

CHARTING THE COURSE

Interior Health's Planning Principles and Considerations for Change

February, 2012



Interior Health is mandated by the *Health Authorities Act* to plan, deliver, monitor, and report on publicly funded health services for people that live within the Southern Interior of British Columbia. Its vision is “to set new standards of excellence in the delivery of health care” and throughout its history, the organization has done just that – delivered excellent care.

In 2010, with a focus on continuing to improve the quality of care it provides and meeting the health needs of the people it serves, Interior Health embarked on a journey intended to strengthen how it works together as one team. This journey involves:

- Learning and sharing ideas
- Standardizing practices and processes
- Strengthening the links between services
- Providing effective, efficient care

With this lens in mind, *Charting the Course: Interior Health’s Planning Principles and Considerations for Change* provides staff, physicians, decision-makers, and community partners an overarching framework to use as a guide to make decisions on the planning and delivery of services. This framework was developed based on internal and external consultation and is intended to support openness and transparency around how new services are developed or current services are changed.



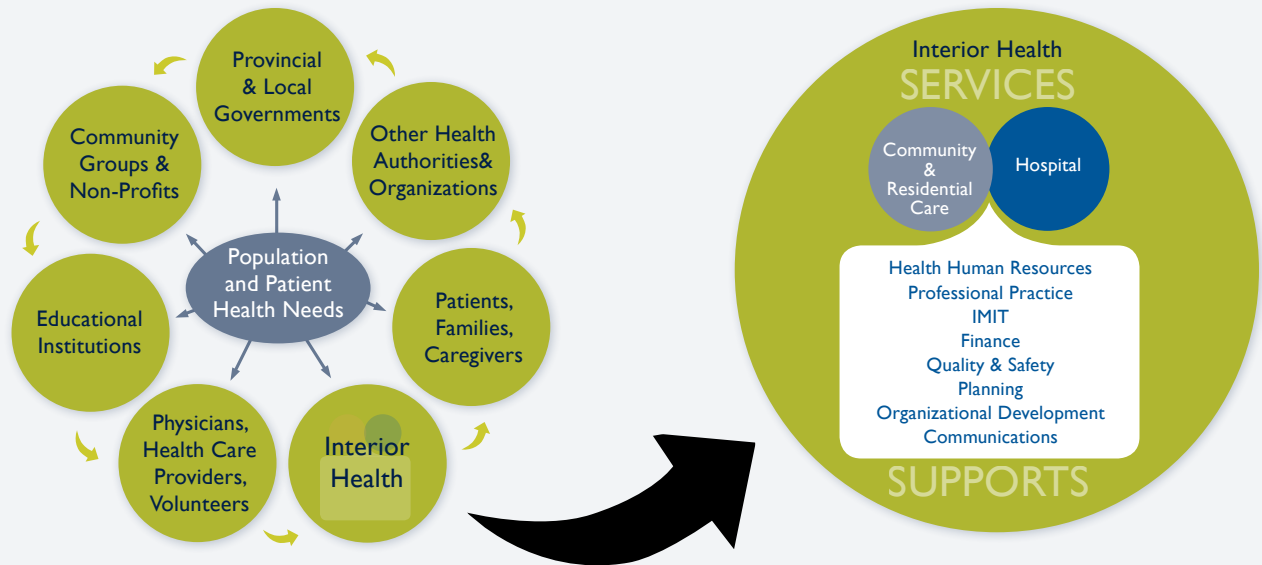
THE CARE CONTINUUM

The care continuum is the foundation of Interior Health’s service planning approach.

Staying Healthy	Getting Better	Living with Illness	Coping with End-of-Life
<i>Achieving and maintaining optimum health and wellness</i>	<i>Improving health during an exacerbation or acute event, or moving to a better plateau in a chronic condition</i>	<i>Minimizing deterioration of health and successfully managing long-term condition(s)</i>	<i>Relieving suffering and improving quality of life, as well as maintaining health and wellness of family or caregivers</i>

Population health needs across the care continuum drive the mix of services and supports Interior Health provides. Health needs however, are met through a variety of system partners working together. Along with Interior Health, system partners include physicians, health care providers, volunteers, other health organizations, government, community groups and non-profits, educational institutions, as well as clients and their families or supports.

In terms of the services provided by Interior Health, direct care is provided in two main sectors: Community and Hospital. The community sector includes primary care, community mental health and substance use, home and community care, residential services, rehabilitation services, Aboriginal health services and population health and wellness; the hospital sector includes tertiary and acute services provided in acute care facilities. Various supports enable the delivery of services across



these sectors including health human resources, Information Management and Technology (IMIT), professional practice, organizational development, pharmacy, lab and diagnostic imaging, finance, planning, laundry, housekeeping, food, and many others.

Traditionally, the provision of health care services was very acute focused. To better align service provision to population needs however, this focus must shift upstream on the care continuum to achieving and maintaining optimum health and wellness for the population.

This shift translates into broad demand for more generalist care including public health and family physician services. This includes prevention and health promotion services, as well as first point of contact or primary care with coordination and referral to higher levels of care as needed. These are the services that should be widely

available across the health authority. In contrast, a smaller proportion of the population requires more specialized services. As the level of specialty increases it is generally accepted that services should be clustered to ensure safety, quality, sustainability, and efficiency. Interior Health is committed to keeping services as close to home as possible, but determining the balance between closer to home and maintaining a critical mass is a challenge.

To help address this challenge and inform other service planning decisions, Charting the Course presents overarching planning principles and considerations for change. Principles are the basic tenets or rules around which service planning decisions are made. Considerations for change are the criteria which help assess, begin conversations around, and decide on services that may be in a state of transition.

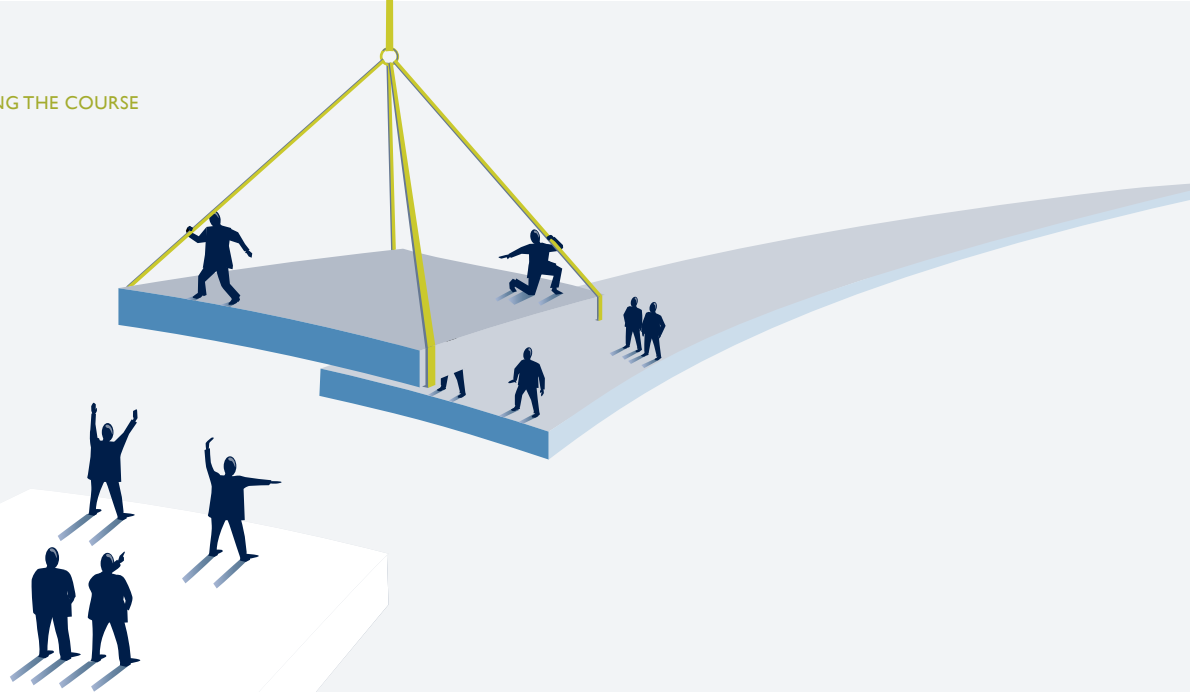


PLANNING PRINCIPLES

1. **Quality, safe clinical care** will be delivered. Individuals will have a positive experience with how health services are delivered and provincial and national standards and guidelines will frame service delivery.
2. Individuals will have **access to health services** in a manner that will facilitate equitable outcomes. Access might look different depending on the community. Innovative ways to support access through non-traditional service delivery models such as telehealth, outreach, or by using skilled practitioners in new roles will be pursued.
3. Health services provided will be **sustainable**. Sustainability will be achieved by focusing on staying healthy and minimizing demand. Services will be affordable in terms of finances, achievable in terms of the availability of health human resources, and able to be maintained over time. Consolidation may be a solution to sustainability challenges; however, this does not always mean ‘geographically centralized’, but rather networked or integrated to support coordinated care.
4. Service delivery will be **evidence-informed and based on population need**. Population health indicators will be used to identify disparities and identify populations with the greatest health needs. Prioritization of needs will be based on defined criteria, and resources will be placed where the gains in health improvement and disease management can be most effective.
5. Services and supports will not be viewed in isolation of each other or in isolation of the community or population they serve. Their **interconnectedness and impact** to a community will be considered.
6. **Staff will be supported**. They will have safe and healthy working environments, be engaged, and work in a positive culture and climate.



7. We will endeavour to **engage stakeholders** in dialogue when significant changes in the planning and delivery of services are being considered within their communities.
8. **Collaboration** with other provincial system partners will occur. This includes other health authorities and provincially organized programs.
9. Service **quality and operational efficiencies** will be pursued through integration and economy of effort or the consolidation of resources. Innovation will support these efforts.
10. Clear lines of **accountability and communication** will exist.



CONSIDERATIONS FOR CHANGE

Sometimes within the array of services and supports provided by Interior Health difficult decisions must be made around future direction, including when substantive service changes are needed. The weighting or balance of the planning principles will vary depending on the decision at hand, but in every instance

delivering quality, safe care will be first and foremost. From Interior Health’s perspective, key elements must be in place for this to occur. When translated to a community or client’s perspective, these elements mean slightly different things:

Interior Health’s perspective:	For a community or client this means:
Staff are able to provide enough services or deliver enough care to ensure quality and safety standards are met as well as professional skills and competencies are maintained.	I can trust I will receive safe care. The people delivering my health services will have exposure to enough work to maintain the skills they need to ensure this safety.
Consistently, over time, enough skilled critical staff including physicians, nurses, and other health human resources are available to provide the coverage required including ensuring adequate relief.	I recognize that one component of quality, safe care is having enough people to deliver the service – to support each other and ensure services are there when needed.
Other innovative service delivery options, such as telehealth or new ways of providers working together, offer more efficient, effective opportunities to deliver care and meet access standards at a site or within a community.	I will get the care I need when I need it; however the way that care is delivered, or the person who delivers it, might be different.

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Interior Health's perspective:	For a community or client this means:
<p>Care delivery volumes or service demands are great enough to be fiscally sustainable from both an operating and capital investment perspective.</p>	<p>I recognize that health services and the health system are only one critical component that contributes to my overall health and well-being. I can trust that the health services I am receiving are being provided in a way that ensures other factors essential to health – like education and my physical, social and economic environment and are also able to be supported.</p>
<p>The site or service plays a critical role within Interior Health's network of care.</p>	<p>I can trust that the services I receive are linked to others within a broader system of care to ensure smooth transition and continuity.</p>
<p>The service continues to meet a need or needs.</p>	<p>I can trust that services are evaluated with a focus on continually improving or changing to better meet needs.</p>

Planned changes to the delivery of services will be considered through the assessment of these considerations for change. They will :

- Be made in the interest of providing high quality care to our communities and clients
- Be informed by evidence

- Clearly address alternatives, or that is, what the new service will look like and when it will be implemented
- Developed in consultation with communities and local leaders

The approach outlined in this document provides a foundation for service planning within Interior Health. This includes the care continuum, key planning principles and considerations for change. Responsibility for the use and implementation of this framework is collectively shared. When applied, it is intended to provide guidance for staff, physicians, and communities as they plan for and deliver excellent care to ultimately improve the health and health outcomes of the people within Interior Health.

Mandate

Interior Health is mandated by the *Health Authorities Act* to plan, deliver, and monitor publicly funded health services for the people that live in the Southern Interior of British Columbia.

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.

Goals

Goal 1: Improve Health and Wellness

Goal 2: Deliver High Quality Care

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

Goal 4: Cultivate an Engaged Workforce and Healthy Workplace

Values

Quality – we are committed to safety and best practice

Integrity – we are authentic and accountable for our actions and words

Respect – we are courteous, and treat each other as valued clients and colleagues

Trust – we are free to express our ideas

Senior Executive Team

Dr. Robert Halpenny,
President and Chief Executive Officer

Ms. Sandy Ballard,
Acting Vice-President People

Ms. Susan Brown,
Vice-President Tertiary Services

Dr. Jeremy Etherington,
Vice-President Medicine and Quality

Mr. Mal Griffin,
Acting Vice-President Clinical Services

Dr. Keith Hutchison,
Chair Health Authority Medical Advisory Committee

Ms. Donna Lommer,
Vice-President Residential Services and Chief Financial Officer

Mr. Martin McMahon,
Vice-President Planning and Strategic Service

Mr. Andrew Neuner,
Vice-President Community Integration

Ms. Cathy Renkas,
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Mr. Allan Sinclair,
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