turn allow British Columbia to better manage future health care costs while improving the quality of patient care.</p>			

Appendix A – Health Authority Contact Information

Vancouver Coastal Health
11th Floor, 601 West Broadway
Vancouver, B.C. V5Z 4C2

Information – Lower Mainland: 604-736-2033
Information – Outside the Lower Mainland: 1-866-884-0888

Web: www.vch.ca
Email: feedback@vch.ca

Appendix B – VCH Mandate and Actions Summary

In the 2016/17 Mandate Letter from the Minister of Health, Vancouver Coastal Health Authority received direction on strategic priorities for the 2016/17 fiscal year. These priorities and the health authority’s resulting actions are summarized below:

Mandate Letter Direction	Health Authority’s Action
<p>1. Improve care for key patient populations and service delivery in cross sector priority areas that are critical to both quality and sustainability by:</p> <ul style="list-style-type: none"> • supporting the development of an individualized primary care home by strengthening collaboration between family practices and health authority primary care services to improve access and the continuity of care for patients • Improving patient health outcomes and reducing hospitalizations for seniors through effective community services 	<ul style="list-style-type: none"> • Coastal expanded the Health Connections Clinic in partnership with Division of Family Practice and developed a prototype model of team-based care to support the transition to a full service primary care home • Building on the GP for Me initiative, VCH and the Richmond Division of Family Practice co-led the development of a neighbourhood network model to establish primary care homes to serve the high needs senior population • VCH initiated planning for a primary care home in Coastal Rural (Powell River) • Planning for the transition of existing VCH full service primary care clinics in Vancouver to the primary care home model, with a focus on the Downtown Eastside Second Generation Strategy, integration of primary care services with other co-located community services including mental and home and community care • Launched integrated discharge planning in the ED (EDiCare) and quick response teams (QRT) in the community to reduce hospitalizations for seniors • Shift to a team-based care model at Three Bridges Clinic in Vancouver, including the addition of a nurse practitioner at the Three Bridges site to ensure continuity of care across programs and specialized services • North Shore Health Connections Clinic expanded to support complex, unattached seniors • Outpatient Parenteral Antibiotic Therapy (OPAT) provides a clinic setting to serve

Mandate Letter Direction	Health Authority's Action
<ul style="list-style-type: none"> Improving patient health outcomes and reducing hospitalizations for those with mental health and substance use issues through effective community services 	<p>short-term IV antibiotic patients. OPAT programs were launched at both Lions Gate Hospital and St. Paul's Hospital in order to reduce ED visits, avoid admissions to an inpatient bed, and reduce length of stay. The programs showed have optimized their processes and demonstrated positive benefits in 2016/17:</p> <ul style="list-style-type: none"> Providence Health Care's OPAT at St. Paul's Hospital was operational for all of 16/17; there were 5,329 ED visits and 445 inpatient days avoided VCH launched the Lions Gate Hospital OPAT in September 2016; in 16/17 there were 1,622 ED visits and 99 inpatient days avoided <ul style="list-style-type: none"> Implemented the Access & Assessment Center at Vancouver General Hospital which provides 24/7 access to health care services and information, including an onsite assessment and intake for clients with mental health and substance use problems Developed an on-line therapist assisted Cognitive Behavioural Therapy service (Kelty's Key) for depression, anxiety, addictions, chronic pain and more. Planning for the Hub at St. Paul's Hospital to provide rapid service access for patients requiring urgent psychiatric assessment and treatment Developed MindHealthBC in partnership with Providence Health Care and the Shared Care Committee to provide clients and families with accessible on-line mental health promotion and early intervention, self-help tools for the maintenance of overall mental health, and also to increase the capacity of family physicians Added Intensive Case Management Supports in Vancouver and Richmond to reduce mental health and substance use related hospitalizations, while improving linkages to health and social services

Mandate Letter Direction	Health Authority's Action
	<p>In partnership with the First Nations Health Authority, VCH expanded service linkages, co-location and clinic arrangements, Aboriginal patient navigators, knowledge exchange, staff training, etc.</p>
<p>2. Ensure the delivery of key government priorities for high quality and appropriate health services.</p> <ul style="list-style-type: none"> • Continue implementation of <u>Promote, Protect, Prevent: Our Health Begins Here. BC's Guiding Framework for Public Health</u>, the provincial framework for supporting the overall health and well-being of British Columbians and a sustainable public health system as well as the <u>Healthy Families BC Policy Framework</u>, which lays out at a more operational level the chronic disease and injury prevention strategy for B.C. • Continue to ensure patients have a voice in the quality of care they are receiving by strengthening processes designed to respond to patient concerns, including working closely with the BC Patient Safety & Quality Council and Patient Care Quality Review Offices and Review Boards. • Improve access to addiction treatment, including creating additional addictions spaces by 2017. 	<ul style="list-style-type: none"> • In 2016/2017, VCH Population Health awarded \$3.3 million in grants to 58 organizations to support 68 community-based initiatives strengthening social connectedness within vulnerable populations across VCH. • The Public Health Immunization team focused efforts on increasing vaccination rates for school-aged children in the North Shore by increasing access to kindergarten drop-in clinics, immunizing kindergarten students in school and promoting immunizations in the community to support vaccine readiness • VCH revised its policy on Complaints Management to include a broader approach to Complaints Prevention and Management • Six Overdose Prevention Sites and the Mobile Medical Unit (MMU) opened. The Overdose Prevention Sites have had 61,768 visits and responded to 438 overdose events between December 2016 and April 24, 2017. The MMU operated seven days a week, at the height of the crisis to treat individuals experiencing an overdose and requiring medical care, and to offer barrier free treatment for walk-in clients wanting to start

Mandate Letter Direction	Health Authority's Action
<p>the achievement of measures, goals and objectives articulated in the Tripartite First Nations Health Plan and First Nations' Regional Health and Wellness Plans, and Partnership Accords.</p> <ul style="list-style-type: none"> • Further to the <i>Declaration of Commitment on Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in B.C.</i>, the health authority will also work with its partnership table and the First Nations Health Authority to prioritize key initiatives to create a climate for change to improve the patient experience for this population. • In partnership with the Ministry of Health, review the governance, service delivery and funding models for MRIs to ensure an accessible, sustainable medical imaging system. • Strengthen effective evidence-based use of pharmaceutical therapies. • Implement laboratory medicine strategy set out in the <i>Laboratory Services Act</i> (PHSA). • Renew the Cancer Control strategy and implementation plan (PHSA). 	<p>care, mental health substance use, cultural safety, urban Aboriginal health)</p> <ul style="list-style-type: none"> • VCH Aboriginal Health is creating Elders-in-Residence programs at various facilities, including Lions Gate Hospital, Sheway, and downtown Community Health Centres. Additionally, VCH is supporting Elders' services as part of the model of care in contracted health centres such as Lu'ma Medical Centre and Vancouver Native Health Society. • Completed the VCH Indigenous Cultural Safety & Humility Framework • Created Aboriginal Health/Cultural Safety ePerformance goals for SET members, Directors and Managers • Achieved MRI service volume targets as part of the VCH MRI Strategy Plan. • Participated in provincial Advanced Imaging Strategy sub-committees working to develop a framework for an accessible, sustainable service delivery system for MRI and other advanced imaging modalities. • Completed implementation of Omnicell automated medication dispensing units at Lions Gate Hospital, a foundational initiative for VCH's Clinical and Systems Transformation Project (CST) and a key component of Closed Loop Medication Management
<p>3. Pursue innovative approaches to service delivery and manage the performance of your organization through continuous improvement across service and operational accountabilities.</p> <ul style="list-style-type: none"> • Identify areas in need of improvement based on the assessed needs of your population and an assessment of your organizational performance. • Provide regular performance reports on 	<ul style="list-style-type: none"> • VCH regional accreditation in September 2016, meeting 94% of the 4,008 required standards of quality and care, with over 40 sites surveyed • Launched the "Participate in Research" website to allow the public to easily search and connect with research participation opportunities

Mandate Letter Direction	Health Authority's Action
<p>service delivery to sector governors on the performance of your organization.</p> <ul style="list-style-type: none"> • Collaborate with the Ministry on the development of standardized health system reports to measure performance and quality in the system. • Support the development of a strengthened health research and innovation agenda, including the Strategy for Patient-Oriented Research Support Unit, Academic Health Sciences Network and the BC Tech Strategy, in order to foster improved patient outcomes and health system performance. • Ensure an integrated and cost effective approach to information management and technology, including the continued implementation of electronic medical records, telehealth and home health monitoring. • Ensure effective health human resource planning and management. • Strengthen relationships between health authorities and physicians practicing in health authority facilities and programs 	<ul style="list-style-type: none"> • The eCommunityNEXT Project implemented an inter-disciplinary care planning module in the PARIS community clinical system, and the Clinical Care Plan for the Home Health Program. • Expanded the VCH/PHC Profile EMR Electronic Medical Record to increase clinicians' capacity to deliver more timely and efficient care through an integrated system, supported by best practices and evidence-based decision making and the sharing of patient/client information across primary care teams and disciplines. • Began clinical trials with the TEC4Home patient-centred home tele-monitoring solution designed specifically for safety and quality of care during the patient's transition from hospital to home. • Led a Request for Qualifications for a Virtual Care Platform as the means to engage the vendor community and gather information to guide next steps in the procurement process • Established Facility Medical Staff Committees for physician engagement at Lions Gate Hospital, Richmond Hospital and Vancouver General Hospital. • Expansion of the Physician Practice

Mandate Letter Direction	Health Authority's Action
<p>(as outlined in the April 1, 2014, Memorandum Of Understanding on Regional and Local Engagement), specifically:</p> <ul style="list-style-type: none"> ○ Support the improvement of medical staff engagement within health authorities through existing local medical staff association structures, or where mutually agreed to by the parties at the local level, through new local structures so that medical staff: <ul style="list-style-type: none"> ▪ views are more effectively represented; ▪ contribute to the development and achievement of health authority plans and initiatives, with respect to matters directly affecting physicians; ▪ prioritize issues significantly affecting physicians and patient care; and, ▪ have meaningful interactions with health authority leaders, including physicians in formal health authority medical leadership roles. ○ Improve processes locally within health authority programs and facilities as well as provide physicians with appropriate information to allow for more effective engagement and consultation between physicians and health authority operational leaders. ○ Support physicians to acquire, with continued or expanded Joint Clinical Committee funding support, the leadership and other skills required to participate effectively in discussions regarding issues and matters directly affecting physicians and their role in the health care system. 	<p>Enhancement Program to Anesthesia, Orthopedic Surgery, Pediatrics and Psychiatry – a program run by the College of Physicians and Surgeons of BC and the health authorities, to promote a culture of ongoing quality improvement and support continuous professional development and learning. VCH also initiated the Physician Multisource Feedback process as part of the Physician Practice Enhancement Program; the first cohort of departments includes: Surgery, Psychiatry, and Medicine.</p> <ul style="list-style-type: none"> ● Established the VCH PHC Regional Quality Improvement Initiative in partnership with the Specialist Services Committee (SSC), to strengthen the quality improvement capacity and culture within our physician community through: the provision of funding for projects, training and sessionals; technical support, including data analysts and advisors; and Quality Improvement Physician Advisors offering mentoring and coaching ● Strategy visioning session held with VCH Senior Executive Team, Senior Medical staff and Physician leaders to discuss VCH goals and strategies and gather input on the actions required to move these strategies forward

Mandate Letter Direction	Health Authority's Action
<p>4. Manage within budget allocation and continuously improve productivity while maintaining a strong focus on quality service attributes.</p> <ul style="list-style-type: none"> • Optimize budget planning and cost management processes • Ensure effective management of capital across a range of projects 	<ul style="list-style-type: none"> • Achieved an operating surplus of \$600,000 • Successfully utilized 1per cent of full operating budget to advance operational excellence through pay for performance • Invested in primary and community care to reduce demand for acute services and improve appropriateness of residential care • Close to 60 facilities and major clinical equipment projects completed in 2016/17 with a total project value of over \$200M