

Vancouver Coastal Health

2016/17 – 2018/19
SERVICE PLAN

July 2016



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Vancouver Coastal Health
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Accountability Statement



On behalf of the Board of Directors of Vancouver Coastal Health (VCH), I am pleased to present the 2016/17 – 2018/19 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, appearing to read 'C.C. Woodward', with a large, stylized loop at the end.

C.C. (Kip) Woodward
Board Chair, Vancouver Coastal Health
July 2016

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Organizational Overview

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.

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 transforming clinical processes and systems across care setting through a sweeping, multi-year initiative to enable a common health record extending 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.
- is home to the [VCH Research Institute \(VCHRI\)](#), which plays an important role in the B.C. and the Canadian research industry - with investigators conducting clinical and discovery research to improve patient health, transform health systems, create technology transfer jobs and foster a new generation of knowledge and innovation leaders.

VCH organizes its health services around three geographic *communities of care*: **Coastal** (which includes a mix of urban, rural and remote communities), **Richmond** and **Vancouver**. **Providence Health Care (PHC)** is a significant partner and contracted service provider to VCH, providing a range of clinical services across acute, residential and community sites; PHC also plays a prominent role in supporting academic health care. Most VCH patient services are coordinated through cross-regional programs to enable quality, standardization and efficiency. The large majority of health services are delivered directly by VCH and PHC physicians and staff; contracts are also in place with other providers to deliver services. Support services are organized regionally within VCH – or in conjunction with the other Lower Mainland health authorities.

Corporate Governance

Vancouver Coastal Health is committed to being open and accountable to the public we serve. VCH reports to a Board of Directors and its sub-committees. VCH’s financial and operational information and results are reported to the Ministry of Health, which provides the majority of its funding. The Board of Directors oversees operations, works with management to establish overall strategic direction for the organization and ensures appropriate community consultation. 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](#). Information about board members, committees and the senior executive team can be found at [VCH Leadership](#).

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 planning at VCH, guiding priority setting for health services across the region. Subsequently, the series of policy direction papers released starting in February 2015 have steered operational planning for the delivery of health services in high priority areas across the region.

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

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 arrayed across VCH significantly challenge our capacity to rapidly share comprehensive information across care settings. With 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 has been updated from previous service plans to reflect the strategic priorities contained in *Setting Priorities for the B.C. Health System*, subsequent policy direction papers, and to ensure alignment with the Taxpayers Accountability Principles. The priorities focus on supporting the health and well-being of VCH residents, delivering responsive and effective health care services, and ensuring value for money in the health system.

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

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

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

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

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

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

Key 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***, 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.
- 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.
- Enable meaningful input to the Aboriginal Health Plan, service planning and delivery activities by Aboriginal people. 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	2014/15 Actual Results	2016/17 Target	2017/18 Target	2018/19 Target
Percent of communities that have completed healthy living strategic plans	23%	57%	57%	64%	79%

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

Discussion

By the end of 2015/16, nine of the fourteen (64 per cent) VCH communities had healthy living strategic plans in place, and three more communities are expected to be onboard by the end of 2016/17. VCH continues to advise communities and local governments on comprehensive healthy living plans while building closer working structures to facilitate health promotion at the community level. Sustained community level actions across VCH will help to decrease the number of residents who develop chronic diseases. Community efforts to support healthy living through planning, policy, built environments and other mechanisms are critical to engaging individuals where they live, work and play.

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

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

Objectives: 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**). 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: Enhance primary care services to provide comprehensive team-based care linked to specialized services.

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

Key Strategies:

- Work with partners to integrate or link family practices with primary care services across VCH communities to create a “primary care home” for VCH residents and families to reduce the need for accessing emergency departments and hospitalizations
- Build further primary care capacity across VCH through expansion of the Health Connections Clinic, the Three Bridges Clinic, and the 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: Enhance home and community care services for seniors to reduce demand for acute services and improve appropriateness of residential care.

The development of the primary care home will help to increase access for frail VCH seniors to coordinated primary and specialist medical care, community outreach services, assisted living and residential services, and planned access to diagnostic and hospital services. Further supports will help seniors manage the challenges of increasing frailty, chronic conditions, dementia and other issues that can impact their ability to maintain independence, helping to avoid unnecessary hospital admissions by maintaining/returning seniors to their homes in a timely and well-supported manner. Accessible and appropriate residential care will be provided in a safe and caring manner as part of the service continuum. In addition, high quality end-of-life services will be delivered through a population, needs-based approach.

- Implement prototype models of care for seniors across three VCH communities to ensure enhanced and coordinated services and a reduced reliance on acute care. The new models include multidisciplinary teams, expanded adult day programming and medical respite capacity, expanded and aligned home support services, and the proliferation of ED iCare/quick response teams across all urban emergency departments. Reduce the number of hospital long stay and alternative level of care patients through earlier discharge planning and expanded community support.
- Increase community capacity and help prevent emergency visits and acute admissions by shifting to more nursing 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	2014/15 Actual Results	2016/17 Target	2017/18 Target	2018/19 Target
The number of people with a chronic disease admitted to hospital per 100,000 people, age 75 yrs and over (age-standardized)	2,697	2,478	2,350	2,337	2,324

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

Discussion

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 continues to be very strong. At the end of the first quarter of 2015/16, the rate at which people with a chronic disease per 100,000 people age 75 years and over in VCH were admitted to hospital was 2,223 – well below the B.C. rate. VCH will continue to work to sustain this performance.

This performance measure tracks the number of people with select chronic conditions, such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. People with chronic conditions need the expertise and support of 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. As part of a larger initiative to strengthen community-based health care and support services, VCH is working with family doctors, home health care providers and other health care professionals to provide better care in the community and at home to help people with chronic disease to remain as healthy as possible. Proactive disease management reduces 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.

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

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

Key Strategies:

- Implement new urban, rural and remote mental health and addiction intensive case management (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. Build on existing capacity by adding another Assertive Community Treatment (ACT) team as a proven approach to improving outcomes for adults with severe mental illness who have not benefited from traditional outpatient programs.
- 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 non-emergency room alternative for adults in Vancouver with a mental health or addiction diagnosis with a coordinated 24/7 continuum of intake, assessment, referrals and care.
- Support the coordinated, collaborative delivery of mental health and substance use services for children and youth across VCH.
- Complete the **Segal Family Health Centre** as a key resource within the continuum of services for people suffering with mental health and addiction issues.
- Complete the redesign of primary and community services to 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	2014/15 Actual Results	2016/17 Target	2017/18 Target	2018/19 Target
Percent of people admitted to hospital for mental illness and substance use who are readmitted within 30 days, age 15 yrs and over	15.2%	14.7%	13.4%	12.0%	12.0%

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

Discussion

Over 2014/15, VCH had a hospital readmission rate involving people suffering with mental illness and substance use issues of 14.7 per cent, slightly above the B.C. level of 14 per cent.

This performance 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 access and support, and provides evidence-based approaches to care.

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

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

Over the past several years, VCH has successfully reduced wait times for many surgical procedures. Expanded surgical activity and patient-focused funding combined with continuous effort to foster innovation and efficiency in VCH hospitals, has improved the timeliness of patients' access to an expanding range of surgical procedures.

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

Key Strategies:

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

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

Performance Measure	2013/14 Baseline	2014/15 Actual Results	2016/17 Target	2017/18 Target	2018/19 Target
Percent of scheduled surgeries completed within 26 weeks	93%	91%	95%	95%	95%

Data Source: Surgical Wait Time Production (SWTP, Site 130), Ministry of Health. Includes all scheduled adult and pediatric surgeries. Notes: Baseline is for surgeries completed from April 1, 2013 to March 31, 2014. Target percentages are for surgeries completed during the fiscal year. 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

As of the second quarter in 2015/16, 91 per cent of scheduled surgeries across VCH were completed within 26 weeks on a year to date basis, above the B.C. level of 86 per cent.

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

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

Objective: Working with communities and with First Nations partners, develop and implement a comprehensive approach to providing quality health services across rural and remote areas of VCH.

Key Strategies:

- Enhance and sustain care in rural and remote communities by leveraging resources and expertise through the networking of rural and remote communities with urban communities. Build better access to reduce disparities in access to care, and to advance learning and quality improvement. Key strategies include:
 - expand service hours at the Pemberton Health Centre
 - enhance discharge planning through enhanced physiotherapy support in Powell River
 - implement a pool of traveling urban specialists
 - provide enhanced outreach clinics
 - expand the scope and access to Telehealth
 - develop physician recruitment and retention strategies
 - partner in First Nations Joint Project Board initiatives
 - initiate rural communities’ action plan.

Goal 3: Innovate to ensure quality, value for money, and sustainability

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

Key to providing the best care for VCH residents and promoting better health for VCH communities is developing and supporting the best workforce. VCH works hard to create a workplace where staff and physicians do their best every day, and to attract, develop and retain outstanding leaders across many fields. The leadership, engagement and innovative thinking of our medical and clinical partners are essential. VCH is committed to working with physicians to engage them in new and creative ways to meet patient needs while recognizing the realities of fiscal resources, rapidly-changing technology and growing demand. Our approach to the planning, delivery and evaluation of health care will focus on patients, through mutually beneficial partnerships among health care providers, the people we serve and their families.

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

Key Strategies:

- Achieve 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.

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

Key Strategies:

- 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 and operate in alignment with the Doctors of BC agreement. Partner with physicians to support shared care, enhance the care experience for patients, and ensure collaborative accountability for health system performance.
- Develop and sustain physician recruitment and retention strategies. Deliver comprehensive orientation, education and leadership programs for physician managers.
- Enhance staff recruitment strategies to meet human resource requirements across the continuum. Enhance orientation for new staff to improve the transition into VCH.
- Provide additional education for new models of service delivery. Recruit and sustain educator resources and enhance specialty training.
- Optimize the scope and performance of the VCH workforce through regularization of positions, staff scheduling technology, and use of resource staff pools.
- Sponsor additional specialty education training positions to ensure VCH’s ability to meet staffing needs in the ORs, EDs, critical care and other specialty units.
- Improve VCH organizational understanding and application of human resource metrics to influence best practices and to increase quality of care, safety and productivity.

Performance Measure 5: Nursing Overtime

Performance Measure	2010 Baseline	2014 Actual Results	2016 Target	2017 Target	2018 Target
Nursing overtime hours as a percent of productive nursing hours	4.0%	3.6%	<=3.3%	<=3.3%	<=3.3%

Data Source: Health Sector Compensation Information System, Health Employers Association of British Columbia. Based on calendar year.

Discussion

Over 2014, 3.6 per cent of productive nursing hours across VCH were nursing overtime hours, consistent with the overall level for B.C. 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: Improve sustainability by applying innovative service models and funding mechanisms.
Continuously improve health delivery through analysis and knowledge management.
Leverage capital investment to support future health needs.

Key Strategies:

- Fully engage with the Ministry of Health, other health authorities and partners to ensure alignment with the overall direction on health system strategic and operational priorities, and to help bind the efforts of the sector together. Manage the performance of VCH through continuous improvement and reporting across service and operational accountabilities.
- Through Providence Health Care, advance the development of the new **St. Paul's Hospital** at Station Street site – integrating acute, community and primary care within the regional primary care network. Support the implementation of the *Clinical Plan* and the subsequent *Business Plan* through a collaborative process with key partners.
- Rejuvenate residential care capacity to enable increased access for those clients for whom residential care is the appropriate option. Continue progress on the **Pearson Dogwood Redevelopment** project, working closely with clients and families to ensure engagement throughout the process.
- Reduce repeat visits to emergency departments, reduce unplanned readmissions to hospital and achieve improvements in patient access and flow, 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 focussed funding and innovative accountable care models.
- Collaborate with UBC, PHC and PHSA on the co-creation of an effective Academic Health Sciences Centre.

Resource Summary

(\$ millions)	2015/16 Actual	2016/17 Budget	2017/18 Plan	2018/19 Plan
Operating Summary				
Provincial government sources ⁵	3,364.1	3,419.8	3,486.4	3,558.4
Non-provincial government sources ²	510.1	212.5	212.3	212.2
Total Revenue	3,874.2	3,632.3	3,698.7	3,770.6
Acute Care ³	2,226.1	2,207.4	2,250.8	2,297.7
Residential Care	463.7	470.9	474.6	478.7
Community Care	251.1	258.5	263.8	269.6
Mental Health & Substance Use	293.1	297.0	306.8	317.6
Population Health & Wellness	99.6	102.4	104.9	107.5
Corporate ⁴	262.9	296.1	297.7	299.5
Total Expenditures	3,596.5	3,632.3	3,698.7	3,770.6
Surplus (Deficit)	277.7	0.0	0.0	0.0
Funded by Provincial Government	68.4	179.3	95.9	73.1
Funded by Foundations, Regional Hospital Districts, and Other Non-Government Sources	101.0	101.9	33.2	1.5
Total Capital Spending	169.4	281.2	129.1	74.6

Notes:

- Operating revenues and expenses are a consolidation of VCH 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 of Health along with the HA's.
- VCH had Gains on Sale of Property in fiscal 2015/16 equal to \$276.436M. In this format, the gain is captured as part of Revenue from Non-provincial government sources.
- The decrease in 2016/17 Acute Sector Budget expenditures is due to one-time expenditures in 2015/16.
- The increase in Corporate Sector Expenditures from 2015/16 Actuals to the 2016/17 budget is due to a one-time 2015/16 benefit adjustment and budget increases for the 2016/17 Information Technology projects.
- The 2017/18 and 2018/19 years' revenue reflects the 2016/17 budget plus the incremental funding per the preliminary funding letter.
- The 2017/18 and 2018/19 Sector expenses are estimates and are subject to change.

Capital Project Summary

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

Community Name (as applicable)	Facility location (as applicable)	Project Name	Total Project Cost (\$ million)
Facility Projects			
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	Sechelt Hospital Redevelopment	44.3
Vancouver	University of British Columbia Hospital	Orthopedic Reconstructive Surgery Expansion and Transitional Care Unit Move	21.9
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	Hybrid Operating Room	7.4
Vancouver	Vancouver General Hospital	Renal Unit Redesign	7.0
Vancouver	University of British Columbia Hospital	Thermal Energy Supply	6.9
Vancouver	Vancouver General Hospital	Cardiac Procedural Space Renewal & Redesign for Excellence, Innovation, & Best Practice	6.7
North Vancouver	Lions Gate Hospital	Regional Youth Concurrent Disorders Unit	4.7
North Vancouver	Lions Gate Hospital	Outpatient Care Centre	4.5
Vancouver	University of British Columbia Hospital	University of British Columbia Sleep Disorders Program Relocation	3.8
Bella Bella	R.W. Large Memorial Hospital	6-Plex Replacement (Staff Housing)	3.2
Vancouver	Vancouver General Hospital	Regional Pharmacy Production Centre	2.7
Vancouver	625 Powell Street	Tenant Improvements	2.0
Richmond	Richmond Hospital	Domestic Water Re-piping - North Tower	2.0
Clinical Equipment Projects			
Vancouver	Vancouver General & University of British Columbia Hospitals	Replacement of three Computed Tomography Scanners	7.0
Vancouver	Vancouver General Hospital	Interventional Radiology Angiography Unit Replacement	2.4
North Vancouver	Lions Gate Hospital	Computed Tomography (CT) Scanner Replacement	2.2
Information Management/Information Technology Projects			
Various Communities	Various Facilities	Clinical and Systems Transformation Project	262.5
Various Communities	Various Facilities	Managed Wi-Fi Services	8.9
Various Communities	Various Facilities	E-Community NEXT	4.7
Various Communities	Various Facilities	Billing and Accounts Receivable Transformation	4.6
Various Communities	Various Facilities	Regional ECHO Imaging and Reporting Solution	2.6

Contact Information

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