

**Interior
Health Authority**

**2017/18 – 2019/20
SERVICE PLAN**

May 2018



For more information on the Interior Health Authority
see Contact Information on page 21 or contact:

Interior Health Authority
505 Doyle Avenue,
Kelowna, BC
V1Y 0C5

or visit our website at
www.interiorhealth.ca

Accountability Statement



Interior Health’s mission is to promote healthy lifestyles and provide needed health services in a timely, caring, and efficient manner, to the highest professional and quality standards for the patients, residents and clients we serve across our many communities. As Board Chair, I am pleased to present Interior Health’s 2017/18-2019/20 *Service Plan* (the “Plan”) outlining how we collaborate with the Ministry of Health and the many internal and external health system stakeholders and partners in achieving our organizational goals and fulfilling our mission.

Interior Health continues its journey of realigning our resources with a goal to shift the focus of health care from acute and residential care facilities to community programs and services; focus on key client populations; and reduce the growth in demand on acute care capacity, all while living within our financial means. This broad shift, which is also recognized by other jurisdictions, responds to a changing population where our residents live longer, often present complex medical needs, but also prefer to live at home from birth to death.

Interior Health’s 2017/18-2019/20 *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*. Our plan is consistent with government’s strategic priorities and fiscal plan. The Board remains accountable for the contents of the plan and how it has been reported. The Board is also responsible for the validity and reliability of the information included in the Plan.

All significant assumptions, policy decisions, events and identified risks, as of March 30, 2017 have been considered in preparing the Plan. The performance measures presented are consistent with the Taxpayer Accountability Principles and the Ministry of Health’s mandate and goals. We intend to focus on aspects critical to the Interior Health’s performance. Targets in this Plan have been determined based on an assessment of Interior Health’s operating environment, forecast conditions, risk assessment and past performance.

A handwritten signature in blue ink that reads "Douglas Cochrane". The signature is fluid and cursive.

Douglas Cochrane

Board Chair

Table of Contents

Accountability Statement	3
Organizational Overview	5
Strategic Direction and Context	6
Goals, Objectives, Strategies and Performance Measures	7
Resource Summary	17
Resource Summary Table.....	17
Major Capital Projects.....	18
Appendices	21
Appendix A: Health Authority Contact Information	21
Appendix B: Hyperlinks to Additional Information	21

Organizational Overview

Interior Health (IH) is mandated by the *Health Authorities Act* to plan, deliver, monitor, and report on publicly funded health services for the people that live within its boundaries. Interior Health's Vision, Mission, Values, and Guiding Principles inform how it delivers on its legislated mandate.

Interior Health provides health services to over 743,000 people across a large geographic area covering almost 215,000 square kilometres, the geography of which includes larger cities and a multitude of rural and remote communities. Interior Health is also home to 54 First Nations communities and 15 Metis communities, representing 7.7% of Interior Health's total population. Population health needs across the continuum of care drive the mix of services and enabling supports Interior Health provides. This continuum includes staying healthy, getting better, living with illness, and coping with end of life.

Interior Health has several service delivery streams and support departments. **Key service delivery streams** include Allied Health, Hospitals, Laboratory Services, Diagnostic Imaging, Pharmacy, Primary and Community Care, and Residential Care. A variety of **support departments** enable the delivery of care and include Communications, Financial Services, Housekeeping, Human Resources, Infection Prevention and Control, Information Management/Information Technology (IMIT), Medical Affairs, Planning, and Professional Practice.

Service delivery is coordinated through a health authority wide "network of care" that includes hospitals, community health centres, residential and assisted living facilities, housing supports for people with mental health and substance use issues, primary health clinics, homes, schools, and other community settings. Health services are provided by Interior Health staff and through contracted providers.

Interior Health is governed by a nine-member Board of Directors appointed by and responsible to the Provincial Government. The primary responsibility of the board is to foster Interior Health's short- and long-term success while remaining aligned with its responsibilities to Government and stakeholders.

The day-to-day operations of Interior Health are led by the Chief Executive Officer and a team of senior executives. The Senior Executive Team is responsible for leading strategic and operational services for the health authority and for meeting the health needs of residents and communities in an effective and sustainable manner. Further information about Interior Health's service streams, Senior Executive Team, and board policies that may be of interest to stakeholders can be accessed at www.interiorhealth.ca.

Vision

To set new standards of excellence in the delivery of health services in the Province of British Columbia.

Mission

Promote healthy lifestyles and provide needed health services in a timely, caring and efficient manner, to the highest professional and quality standards.

Our Values

Quality, Integrity, Respect, Trust.

Our Principles

Innovative, Clear and Respectful Communication, Continual Learning and Growth, Teamwork, Equitable Access, Evidence-based Practice.

Strategic Direction and Context

Strategic Direction

Interior Health receives its strategic direction from clearly identified government priorities set forth in the [Minister of Health's Mandate Letter](#), [Setting Priorities for the B.C. Health System](#) followed by a series of [policy papers](#). Successfully achieving Interior Health's vision requires close collaboration with partners, including the Ministry of Health, physicians, other health care providers, unions, patients, volunteers, Aboriginal communities, and other stakeholders such as Regional Hospital Districts, foundations and auxiliaries, in shaping and implementing key areas of focus. This collaborative approach aligns with the [Taxpayer Accountability Principles](#), which strengthens two-way communication between government and provincial public sector entities, promotes cost control, and helps create a strong and accountable relationship between government and agencies.

Strategic Context

As a predominantly rural health authority, Interior Health has made progress in improving services across a range of areas over the past several years. 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. Interior Health is addressing the unique needs of First Nations and Aboriginal populations by working closely with the First Nations Health Authority to ensure coordinated planning and service delivery efforts are embedded across all Interior Health portfolios and in support of First Nations' health and wellness objectives. Although the B.C. health system effectively meets the majority of the population's health needs, it continues to be challenged by an increasing demand for health services.

This plan is based on an understanding of Interior Health's current operations, and of trends and challenges that may impact delivery of health care services into the future. When determining Interior Health's direction, the most significant drivers of rising demand are an aging population; the rising burden of illness from chronic diseases, mental illness, and frailty; and advances in technology and pharmaceuticals that drive costly new procedures and treatments. Demand pressures are compounded by the need for new care delivery models by health professionals and health-care workers, and the need to maintain and improve the health system's physical infrastructure (i.e., buildings and equipment). With the current economic challenges facing B.C., it is even more important for the health system to find new and creative ways to ensure the resources available for health care services are used effectively and in ways that most benefit the people of B.C. and Interior Health.

Challenges persist with respect to access to family physicians and primary care in many IH communities; providing access to child and youth mental health services and effectively treating adult patients with moderate to severe mental illnesses and/or substance use issues; proactively responding to the needs of the frail elderly and providing appropriate supports that enable them to remain living in the community longer, and/or providing more complex medical care to patients living in residential care; emergency department congestion in some large hospitals; and long wait times for some specialists, diagnostic imaging, and elective surgeries. These will remain key areas of focus over the coming three years.

Goals, Objectives, Strategies and Performance Measures

Interior Health's *Vision, Mission, Goals, Values, and Guiding Principles* were affirmed in March 2013 and act as a platform upon which objectives and strategies are developed and advanced. Interior Health's Service Plan aligns with the strategic priorities contained in [Setting Priorities for the B.C. Health System](#) and the Ministry of Health [2017/18 Service Plan](#) and is supported by a patient-centred culture and paradigm of *putting people first*, laying a foundational lens that *Every Person Matters*. This perspective promotes shared responsibility with people in their own care; and fosters respectful collaboration between and among our health care professionals, staff, and the people and communities we serve. In essence, Interior Health is an organization that strives to embody our commitment to our patients and the public.

Goal 1: Improve Health and Wellness

In collaboration with the Ministry of Health, Interior Health promotes health as a valued outcome of policies and programs in order to make long term, sustainable changes for improved health across the province.

Objective 1.1: Enable people to live healthier lives by working at the environmental, policy, community, and individual levels to protect the health of the population and reduce health inequities.

Strategies

- Support people, communities, schools, workplaces, and health-care settings to promote healthy lifestyles and create healthy environments by continuing to implement the [Healthy Families BC Policy Framework](#) and [BC's Guiding Framework for Public Health](#), with a focus on:
 - Implementing core public health functions including: healthy living and healthy communities; healthy schools; communicable disease prevention; injury prevention; and healthy equity for marginalized and vulnerable populations;
 - Conducting population health assessments: engage in surveillance activities that guide local policy and program decision making; and
 - Continuing to assess drinking water systems; outlining risks to public health; and providing recommendations for improvement based on the 2017 Medical Health Officer Report on Drinking Water in Interior Health.
- Partner with patients, clients, residents, and their families to voluntarily participate in the delivery of health care including the planning, design, and evaluation of IH health services in association with

the Ministry of Health Patients as Partners program and British Columbia Patient Safety and Quality Council Patient Voices Network.

Performance Measure 1: Healthy Communities

Performance Measure	2013/14 Baseline	2017/18 Target	2018/19 Target	2019/20 Target
Per cent of communities that have completed healthy living strategic plans	0%	50%	55%	62%
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 been developing healthy living strategic plans since 2010/11, in partnership with the Ministry and health authorities. Community efforts to support healthy living through planning, policies, built environments and other mechanisms are critical to engaging individuals where they live, work and play. Sustained community level actions will encourage more active lifestyles while decreasing the risk factors for chronic diseases and injury.

Objective 1.2: Work with First Nations and Aboriginal Partners to plan and deliver culturally sensitive health-care services.

Strategies

- Support the needs of Aboriginal populations by ensuring meaningful collaboration and engagement with community leaders, First Nations Health Authority and Aboriginal Service Organizations in the planning, development and implementation of Nation and Ministry of Health identified priorities. Work with Aboriginal partners through our Letters of Understanding and Partnership Accord to implement Nation-specific and community-specific health priorities, with progress reporting on a quarterly basis.
- Enhance the organizational cultural competency through the development of cultural safety training education, supporting a representative workforce and incorporating the [Truth and Reconciliation Commission of Canada - Calls to Action](#) into key health authority and partnership documents.
- As a pillar of the Interior Health Aboriginal Health and Wellness Strategy, seek to improve access to culturally safe mental health and wellness services through the development and implementation of a comprehensive mental wellness plan developed in collaboration with Nation and Aboriginal partners, First Nations Health Authority and community members.

Goal 2: Deliver High Quality Care

Building on the Ministry of Health health system policy papers, Interior Health emphasizes the importance of delivering high quality and sustainable health care across the health authority and its geographic service areas (urban, rural, and remote) in the areas of primary and community care, seniors health and wellness, mental health and substance use, and surgical services.

Objective 2.1: A primary care model that provides comprehensive and coordinated team-based care linked to specialized services.

Strategies

- Work with physicians, patients, community partners, Divisions of Family Practice, Aboriginal partners, and inter-professional teams to facilitate the establishment of Primary Care Networks, which include team-based practices delivering locally designed services based on population and patient needs. This includes services for key patient populations (patients with more than one chronic illness and/or frailty, and moderate to severe mental illnesses) to support patients and caregivers to achieve optimal health outcomes.
- Develop and define guiding principles, terminology, resourcing, and linkages between specialized community services programs and the primary care networks in collaboration with partners.
- Collaboratively review and redesign existing primary and community care services to work towards the branded provincial target operating model of primary and community care. Supporting mechanisms for infrastructure (space, co-location) and info-structure needs (IMIT, monitoring, evaluation, etc.) will be considered.
- With community and physician partners and linked to Objectives 2.2 and 2.3, implement and evaluate approved proof-of-concept primary and community care transformation projects in Kamloops, Central Okanagan, and Grand Forks / Kettle Valley (Kootenay Boundary), including:
 - A primary care clinic in Kamloops;
 - An Urgent Family Care and Teaching Centre in Kamloops;
 - A wellness centre for clients with mild to moderate mental health and substance use (MHSU) issues in the Central Okanagan; and
 - Two Seniors Health and Wellness Centres in Kelowna and Kamloops.

Objective 2.2: Improved patient health outcomes and reduced hospitalizations for seniors through effective community services.

Strategies

- Develop an overarching Interior Health Seniors’ Framework that identifies guiding principles for geriatric care and provides the framework for further integration of services across the continuum that support older adults to live healthy, independent lives, minimize unnecessary acute care visits and provide access to appropriate services to address frailty and multi-morbidity.
- Develop and implement Seniors Health and Wellness Centres, enhanced access to primary care with the co-location of Nurse Practitioner/Family Practitioner, increased Adult Day Service/Respite capacity, and improved Patient and Family Geriatric Education beginning in two provincial proof-of-concept communities – Central Okanagan and Kamloops.
- Continue implementing the population needs focused Interior Health Palliative/End of Life (EOL) Strategic Plan that aligns with the provincial Palliative/EOL Strategy and Action Plan. This includes implementation and regularly reporting on designated hospice beds in acute and residential care facilities, enhancing knowledge capacity across communities, and whole system improvements to Palliative/End of Life care.
- Review and revise the current model for Residential Care to ensure that future facility design, staff frameworks, and function will support higher complexity clients who will have a shorter length of stay.
- Collaborate with family physicians to improve services for the frail elderly through the implementation of strategies and initiatives such as the General Practices Services Committee (GPSC) Residential Care Initiative, the Behavioral and Psychological Symptoms of Dementia (BPSD) algorithm, the Call for Less Antipsychotics in Residential Care (CleAR) initiative, P.I.E.C.E.S learning and development initiative, Gentle Persuasive Approach (GPA), as well as the development of clinical decision support tools to reduce the number of transfers to the emergency department from residential care, and the number of fall-related injuries in residential care.

Performance Measure 2: Managing Chronic Disease in the Community

Performance Measure	2013/14 Baseline	2017/18 Target	2018/19 Target	2019/20 Target
The number of people with a chronic disease admitted to hospital per 100,000 people, aged 75 years and over (age-standardized)	3,733*	3,614	3,511	3,407
* An amendment to population statistics resulted in a retroactive adjustment to results from prior years. The Baseline 2013/14 value reflects the adjusted results. The baseline and all targets are based on the 2011 Canada reference population. Data Source: Discharge Abstract Database, Integrated Analytics: Hospital, Diagnostic and Workforce Branch, Health Sector Information, Analysis and Reporting Division, Ministry of Health.				

Discussion

This performance measure tracks the number of seniors, 75 years of age and older, 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.

Objective 2.3: Improved patient health outcomes and reduced hospitalizations for those with mental health and substance use issues through effective community services.

Strategies

- Develop and report on a robust and integrated mental health and substance use (MHSU) Specialized Community Services Program (SCSP) to connect MHSU patients across the service spectrum with primary care physicians, allied health professionals, and mental health clinicians including:
 - Development of processes to enhance ease of access for patients, their families, and health care providers in order to assist in self-management and appropriate access of resources including intake, assessment, and service coordination;
 - Enhanced service delivery to decrease repeat presentations to the emergency department and admission to hospital; and
 - Increased use of telepsychiatry in rural sites to support more rapid response to patient needs, thereby decreasing further deterioration and the need for patient transfers to larger sites.
- Continue combatting the opioid overdose crisis through:
 - Implementing overdose prevention services for high risk populations, including supporting supervised consumption upon receipt of Health Canada exemption;
 - Increasing capacity to provide evidence-based substance use treatment in communities across the health authority; and
 - Supporting full year operation of substance use treatment services and spaces opened in 2016/17.
- In conjunction with community partners including the Ministry of Children and Family Development, community agencies and foundations, establish a primary care based integrated service program for youth and young adults, ages 15-24 years old.

Performance Measure 3: Community Mental Health Services

Performance Measure	2013/14 Baseline	2017/18 Target	2018/19 Target	2019/20 Target
Per cent of people admitted to hospital for mental illness and substance use who are readmitted within 30 days, aged 15 years and over	16.1%	12%	12%	12%
Data Source: Discharge Abstract Database, Integrated Analytics: Hospital, Diagnostic and Workforce Branch, Health Sector Information, Analysis and Reporting Division, Ministry of Health.				

Discussion

Within Interior Health, 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. This performance measure focuses on one aspect of the effectiveness of community-based supports to help persons with mental health and substance use issues receive appropriate and accessible care, and avoid readmission to hospital. Other aspects include good discharge planning and maintaining the appropriate length of stay in a hospital. Central to these efforts is building a strong system of primary and community care which enhances capacity and provides evidence-based approaches to care.

Objective 2.4: Improved access to timely and appropriate surgical treatments and procedures.

Strategies

- Invest in increased capacity and innovative projects that change how patients access surgical and gastroenterology care.
- Improve the quality of and access to surgical services by aligning with the provincial strategy for surgery to effectively set priorities and monitor achievement.
- Use technology and financial models to support innovation, quality, and coordination to improve efficiency and delivery of surgical services.
- Achieve improvement in timely access to appropriate surgical procedures through recruiting and retaining engaged, skilled health care providers.
- Collaborate with BC Cancer to review impacts on surgical oncology services as part of implementing the Cancer Control Strategy.

Performance Measure 4: Access to Surgery

Performance Measure	2013/14 Baseline	2017/18 Target	2018/19 Target	2019/20 Target
Per cent of scheduled surgeries completed within 26 weeks	88%	95%	95%	95%
<p>Data Source: Surgical Wait Times Production (SWTP, Site158, April 9, 2017), Integrated Analytics: Hospital, Diagnostics, and Workforce Branch, HSIARD, Ministry of Health. Includes all elective adult and pediatric surgeries.</p> <p>Notes:</p> <ol style="list-style-type: none"> 1. Baseline is for surgeries completed from April 1, 2013 to March 31, 2014. Target per cents are for surgeries completed in the fiscal year. 2. 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

During the last several years, British Columbia’s health system has continued to focus on reducing wait times for many surgeries. Funding incentives, combined with continuous efforts to foster innovation and efficiency in British Columbia’s hospitals, are designed to improve the timeliness of access to an expanding range of surgical procedures. This performance measure tracks whether scheduled surgeries are completed within the maximum established benchmark wait time of 26 weeks. Surgical resources are also being allocated to complete the surgeries of people who have been waiting the longest.

Goal 3: Ensure sustainable Health Care by Improving Innovation, Productivity, and Efficiency

To achieve a sustainable health care system, Interior Health must ensure health system resources are used in the most efficient and effective way possible, while improving innovative efforts with the use of new technologies and models of care across all geographic services areas.

Objective 3.1: Promote new ways of working to provide better service and reduce costs.

Strategies

- Focus on delivering high quality services in a sustainable and productive manner at a low cost to increase overall value. This will be achieved by improved workforce utilization, continued contract savings through the work of BC Clinical and Support Services Society (BCCSSS), and exploring opportunities of consolidation of services to achieve efficiencies.
- Enhance information management and technology solutions to meet health service needs including expanding patient access to their personal health records, strengthening health authority and inter-

health authority telehealth services, electronic medical records, home health monitoring, and other related supports.

- Engage in community consultations and partner with community stakeholders. This includes strengthening connections with local and regional elected officials and other stakeholders as well as working with directors and managers in all portfolios to identify and support stakeholder engagement opportunities to ensure multiple voices are heard regarding health improvement and potential service changes.
- Continue implementing Lean and other quality improvement initiatives that are aligned with organizational key priorities to increase operational efficiencies and support, sustain, and spread system improvements.
- Manage drug formulary decisions and drug contracts in collaboration with the BC Health Authorities Pharmacy and Therapeutics Committee, BCCSSS, and national buying groups to achieve the best therapeutic value for drugs.
- Improve access to information about patient medication use by integrating PharmaNet information with Interior Health health information systems, and by working collaboratively with the provincial IMIT initiative.
- In partnership with the Ministry of Health, review the governance, service delivery, and capital/operating funding models for MRIs. Continue planning to improve sustainable and appropriate access to medical imaging, including MRIs.
- In collaboration with the BC Agency for Pathology and Laboratory Medicine, support development of provincial standards and integrated approaches designed to improve population health by ensuring equitable access to evidence-based laboratory services.
- Improve system sustainability by lowering cost growth through effective resource utilization and use a patient-centred approach to deliver laboratory services in a manner that improves patient experience.
- Continue to support the health research and innovation agenda through the BC Strategy for Patient Oriented Research (SPOR), Interior Regional Centre ensuring that patient-oriented research is conducted and research evidence is used to improve patient experience and outcomes.

Goal 4: Cultivate an Engaged Workforce and a Healthy Workplace

Aligned with *Setting Priorities for the B.C. Health System* and specific actions detailed in the Ministry of Health's Health Human Resource policy paper, several strategies are currently in progress or are planned for 2017/18 that aim to address physician and health human resource issues and produce an engaged, skilled, well-led, and healthy workforce that can provide the best patient-centered care for the Interior Health population.

Objective 4.1: Enhance relationships and encourage all who work at and volunteer with Interior Health to reach their full potential. Advance practices in the workplace that address health and safety issues and influence individual lifestyle choices.

Strategies

- Strengthen engagement and relationships with physicians practicing in Interior Health and partner to plan and implement priority programs, including with Divisions of Family Practice, Medical Staff Associations, and through Physician Quality Improvement initiatives.
- Continue to engage with and recognize volunteers for their pivotal role in supporting client/patient care.
- Continue workplace wellness actions targeted at reducing overtime and sick time.
- Monitor the ongoing risk of violence using Violence Prevention Risk Assessment tools and continue to support staff, physicians and volunteers to complete violence prevention training.
- Implement the Canadian Standards Association (CSA) Health Safety Management System (HSMS), beginning with the pillars of Leadership and Commitment with a continued focus on violence prevention and psychological health and safety as the primary hazard and identifiable risk in the first year.
- Promote the BC Health Authority’s Leadership Development Collaborative strategy and deliver related training to leaders across Interior Health.
- Participate in the development and implementation of an integrated provincial workforce strategy, linked to Interior Health wide and local health service area workforce plans, which contribute to effective recruitment strategies, business continuity, and succession plans.
- Enhance our change management capacity and provide change management support to key Interior Health priorities.

Performance Measure 5: Nursing Overtime

Performance Measure	2010 Baseline	2017 Target	2018 Target	2019 Target
Nursing overtime hours as a per cent of productive nursing hours	3.0%	<=3.3%	<=3.3%	<=3.3%
Data Source: Health Sector Compensation Information System, Health Employers Association of British Columbia. Note: Based on calendar year.				

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. The three-year targets are set at the same level to reflect the importance of maintaining nursing overtime at a low rate. To accomplish this, Interior Health has initiated several strategies which are geared towards supporting managers to reduce their overtime rates. The strategies apply to all employee groups and work towards reducing overtime through a variety of avenues, including overtime caused by short call shifts associated with sick calls, and new and improved reporting and analysis work to provide recommendations to departments and units that should lead to a reduction in overtime rates.

Resource Summary

(\$ millions)	2016/17 Actual	2017/18 Budget	2018/19 Plan	2019/20 Plan
OPERATING SUMMARY				
Provincial Government Sources	1,938.4	2,025.4	2,116.5	2,206.1
Non-Provincial Government Sources	172.9	171.5	175.6	179.2
Total Revenue:	2,111.3	2,196.9	2,292.1	2,385.3
Acute Care	1,184.6	1,218.6	1,267.5	1,304.9
Residential Care	377.6	392.7	412.7	440.9
Community Care	214.9	226.3	236.4	248.8
Mental Health & Substance Use	129.4	146.0	155.5	166.1
Population Health & Wellness	60.1	63.3	64.0	64.8
Corporate	142.7	150.0	156.0	159.8
Total Expenditures:	2,109.3	2,196.9	2,292.1	2,385.3
Surplus (Deficit)	2.0	nil	nil	nil
CAPITAL SUMMARY				
Funded by Provincial Government	87.1	114.3	125.9	89.8
Funded by Foundations, Regional Hospital Districts, and Other Non-Government Sources	83.4	111.5	96.2	72.2
Total Capital Spending	170.5	225.8	222.1	162.0

Major Capital Projects

The following table lists approved capital projects that were underway as of March 31, 2017 and have a project budget greater than \$20 million regardless of funding source. Some of these projects commenced prior to the 2016/17 fiscal year, some are substantially complete, while others are in the planning stage and will be constructed over the next few years. As per direction from the Ministry of Health, planning costs are not considered under the project costs.

For more information about the top four listed projects, please visit the [IH Building Patient Care website](#).

Major Capital Project	Targeted Completion Date (Year)	Project Cost to Dec. 31, 2016 * (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
Clinical Services Building, Royal Inland Hospital Construction of the Clinical Services Building was completed in the summer of 2016. The new 6-storey structure improves patient flow and access to services, site access (vehicular and pedestrian), patient care experience, and supports enhanced education and its integration with the clinical environment. The capital cost of the project is shared by the Provincial Government and the Thompson Regional Hospital District.	2016	53	27	80
Inpatient Bed Expansion, Vernon Jubilee Hospital The objective of this project was to complete the shelled-in space of the 6 th and 7 th floor of the Polson Tower. 60 inpatient beds opened on these top two floors, resulting in mostly single patient rooms. Of the 60 beds, 14 are new with the remaining 46 relocated from elsewhere in the hospital. Funding partners in this project are the Ministry of Health, the North Okanagan Columbia Shuswap Regional Hospital District and the Vernon Jubilee Hospital Foundation. Construction on this project commenced in 2014 and was completed in the beginning of 2016.	2016	24	0	30
Interior Heart and Surgical Centre, Kelowna General Hospital The Interior Heart and Surgical Centre project consists of a 4-storey, 14,000 square metre surgical facility, a 3-storey 7,850 square metre clinical support building and renovations to three existing Kelowna General Hospital facilities. Renovations to the existing Strathcona building	2018	273	108	381

Major Capital Project	Targeted Completion Date (Year)	Project Cost to Dec. 31, 2016 * (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
will continue throughout 2017. The project will improve patient care, health service delivery, and patient flow at Kelowna General Hospital and design program areas to enable a comprehensive multi-disciplinary team approach. The project features capacity for 15 new operating rooms, a revascularization program including open heart surgery, and updated and expanded support services. The capital cost of the project is shared by the Provincial Government and the Central Okanagan Regional Hospital District.				
<p>Patient Care Tower, Penticton Regional Hospital The Penticton Regional Hospital project will proceed in two phases. Phase one construction of the David E. Kampe Tower began in spring 2016. The tower will include a new surgical services centre and 84 medical/surgical inpatient beds in single patient rooms. Phase two will involve renovations of vacant areas in the current hospital to allow for the expansion of the emergency department, as well as renovations to existing support areas. To improve the model of care and patient outcomes, the project will apply evidence-based design principles and health care facility design and construction standards that all have a patient-centred design philosophy. The capital cost of the project is estimated at \$312.5 million. Costs are shared between the Provincial Government, Okanagan Similkameen Regional Hospital District, and the South Okanagan Similkameen Medical Foundation.</p>	2021	43	269	312
<p>Patient Care Tower, Royal Inland Hospital The Patient Care Tower project will proceed in two phases. Phase one construction of the new Patient Care Tower will include medical/surgical inpatient beds in single patient rooms, a mental health inpatient unit, a surgical services centre, labour, delivery and neonatal intensive care unit, as well as pediatric psychiatry rooms. Phase two will involve renovations of vacant areas in the current hospital to allow for the expansion of the emergency department, as well as renovations to the post anesthetic recovery area, pediatric unit, and morgue. The capital costs of the project are shared</p>	2024	0	417	417

Major Capital Project	Targeted Completion Date (Year)	Project Cost to Dec. 31, 2016 * (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
between the Provincial Government, Thompson Regional Hospital District, and the Royal Inland Hospital Foundation. The project is currently in the procurement phase, which is expected to be concluded in 2018, after which construction will commence.				

*Note: Amounts align with B.C. Government's *Capital Expenditure Projects over \$50 million*

(http://bcbudget.gov.bc.ca/2017/bfp/2017_Budget_and_Fiscal_Plan.pdf)

Appendices

Appendix A: Health Authority Contact Information

For more information about Interior Health and the services it provides, visit www.interiorhealth.ca or contact:

Interior Health Administrative Offices
505 Doyle Avenue,
Kelowna, BC V1Y 0C5
Phone: 250-469-7070
Fax: 250-469-7068
Email: feedback@interiorhealth.ca

Appendix B: Hyperlinks to Additional Information

Ministry of Health - www.gov.bc.ca/health

Interior Health Authority - www.interiorhealth.ca

First Nations Health Authority - www.fnha.ca

Fraser Health Authority - www.fraserhealth.ca

Northern Health Authority - www.northernhealth.ca

Provincial Health Services Authority - www.phsa.ca

Vancouver Coastal Health Authority - www.vch.ca

Vancouver Island Health Authority - www.viha.ca

HealthLink BC - www.healthlinkbc.ca

BC Clinical Support Services Society (BCCSS) - www.bccss.org