

**Interior
Health Authority**

**2018/19
ANNUAL SERVICE PLAN REPORT**

September 2019



For more information on the Interior Health Authority:

Interior Health Authority

505 Doyle Avenue,
Kelowna, BC
V1Y 0C5

Phone: 250-469-7070

Fax: 250-469-7068

Email: feedback@interiorhealth.ca

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 *2018/19 Annual Service Plan Report*. This report provides an overview of our efforts to provide needed health services and promote healthy lifestyles in a timely, caring, and efficient manner, to the highest professional quality standards for the patients, residents and clients we serve across our communities.

There have been many changes in recent years within health care, and Interior Health (IH) has seen a shift to a health system that is more integrated and which involves many partners. Partnerships inspire innovation, drive efficiency, and help us learn more about our communities and reach more people. This year, IH continued our commitment to building partnerships with our physicians and health professionals, patients, communities, agencies and other organizations who share our commitment to health and wellbeing. In so doing, we were able to move forward with our key strategic priorities that enable us to provide quality services that meet the needs of our population and implement initiatives to improve overall health outcomes, in alignment with the priorities of the Ministry of Health and Ministry of Mental Health and Addictions.

In the pages that follow, the Board is pleased to report on the significant work done with partners in 2018/19 to improve patient care. Highlights over the year include the opening of the province's first Urgent Primary Care and Learning Centre in Kamloops, and work that led to the launching of IH's first Primary Care Network in the South Okanagan Similkameen; work that enabled the re-signing of three Letters of Understanding with some of IH's Aboriginal partner organizations; and our continued commitment to combat the provincial opioid overdose public health emergency through expansion of community-based services. We were also actively involved in the provincial measles catch-up immunization program, and worked toward the opening of the new David E. Kampe Tower at Penticton Regional Hospital. All of these were made possible through work with our many partners.

This year was not without its challenges. For a second straight summer, the impacts of flooding and wildfires resulted in evacuation alerts and orders in many IH communities, including those in the Kootenay Boundary, South Okanagan Similkameen, Thompson and Okanagan. In Kimberley, several IH services were closed and IH temporarily relocated more than 100 residents and assisted living clients as well as staff from Kimberley Special Care Home and Garden View Village, as well as vulnerable clients in the community, due to wildfire activity. Through it all, our staff once again showed resiliency in the face of adversity.

The *Interior Health Authority 2018/19 Annual Service Plan Report* compares the health authority's actual results to the expected results identified in the *2018/19 - 2020/21 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

Table of Contents

Board Chair’s Accountability Statement.....	3
Chair/CEO Report Letter.....	5
Purpose of the Annual Service Plan Report	7
Purpose of the Organization	7
Strategic Direction.....	8
Operating Environment	9
Report on Performance.....	10
Goals, Objectives, Measures and Targets	10
Financial Report	20
Discussion of Results	21
Financial Resource Summary Table	21
Major Capital Projects	22
Appendix A – Health Authority Contact Information	25
Appendix B – Additional Information	25

Chair/CEO Report Letter

Interior Health (IH) is committed to delivering high quality care and services to patients and their families, with the goal of improving health outcomes for all residents across our region. During 2018/19, IH continued to move forward actions that will meet this commitment, in alignment with and response to our 2018/19 Mandate Letter.

Strengthening and expanding access to primary and community care across IH continues to be an overarching key priority. This work requires us to establish, maintain and enhance partnerships with many different partners who share the goal of implementing multidisciplinary, team-based services that meet patients' needs. This year, we opened the Urgent Primary Care and Learning Centre (UPCLC) in Kamloops, the first of its kind in B.C. The UPCLC integrates an Urgent and Primary Care Centre with a Family Practice Learning Centre through an innovative, locally based model of service through partnerships with the UBC Faculty of Medicine's family practice residency program and the Thompson Region Division of Family Practice. In its first year, the UPCLC saw more than 7,000 primary care patient visits. Our work this year also resulted in the creation of the Primary Care Network in the South Okanagan Similkameen. As with the UPCLC, this initiative would not have succeeded without collaboration between IH, the South Okanagan Similkameen Division of Family Practice and the Penticton Indian Band. IH also worked with its Shuswap North Okanagan and Rural and Remote Divisions partners to open two new Seniors Health and Wellness Centres in Salmon Arm and Revelstoke. These centres, which benefit those with age-related frailty and complex health needs through multidisciplinary, team-based care and access to community-based services, also included significant collaboration with the B.C. Specialist Services Committee and other local stakeholders.

The ongoing opioid overdose public health emergency also remains a key area of focus for Interior Health. We celebrated the first year of operations at the Mobile Supervised Consumption Service (MSCS) sites in Kamloops and Kelowna, where people who use drugs can be safely monitored and treated if they overdose while also being connected to addictions treatment and harm reduction services. There have been no overdose deaths at either of our MSCS sites. IH also increased access to medical treatment for opioid use disorder through the introduction of additional services in Kamloops, Vernon, Kelowna, and Penticton – those communities hardest hit by the overdose crisis. Along with these key initiatives, we remain committed to working with the Ministry of Health, Ministry of Mental Health and Addictions, our fellow health authorities and the B.C. Centre on Substance Use to focus on reducing the impacts of opioid overdose across our province.

Interior Health also worked to increase access and reduce wait times for elective surgical and medical resonance imaging (MRI) procedures. Among significant work this year was the implementation of an IH-led operating room scheduling process that helps surgical patients have better awareness of when they are placed on a wait list and contact information for any questions related to wait times. IH also established new permanent MRI services in Cranbrook and Penticton, and continued work on a new permanent MRI service in Vernon that will open in 2019/20.

Our partnerships with First Nations and Métis communities, First Nations Health Authority (FNHA) and Métis Nation British Columbia (MNBC) continue to influence our work across all portfolios. We continue to work toward the goals of our Aboriginal Mental Wellness Plan, which highlights a commitment to delivering culturally aware and sensitive services. We also celebrated the 10th

anniversary of the Aboriginal Patient Navigator (APN) program, which supports Aboriginal patients and their families as they navigate the complexities of the health care system. Interior Health now has nine APNs who serve as the bridge between hospital and recovery to their communities' own health care teams. We unveiled new Aboriginal artwork in health care sites across IH that signifies to our communities our commitment to providing quality care that is culturally sensitive and welcoming. With the work that enabled the re-signing of Letters of Understanding with the Métis Nation of British Columbia, Nlaka'pamux and Ktunaxa Nation First Nations, Interior Health will continue to work alongside Aboriginal partners at the Nation and regional levels to advance our joint health and wellness goals.

At the community level, IH continues to support health promotion and prevention strategies, which improve health outcomes across our population. Foremost among those in 2018/19 was promotion of the provincial Measles Immunization Catch-Up Program to ensure children had additional opportunities to get caught up with the Measles, Mumps, and Rubella (MMR) vaccine through school-based immunization clinics, drop-in clinics at public health centres, and through community pharmacists. In 2018/19, IH had two confirmed cases of measles, both in the 100 Mile House area.

In 2018/19, Interior Health continued to be provincial leaders in health care innovations. We are proud to have expanded MyHealthPortal, IH's 24-hour secure online patient portal, to include more clinical reports as well as a mobile app – the first health authority in B.C. to implement this service. Interior Health, in conjunction with its partners at Cardiac Services BC, also introduced the Transcatheter Aortic Valve Implantation, or TAVI, surgical procedure at Kelowna General Hospital, thereby reducing the need for travel for this life-saving procedure.

We also moved forward with a number of facility redevelopment projects, which included the new David E. Kampe Tower at Penticton Regional Hospital, a new helipad at Queen Victoria Hospital in Revelstoke, and an expanded emergency department at Nicola Valley Hospital and Health Centre in Merritt. We are grateful to be supported in this work by our Foundations and Auxiliary partners, as well as our local government leaders. We know that our shared goal of creating enhanced facilities and providing state-of-the-art equipment helps create a patient care environment that enables our physicians and staff to provide excellent quality care every day.

Through it all, the health and wellness of our staff remains among our top priorities. We continue to embed a culture of safety in our every-day work through a Health & Safety Management System with specific focus on priority areas and related actions. We also continue focus on health and safety education and actions to meet WorkSafeBC requirements and create a safer workplace for all.

In 2018/19, Interior Health's President & CEO, vice presidents, and other key leaders remained committed to implementing government strategies, policies and key priorities through clear and open lines of communication with their counterparts in the Ministry of Health and Ministry of Mental Health and Addictions. This effort will continue, with support from the Board Chair and oversight from all Board members.



Douglas Cochrane
Board Chair



Susan Brown
President & Chief Executive Officer

Purpose of the Annual Service Plan Report

The Annual Service Plan Report (ASPR) is designed to publicly report on the actual results of the health authority's performance related to the forecasted targets documented in the previous year's Service Plan.

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 756,666 people across a large geographic area covering over 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 8.8 per cent of Interior Health's total population. Population health needs across the continuum of care drive the mix of services and 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 Primary and Community Care, Mental Health & Substance Use, Hospitals, Allied Health¹, Laboratory Services, Medical Imaging, and Pharmacy. A variety of **support departments** enable the delivery of care and include Human Resources, Medical Affairs, Professional Practice, Infection Prevention and Control, Financial Services, Housekeeping / Food Services / Laundry Services, Information Management / Information Technology (IMIT), Research, Planning, and Communications.

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

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

community settings. Health services are provided by Interior Health staff and through contracted providers.

Interior Health is governed by a ten-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. As a public sector organization, Interior Health is committed to transparency by making available information at www.interiorhealth.ca about services, planning, leadership and Board policies that may be of interest. Details on how to contact Interior Health are also available to the public on the same corporate website.

Strategic Direction

The strategic direction set by Government in 2018/19 and expanded upon in the Board Chair’s [Mandate Letter](#) from the Minister of Health in 2018 shaped the [2018/19 – 20/21 Interior Health Service Plan](#) and the results reported in this Annual Service Plan Report (ASPR).

The following table highlights the key goals, objectives or strategies that support the key priorities of Government identified in the *2018/19 – 20/21 Interior Health Service Plan*:

Government Priorities	Interior Health Aligns with These Priorities By:
Delivering the services people count on	<ul style="list-style-type: none"> • Improving health and wellness (Goal 1), with a focus on: <ul style="list-style-type: none"> ○ enabling 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 (Objective 1.1); and ○ working with First Nations and Métis Nation British Columbia to plan and deliver culturally sensitive health-care services (Objective 1.2). • Delivering high quality care (Goal 2) by focusing on: <ul style="list-style-type: none"> ○ a primary care model that provides comprehensive and coordinated team-based care linked to specialized services (Objective 2.1); ○ improved patient health outcomes and reduced hospitalizations for seniors through effective community services (Objective 2.2); ○ improved patient health outcomes and reduced hospitalizations for those with mental health and substance use issues through effective community services (Objective 2.3); and ○ improved access to timely and appropriate surgical treatments and procedures (Objective 2.4).

	<ul style="list-style-type: none"> • Cultivating an engaged workforce and a healthy workplace (Goal 4) by <ul style="list-style-type: none"> ○ enhancing relationships and encouraging all who work at Interior Health to reach their full potential; and advancing practices in the IH workplace that address health and safety issues and influence individual lifestyle choices (Objective 4.1)
A strong, sustainable economy	<ul style="list-style-type: none"> • Ensuring sustainable health care by improving innovation, productivity and efficiency (Goal 3) with a focus on: <ul style="list-style-type: none"> ○ promoting new ways of working to provide better service and reduce costs (Objective 3.1).

Operating Environment

Interior Health recognizes and acknowledges the traditional territory of the Tsilhqot'in, Dākelh Dene, Secwepemc, Nlaka'pamux, Stl'atl'imc, Syilx Okanagan, and Ktunaxa Nations where we live, learn, work and collaborate. 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 Aboriginal populations by working closely with the First Nations Health Authority, Métis Nation British Columbia and other Aboriginal partners to ensure coordinated planning and service delivery efforts are embedded across all Interior Health portfolios and in support of Aboriginal people's 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 (IH) 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. A wide variety of services are delivered to meet the health care needs of the population in the interior region and many people report positive experience with their care. Like other health authorities and regions, IH faces a range of challenges. Among the largest is recruitment of health professionals, especially to rural and remote communities, including general practitioners and physician specialists, as well as registered nurses, allied health, care aides, and other trained professionals.

With current economic pressures, 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 IH.

As a result, IH's **key strategies** included: **Primary & Community Care Transformation; Mental Health & Substance Use; Seniors Care; Surgical Services; Aboriginal Health; and Creating a Healthier, Safer IH Workplace.**

The work outlined in this Annual Service Plan Report shows IH's continued commitment to furthering these key strategies. IH continues to seek and enhance access to alternatives to care in busy emergency departments; access to child and youth mental health services; ways to effectively treat adult patients with moderate to severe mental illnesses and/or substance use issues; proactive response to the needs of the frail elderly by providing appropriate supports that enable them to remain living in the community independently for as long as possible; ways to provide care to individuals with more

complex needs living in long-term care homes; and reducing wait times for some specialists, medical imaging, and scheduled surgeries. Interior Health also remains committed to embedding a culture of safety in our every day through a continued focus on health and wellness education and action to create a safer workplace for all.

In an ongoing effort to innovate and ensure services are as accessible, coordinated and effective as possible, in alignment with its key areas of focus, IH undertook a reorganization of leadership services in 2018-19. Clinical programs and networks were realigned into two Clinical Operations portfolios, divided by geography (IH North and IH South). This included acute, long-term care, mental health and substance use, and community services, so as to better coordinate the patient journey. This allows IH to be in a strong position to continue to move forward with our partners, building strong, local primary care services that are connected to specialized regional programs and networks.

Report on Performance

In 2018-19, Interior Health demonstrated progress aligned with the commitments outlined in the [Ministry of Health's](#) and the [Ministry of Mental Health and Addictions' 2018/19-2020/21 Service Plans](#). The goals, objectives, and performance measures in the [Interior Health 2018/19-2020/21 Service Plan](#) reflects 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 is committed to strengthening our accountability, containing costs, and ensuring our organization operates in the best interest of our communities and residents.

Many 2018/19 highlights have been outlined in the Chair/CEO Report Letter on pages five and six. The following section lists the key highlights for each of IH's goals and objectives.

Goals, Objectives, Measures and Targets

Interior Health's [Vision, Mission, Goals, Values, and Guiding Principles](#) act as a platform upon which objectives and strategies are developed and advanced. Interior Health's Service Plan is supported by a patient-centred culture and concept of supporting the health and well-being of British Columbians, 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

Interior Health works with the Ministry of Health (MOH), Aboriginal partners, patients and other stakeholders to improve the health and wellness of people who live, work, learn and play in the B.C. interior region. IH’s Goal 1 is aligned with the Ministry of Health’s Goal 2 “*Support the health and well-being of British Columbians through the delivery of responsive and effective health care services*”, recognizing that efforts to improve health and wellness extend beyond the health care delivery.

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.

Key Highlights:

- Continued implementation of [BC’s Guiding Framework for Public Health](#), including expansion of take home naloxone and opiate agonist therapy, and implementation of drug-checking services, collaboration with local governments on Healthy Living Strategic Plans, developments in childhood immunization programs and implementation of opt-out HIV testing in IH Emergency Departments.
- Improved maternal and child health by expanding access to evidenced-informed prenatal education (e.g. [SmartMom text messaging](#)) and ongoing nursing support for vulnerable families (e.g. Nurse Family Partnerships).
- Engaged over 100 patients from the Patient Voices Network in more than 50 opportunities related to IH’s key strategies, capital and health system planning, analytics, and many other advisory committees.

Performance Measure	2016/17 Baseline	2018/19 Target	2018/19 Actual	2019/20 Target	2020/21 Target
1.1 Per cent of communities that have completed healthy living strategic plans	48%	55%	62%	62%	63%

Data Source: Health Authority Annual Community Survey, Population and Public Health Division, Ministry of Health.

Discussion

Supported by a written partnership agreement between the local government and Interior Health, Healthy Living Strategic Plans (HLSPs) describe collaborative action between communities and IH to promote healthy living and address risk factors for chronic disease and injury.

By the end of 2018/19, IH had exceeded the Ministry of Health target of 55 per cent, with 37 of 60 (62 per cent) local governments having HLSPs completed. In doing so, IH supported local

governments to understand local population health needs, incorporate health and equity considerations into planning (e.g. applied community engagement practices to complete housing needs reports), and implement public health interventions (e.g. facilitated development of locally-relevant actions for mitigating health impacts of climate change). IH will continue to work with communities and local governments to create community environments where it is easier to make healthy choices, thereby reducing the risk factors for chronic disease and injury.

Objective 1.2: Work with First Nations and Métis Nation British Columbia to plan and deliver culturally sensitive health-care services.

Key Highlights:

- Held Primary Care Network (PCN) planning and engagement meetings which were well attended by Aboriginal partners, First Nations Health Authority and IH leadership, administrators, managers and Aboriginal Health program staff. Letters of Intent have been signed for communities in South Okanagan Similkameen and Kootenay Boundary to enable partners, including First Nation communities, to begin implementing their PCN service plans. Expressions of Interest were signed or acknowledged by Aboriginal partners for communities in East Kootenay, Central Okanagan and rural communities in the central interior as part of the submission of PCN service plans.
- Developed and added Interior-specific Aboriginal Cultural Safety Education (ACSE) modules to IH's Job Ready requirements which are now mandatory for all IH employees. Approximately 13,000 IH employees (~65 per cent) have taken the online ACSE modules, exceeding initial 2018/19 expectations.
- Established the Aboriginal Mental Wellness Community of Practice, and collaborated with the Patient Voices Network on the Aboriginal Mental Wellness Plan Evaluation; this supports the process of having Aboriginal voices continually and thoughtfully engaged in the work and in evaluation activities.
- Renewed and re-signed Letters of Understanding (LOUs) with the Métis Nation of British Columbia (September 2018), Nlaka'pamux Nation (January 2019) and the Ktunaxa Nation (March 2019). LOUs are the foundation of IH's relationship with Aboriginal partners and provide a venue for meaningful and ongoing engagement into local program planning and service delivery discussions. IH has LOUs with all seven Interior Region First Nations and Métis Nation British Columbia.

Goal 2: Deliver High Quality Care

Interior Health emphasizes the importance of delivering high quality and sustainable health care across the health authority in the areas of primary and community care, seniors' health and wellness, mental health and substance use, surgical and hospital services. This builds on the Ministry of Health's policy framework and its priority areas of focus. IH's Goal 2 is aligned with the Ministry of Health's Goal 1 "*Ensure a focus on cross sector change initiatives requiring strategic repositioning*".

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

Key Highlights:

- Continued to work with physicians, patients, community partners, Divisions of Family Practice, Aboriginal partners, and inter-professional teams to facilitate the implementation of Primary Care Networks (PCNs) in the South Okanagan Similkameen and Kootenay Boundary and the planning of PCNs in the East Kootenay, Central Okanagan and Central Interior Rural region, which include team-based practices delivering locally designed services based on population and patient needs.
- Continued to plan Specialized Community Services Programs (SCSP) in the South Okanagan Similkameen and Kootenay Boundary, and began planning for SCSPs in the East Kootenay, Central Okanagan and Central Interior Rural region.
- Opened the Kamloops Urgent Primary Care and Learning Centre on June 12, 2018; 771 patients were attached by March 31, 2019, exceeding the annual target. Commenced active planning on an Urgent and Primary Care Centre in Central Okanagan.

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

Key Highlights:

- Improved Home Health practices by developing standardized Home Health staffing models in Adult Day Services and Home Health Nursing; compared to the previous fiscal year, increased long-term (1.6 per cent) and short-term (8.6 per cent) home support hours as well as case management visits (2.2 per cent).
- Increased the number of days adult day services were provided by 4.8 per cent and completed a service review to inform next steps towards local implementation and standardization.
- Established standardized and equitable - processes to access long-term care homes, including increasing the number of preferred sites from one to three that a client can identify when getting ready to move to a long-term care home.

- Stabilized Community Health Worker staffing in many IH communities through the introduction of fixed shift scheduling and the creation of more full and part time positions for Community Health Workers.
- Supported the quality of living and dying for individuals with life-limiting illnesses through the Palliative and End of Life Care Program by delivering integrated services and standardized processes based on best practice, specialized education, and regular communication among the inter-professional care team. 19 additional, designated hospice beds in hospitals and long-term care homes were implemented to provide purposeful spaces intended to be hospice-like, and that offer comfort and care at a time when support for a person with palliative needs and their family is paramount.

Performance Measure	2016/17 Baseline	2018/19 Target	2018/19 Actual	2019/20 Target	2020/21 Target
2.2 Number of people with a chronic disease admitted to hospital per 100,000 people, aged 75 years and over	3,891	≤ 3,595	3,369	≤ 3,463	≤ 3,332

Data Source: Discharge Abstract Database, 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. These hospital admissions could potentially be avoided by using resources available in the community. 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 emergency department visits, hospitalizations, and diagnostic testing.

Interior Health’s results were better than the 2018/19 target. Interior Health continues to regularly monitor this measure and improve programs for individuals with chronic conditions, also considering a growing number of older adults in the region. For example, work includes focused efforts to better integrate community-based programs for older adults with complex medical conditions and frailty in several communities that includes a team approach at Seniors Health & Wellness Centres to enhance chronic disease management. Increasing home support hours and case management visits also contribute to improving access to care before a hospital admission is necessary. Community staffing vacancies in many communities were a contributing factor in not meeting this target. Extensive Specialized Community Services Program planning in several communities over the past year and new investments should assist Interior Health in reaching its goal in 2019/20.

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

Key Highlights:

- Continued to implement new Opioid Agonist Treatment (OAT) clinics across the region to increase the capacity for providing evidence-based substance use treatment. More timely community access to OAT services occurred in four high-priority communities (Kelowna, Kamloops, Vernon and Penticton). The number of overdose deaths from illicit substances decreased by 9 per cent as compared to the previous fiscal year.
- Established Youth Intensive Case Management Teams in Kelowna and Kamloops to support youth with significant substance use challenges. These teams provide intensive case-management services including comprehensive assessments, treatment planning, counselling and family support. This service links with existing IH and provincial services.
- Applied quality improvement methodology to improve care transitions from Penticton Regional Hospital to community services for mental health and substance use patients which included identifying individuals at higher risk of poor transitions to ensure more robust transition planning and handover.
- Continued to plan 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. Focus of this work is on population health needs and local services.

Performance Measure	2016/17 Baseline	2018/19 Target	2018/19 Actual	2019/20 Target	2020/21 Target
2.3 Per cent of people admitted for mental illness and substance use who are readmitted within 30 days, 15 years or older	15.7%	≤ 15.5%	13.7%	≤ 14.9%	≤ 13.7%

Data Source: Discharge Abstract Database, Health Sector Information, Analysis and Reporting Division, Ministry of Health.

Discussion

Within IH, there is a focus on improving access to a range of services and supports in the community, including for persons with mental health and substance use issues. This performance measure focuses on one aspect of the effectiveness of community-based supports to help persons with mental health and substance use issues receive appropriate and accessible care, and avoid readmission to hospital. Other aspects include good discharge planning and maintaining an 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’s results were better than the 2018/19 target. Even so, 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. This includes using standard discharge planning tools in acute mental health settings, and providing information to patients and families about prescriptions, referrals, and follow-up appointments that support the individuals’ transition into community.

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

Key Highlights:

- Implemented the Patient Notification and Point of Contact initiative at six hospitals (Kelowna, Kamloops, Vernon, Penticton, Cranbrook and Trail) to improve the patient experience by ensuring the patient is informed during their surgical journey.
- Developed Hip and Knee Replacement Programs to provide integrated, person-centered surgical services and coordinate and/or provide all required services for patients who have been assessed as candidates for hip or knee replacement surgery. Interior Health has completed implementation of one such program in Kelowna, and similar programs are in progress for Kamloops, Vernon and Penticton.
- Expanded the Rural Surgical Obstetrical Network by including six additional communities (Lillooet, Revelstoke, Golden, Fernie, Creston and Invermere) to support and enhance the delivery of surgical and obstetrical care.
- Developed a collaborative partnership with BC Cancer - Interior Region and established the Interior Regional Oncology Council; developed a proposal to create a formal Interior Region Cancer Care Plan; and IH Community Oncology Clinics participated in feedback forums and site self-assessments.

Performance Measure	2016/17 Baseline	2018/19 Target	2018/19 Actual	2019/20 Target ³	2020/21 Target
2.4 Surgeries in targeted priority areas ¹ completed ²	4,484	6,010	5,358	6,126	6,243

¹ Priority areas are hip and knee replacements, and dental surgeries.

² **Data Source:** Surgical Patient Registry, Health Sector Information, Analysis and Reporting Division, Ministry of Health

³ Future year targets are from the 2018/19 IH Service Plan.

Discussion

Interior Health aims to achieve high quality, patient-centred surgical care within a sustainable health system for the region's residents through its Surgical Services Plan. Putting in place a sustainable model of surgical services in rural/remote communities and implementing initiatives to gain capacity in the current system are all ways that IH will continue to increase the total number of completed surgeries.

Interior Health continues to experience anesthesiologist² shortages, which are impacting the health authority's ability to achieve targeted volumes of surgery. As a result of these shortages, IH did not meet 2018/19 Ministry of Health targets for hip/knee replacements and dental surgeries. Despite cancellations due to the anesthesiologist shortfall, overall surgical volumes increased by 770 more hip/knee replacement surgeries (+23 per cent) and 82 more dental surgeries (+7 per cent) than in the previous fiscal year. Strategies were put in place to address the anesthesiologist recruitment challenges, and these efforts are ongoing.

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

To achieve a sustainable health care system, IH 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. IH's Goal 3 is linked to the Ministry of Health's Goal 3: "*Deliver an innovative and sustainable health system*".

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

Key Highlights:

- 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 the Provincial Health Services Authority Supply Chain, and continuing to monitor and implement productivity actions through analysis and benchmarking.
- 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. For example, MyHealthPortal was implemented across all 22 Interior Health hospitals with increased content available for the currently enrolled 67,000 citizens. Additionally, telehealth services were enabled to support Mental

² An anesthesiologist is a licensed medical doctor who specializes in administering anesthetics before, during and after medical procedures.

Health & Substance Use care in rural Emergency Departments.

- Engaged in community consultations and partnered with community stakeholders. This included strengthening ongoing connections with locally and regionally elected officials and other stakeholders as well as identifying and supporting stakeholder engagement opportunities related to health improvement and potential service changes.
- Initiated a new process to improve prioritization of MRI exams. Overall wait times have been significantly reduced and are continuing to decrease. As a result, exams completed within the benchmark have increased from 26 per cent in the previous year to 35 per cent and the MRI target volume was exceeded by over 1,000 exams for a total of more than 27,000 MRI exams.
- In collaboration with the Provincial Health Services Authority (PHSA), supported development of provincial standards and integrated approaches designed to improve population health by ensuring equitable access to evidence-based laboratory services that are cost-effective. Provided information and local context to PHSA; in addition, Interior Health is nearing completion of a full replacement of hematology³ instrumentation across the region.
- Collaborated with UBC Okanagan and Thompson Rivers University to begin planning for the Interior Academic Health Science Centre and further patient-oriented research with the goal that research evidence is used to improve patient experience and outcomes; clinical research departments are now operational at Royal Inland Hospital and Kelowna General Hospital.

Goal 4: Cultivate an Engaged Workforce and a Healthy Workplace

Aligned with the Ministry of Health's policy framework, several strategies are currently in progress or are planned 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 IH population.

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

Key Highlights:

- Developed and implemented focused recruitment tactics for difficult-to-fill positions, a response to service model changes or expansions, and key leadership roles by:
 - Implementing creative and innovative marketing (social media, career fairs, etc.) to promote and increase awareness of Interior Health as an employer and opportunities to job seekers;

³ a medical science that deals with the blood and blood-forming organs

- Communicating and coordinating with communities and educational partners to streamline and strengthen IH’s ability to recruit, welcome, and retain new staff to the region’s communities; and
- Adding Program Administrative Assistant positions to five sites to support vacancy management and reduce the time to hire.
- Implemented the Canadian Standards Association (CSA) Health & Safety Management System, beginning with the pillars of Leadership and Commitment with a continued focus in 2018/19 on musculoskeletal injuries, psychological health and safety, and safety culture. This included starting the Safe Patient Handling (SPH) Annual Program Evaluation, delivering SPH skills and assessment tool workshops, incident investigation workshops, and supervisor training programs, and providing ongoing support to the Joint Occupational Health and Safety Committee.
- Developed a Physician Engagement Strategy and implemented Phase 1 which included an IH Physician Leadership Development Program that enables physicians to advance into anticipated Medical Leadership vacancies; engaging with Local Medical Advisory Committees to strengthen administrator-physician relationships; and improving role clarity and responsibilities (i.e. job descriptions) for medical leadership positions.
- Continued to improve the health of the IH workplace by focusing on overtime and sick time reduction strategies as well as reducing injury rates by improving integration and recognition approaches for new and existing employees; implementing a diversity and inclusion plan; and increasing the opportunities for employees to provide feedback on their workplace experiences.
- Developed and started to implement the IH Aboriginal Human Resources Plan with input from Aboriginal community stakeholders. The Plan includes tactics for recruitment and retention of Aboriginal employees towards a goal of a representative employee population of 10 per cent Aboriginal employees by 2025. Hired an Aboriginal Employment Advisor to provide employment coaching, support Aboriginal candidates, and to develop and implement a plan to measure Aboriginal employee experience.

Performance Measure	2016 Baseline	2018 Target	2018 Actual	2019 Target	2020 Target
4.1 Nursing and allied professionals overtime hours as a per cent of productive hours	3.8%	≤ 3.8%	4.4%	≤ 3.8%	≤ 3.8%

Data Source: Health Sector Compensation Information System (HSCIS), Health Employers Association of British Columbia (HEABC).

Discussion

This performance measure compares the amount of overtime worked by nurses and allied health professionals to the overall amount of time these staff members worked. Overtime is a key indicator

of the overall health of a workplace as high rates of overtime may reflect staffing vacancies 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 2018 target in part due to several factors that contributed to overtime. Items including leaves (sick, vacation, disability), vacancies (exits, service delivery changes, inter-department movement), difficulty finding staff for workload (e.g. increased patient volumes) relief and unforeseen circumstances all contributed to increased overtime rates.

The three-year targets are set at the same level to reflect the importance of maintaining nursing and allied professional overtime at a low rate. To accomplish this, Interior Health has taken a multi-pronged approach to respond to the overtime factors that are within our ability to influence. Departments with high turnover have added administrative support to assist with vacancy management, reduce the number of vacancies and decrease the time to fill positions. To assist with relief requirements from vacation requests, changes to the vacation planning system were introduced to reduce the number of unplanned vacation days and ensure appropriate staffing levels for coverage. Interior Health also started to meet with post-secondary institutions to share the forecasting of IH's vacancies, discuss workforce supply and develop proactive recruitment strategies to address IH's health human resource plans.

Financial Report

Discussion of Results

With a 2018/19 budget of \$2,321 million, Interior Health experienced an operating deficit of \$25 million for the fiscal year ending March 31, 2019, representing approximately 1.1 per cent of the total budgeted annual expense. This deficit includes a \$25 million one-time actuarial loss related to Healthcare Benefit Trust (HBT) benefits compared to an actuarial gain of \$6 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, creating volatility in year-end results. The main drivers of the HBT one-time loss were lower than expected investment returns and higher than expected long-term disability claims. Interior Health continued to develop enhancements to its workplace health & safety program to assist employees to return to work and reduce future long-term disability claims costs. The year-end operating result of Interior Health, excluding the one-time loss, was a deficit of \$0.1 million.

Highlights

This year's financial results were related to the one-time loss in HBT benefits as noted in the above discussion of results. IH increased spending to support the Mental Health & Substance Use (MHSU) population as we continued to expand 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 services throughout the region. The combined growth rate in MHSU and primary and community care services exceeded the acute sector growth rate, continuing the shift to provide services to our population closer to their homes.

Financial Resource Summary Table

\$ millions	2018/19 Budget	2018/19 Actual	Variance
OPERATING SUMMARY			
Provincial Government Sources	2,137	2,141	4
Non-Provincial Government Sources	184	190	6
Total Revenue:	2,321	2,331	10
Acute Care	1,278	1,319	(-41)
Long-term Care	414	416	(-2)
Community Care	241	243	(-2)
Mental Health & Substance Use	158	159	(-1)
Population Health & Wellness	64	65	(-1)
Corporate	166	154	12
Total Expenditures:	2,321	2,356	(-35)
Surplus (Deficit) – <i>even if zero</i>	nil	(-25)	(-25)

\$ millions	2018/19 Budget	2018/19 Actual	Variance
CAPITAL SUMMARY			
Funded by Provincial Government	109	99	10
Funded by Foundations, Regional Hospital Districts, and other Non-Government Sources	130	103	27
Total Capital Spending:	239	202	37

Variance and Trend Analysis

Revenue exceeded budget by \$10 million, however the surplus revenue was mainly a recovery of physician compensation expenses.

The MHSU sector experienced the highest expenditure growth from prior year at 14.3 per cent. Spending in the Acute Care sector exceeded budget by \$41 million and grew from prior year by 7.0 per cent. Key drivers in this result are the one-time actuarial loss, compensation pressures resulting from increasing sick time and overtime, and non-wage pressures from escalating drug and supply costs and volume pressures.

Spending in the Corporate sector was less than the budget by \$12 million to help offset pressures in other areas. 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. The Corporate sector's positive variance is mainly due to cost containment strategies including restricted expenses and delayed investments.

The variance of the actual versus budgeted capital spending is due to unforeseen delays incurred in several construction projects.

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, 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 results due to unpredictable usage of long-term disability and health and welfare benefits combined with fluctuations in financial markets. Interior Health has a key strategy to create healthier workplaces for its workforce to help reduce sick time and long-term disability claims over time.

Lack of availability of medical staff and employees also creates financial risk by increasing overtime and by creating an inability to perform targeted service volumes to earn the funding associated with

those volumes. Interior Health continues to enhance its recruitment efforts to attract physicians and employees to the region to reduce this financial risk.

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 health-care needs outside of hospitals where possible.

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

Interior Health has the highest number of facilities amongst all health authorities, almost all within a rural context. Growing capital needs throughout IH are placing pressures on the capital budget such as an aging infrastructure that will require renovations and upgrades in the future.

Major Capital Projects

The following table lists approved capital projects that were underway as of March 31, 2019, and have a project budget greater than \$50 million regardless of funding source. Some of these projects commenced prior to the 2018/19 fiscal year, some are near completion, 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 listed projects, please visit the [IH Building Patient Care website](#).

Major Capital Projects (over \$50 million)	Year of Completion	Project Cost to March 31, 2019 (\$ millions)	Estimated Cost to Complete (\$ millions)	Anticipated Total Cost (\$ millions)
Patient Care Tower, Royal Inland Hospital	2024	43	374	417
<p>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. Financial Close occurred in 2018 and the project has now commenced with the construction of Phase one. For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/686370/capital-project-plan-royal-inland-hospital.pdf</p>				
Interior Heart and Surgical Centre, Kelowna General Hospital	2018	308	73	381
<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. The project will improve patient care, health service delivery, and patient flow at Kelowna General Hospital and design program areas to enable a comprehensive multi-disciplinary team approach. The project features capacity for 15 new operating rooms, a revascularization program including open heart surgery, and updated and expanded support</p>				

Major Capital Projects (over \$50 million)	Year of Completion	Project Cost to March 31, 2019 (\$ millions)	Estimated Cost to Complete (\$ millions)	Anticipated Total Cost (\$ millions)
<p>services. The capital cost of the project is shared by the Provincial Government and the Central Okanagan Regional Hospital District. The project is substantially complete and is expected to close in 2019. For more information, please see the website at: https://www.interiorhealth.ca/sites/BuildingPatientCare/IHSC/Pages/default.aspx</p>				
Patient Care Tower, Penticton Regional Hospital	2021	258	54	312
<p>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 includes a new surgical services centre and 84 medical/surgical inpatient beds in single patient rooms. Phase two involves 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. Phase one of the project was substantially completed in December 2018 and the design, procurement and construction for Phase two is proceeding in 2019. For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/687290/capital-project-plan-penticton-regional-hospital.pdf</p>				

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

Interior Health Authority - www.interiorhealth.ca

Fraser Health Authority - www.fraserhealth.ca

Northern Health Authority - www.northernhealth.ca

Vancouver Coastal Health Authority - www.vch.ca

Island Health Authority - www.viha.ca

Provincial Health Services Authority - www.phsa.ca

First Nations Health Authority - www.fnha.ca

Métis Nation British Columbia - www.mnbc.ca

HealthLink BC - www.healthlinkbc.ca