

**Interior
Health Authority**

**2017/18
ANNUAL SERVICE PLAN REPORT**

October 2018



For more information on Interior Health Authority contact:

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

or visit our website at
www.interiorhealth.ca

Board Chair's Accountability Statement



On behalf of the Board of Directors of the Interior Health Authority (Interior Health), I am pleased to present our *2017/18 Annual Service Plan Report*. This report provides an overview of our efforts to deliver high quality care and services to patients and families, with an aim to improve health outcomes for residents across our region.

In the summer of 2017, communities throughout Interior Health (IH) experienced the significant impacts of flooding and wildfires. Hospitals, health centres, and residential care homes were evacuated during the fires, and close to 900 patients and home health clients, along with hundreds of staff and physicians, were forced to leave their homes. In the midst of the crisis and in the months that followed, teams across IH came together to provide care and deliver needed services.

The impacts of natural disaster are, unfortunately, among the many challenges and pressures facing our health system. Changing demographics are another, as we see continued growth in the number of people living longer and preferring to live at home. Meeting the needs of key populations across a diverse geography adds further complexity. At the same time, we see opportunities in new technologies, innovations in service delivery, and partnerships with communities, agencies, and other organizations who share our commitment to health and wellbeing.

Over the past year, we have identified strategies to increase the involvement of patients and families in service planning, which will inform the development of a Patient and Family Centred Care Strategic Plan. This supports our commitment to a person-centred system in which family physicians, multidisciplinary teams of health professionals, and community agencies provide care in partnership. It is also a reflection of our commitment to quality health services.

In the pages that follow, the Board is pleased to report on the significant work done with partners in 2017/18 to improve patient care. While the journey is ongoing, we are making progress in each of the key strategy areas, working to meet the needs of our population, and implementing initiatives to improve overall health outcomes.

Highlights over the year include: moving forward with the patient care tower projects at Royal Inland Hospital (Kamloops) and at Penticton Regional Hospital; growing the use of the MyHealthPortal online site to over 42,000 patients, which allows people to access their own personal health information; and deepening our understanding of cultural safety and humility and what it means in the health-care setting, as we've worked to build awareness within our staff, and to strengthen our partnerships with First Nations communities across our vast region.

The *Interior Health Authority 2017/18 Annual Service Plan Report* compares the health authority's actual results to the expected results identified in the *2017/18 - 2019/20 Service Plan*. The Board is accountable for those results as reported.

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

Douglas Cochrane
Board Chair

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Chair/CEO Report Letter

In response to our 2017/18 Mandate Letter, Interior Health undertook actions to continue implementing B.C.'s health system strategy and to meet health-care needs more effectively, ultimately improving health outcomes for the people we serve.

Strengthening primary and community care across IH is an overarching key priority. Primary and community care involves and includes a broad range of services, providers, and specialties. By definition, it requires us to work together on an ongoing basis with many different internal and external partners who are also committed to meeting the individual needs of patients. During the year, we implemented multidisciplinary, team-based approaches in primary care settings, increasing options and improving services for key populations.

The Cedar Sage Health and Wellness Clinic started operation in Kelowna in fall 2017, as a result of collaborative efforts between IH and the Central Okanagan Division of Family Practice. It brings together mental health services and other related supports under one roof, providing clients with access to team-based care and multiple services at one location. Additionally, we saw greater-than expected attachment of patients to primary care services (over 6,600 clients) at the new Kamloops North Shore Primary Care Clinic, which opened just one year ago.

As well, in 2017/18, we made progress on developing Patient Medical Homes in the Boundary region, a joint initiative between IH and local Division of Family Practice and Aboriginal partners. While still early, there is evidence the approach is yielding patient focused results, for example: Boundary District Hospital saw a decrease in low acuity emergency department visits compared to 2016/17 while meeting the needs of the community. This is one example of the work underway across Interior Health to expand access to care through innovative, locally based models of service.

Our partnership with First Nations and Métis weaves through all of our strategic priorities and provides focus as we look to the future. The Partnership Accord Leadership Table continues to be a valuable mechanism for communication and decision-making, and complements the individual agreements between Interior Health and each of the seven Interior Region First Nations.

In 2017, Interior Health partnered with the Splotsin First Nation to improve communications and ensure Aboriginal patients and families felt welcomed and safe at Vernon Jubilee Hospital (VJH). After several months of joint work, including a walk-through of VJH by elders and community members, the First Nation presented hospital leaders with artwork recognizing the improvement journey and relationship. This model of collaboration is now being shared across IH as an example of successful engagement, which has resulted in increased access to services for Aboriginal patients.

Additionally, the completion of an Aboriginal Mental Wellness Plan in 2017/18 highlighted our commitment to deliver culturally aware and culturally sensitive services, as does the hiring of an Aboriginal Mental Wellness Director, with responsibility for the implementation and evaluation of services.

Tremendous work continued across IH in response to the ongoing impacts of the ongoing opioid overdose public health emergency. The introduction of supervised consumption service in Kamloops

and Kelowna marked a milestone, providing opportunity to practice harm reduction, and to engage clients in other health services as appropriate. We are proud to be leading the way provincially through the establishment of Opioid Agonist Treatment sites using telehealth, and we remain committed with the Ministry of Health and the Ministry of Mental Health and Addictions, the B.C. Centre on Substance Use, and the other health authorities, to share best practices and data regularly with a focus on reducing the significant impacts of the ongoing opioid overdose public health emergency in British Columbia.

The B.C. Patient-Centred Care Framework has provided guidance in moving forward with current improvement initiatives, including those related to in-hospital access and flow, medication reconciliation, discharge planning, hand hygiene, and surgical care. The newly implemented Hip and Knee Replacement Program in Kelowna is one such initiative, which equips patients with information and support before, during and after surgery, and offers patients choice in the scheduling process.

In 2017/18, we had significant focus on health and safety education and actions with impressive effort to meet WorkSafeBC requirements and create safer workplaces for all. Violence prevention, supervisory training for occupational health and safety, hazard assessments for Home Health, and biological exposure control were key areas of progress and will continue to be areas we improve upon as we embed a culture of safety in our every day. To guide this work, we have adopted a Health & Safety Management System framework with priority areas and related action items.

At the community level, we are improving health outcomes for our residents through continued work with local governments and leaders on comprehensive community living plans, while supporting and leading health promotion strategies. Facility redevelopment projects are also opportunities for health-related engagement locally, as we have seen this year in Penticton, Kamloops and Williams Lake, where capital projects are at different stages of completion.

As always, we are grateful for the continued support of our Foundations, Auxiliaries and countless volunteers across IH. Their contributions and presence enrich the lives of our residents in care facilities as well as the patient care provided by staff and physicians each and every day.

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. The President & CEO, vice presidents, and other IH leaders worked closely with their Ministry of Health counterparts to ensure the system-wide approach is reflected in local implementation of government strategies, policies, and key priorities.

Throughout 2017/18, 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 all Board members.



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 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 16 Métis 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 Health¹, Hospitals, Laboratory Services, Medical 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.

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.

¹ Allied Health includes the following professions and position types:

- Audiologists
- Audiometric Technicians
- Clinical Dietitians
- Dental Assistants
- Dental Hygienists
- Music Therapists
- Neuropsychologists
- Occupational Therapists
- Orthotics Technicians
- Orthotists
- Physiotherapists
- Prosthetists
- Psychologists
- Rehabilitation Assistants
- Rehabilitation Clerks
- Respiratory Therapists
- Social Workers
- Speech Language Pathologists
- Testing Technicians

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.

Strategic Direction and Operating Environment

Strategic Direction

Interior Health receives its strategic direction from clearly identified government priorities set forth in the [Minister of Health's Mandate Letter](#) to the Board Chair, as well as the Premier's Mandate Letters to the [Minister of Health](#) and the [Minister of Mental Health and Addictions](#). Priorities outlined in these letters are supported by a series of policy papers provided to the health authorities by the provincial government. Successfully achieving Interior Health's vision requires close collaboration with partners, including the two ministries, 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 IH's strategic focus. This collaborative approach 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 would like to recognize and acknowledge the traditional territory of the Tsilhqot'in, Dākelh Dene, Secwepemc, Nlaka'pamux, Stl'atl'imc, "Syilx" Okanagan, and Ktunaxa Nations' where we live, learn, collaborate and work together. As a predominantly rural health authority, Interior Health has made progress in improving services across a range of areas over the past several years. IH 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 IH's current operations, and of trends and challenges that may impact delivery of health care services into the future. When determining IH'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 hospitals; and long wait times for some specialists, medical imaging, and elective surgeries. These will remain areas of focus in the coming three years.

Report on Performance

In 2017/18, Interior Health demonstrated progress aligned with the commitments outlined in the [Ministry of Health's](#) and the [Ministry of Mental Health and Addictions' 2017/18-2019/20 Service Plans](#) including areas of containing costs, care in the community, end-of-life, mental health, and preventative health services. The goals, objectives, and performance measures in the [Interior Health 2017/18-2019/20 Service Plan](#) reflect the goals and strategic priorities for 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, service design, and delivery in the coming years.

Interior Health made substantial progress on a number of action items in the 2017/18 fiscal year, including: expanded space for community-based mental health and substance use programs and end-of-life care; continued to build relationships with our First Nations and Métis partners with a specific focus on culturally safe health care going forward; successfully implemented the Kamloops Northshore Primary Care Clinics; ensured public engagement and respect via ongoing interactions as well as through engaging patient partners in our projects; and achieved cost savings through various initiatives to co-locate services, standardize products, and improve efficiency of processes.

Interior Health is committed to strengthening our accountability, containing costs, and ensuring our organization operates in the best interest of our communities and residents.

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 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

- Supported 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: engaged in surveillance activities that guided 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.
 - Partnering 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	2011/12 Baseline	2017/18 Target	2017/18 Actual	2018/19 Target	2019/20 Target
Per cent of communities that have completed healthy living strategic plans.	0%	50%	57%	55%	62%

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

Discussion

This performance measure focuses on the proportion of 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 2017/18 target with 57% of communities having completed a healthy living strategic plan (Ministry of Health's target was 50%). IH will continue to work with communities and local governments to create community environments where it is easier to make healthy choices, and thereby reduce risk factors for chronic disease and injury. For example, under a collaboration agreement with the City of Kelowna, the Healthy Communities Program coordinated various IH portfolios to actively participate in the Healthy Housing Strategy, emphasizing the critical role of housing design, affordability and housing options on health and well-being.

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

Strategies

- Supported 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. Worked 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.
- Enhanced 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, sought 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

- Worked with physicians, patients, community partners, Divisions of Family Practice, Aboriginal partners, and inter-professional teams to facilitate the continued establishment of Primary Care Networks, which included team-based practices delivering locally designed services based on population and patient needs. This included 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.
- Continued to develop and define guiding principles, terminology, resourcing, and linkages between specialized community services programs and the primary care networks in collaboration with partners.
- Continued to 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.) continue to be considered.
- With community and physician partners and linked to Objectives 2.2 and 2.3, implemented and continued to 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 Primary Care and Learning 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

- Continued to explore potential for 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 with an initial focus on people with complex medical conditions and frailty.

- Developed and implemented two Seniors Health and Wellness Centres (Kelowna and Kamloops), enhanced access to primary care with the co-location of Nurse Practitioner/Family Practitioner in Kamloops, and improved Patient and Family Geriatric Education beginning in two provincial proof-of-concept communities – Central Okanagan and Kamloops.
- Continued 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 included 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.
- Reviewed and started to 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.
- Collaborated 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.² 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	2017/18 Actual	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	3,572	3,511	3,407

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.

² **P.I.E.C.E.S.**TM is a best practice learning and development initiative that provides an approach to understanding and enhancing care for individuals with complex physical and cognitive/mental health needs and behavioural changes.

Interior Health met the 2017/18 target. Interior Health continues to regularly monitor this measure and improve programs for individuals with chronic conditions, including a growing number of older adults in the region. For example, work includes focused efforts to implement and better integrate specialized community-based programs for older adults with complex medical conditions and frailty in several communities that includes a team approach to enhance chronic disease management.

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

Strategies

- Started to 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.
- Continued combatting the ongoing opioid overdose public health emergency 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, established 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	2017/18 Actual	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%	12.0%	13.5%	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 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 made progress compared to the 2016/17 results of 15.7%, however, remains outside the 2017/18 target by 1.5%. Interior Health continues to implement actions to improve care transitions and ensure a seamless, well-coordinated system of services and supports to reduce reliance on emergency departments for care. For example, connections workers are in place in our largest hospitals to improve the transition out of acute care by linking MHSU patients to community services. Another area of focus is MHSU patient follow-up after hospital discharge to ensure they know how to have their care needs met in the community.

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

Strategies

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

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

Performance Measure	2013/14 Baseline	2017/18 Target	2017/18 Actual	2018/19 Target	2019/20 Target
Per cent of scheduled surgeries completed within 26 weeks	88%	95%	85%	95%	95%

Data Source: Surgical Wait Time Production, Ministry of Health. Includes all elective adult and pediatric surgeries. Paediatric priority code VI cases are excluded from the numerator and denominator because the benchmark wait time is 52 weeks.

Notes:

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.

Interior Health improved from 2016/17 but remains below target because IH focused on addressing the needs of patients who have already waited longer than 26 weeks for surgery. IH did improve wait times for dental surgery. IH implemented the Hip and Knee Replacement Program in Kelowna and completed an IH Surgical Strategy to guide activity over the next 4 years. IH continues to invest in increasing surgical capacity and implementing innovative projects that improve the patient’s surgical experience and outcomes. This includes sending regular notification to patients about their wait times, providing patients with a point of contact to answer questions during their surgical journey, implementing programs to enhance recovery outcomes, and adopting advanced technology for urology to improve operating room efficiency and reduce patient length of stay. Through these investments, IH expects improved wait times and patient experience.

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

- Focused on delivering high quality services in a sustainable and productive manner at a low cost to increase overall value. This was 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.
- Enhanced 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.
- Engaged in community consultations and partnered with community stakeholders. This included 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.
- Continued implementing Lean³ and other quality improvement initiatives that are aligned with organizational key priorities to increase operational efficiencies and support, sustain, and spread system improvements.
- Managed 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.
- Continued to 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, reviewed the governance, service delivery, and capital/operating funding models for Magnetic Resonance Imaging (MRI). Continued planning to improve sustainable and appropriate access to medical imaging, including MRI.
- In collaboration with the BC's Agency for Pathology and Laboratory Medicine, supported development of provincial standards and integrated approaches designed to improve population health by ensuring equitable access to evidence-based laboratory services.
- Improved system sustainability by lowering cost growth through effective resource utilization and used a patient-centred approach to deliver laboratory services in a manner that improves patient experience.

³ Lean is a systematic approach to identifying and eliminating waste or non-value-added activities in a process through continuous improvement.

- Continued 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 strategic priorities identified by the provincial government and specific actions detailed in the Ministry of Health's Health Human Resource policy paper, several strategies were in progress or undertaken in 2017/18 that aimed 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

- Strengthened engagement and relationships with physicians practicing in Interior Health and partnered with Divisions of Family Practice, Medical Staff Associations, and through Physician Quality Improvement initiatives to plan and implement priority programs.
- Continued to engage with and recognize volunteers for their pivotal role in supporting client/patient care.
- Continued workplace wellness actions targeted at reducing overtime and sick time.
- Monitored the ongoing risk of violence using Violence Prevention Risk Assessment tools and continued to support staff, physicians and volunteers to complete violence prevention training.
- Implemented 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.
- Promoted the BC Health Leadership Development Collaborative strategy and delivered related training to leaders across Interior Health.
- Participated in the development and implementation of an integrated provincial workforce strategy, linked to Interior Health wide and local health service area workforce plans, which contributed to effective recruitment strategies, business continuity, and succession plans.
- Enhanced our change management capacity and provided change management support to key Interior Health priorities.

Performance Measure 5: Nursing Overtime.

Performance Measure	2010 Baseline	2017 Target	2017 Actual	2018 Target	2019 Target
Nursing overtime hours as a per cent of productive nursing hours	3.0%	<=3.3%	4.2%	<=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.

Interior Health did not meet the 2017/18 target due, in part, to nursing recruitment challenges for short-term additional staffing requirements and longer-term needs (e.g., back-filling maternity leaves, filling rural vacancies), as well as to meet local operational requirements related to hospital occupancy rates and patient volumes.

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 a number of strategies to support managers in reducing their overtime rates including focused recruitment strategies, and initiatives to reduce staff absences (and resulting last minute staff shortages) with a focus on wellness and early return to work. Overtime and workload are regularly analyzed and when appropriate, solutions are implemented to reduce the impact on service delivery. Departments with high overtime and vacancy rates are reviewed for additional administrative support, to improve timelines for recruitment. Work to improve the forecasting of vacancies is underway to support proactive recruitment strategies. Improvements to vacation planning software will assist with spreading vacation entitlement throughout the year, providing consistent staff coverage and reducing hours coded to overtime.

Financial Report

Discussion of Results

With a 2017/18 budget of \$2,196.9 million, Interior Health experienced an operating surplus of \$6.189 million for the fiscal year ending March 31, 2018, representing approximately 0.3% of total budgeted annual expense. This surplus included a one-time actuarial gain for Health Benefits Trust (HBT) benefits of \$5.7 million compared to an actuarial gain of \$15.4 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. The total operating surplus excluding this one-time gain was a small surplus of \$0.489 million.

Highlights

This year's positive financial results were achieved through the one-time gain in HBT (noted above) and savings achieved through a reduction of acute inpatient days. IH increased spending to support the Mental Health & Substance Use (MHSU) population as we launched new services in response to the ongoing opioid overdose public health emergency and to address the demand for innovative mental health programs. IH also continued to invest in primary and community care throughout the region. Growth in MHSU and primary and community care services exceeded growth in the acute sector during the year resulting from our shift to provide services to our population closer to their homes.

Financial Resource Summary Table

\$ millions	2017/18 Budget	2017/18 Actual	2017/18 Variance
OPERATING SUMMARY			
Provincial Government Sources	2,025.4	2,029.2	3.8
Non-Provincial Government Sources	171.5	180.5	9.0
Total Revenue:	2,196.9	2,209.7	12.8
Acute Care	1,218.6	1,231.9	-13.3
Residential Care	392.7	397.1	-4.4
Community Care	226.3	228.4	-2.1
Mental Health & Substance Use	146.0	139.4	6.6
Population Health & Wellness	63.3	61.4	1.9
Corporate	150.0	145.3	4.7
Total Expenditures:	2,196.9	2,203.5	-6.6
Surplus (Deficit) – <i>even if zero</i>	nil	6.2	6.2
CAPITAL SUMMARY			
Funded by Provincial Government	114.3	99.4	14.9
Funded by Foundations, Regional Hospital Districts, and other Non-Government Sources	111.5	93.6	17.9
Total Capital Spending:	225.8	193.0	32.8

Variance and Trend Analysis

Revenue exceeded budget by \$12.8 million, however the surplus revenue was mainly targeted for specific expenses including nurse practitioner and physician compensation and wildfire emergency costs. MHSU and Community Care sectors experienced the highest expenditure growth from prior year at 7.7% and 6.3% respectively.

Spending in the Acute Care sector exceeded budget by \$13.3 million and grew from prior year by 4.0%. Key drivers in this result are compensation pressures resulting from increasing sick time and overtime and non-wage pressures from escalating drug and supply costs and volume pressures.

Spending in Residential Care exceeded budget by \$4.4 million and grew from prior year by 5.2%. Key drivers in this result are demand pressures and compensation pressures resulting from increasing sick time and overtime.

Health Authorities in British Columbia are mandated to operate within their allocated annual budget while delivering quality healthcare 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.

The majority of the variance of actual capital expenditures versus budget is due to construction delays in the Penticton Regional Hospital Patient Care Tower project. Project Co. is accelerating construction during 2018/19 and is on target to complete the project on schedule.

Risks and Uncertainties

Although Interior Health has a strong asset and cash base resulting in low credit and financial risk, and legal exposure is mitigated by participation in the British Columbia Health Care Protection Program (HCPP), there are some uncertainties that from year to year may cause pressure on the financial results.

The HBT benefits program creates volatility in the financial statements due to unpredictable usage of long-term disability and health and welfare benefits combined with fluctuations in financial markets. During the year, certain employee groups shifted to new Joint Benefit Trusts (JBTs) from HBT, which will reduce the financial volatility while maintaining this important benefit for employees. In addition, Interior Health launched a new key strategy to create healthier workplaces for its employees, which should help reduce sick time and long-term disability claims over time.

Another key risk is the financial pressure resulting from growing demand for health care from an aging population. To address this risk, Interior Health is developing primary and community care programs to help residents stay in their home longer and address healthcare needs outside of acute facilities where possible.

Interior Health keeps surplus cash in the Central Deposit Program (CDP) which is a low-risk investment program operated by British Columbia's Provincial Treasury that insulates the assets from market volatility.

Major Capital Projects

The following table lists approved capital projects that were underway as of March 31, 2018 and have a project budget greater than \$20 million regardless of funding source. Some of these projects commenced prior to the 2017/18 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 Projects (over \$20 million)	Targeted Completion Date (Year)	Project Cost to March 31, 2018 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
Clinical Services Building, Royal Inland Hospital	2016	60	3	63
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.				
Interior Heart and Surgical Centre, Kelowna General Hospital	2018	299	82	381
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 2018. 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 ⁴ 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.				
Patient Care Tower, Penticton Regional Hospital	2021	183	129	312
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.				
Patient Care Tower, Royal Inland Hospital	2024	3	414	417
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				

⁴ Process of restoring blood flow

Interior Health Authority

Major Capital Projects (over \$20 million)	Targeted Completion Date (Year)	Project Cost to March 31, 2018 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<p>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>				

*Note: Amounts align with B.C. Government's *Capital Expenditure Projects over \$50 million*
http://bcbudget.gov.bc.ca/2018/bfp/2018_Budget_and_Fiscal_Plan.pdf

Appendix A – Health Authority Contact Information

For more information about Interior Health and the services it provides, please 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 – Additional Information

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

[Ministry of Mental Health and Addictions](#)

Interior Health Authority - www.interiorhealth.ca

First Nations Health Authority - www.fnha.ca

Fraser Health Authority - www.fraserhealth.ca

Métis Nation British Columbia - www.mnbc.ca

Northern Health Authority - www.northernhealth.ca

Provincial Health Services Authority - www.phsa.ca/default.htm

Vancouver Coastal Health Authority - www.vch.ca

Vancouver Island Health Authority - www.viha.ca

HealthLink BC - www.healthlinkbc.ca