

# Interior Health Authority

## 2018/19 – 2020/21 SERVICE PLAN

December 2018



For more information on the Interior Health Authority contact:

**Interior Health Authority**

505 Doyle Avenue,  
Kelowna, BC  
V1Y 0C5

Phone: 250-469-7070

Fax: 250-469-7068

Email: [feedback@interiorhealth.ca](mailto:feedback@interiorhealth.ca)

or visit our website at

[www.interiorhealth.ca](http://www.interiorhealth.ca)

## Board Chair Accountability Statement



Interior Health’s mission is to promote healthy lifestyles and provide needed health services in a timely, caring, and efficient manner, to the highest professional and quality standards for the patients, residents and clients we serve across our many communities. As Board Chair, I am pleased to present Interior Health’s 2018/19-2020/21 *Service Plan* (the “plan”) outlining how we collaborate with the Ministry of Health and the many internal and external health system stakeholders and partners in achieving our organizational goals and fulfilling our mission.

The *2018/19 - 2020/21 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 December 21, 2018 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 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

December 21, 2018

## **Table of Contents**

Board Chair Accountability Statement .....	3
Organizational Overview .....	5
Strategic Direction and Alignment with Government Priorities.....	7
Strategic Context.....	8
Goals, Objectives, Strategies and Performance Measures .....	9
Resource Summary .....	19
Major Capital Projects .....	20
Appendix A: Health Authority Contact Information .....	21
Appendix B: Hyperlinks to Additional Information.....	21

# Organizational Overview

The Interior Health Authority (Interior Health or IH) 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 Metis communities, representing 8.8% of Interior Health's total population. Population health needs across the continuum of care drive the mix of services and enabling supports Interior Health provides. This continuum includes staying healthy, getting better, living with illness, and coping with end of life.

Interior Health has several service delivery streams and support departments. **Key service delivery streams** include Primary and Community Care, Mental Health & Substance Use, Hospitals, Residential Care, Allied Health, 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 community settings. Health services are provided by Interior Health staff and through contracted providers.

Interior Health is governed by a nine-member Board of Directors appointed by and responsible to the Provincial Government. The primary responsibility of the board is to foster Interior Health's short- and long-term success while remaining aligned with its responsibilities to Government and stakeholders.

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](http://www.interiorhealth.ca) about services, planning,

## 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.

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 and Alignment with Government Priorities

Interior Health receives its strategic direction from government priorities set forth 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](#). Priorities outlined in these letters are supported by a series of policy papers provided to the health authorities by the provincial government. Successfully achieving Interior Health’s vision requires close collaboration with partners, including the 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, in shaping and implementing key areas of IH’s strategic focus. This collaborative approach strengthens two-way communication between government and provincial public sector entities, promotes cost control, and helps create a strong and accountable relationship between government, IH and partner agencies.

Interior Health is aligned with the 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); and</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 and coordinated team-based care linked to specialized services (Objective 2.1);</li> <li>○ improved patient health outcomes and reduced hospitalizations for seniors through effective community services (Objective 2.2);</li> <li>○ improved patient health outcomes and reduced hospitalizations for those with mental health and substance use issues through effective community services (Objective 2.3); and</li> <li>○ improved access to timely and appropriate surgical treatments and procedures (Objective 2.4).</li> </ul> </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 Interior Health to reach their full potential; and advancing practices in the workplace that address health and safety issues and influence individual lifestyle choices (Objective 4.1)</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 current operations, and of trends and challenges that may impact delivery of health care services into the future. When determining Interior Health’s direction, the most significant drivers of rising demand are an aging population; the rising burden of illness from chronic diseases, mental illness, and frailty; and advances in technology and pharmaceuticals that drive costly new procedures and treatments. Demand pressures are compounded by the need for new care delivery models by health professionals and health-care workers, and the need to maintain and improve the health system’s physical infrastructure (i.e., buildings and equipment). With 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 Interior Health.

Together with physician partners and other stakeholders, Interior Health has made progress in improving services across its large, predominantly rural geography over the past several years. As well, IH has worked 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.

Challenges persist with respect to access to family physicians and primary care in many IH communities. Providing access to child and youth mental health services; effectively treating adult patients with moderate to severe mental illnesses and/or substance use issues; proactively responding 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; providing care to individuals with more complex needs living in residential care; offering alternatives to care in busy emergency departments; and reducing long wait times for some specialists, medical imaging, and elective surgeries will remain key areas of focus over the coming three years.



# Goals, Objectives, Strategies and Performance Measures

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 aligns with the strategic priorities contained in the [Province of British Columbia Strategic Plan 2018/19 – 2021/22](#) and the Ministry of Health [2018/19 – 2021/22 Service Plan](#) and is supported by a patient-centred culture and paradigm 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, 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*".

**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:

- 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:
  - Promoting healthy living and creating healthy environments in communities, schools, workplaces, and sites where healthcare is provided;
  - Supporting families, and improving the health of mothers, children and youth; and
  - Based on the [2017 Medical Health Officer Report on Drinking Water in Interior Health](#), working with partners to make sure drinking water is clean, safe and reliable, including training courses and a new drinking water website.
- Adopt an approach across Interior Health for understanding differences in health and access to services, and ensuring that all people have a fair chance to achieve their best possible health.

- Partner with patients, clients, residents, and their families to voluntarily participate in the delivery of health care including the planning, design, and evaluation of IH health services in association with the Ministry of Health Patients as Partners program and British Columbia Patient Safety and Quality Council Patient Voices Network.

Performance Measure	2016/17 Baseline <sup>2</sup>	2017/18 Actual	2018/19 Target	2019/20 Target	2020/21 Target
1.1 Per cent of communities that have completed healthy living strategic plans. <sup>1</sup>	48%	57%	55%	62%	63%

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

<sup>2</sup> Baseline has been reestablished to 2016/17

### Linking Performance Measures to Objectives:

1.1 Communities that make progress toward and complete healthy living strategic plans take an important step in enabling people to live healthier lives by considering environmental, policy, community, and individual levels to protect the health of the population and reduce health inequities.

### Discussion:

This performance measure focuses on the proportion of communities that have been developing healthy living strategic plans in partnership with the Ministry of Health and Interior Health. Community efforts to support healthy living through planning, policies, built environments and other mechanisms are critical to engaging individuals where they live, work and play. Sustained community level actions will encourage more active lifestyles while decreasing the risk factors for chronic diseases and injury.

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

#### Strategies:

- Support the needs of Aboriginal populations by continuing to ensure meaningful collaboration and engagement with interior region First Nations, First Nations Health Authority and Métis Nation British Columbia in the planning, development and implementation of Nation and Ministry of Health identified priorities. Continue to work with Aboriginal partners through the Letters of Understanding and Partnership Accord to implement Nation- and community-specific health priorities, which supports the [\*United Nations Declaration on the Rights of Indigenous Peoples\*](#), with progress reporting on a quarterly basis.
- Advance cultural competency and humility of Interior Health through Aboriginal Cultural Safety Education, supporting a representative workforce through recruitment and retention activities and

incorporating the [\*Truth and Reconciliation Commission of Canada - Calls to Action\*](#) into key health authority and partnership policies, programs and services.

- As a pillar of the Interior Health Aboriginal Health and Wellness Strategy, seek to improve access to culturally safe and appropriate mental health and wellness services through the implementation of a comprehensive mental wellness plan developed in collaboration with Nation and Métis partners, First Nations Health Authority and community members.

## **Goal 2: Deliver High Quality Care**

Building on the Ministry of Health’s [policy papers](#), 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, and surgical services. Interior Health is a predominantly rural health authority and home to many First Nations, Aboriginal, and Métis communities. As a result, a rural lens is reflected throughout this entire plan in the planning and implementation of mandated areas, initiatives and actions. 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.**

#### **Strategies:**

- Continue to work with physicians, patients, community partners, Divisions of Family Practice, Aboriginal partners, and inter-professional teams to facilitate the establishment of Primary Care Networks (PCN), which include team-based practices delivering locally designed services based on population and patient needs. This includes services for key patient populations (patients with more than one chronic illness and/or frailty, and moderate to severe mental illnesses) to support patients and caregivers to achieve optimal health outcomes.
- Collaborate on local Specialized Community Services Program (SCSP) redesign and enable linkages between SCSPs and between SCSPs and the PCNs.
- Develop and define guiding principles, resourcing, and linkages between specialized community services programs and the primary care networks in collaboration with partners.
- Collaborate with local physicians, First Nations, and other partners to establish PCNs in a phased approach across Interior Health’s Community Health Service Areas with effective linkages across the integrated system of care. Supporting mechanisms for infrastructure (space, co-location) and info-structure needs (IMIT, monitoring, evaluation, etc.) will be considered.
- Plan and implement Urgent Primary Care and Learning Centres beginning in Kamloops.

- Develop, enable and empower the implementation of an IH team-based care strategy aligned with the Ministry of Health’s team-based care policy.

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

**Strategies:**

- Develop and implement Specialized Community Services Programs (SCSPs) for adults with complex medical conditions. These programs will ensure appropriate care and services for seniors are provided.
- Integrate Home Health services 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 Primary and Community Care Transformation work.
- Standardize Home Health practices to improve efficiency and care quality.
- Establish a Palliative Care / End of Life Program 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 implementation and regularly reporting on designated hospice beds in acute and residential care facilities, enhancing knowledge capacity across communities, and whole system improvements to Palliative/End of Life care.
- Collaborate with family physicians to continue the improvement of services for the frail elderly through the implementation of strategies and initiatives such as the General Practices Services Committee (GPSC) Residential Care Initiative, the Behavioral and Psychological Symptoms of Dementia (BPSD) algorithm, the Call for Less Antipsychotics in Residential Care (CleAR) initiative, P.I.E.C.E.S.<sup>1</sup> learning and development initiative, Gentle Persuasive Approach (GPA), as well as continue the development of clinical decision support tools to reduce the number of transfers to the emergency department from residential care, and the number of fall-related injuries in residential care.

Performance Measure	2016/17 Baseline <sup>2</sup>	2017/18 Actual	2018/19 Target	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. <sup>1</sup>	3,891	3,572	3,595	3,463	3,332

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

<sup>2</sup> Baseline has been reestablished to 2016/17 (2011 Canada reference population and P.E.O.P.L.E. 2017)

<sup>1</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.

### **Linking Performance Measures to Objectives:**

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

### **Discussion:**

This performance measure tracks the number of seniors, 75 years of age and older, with select chronic diseases such as asthma, chronic obstructive pulmonary disease, heart disease, and diabetes who are admitted to hospital. People with these chronic diseases need the expertise and support of health care providers to manage their disease in the community in order to maintain functioning and reduce complications that will require more medical care. This proactive disease management reduces unnecessary emergency department visits, hospitalizations, and diagnostic testing.

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

#### **Strategies:**

- Develop and report on a robust and integrated mental health and substance use (MHSU) Specialized Community Services Program (SCSP) to connect MHSU patients across the service spectrum with primary care physicians, allied health professionals, and mental health clinicians including:
  - Development of processes to enhance ease of access for patients, their families, and health care providers in order to assist in self-management and appropriate access of resources including intake, assessment, and service coordination;
  - Enhanced service delivery to decrease repeat presentations to the emergency department and admission to hospital; and
  - Increased use of telepsychiatry in rural sites to support more rapid response to patient needs, thereby decreasing further deterioration and the need for patient transfers to larger sites.
- In partnership with the Ministry of Mental Health and Addictions, continue combatting the opioid overdose public health emergency through:
  - Implementing overdose prevention services for high risk populations, including supporting supervised consumption upon receipt of Health Canada exemption;
  - Increasing capacity to provide evidence-based substance use treatment in communities across the health authority; and

- Developing an overall Substance Use Strategy to improve clinical pathways for users of often-used substances.
- Implement and evaluate the Aboriginal Mental Wellness Plan with the goal to increase access to high quality mental health and substance use services for Aboriginal people.

Performance Measure	2016/17 Baseline <sup>2</sup>	2017/18 Actual	2018/19 Target	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. <sup>1</sup>	15.7%	13.5%	15.5%	14.9 %	13.7%

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

<sup>2</sup> Baseline has been reestablished to 2016/17

### **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 Interior Health, 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 the appropriate length of stay in a hospital. Central to these efforts is building a strong system of primary and community care, which enhances capacity and provides evidence-based approaches to care.

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

### **Strategies:**

- Invest in increased capacity and innovative projects that change how patients access surgical care and colonoscopies.
- Improve the quality of and access to surgical services by aligning with the provincial strategy for surgery to effectively set priorities and monitor achievement.

- 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 nursing and allied health professionals, rural practitioners, and specialty physicians (e.g. anesthesiologists).
- Collaborate with BC Cancer to implement the renewed, comprehensive, long-term vision for cancer care in the province, informed by the Cancer Control Strategy.

Performance Measure	2016/17 Baseline	2017/18 Actual	2018/19 Target	2019/20 Target	2020/21 Target
2.4 Surgeries in targeted priority areas <sup>1</sup> completed <sup>2</sup> .	4,484	4,510	6,010	6,126	6,243

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

<sup>2</sup> Data Source: Surgical Patient Registry, Hospital, Diagnostic & Workforce Branch, Health Sector Planning and Innovation Division, Ministry of Health

### **Linking Performance Measures to Objectives:**

2.4 Through strategies to improve access to timely and appropriate surgical treatments and procedures outlined above, it is expected that the number of completed hip and knee replacements, colonoscopy procedures, and dental surgeries will increase over time.

### **Discussion:**

Interior Health aims to achieve high quality, patient-centred surgical care within a sustainable health system for the residents of BC through its Surgical Services Plan. Expanding Magnetic Resonance Imaging (MRI), 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 measures that will lead to a greater number of completed surgeries in the target priority areas.

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

To achieve a sustainable health care system, Interior Health must ensure health system resources are used in the most efficient and effective way possible, while improving innovative efforts with the use of new technologies and models of care across all geographic services areas. 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 service and reduce costs.**

**Strategies:**

- Focus on delivering high quality services in a sustainable and productive manner at a low cost to increase overall value. This will be achieved by improved workforce utilization, continued contract savings through the work of BC Clinical and Support Services Society (BCCSSS), and continuing to monitor and implement productivity actions through the Productivity Working Group.
- Enhance 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.
- 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 implementing Lean and other quality improvement initiatives that are aligned with organizational key priorities to increase operational efficiencies and support, sustain, and spread system improvements.
- Support implementation of the Community Paramedicine Program in rural communities, focusing in 2018/19 on Ashcroft, Kimberly, Cranbrook, Chase, Osoyoos, Merritt, Castlegar, Barriere, and Grand Forks.
- Manage drug formulary decisions and drug contracts in collaboration with the BC Health Authorities Pharmacy and Therapeutics Committee, BCCSSS, and national buying groups to achieve the best therapeutic value for drugs.
- Improve access to information about patient medication use by integrating PharmaNet information with Interior Health health information systems, and by working collaboratively with the provincial IMIT initiative.
- In partnership with the Ministry of Health, review the governance, service delivery, and capital/operating funding models for MRIs. Continue planning to improve sustainable and appropriate access to medical imaging, including MRIs.
- In collaboration with the Provincial Health Services Authority (PHSA), support 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.
- Continue to support the health research, innovation, and research knowledge mobilization agenda through the B.C. Strategy for Patient Oriented Research (SPOR), Interior Regional Centre ensuring that patient-oriented research is conducted and research evidence is used to improve patient experience and outcomes.



## **Goal 4: Cultivate an Engaged Workforce and a Healthy Workplace**

Aligned with the Ministry of Health's policy framework, several strategies are currently in progress or are planned for 2018/19 that aim to address physician and health human resource issues and produce an engaged, skilled, well-led, and healthy workforce that can provide the best patient-centered care for the Interior Health population.

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

#### **Strategies:**

- Strengthen engagement and relationships with physicians practicing in Interior Health 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 workplace wellness actions targeted at reducing overtime and sick time as well as injury rates.
- Implement the Canadian Standards Association (CSA) Health & Safety Management System (HSMS), 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.
- Monitor the ongoing risk of violence using Violence Prevention Risk Assessment tools and continue to support staff, physicians and volunteers.
- Continue to develop leaders by supporting them with tools, training and professional development opportunities.
- Participate in the development and implementation of an integrated provincial workforce strategy, linked to Interior Health wide and local health service area workforce plans, which contribute to effective recruitment strategies, business continuity, and succession plans.
- Develop and implement focused recruitment strategies for difficult-to-fill vacancies, response to service models changes or expansions, and key leadership roles based on current and projected needs.
- Continue the implementation of the Aboriginal Human Resource Plan with a focus on increasing IH's Aboriginal workforce representation and identifying mechanisms to support a more inclusive work culture for Aboriginal employees.

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

<sup>1</sup> Data Source: Health Sector Compensation Information System (HSCIS)

**Linking Performance Measures to Objectives:**

4.1 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, Interior Health has initiated a number of strategies, which are geared towards supporting managers to reduce their overtime rates.

## Resource Summary

(\$000 – to nearest million; no decimals)	2017/18 Actual	2018/19 Budget	2019/20 Plan	2020/21 Plan
<b>OPERATING SUMMARY</b>				
Provincial Government Sources	2,029	2,137	2,247	2,315
Non-Provincial Government Sources	180	184	186	186
<b>Total Revenue</b>	<b>2,209</b>	<b>2,321</b>	<b>2,433</b>	<b>2,501</b>
Acute Care	1,232	1,278	1,345	1,368
Residential Care	397	414	432	456
Community Care	228	241	250	255
Mental Health & Substance Use	139	158	165	172
Population Health and Wellness	61	64	65	66
Corporate	145	166	176	184
<b>Total Expenditures</b>	<b>2,203</b>	<b>2,321</b>	<b>2,433</b>	<b>2,501</b>
<b>Surplus (Deficit)</b>	<b>6</b>	<b>nil</b>	<b>nil</b>	<b>nil</b>
<b>CAPITAL SUMMARY</b>				
Funded by Provincial Government <sup>1</sup>	99	109	124	97
Funded by Regional Hospital Districts, Third Parties, Foundations, Internal Funds and all other sources	94	130	101	76
<b>Total Capital Expenditures</b>	<b>193</b>	<b>239</b>	<b>225</b>	<b>173</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, 2018, and have a project budget greater than \$20 million regardless of funding source. Some of these projects commenced prior to the 2017/18 fiscal year, some are substantially complete, while others are in the planning stage and will be constructed over the next few years. As per direction from the Ministry of Health, planning costs are not considered under the project costs. For more information about the top four listed projects, please visit the [IH Building Patient Care website](#).

Major Capital Projects (over \$20 million)	Targeted Completion Date (Year)	Project Cost to Dec 31, 2017* (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<b>Patient Care Tower, Royal Inland Hospital</b>	2024	1	416	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. The project is currently in the procurement phase, which is expected to be concluded in 2018, after which construction will commence.</p>				
<b>Interior Heart and Surgical Centre, Kelowna General Hospital</b>	2018	290	91	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. Renovations to the existing Strathcona building will continue throughout 2018. The project will improve patient care, health service delivery, and patient flow at Kelowna General Hospital and design program areas to enable a comprehensive multi-disciplinary team approach. The project features capacity for 15 new operating rooms, a revascularization 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.</p>				
<b>Patient Care Tower, Penticton Regional Hospital</b>	2021	132	180	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 will include a new surgical services centre and 84 medical/surgical inpatient beds in single patient rooms. Phase two will involve renovations of vacant areas in the current hospital to allow for the expansion of the emergency department, as well as renovations to existing support areas. To improve the model of care and patient outcomes, the project will apply evidence-based design principles and health care facility design and construction standards that all have a patient-centred design philosophy. The capital cost of the project is estimated at \$312.5 million. Costs are shared between the Provincial Government, Okanagan Similkameen Regional Hospital District, and the South Okanagan Similkameen Medical Foundation.</p>				

\*Note: Amounts align with B.C. Government's *Capital Expenditure Projects Greater Than \$50 million*  
[http://bcbudget.gov.bc.ca/2018/bfp/2018\\_Budget\\_and\\_Fiscal\\_Plan.pdf](http://bcbudget.gov.bc.ca/2018/bfp/2018_Budget_and_Fiscal_Plan.pdf)

## **Appendix A: Health Authority Contact Information**

For more information about Interior Health and the services it provides, please visit [www.interiorhealth.ca](http://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](mailto:feedback@interiorhealth.ca)

## **Appendix B: 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)

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

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

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

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

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

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

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

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

BC Clinical Support Services Society (BCCSS) - [www.bccss.org](http://www.bccss.org)