

Vancouver Coastal Health Authority

2019/20 Annual Service Plan Report



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Board Chair's Accountability Statement



The *Vancouver Coastal Health Authority 2019/20 Annual Service Plan Report* compares the health authority's actual results to the expected results identified in the *2019/20 – 2021/22 Service Plan*. I am accountable for those results as reported.

A handwritten signature in black ink, which appears to be "Penny Ballem". The signature is written in a cursive style and extends horizontally across the page.

Dr. Penny Ballem
Board Chair
February 11, 2021

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Letter from the Board Chair/CEO

We are pleased to present our *2019/20 Annual Service Plan Report*. This report provides an overview of Vancouver Coastal Health's efforts to deliver care to clients, patients and families across the VCH region.

With over 17,000 staff including nurses, allied health professionals, physicians and other service providers, Vancouver Coastal Health (VCH) is one of British Columbia's (B.C.'s) largest health authorities, providing care and support to more than one million people in communities including: Vancouver, Richmond, the North Shore, the Sunshine Coast, Whistler, Squamish, Bella Bella and Bella Coola. We are also proud to have the support of more than 3,000 active volunteers. Our services are as diverse as the communities we work in. On any given day acute care teams are performing hip surgery while outreach teams administer life-saving Naloxone, and Elders embedded in Aboriginal Health teams provide care in a culturally-safe way.

Our work supports the Ministry of Health, and we remain accountable for our tax-payer funded system of care. This document reflects two periods of time for VCH. In 2019 our focus remained explicitly on our strategic areas, while in 2020, the global COVID-19 pandemic challenged us to deliver care and services in new ways. Our teams pivoted, innovated and in some cases shifted how we deliver care to ensure the highest quality care outcomes for our patients, clients and residents. This document includes examples of the significant work done in 2019-2020 in each of the key strategy areas to improve overall health outcomes as mandated by the Ministry of Health.

Primary and community care services are the foundation our health care 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 expanded our PCNs and opened two more Urgent and Primary Care Centres (UPCCs), to increase access to care and provide ongoing support to our patients throughout their health-care journey.

Our efforts to improve health outcomes and reduce hospitalizations for seniors resulted in fewer people aged 75 and older admitted to hospital with a chronic disease. We hired more home-support workers and continue working with family doctors, home health care providers and other health care professionals so seniors can remain healthy at home, for as long as possible.

This year, the Ministry of Health set new performance targets for surgical services, focused on the lengthy delays for hip and dental surgeries. VCH completed 5,150 surgeries in the targeted areas, including knee, hip and dental surgeries. This represents an increase of 1,105 surgeries from three years ago. It's important to note that many of the gains we achieved were interrupted when non-urgent scheduled surgeries were postponed beginning in March 2020 to ensure our hospitals had capacity for a potential surge in COVID-19 patients. Our acute and community sites remained open, providing urgent and emergent care and vital services.

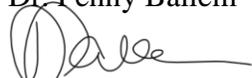
The opioid crisis continues to weigh heavy on our province. Too many lives have been lost due to the toxicity of the illicit drug supply. Overdose outreach teams across the VCH region are working in partnership with organizations including the Vancouver Fire Department and Emergency Health Services to get clients the acute and community services they need. We expanded our overdose response outside of the Vancouver urban centre with new Community Action Teams in Squamish and on the Sunshine Coast, and new Overdose Prevention Sites in Sechelt and Powell River. VCH received funding from Health Canada to develop a safer-supply initiative on the Downtown Eastside. We increased access pharmaceutical treatment alternatives and expanded Injection Opioid Agonist Therapies and tablet-based initiatives to provide alternatives to the illicit drug supply.

Despite our best efforts, we know there are inequities in care. First Nations communities and individuals who reside in rural and remote communities have poorer health outcomes. VCH is continuing to work with partners to ensure the services we deliver are sustainable and equitable. This includes making use of technology, resources and expertise to improve access to care and health information, as well as working to ensure culturally safe health services for Indigenous Peoples. VCH Aboriginal Health is leading a system-wide transformation to embed Indigenous Cultural Safety principals throughout our programs and services. More than 3,100 staff completed Indigenous Cultural Safety training, and regional orientation for new hires was redesigned to deliver Aboriginal Health module to clinical staff. Further, Aboriginal Health and Vancouver Capital Projects continue to grow their partnership, and have contracted an Indigenous Designer to support the incorporation of Indigenous engagement and collaborative design into five large-scale projects that foster VCH's commitment to Indigenous Cultural Safety.

Finally, a patchwork of clinical processes and information systems continue to challenge our ability to share comprehensive information across care settings. With the Clinical and System Transformation (CST), 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. The spread of virtual care options for patients and providers accelerated when COVID-19 hit, allowing us to meet the demand for our services.

The key to providing the best care for VCH residents lies in developing and supporting the best workforce. We aim to bring out the best in our talented and dedicated physicians, staff and volunteers – and to draw more like-minded people to our team, 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.

Dr. Penny Ballem



Board Chair, VCH

February 11, 2021

Vivian Eliopoulos



Interim President & CEO, VCH

February 11, 2021

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 B.C.'s population. The geographic area covered by VCH includes twelve municipalities and four regional districts in the Coastal Mountain communities. 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, long-term care 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 2019/20 and expanded upon in the Board Chair’s [Mandate Letter](#) from the Minister of Health shaped the [2019/20 VCH Service Plan](#) and results reported in this annual report.

VCH is aligned with the Government’s key priorities:

| Government Priorities | VCH aligns with these priorities by: |
|---|--|
| Delivering the services people count on | <p>Goal 1. Ensure a focus on service delivery areas requiring strategic repositioning.</p> <ul style="list-style-type: none"> • Objective 1.1 - A primary care model that provides comprehensive, coordinated and integrated team-based care • Objective 1.2 - Improved health outcomes and reduced hospitalizations for seniors through effective community services • Objective 1.3 - Timely access to appropriate surgical procedures <p>Goal 2. Support the health and well-being of British Columbians through the delivery of high-quality health services.</p> <ul style="list-style-type: none"> • Objective 2.1 - Leverage effective population health, health promotion and illness and injury prevention services to reduce long term health system costs • Objective 2.2 - Enhance mental health and substance use services to improve patient health outcomes and reduce emergency department use and hospitalizations • Objective 2.3 - Continued improvement of other key primary and community care services • Objective 2.4 - Provide high quality hospital services that meet the needs of our population |
| A strong, sustainable economy | <p>Goal 3. Deliver an innovative and sustainable public health care system.</p> <ul style="list-style-type: none"> • Objective 3.1 - Engage staff and physicians in making VCH a great place to work • Objective 3.2 - Improve patient and population health outcomes through clinical and system transformation |

Operating Environment

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 of delivering 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. This 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 also 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 long-term care clients in terms of dementia, 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.

On March 11, 2020, the World Health Organization declared COVID-19 a global pandemic. As part of the B.C. COVID-19 response, on March 16, 2020 the Minister of Health and the Provincial Health Officer directed B.C.'s health authorities to immediately move all hospitals to Outbreak Response Phase 2¹, which involves postponing all non-urgent scheduled surgeries. These measures were put in place to ensure enough medical supplies and hospital capacity to respond to a potential surge of COVID-19 patients requiring acute care. This impacted the overall surgical volumes achieved against the targets for 2019/20.

With strategic direction from the Ministry of Mental Health and Addictions, VCH is working towards creating a seamless, accessible and culturally safe mental health and addictions system of care. The transformation of B.C.'s mental health and addictions system requires focused cross-sector planning and system-level improvement. To this end, the health authorities, together with the Ministry of Health, are responsible for implementing the strategic direction to improve access and the quality of mental health and addictions services for all British Columbians with an initial focus on addressing the needs of Indigenous peoples, children and youth, and continuing to deliver an escalated and sustained response to the ongoing overdose public health emergency.

One of VCH's challenges is 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 Health Authority (FNHA) and local First Nations communities² as key partners in closing these gaps in health status. VCH shares the Government's commitment to true and lasting reconciliation with the Indigenous peoples of B.C. by moving towards fully adopting and implementing the [United Nations Declaration on the Rights of Indigenous Peoples](#), the [Truth and Reconciliation Commission of Canada: Calls to Action](#), and the [Métis Nation Relationship Accord II](#).

To achieve meaningful health outcomes across the full continuum of care, VCH must ensure it is meeting the needs of the population within its region. As part of this commitment VCH must

¹ Lions Gate Hospital was at Outbreak Phase 3 and only accepting emergency patients.

² Throughout this document reference to First Nations communities is inclusive of First Nations, Inuit, Metis, Status and Non-Status Indigenous Peoples.

heighten its focus on how diverse groups within our population may experience our policies, programs and services. Applying a Gender-Based-analysis+ lens to the design and delivery of our services, including how our staff and physicians represent the diverse population we serve, is imperative to providing caring and compassionate person-centred care.

As part of our commitment to providing efficient and sustainable health care, VCH aims to minimize our environmental impact through a reduction of resource consumption, building better, more resilient buildings, pursuing cleaner transportation and supporting an organizational culture where staff feel empowered to make daily decisions that improve environmental sustainability. Over 1,766 VCH staff belong to our internal GreenCare Community in pursuit of reducing our operational energy and environmental impact. This innovative and collaborative approach towards reducing VCH's environmental and carbon footprint will ultimately add to the health of our clients, staff, facilities, and benefit the long term well-being of the extended communities we serve.

Finally, multiple clinical processes and information systems arrayed across VCH significantly challenge our capacity to rapidly share comprehensive information across care settings. With the CST and Community Clinical Roadmap initiatives, VCH and its partners are making significant strides towards 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. Furthermore, the spread of virtual care options for patients and providers will drive VCH to prioritize and accelerate our adoption of virtual care options and the IT infrastructure to support them, which in turn will allow VCH to expand service capacity to meet the growing demand.

Report on Performance: Goals, Objectives, Measures and Targets

The purpose of this section is to report on VCH's operational results compared to the Goals, Objectives, Strategies, and Performance Measures established in the 2019/20 Service Plan.

Goal 1: Ensure a focus on service delivery areas requiring strategic repositioning

Primary and community care services are the foundation of our health care system. They provide a critical point of entry to the health care system and set the standard 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 yet rapid transformation that requires the leadership and commitment of all partners.

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 those suffering with frailty, chronic conditions and mental health and substance use issues.

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 people get care from the right provider at the right time, in the right setting and with the best outcomes.

Objective 1.1: A primary care model that provides comprehensive, coordinated and integrated team-based care

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 PCN. This means people have ongoing relationships with primary care providers (such as family doctors, nurse practitioners or midwives) who work in team-based practices that include nurses and other health professionals to manage their care. The Primary Care Networks will support better access to primary care, including urgent care services and seamless coordination with specialized community service programs delivered by the health authorities.

Key Highlights

- VCH now has three UPCCs in daily operation. In addition to the City Centre location, which opened on November 26, 2018, VCH added two new UPCCs: REACH UPCC on Commercial Drive in Vancouver and North Vancouver UPCC on November 4, 2019. Three more UPCCs are in the planning/early construction phase, Vancouver North East, Vancouver South and Richmond.
- RISE Community Health Centre (CHC) in the Collingwood Renfrew neighbourhood of East Vancouver was announced on January 8, 2020 as an expansion of the Collingwood Neighbourhood House. It offers comprehensive primary care and health promotion services, has a staff of 12 FTE and capacity for approximately 20,000 patient visits in the first year of operation. The site is now fully operational, and can attach approximately 3,700 residents to the primary care team. Current work is underway with VCH playing a supportive role with South Vancouver Neighborhood House to develop a community led initiative to establish a new CHC for their community.
- VCH and the Divisions of Family Practice have also supported the expansion of REACH CHC as part of the Primary Care Network service plan. Targeted Ministry funding has enabled REACH to take on an additional 800 – 900 patients.
- There are now 12 Primary Care Networks under development in VCH, 3 in Richmond, 6 in Vancouver and 3 in North Vancouver. Interdisciplinary teams which can include (but not limited to) Primary Care Nurses, Chronic Disease Management Nurses, Clinical Counsellors, Occupational Therapists, Physiotherapists, Social Workers will work with patients, Family Physicians and Nurse Practitioners to provide wrap around team-based primary care. VCH is also supporting - First Nations inclusion in primary care initiatives, which in addition to the disciplines listed above, incorporate the experience and traditions of elders and traditional healers.
- VCH partnered with FNHA and the Ministry of Health to enhance Lu'ma Medical Centre, the province's inaugural First Nations-led Primary Health Care Initiative site.

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

The development of Primary Care Networks across the region will help to increase access for frail seniors to coordinated primary and specialist medical care, community outreach services, assisted living and long-term care 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 long-term care will be provided in a safe, dignified and caring way as part of the service continuum.

Key Highlights

- Expanded home support services in 2019/20 with the addition of new staff which allowed us to deliver a further 345,000 hours of care to our clients.
- To introduce team-based care into the community, VCH invested in net new licensed practical nurses and community liaison workers to support the care of our complex and medically frail adult population.
- Launched the Personalized Support and Stabilization program in 2019. This is a time limited intensive program that supports clients being discharged from hospital to manage their conditions and regain independence in the comfort of their own home. Strong linkages with acute and primary care as well as other relevant programming is integral to the success of this program. The first 2 teams launched in 2019 in Vancouver (St. Paul’s Hospital) and North Vancouver (Lion’s Gate Hospital).
- Increased access to palliative nursing care into the evening hours (from 4:30pm to 9pm) and coupled with a new overnight Palliative Nursing call line. This means families and patients now have access to 24 hour palliative support ensuring clients with rapidly changing symptom management needs or those requiring continuous nursing in the last days of life can choose to remain at home.
- Implemented the role of palliative care resource nurses in community and long- term care settings where they support generalists with complex palliative care clients, support learning and capacity development for those new to palliative care practice, and ensure clients goals of care are understood and respected throughout their care journey.
- Opened an additional 255 net new adult day program spaces – 40 in Vancouver, 40 in Richmond and 175 in Coastal to build our capacity in both urban and rural communities.
- Opened an additional 15 new overnight respite beds (8 in Vancouver and 7 in Richmond) to further support caregivers in the community.

| Performance Measure | 2016/17 Baseline ¹ | 2019/20 Target | 2019/20 Actuals | 2020/21 Target | 2021/22 Target |
|---|-------------------------------|----------------|-----------------|----------------|----------------|
| 1.2 Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and over ¹ | 2,503 | 2,216 | 2,051 | 2,186 | 2,156 |

¹Data source: Discharge Abstract Database, Health Sector Information, Analysis and Reporting Division, Ministry of Health

Discussion of Results

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. In 2019/20, 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 2,051 – 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: Timely access to appropriate surgical procedures

VCH remains committed to sustaining improvements to timely surgical access. The context for this improvement is better coordination between hospitals, family doctors, and other providers to ensure high quality and accessible care, clinical coordination and standardized pathways to drive appropriate utilization.

The Ministry of Health set a new performance measure and target for surgical services, focusing on the number of hip and knee replacement and dental surgeries completed with no negative impact on keep up volumes. These surgical procedures have been identified as a priority for all health authorities in order to help people living in pain get faster and more equitable access to the surgery they need to enjoy an improved quality of life.

Key Highlights

Prior to COVID-19 the Ministry directives included a focused strategy for completion of scheduled hip and knee replacements as well as dental surgery such that agreed upon volume targets would be met across VCH/PHC.

During 2019/20 the VCH/PHC surgical programs put a number of processes in place to facilitate achievement of these targeted volumes:

- Allocated appropriate operating room (OR) time to meet site-specific volume demand
- Worked directly with surgeon offices to schedule patients for surgery in the order in which they are placed on waitlist (% in turn scheduling)
- Implemented a central intake, assessment and triage system across Hip and Knee Replacement Programs at UBCH, Richmond and Lion's Gate Hospitals to ensure patients are seen in a systematic, timely fashion.

| Performance Measure | 2016/17 Baseline ¹ | 2019/20 Target | 2019/20 Actuals | 2020/21 Target | 2021/22 Target |
|--|----------------------------------|-------------------|--------------------|-------------------|-------------------|
| 1.3 Surgeries in targeted priority areas* completed ¹ | 4,045 | 5,252 | 5,150 | 5,300 | 5,350 |

*Note: Including hip and knee total replacement and dental surgeries

¹ Data Source: Surgical Wait Time Production Database, HSIARD, Ministry of Health

Discussion of Results

In the reporting period ending March 5, 2020, VCH/PHC was on target to meet the established volume target of 5,252 completed cases for hip and knee replacements and dental surgery. With the onset of COVID-19, effective Monday, March 16, 2020 the Ministry directed that all non-urgent scheduled surgery be stopped and only emergent and urgent cases with 6 week target or less/oncology cases proceed. This resulted in a shortfall of 102 hip, knee and dental cases (against established target) to the end of March 31, 2020 as previously scheduled OR cases and OR dates were postponed.

In order to make up the postponed cases and the loss in OR time (and resultant increase in surgical demand) during March 16 – May 18, 2020, the Ministry of Health, in partnership with the health authorities and health-care providers, put in place a new surgical strategy, *A Commitment to Surgical Renewal in B.C.*, to focus on patients who need surgery most and where it can be done safely. For the first stage of surgical renewal in 2020/21, the focus will be on urgent surgeries – identified as surgeries with waiting times of less than four weeks (which includes many cancer cases); patients who have had their surgery postponed; patients who have waited more than twice their targeted wait time; and patients whose surgeries can safely be conducted as day procedures or outside of the main operating room (e.g. cataracts, private centres).

Goal 2: Support the health and well-being of British Columbians through the delivery of high-quality health services

VCH supports the health of our communities by encouraging healthier lifestyles and choices, and enabling access to the information and tools people need to actively manage their own health and wellness. Working with partners, VCH continues to build on the number of communities with strategic plans that support healthy living.

VCH is also committed to supporting residents who do not enjoy a positive health status. First Nations communities and individuals who reside in rural and remote communities tend to have comparatively poorer health status relative to those living in urban areas. VCH will continue coordinated efforts to enable effective and sustainable health services in rural and remote areas of the region, including First Nations communities. This includes leveraging technology, resources and expertise through networking of communities to improve access to care and health information, as well as working to ensure culturally safe health services for Indigenous Peoples.

Objective 2.1: Leverage effective population health, health promotion and illness and injury prevention services to reduce long term health system costs

Community efforts to support healthy living through planning, policy, built environments and other mechanisms are critical to engaging individuals where they live, work and play. Sustained community level actions across VCH will encourage more active lifestyles while decreasing the risk factors for chronic disease and injury.

Key Highlights

- Contracted an Indigenous Designer to support the incorporation of Indigenous engagement and collaborative design into five large-scale projects that foster VCH’s commitment to Indigenous cultural safety.
- An Indigenous design guiding principles document was created to support the inclusion of protocol and process in each project’s development of Indigenous design.
- Established two Indigenous patient advisory groups to inform the design and planning of the Diamond Courtyard on the Vancouver General Hospital site. The groups will be re-engaged as part of the post-evaluation once the Diamond Courtyard is complete.
- Provided detailed analysis and input into Metro 2050 and Transport 2050 regional planning processes with particular attention to health equity and the determinants of health in communities potentially affected by long-range land use and transportation planning directions.
- Strengthened environments and culture to enable active travel for children and youth and promote child health in communities. Collaboration included Translink Youth Travel Strategy, leading a cross-sectoral Active Travel for Kids Tactical Team on the Sunshine Coast; assisting the City of Powell River to strengthen the child-friendly active travel components of its Parks and Recreation Master Plan, leading a workshop for urban planners across Metro Vancouver on child-friendly cities and designs, developing public awareness and educational materials around active travel, active play and child health in communities for parents and local governments.
- Provided policy guidance to municipalities on preventing youth access to vaping products through a comprehensive analysis of municipal interventions to protect communities from the negative impacts of access to tobacco and alcohol with considerations of how to apply those tools to vaping. Several of the policy options were adopted and/or further explored by the City of Vancouver.

| Performance Measure | 2011/12 Baseline | 2019/20 Target | 2019/20 Actuals | 2020/21 Target | 2021/22 Target |
|--|------------------|----------------|-----------------|----------------|----------------|
| 2.1 Percent of communities that have completed healthy living strategic plans ¹ | 23% | 93% | 93% | 93% | 93% |

¹Data Source: Health Authority Community Survey conducted by the Ministry of Health

Discussion of Results

VCH continues to be actively engaged with the 13 municipalities with partnership agreements in our region. We work regularly with staff and elected officials in identifying community health priorities and implementing policy and programmatic interventions to address the determinants of health. Given the unique jurisdiction and legal framework governing land use and community planning on First Nations Communities, VCH is working with the Ministry and other partners to develop a culturally appropriate approach for promoting healthy communities on reserve.

Objective 2.2: Enhance mental health and substance use services to improve patient health outcomes and reduce emergency department use and hospitalizations

Across B.C., 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 ongoing opioid 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

- To support a smooth transition from acute settings back to community, clients connected to a VCH community MHSU program receive a follow up appointment within 28 days of their hospital discharge. This is an ongoing collaboration between hospital and community MHSU programs.
- In addition to the 28 day follow up, VCH community MHSU programs have established an additional goal of connecting with clients within 48 hours of discharge from hospital. The goal of this contact is to support client's transition to community, offer support, answer any questions about treatment or medication, and remind clients of upcoming appointments. MHSU teams across the region have been collaborating and piloting to determine the best approach in providing this service.
- To support a smooth transition from hospital to community mental health and substance use (MHSU) services, clients connected to VCH community MHSU programs receive a follow-up appointment within 28 days of their discharge from hospital. In addition, VCH community MHSU programs have established an additional goal to connect with clients within 48 hours of discharge from hospital to offer support, answer questions about medication and treatments, and remind clients of their upcoming appointments.
- In October of 2019, VCH partnered with families, clients and community partners in Richmond to introduce a central intake phone number and website for accessing MHSU

services. The new model allows access and referral to child, youth, adult, and older adult MHSU services via one number.

- Enhanced access to MHSU services by implementing virtual care options to allow clients and their families to engage with their teams virtually and participate in online group therapy sessions. VCH is closely monitoring the use of these service delivery options and will continue to evolve our virtual health capacity to increase accessibility.
- Expanded overdose response in areas outside of Vancouver urban centre (new Community Action Teams in Squamish and Sunshine Coast, new Overdose Prevention Sites in Sechelt and Powell river, access to opioid agonist therapies initiation through Emergency Departments, “Making Sense of Pain initiatives” in Powell River)
- Increased low-barrier access to pharmaceutical treatment alternatives to the poisoned illicit drug supply: Expanded injection-Opioid Agonist Therapy and Tablet-based injectable opioid agonist therapies at multiple sites (including Insite); developed prescribing guidelines to mitigate risk in context of dual pandemics (COVID 19 and Overdose); received 5-year funding through Health Canada to develop a “safe supply” initiative in the Downtown Eastside.
- Expanded outreach and engagement in care to those at high risk of overdose: Overdose outreach team worked across VCH region to create referral pathways and partnerships with acute and community care sites, Vancouver Fire Department, Emergency Health Services.

| Performance Measure | 2016/17 Baseline ¹ | 2019/20 Target | 2019/20 Actuals | 2020/21 Target | 2021/22 Target |
|---|-------------------------------|----------------|-----------------|----------------|----------------|
| 2.2 Percent of people admitted for mental illness and substance use who are readmitted within 30 days, age 15 years and over ¹ | 15.1% | 15.6% | 14.0% | 15.5% | 15.4% |

¹Data source: Discharge Abstract Database, Integrated Analytics: Hospital, Diagnostics and Workforce Branch, HSIARD, Ministry of Health

Discussion of Results

As of the fourth quarter of 2019/20, VCH had a hospital readmission rate involving people suffering with mental illness and substance use issues of 14.0 per cent, which means that VCH is meeting the Ministry target.

Across B.C., 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 is fully committed to partnering with the Ministry of Mental Health and Addictions to achieve the vision established in [A Pathway to Hope: A roadmap for making mental health and addictions care better for people in B.C.](#) The foundation for the roadmap is a new system of care where prevention, harm reduction, treatment and recovery supports are clear, and services are always within reach and free from judgement and discrimination.

By focusing on increased specialized community-based supports, particularly coordinated and integrated team-based primary and community care programs, and effective discharge planning, In 2019/20 planning was underway for the new Intensive Housing Outreach Team, a team to provide intensive outreach support to hotels, hostels, and supported housing sites in Vancouver. This team was also designed to support clients’ transition from encampments into supported housing environments, and to connect clients to long term supports in community, including MHSU services.

VCH is committed to helping those with MHSU issues receive appropriate and accessible care. Better coordination and more specialized services and beds will help to progressively reduce hospitalizations for people with MHSU 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 2.3: Continued improvement of other key primary and community care services

Key Highlights

- VCH increased hospice capacity with a new hospice in Squamish (4 beds) in October 2019. An additional two hospice beds were opened at St. John’s Hospice in Vancouver. Powell River completed a business case for hospice in partnership with Powell River Hospice Society.
- VCH has now fully implemented a team to support clinicians to have early conversations with patients who are palliative and their families to understand their goals of care on their end of life journey. The team supports the delivery of a long-term care (LTC) specific curriculum designed to meet the education needs of LTC staff and client population around the Goals of Care education.
- VCH launched an initiative to decrease the use of antipsychotics in long-term care facilities. The initiative which is called “Come Alive” launched in October of 2019 involving interdisciplinary team members focused on improving the culture of care in our facilities.
- VCH has implemented the role of palliative care resources nurses in community and LTC settings to support front line clinicians with clients with complex palliative care needs in their homes or in LTC support learning and capacity development for those new to palliative care practice, and ensure clients goals of care are understood and respected throughout their care journey.

| Performance Measure | 2017/18 Baseline ¹ | 2019/20 Target | 2019/20 Actuals | 2020/21 Target | 2021/22 Target |
|--|-------------------------------|----------------|-----------------|----------------|----------------|
| 2.3 Potentially inappropriate use of antipsychotics in long-term care ¹ | 26.9% | 26.0% | 26.6% | 25.1% | 24.2% |

¹Data Source: Canadian Institute of Health Information

Discussion of Results

This performance measure, new to health authority Service Plans in 2019/20, identifies the percentage of residents in long-term care residents who are taking antipsychotic drugs without a diagnosis of psychosis. Antipsychotic drugs are sometimes used to manage behaviours associated with dementia. Use of these drugs without a diagnosis of psychosis may compromise safety and quality of care.

While VCH did not meet the 2019/20 target, there has been improvement on this measure over the last four years. In October 2019, VCH Interdisciplinary Long-Term Care team launched Come Alive! a three pillared quality improvement initiative that focuses on culture, elements of care and antipsychotic reduction in VCH long-term care homes. While education and engagement with long-term care home staff, leaders, residents and families continued virtually through the pandemic, resources were largely focused on pandemic planning and response.

In order to meet the 2020/21 and 2021/22 targets, the regional Long-Term Care Practice and Operations Committee is developing plans to accelerate the improvement of this metric over the next 2 years. In alignment with the [*Best Practice Guideline for Accommodating and Managing Behavior and Psychological Symptoms of Dementia in Residential Care \(B.C. Ministry of Health, 2012\)*](#), VCH supports a person centred approach aimed at understanding people's needs and using non-pharmacological approaches as the first line of treatment to improve the lived experience and quality of care for residents living and their families. There are currently 19 care homes within the region that are performing better than the 2021/22 B.C. target of 19 per cent.

Objective 2.4: Provide high quality hospital services that meet the needs of our population

Health care associated infections present a risk to some patients during a hospital stay, and may be related to or following a medical or surgical procedure. Reducing all harmful events is important not only because of the indirect emotional, social and economic impact of harmful events on patients and their families, but because harmful events hurt the overall health care system through the increased use of resources. By reducing harmful events we can free up resources to meet growing demands and other health care needs.

Key Highlights

- Introduced a system review process developed by the Mayo Clinic. Interdisciplinary Learning Reviews identify system-level opportunities for improvement through a process of review, discussion and consensus that leverages front line health care provider expertise to maintain and improve the safety and quality of patient care.
- Expanded our internationally leading canine scent detection program to timely and accurately detect *C. difficile* environmental contamination that would not otherwise be detected.

- Increased access to rapid medical microbiology diagnostics to quickly diagnose *C. difficile* cases, leading to faster treatment and infection control precautions.
- Launched ASPIRES, an Antimicrobial Stewardship Program that is part of a comprehensive and collaborative, regional initiative to reduce healthcare associated infections, reduce inappropriate antimicrobial use and prevent antimicrobial resistance.

| Performance Measure | 2017/18 Baseline ¹ | 2019/20 Target | 2019/20 Actuals | 2020/21 Target | 2021/22 Target |
|---|----------------------------------|-------------------|--------------------|-------------------|-------------------|
| 2.4 Rate of new <i>C. difficile</i> cases associated with a reporting facility per 10,000 inpatient days. | 3.4 | 3.3 | 3.2 | 3.1 | 3.0 |

¹ Data Source: Provincial Infection Control Network of British Columbia (PICNet)

Discussion of Results

VCH has the third lowest rate of *C. difficile* cases among health authorities in B.C., and expects to meet the 2019/20 target of 3.2 cases per 10,000 inpatient days. The rate of reported cases, particularly at the hospital unit-level, is prone to fluctuation due to variation in reporting, the proportion of high acuity (i.e. immunocompromised) patients, and the magnitude of patients and days across units and sites. For smaller units or sites, one additional case may result in a disproportionate increase in the rate.

Goal 3: Deliver an innovative and sustainable public health care system

VCH is committed to ensuring health system resources are used in the most efficient and effective way possible. This includes health human resource staffing and planning, 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 making VCH a great place to work

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 work environment where staff and physicians can do their best every day, and to attract, develop and retain outstanding leaders across many disciplines. We are expanding opportunities for employee and physician engagement and involvement in decision-making as part of our commitment to building a positive, values-based organizational culture.

The leadership, engagement and innovative thinking of our medical and clinical partners is essential to our ability to achieve our strategic objectives. VCH is partnering with physicians 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 making the system easy to navigate for patients, through mutually beneficial partnerships among health care providers, and the patients, residents, clients and families that we serve.

Key Highlights

- Redesigned regional orientation to deliver Aboriginal Health module to clinical staff. This demonstrates VCH’s commitment to be more inclusive by ensuring all new staff are made aware of the presence of the Aboriginal Health team and the services we provide as well as share information about the Intercultural Safety policy and training sessions.
- Facilitated Indigenous engagement and collaborative design into five large-scale capital projects that foster VCH’s commitment to Indigenous cultural safety.
- Implemented a holistic Workforce Strategy to ensure that we have staff available to provide service and exceptional care. This includes using data to focus on key professions and locations with the goal of reducing vacancies in difficult to fill areas that support strategic priorities.
- Expanded Centralized Hiring process in key operational areas. This is a streamlined hiring strategy that reduces the applicant-to-hire timeframe by having centralized Recruitment and Operational roles.
- Designed and implemented a comprehensive leadership career pathways program to provide leaders, at all levels, training to develop their capacity as leaders and increase capacity to innovate and lead changes that meet VCH’s goals.
- Designed and implemented a values education program, for leadership teams and senior leaders, to explore VCH values-based leadership practices needed to create the conditions to make VCH a great place to work and to transform health care.
- Built a Physician Occupational Safety & Health Program which allows us to track data, provide respiratory mask fit testing, provide contact tracing and exposure control management, document immunization data, and provide medical consultations for physicians by physicians to any COVID related or exposure related questions.

| Performance Measure | 2016 Baseline ¹ | 2019 Target | 2019 Actuals ² | 2020 Target | 2021 Target |
|--|----------------------------|-------------|---------------------------|-------------|-------------|
| 3.1 Nursing and allied health professionals overtime hours as a percent of productive hours ¹ | 3.6% | 3.6% | 4.5% | 3.6% | 3.6% |

¹ Data source: Health Sector Compensation Information System (HSCIS), Health Employers Association of B.C. Note that HSCIS data is by calendar, rather than fiscal, year.

² Includes Providence Health Care

Discussion of Results

VCH deploys a variety of strategies to provide staff with reasonable workloads and reducing overtime. For example VCH employs more than 500 regular relief positions to support baseline staffing replacement and other absences covering vacation and sick leave. VCH is rolling out a

new position management system and scheduling to enhance our ability to fill vacant shifts and improve our workforce planning.

Objective 3.2: Improve patient and population health outcomes through clinical and system transformation

VCH is committed to delivering high quality and appropriate health services that best meet the needs of the population in a fiscally sustainable manner. At the same time, VCH recognizes the need to shift the culture of health care from being disease-centred and provider-focused to being truly patient-centred. In alignment with Ministry priorities and the development of the Provincial Digital and IMIT Health Strategy, VCH continues to optimize the use of clinical information systems for patients, providers and across the continuum of care. While the overall objective is to improve health outcomes through more timely, effective and safer care, VCH also strives to improve the experience for patients and providers and leverage data to inform further planning, policy and research for the benefit of our population.

Key Highlights:

- Continued implementation of the CST Project to establish a common, standardized, integrated, end-to-end clinical information system and environment.
- Developed a VCH Community Clinical System Roadmap which outlines the steps required to establish a fully integrated, real-time clinical system for VCH's community-based programs and services.

Financial Report

Discussion of Results

Vancouver Coastal Health's (VCH) 2019/20 budget including Providence Health Care (PHC) was \$4.15B. The VCH budget is set based on funding levels in the Preliminary Funding Letter as that is the most current information available when the budget is being determined. In the 2019/20 fiscal year, both Revenues and Expenditures exceeded the budget due to additional funding that was confirmed after the Preliminary Funding Letter. On a combined basis, VCH & PHC ended the year with surplus of \$10M of which \$7.38M was from VCH and \$2.63M was from PHC.

Highlights

The increases in Revenue were related to additional MOH and PHSA revenues, as well as increases in Patient, Client and Resident revenues through the first 11 months of the fiscal year. Patient, Client and Resident revenues were adversely impacted in March 2020 due to the COVID pandemic. Actual Expenditures were higher than budgeted in most of the sectors due to increased labour costs and increased activity in certain clinical areas. Within Long Term Care VCH continued to work on increasing the Hours per Resident Days in accordance with Provincial and Federal Guidance. Home Support services were repatriated back to VCH from 3 of the 4 Home Support Service providers in VCH, with the last agency's repatriation delayed due to the COVID-19 pandemic. VCH continued to target resources to address the ongoing Opioid Emergency Response in the Health Region and particularly in the Downtown East Side. PHC completed the St Paul's Hospital Redevelopment business case.

In March 2020, the World Health Organization declared a global pandemic related to COVID-19 which had a significant impact on the operation of the organization in the last half of March and into the 2020/21 fiscal year. VCH, PHC and other Health Organizations in B.C. are continuing to respond to COVID-19.

Financial Summary Resource Table

| \$ millions – to the first decimal | 2019/20 Budget | 2019/20 Actual | Variance |
|--|-------------------|-------------------|--------------|
| OPERATING SUMMARY | | | |
| Provincial Government Sources | 3,877.6 | 4,024.2 | 146.6 |
| Non-Provincial Government Sources | 273.5 | 338.8 | 65.3 |
| Total Revenue: | 4,151.1 | 4,363.0 | 211.9 |
| Acute Care | 2,421.3 | 2,564.4 | 143.1 |
| Long Term Care | 561.7 | 580.5 | 18.8 |
| Community Care | 339.8 | 345.5 | 5.7 |
| Mental Health & Substance Use | 362.2 | 385.4 | 23.2 |
| Population Health & Wellness | 111.8 | 110.9 | -0.9 |
| Corporate | 354.3 | 366.3 | 12.0 |
| Total Expenditures: | 4,151.1 | 4,353.0 | 201.9 |
| Surplus (Deficit) – <i>even if zero</i> | 0.0 | 10.0 | 10.0 |
| CAPITAL SUMMARY | | | |
| Funded by Provincial Government | 169.4 | 170.7 | 1.3 |
| Funded by Foundations, Regional Hospital Districts, and other Non-Government Sources | 138.2 | 100.0 | -38.2 |
| Total Capital Spending: | 307.6 | 270.7 | -36.9 |

Note:

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

Vancouver Coastal Health Authority together with PHC ended the 2019/20 fiscal year with a combined surplus of \$10M. Most of the favourable variance was due to favourable Health and Welfare benefit costs being less than budgeted.

The significant 2019/20 actual to budget operating variances were:

Revenue – Provincial Government Sources: Higher than budgeted due to Ministry of Health additional funding confirmed during the year after the budget had been finalized; additional Provincial Health Services Authority (PHSA) funding that was provided over the course of the year; 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 increased patient, clients and residents revenue and recoveries from other non-government entities.

Acute Care Expenditures: Increased labour costs due to 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 from GRE's); increased Provision for Doubtful Accounts due to increased non-resident revenues and challenges collecting on these accounts; increased Building maintenance costs in excess of budget; Equipment expenses due to higher than budgeted maintenance and service contracts; and higher than budgeted distribution to Providence Healthcare. There is a portion the increased acute care expenditures in March 2020 that related to the COVID-19 pandemic.

Long Term Care Expenditures: Higher than budgeted Salaries for Owned and Operated Long Term Care sites, higher building costs due to property taxes and maintenance in excess of budget, and higher than budgeted Contracted Services due to increased Ministry of Health funding for Hours per Resident Days.

Home and Community Care Expenditures: Higher than budgeted expenses in Contracted Services due to increase in hours delivered in excess of budgeted levels, partially offset by favourable variances in Salaries. Additional professional fees due to work involved with repatriation of home support services.

Mental Health and Substance Abuse Expenditures: Higher than budgeted Community Health Services contract spend due to increased funding directed to Mental Health & Substance Abuse and specifically Opioid Emergency Response.

Corporate Expenditures: Higher than budgeted distribution to Providence Healthcare for completion of the St Paul's Hospital redevelopment business case; higher than budgeted software maintenance and application costs.

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 COVID-19 pandemic has significantly impacted VCH's operations. VCH is working with the Ministry of Health regarding potential cost pressures arising from COVID-19.

The ongoing Opioid Overdose Crisis is a potential risk that could require additional investment in 2020/21 and future years.

Major Capital Projects

| Major Capital Projects | Targeted Completion Date (Year) | Project Cost to March 31, 2020 (\$'M) | Estimated Cost to Completion (\$'M) | Approved Anticipated Total Capital Cost of Project (\$'M) |
|---|---------------------------------|---------------------------------------|-------------------------------------|---|
| New St. Paul's Hospital | 2026 | 8 | 2,075 | 2,083 |
| <p>The new St. Paul's Hospital at the Station Street site will continue to serve the people of Vancouver and all of B.C. as an internationally renowned, full-service, acute-care hospital and integrated health campus.</p> <ul style="list-style-type: none"> • It will have capacity for up to 548 beds, which includes 115 net new beds • The site will be the home of several leading provincial programs and referral centres, including heart and lung care, renal, eating disorders and specialty surgeries and transplants • The new hospital will also offer a diverse and long list of general and specialized care including HIV/AIDS, chronic disease management services, emergency and critical care, mental health and addictions bed and programs, ambulatory services and outpatient clinics, end-of-life care, Indigenous health, maternity, colorectal and gastrointestinal services, and community care and community outreach programs • The new SPH will continue to be a teaching hospital, training hundreds of University of British Columbia medical students, British Columbia Institute of Technology nursing students and hundreds of other health sector professions • The total space required for the new St' Paul's Hospital, including parking, is estimated at 187,933 building gross square metres (over 2 million square feet) • A second phase of development on the Station Street site includes the Clinical Support and Research Centre (CSRC) which will accommodate clinicians and researchers on the campus • PHC advises the CSRC needs to be procured in time to open concurrently with the Core Hospital and will be self-funded by Providence Health Care | | | | |
| Lions Gate Hospital Acute Care Facility (ACF) | 2024 | 2 | 253 | 255 |
| <p>The Project will deliver the addition of a new 6-storey Acute Care Facility (ACF) on the Lions Gate Hospital campus with the goal of replacing obsolete facilities and improving inpatient medical, perioperative and support services. This project will result in a new, state of the art, 21,775 m² Acute Care Facility that will enable high quality and sustainable patient care delivery models, meeting the needs of patients from the Coastal Community of Care and from across the Province. This project presents many opportunities, including:</p> <ul style="list-style-type: none"> • Improved access to the best care and patient outcomes • Innovation in advanced procedures by creating a contemporary facility that integrates current advanced technologies and is designed to accommodate future advances • Improved efficiencies and utilization with more universal and flexible Operating Rooms (ORs) and appropriate support space • Replacing and upgrading Acute Inpatient Units, the OR Suite, and the Medical Device Reprocessing Department - all well past their functional life • Replacing and upgrading failing facility infrastructure to meet current standards for staff and patient safety, and for business continuity | | | | |

The scope of the new Acute Care Facility includes:

- Replacement of 108 acute medical and surgical inpatient beds on Levels 4 to 6 from the existing Paul Myers South Tower
- Expansion of the existing perioperative area located on Level 2 of the Northern Expansion building to include 8 new ORs, and a new 39-bay Pre-Operative and Post-Operative care area including anaesthesia intervention and isolation rooms
- Replacement of the Medical Device Reprocessing Department on Level 3
- Mechanical and electrical services required to support the facility at the basement, interstitial and penthouse Levels
- An entry level area that includes a mix of patient care, staff amenities and outpatient care services
- Additional support services and public amenities, including a roof-top garden on Level 4
- Vehicular arrival, short-term parking and one-way circulation

The project also includes the renovation of areas within the existing Northern Expansion, Paul Myers South Tower and Hope Centre to accommodate additional elevators, the perioperative services, FMO needs and the basement connection to the Hope Centre. This will include:

- Renovation of Surgery Reception and 6 Minor Treatment areas on Level 2 in the existing facility
- Pedestrian circulation between the new and existing facilities at Levels 0, 1 and 2

The Acute Care Facility design will provide a long-term solution to address daily operational challenges caused by undersized, poorly configured and failing infrastructure. Supporting inpatient care and safety with a modern facility that includes single occupancy rooms, adequate washrooms and interdisciplinary care areas facilitates optimized patient care, flow and throughput.

| | | | | |
|---|-------------|-----------|-----------|------------|
| Vancouver General Hospital Operating Room (OR) Renewal – Phase 1 | 2021 | 54 | 48 | 102 |
|---|-------------|-----------|-----------|------------|

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.

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.

This project presents many opportunities, including:

- Improved access to the best care and patient outcomes
- Improved efficiencies and utilization with more universal and flexible OR's and appropriate support space
- Innovation in advanced procedures by creating a contemporary OR suite that integrates current advanced technologies and is designed to accommodate future technologies
- Replacing and upgrading failing facility infrastructure to meet current standards for staff and patient safety, and for business continuity

Phase 1 will deliver:

| | | | | |
|---|-------------|-----------|-----------|-----------|
| <ul style="list-style-type: none"> • 16 new universal Operating Rooms • 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 | | | | |
| Dogwood Complex Residential Care Facility | 2022 | 4 | 54 | 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 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, in line with the Home Is Best initiative.</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> | | | | |
| Lions Gate Hospital Power Plant Replacement | 2022 | 25 | 1 | 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 | 2021 | 20 | 2 | 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 | 2022 | 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 campus; will decommission the physically and functionally obsolete Blackmore Pavilion Kitchen, freeing up much-needed space for acute care needs; and will optimize the use of available space on the Vancouver General Hospital and St. Paul’s Hospital sites to more efficiently serve patients/clients.</p> <p>The proposed Cook-Chill, Decentralized Foodservice System for the Vancouver General Hospital campus combines:</p> <ul style="list-style-type: none"> • Decentralized bulk assembly service depots (2) which receive bulk cook-chill food from the centralized food production center 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 <p>To enable this new model of food delivery, renovations and equipment upgrades will occur throughout Vancouver General Hospital and Banfield Pavilion and within the current production kitchen at St. Paul’s Hospital.</p> | | | | |

Significant IT Projects

| Significant IMIT Projects (over \$20 million in total or \$10 million in one fiscal year) | Targeted Completion Date (Year) | Project Cost to March 31, 2020 (\$'M) | Estimated Cost to Completion (\$'M) | Approved Anticipated Total Capital Cost of Project (\$'M) |
|---|--|--|--|--|
| Clinical and Systems Transformation (CST) Project | 2020 | 337 | 4 | 341 |
| <p>The primary purpose of the Clinical and Systems Transformation (CST) Project is to establish a common standardized, integrated, end-to-end clinical information system and environment (Integrated Clinical Information System Environment) for Provincial Health Services Authority, Vancouver Coastal Health Authority, and Providence Health Care. The project will result in a creation of a single Cerner production domain clinical information system.</p> <p>The CST Project will deliver real-time health information to clinicians and researchers in a way the current heterogeneous systems do not. It will enable the standardization of administration functions, such as referrals, scheduling, and registration. It will also enable the Health Organizations to better manage and measure wait times as well as provide comparable and timely data for efficient resource management. This will in turn allow British Columbia to better manage future health care costs while improving the quality of patient care.</p> | | | | |