

**Vancouver Island
Health Authority**

**2016/17 – 2018/19
SERVICE PLAN**

June 30, 2016



For more information on the
Vancouver Island Health Authority (Island Health)
see Contact Information on Page 21 or contact:

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www.viha.ca

Accountability Statement



The *Vancouver Island Health Authority 2016/17-2018/19 Service Plan* was prepared under the Board's direction in accordance with the *Health Authorities Act* and the *Performance Reporting Principles for the British Columbia Public Sector*. The plan is consistent with government's strategic priorities and fiscal plan. The Board is accountable for the contents of the plan, including what has been included in the plan and how it has been reported.

The performance measures presented are consistent with the Ministry of Health's mandate and goals, and the focus on aspects critical to the organization's performance. The targets in this plan have been determined based on an assessment of the *Vancouver Island Health Authority (Island Health)* operating environment, forecast conditions, risk assessment and past performance.

Sincerely,

A handwritten signature in black ink, appearing to read "Don Hubbard". The signature is fluid and cursive.

Don Hubbard

Island Health Board Chair

June 30, 2016

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Organizational Overview

The Vancouver Island Health Authority (Island Health) is one of five regional health authorities established by the province of British Columbia under the *Health Authorities Act 2001*. Island Health provides health care to over 767,000 people across a widely varied geographic area of approximately 56,000 square kilometres. This area includes Vancouver Island, the Gulf and Discovery Islands and part of the mainland opposite northern Vancouver Island. An important part of our mandate is to serve people in all the remote and isolated communities in our region, many of which are accessible only by water or air.

Island Health has...

- 2,140 physician partners
- 19,000 health care professionals
- 6,000 volunteers & auxiliary
- Over 150 facilities
- 1,555 acute care & rehab beds
- 6,426 residential care beds, assisted living units and end-of-life beds
- 1,110 mental health & substance use beds

Governance and Leadership

A ten-member, government-appointed Board of Directors (the Board) governs Island Health. The Board's primary responsibility is to lead and manage the health authority to deliver high quality, responsive and effective health services as efficiently as possible. The Board also provides positive leadership to guide Island Health's activities in support of the Government's health system priorities and strategies in accordance with the [Taxpayer Accountability Principles](#) and direction provided through the Government's annual Mandate Letter. More information on the role of the Board is available at www.viha.ca/about_viha/board_of_directors/.

Working with the Board, and headed by our President and Chief Executive Officer (CEO), the Island Health Executive Leadership Team provides leadership in planning, delivering and evaluating health care services in Island Health in collaboration with the government. The Island Health Board and Executive Team are responsible for meeting the health needs of the population and patients in an effective and sustainable manner. (See http://www.viha.ca/about_viha/executive_team/).

Created from the shared core beliefs of our staff, physicians, volunteers, Executive Leadership Team and Board of Directors, Island Health's vision, *Excellent health and care for everyone, everywhere, every time* and values of **Courage**, **Aspire**, **Respect** and **Empathy** guide us in providing the highest quality health care services to the populations we serve.

Services We Provide

We deliver many types of services for residents, clients and patients: public health, children and youth care, seniors ongoing care and wellness, residential and community care, primary health care, specialized short-term care at local hospitals and health centres, mental health and substance use services, and end-of-life care. We are able to meet virtually all health needs of people who live on Vancouver Island; only rarely must people seek services outside of Island Health for highly specialized needs.

Strategic Direction and Context

Strategic Direction

[Setting Priorities for the B.C. Health System](#), and the Ministry's series of [policy papers](#), present the strategic vision for British Columbia's health system and the strategic and operational priorities for the delivery of health services across the province. Island Health is committed to achieving the vision and priorities set out by government in the 2016/17 Island Health Mandate Letter with a focus on supporting the health and wellbeing of our residents, delivering responsive and effective health services, and ensuring the best value for money in accordance with the [Taxpayer Accountability Principles](#).

In alignment with government's direction and in collaboration with many partners, Island Health is transforming the health system to better meet the needs of the people we serve. We are committed to improving care for key patient populations, ensuring the delivery of high quality and appropriate health services and pursuing innovative approaches to service delivery. The implementation of an integrated electronic health record through [IHealth](#), and a commitment to exemplary patient experience will support us in delivering patient centred care.

Strategic Context

Vancouver Island has a relatively healthy population. The average life expectancy, at 82 years, is among the highest in the world. The population of Island Health is expected to increase 23 per cent, to over 955,000, by 2041. Currently, 10 per cent of our population is 75 years or older, and this population is expected to more than double by 2041 to almost 170,000 (18 per cent of the population). Meanwhile, 27 per cent of our workforce is 55 years or older, which has health human resource implications. There is also substantial variation in health status across communities, with a 6.2 year difference in life expectancy between the regions with the highest and lowest life expectancies. In our rural and remote areas and Aboriginal communities, people often experience increased barriers and poorer health status and have unique health needs and considerations.

Within this context, we recognize the need to shift how we think about health care and health and wellness to better respond to the needs of our changing population. This includes working closely with community partners to improve access to care for our most vulnerable populations and to address the broader social conditions that influence health. By working with the First Nations Health Authority and other Aboriginal partners, Island Health will ensure coordinated planning and service delivery that is culturally appropriate and supportive of Aboriginal health and wellness.

It is critical that we maximize the efficiency and effectiveness of health care services and develop innovative solutions that contain the growth of health care spending.

Goals, Objectives, Strategies and Performance Measures

This service plan reflects the strategic priorities contained in [Setting Priorities for the B.C. Health System](#), subsequent policy papers, and is aligned with the [Taxpayer Accountability Principles](#). The priorities build from previous plans and focus on supporting the health and wellbeing of British Columbians, delivering health care services that are responsive and effective, and ensuring value for money in the health system. Underlying these goals is the fundamental principle of patient centred care: a sustained focus on shifting the culture of health care in B.C. to put patients at the centre, which drives policy, accountability, service design and delivery.

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

Overall health and wellness is influenced by many factors including education, income, housing and healthy living. Within the context of supporting community population health needs, Island Health will explore new approaches and opportunities to support health in the future. This involves working with a wide range of public and private partners, including service agencies, local non-profit organizations, all levels of government, the education sector, Aboriginal leaders, businesses, and residents. Effective partnerships among these groups provide the collective wisdom and experience to achieve common goals, including new ways to promote health and prevent disease.

Objective 1.1: Improved population health and reduced disparities through targeted and effective health promotion and disease prevention.

Strategies

- Continue to implement healthy living and disease prevention services to address the needs of high-risk populations and reduce health inequities in alignment with the *Healthy Families B.C. Policy Framework*.

Objective 1.2: Strengthened collaboration and partnerships with communities and other stakeholders to improve health and care.

Strategies

- Continue to implement prevention and promotion initiatives focused on children and youth in partnership with community stakeholders, and in alignment with the *Healthy Families B.C. – Healthy Schools Framework*.

- Continue to collaborate with community stakeholders to develop healthy living action plans and advance innovative approaches to improving community health and wellbeing in alignment with the *Healthy Families B.C. – Healthy Communities Strategy*.
- Further strengthen our collaboration and relationships with communities, physician partners, First Nations, and other stakeholders to support the health and wellbeing of our population.
- Work with research and academic partners to strengthen the health research and innovation agenda to foster improved patient outcomes and health system performance.

Goal 1 Performance Measures

Performance Measure 1: Healthy Communities

Performance Measure	BASELINE (2011/12)	ACTUAL 2015/16	TARGET 2016/17	TARGET 2017/18	TARGET 2018/19
Per cent of communities that have completed healthy living strategic plans	14%	36% (Actual as at Sep 30, 2015)	44%	47%	50%

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

Discussion

This performance measure focuses on the proportion of the 162 communities in British Columbia that have developed and are implementing joint healthy living strategic plans in partnership with their health authorities. Community efforts to support healthy living through joint planning, policy, and collaborative action are critical to improving the quality of life of individuals where they live, work, learn and play. Sustained community level actions will decrease risk factors and promote protective factors for chronic diseases and injury.

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

Island Health is committed to putting patients and their families at the heart of every interaction. This involves inviting people to be even more engaged partners in their care and ensuring they play an integral role in decision-making. This means listening to patients and their families, responding openly to their concerns, informing them about care options and recognizing and encouraging their input.

Island Health strives to create a culture of engagement, innovation and accountability where trust, collaboration and a strong commitment to safety and quality are built at all levels of care. Care decisions will be patient centred and based on the best available scientific evidence. Care teams will work to eliminate ‘must never happen’ events and avoidable harm. An essential element of quality is ensuring the smooth flow of patients through the system as their needs change so that everyone gets the services they need where and when they need them. Island Health will work to ensure there are no unnecessary transitions in care, and that all care that can be provided in a community setting is available.

Objective 2.1: Exemplary patient experience, based on excellence in quality and safety and ‘patient and family-centred care.’

Strategies

- Empower patients and families to be partners in their care and to play an integral role in decision-making and innovation.
- Implement Island Health’s *Engagement to Experience Framework* to achieve exemplary patient, care team, physician, and community experience through excellence in engagement.
- Continue expansion of IHealth to enable 'One Person, One Record, One Plan for Health and Care'.
- Continue to advance the clinical analytics capabilities of IHealth to enable continuous quality improvement.
- Enhance the delivery of high quality, safe care by embedding quality standards into practice and through expansion of a closed-loop medication system and unit-dose medication distribution.
- Improve patient experiences by embedding cultural safety into all aspects of care, with a focus on Aboriginal cultural safety and humility.

Objective 2.2: A primary care model that provides comprehensive and coordinated team-based care linked to specialized services.

Strategies

- Increase access to services and continuity of care for patients by implementing Primary Care Homes in targeted Island Health communities through collaboration between family practices and Island Health care teams.
- Improve services for vulnerable populations through a service model redesign based on community partnerships and interdisciplinary collaborative practice teams built around primary care providers.
- Continue to expand Telehome monitoring to support patients in their homes, providing proactive support to improve health and avoid acute care services.

Objective 2.3: Improved patient health outcomes and reduced hospitalization for seniors through effective community services.

Strategies

- Implement a service model redesign in targeted Island Health communities to improve care outcomes and reduce hospitalization for seniors through effective community services.
- Continue implementation of the plan to increase hospice spaces in alignment with the Ministry of Health End-of-Life strategy.

Objective 2.4: Improved patient health outcomes and reduced hospitalization for those with mental health and substance use issues through effective community services.

Strategies

- Continue implementation of mental health system redesign to improve patient health outcomes and reduce hospitalizations for those with mental health and substance use issues, in alignment with Ministry of Health direction.
- Continue to improve access to addiction treatment, including creating additional substance use treatment spaces.

Objective 2.5: Improved access to timely and appropriate surgical treatments and procedures.

Strategies

- Continue implementation of our comprehensive plan to increase surgical volumes and improve access to timely and appropriate surgical treatments and procedures.
- Increase MRI scans to improve access for patients.

Objective 2.6: Sustainable and effective health services in rural and remote areas, including Aboriginal communities.

Strategies

- Enhance health and wellness, and the quality of care in Island Health rural and remote communities, by improving the rural patient journey, continuing the recruitment of physicians and implementing a community paramedicine program in select sites.
- Expand Virtual Care (Telehealth services) in alignment with population and community needs, with a specific focus on Aboriginal communities.
- Continue to implement strategies to address the unique health care needs of Aboriginal peoples in partnership with the First Nations Health Authority, and Aboriginal communities.

Goal 2 Performance Measures

Performance Measure 2: Managing Chronic Disease in the Community

Performance Measure	BASELINE (2013/14)	ACTUAL 2015/16	TARGET 2016/17	TARGET 2017/18	TARGET 2018/19
Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and over (ACSC)	2,735	2,295 (Actual for Q1)	2,642	2,612	2,582

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

Discussion

This performance measure tracks the number of seniors with select chronic diseases such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. People with these chronic diseases need the expertise and support of health care providers to manage their disease in the community in order to maintain functioning and reduce complications that will require more medical care. This proactive disease management reduces unnecessary emergency department visits, hospitalizations and diagnostic testing. As part of a larger initiative of strengthening community based health care and support services, health care professionals are working to provide

more appropriate care in the community and at home in order to help seniors with chronic disease to remain as healthy as possible.

Performance Measure 3: Access to Surgery

Performance Measure	BASELINE (2013/14)	ACTUAL 2015/16	TARGET 2016/17	TARGET 2017/18	TARGET 2018/19
Per cent of scheduled surgeries completed within 26 weeks	87%	82% (Actual – YTD Q2)	95%	95%	95%

Data Source: Surgical Wait Time Production (SWTP, Site 130), Ministry of Health. Includes all elective adult and pediatric surgeries.

Notes:

1. The total wait time is the difference between the date the booking form is received at the hospital and the date the surgery is completed.

Discussion

In the last several years, British Columbia’s health system has successfully reduced wait times for cataract, hip and knee replacement, hip fracture and cardiac surgeries. Expanded surgical activity and patient-focused funding combined with continuous effort to foster innovation and efficiency in British Columbia’s hospitals, will improve the timeliness of patients’ access to an expanding range of surgical procedures. This performance measure will track the proportion of non-emergency surgeries that are completed within 26 weeks.

Performance Measure 4: Mental Health Re-admission Rates

Performance Measure	BASELINE (2013/14)	ACTUAL 2015/16	TARGET 2016/17	TARGET 2017/18	TARGET 2018/19
Percent of people admitted for mental illness and substance use who are readmitted within 30 days, 15 years or older	13.1%	13.3% (Q1)	12.4%	12.0%	12.0%

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

Discussion

With the release of *Healthy Minds, Healthy People*, a clear vision was established for addressing the complexities of mental illness and substance use. A number of interventions have been incorporated as part of British Columbia's health system which have successfully responded to individual patient needs. This measure focuses on the effectiveness of community-based supports to help persons with mental illness and substance use issues receive appropriate and accessible care and avoid readmission to hospital. Central to this effort is building a strong system of primary and community care which enhances capacity and provides evidence-based approaches to care.

Goal 3: Ensure value for money.

Key to a successful, sustainable health care system is ensuring that limited public resources are used in the most efficient and effective way possible to deliver high-quality, responsive and safe care. It also means implementing new ideas and innovative approaches to care; providing the services people need; striving for excellence; challenging the status quo; and enabling patients to define outcomes that matter to them. Focusing on cross-system supports such as health human resource management, IM/IT and technology infrastructure will help achieve the vision set out in [Setting Priorities for the B.C. Health System](#).

Objective 3.1: Ensure the best value through collaboration and courageous innovation.

Strategies

- Pursue innovation through the creative use of technology to support the patient and staff experience, and improve efficiency across the health system.
- Advance the construction of the North Island Hospitals, including the St. Joseph's Hospital transition, with a focus on developing a network of care to meet the needs of local communities and First Nations.
- Expand and improve our residential care infrastructure in priority areas.
- Maintain and upgrade our capital infrastructure to support our strategic direction, including identifying alternative financing models.

Objective 3.2: Effective management of Health Human Resources, IMIT and technology infrastructure, and approaches to funding.

Strategies

- Implement a health human resource strategy to enhance engagement and experience through workforce planning, organizational change management, workplace safety, human resources and talent management processes.
- Maximize revenue and cost savings through participation in provincial shared services planning.
- Collaborate with health sector partners to ensure integrated and cost-effective approaches to information management and technology.
- Improve medical staff engagement and enhance the processes that support physicians to participate effectively in health system decision-making.

Objective 3.3: A robust performance management and accountability framework that drives continuous improvement.

Strategies

- Continue to strengthen performance monitoring, reporting and continuous improvement structures and processes to support management excellence and cost-effective and efficient services.
- Ensure Island Health governance and actions continue to support the *Taxpayer Accountability Principles*.

Goal 3 Performance Measure:

Performance Measure 5: Nursing Overtime

Performance Measure	BASELINE (2010)	ACTUAL 2015	TARGET 2016	TARGET 2017	TARGET 2018
Nursing overtime hours as a per cent of productive nursing hours	3.5%	4.0%	<=3.3%	<=3.3%	<=3.3%

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

Discussion

This performance measure compares the amount of overtime worked by nurses to the overall amount of time nurses worked. Overtime is a key indicator of the overall health of a workplace as high rates of overtime may reflect inadequate staffing or high levels of absenteeism. Reducing overtime rates by addressing the underlying causes helps promote both patient and caregiver safety while also reducing unnecessary costs to the health system.

Resource Summary

(\$ millions)	2015/16 Actual	2016/17 Budget	2017/18 Plan	2018/19 Plan
OPERATING SUMMARY				
Provincial Government Sources	2,042.3	2,112.3	2,199.3	2,257.6
Non-Provincial Government Sources	136.9	125.0	128.9	130.8
Total Revenue:	2,179.2	2,237.3	2,328.2	2,388.4
Acute Care	1,176.3	1,214.7	1,273.1	1,301.4
Residential Care	360.1	362.9	375.9	390.9
Community Care	247.1	255.9	261.3	268.5
Mental Health & Substance Use	161.4	167.8	170.6	175.0
Population Health & Wellness	58.7	59.2	60.1	61.4
Corporate	172.0	176.8	187.2	191.2
Total Expenditures:	2,175.6	2,237.3	2,328.2	2,388.4
Surplus (Deficit)	3.6	0.0	0.0	0.0
CAPITAL SUMMARY				
Funded by Provincial Government	151.8	149.9	32.3	36.8
Funded by Foundations, Regional Hospital Districts, and Other Non-Government Sources	132.9	161.5	47.9	18.3
Total Capital Spending	284.7	311.4	80.2	55.1

Capital Project Summary

Capital investment ensures health infrastructure is maintained and expanded to meet a growing population with increasing needs for health services. Capital assets such as buildings, information systems and equipment are key components of health care delivery and must be acquired and managed in the most effective and efficient manner possible. Funding for these assets is primarily provided through the Provincial government and through partnerships with Regional Hospital Districts, Hospital Foundations and Auxiliaries.

Island Health bases the development of its Capital and Information Management/Information Technology (IM/IT) Plans on the following principles:

- Capital investments must support the strategic direction of the Province and organization;
- Investments must be backed by a rigorous examination of service delivery options and a business case analysis;
- Our use of existing infrastructure must be maximized and non-capital alternatives must be explored before new investments are made; and
- Our spending on capital assets must be managed within fiscal limits.

The following list is Island Health’s approved capital projects over \$2 million currently underway:

	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to Dec 31, 2015 (\$ millions)
<p>North Island Hospitals Project</p> <p>Ground breaking took place in July 2014 at both sites for new hospitals in Campbell River and in the Comox Valley to open in 2017. The new 39,800 square metre (approximately 428,400 square foot) Comox Valley Hospital will have 153 beds, replacing the 120-bed St. Joseph’s General Hospital. The new 32,300 square metre (approximately 347,700 square foot) Campbell River Hospital will have 95 beds, replacing the existing 79-bed Campbell River Hospital. Together the new hospitals will form an enhanced network of care for the mid and north Island, delivering high quality patient care through world-class health care facilities.</p>	2017	606.200	289.74

	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to Dec 31, 2015 (\$ millions)
For more information on this project, please see the website at: http://nihp.viha.ca/ .			
<p>Nanaimo Regional General Hospital Electrical Energy Plant Redevelopment</p> <p>The Nanaimo Regional General Hospital continues to grow and expand. These changes have created a deficit within the electrical distribution infrastructure that needs to be addressed given future projected growth. This project will redevelop the electrical energy plant to meet current codes and standards with capacity for future growth.</p>	2017	12.500	0.265
<p>Nanaimo Regional General Hospital CT Scanner Replacement</p> <p>This project will replace the existing Computed Tomography (CT) scanners with two new state of the art scanners. These new scanners improve the image quality of scans, reduce radiation exposure to patients, and improve the speed of results processing. This leads to improved diagnoses for more patients, and supports the Ministry of Health's recently introduced MRI strategy.</p> <p>For more information on this project, please see the NRGH CT Scanner News Release.</p>	2016	3.600	0
<p>Saanich Peninsula Hospital CT Scanner Replacement</p> <p>This project will replace the existing Computed Tomography (CT) scanner with a new state of the art scanner. This new scanner will improve the image quality of scans, reduce radiation exposure to patients, and improve the speed of results processing. This leads to improved diagnoses for more patients, and supports the Ministry of Health's recently introduced MRI strategy.</p>	2016	2.921	0
<p>Royal Jubilee Hospital Thermal (Boiler) Energy Plant Replacement</p> <p>This project replaces the aging Royal Jubilee Hospital boiler plant with three new state of the art boilers. This mitigates a risk that the 60 year old boilers will fail, leaving the RJH site</p>	2017	6.500	0.854

	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to Dec 31, 2015 (\$ millions)
<p>with no steam service. The new boilers will be more energy efficient and will reduce green house gas emissions.</p> <p>For more information on this project, please see the Island Health website.</p>			
<p>Victoria General Hospital Endoscopy Unit Renovation</p> <p>This project will redevelop the endoscopy unit to improve safety and quality of care for patients. The renovation includes development of three procedure rooms that meet modern standards, redesigning patient areas to improve the flow of patients, staff and equipment, and providing improved space for cleaning medical devices.</p> <p>For more information on this project, please see the Island Health website.</p>	2017	2.200	0.169
<p>Nanaimo Unit Dose Medication Distribution System</p> <p>In support of quality and patient safety, Island Health is developing a strategy to implement a bar-coded unit dose medication system. This “closed loop” medication system uses a bar code scanning system to allow nursing and medical staff to verify that the right drug, in the right dose, and by the right route of administration, is being given to the right patient at the right time. Bar coding, when integrated with the advancement of the Island Health Electronic Health Record (IHealth) will serve as an automated independent double-check where none exists today. To implement the Unit Dose project at Nanaimo Regional General Hospital, the pharmacy needs to be renovated and expanded, minor renovations are required on patient floors and new equipment will be purchased.</p> <p>For more information on this project, please see the Island Health website.</p>	2017	4.636	1.16

	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to Dec 31, 2015 (\$ millions)
<p>IHealth – Next Generation Electronic Health Record IHealth is a multi-year, Island Health-wide strategy to support quality, safe patient care, increase consistency across sites and systems and reduce the risk of medication-related errors. IHealth will provide a single electronic health record for all parts of the health care system. It is interactive for health care providers, and includes clinical decision support and quality measures that will guide critical thinking in a new way. It is a powerful integrated electronic system that will keep track of patients’ health records in one single record, across sites and across programs and services, over patients’ entire life.</p> <p>For more information on IHealth, please see the IHealth Information Site.</p>	2023	100.318	55.644

Appendices

Appendix A: Contact Information

For more information about Island Health, please visit: www.viha.ca

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