

**Interior
Health Authority**

**2019/20
Annual Service Plan Report**

Final July 2021



For more information on the Interior Health Authority:

Interior Health Authority

505 Doyle Avenue,

Kelowna, B.C.

V1Y 0C5

Phone: 250-469-7070

Fax: 250-469-7068

Email: feedback@interiorhealth.ca

Or visit our website at

www.interiorhealth.ca

Board Chair's Accountability Statement



On behalf of the Board of Directors of the Interior Health Authority (Interior Health or IH), I am pleased to present our *2019/20 Annual Service Plan Report*. In this report, we demonstrate how our health authority is promoting healthy lifestyles for families living in British Columbia's (B.C.) Central and Southern Interior, and how we protect and improve the health of our population in a timely, compassionate way, to the highest professional quality standards.

As we close the 2019/20 fiscal year, we do so knowing we emerge from an unprecedented time in our history. The dual public health emergencies of the ongoing provincial opioid overdose crisis and the COVID-19 pandemic have challenged our physicians and staff to be resilient in the face of adversity while finding innovative solutions for the continued provision of quality health care. We continue to learn from our experience during the pandemic, and are working to apply new approaches in these difficult times that are person-centred and effective. Now, more than ever, it is paramount that we strengthen relationships with our patients and communities, as well as with our physicians, our health professionals and partner organizations who share our commitment to health and wellbeing. Partnerships inspire collaborative, local solutions that enable us to provide patients and families with access to quality care and services across our region.

In the pages that follow, the Board is pleased to report on the significant work done in 2019/20 to move forward with key strategic priorities, in alignment with the Ministry of Health's (MOH) provincial direction. Based on the results available to date, IH has demonstrated success in meeting three of the seven performance measures outlined by the MOH. Our successes this year have included the implementation of a new Primary Care Network in the South Okanagan Similkameen, and continued progress in other communities across the Interior region. We opened new Urgent and Primary Care Centres in Kelowna and Vernon as well as opened the new David E. Kampe Tower at Penticton Regional Hospital. Progress continues on construction of the new Patient Care Tower at Royal Inland Hospital in Kamloops and on planning for major redevelopment at Cariboo Memorial Hospital in Williams Lake.

At the community level, we have continued to support health promotion and prevention strategies, which improve health outcomes across our population. We implemented measles immunization awareness strategies that were recognized provincially, and continued emphasis on achieving "Immunity for our community" which resulted in higher influenza immunizations than in past years. We worked closely with partners to combat stigma surrounding those with mental health and substance use concerns, an important tactic in battling the provincial opioid overdose public health emergency. Most importantly, we were honoured to renew IH's Partnership Accord with the seven Interior Nations, a commitment to working together to improving Aboriginal health outcomes and ensuring cultural safety across the health system. This is priority work that must and will continue.

The *Interior Health Authority 2019/20 Annual Service Plan Report* compares the health authority's actual results to the expected results identified in the [2019/20 – 2021/22 Service Plan](#). I am accountable for those results as reported.



Douglas Cochrane
Board Chair
September 30, 2021

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Letter from the Board Chair/CEO

IH is committed to delivering high quality care and services to patients and their families, with the goal of improving health outcomes for all residents across our region. During 2019/20, IH continued to move forward actions that meet this commitment, in alignment with and response to our [2019/20 Mandate Letter](#). Our commitment was evident during Accreditation Canada's first year of sequential assessment, in which IH achieved 98 per cent on the five service areas that span the region (including medication management, infection & control, leadership, population health and governance) and met all Required Organizational Practices that were assessed.

Our partnerships with First Nations and Métis communities, First Nations Health Authority and Métis Nation British Columbia continue to be critical to informing our work across all portfolios. Through engagement with First Nations and Métis Nation partners, we refreshed IH's Aboriginal Health and Wellness Strategy (2020-2024) and created an Urban/Away-from-Home Aboriginal Engagement Framework. This overarching work, combined with the renewal of our Partnership Accord with the seven Interior Nations signals a commitment to working together to improve Aboriginal health outcomes and ensure cultural safety across the health system.

In early 2020, as the novel coronavirus (COVID-19) emerged, IH joined the provincial response and established Emergency Operations services that quickly provided oversight to care delivery in the early weeks and months of the global pandemic. The learning we have already had with respect to delivering care virtually, adapting practices to reflect the necessary safety measures, and delivering information and guidance quickly and effectively across our region continues to be a significant factor in our ongoing COVID-19 response.

Strengthening and expanding access to primary and community-based care services continues to be a key priority. Primary Care Network planning is underway in 31 of 40 community health service areas in the region. This important work can only be done successfully through collaboration with local Divisions of Family Practice and Aboriginal communities, which allows us to tailor team-based primary care services to meet specific local needs, while also providing mechanisms to attach patients for ongoing care. The outcomes of this work were demonstrated in the opening of the Ponderosa Primary Care Centre, a team-based family medicine clinic in Penticton that resulted from collaboration with our Primary Care Network partners, the South Okanagan Similkameen Division of Family Practice and the Penticton Indian Band. This year, partnerships with Divisions and Aboriginal communities were also celebrated through the opening of two new Urgent and Primary Care Centres.

We also continued the work of implementing Specialized Community Services Programs to enable better access to and navigation of community-based health services for seniors and for those with mental health and substance use concerns. Planning for single-point-of-access phone lines for these populations was completed in the South Okanagan and Kootenay Boundary regions; their launch was paused due to the COVID-19 pandemic, but the foundation has been laid for the phased rollout of this service across the health authority in the coming year. We also reaffirmed our commitment to strengthening the supports available to seniors by expanding access to long-term care with the opening of 36 new beds (30 publicly funded long-term care units and six private, flexible-care units) at Kootenay Street Village in Cranbrook, a partnership with Golden Life Management and Columbia Basin Trust.

In 2019/20 combatting the provincial opioid overdose emergency remained a significant focus. Education and anti-stigma initiatives, combined with increased access to evidence-based service options for those with severe opioid use disorder in communities hardest hit by the crisis, reinforced our commitment to reducing the impacts of overdose. We introduced Injectable Opioid Agonist Treatment in Kelowna, implemented tablet injectable Opioid Agonist Treatment at two sites in Kamloops, and expanded hours for oral Opioid Agonist Treatment services. We also launched new Intensive Case Management teams to help remove barriers and bridge gaps in mental health and substance use treatment for young people in Kamloops and Kelowna. We remain committed to working with the MOH, Ministry of Mental Health and Addictions, our fellow health authorities, Aboriginal partners, and the BC Centre on Substance Use to reduce risks and impacts of the overdose crisis across our province.

Although the initial COVID-19 pandemic response resulted in the postponement of both non-urgent surgical and GI endoscopy procedures (between March 16 – May 17), IH has made progress toward increasing the number of targeted priority and medical resonance imaging procedures. We also improved the patient journey through establishment of a single point of contact and notification that will help people better learn about and traverse their surgical journey. A new permanent medical resonance imaging service was established in Vernon, and medical resonance imaging service hours were expanded to better use evenings and weekends, to ensure more patients had access to this diagnostic tool in a timely and efficient manner.

One of the highlights of 2019/20 was the opening of the new David E. Kampe Tower at Penticton Regional Hospital, which will help deliver improved health care for people in the South Okanagan. We moved forward on other key facility redevelopment projects; including the new Royal Inland Hospital Patient Care Tower in Kamloops, redevelopment at the Cariboo Memorial Hospital in Williams Lake, and completion of emergency department renovations at Nicola Valley Hospital and Health Centre in Merritt, and at South Okanagan General Hospital in Oliver. We are grateful for our partnerships with local government leaders, foundations and auxiliaries, whose shared goal of creating enhanced facilities and providing state-of-the-art equipment helps create a patient care environment that enables our physicians, nurses and staff to provide excellent quality care every day.

IH continues to be a leader in health care innovations that increase access to key health care services. In 2019/20 we continued the expansion of information available through the *MyHealthPortal* patient portal, which allows secure 24-7 online access to view health information from a computer, tablet or mobile device. We piloted a Telehealth Patient Ambassador program at Cariboo Memorial Hospital in Williams Lake that focused on improving patient experiences during appointments through dedicated, on-site support for telehealth sessions. We also introduced Endovascular Thrombectomy treatment for patients with blocked arteries (acute ischemic stroke) at Kelowna General Hospital, which will further improve the health outcomes of patients who experience stroke in the region.

The health and wellness of our staff remains among our top priorities. We continue to focus on health and safety education and actions to meet WorkSafeBC requirements and create a safer workplace for all. We worked alongside HealthMatch BC and our education partners to address human resource and recruitment challenges, particularly among health care assistants, Aboriginal workforce, specialty nursing and anesthesiology. We have improved engagement with physicians through system redesign projects and physician leadership development. We have also worked to shift the organizational culture to provide a better, safer and more positive employee experience,

including the completion of a ‘stay survey’ to gather feedback from employees. The creation and approval of IH’s first Quality and Patient Safety Plan, and increased focus on how to improve healthcare access and efficiency in 2019/20 will further lead the way towards improving quality, access to care and meeting IH and MOH priorities.

In 2019/20, IH’s President & CEO, Vice Presidents, and other key leaders remained dedicated to implementing government strategies, policies and key priorities through clear, open lines of communication with their counterparts in the MOH and Ministry of Mental Health and Addictions. This effort will continue, with support from the Board Chair and oversight from all Board members.



Douglas Cochrane
Board Chair, Interior Health
September 30, 2021



Susan Brown
President & CEO, Interior Health
September 30, 2021

Purpose of the Annual Service Plan Report

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

Purpose of the Organization

The Interior Health Authority provides health services to over 795,000 people¹ 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.

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. 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.

IH has several service delivery streams and support departments. **Key service delivery streams** include Primary and Community Care, Mental Health & Substance Use, Hospitals, Allied Health², 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 /

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.

¹ 2019 population data. <https://bestats.shinyapps.io/popProjApp/>

² Allied Health includes the following professions and position types:

- Audiologists
- Audiometric Technicians
- Clinical Dietitians
- Dental Assistants
- Dental Hygienists
- Music Therapists
- Neuropsychologists
- Occupational Therapists
- Orthotics Technicians
- Orthotists
- Physiotherapists
- Prosthetists
- Psychologists
- Rehabilitation Assistants
- Rehabilitation Clerks
- Respiratory Therapists
- Social Workers
- Speech Language Pathologists
- Testing Technicians

Food Services / Laundry Services, Information Management / Information Technology (IMIT), Research, Planning, and Communications.

A Board of Directors and a team of Senior Executives share governance and leadership responsibility for IH's service delivery. The IH Board of Directors, which includes Aboriginal representation, 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 about services, planning, leadership and Board policies that may be of interest.

Strategic Direction

The health system across B.C. is ever-changing; it is continually adapting, responding, and innovating to better meet the needs of our population. 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 MOH's priorities and strategic direction, which are set forth for IH in the Minister of Health's [Mandate Letter to IH](#) as well as the Premier's Mandate Letters to the [Minister of Health](#). Successfully shaping and implementing key areas of IH's strategic focus and achieving its vision requires close collaboration with partners, including the MOH, the Ministry of Mental Health and Addictions, physicians, nurses, 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 and nursing 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 First Nations, First Nations Health Authority, Métis Nation British Columbia, B.C. Association of Aboriginal Friendship Centres to ensure coordinated planning and service delivery to Aboriginal populations, and in support of improved health and wellness objectives.

IH is aligned with Government's key 2019/20 priorities:

Government Priorities	Interior Health Aligns with These Priorities By:
Delivering the services people count on	<ul style="list-style-type: none"> • Improving health and wellness (Goal 1), with a focus on: <ul style="list-style-type: none"> ○ enabling people to live healthier lives by working at the environmental, policy, community, and individual levels to protect the health of the population and reduce health inequities (Objective 1.1); ○ working with First Nations and Métis Nation British Columbia to plan and deliver culturally sensitive health-care services (Objective 1.2). • Delivering high quality care (Goal 2) by focusing on: <ul style="list-style-type: none"> ○ implementing a primary care model that provides comprehensive, coordinated and integrated team-based care (Objective 2.1); ○ improving health outcomes and reduced hospitalizations for seniors through effective community services (Objective 2.2); ○ improving health outcomes and reduced hospitalizations for those with mental health and substance use issues through effective community services (Objective 2.3); ○ timely access to appropriate surgical procedures (Objective 2.4); and ○ continuing improvement of hospital services (Objective 2.5). • Cultivating an engaged workforce and a healthy workplace (Goal 4) by <ul style="list-style-type: none"> ○ enhancing relationships and encouraging all who work at IH to reach their full potential (Objective 4.1); and ○ advancing practices in the IH workplace that address health and safety issues (Objective 4.2)
A strong, sustainable economy	<ul style="list-style-type: none"> • Ensuring sustainable health care by improving innovation, productivity and efficiency (Goal 3) with a focus on: <ul style="list-style-type: none"> ○ promoting new ways of working to provide better service and reduce costs (Objective 3.1).

Operating Environment

IH recognizes and acknowledges the traditional territory of the Dākelh Dené, T̓silhqot̓'in, Secwépemc, Nlaka'pamux, Northern St'át'imc, Syilx and Ktunaxa Nations where we live, learn, work and collaborate. As a predominantly rural health authority, IH has made progress in improving services across a range of areas over the past several years. IH is addressing the unique needs of Aboriginal populations by working closely with the First Nations Health Authority, Métis Nation B.C. First Nations and other Aboriginal partners to ensure coordinated planning and service delivery efforts are embedded across all IH portfolios and in support of Aboriginal people's health and wellness objectives. Although the B.C. health system effectively meets the majority of the population's health needs, it continues to be challenged by an increasing demand for health services.

IH's annual Service Plan is based on an understanding of IH's current operations, and of trends and challenges that may impact delivery of health care services into the future. A wide variety of services are delivered to meet the health care needs of the population in the interior region and

many people report positive experience with their care. Like other health authorities and regions, IH faces a range of challenges. Among the largest is recruitment of health professionals, especially to rural and remote communities, including general practitioners and physician specialists, as well as registered nurses, nurse practitioners, allied health, care aides, and other trained professionals. Additionally, during the 2019/20 year, the COVID-19 pandemic created opportunities for IH to implement innovative solutions for the continued provision of quality health care, including the delivery of care virtually and adapting practices in a time sensitive manner to reflect necessary safety measures.

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.

IH's key areas of focus in 2019/20 included: **Primary & Community Care Transformation; Mental Health & Substance Use; Seniors Care; Surgical Services; Aboriginal Health; and Creating a Healthier, Safer IH Workplace.**

The work outlined in this Annual Service Plan Report shows IH's progress and 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.

Report on Performance

In 2019-20, IH demonstrated progress aligned with the commitments outlined in the [MOH's Service Plan](#). The goals, objectives, and performance measures in the [IH 2019/20-2021/22 Service Plan](#) reflect the goals and strategic priorities for the health system. Underlying these goals is the foundation of patient-centred care and a continued focus on shifting the culture of health care into the community, which will continue to drive policy, service design, and delivery in the coming years.

IH is committed to strengthening our accountability, containing costs, and ensuring our organization operates in the best interest of our communities and residents.

Many 2019/20 highlights have been outlined in the Chair/CEO Report Letter on pages six to page eight. The following section lists additional details for each of IH's goals and objectives, and describes progress on each of the performance measures outlined by the MOH.

Goals, Objectives, Measures and Targets

IH's [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 MOH [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

IH works with the 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 MOH'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

Key Highlights:

- Activated a regional Emergency Operations Centre in January 2020 in response to COVID-19. Through January to March 2020, the Emergency Operations Centre coordinated IH's planning, preparation, and response to the COVID-19 pandemic with direct connections to our partners through the provincial Emergency Operations Centre structure.
- Supplemented routine school immunization clinics through catch-up campaigns for select grades, and started work to implement the Vaccine Status Reporting Regulation.
- Launched strategy to reduce youth vaping, including resources for schools, social media messaging, and an internal process for reporting cases of vaping-associated illness.
- Implemented large water system improvement projects to reduce person-days on drinking water advisories.
- Supported food security activities, including organizations supporting aboriginal communities through the Community Food Action Initiative.
- Implemented a Child Health Clinic Parent Resource in urban and rural areas across IH to assist Public Health Nurses in providing family-focused care, in light of a provincial review of Healthy Start service standards and expected impacts (e.g. on Aboriginal health, and on maternal and infant mental health).

Performance Measure	2016/17 Baseline ¹	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
1.1 Percent of communities that have completed healthy living strategic plans	49%	62%	78%	63%	67%

Data Source: Health Authority Annual Community Survey, Healthy Living and Health Promotion Branch, Population and Public Health Division, MOH

Discussion of Results

This performance measure focuses on the proportion of IH communities that have developed Healthy Living Strategic plans in partnership with the MOH and IH since 2011/12. Healthy Living Strategic plans include measurable actions or milestones that IH and communities will implement and monitor to collectively address modifiable risk factors for chronic disease and prioritize areas for the reduction of chronic diseases.

IH strives to continually improve community collaboration and exceeded the MOH target for working with 62 per cent of communities to create Healthy Living Strategic plans in 2019/20. Community-based efforts to create environments that promote well-being (i.e. built, natural and social environments) make it easier for all people (individuals, groups and communities) to reach their full health potential. Partnership and engagement with Aboriginal communities are part of the planning process (see also Objective 1.2 below).

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

Key Highlights:

- Engaged with Aboriginal partners across the region to refresh the IH Aboriginal Health and Wellness Strategy for another five years (2020-2024).
- Continued to advance and implement the Aboriginal Human Resource Plan through the employment of a dedicated Aboriginal Recruiter and Aboriginal Advisor. Compared to the prior year, the percentage of staff that self-identify as Aboriginal increased from 5.2 per cent in 2018/19 to 6.0 per cent in 2019/20.
- Committed to continue improvement of Aboriginal health outcomes and ensure cultural safety across the health system, with interior region First Nations and IH endorsement of the interior region Partnership Accord through 2024.
- Deployed four Aboriginal Cultural Safety modules that are now mandatory components for all staff as part of the IH job readiness package in order to ensure First Nations, Métis and Inuit peoples are receiving culturally safe health services. As of March 31, 2020, more than 90 per cent of staff had completed all online modules.
- Committed to sponsoring semi-annual joint leadership knowledge exchange conferences, hosting quarterly Letter of Understanding Joint committee meetings, and meeting regularly with Métis Leadership to support collaborative dialogue in order to further

develop IHs relationship with Métis Nation British Columbia and the 16 Métis Chartered Communities within the interior region.

- Engaged with Aboriginal partners in the interior region to ensure that all aspects of Primary Care Network plans are culturally safe and include services that are Nation-led, accessible and appropriate for the Aboriginal population.

Goal 2: Deliver High Quality Care

IH 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 MOH's policy framework and its priority areas of focus. IH's Goal 2 is aligned with the MOH'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

Key Highlights:

- Continued to work with physicians, nurse practitioners, patients, community partners, Divisions of Family Practice, Nurses and Nurse Practitioners of BC, Aboriginal partners, and inter-professional teams to facilitate the implementation of Primary Care Networks.
- Opened two Urgent and Primary Care Centres; in Kelowna in December 2019 and Vernon in March 2020.
- Developed and initiated a team-based care strategy and accompanying training in order to embed integrated, team-based care within IH Primary and Community Care services; Training was provided by Team-Based Care Facilitators to Primary Care Network, Urgent Primary Care Centre and Specialized Community Services Program teams.

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

Key Highlights:

- Piloted and completed the Palliative Approach in Long-term care (PALm) project in five sites across IH.
- Demonstrated continued enhancement of community based professional services, case management, and palliative care by exceeding 2019/20 targets for home nursing visits, case managed visits, and home support hours of End of Life clients.
- Continued implementation of regional initiatives to increase access and improve quality for Home and Community Care services.

- Supported the COVID-19 Emergency Operations Centre planning and initial implementation of the single work public health order for Long Term Care and Assisted Living facilities.

Performance Measure	2016/17 Baseline	2019/20 Target	2019/20 Actuals	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 older.	3,896	3,451	3,254	3,367	3,284

Data source: Discharge Abstract Database, Integrated Analytics: Primary Care, Acute Care, and Workforce Branch, HSIARD, MOH

P.E.O.P.L.E 2018 Note that the baseline and targets for this performance measure may not reflect what was reported in previous annual reports as this performance measure incorporates provincial population estimates (P.E.O.P.L.E.) that are updated annually by BC Stats.

Discussion of Results

This performance measure tracks the number of seniors, 75 years of age or older, with select chronic disease 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 function, align with the person’s known wishes and reduce complications that will require more medical care. This proactive disease management can reduce the unnecessary emergency department visits, hospitalizations, and diagnostic testing.

As of March 31, 2020, IH remained below and is achieving the threshold for the number of people (75 years of age or older) with a chronic disease admitted to hospital, which also represented a decrease compared to the prior year. Additionally, ongoing activities to support delivery of virtual education where in-person services are not available and service improvements for existing chronic obstructive pulmonary disease rehabilitation programs are underway.

Performance Measure	2017/18 Baseline	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
2.2b Potentially inappropriate use of antipsychotics in long-term care	25.8%	25.0%	24.9%	24.1%	23.2%

Data Source: Canadian Institute of Health Information

Discussion of Results

This performance measure, new for 2019/20, identifies the percentage of residents in long-term care without a diagnosis of psychosis who received an antipsychotic medication on one or more days in the seven days before completing 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.

As of March 31, 2020, IH remained below and is achieving its 25 per cent target. Ongoing quality improvement strategies continue to make further improvements in potentially inappropriate antipsychotic use among residents in long-term care, including participation in the [BCPSQC CLeAR initiative](#), such as P.I.E.C.E.S™ strategies and Gentle Persuasive Approach™ coach and staff training.

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

Key Highlights:

- Continued with the development of Specialized Community Service Programs for people with moderate to complex mental health and substance use conditions, supported by several key projects, including creating a single point of access, improving transitions between the Inpatient Psychiatric Units and Community Services, standardizing the role of the Most Responsible Clinician, creating a Family Involvement Policy, and standardizing service names across IH mental health and substance use programs. Functional Specialized Community Services Programs were substantially implemented in the Kootenay Boundary and South Okanagan local areas; plans were developed and implementation began in the Central Okanagan, East Kootenay and Cariboo Chilcotin areas; and early engagement started in the North Okanagan/Shuswap and Thompson areas.
- Compared to the same period last year, the number of illicit drug overdose deaths decreased by ~40 per cent.³ The overdose response included a variety of strategies such as increasing access to substance use services, delivering substance use foundation education to clinicians and staff, and enhancing communication to raise awareness and reduce stigma experienced in IH settings by people who use drugs. [Videos](#) on social media and radio ads broadcast for the launch of the IH End Stigma Campaign occurred in early March 2020.

³ Please note, that although an annual reduction of illicit drug overdose deaths was observed in 2019/20, by Q1 2020/21, an increase was reported.

- Continued to work with government and local communities on the integration of child and youth mental health and substance use services through partnerships and investments in Foundry BC. In July 2019, [Foundry Penticton](#) opened to offer young people ages 12 – 24 years old access to mental health and substance use support, primary care, peer support, and social services.
- Established a regional peer advisory committee intended to enhance the inclusion of people with lived experience (peers) in the development, implementation and delivery of substance use services.

Performance Measure	2016/17 Baseline	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
2.3 Percent of people admitted for mental illness and substance use who are readmitted within 30 days.	15.7%	13.4%	13.9%	13.3%	13.2%

Data source: Discharge Abstract Database, Integrated Analytics: Primary Care, Acute Care, and Workforce Branch

Discussion of Results

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.

As of March 31, 2020, the annual Mental Health Substance Use readmission rate was minimally higher than the MOH target. Overall, IH continues to implement actions to improve care transitions and ensure a seamless, well-coordinated system of services and supports to reduce reliance on emergency departments for care. This includes using standard discharge planning tools in acute mental health settings, and providing information to patients and families about prescriptions, referrals, and follow-up appointments that support the individuals’ transition into community.

Objective 2.4: Provide timely access to appropriate surgical procedures

Key Highlights:

- Improved timely access to care for surgical patients through the increase in surgical capacity at Kelowna General, Royal Inland, Vernon Jubilee and Penticton Regional Hospitals through the 2019/20 fiscal year.
- Initiated, under direction of the MOH, Phase 2 of the Outbreak Response plan as a result of the COVID-19 pandemic from March 16 to May 17, 2020. This ensured IH’s hospital capacity was available to accommodate a potential surge, and prioritize surgical access for urgent and emergent surgeries.
- Implemented a clinical waitlist review process with site physician and administrative leadership during the COVID-19 outbreak response to ensure that patients were appropriately prioritized to receive surgical services.

Performance Measure	2016/17 Baseline	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
2.4 Surgeries in targeted priority areas ¹ completed	4,485	5,749	5,630	6,000	6,050

Data Source: Surgical Wait Time Production Database, HSIAR, MOH

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

Discussion of Results

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

Objective 2.5: Continue the improvement of hospital services

Key Highlights:

- Implemented multiple activities and plans in response to the initial COVID-19 outbreak, including: reducing hospital occupancy in order to ensure capacity for potential patients with COVID-19 (see objective 2.4); opening dedicated COVID-19 units; identified COVID-19 and non COVID-19 pathways, and developing Acute Care Capacity contingency plans.
- Reduced the average length of stay in hospital below 2019/20 targets through the IH Repatriation Management System.
- Demonstrated sustainable improvements year over year in reducing the average length of stay for clients designated alternate levels of care (i.e. not acute) through the implementation of the IH Discharge Escalation Process.
- Enhanced patient/client access to key services across IH including maternity services and Chronic Pain services.
- Redesigned the Infection Prevention and Control surveillance dashboard (WebApp) to ensure consistent application of case definition of *Clostridium difficile* (*C. difficile*) infection. Targeted education was provided to the Infection Control Practitioners on surveillance changes.

Performance Measure	2017/18 Baseline	2019/20 Target	2019/20 Actuals	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.	5.7	3.3	3.5	3.1	3.0

Data Source: Provincial Infection Control Network of British Columbia (PICNet)

Discussion of Results

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 health care providers.

Protecting people from *C. difficile* infections is a priority for IH, using a structured approach to address risk factors and reduction of transmission through collaboration between Antimicrobial Stewardship, Pharmacy, Support Services, site leadership, physicians and nurses. Based on available data from the second quarter, IH had not achieved its 2019/20 target. Through continued routine daily Infection Control education and practice monitoring, as well as training and sharing information with staff, IH endeavors to minimize *C. difficile* infections.

Additionally, work is underway to determine any impact that the focus on COVID-19 may have had on these values, in particular the prioritization of Infection Control Practitioners workload.

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 MOH'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

Key Highlights

- Supported the transition from manual and paper-based clinical workflow to digital workflows through the expansion of virtual care services and MyHealthPortal access, and an electronic patient notification system (Magnetic Resonance Imaging to start) that was launched in Penticton. These initiatives have resulted in increased Electronic Medical Record usage, better communication, and streamlined care coordination.
- Engaged in community partnerships that were critical to many of IH's successes this year, including: Aboriginal partners (see Objective 1.2), for example via IH-Nation Letters of Understanding, Joint Committees, Partnership Accord Technical Table, and with physicians through system redesign projects and physician leadership development.
- Implemented deliverables of the B.C. Strategy for Patient Oriented Research through new opportunities for patient engagement including: patient partners hosted the fall IH Research event titled "Patient Engagement in Research: Our Journey through Health", and patient partners participated in the inaugural Future of Health: Cancer Care Forum, a collaboration with B.C. Cancer, UBCO and Accelerate Okanagan.
- Presented an experiential workshop, *Planting the Seeds: Insights for Researchers interested in working with Indigenous People*, facilitated by First Nation elders in collaboration with IH staff. The workshop provided researchers and health administrators an opportunity to explore culturally safe ways to engage with Aboriginal people and communities in health research.

Goal 4: Cultivate an Engaged Workforce and a Healthy Workplace

Aligned with the MOH'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

Key Highlights:

- Participated in the two-year NAVIG8™ Emerging Physician Leaders Program to facilitate physician leadership and partnership development. Following the initial sessions, over 98 per cent of participants reported a deeper awareness of their strengths and development opportunities, improved engagement with IH, and an enhanced ability to lead change. The program has gained attention from health authorities across Canada and within B.C.
- Participated in the B.C. Health Authority Engagement Survey, where the majority of Medical Staff identified IH as a good place to practice. This also represented a 9 per cent gain over past surveys and was the largest gain across Health Authorities in B.C.
- Continued efforts to improve communication between health authorities and Medical Staff Associations. At many IH sites, Medical Staff Association working groups and physician members engaged in over 400 collaborative activities over the past year to discuss respective priorities, and to collaborate on projects.
- Developed specific recruitment and retention strategies for specialty nursing departments with high vacancy, overtime and relief not found statistics.
- Conducted an organizational structure review to increase operational leadership capacity, better support clinical operations and the implementation of Primary Community Care Transformation.
- Completed the Workforce Management implementation project plan, project charter in partnership with the Provincial Health Services Authority (PHSA).

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

Key Highlights

- Continued implementation of the [Canadian Standards Association’s Standard on Psychological Health and Safety in the workplace](#). As part of its implementation, a gap analysis was performed, identifying 45 action items, the majority of which have been completed.
- Continue to implement return to work and long term disability programs to support injured and ill workers return to work earlier.
- Continued to focus on a broad range of injury prevention activities focused on increasing safety understanding and prevention and decreasing incidents. Activities included the Provincial Violence Prevention Curriculum, Code White response, safe patient handling skill development, incident investigation effectiveness and quality, supervising for safety understanding and Joint Occupational Health and Safety Committee effectiveness.
- Supported the Healthier, Safer IH strategy in collaboration with stakeholders from across IH at the Health Safety Management Steering Committee. Additionally, IH enlisted a safety assessment across IH in order to provide a three-year roadmap of recommendations to improve health and safety compliance and grow an employee safety culture.

Performance Measure	2016 Baseline	2019 Target	2019 Actuals	2020 Target	2021 Target
4.2 Nursing and allied professionals overtime hours as a percent of productive hours	3.8%	3.8%	4.6%	3.8%	3.8%

Data Source: Health Authority Annual Community Survey, Healthy Living and Health Promotion Branch, Population and Public Health Division, MOH

Discussion of Results

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 to reduce overtime rates in health care sectors and/or sites that have higher rates, such as filling shifts at straight time and increasing the effectiveness of relief staff.

IH did not meet the overall target for Nursing and Allied Professional overtime rate as a percentage of productive hours. To collaborate on ways to increase supply, IH continues to meet and develop relationships with the post-secondary institutions in the region. Additionally, a process was developed to support advanced placement and return for service for students completing specialty nursing.

Financial Report

Discussion of Results

With a 2019/20 budget of \$2.488 billion, IH experienced an operating surplus of \$0.4 million for the fiscal year ending March 31, 2020, representing approximately .01 per cent of the total budgeted annual expense. This surplus includes a \$6 million one-time actuarial gain related to Healthcare Benefit Trust benefits compared to an actuarial loss of \$25 million in the prior year. Excluding the one-time gain, the year-end operating position of IH would have represented a deficit of \$5.6 million. Actuarial gains and losses for these benefit plans must be recorded in the year they are incurred under Public Sector Accounting Standards, creating volatility in year-end results. The main drivers of the Healthcare Benefit Trust one-time gain were higher than expected investment returns, offset by changes in actuarial assumptions and higher than expected long-term disability claims. IH continued to develop enhancements to its workplace health & safety program to assist employees to return to work and reduce future long-term disability claims costs.

Highlights

IH invested in key strategies throughout the year including enhancements to primary and community care services throughout the region.

The main driver of this year's surplus was the one-time gain in Healthcare Benefit Trust benefits as noted in the above discussion of results. The COVID-19 pandemic began to impact operations in March of 2020, and the costs are reflected in each sector. This did not impact the overall year end result as it was offset by increased funding from the MOH.

Financial Summary Resource Table

\$ millions – to the first decimal	2019/20 Budget	2019/20 Actual	Variance
OPERATING SUMMARY			
Provincial Government Sources	2,301.5	2,329.1	27.6
Non-Provincial Government Sources	186.9	198.9	12.0
Total Revenue:	2,488.4	2,528.0	39.6
Acute Care	1,366.8	1,424.5	(57.7)
Long Term Care	444.1	445.3	(1.2)
Community Care	271.0	262.5	8.5
Mental Health & Substance Use	166.5	164.5	2.0
Population Health & Wellness	67.5	67.4	0.1
Corporate	172.5	163.4	9.1
Total Expenditures:	2,488.4	2,527.6	(39.2)
Surplus (Deficit) – <i>even if zero</i>	nil	0.4	0.4
CAPITAL SUMMARY			
Funded by Provincial Government	77.7	76.6	1.1
Funded by Foundations, Regional Hospital Districts, and other Non-Government Sources	108.1	80.8	27.3
Total Capital Spending:	185.8	157.4	28.4

Variance and Trend Analysis

Total revenue exceeded budget by \$39.6 million. The surplus in revenue from Provincial Sources included a recovery of physician compensation expenses, higher than projected amortization of capital assets, and other MOH funding received during the year, including revenue to offset COVID-19 impacts. Surplus revenue from non-provincial sources included higher than expected revenues from non-B.C. residents and recoveries from other government agencies which are offset by expenses.

The Acute and Community Care sectors experienced the highest expenditure growth from prior year at 8 percent. Spending in the Acute Care sector exceeded budget by \$58 million. Key drivers in this result are compensation pressures resulting from increasing sick time and overtime, non-wage pressures from escalating drug and supply costs and volume pressures, and COVID-19 impacts.

Spending in the Community Care sector was less than budget by \$8 million due to delays in opening new primary care programs.

Spending in the corporate sector was less than the budget by \$9 million. Health Authorities in British Columbia are mandated to operate within their allocated annual budget while delivering quality health care to patients, clients, and residents. Management actively monitors key indicators and budget-to-actual results throughout the year and implements cost containment strategies when necessary to ensure the financial mandate is met. The corporate sector's positive

variance is mainly due to cost containment strategies including restricted expenses and delayed investments.

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

Risks and Uncertainties

Although IH has a strong asset and cash base resulting in low credit and financial risk, and legal exposure is mitigated by participation in the British Columbia Health Care Protection Program, there are some uncertainties that from year to year may cause pressure on the financial results.

The Healthcare Benefit Trust benefits program creates volatility in the financial results due to unpredictable usage of long-term disability and health and welfare benefits combined with fluctuations in financial markets. IH has a key strategy to create healthier workplaces for its workforce to help reduce sick time and long-term disability claims over time.

Lack of availability of medical staff and employees also creates financial risk by increasing overtime and by creating an inability to perform targeted service volumes to earn the funding associated with those volumes. IH continues to enhance its recruitment efforts to attract physicians and employees to the region to reduce this financial risk.

Another key risk is the financial pressure resulting from growing demand for health care from an aging population. To address this risk, IH is developing primary and community care programs to help residents stay in their home longer and address health-care needs outside of hospitals where possible.

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

IH has the largest number of facilities amongst all health authorities, almost all within a rural context. Growing capital needs throughout IH are placing pressures on the capital budget such as an aging infrastructure that will require renovations and upgrades in the future. The organization has a capital planning process to identify upcoming needs and to plan for and prioritize future investments.

Major Capital Projects

The following table lists approved capital projects that were underway as of March 31, 2020, and have a project budget greater than \$50 million regardless of funding source. Some of these projects commenced prior to the 2019/20 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 MOH, 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 \$50 million to the first decimal)	Year of Completion	Project Cost to March 31, 2020 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
Patient Care Tower, Royal Inland Hospital, Kamloops	2024	113	304	417
<p>The Patient Care Tower project is proceeding in two phases. Phase one construction of the new Patient Care Tower includes 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 is progressing through Phase one.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/686370/capital-project-plan-royal-inland-hospital.pdf</p>				
Interior Heart and Surgical Centre, Kelowna General Hospital	2018	309	72	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 with the building components of the project, but still addresses outstanding parking solutions for the site in 2020.</p> <p>For more information, please see the website at: https://www.interiorhealth.ca/sites/BuildingPatientCare/IHSC/Pages/default.aspx</p>				

Interior Health Authority

Patient Care Tower, Penticton Regional Hospital	2022	265	47	312
<p>The Penticton Regional Hospital project is proceeding in two phases. Phase one construction of the David E. Kampe Tower began in spring 2016 and was open to the public April 29, 2019. 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. 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> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/687290/capital-project-plan-penticton-regional-hospital.pdf</p>				
Redevelopment, Cariboo Memorial Hospital, Williams Lake	2026	0	217	218
<p>The project will proceed in two phases. Phase one is the expansion of a new emergency department, medical/surgical inpatient unit, maternity services unit and pharmacy. Phase two includes the renovations on the main floor for ambulatory care, main entry and reception areas, the establishment of a new mental health and substance use inpatient unit on the second floor and the renovations for the University of British Columbia Faculty of Medicine academic area on the third floor. Procurement for the project is underway and is expected to complete in Summer 2021. The capital costs are shared between the Provincial Government and the Cariboo Chilcotin Regional Hospital District.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/703046/703046_Capital_Project_Plan_Cariboo_Memorial_Hospital_Redevelopment_August_1_2019.pdf</p>				

Appendix A – Health Authority Contact Information

For more information about IH and the services it provides, please visit

www.interiorhealth.ca or contact:

Interior Health Administrative Offices

505 Doyle Avenue,

Kelowna, B.C. V1Y 0C5

Phone: 250-469-7070

Fax: 250-469-7068

Email: feedback@interiorhealth.ca

Appendix B – Additional Information

Ministry of Health - www.gov.bc.ca/health

Interior Health Authority - www.interiorhealth.ca

Fraser Health Authority - www.fraserhealth.ca

Northern Health Authority - www.northernhealth.ca

Vancouver Coastal Health Authority - www.vch.ca

Island Health Authority - www.viha.ca

Provincial Health Services Authority - www.phsa.ca

First Nations Health Authority - www.fnha.ca

Métis Nation B.C. - www.mnbc.ca

HealthLink B.C. - www.healthlinkbc.ca