

# Interior Health Authority

## 2016/17 ANNUAL SERVICE PLAN REPORT

SEPTEMBER 2017



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## Board Chair's Accountability Statement



It is my pleasure to present the 2016/17 Interior Health Annual Service Plan Report. This report highlights work undertaken by our staff, physicians, leadership teams and community volunteers to support health needs and improve health outcomes for Interior Health residents.

Over the last decade, changing populations have energized governments around the world to find better ways to provide care in the community for people who are living longer, have complex medical needs, and who want to live at home from birth to death. As a result, the B.C. government mandated provincial health authorities to realign resources and shift the focus of health care from hospital to community programs and services, to focus on key populations, and to reduce the growth in demand on acute care capacity, all while living within our financial means.

In 2016/17, Interior Health (IH) identified strategies to transform primary and community care. These strategies support a person-centred system in which family physicians, multi-disciplinary teams of health professionals, and community agencies provide care together. IH is paying specific attention to working within available resources and to meeting the needs of vulnerable populations. In addition, we have placed considerable focus on timely access to elective surgery.

I am pleased to report on the significant work we have done with partners across the health-care spectrum to improve patient care. While this is a multi-year journey, we have begun to make tangible progress with new and expanded programs and services to meet the needs of our population.

Highlights from 2016/17 include: the opening of new primary and community care sites in Kamloops and Kelowna in partnership with physicians; new residential, substance use, and palliative beds/spaces in many of our communities; and increasing the scope of practice and the number of nurse practitioners in IH. We also exceeded the Ministry of Health's Surgical Services Strategy target for 2016/17, achieving a measure of only 4.3 per cent of patients waiting more than 40 weeks for surgery, while also introducing new initiatives to improve the quality of our surgical services.

While we remain focused on ultimately shifting care to community settings, it is important that we continue investments in our hospital infrastructure to meet patient needs. As such, in 2016/17 we progressed with capital projects planning and implementation at our IH sites in Penticton, Kelowna, Cranbrook, Vernon, Creston, Williams Lake, Kamloops, and Merritt.

The *Interior Health Authority 2016/17 Annual Service Plan Report* compares the health authority's actual results to the expected results identified in the *2016/17-2018/19 Service Plan*. The Board is accountable for those results as reported.

A handwritten signature in blue ink, which appears to read "D. Cochrane". The signature is fluid and cursive.

Douglas Cochrane  
Board Chair

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## Chair/CEO Report Letter

In response to our 2016/17 Mandate Letter, Interior Health undertook actions to continue implementing B.C.'s health system strategy and more effectively meet health-care needs and to ultimately improve health outcomes for the people we serve.

Our foremost goal is primary and community care transformation: shifting the focus from hospital and residential care to help people remain independent at home with appropriate health supports. During the year, we implemented interdisciplinary, team-based approaches at new primary care sites to benefit key populations of patients and support the sustainability of our health-care system.

A Seniors Health and Wellness Centre (SHWC) opened in Kelowna in December 2016 and three new sites opened on the North Shore of Kamloops in 2017: one for patients with moderate to severe complex medical issues; another staffed with nurse practitioners to provide primary care for patients; and the third to provide Home Health services and primary care for older adults, combined with an SHWC for frail seniors with complex illnesses. Close collaboration with our physician partners in the Divisions of Family Practice has been essential to the success of this work.

An additional 100 residential, 79 substance use recovery, and 14 palliative beds opened in our communities during 2016/17, providing additional support for key populations and specifically the frail elderly with complex conditions and those with mental health and substance use concerns.

Progress was made in reducing elective surgery wait times. Although we continue to work toward the 26-week target in the Ministry of Health's Service Plan, we are proud to have exceeded the 40-week target set out in the Ministry of Health's Surgical Services Strategy for 2016/17. We focused on improving the overall surgical journey for our patients through various initiatives like specialized care programs, operating room expansions in Kamloops and Kelowna, and the use of structured principles and processes to improve efficiencies.

New challenges came with response to the Public Health Opioid Overdose Emergency, the development of plans for Supervised Consumption Services, and planning and coordinating a new service for Medical Assistance in Dying. These link to our primary and community care focus and specific target populations.

Interior Health continues to use the B.C. Patient-Centred Care Framework and values patients' input in guiding the system to be more patient and family centred. Over the course of the 2016/17 year, 146 patients were engaged on a wide variety of projects – planning for the new Seniors Health and Wellness Centres, Aboriginal Mental Wellness, and Primary Care engagement to name a few. They added their expertise through advisory committees, working groups, presentations, workshops, and as speakers.

We remain committed to the path of partnership in pursuit of improving health outcomes for First Nations people. In June of 2016, we signed the *Declaration of Commitment: Cultural Safety & Humility in Health Services Delivery for First Nations and Aboriginal People in BC*, together with other health authorities and the Ministry of Health, to formalize this commitment. Interior Health's Senior Executive Team, employees and physicians in Williams Lake, and many others, completed Aboriginal Cultural Safety training in 2016/17 which will be required education within our health authority going forward.

Excellent progress was made to ensure a safer workplace as we responded to WorkSafeBC requirements to improve participation in violence prevention training for our staff and physicians. With focused effort, we achieved targets set out for March 31 and continued this work into the 2017/18 fiscal year, with a

participation goal of 100 per cent. In addition, we have made improvements in: violence prevention risk assessments for all sites; occupational health and safety supervisory training; and incident reporting and investigations.

We have strengthened relationships with physicians through the Facility Engagement Initiative, which gives physicians practicing in acute sites and programs a meaningful voice to address issues that affect them. As of March 31, 2017, Interior Health had engaged 17 facilities in the Facility Engagement Initiative and generated more opportunities for physicians and health authority leaders to work together on issues with the intent of improving patient care, the physician experience, and the cost effectiveness of the health-care system.

In terms of our support for healthier communities as a means of improving health outcomes for our residents, Interior Health continues to work with communities and local governments on comprehensive healthy living plans while building closer working structures to facilitate health promotion at the community level.

Maximizing taxpayers' dollars for direct patient care is a priority for Interior Health to ensure we meet the health-care needs of our residents. Administrative expense for Interior Health is 3.5 per cent of total expenses, which is, according to the Canadian Institute for Health Information, consistent with the B.C. average and below the Canadian average of 4.3 per cent.

Clear lines of communication and engagement are in place between Interior Health and the Ministry of Health to ensure a coordinated approach to system strategy development and implementation. Board Chair meetings with the Minister help to ensure clarity of direction on system strategy and the advancement of health care for our residents. At a staff level, the President & CEO, Vice Presidents, and other organizational leaders worked closely with their Ministry of Health counterparts to ensure a system-wide approach was reflected in the local implementation of government strategies, policies, and key priorities.

The fiduciary responsibility of the Board of Directors to Interior Health, the Minister, and ultimately to the taxpayers, is foremost in the minds of all directors.

Throughout 2016/17, Interior Health maintained a robust focus on executive leadership and commitment to Ministry priorities. This effort, led by the President & CEO, will continue with strong support from the Board Chair and ongoing oversight by the Board.



Douglas Cochrane  
Board Chair



Chris Mazurkewich  
President & Chief Executive Officer

## Purpose of the Organization

Interior Health 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 736,000 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 Métis communities, representing 7.7 per cent 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, primary care centres, community health centres, hospitals, 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](http://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 [Ministry of Health's Service Plan](#), [Health Authority 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, Aboriginal communities, and other stakeholders, 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

Interior Health has made meaningful 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.

Interior Health's service 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 communities; providing access to child and youth mental health services and effectively treating adult patients with moderate to severe mental illnesses and/or addictions; proactively responding to the needs of the frail elderly who may require complex medical supports and assistance at home in order to remain living in the community; providing emergency response and emergency health-care services in some rural and remote areas; emergency department congestion in some large hospitals; long wait times for some specialists, diagnostic imaging, and elective surgeries; stress on access to inpatient beds in some hospitals; and responding to the changing needs of patients in residential care in terms of dementia. These will remain key areas of focus over the coming three years.

For more information on the B.C. health system, priority populations and key service areas, please see [Setting Priorities for the B.C. Health System](#) and [policy papers](#).

## Report on Performance

The Health Authority Mandate Letter directs Interior Health to ensure maximum value for taxpayers while providing maximum benefit to patients. Progress has been made towards the priorities outlined in the Mandate Letter in the areas of controlling costs, care in the community, end-of-life, mental health, and preventative health services. The goals, objectives, and performance measures in the [Interior Health 2016/17-2018/19 Service Plan](#) reflect the renewed strategic priorities for the health system. Provincial priorities focus on supporting the health and well-being 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 foundation of patient-centred care and a revised focus on shifting the culture of health care into the community, which will continue to drive policy, accountability, service design, and delivery in the coming years.

In June 2014, the B.C. government introduced the [Taxpayer Accountability Principles](#) to ensure fiscal responsibility and transparency across government, including the health authorities. Interior Health enjoys a close and productive working relationship with the Ministry, and routinely participates in dialogue to ensure alignment of strategic direction.

Guided by the *Taxpayer Accountability Principles*, Interior Health (IH) made significant progress on a number of action items in the 2016/17 fiscal year, including: achieving cost savings through various initiatives to co-locate services, standardize products, and improve efficiency of processes; complying with core government policies including transparent purchasing and contract practices; following government direction regarding the non-contract salary freeze for public sector employees and ensuring any approved, performance-based increases met specific criteria provided by the Public Sector Employers' Counsel; ensuring public engagement and respect through ongoing interaction as outlined in the IH Stakeholder Engagement Framework as well as through engaging patient partners in our projects; updating and providing continued education related to our Ethics Framework; and continuing to build relationships with our First Nations and Métis partners with a specific focus on culturally safe health care going forward.

Interior Health is committed to operating under the *Taxpayer Accountability Principles* to strengthen our accountability, promote cost control, and ensure our organization operates in the best interest of the communities and residents within Interior Health.

## Goals, Strategies, Measures and Targets

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 [2016/17 Service Plan](#) and is supported by a patient-centred culture and paradigm of *putting people first*, laying the 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.

## Interior Health 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 healthy communities and environments, food safety and security, healthy eating, increased physical activity, tobacco reduction, moderate alcohol consumption, injury prevention, mental health promotion, and immunizations with an emphasis on a healthy start. This includes promoting healthy pregnancy, breastfeeding, and positive reproductive mental health.
- Conduct ongoing population health assessment and surveillance activities to guide local policy and program decision making and ensure health equity for marginalized and vulnerable populations.
- Continue to partner with patients, clients, residents, and their families to participate, as they choose, in the delivery of their health care and in the planning, design, and evaluation of health services including continued support and meaningful participation with patients through the Patients as Partners/Patient Voices Network.

### Performance Measure 1: Healthy Communities

Performance Measure	2011/12 Baseline	2016/17 Target	2016/17 Actual	2017/18 Target	2018/19 Target
Percent of communities that have completed healthy living strategic plans	0%	44%	48%	49%	54%

**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<sup>1</sup> communities in British Columbia that have been developing healthy living strategic plans, in partnership with the Ministry and health authorities, since 2010/11. 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. Interior Health exceeded the 2016/17 target and continues to work with communities and local governments on comprehensive healthy living plans while building closer working relationships to facilitate health promotion at the community level.

<sup>1</sup> Updated figure as of March 2017 (at the time of the 2016/17 Service Plan publication the figure was 161)

## **Interior Health Goal 2: Deliver High Quality Care**

Building on the Ministry of Health health system policy papers, there are five key areas important to a high quality and sustainable health system in B.C.: Primary Care, Seniors Care, Mental Health and Substance Use, Surgical Services, and Rural/Remote and Aboriginal Health.

### **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 and inter-professional teams to incrementally facilitate the establishment of Primary Care Homes, which include team-based practices delivering services based on population and patient needs. This includes services for several 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 effectively manage their own health.
- Develop and define guiding principles, terminology, core functions/services, resourcing, and linkages to specialized services (e.g. Aboriginal, Mental Health and Substance Use, and Seniors) for the primary care home.
- Review and enhance existing primary and community care services, and standardize roles, assessment criteria, and benchmarking. Supporting mechanisms for infrastructure (space, co-location) and info-structure needs (IMIT, monitoring, evaluation, etc.) will be considered.

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

#### **Strategies**

- Develop an overarching Interior Health Seniors' Care Plan that identifies guiding principles for geriatric care and provides the framework for further integration of services across the continuum that support improved access and care transitions for the frail elderly population.
- Developed and implemented 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 prototype communities - Kelowna and Kamloops.
- Began implementation of the population-needs focused Interior Health Palliative/End of Life (EOL) Strategic Plan that aligns with the provincial Palliative/EOL Strategy and Action Plan, including hospice space expansion, enhancing knowledge capacity across communities, and whole system improvements to Palliative/End of Life care.
- Reviewed 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. Continued to collaborate with physicians in local communities to support actions arising from the General Practice Service Committee (GPSC) Residential Care Initiative to maximize outcomes.

- Continued to collaborate with family physicians to improve services for the frail elderly through the implementation of strategies and initiatives such as 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 developed 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	2016/17 Target	2016/17 Actual*	2017/18 Target	2018/19 Target
Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and older (age-standardized)	3,536	3,666	3,292	3,533	3,399

**Data Source:** Discharge Abstract Database, Integrated Analytics: Hospital, Diagnostic and Workforce Branch, Health Sector Information, Analysis and Reporting Division, Ministry of Health.

\* up to third quarter

### Discussion

This performance measure tracks the number of people, 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. 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.

Interior Health’s 2016/17 actual as of the third quarter is better than the target. Interior Health continues to monitor the rates on this measure across the region and implement programs to improve care for people with chronic conditions. For example, Interior Health is focusing efforts to implement team-based specialized care programs for older adults with complex medical conditions and frailty in select communities that include an enhanced chronic disease management component.

**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 a robust and integrated mental health and substance use (MHSU) Specialized Care Program (SCP) within an enhanced Primary Care model to connect MHSU patients across the service spectrum with primary care physicians, allied health professionals, and mental health clinicians including:
  - Development of a navigable interface of publicly available resources for patients, their families, and health-care providers in order to assist in self-management and appropriate access of resources;
  - 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.
- Delivered 79 additional substance use beds by spring 2017 with associated community case management support for patients being treated in these beds, surpassing the planned number of substance use beds by six in 2016/17.
- In conjunction with community partners, including the Ministry of Children and Family Development, community agencies, and foundations, continued to 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	2016/17 Target	2016/17 Actual	2017/18 Target	2018/19 Target
Percent of people admitted to hospital for mental illness and substance use who are readmitted within 30 days, 15 years of age and over	16.1%	13.2%	15.7%	12.0%	12.0%

**Data Source:** Discharge Abstract Database, Integrated Analytics: Hospital, Diagnostic and Workforce Branch, Health Sector Information, Analysis and Reporting Division, Ministry of Health.

**Discussion**

In Interior Health and British Columbia, there is a focus on improving access to a range of services and supports in the community, including for persons with mental health and substance use issues. 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 components 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. Interior Health did not meet the 2016/17 target; however, it continues to focus efforts on

improving access to specialized care for clients with mental health and substance use issues, with linkages to primary care in the community. The goal is to connect MHSU clients presenting at the emergency department to community MHSU services within 72 hours.

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

**Strategies**

- Invested in increased surgical capacity and innovative projects that change the way patients access surgical care.
- Improve quality of and access to surgical services by using the new surgical governance structure effectively to set priorities and monitor achievement. This includes continuing the implementation of the Medical Device Reprocessing Quality Assurance Plan and waitlist management initiatives to meet ministry targets and ensure hip fracture fixation patients receive surgery within clinically acceptable time frames.
- Use technology and financial models to support innovation, quality, and coordination in the delivery of surgical services.
- Achieved improvement in timely access to appropriate surgical procedures, in part, through successful recruitment and retention of engaged, skilled health-care providers.

**Performance Measure 4: Access to Scheduled (Non-Emergency) Surgery**

Performance Measure	2013/14 Baseline	2016/17 Target	2016/17 Actual	2017/18 Target	2018/19 Target
Percent of scheduled surgeries completed within 26 weeks	88%	95%	84%	95%	95%

**Data Source:** Surgical Wait Time Production (SWTP, Site 158), Ministry of Health. Includes all elective adult and pediatric surgeries.

**Notes:**

1. Baseline is for surgeries completed from April 1, 2013 to March 31, 2014. Target percents 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**

Over the last several years, British Columbia’s health system has continued to focus on reducing wait times for elective surgeries. Funding incentives, combined with continuous efforts to foster innovation and efficiency in British Columbia’s hospitals, are creating initiatives 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 surgeries for people who have been waiting the longest. While there is a two-percentage-point improvement over last year, Interior Health did not meet the 2016/17 target of 95 per cent of scheduled surgeries completed within 26 weeks. IH continued to focus on addressing the needs of patients who have already waited longer than 26 weeks for surgery, and that impacted reporting on this performance measure. Interior Health did, however, achieve the interim target set by the Ministry of Health as part of the three-year provincial surgical services strategy to have less than five per cent of patients waiting longer than 40 weeks for surgery,

the only health authority in British Columbia to achieve this target. Interior Health continues to invest in increasing surgical capacity and innovative projects that change how patients access surgical care such as expanding operating room capacity in Kamloops and Kelowna and implementing central intake for General Surgery at Royal Inland Hospital and for Orthopedics and Ear, Nose and Throat surgeries at Kelowna General Hospital.

**Objective 2.5: Sustainable and effective health services in rural and remote areas of the province, including First Nations communities.**

**Strategies**

- Develop a plan to improve access and quality of health services for clients across rural and remote communities including First Nations thereby ensuring sustainable and effective health services are available in all rural and remote communities, including Aboriginal communities.
- Supported the needs of Aboriginal populations by collaborating with community leaders and the First Nations Health Authority to plan and deliver culturally sensitive health services through the development of an Aboriginal Health and Wellness Strategy. The strategy will address ways to improve mental wellness, advance cultural competency, improve health equity, improve patient experience, and ensure meaningful participation in health-care planning.
- Improve access to services through the development and implementation of the Primary Care Home, the establishment of health authority wide networks of specialized care teams, and improve patient-centred pathways to health authority or provincial services not available locally.

**Interior Health 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.

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

**Strategies**

- Focused on delivering high quality services in a sustainable and productive manner at a low cost to increase overall value via 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 population health service needs including 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 in targeted service lines and prioritized projects, supported by aligning the Lean Promotion Office and lean services with organizational key priorities and project teams to evaluate efficiency and to support, sustain, and spread system improvements.
- Actively participated in the development and implementation of an integrated provincial workforce strategy, linked to health authority wide and local health service area health workforce plans, which contributed to effective recruitment and retention strategies, business continuity, and succession plans.
- 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’s health information systems, 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 to ensure an accessible, sustainable medical imaging system.

### Performance Measure 5: Nursing Overtime

Performance Measure	2010 Baseline	2016 Target	2016 Actual	2017 Target	2018 Target
Nursing overtime hours as a percent of productive nursing hours	3.0%	<=3.3%	4.0%	<=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. Interior Health did not meet the 2016/17 target due to a combination of increases in emergency room visits, hospital stays, home care visits, and providing care for a worse-than-normal influenza season, all of which required additional nursing hours. As part of Interior

Health's commitment to reduce nursing overtime, several strategies have been developed to support managers with scheduling and workload challenges. A new process was implemented in which predictable vacation entitlement is spread throughout the year. The goal was to establish appropriate vacation coverage which in turn will lead to less overtime rates. In addition, the health authority continued to look for opportunities to regularize shifts and reduce hours coded as overtime.

## **Interior Health 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 2016/17 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 relationships with physicians practicing in Interior Health facilities and partner to plan/implement priority programs.
- Continue to reduce sick time usage and overtime through a variety of avenues including the Attendance Promotion Program, disability management processes, improved vacation booking and leave approval process, and standardized overtime analysis.
- Continue to support the sustainability of Violence in the Workplace Program elements, using a systemic and sustainable approach to ensure the health and safety of all employees.
- Continue to support timely and thorough investigation of workplace environment complaints or issues raised by employees, demonstrating our commitment to eradicate bullying and harassment in the workplace.
- Deliver the BC Health Authority's Leadership Development Collaborative strategy by promoting the educational offerings to leaders across Interior Health. This includes active participation in the development and implementation of a leadership development framework for the health system, as part of a learning and development strategy for Interior Health.
- Continue to enhance our capacity to manage change by providing direct change management support for organizational imperatives, building change management capacity, continually enhancing change management tools, and supporting change initiative mapping processes throughout Interior Health.

## **Financial Report**

### **Discussion of Results**

The Interior Health 2016/17 budget was \$2.0 billion. Interior Health experienced an operating surplus of \$2.0 million for the fiscal year ending March 31, 2017, representing approximately 0.1 per cent of total budgeted annual expense.

This surplus included a one-time gain for Health Benefits Trust (HBT) benefits of \$15.4 million compared to an actuarial loss of \$23.2 million in the prior year. Actuarial gains and losses for these benefit plans must be recorded in the year they are incurred under Public Sector Accounting Standards (PSAS), and this creates volatility in year-end results.

An additional cost pressure resulted from increases to sick time and overtime rates, which were driven by a challenging 2016/17 influenza season. Management is closely monitoring these indicators and expects to see the rates decline under normal circumstances and as a result of a key organizational strategy to promote employee health and wellness.

These results also include increased funding for key strategies including opening new primary care sites and enhancing surgical services to meet specific targets and reduce wait times.

### **Variance and Trend Analysis**

As reported in the Financial Resource Summary Table on the following page, most sectors in Interior Health ended the year with a small surplus against the expense budget. These surpluses are partly attributable to absorbing the \$15.4 million actuarial gain proportionately by portfolio. The Acute Care and Corporate sectors finished the year with deficits. The Corporate sector's deficit is offset by surpluses in the revenue budgets. The Acute Care sector's deficit is related to ongoing volume pressures which are expected to continue in future years.

### **Risks and Uncertainties**

Health authorities in British Columbia are mandated to operate within their allocated annual budget while delivering quality health care to patients, clients, and residents. Management actively monitors key indicators and budget-to-actual results throughout the year and implements cost containment strategies when necessary to ensure the financial mandate is met. Key risks the organization faces include volatility from HBT actuarial gains and losses and continuing volume pressures in the acute sector.

## Financial Resource Summary Table

\$ millions	2016/17 Budget	2016/17 Actual	2016/17 Variance
<b>OPERATING SUMMARY</b>			
Provincial Government Sources	1,930.2	1,938.4	8.2
Non-Provincial Government Sources	162.3	172.8	10.5
<b>Total Revenue:</b>	2,092.5	2,111.3	18.8
Acute Care	1,174.2	1,184.6	-10.4
Residential Care	380.2	377.6	2.6
Community Care	216.1	214.9	1.2
Mental Health & Substance Use	129.7	129.4	0.3
Population Health & Wellness	60.7	60.1	0.6
Corporate	131.6	142.7	-11.1
<b>Total Expenditures:</b>	2,092.5	2,109.3	-16.8
Surplus (Deficit) – <i>even if zero</i>	nil	2.0	2.0
<b>CAPITAL SUMMARY</b>			
Funded by Provincial Government	95.9	87.7	8.2
Funded by Foundations, Regional Hospital Districts, and other Non-Government Sources	94.4	82.7	11.7
<b>Total Capital Spending:</b>	190.3	170.4	19.9

## 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 two million dollars 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.

Further information on the larger projects in the table can be found on the [Interior Health Building Patient Care website](#).

Major Capital Projects	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to March 31, 2017 (\$ millions)
<p><b>Hybrid OR, Kelowna General Hospital</b>                      The Hybrid OR improves patient care by enabling teams of surgeons to perform combined minimally-invasive and traditional open surgical procedures in a single operating room. The design, construction and fit-out of this room are 100% funded by the Kelowna General Hospital Foundation. This project reached <a href="#">Substantial Completion in 2015</a>, but it has not yet reached <a href="#">Total Completion</a> and was still an active project as of March 31, 2017.</p>	2015	4	3
<p><b>Clinical Services Building, Royal Inland Hospital</b>                      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.</p>	2016	63	60
<p><b>Inpatient Bed Expansion, Vernon Jubilee Hospital</b>                      The objective of this project was to complete the shelled-in space of the 6<sup>th</sup> and 7<sup>th</sup> 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.</p>	2016	30	24

Major Capital Projects	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to March 31, 2017 (\$ millions)
<p><b>ICU Redevelopment and Electrical Upgrade, East Kootenay Regional Hospital</b></p> <p>The project commenced in 2014. It includes four ICU beds and two step-down beds, as well as an electrical system upgrade for the entire facility. The construction is funded by the Ministry of Health and Kootenay East Regional Hospital District, whereas the equipment is funded by various regional community donations from the East Kootenay Foundation for Health, the Cranbrook Health Care Auxiliary, as well as the Kimberley and Invermere Health Care Auxiliaries.</p>	2016	20	20
<p><b>Primary and Community Care Services, North Shore Health Science Centre and Northhills Centre</b></p> <p>The improvement of primary and community care services, which includes the establishment of a network of care for patients with complex medical needs, as well as a Seniors Health and Wellness Centre, is the focus of this project, which takes place at two locations in Kamloops. The project covers tenant improvements at both sites and is funded by the Provincial Government.</p>	2017	7	5
<p><b>Emergency Power System Upgrade, Kootenay Lake Hospital</b></p> <p>This project addresses the upgrading of the back-up power system to meet current code requirements and to replace some of the aging electrical infrastructure. It commenced in 2015 and is funded by the Ministry of Health, Interior Health and the West Kootenay Boundary Regional Hospital District.</p>	2017	4	3
<p><b>CT Scanner, Kelowna General Hospital</b></p> <p>This project includes the acquisition and installation of a new trauma CT (Computed Tomography) Scanner in the Emergency Room of the Centennial Building at the Kelowna General Hospital. It is mainly funded by the Kelowna General Hospital Foundation with some contribution from the Provincial Government.</p>	2017	2	1

Major Capital Projects	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to March 31, 2017 (\$ millions)
<p><b>Interior Heart and Surgical Centre, Kelowna General Hospital</b></p> <p>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 will continue throughout 2017. The project will improve: patient care, design program areas to enable a comprehensive multi-disciplinary team approach, and health service delivery and patient flow at Kelowna General Hospital. 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>	<b>2018</b>	<b>381</b>	<b>285</b>
<p><b>Emergency Department Renovation, Nicola Valley Hospital and Health Centre</b></p> <p>The project's scope includes a covered ambulance bay with dedicated ambulance entrance, confidential triage and registration spaces, expanded trauma and treatment areas, with emphasis on increased privacy and infection control. Funding partners are the Provincial Government, the Thompson Regional Hospital District, the Nicola Valley Healthcare Endowment Foundation and the Nicola Valley Healthcare Auxiliary.</p>	<b>2018</b>	<b>6</b>	-
<p><b>MRI, East Kootenay Regional Hospital</b></p> <p>A new fixed MRI (Magnetic Resonance Imaging) machine was approved in 2016 for the East Kootenay Regional Hospital to replace the mobile MRI unit that has been servicing this site including others, for the last decade. It is funded by the Provincial Government, the Kootenay East Regional Hospital District, the East Kootenay Foundation for Health and the Cranbrook Hospital Auxiliary.</p>	<b>2018</b>	<b>5</b>	<b>1</b>
<p><b>Storage/Backup/Archive, Regional</b></p> <p>This Information Management Information Technology project involves the replacement of the Storage Area Network (SAN) and migration onto a new platform. It is</p>	<b>2018</b>	<b>2</b>	<b>2</b>

Major Capital Projects	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to March 31, 2017 (\$ millions)
funded by the Provincial Government.			
<p><b>MRI, Vernon Jubilee Hospital</b>            Currently, MRI (Magnetic Resonance Imaging) services are not offered in the North Okanagan. This unit has been approved in early 2017 for Vernon to address this need and is funded by the Ministry of Health and the North Okanagan/ Columbia Shuswap Regional Hospital District.</p>	<b>2019</b>	<b>7</b>	<b>-</b>
<p><b>MRI, Penticton Regional Hospital</b>            A new fixed MRI (Magnetic Resonance Imaging) machine was approved in early 2017 for the Penticton Regional Hospital to replace the mobile MRI unit that has been servicing this site including others, for the last decade. It will be installed in the new David E. Kampe Tower. It is 100% funded by the South Okanagan Similkameen Medical Foundation.</p>	<b>2019</b>	<b>3</b>	<b>-</b>
<p><b>Emergency Department Redevelopment, Kootenay Boundary Regional Hospital</b>            The plans for this expansion project include renovation of existing Emergency Department spaces, and a single-storey addition to the existing building that is anticipated to increase the size of the emergency department in order to meet the current and future needs. The scope of the project also includes the upgrade of the electrical transformer. The project was approved in early 2017 and planning and design commenced immediately. Funding for this project is provided by the Provincial Government, the West Kootenay Boundary Regional Hospital District and the Kootenay Boundary Regional Hospital and Health Foundation.</p>	<b>2020</b>	<b>17</b>	<b>-</b>
<p><b>Patient Care Tower, Penticton Regional Hospital</b>            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</p>	<b>2021</b>	<b>312</b>	<b>72</b>

Major Capital Projects	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to March 31, 2017 (\$ millions)
<p>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-centered design philosophy. The capital cost of the project is estimated at \$312 million. Costs are shared between the Provincial Government, Okanagan Similkameen Regional Hospital District, and the South Okanagan Similkameen Medical Foundation.</p>			
<p><b>Patient Care Tower, Royal Inland Hospital</b>                      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 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.</p>	2024	417	-

## Appendices

### Appendix A – Contact Information

For more information about Interior Health and the services it provides, please visit [www.interiorhealth.ca](http://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](mailto:feedback@interiorhealth.ca)

### Appendix B – Hyperlinks to Additional Information

Ministry of Health - [www.gov.bc.ca/health](http://www.gov.bc.ca/health)

Interior Health Authority - [www.interiorhealth.ca](http://www.interiorhealth.ca)

First Nations Health Authority - [www.fnha.ca](http://www.fnha.ca)

Fraser Health Authority - [www.fraserhealth.ca](http://www.fraserhealth.ca)

Northern Health Authority - [www.northernhealth.ca](http://www.northernhealth.ca)

Provincial Health Services Authority - [www.phsa.ca/default.htm](http://www.phsa.ca/default.htm)

Vancouver Coastal Health Authority - [www.vch.ca](http://www.vch.ca)

Vancouver Island Health Authority - [www.viha.ca](http://www.viha.ca)

HealthLink BC - [www.healthlinkbc.ca](http://www.healthlinkbc.ca)

## Appendix C – Health Authority Mandate and Actions Summary

In the 2016/17 Mandate Letter from the Minister of Health, the Interior Health Authority received direction on strategic priorities for the 2016/17 fiscal year. These priorities and the health authority’s resulting actions are summarized below:

Mandate Letter Direction	Health Authority’s Action
<p>1. Improve care for key patient populations and service delivery in cross sector priority areas that are critical to both quality and sustainability by:</p> <ul style="list-style-type: none"> <li>• supporting the development of an individualized primary care home by strengthening collaboration between family practices and health authority primary care services to improve access and the continuity of care for patients;</li> <li>• Improving patient health outcomes and reducing hospitalizations for seniors through effective community services;</li> </ul>	<ul style="list-style-type: none"> <li>• Developed and implemented a team-based primary care clinic on the North Shore of Kamloops, including six nurse practitioners, a primary care nurse, medical office assistants, and administrative staff. The clinic opened on March 6, 2017.</li> <li>• Established two Seniors Health and Wellness Centres: one opened in Kelowna in December 2016, and the other one on the North Shore of Kamloops was substantially completed and opened in early April 2017.</li> <li>• Hired a second clinical nurse specialist for Gerontology in a regional role but with a focus on geriatric education in Central Okanagan.</li> <li>• Regionally implemented a discharge navigation toolkit to support interdisciplinary communication and discharge planning from hospitals regardless of location.</li> <li>• For seniors in residential care: continued collaboration with physicians through the General Practice Services Committee Residential Care Initiative and other projects resulted in 13 per cent less transfers to emergency departments from residential care, 19 per cent less hospital admissions, and 15 per cent less falls-related transfers to hospital.</li> <li>• Opened 100 new residential beds in February 2017 at Glenmore Lodge in Kelowna.</li> </ul>

Mandate Letter Direction	Health Authority's Action
<ul style="list-style-type: none"> <li>• Improving patient health outcomes and reducing hospitalizations for those with mental health and substance use issues through effective community services;</li>   <li>• Improving access to timely and appropriate surgical treatments and procedures through implementation of the surgical services strategy; and</li> </ul>	<ul style="list-style-type: none"> <li>• Instituted overnight home support standards / processes to prevent unnecessary hospitalization and support client discharge back to community.</li> <li>• Completed centralized intake standardization planning to improve equity of access to Home Health for those living in the community.</li>   <li>• Developed team-based specialized care programs on the Kamloops North Shore for persons with Mental Health and Substance Use (MHSU) concerns as well as frail, older adults with complex medical issues. Started implementation which will continue in 2017/18.</li> <li>• Developed and approved a plan for primary care and specialized care programs for persons with moderate MHSU concerns in Central Okanagan. Implementation will occur in 2017/2018.</li>   <li>• Expanded surgical capacity by adding an operating room at Royal Inland Hospital (RIH) and continuing the regional operating room at Kelowna General Hospital (KGH) with a focus on long-waiting patients from South, Central and North Okanagan areas. Achieved a wait time target of less than five per cent of patients waiting longer than 40 weeks for surgery.</li> <li>• Improved the Surgical Optimization Clinic at KGH in conjunction with the Interior Health central intake project. Also implemented central intake for General Surgery at RIH and for Orthopedics and Ear, Nose and Throat (ENT) surgeries at KGH.</li> <li>• Designed a model of the health human resource requirements for different surgical volumes and enrolled additional staff into advanced education for both Medical Device Reprocessing and the Operating Room.</li> </ul>

Mandate Letter Direction	Health Authority's Action
<ul style="list-style-type: none"> <li>Ensuring sustainable and effective health services are available in rural and remote areas of the province, including First Nations communities.</li> </ul>	<ul style="list-style-type: none"> <li>Continued strong partnerships through signed Letters of Understanding with seven Interior Region First Nations and Métis Nation British Columbia to ensure meaningful engagement related to program planning, service delivery and reducing barriers.</li> <li>Developed and approved a plan for supporting team-based primary care services in Grand Forks / Kettle Valley rural geographic area. Implementation will occur in 2017/2018.</li> </ul>
<p>2. Ensure the delivery of key government priorities for high quality and appropriate health services.</p> <ul style="list-style-type: none"> <li>Continue implementation of <a href="#"><i>Promote, Protect, Prevent: Our Health Begins Here. BC's Guiding Framework for Public Health</i></a>, the provincial framework for supporting the overall health and well-being of British Columbians and a sustainable public health system as well as the <a href="#"><i>Healthy Families BC Policy Framework</i></a>, which lays out at a more operational level the chronic disease and injury prevention strategy for B.C.</li> <li>Continue to ensure patients have a voice in the quality of care they are receiving by strengthening processes designed to respond to patient concerns, including working closely with the BC Patient Safety &amp; Quality Council and Patient Care Quality Review Offices and Review Boards.</li> </ul>	<ul style="list-style-type: none"> <li>Partnered with the City of Kelowna to develop a Healthy City Strategy, an extension of a Healthy Living Strategic Plan (see also Performance Measure #1).</li> <li>Established an Emergency Operations Committee structure in response to the provincial opioid overdose emergency, with three major operational arms: Take Home Naloxone toolkit distribution, overdose prevention services for harm reduction, and substance use treatment for highest risk residents. The Compassion, Inclusion, and Engagement Initiative was also launched to support innovation and collaboration between service providers and persons who use illicit drugs.</li> <li>Supported early childhood development through initiation of an Interior Health Infant Mortality Review Committee and a joint initiative between healthy eating, environmental health, and licensing programs to promote food safety and nutrition in child care facilities.</li> <li>Involved 146 patient partners from the Patient Voices Network in Interior Health initiatives and continue to educate staff about patient- and family-centred care and resources to involve patients and families in health care.</li> <li>Actively involved with the BC Patient Safety Quality Council (Patient Voices Network),</li> </ul>

Mandate Letter Direction	Health Authority's Action
<ul style="list-style-type: none"> <li>• Improve access to addiction treatment, including creating additional addictions spaces by 2017.</li>   <li>• Continue progress to meet the commitment to double the number of hospice spaces in the province by 2020.</li> </ul>	<p>Ministry of Health, Patients as Partners, and patient- and family-centered care related initiatives derived from both groups.</p> <ul style="list-style-type: none"> <li>• Continue to operate the Central Patient Care Quality Office to receive concerns, which is staffed by nine officers who are located throughout the region to respond to and manage complaints.</li>   <li>• Implemented 69 additional substance use beds to fulfill the commitment under the provincial Substance Use Beds Initiative: in Kelowna (12), Cranbrook (8), Nelson (8), Vernon (4), Penticton (7), Merritt (6), Kamloops (6), Armstrong (10), Williams Lake (4), Castlegar/Trail (4).</li>   <li>• Opened another three support recovery beds and six transition beds in Kamloops and one support recovery bed in Penticton as an interim mitigation strategy for a total of 79 net new beds, surpassing the planned number of beds by six in 2016/17.</li>   <li>• Hired five social program officers (SPO) to provide clinical recovery support; one SPO each in Cranbrook, Nelson, Vernon, Merritt, and Penticton. Provided funding to the Round Lake Alcohol and Drug Treatment Society to also hire a social program officer.</li>   <li>• Implemented 17 hospice spaces, which puts Interior Health on track for 51 by 2020 to fulfill the provincial mandate.</li>   <li>• Hired the second of three palliative clinical nurse specialists who, together with physician leads, provided clinician support (e.g. for patient rounds, policy development) to improve patient experience and provider expertise.</li>   <li>• Provided Learning Essential Approaches to Palliative Care (LEAP) to 275 professional and paramedical staff through 10 physician and registered nurse dyads and supported the roll out of the Canadian Hospice Palliative</li> </ul>

Mandate Letter Direction	Health Authority's Action
<ul style="list-style-type: none"> <li>• Support the improvement of Aboriginal health and wellness by ensuring Aboriginal people have meaningful input into the health authority's Aboriginal Health Plan and other service planning and delivery activities, working closely with the First Nations Health Authority (FNHA) and regional partnership tables, and implementing priority actions to support the achievement of measures, goals and objectives articulated in the Tripartite First Nations Health Plan and First Nations' Regional Health and Wellness Plans, and Partnership Accords.</li> <li>• Further to the <i>Declaration of Commitment on Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in B.C.</i>, the health authority will also work with its partnership table and the First Nations Health Authority (FNHA) to prioritize key initiatives to create a climate for change to improve the patient experience for this population.</li> </ul>	<p>Care Association curriculum for community home support workers.</p> <ul style="list-style-type: none"> <li>• Created a Medical Assistance in Dying (MAiD) coordination service to support Bill C-14 legislation including finding physician assessors and prescribers and nursing support.</li> <li>• Developed Aboriginal Self-Identification Reports for each Interior Region First Nation to support program planning and service delivery for inpatients, surgical day care and emergency department clients.</li> <li>• Hired a dedicated Aboriginal recruiter to support improved recruitment and retention of Aboriginal candidates within the health authority workforce. Began the development of an Aboriginal-specific Recruitment Strategy.</li> <li>• Incorporated Aboriginal culture in health-care facilities through art, sacred spaces, welcome signs, and cultural ceremonies to symbolically welcome and acknowledge Aboriginal people and the Nations in Interior Health facilities.</li> <li>• 550 Interior Health staff and physicians completed the Indigenous Cultural Safety Training Program delivered online by the Provincial Health Services Authority.</li> <li>• Developed and implemented "Cultural Safety: A People's Story," a full-day, facilitated, in-person session, that reached more than 600 Interior Health employees.</li> <li>• In collaboration with the First Nations Health Authority and Ministry of Health through the Joint Project Board, hired 22 mental health, social work, and other allied health staff to work within Aboriginal communities across</li> </ul>

Mandate Letter Direction	Health Authority's Action
<ul style="list-style-type: none"> <li>• In partnership with the Ministry of Health, review the governance, service delivery and funding models for MRIs to ensure an accessible, sustainable medical imaging system.</li>   <li>• Strengthen effective evidence-based use of pharmaceutical therapies.</li> </ul>	<p>the Interior region.</p> <ul style="list-style-type: none"> <li>• Expanded Magnetic Resonance Imaging (MRI) services with existing resources to provide additional access by extending evening shifts at Penticton Regional Hospital (PRH) and adding additional night shifts at Kelowna General Hospital (KGH). Tightened travel schedule of the shared mobile MRI unit between Trail and Cranbrook to conduct additional scans.</li>   <li>• Developed policy, tools, and processes with internal and external stakeholder feedback and engagement for Medical Assistance in Dying (MAiD) and Cannabis for Medical Purposes resulting in standardized use of medications and policy implementation.</li>   <li>• Developed educational toolkits for the Management of Chronic Obstructive Pulmonary Disease, geriatric delirium in acute care and for the Prevention of Venous Thromboembolism with the goal to improve appropriate medication use.</li>   <li>• Conducted 121 sessions with over 500 community clinicians about avoiding antibiotic treatment of asymptomatic bacteriuria (having bacteria in urine without symptoms of a urinary tract infection) to reduce antibiotic resistance.</li> </ul>
<p>3. Pursue innovative approaches to service delivery and manage the performance of your organization through continuous improvement across service and operational accountabilities.</p> <ul style="list-style-type: none"> <li>• Identify areas in need of improvement based on the assessed needs of your population and an assessment of your organizational performance.</li> <li>• Provide regular performance reports on service delivery to sector governors on the performance of your organization.</li> <li>• Collaborate with the Ministry on the</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborated with the Ministry of Health to identify measures for the provincial Health Systems Performance Report.</li> <li>• Aligned Interior Health performance reporting with provincial reporting and key strategic priority areas.</li> <li>• Developed a Quality Status Board in collaboration with the Interior Health</li> </ul>

Mandate Letter Direction	Health Authority's Action
<p>development of standardized health system reports to measure performance and quality in the system.</p> <ul style="list-style-type: none"> <li>• Support the development of a strengthened health research and innovation agenda, including the Strategy for Patient-Oriented Research Support Unit, Academic Health Sciences Network and the BC Tech Strategy, in order to foster improved patient outcomes and health system performance.</li> <li>• Ensure an integrated and cost effective approach to information management and technology, including the continued implementation of electronic medical records, telehealth and home health monitoring.</li> </ul>	<p>division Information Management Information Technology (IMIT), which captures the completion rate of clinical community Mental Health Substance Use (MHSU) documentation on Meditech. Will be launched in 2017/18.</p> <ul style="list-style-type: none"> <li>• In partnership with Thompson Rivers University, hosted Rural Health Services Building Intersections Conference in April 2016 in Kamloops with 105 rural community, academic and Interior Health stakeholders in attendance.</li> <li>• Reallocated a dedicated staff position to target the engagement of First Nations, urban Aboriginal and Métis populations for the purposes of doing and using research from a community-based, self-directed, and culturally safe perspective.</li> <li>• Hired a Patient Engagement in Research lead in July 2016 for the Interior Regional Centre under the BC Strategy for Patient-Oriented Research and created a patient-lead advisory committee. The centre was fully operational in January 2017.</li> <li>• Launched MyHealthPortal to provide patients with access to their electronic health records. By March 31, 2017, the portal was implemented in both Interior Health West and Central areas with over 10,000 patients enrolled to access diagnostic results.</li> <li>• Expanded the electronic health records initiative into Interior Health's Home Health services. Completed the first three phases of the project for the following programs: palliative care, community living, central intake/access coordination, assisted living and nursing surveillance.</li> <li>• Expanded Mental Health and Substance Use telehealth services to clients living in the community with support from psychiatrists in regional and tertiary hospitals.</li> <li>• Launched home health monitoring of heart</li> </ul>

Mandate Letter Direction	Health Authority's Action
<ul style="list-style-type: none"> <li>• Ensure effective health human resource planning and management.</li>   <li>• Strengthen relationships between health authorities and physicians practicing in health authority facilities and programs (as outlined in the April 1, 2014, Memorandum Of Understanding on Regional and Local Engagement), specifically: <ul style="list-style-type: none"> <li>• Support the improvement of medical staff engagement within health authorities through existing local medical staff association structures, or where mutually agreed to by the parties at the local level, through new local structures so that medical staff: <ul style="list-style-type: none"> <li>▪ views are more effectively represented;</li> <li>▪ contribute to the development and achievement of health authority plans and initiatives, with respect to matters directly affecting physicians;</li> <li>▪ prioritize issues significantly affecting physicians and patient care; and,</li> <li>▪ have meaningful interactions with health authority leaders, including physicians in formal health authority medical leadership roles.</li> </ul> </li> </ul> </li> <li>• Improve processes locally within health authority programs and facilities as well as provide physicians</li> </ul>	<p>failure patients discharged from Kelowna General Hospital via funding from the Telus Strategic Investment Fund.</p> <ul style="list-style-type: none"> <li>• Developed a Care Aide / Home Support Worker Strategy which will be implemented in 2017/18.</li> <li>• Created an internal Health Human Resources (HHR) forecasting tool to meet Specialty Nurse Education requirements.</li>   <li>• Established 10 new Medical Staff Associations (MSAs), which brings the total to 22 MSAs, with planning underway for 17 of them to identify priorities for collaboration between facility-based physicians and hospital administrators.</li> <li>• Six of these 22 MSAs incorporated as societies in order to manage their own funding for the purpose of improving physician involvement in addressing matters affecting patient care and their work environment; received funding under the Physician Master Agreement for developing effective engagement processes and lines of communication among physicians, and between physicians and Interior Health.</li> <li>• Received funding for the Physician Quality Improvement Initiative from the Specialist Services Committee, a joint collaborative committee of Doctors of BC and the B.C. Ministry of Health, to increase physician involvement in quality improvement, which in turn enhances the delivery of quality patient care across the health-care sector; recruitment ongoing for leadership positions to guide the initiative.</li> <li>• Enrolled 12 physicians in the Sauder Physician Leadership Program, a 10-day training program for senior physicians, designed to teach leadership behaviours, knowledge and skills required to become more actively engaged in the planning, delivery and transformation of the health-</li> </ul>

Mandate Letter Direction	Health Authority's Action
<p>with appropriate information to allow for more effective engagement and consultation between physicians and health authority operational leaders.</p> <ul style="list-style-type: none"> <li>• Support physicians to acquire, with continued or expanded Joint Clinical Committee funding support, the leadership and other skills required to participate effectively in discussions regarding issues and matters directly affecting physicians and their role in the health-care system.</li> </ul>	<p>care system.</p> <ul style="list-style-type: none"> <li>• Developed an online training program and in-person half-day training session for physicians on Violence Prevention In the Workplace; feedback from physicians in high-risk environments (i.e. psychiatric clinics / wards / facilities, emergency departments and residential care facilities) was extremely positive.</li> <li>• Formed liaison committees between physicians and Interior Health administrators in Oliver, Kelowna and Vernon and successfully developed the new hospitalist program at Vernon Jubilee Hospital; in less than a year the latter was fully staffed with eight full-time hospitalists.</li> <li>• Worked with all the Divisions of Family Practice to enhance delivery of responsive and effective primary care with a focus on Kamloops, Kelowna, and the Kootenay Boundary region (Grand Forks).</li> <li>• Continued Physician Administrator Co-Leadership Training for the third year; program focused on the dyad model of physician and administrative leadership training on day 1 and a leadership program tailored to Interior Health physician leaders on day 2.</li> </ul>
<p>4. Manage within budget allocation and continuously improve productivity while maintaining a strong focus on quality service attributes.</p> <ul style="list-style-type: none"> <li>• Optimize budget planning and cost management processes.</li> <li>• Ensure effective management of capital across a range of projects.</li> </ul>	<ul style="list-style-type: none"> <li>• Balanced 2016/17 year-end results achieving a \$2.0 million operating surplus and managed within the overall capital budget allocation.</li> <li>• Focused on employee health and safety and reduced the number of long-term disability claims for the year.</li> <li>• Achieved favourable overall productivity compared to national benchmarks through continued focus on efficiency and implementation of Lean principles and philosophies in a variety of programs.</li> </ul>