Interior Health Update
Cariboo-Chilcotin Regional Hospital District

February 28th, 2013

Norman Embree
Board Chair

Dr. Robert Halpenny
President & CEO

Our Vision … To set new standards of excellence in the delivery of health services in the Province of British Columbia.
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Board of Directors

Rosanna McGregor
Williams Lake

Virginia Goodings
Vernon

David Gillespie
Kamloops

Frank Quinn
Kamloops

Norman Embree
Board Chair
Salmon Arm

Erwin Malzer
West Kelowna

Ken Burrows
Penticton

Glenn Sutherland
Nelson

David Goldsmith
Spillimacheen
Interior Health - A rural health authority

• 215,000 sq km - larger than England and Scotland combined
• 742,000 residents
• $1.8 Billion Budget
• 18,171 employees
• 16 Community Hospitals
• 4 Service Area Hospitals
• 2 Tertiary Referral Hospitals
• 68 Municipalities & Regional Districts
• 53 First Nation Communities
What the data tells us
Interterior Health’s Focus


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

SYSTEM OUTCOMES: Improve population health, enhance patient and provider experience of care, reduce the costs of providing health care.

GOAL 1: Improve Health and Wellness

1.1 Redirect health promotion and prevention initiatives
1.2 Meet the needs of First Nations and Aboriginal communities by collaborating with them to plan and deliver culturally sensitive health care services
1.3 Assess, recommend and implement actions to improve the health of Interior Health's population
1.4 Partner with patients, clients, residents and their families to participate, as they choose, in the delivery of their health care and in the planning, design, and evaluation of health services

GOAL 2: Deliver High Quality Care

2.1 Work with partners to shift care to the community where possible and appropriate to best meet population and individual health care needs
2.2 Develop and implement chronic disease prevention and management strategies
2.3 Promote a coordinated network of efficient, effective acute care services
2.4 Implement evidence informed clinical care guidelines as well as quality and safety initiatives
2.5 Meet the health care needs of seniors

GOAL 3: Ensure Sustainable Health Care by Improving Innovation, Productivity, and Efficiency

3.1 Implement innovative approaches and service delivery models
3.2 Develop priority plans and implement transparent decision making and accountability processes to achieve objectives and mitigate risks
3.3 Develop health human resource business continuity and succession plans
3.4 Enhance IMT solutions
3.5 Engage in community consultations and partner with community stakeholders
3.6 Enhance research and education capacity

GOAL 4: Cultivate an Engaged Workforce and a Healthy Workplace

4.1 Create a healthy and safe work environment
4.2 Improve employee, physician, and volunteer engagement
4.3 Enhance leadership capacity

VALUES: Quality, Integrity, Respect, Trust

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

April 2012

Indicates organizational priorities
National Comparisons...

From 3rd most expensive... to 2nd least expensive.

Source: Canadian Institute for Health Information, National Health Expenditure Trends, 1975 to 2011, Oct 2011
Public-Sector Health Expenditure, by Province/Territory and Canada, 1975 to 2011-Current Dollars
Ministry Funding Lifts Decreasing

Base Funding Lifts from Ministry of Health Services as %

from 8.2% to 1.8%

* includes $27.1 million in one-time funding
Need to manage future pressures

<table>
<thead>
<tr>
<th>Year</th>
<th>Actual Expense</th>
<th>Actual Expense Growth Compared to Previous Year</th>
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<tbody>
<tr>
<td>2010/11</td>
<td>$79M</td>
<td></td>
</tr>
<tr>
<td>2011/12</td>
<td>$76M</td>
<td>5.6%</td>
</tr>
<tr>
<td>2012/13</td>
<td>$78M</td>
<td>3.6%</td>
</tr>
<tr>
<td>2013/14</td>
<td>$53M</td>
<td>1.8%</td>
</tr>
<tr>
<td>2014/15</td>
<td>$27M</td>
<td></td>
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Where the $1.8 billion is spent...

2011/12 Actuals

- Acute: $951 M (54%)
- Residential: $340 M (20%)
- Community: $177 M (10%)
- Mental Health: $109 M (6%)
- Population Health: $52 M (3%)
- Corporate: $126 M (7%)
Investments for Acute Services growth

- New CT Scanner Service
- Renovated Emergency Department
  - Williams Lake
  - Kamloops
  - Kelowna
  - 100 Mile House
- New fixed MRI Service
- Expanded ICU
- Tertiary Mental Health
- New Cardiac Services
Investing in Cariboo Memorial Hospital Surgery

![Annual Surgical Case Volumes Graph]

- **2001/02**: Inpatient Surgery (700), Surgical Day Care (800), Cysto/Endo Cases (600)
- **2005/06**: Inpatient Surgery (650), Surgical Day Care (850), Cysto/Endo Cases (700)
- **2011/12**: Inpatient Surgery (2200), Surgical Day Care (1100), Cysto/Endo Cases (1600)
Investments for Seniors Services growth

- Williams Lake
- 100 Mile House
- Clearwater
- Barriere
- Chase
- Kamloops
- Ashcroft
- Merritt
- Kelowna
- West Kelowna
- Summerland
- Penticton
- Oliver
- Keremeos
- Osoyoos
- Grand Forks
- Trail
- Castlegar
- Nelson
- Kaslo
- Kimberley
- Cranbrook
- Creston
- Midway
- Revelstoke
- Sicamous
- Salmon Arm
- Armstrong
- Vernon
- Coldstream
- Lake Country
- Nakusp
- Kaslo
- Invermere
- Golden
- Grand Forks
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- Coldstream
- Lake Country
- Nakusp
- Kaslo
- Invermere
- Golden
Investments in Critical Care Transport
Delivering Care Remotely

• 41 Telehealth sites across IH

• Over 2 dozen programs
  – Oncology, Renal, Thoracic, Wound Care, Home Monitoring. . .

• Results
  – Access to care closer to home
  – Reduction in ER visits and inpatient admissions
  – Improved staff productivity
Investments in Cardiac Services

• Percutaneous Coronary Interventions (PCI) began in Nov 2009. The procedure widens narrowed sections of the coronary artery to increase heart blood flow, and is frequently used instead of more invasive bypass surgery
  
  o 2,253 PCIs performed at KGH since 2009:
    ▪ Thompson-Cariboo: 605 cases (26.8% of total)

  o Wait times for this frequently life-saving procedure have been reduced by 87 per cent

  o For every 100 patients that come into Kelowna General Hospital with a large heart attack, 9 more patients survive today than would have survived prior to the establishment of the program in Kelowna

• Open Heart Surgery began in December 2012.
  
  o 100 surgeries completed to date
    ▪ Thompson-Cariboo: 16 cases
Investing in care while holding the line on Administration and Support Costs

<table>
<thead>
<tr>
<th>Admin &amp; Support Analysis</th>
<th>Interior Health Total Expenditures</th>
<th>Total Admin &amp; Support Dollars (millions)</th>
<th>% of total expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008/09 Actual</td>
<td>$1,554.5</td>
<td>$164.0</td>
<td>10.6%</td>
</tr>
<tr>
<td>2009/10 Actual</td>
<td>$1,600.9</td>
<td>$162.5</td>
<td>10.2%</td>
</tr>
<tr>
<td>2010/11 Actual</td>
<td>$1,679.8</td>
<td>$165.8</td>
<td>9.9%</td>
</tr>
<tr>
<td>2011/12 Actual*</td>
<td>$1,755.4</td>
<td>$181.2</td>
<td>10.3%</td>
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</tbody>
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* 2011/12 increase mainly related to significant Information Technology investment, increased plant maintenance costs related to one time investments, and capital accounting guideline changes
## What is included in Administration and Support Costs

<table>
<thead>
<tr>
<th>Administration &amp; Support Category</th>
<th>% of total administration and support costs</th>
<th>% of total expenses</th>
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</thead>
<tbody>
<tr>
<td>Information Management/Technology</td>
<td>28.4%</td>
<td>2.93%</td>
</tr>
<tr>
<td>Administration</td>
<td>15.9%</td>
<td>1.64%</td>
</tr>
<tr>
<td>Plant Maintenance</td>
<td>14.7%</td>
<td>1.52%</td>
</tr>
<tr>
<td>Human Resources</td>
<td>8.6%</td>
<td>0.86%</td>
</tr>
<tr>
<td>Material Management</td>
<td>6.4%</td>
<td>0.66%</td>
</tr>
<tr>
<td>Health Records</td>
<td>5.8%</td>
<td>0.60%</td>
</tr>
<tr>
<td>Registration</td>
<td>5.3%</td>
<td>0.55%</td>
</tr>
<tr>
<td>Finance</td>
<td>5.2%</td>
<td>0.54%</td>
</tr>
<tr>
<td>Amortization</td>
<td>3.4%</td>
<td>0.36%</td>
</tr>
<tr>
<td>Telecommunications</td>
<td>2.8%</td>
<td>0.29%</td>
</tr>
<tr>
<td>Plant Operations</td>
<td>1.9%</td>
<td>0.20%</td>
</tr>
<tr>
<td>Plant Security</td>
<td>1.1%</td>
<td>0.12%</td>
</tr>
<tr>
<td>Emergency Preparedness</td>
<td>0.1%</td>
<td>0.01%</td>
</tr>
<tr>
<td>Volunteer Services</td>
<td>0.5%</td>
<td>0.05%</td>
</tr>
<tr>
<td><strong>Total Administration and Support</strong></td>
<td><strong>100%</strong></td>
<td><strong>10.3%</strong></td>
</tr>
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Southern Medical Program Teaching Sites

- Williams Lake
- Clearwater
- 100 Mile House
- Barriere
- Kamloops
- Chase
- Salmon Arm
- Enderby
- Armstrong
- Vernon
- Golden
- Revelstoke
- Nakusp
- Kaslo
- Invermere
- Elko
- Cranbrook
- Kimberley
- Fernie
- Summerland
- Penticton
- Princeton
- Oliver
- Keremeos
- Osoyoos
- Grand Forks
- Trail
- Creston
- Lytton
- Merritt
- Lillooet
- Logan Lake
- Ashcroft
Provincial Incentives for Rural Recruitment

- Rural Retention Program (RRP)
  - Percentage Fee Premium (RRP %)
  - Flat Premium (RRP Flat)
- Rural GP Locum Program (RGPLP)
- Rural GP Anaesthesia Locum Program (RGPALP)
- Rural Specialist Locum Program (RSLP)
- Rural Continuing Medical Education (RCME)
- Recruitment Incentive Fund (RIF)
- Recruitment Contingency Fund (RCF)
- Rural Emergency Enhancement Fund (REEF)
- Northern & Isolation Travel Assistance Outreach Program (NITAOP)
- Isolation Allowance Fund (IAF)
- Rural Education Action Plan (REAP)
Working with First Nations

- Ktunaxa Letter of Understanding (2009)
  - 3 year agreement resigned in 2012

- Okanagan Nation Alliance Letter of Understanding (2012)

- Partnership Accord with First Nations Health Council (2012)

- Tsilhqot’in Nation Letter of Understanding (in development)
Largest capital investment since inception
CMH Master Plan Concept Rendering
CMH Master Plan Major Components
CMH Inpatient & Maternity Unit Addition Project

Project Description
• New 32/34 Inpatient Bed Unit
• Improved medical, surgical, pediatrics & maternity services
• Will address inpatient bed needs to 2022
• Improved on site surface parking

Status
• Capital Short Form Business Case complete
• Included in Interior Health annual capital prioritization process
• Request to develop Concept Plan
Capital Process

Master Site Plan
- Site Assessment
- Master Program
- Staffing
- Development Plan

Functional Program
- Site Assessment
- Master Program
- Staffing
- Development Plan
- Process Redesign Mapping
- Review current service delivery process
- Application of Lean principles to process and design

Operational Description
Conceptual layout diagrams

Not all major projects require Master Site Plan

Indicative Design
- Toolkit drawing from functional program information
- Flow plans for program services includes mechanical/technical components
- Evidence based practice and building standards

Concept Plan
- Master Site Plan
- Functional Program
- Indicative Design
- Capital and operating impacts
- Project schedule
- Procurement screening
- Human resource planning
- Communication Plan

Business Case
- Concept Plan
Plus:
- Detailed human resource plan
- Detailed capital and operating impacts
- Procurement analysis and recommendations
- Procurement implementation plan
- Detailed Communication Plan

Strategic Alignment

Stakeholder Engagement

Multi-point approvals through each phase (Senior Executive Team (SET), IH Board, MOH)

Communication
Regional Referral Patterns

Cariboo Chilcotin Local Health Area - Inpatient Referral Patterns (2011/12)

- Cariboo Memorial: 8.97%
- Royal Inland: 2.75%
- Kelowna General: 4.50%
- Vancouver General: 18.45%
- UHNBC: 63.95%
- Other Hospitals: 1.38%

100 Mile House Local Health Area - Inpatient Referral Patterns (2011/12)

- 100 Mile House: 43.46%
- Royal Inland: 3.35%
- Kelowna General: 23.19%
- Vancouver General: 14.20%
- UHNBC: 10.66%
- Other Hospitals: 0.12%

Note: UNHBC – University Hospital of Northern BC (Prince George)
Questions/Discussion