

# Interior Health Authority

## 2019/20 – 2021/22 SERVICE PLAN

December 2019



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## Board Chair Accountability Statement



At Interior Health we are committed to promoting healthy lifestyles and providing quality care for all. We strive to engage with patients and families in meaningful partnerships to guide our work. The words *Every Person Matters* guide and define our efforts delivering high quality health care services to residents of British Columbia's interior region.

On behalf of the Board of Directors, I'm proud to submit Interior Health's *2019/20 – 2021/22 Service Plan*, which outlines how we will achieve our organizational goals in collaboration with the Ministry of Health, our physicians and staff, and our many health-care partners.

The *2019/20 – 2021/22 Interior Health Service Plan* was prepared under the Board's direction in accordance with the [Health Authorities Act](#). The plan is consistent with Government's strategic priorities and fiscal plan. The Board is accountable for the contents of the plan, including what has been included in the plan and how it has been reported. The Board is responsible for the validity and reliability of the information included in the plan.

All significant assumptions, policy decisions, events and identified risks, as of July 30, 2019, have been considered in preparing the plan. The performance measures presented are consistent with the [Budget Transparency and Accountability Act](#), Interior Health's mandate and goals, and focus on aspects critical to the organization's performance. The targets in this plan have been determined based on an assessment of Interior Health's operating environment, forecast conditions, risk assessment and past performance.

A handwritten signature in blue ink that reads "Douglas Cochrane". The signature is fluid and cursive, written in a professional style.

Douglas Cochrane  
Board Chair

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## Organizational Overview

The Interior Health Authority (Interior Health or IH) provides health services to over 768,000 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. Population health needs across the continuum of care drive the mix of services and enabling supports IH provides. This continuum includes staying healthy, getting better, living with illness, and coping with end of life.

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. This includes 54 First Nations communities and 16 Métis communities, representing 8.8 per cent of IH's total population. IH's Vision, Mission, Values, and Guiding Principles inform how it delivers on its legislated mandate. IH's purpose and goals are rooted in improving the overall health and wellness of the people it serves, and ensuring a sustainable health system for years to come that is informed by strong partnerships with First Nations and Métis communities, physicians, local leaders, foundations, auxiliaries, volunteers, and all members and groups across the IH region.

Health service delivery is coordinated through a health authority wide "network of care" that includes hospitals, community health centres, long-term care and assisted living facilities, housing supports for people with mental health and substance use issues, primary health clinics, urgent and primary care centres, homes, schools, and other community settings. Health services are provided by IH staff and through contracted providers.

**Clinical operations** at IH include Hospital Care, Primary & Community Care, Long-term Care, Mental Health & Substance Use, Public Health, Surgical Services, and Allied Health. A variety of **clinical and organizational support services** enable the delivery of care and include Medical Imaging, Laboratory Services, Pharmacy, Human Resources, Medical Affairs, Professional Practice, Information Management/Information Technology (IMIT), Infection Prevention & Control, Financial Services, Housekeeping / Food Services / Laundry Services, Research, Planning, and Communications.

A 10-member Board of Directors and a team of Senior Executives share governance and leadership responsibility for IH's service delivery. The Board of Directors is appointed by and responsible to the Minister of Health. The primary responsibility of the Board is to foster IH's short- and long-term success while remaining aligned with its responsibilities to Government and stakeholders. The day-to-day operations of IH are led by the Chief Executive Officer and the Senior Executive Team, who are 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, IH is committed to transparency by making available information at [www.interiorhealth.ca](http://www.interiorhealth.ca) about services, planning, leadership and Board policies that may be of interest.

### Vision

To set new standards of excellence in the delivery of health services in the Province of British Columbia.

### Mission

Promote healthy lifestyles and provide needed health services in a timely, caring and efficient manner, to the highest professional and quality standards.

### Our Values

Quality, Integrity, Respect, Trust.

### Our Principles

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

## Strategic Direction and Alignment with Government Priorities

The health system across British Columbia (B.C.) is ever-changing; it is continually adapting, responding, and innovating to better meet the needs of our population. Interior Health (IH) is continually looking for ways to improve the patient and provider experiences, and to use its system resources effectively. Patients and their families interact with health services at various points on the continuum, depending on their individual care needs. Better transitions between acute care, long-term care and community services, strengthened communications between providers, and implementing team-based care models are ways IH is working to smooth the patient journey and ensure the patient is always at the centre of care planning and decisions.

This aligns with the Ministry of Health’s priorities and strategic direction, which are set forth for IH in the Minister of Health’s [Mandate Letter to Interior Health](#) as well as the Premier’s Mandate Letters to the [Minister of Health](#) and the [Minister of Mental Health and Addictions](#). Successfully shaping and implementing key areas of IH’s strategic focus and achieving its vision requires close collaboration with partners, including the Ministry of Health, the Ministry of Mental Health and Addictions, physicians, other health care providers, unions, patients, volunteers, Aboriginal communities, and other stakeholders such as Regional Hospital Districts, foundations and auxiliaries.

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, IH and partner agencies. Working alongside physician partners and other stakeholders, IH continues to make progress in improving services across its large, predominantly rural geography. As well, IH has placed high priority on working closely and collaboratively with Aboriginal leaders and the First Nations Health Authority to ensure coordinated planning and service delivery to Aboriginal populations, and in support of improved health and wellness objectives.

Interior Health is aligned with Government’s key priorities:

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

	<ul style="list-style-type: none"> <li>○ timely access to appropriate surgical procedures (Objective 2.4); and</li> <li>○ continued improvement of hospital services (Objective 2.5).</li> <li>● Cultivating an engaged workforce and a healthy workplace (Goal 4) by             <ul style="list-style-type: none"> <li>○ enhancing relationships and encouraging all who work at IH to reach their full potential (Objective 4.1); and</li> <li>○ advancing practices in the IH workplace that address health and safety issues (Objective 4.2)</li> </ul> </li> </ul>
A strong, sustainable economy	<ul style="list-style-type: none"> <li>● Ensuring sustainable health care by improving innovation, productivity and efficiency (Goal 3) with a focus on:             <ul style="list-style-type: none"> <li>○ promoting new ways of working to provide better service and reduce costs (Objective 3.1).</li> </ul> </li> </ul>

## Strategic Context

This service plan is based on an understanding of Interior Health’s (IH) 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 areas of focus** over the coming three years include: **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 Service Plan will show IH’s continued commitment to furthering these six 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.

## Goals, Objectives, Strategies and Performance Measures

Interior Health's (IH) [Vision, Mission, Values, and Goals](#) act as a platform upon which objectives and strategies are developed and advanced. IH's Service Plan aligns with the strategic priorities contained in the [Province of British Columbia Strategic Plan 2019/20 – 2021/22](#) and the Ministry of Health [2019/20 – 2021/22 Service Plan](#) and 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.

### 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 high-quality health services*".

### 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:

- Continue to improve and protect health using a mix of policies and programs outlined in [Promote, Protect, Prevent: Our Health Begins Here. BC's Guiding Framework for Public Health](#), with a focus on:
  - Collaboration to create healthy environments in communities, schools, workplaces, and sites where healthcare is provided, e.g. smoke-free and healthy eating environments;
  - Initiatives to support the health of mothers, children and youth, e.g. prenatal/postpartum education and Healthy Start initiatives; and
  - Plans and programs that prevent or reduce harms to health, e.g. regulatory activities for food and drinking water (including consistent processes and inspections), opioid overdose response, immunization and emergency management.
- Work with the MOH to apply a Gender-Based Analysis Plus (GBA+)<sup>1</sup> to planning and service delivery.
- Continue to partner with patients, clients, residents, families, and communities to participate in the delivery of person- and family-centered health care including the planning, design, and evaluation

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<sup>1</sup> GBA+ is an analytical process used to assess how diverse groups of women, men and non-binary people may experience policies, programs and initiatives. The "plus" in GBA+ acknowledges that GBA goes beyond biological (sex) and socio-cultural (gender) differences and considers many other identity factors, like race, ethnicity, religion, age, and mental or physical disability.



of IH health services in association with the Ministry of Health’s Patients as Partners Initiative and the BC Patient Safety & Quality Council’s [Patient Voices Network](#).

- Work with the MOH and support local partners to deliver long-term health promotion, and illness and injury prevention services, including delivery of screening as identified in the [Lifetime Prevention Schedule](#).
- Support an environmentally sustainable health care system by working on projects such as climate change adaptation awareness to reduce IH’s environmental impact contributing to improved human health.
- Work with the MOH to prepare and respond to climate change.

Performance Measure	2016/17 Baseline	2017/18 Actuals	2018/19 Actual	2019/20 Target	2020/21 Target	2021/22 Target
1.1 Per cent of communities that have completed healthy living strategic plans. <sup>1</sup>	48%	57%	62%	62%	63%	67%

<sup>1</sup> Data Source: Health Authority Annual Community Survey, Healthy Living and Health Promotion Branch, Population and Public Health Division, Ministry of Health

### Linking Performance Measures to Objectives:

- 1.1 Communities that make progress toward and complete healthy living strategic plans take an important step to enable people to live healthier lives. Communities consider organizational processes, community context, public policy, as well as intra- and inter-personal factors to protect the health of the population and reduce health inequities.

### Discussion:

This performance measure focuses on the proportion of IH communities that have developed healthy living strategic plans in partnership with the Ministry of Health and IH since 2010/11. Healthy living strategic plans include measurable actions or milestones that the health authority and community will implement and monitor to collectively address modifiable risk factors for chronic disease and prioritize areas for the reduction of incidences of chronic diseases. IH strives to continually improve community collaboration and exceeded its 2018/19 target. Partnership and engagement with Aboriginal communities are part of the planning process (see also Objective 1.2 below). Community-based efforts to create environments that promote well-being (i.e. built, natural and social environments) make it easier for citizens, including the most vulnerable, to be healthy.

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

#### Strategies:

- Support shared decision-making with First Nations and Métis people, and meaningful engagement in health care planning and service delivery in keeping with the [United Nations Declaration on the](#)

[Rights of Indigenous Peoples, Truth and Reconciliation Commission of Canada: Calls to Action, Interior Region Partnership Accord and Métis Nation Relationship Accord II](#). This includes:

- Working with interior region First Nations, First Nations Health Authority (FNHA) and Métis Nation British Columbia to implement the goals and objectives of the [IH Aboriginal Health and Wellness Strategy](#) and prepare for its renewal in 2020; and
- Continuing to strengthen coordination and collaboration with First Nations and Métis partners through leadership meetings, and partnership agreements (e.g. Partnership Accord, Letters of Understanding, and Nation-specific work plans).
- Continuing to coordinate with FNHA, MOH, and other health authorities on health care planning and service delivery for urban/away-from-home individuals and families.
- Supporting the adoption of the *United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)* and the *Truth and Reconciliation Commission (TRC) Calls to Action*.
- Participate in planning cross-sectoral work to address and support the mental health and wellness and social determinants of health in First Nations and Métis communities in keeping with the [Memorandum of Understanding- Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness](#) by:
  - Implementing and evaluating the [IH Aboriginal Mental Wellness Plan](#), developed with First Nation and Métis partners, Aboriginal patient voices network volunteers and First Nations Health Authority; and
  - Increasing access to culturally safe and appropriate, quality services for Aboriginal peoples, including elder care, and mental health and substance use services.
- Create a climate for change to improve the patient experience for First Nations and Métis peoples, and systematically embed cultural safety and humility as part of quality health services and administration in keeping with the [Declaration of Commitment on Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in BC](#), including:
  - With engagement from First Nations and Métis partners, creating spaces, policies and processes that improve cultural safety and patient experience; and
  - Providing Aboriginal Cultural Safety Education, as well as recruitment and retention of Aboriginal employees to support a workforce that represents the population.

## **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 service delivery areas requiring strategic repositioning".

**Objective 2.1: Implement a primary care model that provides comprehensive, coordinated and integrated team-based care**

**Strategies:**

- Continue to work with physicians, patients, community partners, Divisions of Family Practice, Aboriginal partners, and inter-professional teams to facilitate the establishment and implementation of Primary Care Networks (PCN). This includes services for key patient populations (seniors / 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. Infrastructure (space, co-location) and info-structure needs (IMIT, monitoring, evaluation, etc.) will also be considered.
- Support the implementation of the IH team-based care strategy, which is aligned with the Ministry of Health's Primary Care Strategy and includes team-based practices delivering locally designed services based on population and patient needs with effective linkages across the integrated system of care.
- Continue to collaborate with partners on the redesign of local Specialized Community Services Programs (SCSP) to promote an integrated system of care and enable linkages between programs and services and in collaboration with primary care services, between SCSPs and the PCNs, and with other services across the care continuum.
- Continue to plan and implement Urgent and Primary Care Centres across IH.
- Sustain, stabilize and, where appropriate, expand access to team-based maternity services, including low risk maternity care as part of comprehensive primary care services provided by PCNs.
- Collaborate with the Ministry of Health and the Provincial Health Services Authority (PHSA) on the Provincial Pain Strategy.

**Objective 2.2: Improve health outcomes and reduce hospitalizations for seniors through effective community services**

**Strategies:**

- Develop regional processes, tools and resources and support implementation of Specialized Community Services Programs (SCSPs) for seniors with complex medical conditions and/or frailty to ensure improved access, quality and coordination of care are provided across services and/or multiple visits through interdisciplinary teams (e.g. by identifying a patient's most responsible clinician).
- Continue to integrate Home Health services, including home support, community-based professional services, community caregiver supports, adult day programs, palliative care, and assisted living, into the larger system of care by working with local teams to ensure that Home Health services align with the provincial [Home and Community Care Policy](#) and the transformation of Primary and Community Care.
- Create standardized and responsive Home Support services to improve efficiency and care quality.

- Provide health supports to individuals with disabilities as outlined in the [Collaborative Services Guidelines](#). In addition, for those clients that meet the added care threshold, as defined by the Guidelines, IH has a standard approach, practice standards and tools for determining the added care required to augment the services provided by [Community Living BC](#).
- Collaborate with physicians to continue the improvement of services for the frail elderly through the implementation of strategies and initiatives such as the General Practice Services Committee [Residential Care Initiative](#), the Behavioral and Psychological Symptoms of Dementia algorithm, [P.I.E.C.E.S.](#)<sup>2</sup> learning and development initiative, [Gentle Persuasive Approaches](#), as well as continue the development of clinical decision support tools and the implementation of the Serious Illness Conversation Guide. This will help to reduce the number of transfers to the emergency department from long-term care homes, and the number of fall-related injuries in long-term care homes.
- Ensure people in long-term care homes receive dignified and quality care by implementing and monitoring enhanced direct care hours in order to reach the provincial target of 3.36 hours per day as a health authority average by 2020/21.
- Continue to implement and enhance palliative and end-of-life care services to support the quality of living and dying for individuals with life-limiting illnesses through the delivery of integrated services and standardized processes, supported through best practice and specialized education. This includes increasing the number of designated hospice beds in acute and long-term care facilities, establishing a Palliative Care Physician Consultation Service and providing 24/7 access to palliative nursing support for palliative clients living at home.
- Draft the Interior Cancer Care Strategy in partnership with BC Cancer and the First Nations Health Authority via the Interior Region Oncology Council.

Performance Measure	2016/17 Baseline	2017/18 Actuals	2018/19 Actuals	2019/20 Target	2020/21 Target	2021/22 Target
2.2a Number of people with a chronic disease admitted to hospital per 100,000 people, aged 75 years and over. <sup>1</sup>	3,896	3,618	3,408	3,451	3,367	3,284

<sup>1</sup> Data Source: Discharge Abstract Database, Health Sector Information, Analysis and Reporting Division, Ministry of Health. Based on 2011 Canada reference population

### Linking Performance Measures to Objectives:

- 2.2a Strategies to improve community-based services such as Home Health, palliative/end-of-life, and long-term care quality initiatives, will help to improve patient health outcomes and reduce inappropriate hospitalizations for seniors, including decreasing the number of people 75 years of age and older with a chronic disease who are admitted to hospital.

<sup>2</sup> P.I.E.C.E.S.<sup>TM</sup> 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.

**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 and/or life-limiting diseases need the expertise and support of health care providers to support management of their disease in the community in order to maintain functioning, align with the person’s known wishes and reduce complications that will require more medical care. This proactive disease management reduces unnecessary emergency department visits, hospitalizations, and diagnostic testing.

Performance Measure	2017/18 Baseline	2017/18 Actuals	2018/19 Actuals	2019/20 Target	2020/21 Target	2021/22 Target
2.2b Potentially inappropriate use of antipsychotics in long-term care. <sup>1</sup>	25.8%	25.8%	26.0%	25.0%	24.1%	23.2%

<sup>1</sup> Data Source: Canadian Institute for Health Information

**Linking Performance Measures to Objectives:**

2.2b This performance measure, new for 2019/20, identifies the percentage of long-term care residents without a diagnosis of psychosis who received an antipsychotic medication on one or more days in the seven days preceding the completion of the individual’s most recent assessment. Antipsychotic drugs are sometimes used to manage behaviours associated with dementia. Potentially inappropriate use of these drugs among seniors can cause side effects like increased drowsiness, impaired mobility and even unexpected death.

**Discussion:**

For several years, IH has focused on lowering the use of antipsychotic drugs in long-term care with work supported by participation in the [BCPSQC CLeAR initiative](#). There has been further impact on this measure with ongoing implementation of the dementia pathway which includes P.I.E.C.E.S. and Gentle Persuasive Approaches training for staff. Additionally, a two-hour P.I.E.C.E.S. refresher course for staff has been developed by IH to reinforce learned theory and skills, and better embed them in practice. The second wave of the IH long-term care antipsychotic project was launched in March 2019. All IH long-term care homes with higher use of antipsychotics are participating in this phase of the project.

**Objective 2.3: Improve health outcomes and reduce hospitalizations for those with mental health and substance use issues through effective community services**

**Strategies:**

- Continue 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 by:

- Developing processes to enhance ease of access for patients, their families, and health care providers in order to assist in self-management and service coordination;
- Enhancing service delivery to decrease repeat visits to the emergency department and admission to hospital; and
- Increasing 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.
- Advance child and youth mental health by developing and executing a work plan based on identified key areas of focus in collaboration with community and provincial partners.
- In partnership with the Ministry of Mental Health and Addictions, continue addressing the ongoing opioid overdose public health emergency through:
  - Executing the overall substance use strategy to improve clinical pathways and specialized services for people who frequently use drugs;
  - Implementing the Preventure Youth Substance Use Prevention Program, a school-based intervention aimed at reducing drug and alcohol use in high-risk teenagers;
  - Continuing to implement overdose prevention services for high risk populations, including supporting supervised consumption, drug checking, and research on mobile supervised consumption services; and
  - Increasing capacity of interdisciplinary teams to provide evidence-based substance use treatment in communities across the health authority.

Performance Measure	2016/17 Baseline	2017/18 Actuals	2018/19 Actuals	2019/20 Target	2020/21 Target	2021/22 Target
2.3 Per cent of people admitted for mental illness and substance use who are readmitted within 30 days, 15 years or older. <sup>1</sup>	15.7%	13.5%	13.7%	13.4%	13.3%	13.2%

<sup>1</sup> Data Source: Discharge Abstract Database, Hospital, Diagnostic and Workforce Branch, Health Sector Information, Analysis and Reporting Division, Ministry of Health

**Linking Performance Measures to Objectives:**

- 2.3 By improving community-based mental health and substance use services, including a focus on care transitions and combatting the opioid overdose public health emergency, patient health outcomes and recurring hospitalizations (e.g. readmission within 30 days) for those with mental health and substance use issues are expected to improve.

**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.

**Objective 2.4: Provide timely access to appropriate surgical procedures**

**Strategies:**

- Implement the [Provincial Surgical Strategy](#) across IH to meet wait-time targets for hip and knee replacements and dental surgeries and keep up with overall demand.
- Continue to support innovation, quality improvement, and change management initiatives that improve efficiency and patient experience in surgical services.
- Achieve improvement in timely access to appropriate surgical procedures through recruiting and retaining engaged, skilled health care providers. This includes recruitment strategies for difficult-to-fill positions such as for specialty nurses, allied health professionals, and specialty physicians (e.g. anesthesiologists).

Performance Measure	2016/17 Baseline	2017/18 Actuals	2018/19 Actuals	2019/20 Target	2020/21 Target	2021/22 Target
2.4 Surgeries in targeted priority areas <sup>1</sup> completed <sup>2</sup> .	4,486	4,507	5,358	5,749	6,005	6,050

<sup>1</sup> Priority areas are hip and knee replacements, and dental surgeries.

<sup>2</sup> Data Source: Surgical Wait Times Database, Health Sector Information, Analysis and Reporting Division, Ministry of Health (Site ID 200)

**Linking Performance Measures to Objectives:**

2.4 The continued focus on hip and knee replacements, and dental surgeries reflects an ongoing commitment to allocating resources to these priority areas. These efforts show progress to “catch up” and “keep up”, which is obtained through funding, service coordination, and process improvements that enhance capacity in the system.

**Discussion:**

Interior Health aims to achieve high quality, patient-centred surgical care within a sustainable health system for the residents of B.C. 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.

## Objective 2.5: Continue the improvement of hospital services

### Strategies:

- Continue with major capital investments in hospital expansions and renovations across IH to improve patient care, health service delivery, and patient flow, and design program areas to enable a comprehensive multi-disciplinary team approach. Spaces are being created for services such as emergency care and surgeries, medical, surgical and mental health inpatient units, labour, delivery and neonatal intensive care, as well as other hospital-based services.
- Improve the facility-associated *Clostridium Difficile* Infection incidence rate by keeping the environment as clean as possible, maintaining good hand hygiene before and after contact with patients, and using antibiotics wisely. These efforts include implementing the B.C. Cleaning Standards Best Practices as appropriate and with consideration for any required funding; and building awareness around infection control and proper hand hygiene by supporting the implementation of the Biological Exposure Control Plan and delivering training to health care workers on key topics such as infection prevention and control, exposure prevention and assessment, decontamination, and Personal Protective Equipment use.
- Improve the quality and efficiency of patient flow by implementing the IH Discharge Escalation Process toolkit and standardize the process for transferring patients to a facility or residence with the most appropriate services closest to the patient’s home community.
- Enhance and expand cardiac and brain health services across the region.
- Reduce the time patients wait in a hospital bed to receive services elsewhere when they no longer need hospital care by developing and implementing processes to support patient flow between service sectors.

Performance Measure	2017/18 Baseline	2017/18 Actuals	2018/19 Actuals <sup>2</sup>	2019/20 Target	2020/21 Target	2021/22 Target
2.5 Rate of new <i>C. difficile</i> cases associated with a reporting facility per 10,000 inpatient days. <sup>1</sup>	5.7	5.7	4.2	3.3	3.1	3.0

<sup>1</sup> Data Source: Provincial Infection Control Network of British Columbia (PICNet)

<sup>2</sup> As of the third quarter (Dec 31, 2018)

### Linking Performance Measures to Objectives:

- 2.5 *Clostridium difficile* (*C. difficile*) is a bacterium that can pose a health risk for people who are taking antibiotics or who have weakened immune systems. Actively monitoring *C. difficile* infections in hospitals and long-term care homes by following evidence-based infection prevention and control guidelines and decreasing risk factors through collaborative efforts across IH portfolios, helps reduce such infections and therefore improves the quality of care and patient safety, protecting both patients and healthcare providers.



## **Discussion:**

Protecting people from *C. difficile* infections is a priority for IH. The *C. difficile* initiative was implemented a year ago using a structured approach to address risk factors and reduction of transmission through collaboration between Antimicrobial Stewardship, Pharmacy, Support Services, site leadership and physicians. This initiative has created the momentum to create an IH-wide task force with cross-portfolio representation to further enhance efforts to aggressively reduce our *C. difficile* rates annually for overall improvement in quality and patient safety.

## **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 public health care system*".

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

### **Strategies:**

- Focus on delivering high quality services in a sustainable and productive manner at a lower cost to increase overall value. This will be achieved by improved workforce utilization, opportunities to leverage automation, continued contract savings through the work of the Provincial Health Services Authority (PHSA), and continuing to monitor and implement productivity actions through the Productivity Working Group.
- Expand the use of an electronic solution which pulls information about a patient's medication history from the Provincial [PharmaNet](#) system directly into the IH electronic patient record.
- In collaboration with the PHSA, support the development of provincial standards and integrated approaches designed to improve population health by ensuring equitable access to evidence-based, high quality pathology and laboratory services that are cost-effective and culturally safe.
- Develop and implement effective referral pathways and service linkages for patients between IH health services and provincial specialized services and programs provided by the PHSA.
- Continue to improve sustainable and appropriate access to medical imaging, such as computed tomography (CT), ultrasound and mammography. Replace aging Medical Imaging and Laboratory equipment and continue Magnetic Resonance Imaging (MRI) expansion.
- Continue to enhance information management and technology solutions to meet health service needs including expanding patients' on-line access to their health record and scheduling information, strengthening telehealth services in rural/remote/Aboriginal communities, and improving the compatibility of different types of electronic medical records.
- Engage in community consultations and partner with community stakeholders. This includes 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.

- Continue to support the health research, innovation, and research knowledge mobilization agenda through the B.C. Strategy for Patient Oriented Research, 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 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**

##### **Strategies:**

- Continue to develop leaders by supporting them with tools, training and professional development opportunities.
- Strengthen engagement and relationships with physicians practicing in IH and partner to plan and implement priority programs, including with Divisions of Family Practice, Medical Staff Associations, Local Medical Advisory Committees, and through Physician Quality Improvement initiatives.
- Continue to participate in the implementation of the integrated provincial workforce strategy, linked to IH-wide and local health service area workforce plans, which contribute to effective recruitment strategies, business continuity, and succession plans.
- Continue developing and implementing focused recruitment strategies and marketing plans for difficult-to-fill vacancies (see also Objective 2.4), in response to service models changes or expansions, and for key leadership roles based on current and projected needs.
- Advance and implement the Aboriginal Human Resource Plan with a focus on education regarding cultural safety, increasing IH's Aboriginal workforce representation and identifying mechanisms to support a more inclusive work culture for Aboriginal employees.
- Support retention of employees and improve employee workplace experiences by continuously listening and responding to feedback.
- Begin the implementation of a plan focused on increasing the diversity and inclusion of minority or historically marginalized employee populations.

## Objective 4.2 Advance practices in the workplace that address health and safety issues

### Strategies:

- Continue workplace injury reduction strategies which will improve overtime and sick time rates.
- Reduce injuries and embed safety into everyday practice by implementing the Canadian Standards Association (CSA) Health & Safety Management System, focused on musculoskeletal injuries, psychological health and safety, and safety culture.
- Develop a systematic approach for managing psychological health and safety in the workplace and continually improve its effectiveness in accordance with the requirements of the [Canadian Standards Association \(CSA\) Z1003-13](#).
- Monitor the ongoing risk of violence using Violence Prevention Risk Assessment tools and continue to support staff, physicians and volunteers.
- Embed principles and practices demonstrating commitment to supporting environmental sustainability.
- Build capacity within IH to determine applicability of climate change adaptation risk assessments across IH.

Performance Measure	2016 Baseline	2017 Actuals	2018 Actuals	2019 Target	2020 Target	2021 Target
4.2 Nursing and allied professionals overtime hours as per cent of productive hours. <sup>1</sup>	3.8%	4.0%	4.4%	3.8%	3.8%	3.8%

<sup>1</sup> Data Source: Health Sector Compensation Information System (HSCIS), Health Employers Association of British Columbia (HEABC)

### Linking Performance Measures to Objectives:

- 4.2 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.

### 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. 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, IH is implementing a number of strategies, which are geared towards reducing overtime rates, such as filling shifts at straight time and increasing the effectiveness of relief staff.

## Resource Summary

(\$ millions; to the first decimal)	2018/19 Actual	2019/20 Budget	2020/21 Plan	2021/22 Plan
<b>OPERATING SUMMARY</b>				
Provincial Government Sources	2,141.6	2,301.5	2,420.2	2,510.4
Non-Provincial Government Sources	189.7	186.9	187.7	188.2
<b>Total Revenue</b>	<b>2,331.3</b>	<b>2,488.4</b>	<b>2,607.9</b>	<b>2,698.6</b>
Acute Care	1,318.7	1,366.8	1,435.7	1,482.6
Long-term Care	416.1	444.1	456.8	474.5
Community Care	243.3	271.0	299.8	314.3
Mental Health & Substance Use	159.3	166.5	170.2	173.1
Population Health and Wellness	65.1	67.5	69.3	71.4
Corporate	153.4	172.5	176.1	182.7
<b>Total Expenditures</b>	<b>2,355.9</b>	<b>2,488.4</b>	<b>2,607.9</b>	<b>2,698.6</b>
<b>Surplus (Deficit)</b>	<b>(24.6)</b>	<b>nil</b>	<b>nil</b>	<b>nil</b>
<b>CAPITAL SUMMARY</b>				
Funded by Provincial Government <sup>1</sup>	99.4	77.7	160.7	73.5
Funded by Regional Hospital Districts, Third Parties, Foundations, Internal Funds and all other sources	102.9	108.1	124.6	57.8
<b>Total Capital Expenditures</b>	<b>202.3</b>	<b>185.8</b>	<b>285.3</b>	<b>131.3</b>

<sup>1</sup> Further information on program funding and vote recoveries is available in the [Estimates and Supplement to the Estimates](#).

## 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 \$20 million regardless of funding source. Some of these projects commenced prior to the 2018/19 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 projects in Kamloops, Kelowna and Penticton please visit the [IH Building Patient Care website](#).

Major Capital Projects (over \$20 million)	Targeted Completion Date (Year)	Costs Incurred to Mar 31, 2019 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<b>Patient Care Tower, Royal Inland Hospital, Kamloops</b>	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.</p> <p>For more information, please see the website at:  <a href="http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/686370/capital-project-plan-royal-inland-hospital.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/686370/capital-project-plan-royal-inland-hospital.pdf</a></p>				
<b>Interior Heart and Surgical Centre, Kelowna General Hospital</b>	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 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.</p> <p>For more information, please see the website at:  <a href="https://www.interiorhealth.ca/sites/BuildingPatientCare/IHSC/Pages/default.aspx">https://www.interiorhealth.ca/sites/BuildingPatientCare/IHSC/Pages/default.aspx</a></p>				
<b>Patient Care Tower, Penticton Regional Hospital</b>	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</p>				

Major Capital Projects (over \$20 million)	Targeted Completion Date (Year)	Costs Incurred to Mar 31, 2019 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<p>the design, procurement and construction for Phase two is proceeding in 2019.</p> <p>For more information, please see the website at:  <a href="http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/687290/capital-project-plan-penticton-regional-hospital.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/687290/capital-project-plan-penticton-regional-hospital.pdf</a></p>				
<p><b>Pharmacy and Ambulatory Care, Kootenay Boundary Regional Hospital, Trail</b></p>	<p>2023</p>	<p>0</p>	<p>39</p>	<p>39</p>
<p>The project encompasses several components and will result in improved patient care, patient safety, staff safety, access and flow within the site and will address infection control and prevention. The new Ambulatory Procedures Unit will be constructed on Level 2 above the expanded Emergency Department being constructed on Level 1. The expansion of the Pharmacy Department supports increased volumes of patients and provides a fully functioning sterile products laboratory that will be in compliance with current standards for compounding of hazardous and sterile pharmaceutical preparations. The expansion requires the relocation of adjacent departments, such as Health Information Management and Physiotherapy. In addition, aged infrastructure will be updated as part of the project. Approval for the project was received in 2019, and after the design and procurement processes are completed, construction will commence.</p>				

## **Appendix A: Hyperlinks to Additional Information**

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

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

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

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

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

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

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

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

Métis Nation British Columbia - [www.mnbc.ca](http://www.mnbc.ca)

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