

**Vancouver Coastal
Health Authority**

**2018/19
ANNUAL SERVICE PLAN REPORT**

September 2019



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Board Chair's Accountability Statement



On behalf of the Board of Directors of Vancouver Coastal Health Authority, I am pleased to present the *2018/19 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 2018/19 Annual Service Plan Report* compares the health authority's actual results to the expected results identified in the *2018/19 - 2020/21 Service Plan*. I am accountable for those results as reported.

Dr. Penny Ballem
Board Chair

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Chair/CEO Report Letter

Vancouver Coastal Health (VCH) is pleased to present our *2018/19 Annual Service Plan Report*. This report compares our actual results to the expected results identified in the VCH [2018/19 – 2020/21 VCH Service Plan](#). With over 14,000 staff including 6,000 nurses, 2,100 physicians and 3,000 volunteers, we are one of British Columbia's largest health authorities. Vancouver Coastal Health (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 is the role we play. We constantly strive to be open, transparent and responsive to our communities and ensure the services we provide reflect their needs. We believe our success depends on having strong relationships with all of our community partners including: community service providers, other regional health authorities, First Nations Health Authority, Provincial Health Services Authority, local governments, and academic and research institutions.

VCH is committed to supporting the journey of truth and reconciliation with Indigenous peoples. Our focus is to help improve the overall health of our Indigenous population by creating culturally sensitive spaces and by providing culturally safe healthcare. We recognize that to do this, we have the collective responsibility to ensure we have authentic, intentional engagement and collaboration with Indigenous people.

Our work continues to support the Ministry of Health, and we remain accountable for our tax-payer funded system of care. We ensure our strategies are aligned with Ministry priorities and expectations, reflect value for money, and deliver the highest quality care outcomes for our patients, clients and residents. A meaningful and key partner in meeting the health care needs of our population is Providence Health Care (PHC). As the provincial centre for specific patient populations, including people with heart and/or lung diseases, kidney disease, mental illness, HIV/AIDS and urban health issues, PHC plays an important role in providing exceptional care across the entire healthcare continuum.

As you read through this document, you will see examples of the progress VCH has made toward achieving the strategic objectives and mandated deliverables as defined in VCH's mandate letter from the Minister of Health. Some of our key highlights in 2018/19 include: creating Urgent and Primary Care Centres and Primary Care Networks; strengthening our support to seniors and their caregivers; delivering on the new mental health and addictions strategy; reducing wait times and improving access to surgical procedures; and, improving outcomes for First Nations communities and individuals who reside in rural and remote communities.

Primary and community care services are the foundation our health care system. They serve as the vehicle for ensuring continuity of care within the health system. VCH shares the Ministry of Health's vision for a robust system of primary and community care services where everyone is attached to a family practice or patient medical home and is part of a Primary Care Network (PCN). This year, we began implementing the Richmond and Vancouver PCNs. We also opened the first urgent and primary care center in our region which allows us to wrap health care services around patients who

need it within their own community and provide ongoing care and support in a way that will result in better and more responsive care experiences.

Seniors are our fastest-growing demographic and their health care needs are diverse and complex. It is critical they have access to well-coordinated and integrated services across the continuum of care. VCH is focused on increasing access for seniors from coordinated primary and specialist medical care and community outreach services to assisted living and long-term care services, as well as planned access to diagnostic and hospital services.

This year, VCH established the first Personalized Support and Stabilization (PSS) teams. The new community-based, interdisciplinary PSS teams work together to support clients, their families and caregivers to safely transition from the hospital, back to their homes in the community. To ensure equitable access to palliative services throughout the region, VCH invested in evening nursing support for palliative care clients in our Richmond and Coastal communities of care.

Across British Columbia, there is a focus on improving access to a range of mental health and/or substance use services. At VCH, we delivered on a comprehensive and coordinated regional opioid overdose response and prevention strategy including community action teams, three supervised consumption sites, seven overdose prevention sites, multiple housing-based initiatives, drug checking sites and take-home naloxone kits. We also established the Carlile Youth Concurrent Disorders Centre for the most complex youth struggling with concurrent mental health and substance use challenges – one of three such programs across Canada.

VCH also recognizes the importance of staying focused on population and patient needs, while working to improve our surgical program and reducing wait times. This past year, VCH's expanded surgical activity and continued efforts to foster innovation and efficiency in our hospitals have improved the timeliness of patients' access to an expanding range of surgical procedures. For example, we implemented the Rapid Spine Access Clinic which resulted in a dramatic reduction in the wait time, and a more positive patient experience. The time from referral to assessment for spine surgery decreased from 687 days to 23 days in 2018/19.

VCH continues to enhance efforts to enable sustainable and effective health services in rural and remote areas of the region, including First Nations communities. More than 1,700 staff and physicians have completed the Indigenous Cultural Safety (ICS) training which acknowledges cultural traditions and protocols. VCH has also signed a Memorandum of Understanding with the Divisions of Family Practice to provide all physicians with the ICS training. We are also implementing an Urban Indigenous Health Strategy in partnership with First Nations Health Authority that focuses on mental health and addictions, the opioid overdose response, and integration of the Urban Indigenous Primary Care Network.

Recognizing the increasing demands across a complex health care system, VCH believes the foundation of providing exceptional care is only possible with an engaged team of staff and physicians. As part of focused efforts to create an even better workplace culture, VCH is harnessing its values of caring, learning and striving for best possible outcomes for the people we serve. In doing so, we aim to bring out the best in our talented and dedicated physicians, staff and volunteers, all to the benefit of the British Columbians who rely on us each and every day for life-saving and life-changing care at every stage of their lives.

Purpose of the Annual Service Plan Report

The Annual Service Plan Report (ASPR) is designed to publicly report on the actual results of the health authority's performance related to the forecasted targets documented in the previous year's Service Plan.

Purpose of the Organization

VCH is mandated under the [Health Authorities Act](#) to plan, deliver, monitor, and report on health services for the geographic region we serve. These services include population and public health programs, community based health care and support services, acute hospital care, as well as continuous improvement of our 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 twelve municipalities and four regional districts in the Coastal Mountain communities: Vancouver, North Vancouver, West Vancouver, and Richmond. We recognize that our places of work and VCH facilities lie on the traditional homelands of the fourteen First Nation communities. There are also three Métis Chartered communities within our region.

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 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, 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.

We are 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

The strategic direction set by Government in 2018/19 and expanded upon in the Board Chair’s [Mandate Letter](#) from the Minister of Health, shaped the [2018/19 VCH Service Plan](#) and the results reported in this ASPR.

The following table highlights the key goals, objectives or strategies that support the key priorities of Government identified in the *2018/19 VCH Service Plan*:

Government Priorities	VCH Aligns with These Priorities By:
Delivering the services people count on	<ul style="list-style-type: none"> • Ensuring a focus on cross-sector change initiatives requiring strategic repositioning (Goal 1) • Supporting the health and well-being of British Columbians through the delivery of responsive and effective health care services (Goal 2)
A strong, sustainable economy	<ul style="list-style-type: none"> • Delivering an innovative and sustainable public health care system (Goal 3)

Operating Environment

VCH is committed to working collaboratively with the many partners required to achieve the Ministry of Health’s strategic vision. This collaborative approach helps to strengthen communications, promote cost control, and create a strong relationship between VCH, the Ministry of Health and affiliated partners. VCH is strongly committed to its ethical and fiduciary accountability to the taxpayer, and continues to vigorously pursue enhanced performance management to ensure the delivery of patient-centred health services while promoting quality and containing costs.

VCH 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. Key drivers of this rising demand are the aging 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 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 Community Clinical Systems Roadmap initiatives, VCH and its partners have made a significant commitment to maintaining and improving the delivery of high quality patient care by working towards a linked 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 2018/19. Through our commitment to continuous improvement, 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 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/PHC reported a budget deficit in 2018/19 due to worse than expected performance of the Healthcare Benefit Trust Pool. Excluding this impact, VCH/PHC would have reported a small surplus. VCH consistently manages within its budget allocation and has a strong track record of improving productivity while maintaining focus on quality of care. In 2018/19 VCH increase the number of home support hours, increased hours of care in our residential care homes, and increased operating room surgical house and the number of cases completed.

We are beginning to see a shift in health care delivery as both demographic and technological changes increase the demand for service and impact the availability of health care professionals. We operate in a complex system which is highly dependent on people for the provision of services. Rigorous workforce planning and practices will continue to be at the centre of our ability to both implement required changes and maintain high quality health services.

VCH is committed to supporting its employees to maintain the highest standard of professional ethics and integrity. VCH maintains Conflict of Interest, Whistleblower and Standards of Conduct policies and reviews 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 B.C., VCH continues to align its compensation practices through the implementation of a shared, common compensation philosophy and the Compensation Reference Plan.

Goals, Objectives, Measures and Targets

This report has been updated from previous service plan reports to reflect the strategic priorities set forth in the [2018/19 – 2020/21 Ministry of Health Service Plan](#) and the [Mandate Letter](#) from the Minister of Health. 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.

Goal 1: Ensure a focus on cross sector change initiatives requiring strategic repositioning

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

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

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

Objective 1.1: Enhance primary care services to provide comprehensive and coordinated team-based care linked to specialized services

VCH has been part of a collaborative process 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.

As part of the renewed emphasis on strengthening primary and community care services across B.C., VCH is also looking at innovative practice and service delivery models where primary health care, imaging and diagnostics, acute care, specialized services, and community services are linked and coordinated to address the needs of the patients and populations. These changes will build on the strengths of the system – including a skilled and dedicated workforce - and ensure that people get care from the right provider at the right time, in the right setting and with the best outcomes.

Key Highlights

- Opened the Vancouver-City Centre Urgent & Primary Care Centre in November 2018.
- Received Ministry of Health approval in January 2019 to develop three Primary Care Networks in Richmond.
- Received Ministry of Health approval in March 2019 to develop two Primary Care Networks in Vancouver.
- Implementation of the Wave 1 Primary Care Networks is underway in collaboration with the Divisions of Family Practice.
- Submitted an Expression of Interest for the development of a North Shore Primary Care Network; Service Plan is underway.

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

The development of Primary Care Networks 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, dignified and caring manner as part of the service continuum.

Key Highlights:

- Established the first Personalized Support and Stabilization (PSS) teams. PSS is a community-based, interdisciplinary team working together to support clients, their families and caregivers to safely transition from the hospital back to their homes in the community. PSS teams provide wraparound care for up to eight weeks to help clients regain self-reliance and optimal functioning.
- Implemented evening nursing support for palliative care clients in Vancouver, Richmond, and Coastal communities of care. This service enhancement, along with the addition of Palliative Care Resource Nurse positions, is supporting clients with complex care needs to reside comfortably in the community - whether that is at home, in long-term care, assisted living or hospice.
- Supported the shift towards team-based care for our home health clients with the hiring of an additional 28 full-time staff (e.g. nurses, dieticians, social workers, occupational therapists, etc.)
- Achieved a minimum of 3.36 hours per resident day at all VCH owned and operated residential care homes.
- Developed a specialized 8-week home health education program to support nurses in meeting the increasingly complex care needs of clients and caregivers in the community.

Performance Measure	2016/17 Baseline	2018/19 Target	2018/19 Actuals*	2019/20 Target	2020/21 Target
1.2 The number of people with a chronic disease admitted to hospital per 100,000 people, aged 75 years and over	2,506	2,467	2,207	2,447	2,427

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

* P.E.O.P.L.E. 2017.

Discussion

Through significant efforts, VCH performance continues to be very strong in keeping hospital admissions appropriate and as low as possible for people with ambulatory care sensitive conditions across all age groups. As of the second quarter of 2018/19, 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 2,134 – 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 health care providers to manage their disease in the community in order to maintain functioning and reduce complications that would require more medical care. As part of a larger initiative to strengthen community-based health care and support services, VCH is working with family doctors, home health care providers and other health care professionals to provide better care in the community and at home to help people with chronic disease to remain as healthy as possible. Team-based care and proactive disease management reduces unnecessary emergency department visits, hospitalizations, and diagnostic testing.

Objective 1.3: Enhance mental health and substance use services to improve patient health outcomes and reduce emergency department use and hospitalizations

Across 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/or substance use issues. In 2017, the Ministry of Mental Health and Addictions was created to improve the access and quality of mental health and addictions services across B.C., as well as develop an immediate response to the opioid overdose public health emergency. Another priority area is expanding access to early intervention and support for children and adolescents, which are known to make a significant difference in achieving positive outcomes for children and youth with mental health needs.

Key Highlights:

- Implemented an evidence-based approach to caring for clients with treatment resistant schizophrenia in Vancouver community (Psychosis Treatment Optimization Program).
- Successfully piloted virtual care discharge planning care conferences, allowing patients on Vancouver General Hospital inpatient units to connect with their case team in community via video conferencing prior to discharge.
- Delivered on a comprehensive and coordinate regional opioid overdose response and prevention strategy including community action teams, three supervised consumption sites, seven overdose prevention sites, multiple housing-based initiatives, drug checking sites and take-home naloxone kits.
- Established the Carlile Youth Concurrent Disorders Centre as a regional program for the most complex youth struggling with concurrent mental health and substance use issues; this is one of only three such program across Canada.
- Expanded services for youth struggling with addictions including doubling the capacity for youth addictions day treatment, opening three new youth addictions homes to support recovery, and a youth Intensive Case Management team.

Performance Measure	2016/17 Baseline	2018/19 Target	2018/19 Actuals	2019/20 Target	2020/21 Target
1.2 Percent of people admitted for mental illness and substance use who are readmitted within 30 days, age 15 years and over	15.1%	15.0%	14.4%	15.0%	15.0%

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

Discussion

In 2018/19, VCH had a hospital readmission rate involving people suffering with mental illness and substance use issues of 14.4 per cent, which means that VCH met the Ministry target.

Across 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. 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.

By focusing on increased specialized community-based supports, particularly coordinated and integrated team-based primary and community care programs, and effective discharge planning, VCH is committed to helping those with mental health and/or substance use issues receive appropriate and accessible care. Better coordination and more specialized services and beds will help to progressively reduce hospitalizations for people with mental health and substance use issues over time. Additionally, an opioid overdose strategy that includes plans for harm reduction, policy, prevention and treatment will impact the performance measure for this objective.

Objective 1.4: Timely access to appropriate surgical procedures

Expanded surgical activity and continuous effort to foster innovation and efficiency in VCH hospitals have improved the timeliness of patients' access to an expanding range of surgical procedures.

Each year, VCH performs approximately 70,000 scheduled surgeries and 18,000 emergency surgeries. As the demand for surgery continues to increase, VCH recognizes the importance of staying focused on population and patient needs, while also working to improve the quality and sustainability of our surgical program through information technology and new models of service delivery.

Key Highlights:

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.

- Expanded central intake process to include breast reconstruction referrals. Since implementation, 374 referrals have come through central intake and the average wait time from referral to surgery decreased from eight weeks in 2016 to just over six weeks in 2018.
- Implementation of the Rapid Spine Access Clinic using advance practice physiotherapists to access and triage referrals to Vancouver General Hospital spine surgeons has resulted in a dramatic reduction in the wait time, and a very positive patient experience. The time from referral to assessment for spine surgery decreased from 687 days to 23 days in 2018/19.
- Achieved standardization of care pathways and operating room efficiencies to increase access to hip and knee replacement surgeries at two sites (Note: target date for central intake at Richmond Hospital is fall 2019).
- Demonstrated progress in working directly with surgeons’ offices to schedule patients for surgery in the order that they are placed on the waitlist. This practice will increase surgical capacity and the number of completed cases. Using the “first in, first out” methodology VCH achieved 72 percent of cases completed in turn in 2018/19, up from 63 percent in 2017/18. The trend in performance continues to increase towards the stretch target of 80 percent.
- Expanded capacity within existing infrastructure by reducing summer, spring and winter slowdowns to ensure that the patients we serve have timely access to appropriate surgery.

Performance Measure	2016/17 Baseline	2018/19 Target	2018/19 Actuals	2019/20 Target*	2020/21 Target
1.3 Surgeries in targeted priority areas completed	4,045	5,444	5,193	5,549	5,655

Data Source: SWT (Surgical Wait Time Database (including hip, knee and dental surgeries), Health Sector Information, Analysis and Reporting Division, Ministry of Health.

*Future year targets are from the 2018/19 VCHA Service Plan

Discussion

In 2018/19, 5,193 hip, knee and dental surgeries were completed across VCH sites. While this number was lower than the target, the total number of surgical hours across VCH as a whole increased by 3 percent due to rising demand and complexity of cases.

This performance measure tracks the number of completed non-emergency surgeries in specific priority areas. More timely access to appropriate surgical procedures demonstrates commitment to improving patient-centred practice, responsiveness and system efficiency.

This past year VCH performed additional surgeries to keep up with the demand for surgery, with a particular focus on joint replacements and dental surgeries. These extra surgeries will help reduce

backlogs in waitlists, with the goal of patients not waiting more than 26 weeks from when the surgeon puts the patient on the waitlist for surgery. VCH also implemented central intake and pooled referrals for hip and knee procedures in 2018/19. This provides a coordinated and integrated pathway through orthopedic surgery, with the option to choose a particular surgeon or go with the next available surgeon for a shorter wait time.

Goal 2: Support the health and well-being of British Columbians through the delivery of responsive and effective health care services

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 use 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.

Objective 2.1: Improve health outcomes and reduce health inequities in the populations we serve

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.

Key Highlights:

- Implementation of in-person Indigenous Cultural Safety (ICS) training continues. Over 1,700 staff and physicians have completed training to date. VCH has also signed a Memorandum of Understanding with the Divisions of Family Practice to provide all physicians with the ICS training.
- Developed an Urban Indigenous Health Strategy. The plan focuses on mental health and addictions, the opioid overdose response, and integration of the Urban Indigenous Primary Care Network. This strategy is the most recent deliverable from the VCH Aboriginal Health Plan to be approved and implementation is now underway.

- Established two Indigenous patient advisory groups to inform the design and planning of health services.
- Partnered with the University of British Columbia Human Early Learning Partnership and the McCreary Centre Society to enhance data quality, dissemination, and appropriateness which will inform child and youth population health and prevention planning across VCH
- Collaborated with the District of Squamish on the development of their Official Community Plan. Based on an analysis of health data, including the [My Health, My Community](#) survey, early childhood development, active transportation and food security emerged as the top priorities in the District’s new plan.

Performance Measure	2011/12 Baseline	2018/19 Target	2018/19 Actuals	2019/20 Target	2020/21 Target
2.1 Percent of communities that have completed healthy living strategic plans	23%	79%	93%	93%	93%

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

Discussion

By the end of 2018/19, thirteen of the fourteen (93 per cent) VCH communities had healthy living strategic plans in place. 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 encourage more active lifestyles while decreasing the risk factors for chronic diseases and injury. 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 3: Deliver an innovative and sustainable health system

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.

Objective 3.1: Engage staff and physicians in developing the best work environment

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. Our patient-centred approach to the planning, delivery and evaluation of health care services relies on mutually beneficial partnerships among health care providers, the people we serve and their families.

Key Highlights:

The highlights from 2018/19 represent key initiatives towards ensuring effective human resource planning, management and staffing so that we can provide stable, consistent high quality care for our patients.

- Implemented the first cohort of Licensed Practical Nurses into operating rooms at Richmond Hospital. This initiative will be spread to other sites in 2019/20.
- Established acuity and dependency patient assessment tools to inform staffing model assessment and redesign, and to keep our employees safe at work.
- Launched new attendance management guidelines to support a caring, individualized, timely and wellness-focused approach.

Performance Measure	2016 Baseline	2018 Target	2018 Actuals	2019 Target	2020 Target
3.1 Nursing and allied professionals overtime hours as a percent of productive hours*	3.6%	3.6%	4.3%	3.6%	3.6%

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

* This performance measure is calculated based on the calendar year.

Discussion

In 2018, 4.3 per cent of productive nursing and allied health professionals hours across VCH were nursing and allied health overtime hours. This performance measure compares the amount of overtime worked by nurses and allied health professionals to the amount of time worked. 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 which does not promote a good work environment for our staff and physicians. 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 has developed a holistic Workforce Strategy to ensure we have the right staff in the right positions at the right time so that we can provide exceptional care. Our data-driven Workforce Strategy identifies professions and locations with the goal of reducing vacancies in difficult to fill

positions and those areas that support strategic priorities. VCH is also working closely with the Ministry and other health authorities to improve the provincial, long range strategic workforce planning for all health occupations, including physicians, nursing and allied health.

Financial Report

Discussion of Results

Vancouver Coastal Health's (VCH) 2018/19 budget including Providence Health Care (PHC) was \$3.9099 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 2018/19 fiscal year, both Revenues and Expenses exceeded the budget due to additional funding that was confirmed after the Preliminary Funding Letter.

Highlights

Actual revenues for the fiscal year ending March 31, 2019 were \$4.0037 billion which is higher than the total revenues of \$3.8340 billion for the year ending March 31, 2018 due to increases in Ministry of Health Funding, Non-Resident revenues, and Other Contributions. Actual expenditures for 2018/19 were \$4.0343 billion mainly due to higher expenditures than budgeted in Acute Care and Corporate. During the year, the Authority's Healthcare Benefit Trust Pool was considerably worse than expected resulting in a combined VCH/PHC deficit of \$30.6 million for the 2018/19 fiscal year. Excluding this impact, VCH would have reported a small surplus.

Financial Resource Summary Table

\$ millions	2018/19 Budget	2018/19 Actual	Variance
OPERATING SUMMARY			
Provincial Government Sources	3,668.8	3,703.3	34.5
Non-Provincial Government Sources	241.1	300.8	59.7
Total Revenue:	3,909.9	4,004.1	94.2
Acute Care	2,314.7	2,425.1	110.4
Residential Care	503.0	510.4	7.4
Community Care	303.0	301.2	-1.8
Mental Health & Substance Use	342.2	348.6	6.4
Population Health & Wellness	107.3	109.0	1.7
Corporate	339.7	340.4	-0.7
Total Expenditures:	3,909.9	4,034.7	124.8
Surplus (Deficit) – <i>even if zero</i>	0.0	-30.6	-30.6
CAPITAL SUMMARY			
Funded by Provincial Government	125.2	120.1	-5.1
Funded by Foundations, Regional Hospital Districts, and other Non-Government Sources	106.6	84.6	-22.0
Total Capital Spending:	231.8	204.7	-27.1

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.

Variance and Trend Analysis

The significant 2018/19 actual to budget operating variances were:

Revenue – Provincial Government Sources: Higher than budgeted due to Ministry of Health additional funding confirmed during the year; 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; and increased Recoveries from Government Reporting Entities.

Revenue – Non-Provincial Government Sources: Revenue from Non-provincial government sources is higher than budget due to patient, clients and residents revenue and recoveries from other non-government entities.

Acute Care Expenditures: Higher than budgeted employee benefits due to poor LTD claims experience and investment return in the last quarter of calendar year 2018 resulting in a significant

increase in expense; increased Physician Fees (partially offset by Medical Services Plan revenue); increased Medical Supplies as a result of increased surgical activity (partially offset by Ministry of Health funding); increased Drugs and Medical Gases (partially offset in Recoveries); increased Provision for Doubtful Accounts due to lower collections on aging accounts; increased Equipment expenses due to higher than budgeted maintenance and purchase of minor equipment; higher than budgeted Contracted Services due to private clinic surgeries and an increase in Contracted Out to other health authorities.

Residential Care Expenditures: Higher than budgeted Contracted Services due to increased Ministry of Health funding for Hours per Resident Days.

Mental Health and Substance Abuse: Higher than budgeted program expenses not included in the initial budget.

Capital Spending: The 2018/19 capital cash flow variance is mainly due to lower than forecasted Facilities and IMITS project spend.

Risks and Uncertainties

One of the most significant risks facing VCH and 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 2019/20 and future years.

Major Capital Projects

Major Capital Projects (over \$50 million)	Year of Completion	Project Cost to March 31, 2019 (\$ millions)	Estimated Cost to Complete (\$ millions)	Anticipated Total Cost (\$ millions)
Vancouver General Hospital Operating Room Renewal – Phase 1	2021	15	102	102
<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 B.C., 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 <p>Phase 1 will deliver:</p> <ul style="list-style-type: none"> • 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	2018	73	82	82
<p>A new 100-bed Mental Health Pavilion on the Vancouver General Hospital Campus replacing the Health Centre and saw the consolidation of mental health inpatient and outpatient programs/ services which were separated between Vancouver General Hospital/ University of British Columbia Hospital into one purpose-built building.</p> <p>The new facility consists of an eight story hospital building with LEED gold certification. The new building accommodates 80 beds for the secondary mental health program; 20 beds of Tertiary mental health; Outpatient services; the Assertive Community Treatment program; and research and administration areas.</p>				
Dogwood Complex Residential Care Facility	2021	0	58	58
<p>To address current and projected demand for residential care services in Vancouver, a replacement facility is required for the outdated and obsolete Dogwood Complex Residential Care Facility. To achieve effective and efficient staffing and design, the optimal facility will be 13,481m² including 150 beds over 6-storeys and 2 floors of parking with 74 stalls. The new facility on the current Pearson-Dogwood site will replace all 113 beds within the obsolete Dogwood Lodge, resulting in an additional 37 beds, increasing Vancouver's bed capacity and improving timely access to</p>				

Vancouver Coastal Health Authority

Major Capital Projects (over \$50 million)	Year of Completion	Project Cost to March 31, 2019 (\$ millions)	Estimated Cost to Complete (\$ millions)	Anticipated Total Cost (\$ millions)
<p>residential care for Vancouver residents. The facility will also include an Adult Day Care – a central resource enabling clients to remain at home as long as possible.</p> <p>In alignment with the overarching Pearson-Dogwood Redevelopment initiative and obligations, there is strong political and community support for the facility to be rebuilt in its current location - Cambie Street and 57th Avenue in Vancouver.</p>				
Sechelt Hospital Expansion	2018	44	44	44
<p>The design and construction of the diagnostic and treatment expansion of Sechelt Hospital in Sechelt, BC. The work included a building expansion and extensive renovations to the existing hospital as well as the construction of an Energy Centre for physical plant services.</p> <p>The redeveloped hospital now provides a broader range of services, capacity and technology including:</p> <ul style="list-style-type: none"> • Additional beds including an increased number of private rooms • 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	15	26	26
<p>This project includes the complete replacement of the aged and seismically unsafe Power Plant infrastructure, including boilers, steam lines, medical gases, etc., and the demolition of the existing Power Plant building. Relocating the new Power Plant to the north of the HOPE Centre is necessary as the current Power Plant is located within the footprint of the proposed new Acute Care Facility.</p>				
Ortho Reconstructive Surgery Expansion and Transitional Care Unit Move (ORTS), at the University of British Columbia Hospital	2019	15	22	22
<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>				
Vancouver General Hospital Food Services Redesign	2021	0	22	22
<p>This project will create a seamless system of food delivery to patient/ client populations within acute services, inpatient psychiatric services and residential care programs across the Vancouver General Hospital (VGH) campus; will decommission the physically and functionally obsolete Centennial Pavilion Kitchen, freeing up much-needed space for acute care needs; and will optimize the use of available space on the VGH and St. Paul’s Hospital (SPH) sites to more efficiently serve patients/ clients.</p>				

Major Capital Projects (over \$50 million)	Year of Completion	Project Cost to March 31, 2019 (\$ millions)	Estimated Cost to Complete (\$ millions)	Anticipated Total Cost (\$ millions)
<p>The proposed Cook-Chill, Decentralized Foodservice System for the VGH campus combines:</p> <ul style="list-style-type: none"> • Decentralized bulk assembly service depots (two) which receive bulk cook-chill food from the centralized food production centre and food products from other suppliers for assembly into smaller bulk food supplies for distribution to the patient units • Meal assembly and ware washing within serveries and galleys located on each patient unit • Centralized food production at St. Paul’s Hospital (SPH) <p>To enable this new model of food delivery, renovations and equipment upgrades must be completed throughout Vancouver General Hospital and Banfield Pavilion and within the current production kitchen at St. Paul’s Hospital.</p>				

Appendix A – Health Authority Contact Information

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