

Vancouver Island
Health Authority

**2009/10 – 2011/12
SERVICE PLAN**

September 2009



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Message from the Board Chair and Accountability Statement



On behalf of the Board of Directors for the Vancouver Island Health Authority (VIHA), I am pleased to submit our 2009/10 to 2011/12 Service Plan, which provides an overview of VIHA's plans over the coming years to continue to deliver accessible, high quality and sustainable services to residents within the Health Authority.

Four years ago, VIHA unveiled a Five-Year Strategic Plan that guides us in the delivery of services. Many VIHA goals and priorities are long-term and have been carried over from our previous years' Health Service Plans. Over the past year, we have made significant progress in a number of areas:

- Completed an ambitious program to provide an integrated electronic health record in our hospitals;
- Increased access to treatment for adults struggling with addiction with the addition of 21 community medical detox beds and stabilization beds;
- Improved care for our seniors by adding 700 net new residential care beds to the system;
- Opened an Aboriginal spiritual care room at the Campbell River and District General Hospital;
- Continued development of our seven Integrated Primary Health Care Networks for underserved communities and co-morbidity populations; and
- Continued implementation of our People Plan including developing a Care Delivery Model Redesign (CDMR) and the creation of a standardized staff scheduling system.

Even though there have been significant investments in health care in British Columbia (BC) in recent years, we are facing challenging times. The global economy has not yet turned around, and budgets at all levels are under pressure. Despite these constraints, improving access to patient care and service will remain a key area of focus.

Providing quality care in an age of finite public resources, rising cost pressures, aging populations and growing expectations presents challenges for all health care organizations in Canada. However this year and in the coming years, VIHA is facing significant service pressures that result from a growing and aging population. VIHA will address these pressures by ensuring that costs are aggressively reduced and that alternate, more effective, ways of delivering service are implemented.

In order to balance our budget this year, we will control costs by reducing spending on conferences, consultants and non-clinical travel. Executive approval for all new or expanded programs or services is now required, as is hiring for all non-clinical positions, whether they are new or vacant. As well, like the provincial government, we have implemented a process to provide non-contract staff the option to request voluntary, non paid, days off from work.

We are committed to engaging our staff and physician partners to identify ways in which we can deliver better and more efficient care within the funding envelope provided from government. Since the start of our new fiscal year in April, we have been reviewing and updating our strategic goals. This year, we have established four priority initiatives that will improve the way we deliver services, improve the quality of care, and help us manage our limited human resources.

The four organization-wide priorities are:

- **Improving patient flow** by ensuring the right patient is in the right bed at the right time;
- Increasing our system wide focus on **infection prevention and control**;
- **Improving staff safety** and creating an enhanced culture of safety; and
- Addressing the shortage of health care professionals by **redesigning how care is delivered** to patients and ensuring that staff members are working to the full scope of their practice.

In addition, several exciting projects and initiatives continue to take shape throughout VIHA:

- The new Hospital/Patient Care Centre at Royal Jubilee Hospital is on time and on budget;
- The new Emergency Department at Victoria General Hospital will be opened in September;
- Shovels will soon be in the ground for the new Emergency Department and renal centre at Nanaimo Regional General Hospital;
- An Expression of Interest for a primary health care/urgent care centre in Oceanside was issued and we are currently reviewing responses; and
- In the Comox Valley and Campbell River, VIHA recently reached an agreement with the Comox Strathcona Regional Hospital District to build two new hospitals in those communities and we are now moving forward with the business case.

VIHA is also preparing for the possibility of a widespread outbreak of the H1N1 virus. We are working with our colleagues in the provincial government and in the other health authorities to ensure we are prepared for a significant onset of H1N1 influenza as our summer ends and our influenza season arrives in the fall and winter.

The 2009/10 Service Plan was prepared under the Board's direction in accordance with the *Health Authorities Act* and the BC Reporting Principles. It is consistent with Government's strategic priorities and Strategic Plan, and the Ministry of Health Services' goals, objectives and strategies. We have considered all significant assumptions, policy decisions, and identified risks in preparing this plan. The Board has asked management to assume no further additional revenue from the province in the 2009/10 fiscal year in the development of our service plan. The Board is accountable for the contents of the Plan.

VIHA realizes the incremental increase in funding represents the vast majority of all new public sector spending in BC, and this significant investment is appreciated. Access to quality health care where and when we need it continues to be a priority for all British Columbians. VIHA will continue to strive to provide quality services to achieve improved health outcomes for all VIHA residents.

Sincerely,



Jac Kreut
VIHA Board Chair
August 2009

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Organizational Overview

The Vancouver Island Health Authority (VIHA) is one of five regional health authorities established by the province of British Columbia under the Health Authority Act 2001. VIHA provides health services to over 750,000 people (2009) across a widely varied geographic area of approximately 56,000 square kilometers, including 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 the many remote and isolated communities in our region that are only accessible by water or air.

Population We Serve

Approximately 750,000 people of all ages live within VIHA's boundaries, or 17% of the entire population of British Columbia (BC). Approximately half of our population lives in the South area, 35% in the Central area and 16% in the North area. By 2013, our population is projected to grow by 4.4%, or 32,856 people. The most significant growth is expected in the Central area (5% by 2013). Specific communities that will experience significant growth include: Sooke, Qualicum, Nanaimo, Courtenay, and the Gulf Islands. Not only is our population growing but it is aging as well. Currently, approximately 1 in 10 people are aged 75 and older and we anticipate this population age group to more than double over the next 25 years.

Services We Provide

There are approximately 1,700 physicians providing care within VIHA, and approximately 17,000 health care professionals, technicians and support staff are employed or contracted with us. We operate over 150 facilities in a network of hospitals, clinics, health care centres, health units and residential care facilities. We have approximately 1,500 acute care and rehabilitation beds and over 6,200 residential care beds and assisted living units.

We provide a full range of dynamic and progressive health programs and services: public and environmental health; maternal and family health; home care and supports; primary health care; residential care; hospital care; mental health and addictions services; rehabilitation; and end-of-life care. We are able to meet virtually all of the health needs of people who live in the Health Authority, only rarely must people seek services outside of VIHA for highly specialized needs.

Governance and Leadership

A nine-member, government-appointed Board of Directors (the Board) governs VIHA. The Board's primary responsibility is to foster the Health Authority's short and long-term success, consistent with the Board's responsibility to the Government and the stakeholders the Health Authority serves. More information on the role of the Board is at http://www.viha.ca/about_viha/board_of_directors/.

Working with the Board, and headed by our President and Chief Executive Officer (CEO), the Executive team provide leadership in planning, delivering and evaluating health services in VIHA in collaboration with government. They are responsible for meeting the health needs of the population in an effective and sustainable manner. Under their leadership, we have an Integrated Health Services Model that has five clinical portfolios, each co-led by an Executive Medical Director and an Executive Director, who have joint responsibility for the delivery of programs and services. These services are supported by a number of corporate services such as quality and patient safety, capital, finance, planning and human resources (See http://www.viha.ca/about_viha/organization/).

Strategic Context

The health system in British Columbia is a complex network of skilled professionals, organizations and groups that work together to provide value for patients, the public and taxpayers. A key issue facing the health system is how to continue improving the quality of services provided to citizens when growth in demand exceeds resources available.

The most significant drivers of rising demand are the aging population, the increasing need to provide care to the frail elderly, a rising burden of illness from chronic diseases, and advances in technology and pharmaceuticals that are enabling new procedures and treatments. The pressure is compounded by worldwide competition for health professionals and health care workers, and the need to maintain and improve the health system's physical infrastructure (i.e., buildings and equipment).

The Aging Population - VIHA already has a relatively old population and, as the baby boomers age, they will put pressure on every facet of our health system, both from their sheer numbers as well as their high expectations and demands. Within the next 10 years there will be fewer school age children than people over 65, and more people retiring than entering the workforce. Roughly 3% of VIHA's population is aged 85 and over and this is growing, especially in the central area of VIHA. This presents the health system with a growing need to provide appropriate care for those with frailty associated with advanced age and multiple conditions. In BC, the average health care cost of an 85-89 year old is \$19,290 per year; this is ten times the amount a 40-45 year old, which is \$1,900 per year.¹

Variations in Health - We face a challenge in ensuring that all parts of society and all populations can access health services and enjoy good health. There is significant variation in health from one region of Vancouver Island to another. Farther north in our rural areas and within certain demographic groups such as Aboriginal people and the homeless population, health status worsens.

We cannot solve future health problems solely by providing health care services. Variations in health depend on a wide range of factors in addition to health services, including: genetics, safe and affordable housing, working conditions, income, social status, physical environment, personal health practices and coping skills. VIHA is working in partnerships with government, communities, Aboriginal organizations and other partners to address these broad issues and to influence health.

Worldwide Labor Shortage - Our workforce and the population we serve are both aging. This means that as the health care needs of our residents increase, VIHA's workforce will retire in significant numbers at a time when there are fewer new staff to fill these roles. This is attributed to a convergence of factors, including: declining birth rates worldwide; baby boomers retiring faster than the younger generations can replace them; different values, attitudes and expectations of new generations (i.e., greater commitment to work/life balance); and increased educational requirements for jobs. This shrinking workforce and increased national and international competition for health professionals is one of the most significant challenges we face now, and will continue to face for at least the next twenty years. Although education and training programs have expanded in recent years, increased need for services coupled with labour challenges have led us to the conclusion that traditional approaches and strategies to staffing will not be enough to address the workforce gap. We need to be innovative in the way we plan and deliver services into the future.

¹ Canadian Institute for Health Information (CIHI) November 2008 BC Per Capita Costs

A Rising Burden of Chronic Disease - Chronic diseases are prolonged conditions such as diabetes, depression, hypertension, congestive heart failure, chronic obstructive pulmonary disease, arthritis and asthma. People with chronic conditions represent approximately 34% of the B.C. population and consume approximately 80% of physician payments, PharmaCare expenditures and acute care budgets.² As most chronic diseases are more common in older populations, it is expected chronic disease prevalence will continue to increase, driving up the demand for health services.

Spread of Viruses and Infections - The spread of infections is a significant risk to patients and staff in hospitals and other health care facilities across Canada. Infections may lead to serious illness and death, increased admission or readmission to a hospital and increased use of antibiotics. Not only does this impact negatively on the quality of life of patients and staff, infections also result in increased care costs. Infection prevention and control (IPC) activities such as proper hand washing will help reduce infections and control them when outbreaks occur.

We are also faced with potential influenza pandemics. Although every pandemic causes worldwide illness – as they have done throughout history – some are more widespread and deadly than others. Effective planning is key to ensuring a coordinated and effective response to a pandemic that will minimize the spread and impact of illness. The recent spread of the novel H1N1 flu virus (human swine flu) needs to be monitored and precautionary measures taken, even though, to date, most patients in Canada have recovered from this influenza.

Economic Context - As with health care systems around the world, VIHA is facing financial pressure in this current period of global economic downturn. Demand for publicly funded government services, including health care services always outstrips available resources, and in this economic climate, it is even more a reality. It is important for us to find new and creative ways to make sure resources available for health care services are used effectively and in ways that benefit the most number of patients with the greatest health care needs.

Advances in Technology and Pharmaceuticals - New treatments and technologies are improving health care delivery, making it more efficient and effective, however, they also increase demand by expanding the number of patients treated and how and where services can be delivered. Keeping up with the pace of change is resource intensive, and impacts on service delivery. For example, introducing new technology and innovation may require new or renovated facilities, new care delivery models, new standards, and new staff skills. Our challenges are to remain current with emerging technologies, understand their impact on services, and be able to distribute them appropriately.

Health System Infrastructure - As is the case with public infrastructure across Canada, VIHA's physical infrastructure – including buildings and equipment – are aging and need to be maintained, renovated or even replaced. A number of large projects are underway including a new patient care centre at Royal Jubilee Hospital and new emergency departments at Victoria General and Nanaimo Regional General Hospitals. While these projects will significantly improve patient care and the workplace environment, other acute care and residential care settings, as well as medical technology and information technology also require improvements.

² Discharge Abstract Database (DAD), Medical Service Plan (MSP) and PharmaCare Data 2006/07

Goals, Objectives and Strategic Initiatives

This Service Plan outlines the direction of VIHA’s program and service delivery over the next three years with a particular focus on the 2009/10 fiscal year. This Plan has been developed within the context of our Five Year Strategic Plan, which is based on the needs of VIHA residents, the health system direction of government, and incorporates significant input from our staff and communities throughout the Health Authority. Our Strategic Plan contains our vision, mission, values, goals, and strategic priorities and identifies the infrastructure plans that support it. We track our progress in achieving our goals through our Performance Scorecard. To read VIHA’s Strategic Plan, refer to http://www.viha.ca/about_viha/strategic_plan/.

VIHA’s goals align with the health care improvement priorities at a national and provincial level and are consistent with the overall goals established for the health system by the Ministry of Health Services (MOHS) and for population health by the Ministry of Healthy Living and Sport (MHLS) in their 2009/10-2011/12 Service Plans (refer to Table 1).

Table 1: Alignment of VIHA’s Goals and Objectives with Ministry Goals

MINISTRY OF HEALTHY LIVING AND SPORT GOALS	VIHA	
	GOALS	OBJECTIVES
<ul style="list-style-type: none"> Improved Health for British Columbians Reduced Illness and Injury Healthier Communities Increased Participation and Excellence in Sport and Recreation 	Improved Health and Wellness of Residents	<ul style="list-style-type: none"> Continue promotion of healthy living and disease prevention initiatives for all residents Improved Health of High Needs Populations Service Excellence for Seniors
MINISTRY OF HEALTH SERVICES GOALS High Quality Patient Care	Quality, Patient Safety & Client Centred Care and Services	<ul style="list-style-type: none"> High Quality and Safe Services A Sustainable and Integrated Network of Health Services
A Sustainable, Affordable Publicly Funded Health System	A Sustainable, Affordable Publicly Funded Health System With A Healthy Work Environment	<ul style="list-style-type: none"> A leading organization with a healthy workplace, safe, healthy and engaged workforce and continuous learning Strategic Transformation to ensure Sustainability Improved Stakeholder Engagement

The following section summarizes our goals, objectives, and strategic initiatives as well as the performance measures and targets as set out by MOHS and VIHA.

Goal: Improved Health and Wellness for VIHA Residents

We will work with community partners and the Ministry of Healthy Living and Sport to support VIHA residents as they pursue better health through protection, promotion and prevention activities.

Objective: Continued Promotion of Healthy Living and Disease Prevention Initiatives for All Residents

VIHA's focus on improving the health of our population includes delivering prevention, protection and environmental programs that target food safety, clean air and water, infection control and communicable disease prevention. Initiatives will focus on promoting healthy lifestyles and target high-risk situations and behaviours, particularly in groups with lower health status. We will support people of all ages to take responsibility for their own health and develop strong partnerships with other sectors to influence all the factors that affect health status such as housing, employment, and education.

Strategic Initiatives:

- Continue to develop and implement **Public Health Core Programs** to renew and strengthen health protection and promotion activities such as water quality and immunizations in VIHA;
- Implement the **new Public Health Information System (Panorama)** to support the delivery and integration of services, research and surveillance activities; and
- Update and refine our **Pandemic Flu and Emergency Response plans** to ensure timely and effective response.

Objective: Improved Health of High Needs Populations

Most people who live in our service area enjoy relatively good health. However there are significant differences in how healthy people are in different regions of our Health Authority as well as among different populations. In general, people living in rural and remote areas on the west coast and northern areas of the island are more likely to experience poorer health. We have identified priority populations where the need for better health is clear and where we have the ability to make improvements: children and youth, rural and remote, Aboriginal, chronic disease; and homeless/hard to serve populations. We will strive to improve the health of these populations through community partnerships.

Strategic Initiatives:

- Ensure our **rural maternity services** are delivered in a safe manner and conduct service planning on Salt Spring Island;
- Continue to implement our **Aboriginal Health Plan** including improving cultural competency training and continued partnership with the Aboriginal Health Council to improve the health and wellness of Aboriginal people in VIHA;
- Establish **Family Place** in Parksville which provides one location for shared family health services to support the development and growth of children and families;
- Plan to **enhance primary health care and chronic disease management services** in Oceanside, develop new Integrated Health Networks (IHNs) for the Victoria homeless population and chronic

co-morbid populations in Mount Waddington, and collaborate with the Provincial Health Services Authority to expand options for the delivery of renal services locally; and

- Develop a **Mental Health and Addictions Services Plan** that aligns with the MOHS 10-year Strategic Plan and focuses on:
 - coordination with municipalities, non-government organizations and government to provide services to people who have the greatest need/are at highest risk,
 - shifting resources to community-based settings and implementing better tracking and follow-up of patients; and
 - development of strategies that will enhance community supports and treatment teams as part of the Riverview Redevelopment should approval be provided.

Performance Measures:

Performance Measure	2007/08* Actual	2009/10 Target	2010/11 Target	2011/12 Target
Diabetes management: percentage of patients with diabetes who undergo at least two A1C tests per year	55%	60%	65%	70%

Data Source: Primary Health Care (PHC) registry, extracted November 2008.

* 2008/09 not available.

Performance Measure ¹	2007/08 Baseline	2008/09 Actual	2009/10 Target	2010/11 Target	2011/12 Target
Number of housing units with supports for people with a mental disorder and/or substance addiction	1,494	1,581	Maintain or increase over previous year	Maintain or increase over previous year	Maintain or increase over previous year

Data Source: Mental Health and Addictions Housing inventory – March 31, 2009, Mental Health and Addictions Branch, Ministry of Health Services.

¹ Bed Inventory includes residential care facilities, family care homes, supported housing units, low barrier housing units, BC Housing units and rental subsidies.

Objective: Service Excellence for Seniors

Vancouver Island has a higher proportion of elderly residents than British Columbia and Canada as a whole. Over the long term, we have an opportunity to become a leader in seniors service by focusing on excellence and sustainability through research partnerships, development and application of best practices and education and training. It is also essential that we apply a seniors-centred health policy lens to all of our health service planning, implementation, and operational efforts. We are committed to working with seniors to ensure their views are appropriately incorporated in service planning. We will continue to build elder-friendly facilities and services, and develop campuses of care that allow seniors to comfortably age in place as their needs change. Practical tools for analyzing policies, guidelines, education, and/or programs with a seniors lens will be developed to ensure that they support service excellence.

Strategic Initiatives:

- Initiate VIHA's **Seniors Service Excellence Strategy** with the vision of healthy seniors, age friendly communities, and seamless service;
- Continue implementation and participate in evaluation of the **Seniors at Risk Integrated Health Network (SARIN)** demonstration project in partnership with the MOHS which proactively meets the needs of seniors in the community at risk of admission to acute or residential care, while improving their health and maintaining their independence as long as possible;
- Implement Phase One of our new **Community Care Information System** to improve care coordination;
- Align VIHA's **End of Life Strategy** with MOHS priorities to provide people with greater choice and access to services such as hospice and home-based palliative care as they near the end of life; and
- Broaden our **Falls Prevention Strategies** to Nanaimo Regional General Hospital to reduce fall related injuries among the hospitalized elderly.

Goal: Quality, Patient Safety and Client-Centered Care and Services

VIHA clients will receive the right care and service, in the right setting, by the right provider, at the right time.

Objective: High Quality and Safe Services

We will improve the planning and delivery of health services through an increased focus on sustainability, quality and safety. While patient and client safety is part of everything we do our aim is to ensure clients receive the right care and service, in the right setting, by the right provider, at the right time. Improving the quality of our services and keeping patients safe are vital in all areas of health service delivery. Focusing strategically on actions that change the way we provide services will also help create a more sustainable health care system that will continue to meet the needs of patients, clients and families.

Strategic Initiatives:

- Continue to implement the appropriate **recommendations of the Canadian Safer Healthcare Now and of the Canadian Council of Health Service Accreditation** as well as focus attention on the required organizational practices outlined in seven patient areas by Accreditation Canada;
- Continue to participate in the **BC Patient Safety Learning system, the BC Patient Safety and Quality Council and the Patient Care Quality Review Boards** to ensure the safety and quality of health services across the continuum of care through evidence-based best practices; and
- Continue to plan and implement system wide improvement initiatives to **reduce hospital/facility acquired infection rates**.

Objective: A Sustainable and Integrated Network of Health Services

We will improve integration of services to support better access and flow of patients/clients across the system. Our aim is for patients/clients to effortlessly navigate through our health system as their need for services change. Linkages and integration within local communities and between service providers in the hospital, home and community care, primary health care, mental health and population health are critical to ensure success in this area. We recognize that to improve access, patient flow and to reduce wait times, we need a system-wide response that provides increased capacity as well as improvements in the way we deliver services. Improving patient flow requires providing the best care possible using available capacity and resources effectively, and putting processes and strategies in place to address barriers to patient movement through the system.

Strategic Initiatives:

- Plan and implement the system-wide improvement initiative to **improve the flow of patients** through the system by applying process improvement tools at the right time and place;
- Work towards a **secure, integrated, cross-sector electronic health record** with a focus on ambulatory/primary health care that enables the delivery of coordinated care across the continuum by allowing physicians and health professionals to easily access the patient's information (such as test results or medication histories);
- Participate in **provincial acute care council initiatives** including redesign and technological efforts to improve surgical waitlist management with a focus on cataract surgeries at all sites and hip and knee surgeries in Nanaimo;
- Improve **operating room scheduling** for Royal Jubilee (RJH), Victoria General (VGH), and Nanaimo Regional General (NRGH) Hospitals to make the most effective use of the operating room time and meet the needs the most acutely ill residents; and
- Continue to implement provincial **emergency department patient access strategies** to reduce emergency department congestion, building on the early successes associated with the patient streaming projects implemented at RJH, VGH, and NRGH.
- Continue **enhancing a sustainable network of hospital services** to meet the needs of patients into the future, including:
 - continuing construction of the Patient Care Centre at the Royal Jubilee and the Emergency Department at the Victoria General;
 - developing a business case for North Island Hospital Services;
 - completing Master Site Plans for Nanaimo Regional General and Cowichan District Hospitals;
 - beginning construction of the Emergency and Renal unit at Nanaimo Regional General Hospital; and
 - completing the vision for future service delivery at the Saanich Peninsula Hospital as part of a South Island network of services.

Performance Measures:

Performance Measure	2007/08* Actual	2009/10 Target	2010/11 Target	2011/12 Target
Patient Satisfaction: percentage of emergency department patients reporting satisfaction with emergency department experience	86%	Improvement toward long-term target of 90%	Improvement toward long-term target of 90%	Improvement toward long-term target of 90%

Data Source: Emergency Department (ED) Patient Experience Survey, Ministry of Health Services.

* An annual summary for 2008/09 is not available. Partial year survey results for ED visits from April 1, 2008 to June 30, 2008: 87% for large facilities and 90% for medium facilities. In 2007/08, all facilities (large, medium, small and extra-small) are included in annual results

Performance Measure	2007/08 Baseline	2008/09 Actual	2009/10 Target	2010/11 Target	2011/12 Target
Waiting times for surgery:					
a) Percentage of hip replacement waiting longer than 26 weeks	37%	18%	10%	Maintain at or below 10%	Maintain at or below 10%
b) Percentage of knee replacement cases waiting longer than 26 weeks	43%	24%	10%	Maintain at or below 10%	Maintain at or below 10%
c) Percentage of hip fracture fixation completed within 48 hours	95%	92%*	95%	Maintain at or above 95%	Maintain at or above 95%
d) Percentage of cataract surgeries waiting longer than 16 weeks	27%	15%	10%	Maintain at or below 10%	Maintain at or below 10%
e) Percentage of cardiac bypass surgeries waiting longer than the established time frame - 2 weeks for priority one - 6 weeks for priority two - 26 weeks for priority three	N/A**	0%(0/0)*** 0%(0/0) 0%(0/4)	Maintain at or below 10% for each level	Maintain at or below 10% for each level	Maintain at or below 10% for each level

Data Source: SWIFT, Management Information Branch, Health System Planning Division, Ministry of Health Services

Hip fracture fixations: Discharge Abstract Database, Management Information Branch, Health System Planning Division, Ministry of Health Services. Coronary artery bypass grafts: Cardiac Service BC Registry database, Provincial Health Services Authority.

* 2008/09 partial year data based on the March 2009 tape from CIHI.

** Starting from April 1, 2008, percent of CABGs waiting longer than the established time frame are evaluated based on the FMM priority category. The priority categories prior to 2008/2009 are based on BC definitions and are not comparable to the FMM priority categories.

*** In brackets, the numerator represents the number of cases waiting longer than the established time frame while the denominator represents the total cases waiting for the specific priority level.

Goal: A Sustainable, Affordable Publicly Funded Health System with a Safe Healthy Work Environment

We will plan and deliver services in a way that will be sustainable in terms of human, capital and financial resources required.

Objective: A Leading Organization with a Healthy Workplace; Safe, Healthy and Engaged Workforce; and Continuous Learning

VIHA's developed a People Plan in 2006, which has undergone continual updating since that time. The People Plan, which outlines VIHA's strategic human resources initiatives, supports VIHA's number one priority, which is to ensure we have the right number of staff with the right skill sets to deliver health care services now and in the future. The plan is based on population need, evolving care delivery models and improved employee health. It includes strategies to ensure we will have the right people to provide care when and where needed and optimizes the use of our existing skilled and experienced workforce. We will continue to implement the strategies outlined in our People Plan and engage our workforce in creating a leading organization. We will also participate in the development of the provincial physician human resources plan and ensure this plan aligns with VIHA's Physician Services Plan.

Strategic Initiatives:

- Improve the workplace by **focusing on basic workplace issues** such as de-cluttering patient care areas and staff work spaces, which in turn support infection control activities and workplace well being;
- Continue to plan and implement system-wide improvement initiatives:
 - to **redesign our care delivery models** to better meet the needs of the patient/client population and makes full use of staff skills, allowing more time for direct care, assessment and teaching; and
 - to improve **staff and physician safety** in the workplace, including promoting awareness of and adherence to safe practices in order to reduce injury;
- Enhance our **workforce planning model** to incorporate innovations in service delivery, the type of providers required, and projected improvements in provider health;
- Focus on **strategic recruitment and retention** including the potential for expanding and enhancing certain flexible work arrangements; and
- Promote a **continuous learning culture** and work with MOHS and our education partners to ensure the appropriate supply of staff has the skills and competencies to provide safe, high quality care, and are able to respond to changing health system and population health needs.

Performance Measures:

Performance Measure	2008/09* Actual	2009/10 Target	2010/11 Target	2011/12 Target
Sick leave: sick leave hours as a percent of productive hours	5.8%	Improvement over previous year	Improvement over previous year	Improvement over previous year
Vacancy rates: vacancies in "difficult to fill" ³ positions, nurses and allied health professionals (AHP)	Nurses: 0.7% AHP: 1.0%	Maintain or below 2%	Maintain or below 2%	Maintain or below 2%
Overtime: overtime hours as a percent of productive hours, nurses and allied health professionals	Nurses: 6.1% AHP: 3.2%	Nurses: Improve over previous year AHP: Maintain or below 3.5%	Nurses: Improve over previous year AHP: Maintain or below 3.5%	Nurses: Improve over previous year AHP: Maintain or below 3.5%

Data Source: Health Sector Compensations Information System (HSCIS). Provided by Management Information Branch, Health System Planning Division, MOHS.

* Data reported by 2008 Calendar year. Vacancy rates data as reported at quarter 4 (January 1 to December 31).

Objective: Strategic Transformation to Ensure Sustainability

We continue to improve our annual planning and budgeting processes to achieve our goals in a cost efficient manner and maintain a balanced budget. We will continually evaluate and develop new and better ways to provide our services and use new technologies to support a higher quality of care for our patients, residents and clients. We have refocused our existing staff resources to create a new Strategic Process Improvement area in VIHA which will focus on service improvements and creating more effective processes to address key challenges facing the organization.

Strategic Initiatives:

- Focus on **four system-wide improvement initiatives** that align staff across the organization towards transforming, sustaining and continually improving quality of care and care delivery and by addressing the barriers, risks and challenges faced in these areas. These include:
 - Improvement in the flow of patients across the system;
 - Reduction of hospital/facility acquired infection rates;
 - Reduction of unproductive use of staff time to support increased time providing and enabling patient care; and
 - Improvement in staff and physician safety in the workplace;
- Ensure **fiscal sustainability** and meet expectations as set out by the Province including:
 - participating in the creation of a Shared Services Organization to achieve cost efficiencies;
 - achieving a balanced budget through administrative efficiencies, increasing revenues and reconfiguring services;
- Work with the MOHS to develop plans to **reduce green house gas emissions** and continuing to develop effective environmental management systems; and

³ A difficult to fill vacancy is a job that remains unfilled after three months of active recruitment.

- Maintain a **reliable information infrastructure** by upgrading and replacing assets to ensure appropriate controls and continuity of operations.

Performance Measures:

Performance Measure	2008/09 Actual	2009/10 Target	2010/11 Target	2011/12 Target
Balanced budget	Surplus of \$0.595 million	A balanced budget for the fiscal year	A balanced budget for the fiscal year	A balanced budget for the fiscal year

Data Source: VIHA Audited Financial Statements 2008/09

Objective: Improved Stakeholder Engagement

Effective, timely and targeted engagement practices contribute to transparent and accountable decision-making, the identification of better solutions to complex problems and better and broader insight into challenges. We are committed to ensuring that those most impacted by potential decisions are afforded an opportunity to learn about the issues and context, provide input and feedback, contribute to options for consideration, and understand the rationale and basis for specific decisions. Our engagement principles and activities are applicable to both our external partners and stakeholders and our internal staff, physicians and volunteers.

Strategic Initiatives:

- Develop a **Stakeholder/Community Engagement Plan** that enhances collaborative dialogue and community outreach with external stakeholders.

Financial Summary

(\$ millions)	2008/09 Actual	2009/10 Budget	2010/11 Budget	2011/12 Budget
Provincial government sources	1,566.186	1,625.123	1,726.227	1,823.691
Non-provincial government sources	118.712	118.565	104.103	114.726
Total Revenue:	1,684.898	1,743.688	1,830.330	1,938.417
Acute Care	864.282	904.491	969.755	1,043.939
HCC – Residential	313.374	331.171	342.086	352.779
HCC – Community	182.807	181.737	186.451	193.548
Mental Health & Addictions	106.118	109.658	112.556	116.019
Population Health & Wellness	57.830	58.311	60.360	62.192
Corporate	159.892	158.320	159.122	169.940
Total Expenditures:	1,684.303	1,743.688	1,830.330	1,938.417
Surplus (Deficit)	0.595	(0.000)	(0.000)	0.000
Funded by Provincial Government	95.561	105.849	126.424	34.244
Funded by Foundations, Regional Hospital Districts, and other non-government sources	79.240	112.674	65.724	48.736
Total Capital Spending	174.801	218.523	192.148	82.980

Note 1

VIHA is facing significant service pressures due to our aging and growing population and, despite the additional \$95 million provided by the province in 2009/10, administrative and clinical program and service shifts are required to ensure priority health care programs are preserved and protected. To achieve a balanced budget, VIHA is developing and implementing a number of savings initiatives such as:

- Administrative efficiencies including: the reduction of administration, support and other discretionary expenditures; aggressive management of overtime costs; and eliminating non-essential property maintenance (e.g. painting and gardening);
- Increasing revenues through fee increases, and sale of some non-essential property assets; and
- Service reconfiguration such as rationalization, and review of volumes for elective surgery, procedures and diagnostics.

The balanced budget position assumes that VIHA's savings initiatives can be delivered within tight timelines.

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 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.

Recognizing the significant cost and lifespan of most capital investments — both in acquisition and use — the Ministry and health authorities prepare three year capital plans annually, aligned with other health sector planning.

VIHA bases the development of its Capital Plan on the following principles:

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

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

Community Name	Facility location	Project Name	Total Project Cost (\$ million)
Facility Projects			
Victoria	Royal Jubilee Hospital	Patient Care Centre (P3 & Traditional)	348.535
Victoria	941 Pandora	Property Purchase and Renovations at 941 Pandora St.	2.600
Nanaimo	Nanaimo Regional General Hospital	Palliative Care Renovation	2.859
Victoria	Victoria General Hospital	Emergency Department Expansion	18.814
Port Hardy	Port Hardy Hospital	11 Residential Beds	2.842
Nanaimo	Nanaimo Regional General Hospital	Emergency Department Expansion	36.850
Nanaimo	Nanaimo Regional General Hospital	Renal Dialysis – Phase I	4.250
Nanaimo	Nanaimo Regional General Hospital	Renal Dialysis – Phase II	9.400
Cowichan Valley	Cowichan District Hospital	Pharmacy Redevelopment	2.021
Nanaimo	Nanaimo Regional General Hospital	Cancer Clinic Expansion	2.576
Projects Approved for Planning, Total Costs Not Yet Determined			
Victoria	Saanich Peninsula Hospital	Operating Room/Central Sterilization Room Redevelopment	
Nanaimo	Nanaimo Regional General Hospital	Island Medical Program	

Contact Information

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Phone: 250-370-8323 **Toll-Free:** 1-877-977-5797

Fax: 250-370-8137

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After-Hours Emergencies Phone: 1.800.204.6166

Fax: 250.519.7079

VIHA BOARD OF DIRECTORS

Board Liaison:

Janet Shute - Email: janet.shute@viha.ca

Hyperlinks to Additional Information

VANCOUVER ISLAND HEALTH AUTHORITY:

HOMEPAGE www.viha.ca

FINDING CARE http://www.viha.ca/finding_care/

HEALTH INFORMATION http://www.viha.ca/health_info/

FIVE YEAR STRATEGIC PLAN http://www.viha.ca/about_viha/strategic_plan/

BOARD OF DIRECTORS http://www.viha.ca/about_viha/board_of_directors/

ORGANIZATIONAL CHARTS http://www.viha.ca/about_viha/organization/

PERFORMANCE

MEASURES http://www.viha.ca/about_viha/accountability/goals_and_performance_measures/

NEWSLETTERS AND CEO UPDATE http://www.viha.ca/about_viha/news/newsletters/

DEPARTMENTS AND SERVICES http://www.viha.ca/about_viha/departments_and_services/

OTHER CONTACTS

HEALTHLINK BC <http://www.healthlinkbc.ca/kbaltindex.asp> or dial 8-1-1 to look up non-emergency health information and find publicly funded health services near you.

COLLEGE OF PHYSICIANS AND SURGEONS: to find a physician <https://www.cpsbc.ca/>

BC MINISTRY OF HEALTH SERVICES <http://www.gov.bc.ca/health/index.html>

BC MINISTRY OF HEALTHY LIVING AND SPORT <http://www.gov.bc.ca/hls/index.html>

BC HEALTH AND SENIORS INFORMATION LINE 1-800-465-4911

MEDICAL SERVICES PLAN OF BC 1-800-663-7100

PHARMACARE 1-800-663-7100

OTHER HEALTH AUTHORITIES

FRASER HEALTH AUTHORITY - www.fraserhealth.ca

INTERIOR HEALTH AUTHORITY - www.interiorhealth.ca

NORTHERN HEALTH AUTHORITY - www.northernhealth.ca

PROVINCIAL HEALTH SERVICES AUTHORITY - www.phsa.ca

VANCOUVER COASTAL HEALTH AUTHORITY - www.vch.ca