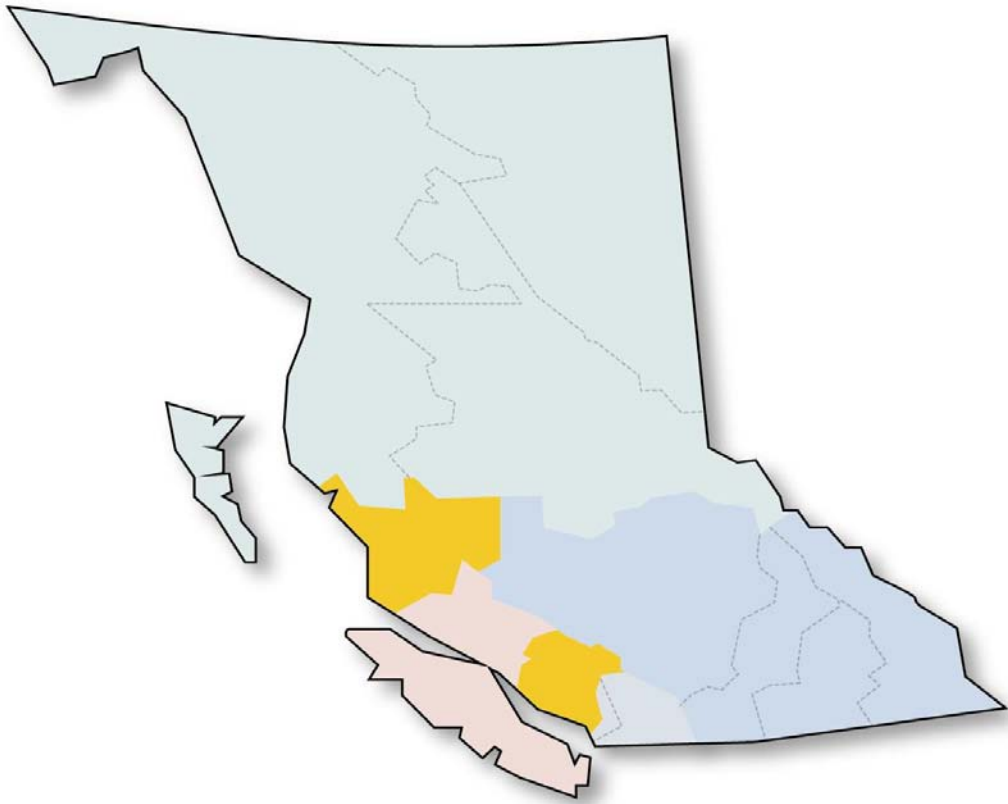


## Regional Profile

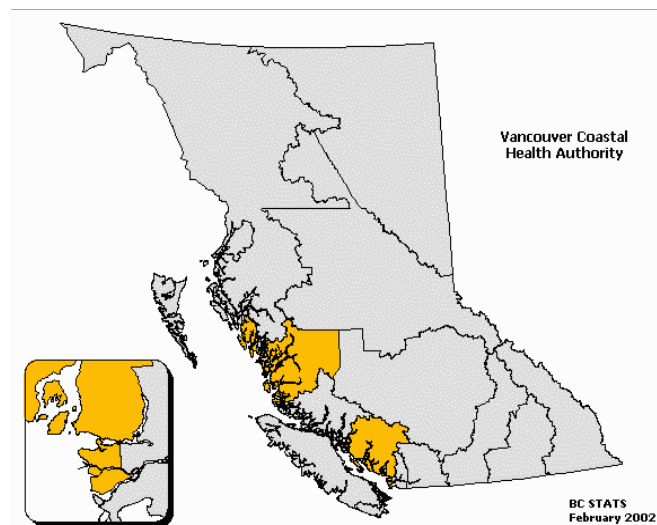
# Vancouver Coastal Health Authority



## Health Service Redesign

British Columbia (BC) is committed to providing a health care system where high quality health care is available to everyone - where services are timely, affordable and sustainable, for today and future generations.

Since 2001, when government streamlined 52 health regions with competing or overlapping mandates into six health authorities, the province has been able to maximize the resources available for direct patient care. Five regional health authorities now have responsibility for planning and delivering local health services, such as public health, mental health, residential, home and hospital care. The Provincial Health Services Authority (PHSA) oversees provincial and highly specialized health services, such as the BC Cancer Agency (BCCA).



Government spending in the Ministry of Health Services (the Ministry) in 2009/10 reached \$13.92 billion<sup>1</sup>, an increase of 61 per cent from \$8.65 billion in 2000/01.<sup>2</sup> Strategic investments, based on best practices and innovative approaches to local challenges, are improving health authorities' ability to provide more responsive, higher-quality care to meet patients' need. As BC moves forward into the 21<sup>st</sup> century, and individuals take a central role as a true partner in health care, lifestyle choices and ability to prevent and manage disease will be the foundation of keeping our population healthy and our health care system sustainable.

## Vision and Mission

The Ministry supports government's vision of a world class public health care system with a mandate to guide and enhance the province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health. To ensure our publicly funded health care system is sustainable in the future, it is crucial that we as British Columbians all take a proactive role in the care of our health. The BC health system is one of our most valued social programs - virtually every person in the province will access some level of health care or health service at some point in their lives. The Ministry will continue to work in close collaboration with the Ministry of Healthy Living and Sport to encourage healthy lifestyles and support British Columbians in all areas of our great province.

The Vancouver Coastal Health Authority (VCHA) is committed to the delivery of a full range of quality health care services ranging from hospital treatment to community-based residential, home health, mental health and public health services to the people and communities they serve. In particular, VCHA has initiated the new Aboriginal Patient Navigator Program to contribute directly to improve health outcomes for Aboriginal people. Opened in November 2008, The Blusson Spinal Cord Centre is the world's largest, most advanced and most comprehensive facility devoted to spinal cord injury research and patient care. In January 2009, Providence Health Care (PHC), an affiliate of VCHA, opened the Integrated Care Clinic for kidney patients who also have diabetes and/or heart disease. Providence also expanded geriatric psychiatry services with the opening of the Geriatric Medicine Clinic at St. Paul's Hospital in 2008. VCHA has applied innovation and capitalized on creative partnerships to increase accessibility, reduce wait times and create new services and facilities for patients.

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<sup>1</sup> 2009/10 BC Public Accounts. Consolidated Revenue Fund Supplementary Schedule (2010).

<[http://www.fin.gov.bc.ca/ocg/pa/09\\_10/pa09\\_10.htm](http://www.fin.gov.bc.ca/ocg/pa/09_10/pa09_10.htm)>.

<sup>2</sup> Ministry of Health Services 2008/09 Annual Service Plan Report.

<[http://www.bcbudget.gov.bc.ca/Annual\\_Reports/2008\\_2009/hs/hs.pdf](http://www.bcbudget.gov.bc.ca/Annual_Reports/2008_2009/hs/hs.pdf)>.

## Overview and Demographic Profile

VCHA is responsible for the delivery of community, hospital and residential care to over one million people in communities from Richmond through Vancouver, the North Shore, Sunshine Coast, Sea to Sky corridor, Powell River, Bella Bella and Bella Coola, including Aboriginal Communities.

The following describes some of the unique and complex populations served by VCHA:

- A growing homeless population burdened by a higher degree of mental health and substance use issues.
- Approximately half of all newly positive for HIV cases reported in BC are residents within VCHA's boundaries. There were 192 new HIV cases reported in 2008.<sup>1</sup> Compared to other provinces and territories, B.C. has the fourth highest rates of HIV infection in Canada.<sup>2</sup>
- Non-VCHA residents often require primary/secondary and other specialized services (i.e. tertiary/quaternary) offered by VCHA such as complex cardiac, renal care and rehabilitation services. About 27 percent of the inpatient/rehabilitation cases and 33 percent of the same day cases provided, involve residents of other health authorities.<sup>3</sup> This means that on average just over 500 VCHA acute/rehab beds (~508) are utilized annually by non-VCHA residents. Population growth and aging in other health authorities increases the demand for VCHA resources and services.
- VCHA serves one of the most culturally, economically and geographically (rural and urban) diverse populations in the province. Vancouver, Richmond, and Coastal have some of the highest number of visible minorities in the province. In the 2006 census from Statistics Canada, nearly three quarters of recent immigrants to BC live in just four municipalities: Vancouver, Richmond, Burnaby and Surrey.

The overall population growth in VCHA is estimated to be below the provincial average at 14 percent in the coming ten years, mainly due to slower population migration to the region. The current senior population profile in VCHA is similar if not slightly below the provincial percentage, a trend that will continue over the next ten years. The percentage of population 19 years and under is the smallest in the province at 19 percent in 2009/10, lower than the 22 percent of the provincial percentage, a trend that is forecasted to continue.<sup>4</sup>

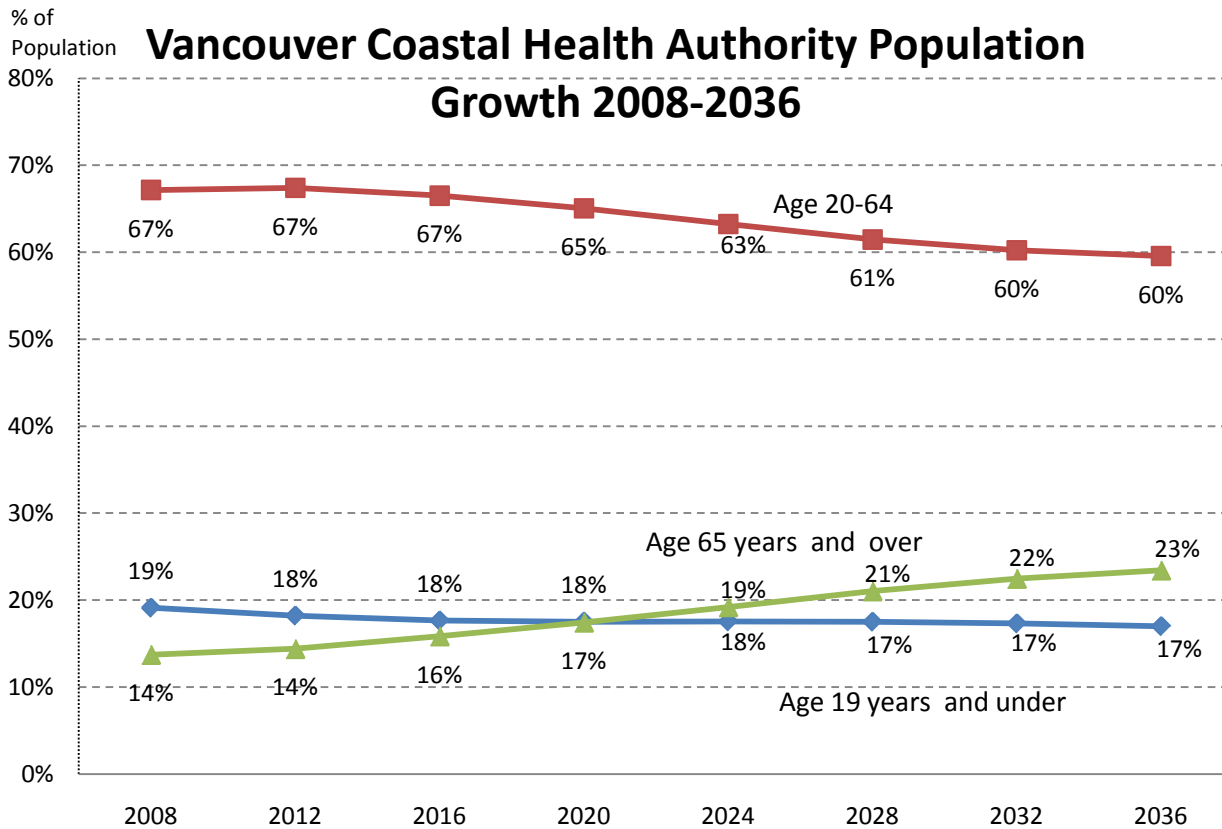
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<sup>1</sup> BC Centre for Disease Control. HIV & AIDS Annual Update Report 2008, Table 1.7.

<sup>2</sup> Public Health Agency of Canada. HIV and AIDS in Canada Surveillance Report to December 31, 2008, Table 6C. Note: Only for people  $\geq 15$  years old.

<sup>3</sup> Discharge Abstract Database, Management Information Branch, Health System Planning Division, Ministry of Health Services.

<sup>4</sup> PEOPLE 34 Population Data. BC Stats. BC Ministry of Citizens' Services.



Source: PEOPLE 34 population data, 2010, BC Stats

### Aboriginal Population

First Nations people make up 2.3 percent of the region’s population.<sup>1</sup> There are 14 First Nations bands in the VCHA, 5 Tribal Councils, and 1 umbrella health organization serving First Nations people (the Southern St’atl’imx Tribal Council).

### Overview of Organizational Structure

VCHA funds and delivers health services directly, as well as through a multitude of other service provider agencies and individuals including specified denominational affiliates. There are currently 24,500 staff in VCHA, as well as over 5,000 volunteers.<sup>2</sup>

### Financial Information

VCHA reported total operating expenditures of \$2,785.8 million<sup>3</sup> in 2009/10, an increase of 42.9 percent from \$1,949.0 million<sup>4</sup> in 2002/03.

<sup>1</sup> Regional Profiles of First Nations Communities, First Nations Health Council 2009, quoting Statistics Canada 2006 Census data. <<http://www.fnhc.ca>>.

<sup>2</sup> Vancouver Coastal Health Authority: <<http://www.vch.ca>>.

<sup>3</sup> Vancouver Coastal Health Authority 2009/10 Audited Financial Statements: <<http://www.vch.ca>>.

<sup>4</sup> Vancouver Coastal Health Authority 2003/04 Audited Financial Statements.

## Acute Care

### Acute Care Facilities

<p><b>Vancouver General Hospital</b> 855 West 12th Avenue, Vancouver, BC, V5Z 1M9</p> <p>Provides services including:</p> <ul style="list-style-type: none"> <li>• Bone Marrow Transplant</li> <li>• Burns and Plastics</li> <li>• Educational Services</li> <li>• Epilepsy Surgery Program</li> <li>• Immunology</li> <li>• Laboratory Services</li> <li>• Oncology</li> <li>• Ophthalmology</li> <li>• Organ Transplant</li> <li>• Orthopaedics</li> <li>• Psychiatry</li> <li>• Rehabilitation</li> <li>• Sleep Disorders</li> <li>• Specialized Services</li> <li>• Spinal Cord Injury</li> <li>• Sports Medicine</li> <li>• Trauma Services</li> <li>• Tertiary Care</li> </ul>	<p><b>UBC Hospital &amp; Urgent Care Centre</b> 2211 Westbrook Mall, Vancouver, BC, V6T 2B5</p> <p>Provides services including:</p> <ul style="list-style-type: none"> <li>• Emergency Services</li> <li>• Specialized Services</li> <li>• Diagnostic Services</li> </ul>
<p><b>G.F. Strong Rehabilitation Centre</b> 4255 Laurel Street, Vancouver, BC, V5Z 2G9</p> <p>Provides services including:</p> <ul style="list-style-type: none"> <li>• Inpatient Support Services</li> <li>• Outpatient Support Services</li> <li>• Support in Spinal Cord Injury</li> <li>• Support in Neuromusculoskeletal Injury</li> <li>• Sexual Health Services</li> <li>• Support in Arthritis</li> <li>• Substance use Services</li> <li>• Clinical Support Services</li> <li>• Support in Acquired Brain Injury</li> <li>• Outreach Services</li> </ul>	<p><b>Mount St. Joseph Hospital</b> 3080 Prince Edward Street, Vancouver, BC, V5T 3N4</p> <p>Provides services including:</p> <ul style="list-style-type: none"> <li>• Extended Care Services</li> <li>• Community Programs</li> <li>• Multicultural Focus Programs</li> </ul>
<p><b>St. Paul's Hospital</b> 1081 Burrard Street, Vancouver, BC, V6Z 1Y6</p> <p>Provides services including:</p> <ul style="list-style-type: none"> <li>• Educational Services</li> <li>• Kidney Care</li> <li>• Research Services</li> <li>• Surgical Services</li> <li>• HIV/AIDS Care</li> <li>• Cardiac Services</li> <li>• Medical Services</li> </ul>	<p><b>Richmond Hospital</b> 7000 Westminster Highway, Richmond, BC, V6X 1A2</p> <p>Provides services including:</p> <ul style="list-style-type: none"> <li>• Emergency Services</li> <li>• Ambulatory Care</li> <li>• Diagnostic Services</li> <li>• Coronary Care</li> <li>• Intensive Care Services</li> <li>• Maternity Care Services</li> <li>• Surgery</li> <li>• Psychiatry</li> </ul>
<p><b>Holy Family Hospital</b> 7801 Argyle Street, Vancouver, BC, V5P 3L6</p> <p>Provides services including:</p> <ul style="list-style-type: none"> <li>• Residential Care</li> <li>• Rehabilitation for Older Adults</li> </ul>	<p><b>Squamish General Hospital</b> 38140 Behrner Drive, Squamish, BC, V8B 0J3</p> <p>Provides services including:</p> <ul style="list-style-type: none"> <li>• General Medicine</li> <li>• Surgical Services</li> <li>• Obstetrics Services</li> <li>• Diagnostic Imaging</li> <li>• Emergency Services</li> <li>• Chemotherapy</li> <li>• Palliative Care</li> <li>• Laboratory Services</li> <li>• Physiotherapy</li> <li>• Ambulatory Services</li> <li>• Pharmacy Services</li> </ul>
<p><b>Lions Gate Hospital</b> 231 East 15th Street, North Vancouver, BC, V7L 2L7</p> <p>Provides services including:</p> <ul style="list-style-type: none"> <li>• General Services</li> <li>• Neurosurgery Services</li> <li>• Specialized Services</li> <li>• Trauma Centre</li> </ul>	<p><b>St. Mary's Hospital</b> 5544 Sunshine Coast Highway, Sechelt, BC, V0N 3A0</p> <p>Provides services including:</p> <ul style="list-style-type: none"> <li>• Acute Care Services</li> <li>• Imaging Services</li> <li>• Support Services</li> <li>• Renal Program</li> <li>• Extended Care Services</li> <li>• General Health Services</li> <li>• Youth Services</li> </ul>

<p><b>Powell River General Hospital</b> 5000 Joyce Avenue, Powell River, BC, V8A 5R3</p> <p>Provides services including:</p> <ul style="list-style-type: none"> <li>• Surgery Services</li> <li>• Endoscopy Services</li> <li>• Emergency Services</li> <li>• Obstetrics Services</li> <li>• ICU Services</li> <li>• Diagnostic Services</li> <li>• Oncology Services</li> <li>• Psychiatric Services</li> </ul>	<p><b>Bella Coola General Hospital</b> 1025 Elcho St, Bella Coola, BC, V0T 1C0</p> <p>Provides services including:</p> <ul style="list-style-type: none"> <li>• Basic Acute Care</li> <li>• Long Term Care Services</li> <li>• Medical Services</li> </ul>
<p><b>RW Large Memorial Hospital</b> 88 Waglisla St, Bella Bella, BC, V0T 1Z0</p> <p>Provides services including:</p> <ul style="list-style-type: none"> <li>• Basic Acute Care</li> <li>• Long Term Care Services</li> <li>• Pharmacy and Medical Clinic</li> <li>• Medical Services</li> <li>• Diagnostic Imaging Services</li> </ul>	

**Financial Information:**

<b>VCHA Acute Care Sector Expenditures (\$ millions)</b>			
<b>Actual 2006/07<sup>1</sup></b>	<b>Budget 2009/10<sup>2</sup></b>	<b>Incremental increase over 2006/07</b>	<b>% Increase</b>
1,507.0	1,771.0	264.0	17.5%

<sup>1</sup> Vancouver Coastal Health Authority Service Plan 2008/09 – 2010/11: <<http://www.vch.ca>>.

<sup>2</sup> Vancouver Coastal Health Authority Service Plan 2009/10 – 2011/12 (September 2009).

**Capital Projects**

Examples of capital investments that are completed or underway are:

**Gordon and Leslie Diamond Health Care Centre**

The Gordon and Leslie Diamond Health Care Centre brings together Vancouver General Hospital’s outpatient care service, including specialty clinics, along with medical education, physician teaching clinics and research, at one site. The Centre opened in September 2006 as the province’s first health care public-private partnership (P3).

**New Angiography Suite Opened at Lions Gate Hospital**

A new angiography suite opened at the Lions Gate Hospital at the end of April 2010. The new suite and state-of-the-art interventional radiology equipment will help health care professionals at Lions Gate Hospital to not only save lives, but improve the quality of life for many patients. The angiography suite, which was built as a result of a recent \$3.5 million campaign by the Lions Gate Hospital Foundation, replaced the hospital’s decade-old technology.

**Lions Gate Hospital Surgical Suites**

In July 2005, VCHA opened two high-tech minimally invasive surgical suites at Lions Gate Hospital. Procedures performed in the specialized operating rooms result in less discomfort and faster recovery times for patients undergoing procedures such as invasive joint arthroscopies, gallbladder surgery, hernia repairs, and abdominal surgery. The total project cost was \$2.67 million with the Ministry contributing \$1.52 million and the Lions Gate Hospital an additional \$1.15 million.

**Richmond Hospital Digital Radiography System**

In July 2005, VCHA and the Richmond Hospital Foundation unveiled a \$650,000 state-of-the-art, advanced digital radiography system at Richmond Hospital that has provided Richmond and Delta residents with improved access to diagnostic x-ray services. The machine itself, as well as associated renovations, was funded by the Foundation with VCHA providing ongoing operating costs. Instead of using film, the new system converts x-ray images to electronic data that can be viewed on a monitor and stored as computer files. It also allows for greater integration with a VCHA-wide diagnostic imaging system.

### **Richmond Hospital Intensive Care Unit (ICU)**

In December 2006, VCHA completed \$2.5 million worth of renovations and improvements to the ICU at Richmond Hospital with the goal of improving patient care and infection control. All the patient rooms are now enclosed with glass sliding doors, an improvement in terms of privacy from the previous curtained areas. The construction also improves staff's ability to isolate and contain communicable viruses and bacteria such as MRSA. Three of the ICU's 11 beds are now equipped with negative air pressure and one of those with an additional anteroom, making it possible for the ICU to accept patients in the event of a severe respiratory outbreak.

### **Other Upgrades at Richmond Hospital**

- \$4.9 million to upgrade and expand the emergency room by 2,000 square feet including a triage area, dedicated entrance and urgent care centre. Construction began in January 2010 with completion planned for March 2011.
- \$2.9 million to expand outpatient care including a new procedure room suite and endoscopy room. Construction started in December 2009 with completion planned for August 2010.
- \$2.4 million to expand and upgrade the sterile processing department. Construction started in December 2009 with completion planned for August 2010.
- The opening in September 2009 of a new \$6.5 million birth centre offers a new maternity-specific operating room and recovery area, 15 private maternity care rooms and a six-bed neonatal intensive care unit.
- Opening of the new the new \$6 million Park Centre which will allow for greater access to care and services for patients battling either cancer or a mental illness. The 9,500 square-foot hospital wing will house both a new Psychiatric Emergency Unit and an enlarged Cancer Care Clinic.

### **Blusson Spinal Cord Centre**

In November 2006, work began on the new Blusson Pavilion, a state-of-the-art \$45 million research facility housing ICORD (International Collaboration on Repair Discoveries), the VCHA Spine Centre and the Rick Hansen Foundation. The Pavilion is located on the Vancouver General Hospital footprint and unites ICORD's 54 principal investigators and over 250 trainees, technicians and staff under a common roof, where they will be able to work closely with each other and with people with spinal cord injuries to accelerate the discovery, development and validation of therapies and practices as never before. In 2001, ICORD was awarded \$12.9 million in infrastructure funding from the Canada Foundation for Innovation. With matching funds from the Province of BC through the BC Knowledge Development Fund and contributions from Rick Hansen Foundation, the University of BC (UBC), and VCHA, plans were able to proceed for the development of the new facility. These contributions were supplemented with a generous gift of \$10 million from the Blusson family via the Rick Hansen Foundation. The Pavilion opened in November 2008.

### **St. Mary's Hospital Expansion**

In June 2007, VCHA announced a major expansion of St. Mary's Hospital in Sechelt. The total project cost is estimated at \$44.15 million. The Ministry will be providing \$26.25 million in Restricted Capital Grants for this project while the Sunshine Coast Regional Hospital District will be providing \$15.9 million, and the St. Mary's Hospital Foundation Auxiliary will provide \$2 million in funding.

The provincial contribution includes \$2.4 million from the province's Public Sector Energy Conservation Agreement fund, to enable the building expansion component of the project to achieve Leadership in Energy and Environmental Design Gold certification.

The project is currently undergoing redesign in order to maximize the number of single-patient rooms in the redevelopment. VCHA is striving to accommodate a total of 63 inpatient beds as single rooms within the approved budget. The hospital is currently operating 46 inpatient beds, most of which are located in double and quad patient rooms.

The tender and award for the first phase of the project is scheduled for summer 2010 with project completion scheduled for March 2012. The first phase of the project will include a new expanded emergency department (ED) with a fast track area, a new Diagnostic Imaging Department, and new and replacement inpatient beds. A new Special Care Unit for high acuity patients will also be included. The second phase of the project involves renovation and expansion of the Ambulatory Care area. Tender and award for the second phase of the project is scheduled for Spring 2012 with project completion scheduled for December 2012.

When complete, the new St. Mary's will offer new single patient rooms, more acute care beds, a renovated ambulatory care, new radiology areas, and a new emergency department. It also incorporates three innovative features in state-of-the-art patient care and design.

The renovated St. Mary's will feature:

- 100 per cent single patient rooms. Single patient rooms have been shown to significantly reduce hospital-acquired infections, reduce the risk of communicable disease and contribute to a less stressful and disruptive environment for patients.
- Interiors designed using Lean space-planning principles. Completion of a Lean flow review prior to construction will ensure that staff members will be able to spend more time with patients through efficient department and room design.
- Designation to LEED Gold standards. This will be the first VCHA facility built to LEED Gold standards. LEED (Leadership in Energy and Environmental Design) is an internationally recognized standard which supports and certifies green building design, construction and operations.

### **Richmond Hospital Child Health Centre**

The Child Health Centre, located on the ground floor of Richmond Hospital, opened in November 2007. It consolidates three programs: the General Paediatric Clinic, the Early Childhood Mental Health Program, and Noakes Primary Care Maternity Clinic. Along with offering family-centred paediatric services, the new space provides a teaching centre for medical students and bolsters Richmond Hospital's partnership with BC Children's Hospital and the UBC School of Medicine. The Child Health Centre was made possible thanks to funding from Child Health BC.

### **Innovative Changes to Improve Acute Care**

#### **Activity Based Funding**

To provide a greater focus on achieving the First Minister's Meeting (FMM) targets for hip and knee joint replacement surgeries and cataract surgeries, in 2008/09 the province introduced an activity based funding model based on the volume of these priority surgery cases performed. The activity based funding model for these priority surgeries was subsequently revised so that in 2009/10 and 2010/11 a portion of the funding is directly tied to achievement of specific wait time performance targets.

#### **Other Innovative Initiatives:**

- *Real Time Acute Bed and Patient Flow Management*- Funded through the 2007/08 Health Innovation Fund (HIF), this project procured, customized and implemented a region-wide "real time" bed and patient flow management solution for all major acute hospitals to standardize patient flow processes across all major acute sites, integrating best practices to maximize efficiency and bed turnover with the specific intent of increasing throughput by a factor of 2 to 4 percent.
- *Moving Barriers to Access in the Emergency Department*- This pay-for-performance pilot project was initiated through the 2007/08 Health Innovation Fund and continued to receive funding through the Lower Mainland Innovation and Integration Fund. It was designed to reward hospitals with financial incentives when pre-determined performance targets for improving access and patient flow through the emergency department either into a hospital bed or back into the community are achieved.
- *iCare: Improving Access to Care by Streamlining Hospital Discharges*- Funded through the 2008/09 Transformation Fund, this project streamlines hospital discharges through the implementation of

comprehensive, multidisciplinary discharge plan that includes goal focused communication and expedited care planning for all patients using proven methods and tools

- *rCare: Improving Access, Flow, and Transitions*- After receiving funding through the 2008/09 Transformation Fund, this project aimed to maximize inpatient capacity by ensuring efficient and effective use of resources.
- *Providence Health Care Distal Extremity Surgery* – Through the Lower Mainland Innovation and Integration Fund (LMIIF), the Distal Extremity Surgery project has enhanced access to distal extremity surgical care (foot and ankle, and hand and wrist), both for initial referral/consultation and for surgical operations. A centralized intake, assessment and surgical referral process has allowed physicians to see an additional 4,700 new referral patients since the project began, and has generated 595 new surgeries. The Distal Extremity Surgery project was a Gold Apple Winner for Top Innovation at the 2010 Excellence in BC Healthcare Awards, presented by the Health Employers Association of BC (HEABC).<sup>1</sup>
- *Rapid Access Breast Health* – Through the LMIIF, the Rapid Access Breast Health project has improved access to diagnostic imaging procedures specific to breast health by implementing an improved breast health service model based on the European Society of Breast Cancer Specialists (EUSOMA) guidelines. Rapid access breast clinics now provide a coordinated triple-assessment diagnosis for women with an abnormal screening mammogram, or with referral from a family physician or surgeon.
- *ST-Segment Elevation Myocardial Infarction (STEMI)* - LMIIF also supported the development and implementation of a coordinated STEMI strategy across the Lower Mainland. FHA, VCHA and PHSa, together with BC Ambulance Service (BCAS), expanded their capacity to use new technology for transmitting electrocardiograms (ECGs) directly to an emergency department from specially equipped ambulances.

## Emergency Departments

### Pay for Performance (P4P)

Four sites in VCHA have been participating in the Pay for Performance (P4P) initiative since September 2007: Vancouver General, St. Paul's, Richmond and Lion's Gate Hospitals. To date, a total of \$24.5M has been expended or earmarked for P4P concepts in VCHA EDs since the initiative's inception in September 2007.

Data from VCHA indicates that EDs have made measurable progress in achieving their individual P4P performance targets. During the 15 months between September 2007 and November 2008, each of the EDs reported cumulative improvements in the number of patients (of all types) being seen within the targeted transit times, despite overall increases in volumes and acuity.

### Review of Patient Visiting Patterns

To help inform strategic decisions, VCHA is investigating patient visiting patterns. Under this initiative VCHA has conducted a 650 patient survey, which identified the top three determinates of a patients choice in what ED to visit to be:

1. Distance to the facility,
2. Expected, or in some cases known, wait time for care, and
3. Courtesy of the staff.

Geo-mapping is currently underway to investigate the geographic distance of patients comparatively to surrounding facilities.

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<sup>1</sup> Excellence in BC Healthcare Awards, Link: <<http://www.bchealthcareawards.ca/Page3144.aspx#Innovation1>>.

## **Capital Projects**

Examples of capital investments that are completed or underway are:

### **Squamish General Hospital Emergency Department**

On January 18, 2010 the renovation and expansion of the ED at Squamish General Hospital was opened. Enhancements include four more treatment spaces, resuscitation facilities, improved patient monitoring, improved accommodation for psychiatric patients, and a separation of visitor and patient areas. The reconstructed Emergency Department also includes two ambulance bays that replace the single portico-style ambulance entrance. Capital costs totalling \$3.09 million were made possible through contributions from the Ministry of Health Services (\$1.3 million), the Squamish Hospital Foundation (\$620,000) and the Sea to Sky Regional Hospital District (\$1.17 million). In addition, the Squamish Health Care Foundation Society will provide approximately \$0.6 million for new equipment. The project reached substantial completion in July 2009.

### **Vancouver General Hospital Emergency Department Renovations**

In July 2007, VCHA completed \$3.7 million in extensive renovations to the ED at Vancouver General Hospital. Improvements include increased patient beds from 22 to 28, reconfiguration of the radiology section with the ED, creation of a negative pressure pandemic triage area, installation of enhanced security features, addition of psychiatric observation rooms, new nurses station, improvements to the isolation rooms, and the addition of a new donor-funded dual source Computed Tomography (CT) scanner. This scanner uses two x-ray sources and two detectors at the same time, allowing it to operate about twice as fast as a 64-slice scanner. The greater speed means patients are exposed to only half the radiation dose of a regular machine and it also provides technicians with higher quality images, allowing for improved diagnosis.

### **Lions Gate Hospital Emergency Department Renovations**

Renovations to double the size of the ED at Lions Gate Hospital were completed in February 2009. The expansion increases comfort, safety, privacy and accessibility for those requiring emergency care. During the first phase of renovation, which was completed in the summer of 2006, VCHA installed a new electronic patient tracking board and began piloting a bedside registration system. Phase two construction from February - December 2007, included the addition of a second triage station to speed up assessments and admission to the ED; 27 additional treatment spaces (for a total of 50); a more comfortable waiting room; a separate area for violent and disruptive patients; a decontamination room; and a separate ambulance entrance. The total project cost is \$25.09 million, with the North Shore community contributing \$15.5 million through the Lions Gate Hospital Foundation towards the renovation and the purchase of new equipment for the ED. VCHA and the Ministry contributed \$9.59 million.

A new electronic patient tracking board in the Lions Gate Hospital ED is enhancing patient care while providing the infrastructure for an eventual paperless patient charting system. The system was put in place in 2006 as first of a two-phase project that will see an integrated, wireless electronic charting system in an expanded, renovated ED at Lions Gate Hospital. The new tracking board replaces a manual whiteboard and helps clinicians manage patient flow, track orders and results, print patient discharge instructions, improve registration and collect key performance indicators. At a glance, clinicians are able determine who is admitted and waiting for a hospital bed, whether there are concerns about a specific patient from an infection control perspective and where individual patients are in terms of tests that might take them to a different part of the hospital. While evaluation is still underway, VCHA expects patients will move faster through the system due to enhanced communication, thereby improving overall Canadian Emergency Department Triage and Acuity Scale (CTAS) response times.

In April 2009, a new paperless charting system was implemented. The new, paperless system will be beneficial to everyone who sets foot in the emergency department – whether they're reporting to work, or presenting as a patient. It is the only electronic charting system of its kind within Vancouver Coastal Health. As such, Lions Gate Hospital is widely regarded as a technological leader for its willingness to apply new IT solutions to improve day-to-day clinical operations.

## **St. Paul's Hospital Emergency Department**

On July 8, 2010, one of the most efficient and technologically advanced emergency departments (ED) in the country was opened at St. Paul's Hospital. The new ED was a \$14.7 million multi-phase redesign and renovation project. The Province, through Vancouver Coastal Health, funded \$10 million of the \$14.7 million project and the St. Paul's Hospital Foundation made a multi-year commitment to raise the other \$4.7 million from private donors.

Completion of the St. Paul's Hospital redesigned emergency department was done in a phased way over the past three years, to accommodate the need for the hospital to continue serving the needs of the community.

The redesigned and refurbished emergency department will reduce wait times and hospital admissions, while improving around-the-clock patient care and staff morale. The expansion includes a new high-tech trauma unit that is double the size of the old one and that will act as a mini intensive care unit (ICU) to treat the most urgent, life threatening conditions.

## **Wait Times and Access**

In BC, a patient requiring surgery or treatment that is not an emergency is placed on a wait list. Individuals requiring emergency surgery do not go on a wait list; they receive treatment without delay.

Doctors and hospitals use wait lists to manage patients who are booked for non-emergency medical procedures and the resources required to perform those procedures. While it is usual to speak of "the" wait list for a procedure, there is currently no single wait list for British Columbians. Rather, each surgeon maintains their own wait list. If the surgeon decides to treat a patient surgically, an operating room booking package is completed and sent to the hospital and the patient is booked for surgery. While a patient is waiting for surgery, the surgeon remains responsible for determining if the patient still requires surgery, monitoring if their condition changes, and the patient's relative priority to other patients on the surgeon's wait list.

Reducing wait times and improving access are one of the key priority areas of the Ministry. BC has developed a comprehensive and proactive Wait Times and Surgical Access Strategy.

### **First Ministers' Meeting Targets**

In September 2004, Federal First Ministers committed to improving access and reducing wait times in five priority areas where wait times are longer than medically acceptable. The five priority areas identified at the FMM are: cancer (curative radiotherapy); cardiac (coronary artery bypass graft surgery); sight restoration (cataract surgery); orthopaedics (hip and knee joint replacement surgery and hip fracture fixation); and diagnostic services (cervical cancer screening and screening mammography).

### **Wait Time Reporting via the Surgical Patient Registry**

Improved management of wait lists, by using an electronic Surgical Patient Registry (SPR), is a key element of the Ministry's Wait Times and Surgical Access Strategy.

The SPR is a provincial information system that collects data for all elective and emergency surgeries<sup>1</sup> performed on an adult in a public facility in BC. The SPR provides data regarding the types of procedures, number of patients waiting, wait times, and number of cases completed for each type of surgery. For most procedures, wait list data is available by site and by surgeon.

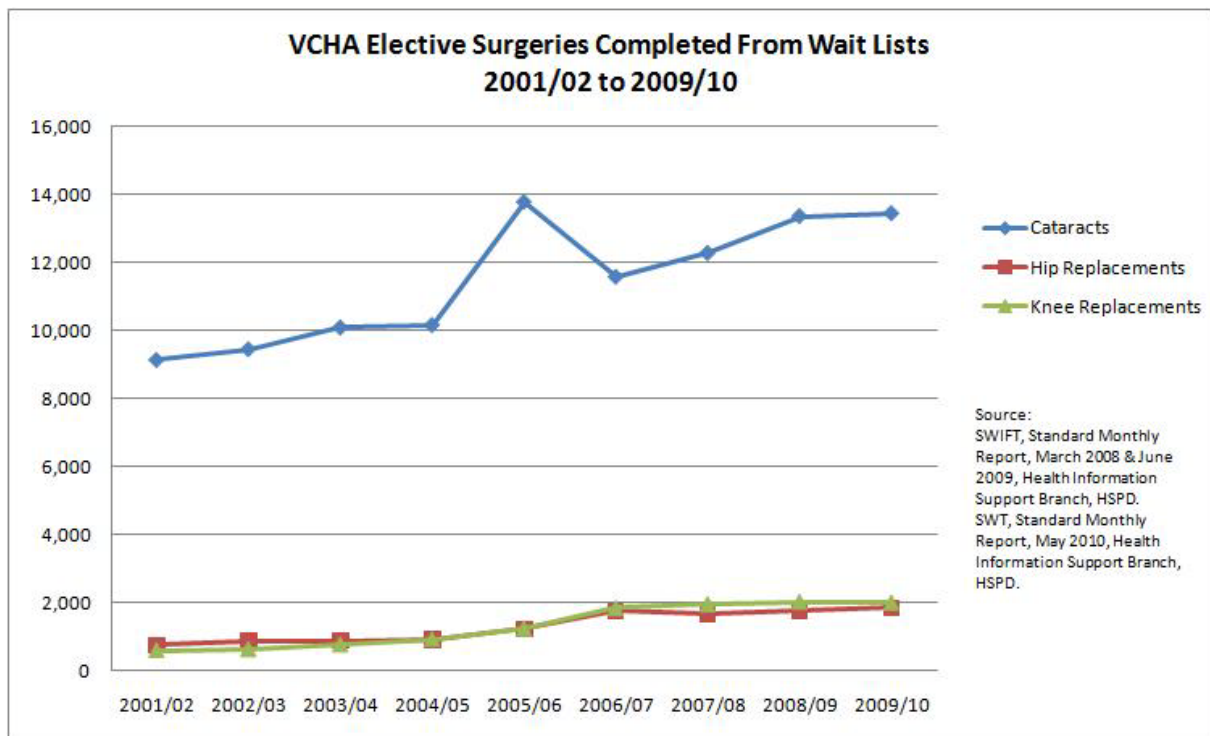
The SPR improves the quality of wait time data allowing active management of wait lists, and is fed by an automatic nightly download of operating room booking data from hospital computer systems.

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<sup>1</sup> Exception: cardiac surgery data are collected by the BC Cardiac Registry.

Wait times for procedures performed are currently measured and reported by the median wait time (the time when 50 percent of patients have received their surgery and 50 percent are still waiting). Wait times are calculated by measuring the time between when a patient is booked for surgery and completion of the procedure. This wait times data is reported publicly via the Ministry Wait Times Website. A new version of the website will be available in Fall 2010. The new website will report on additional procedures, provide patient education, and report 90<sup>th</sup> percentile wait times. For updates to the data, please see the current website at: <http://www.health.gov.bc.ca/cpa/mediasite/waitlist/median.html>

<b>VCHA Median Wait Times (Weeks) For Patients on the Surgical Wait Registry &amp; (Elective Surgeries Completed From Wait Lists)</b>							
<b>Fiscal Year</b>	<b>Wait Times / Cases</b>	<b>All Surgeries</b>	<b>Cataracts</b>	<b>CABG</b>		<b>Hip Replacements</b>	<b>Knee Replacements</b>
				<b>SPH</b>	<b>VGH</b>		
<b>2009/10</b>	<b>WaitTimes</b>	<b>4.3</b>	<b>4.1</b>	<b>4.7</b>	<b>2.5</b>	<b>10.1</b>	<b>9.9</b>
	Cases	(57,835)	(13,437)	(183)	(162)	(1,856)	(2,008)
<b>2008/09</b>	<b>WaitTimes</b>	<b>3.7</b>	<b>5.1</b>	<b>7.3</b>	<b>6.6</b>	<b>8.6</b>	<b>9.0</b>
	Cases	(65,461)	(13,352)	(168)	(190)	(1,768)	(2,029)
<b>2007/08</b>	<b>WaitTimes</b>	<b>3.1</b>	<b>5.7</b>	<b>6.1</b>	<b>10.1</b>	<b>7.7</b>	<b>10.9</b>
	Cases	(76,259)	(12,272)	(188)	(236)	(1,660)	(1,965)
<b>2006/07</b>	<b>WaitTimes</b>	<b>3.1</b>	<b>6.0</b>	<b>8.1</b>	<b>10.7</b>	<b>8.7</b>	<b>11.9</b>
	Cases	(73,694)	(11,576)	(184)	(217)	(1,755)	(1,846)
<b>2005/06</b>	<b>WaitTimes</b>	<b>3.3</b>	<b>5.9</b>	<b>7.9</b>	<b>6.1</b>	<b>9.0</b>	<b>15.7</b>
	Cases	(75,719)	(13,767)	(215)	(180)	(1,231)	(1,239)
<b>2004/05</b>	<b>WaitTimes</b>	<b>4.9</b>	<b>9.1</b>	<b>8.6</b>	<b>7.9</b>	<b>21.1</b>	<b>30.1</b>
	Cases	(59,744)	(10,160)	(211)	(162)	(908)	(927)
<b>2003/04</b>	<b>WaitTimes</b>	<b>4.1</b>	<b>8.6</b>	<b>21.7</b>	<b>10.9</b>	<b>19.8</b>	<b>33.7</b>
	Cases	(61,836)	(10,091)	(247)	(227)	(889)	(769)
<b>2002/03</b>	<b>WaitTimes</b>	<b>2.7</b>	<b>6.7</b>	<b>19.4</b>	<b>16.9</b>	<b>9.0</b>	<b>16.7</b>
	Cases	(59,431)	(9,452)	(214)	(193)	(860)	(632)
<b>2001/02</b>	<b>WaitTimes</b>	<b>3.0</b>	<b>5.9</b>	<b>27.0</b>	<b>18.2</b>	<b>18.1</b>	<b>24.7</b>
	Cases	(57,443)	(9,137)	(188)	(188)	(753)	(598)



Sources: Coronary artery bypass graft (CABG): BC Cardiac Registry, April 6 2009 and July 18 2009, Provincial Health Services Authority. Total Number of CABG Surgeries and Median Waiting Time in weeks for elective surgeries received at Royal Columbian Hospital, Fraser Health Authority.

All others: SWIFT, Standard Monthly Report, March 2008 and June 2009, Health Information Support Branch, HSPD.

SWT, Standard Monthly Report, May 2010, Health Information Support Branch, HSPD.

Note: all surgeries (total aggregated inpatient surgical cases) should not be compared over time as different definitions are used to determine surgical cases. This does not affect specific procedures.

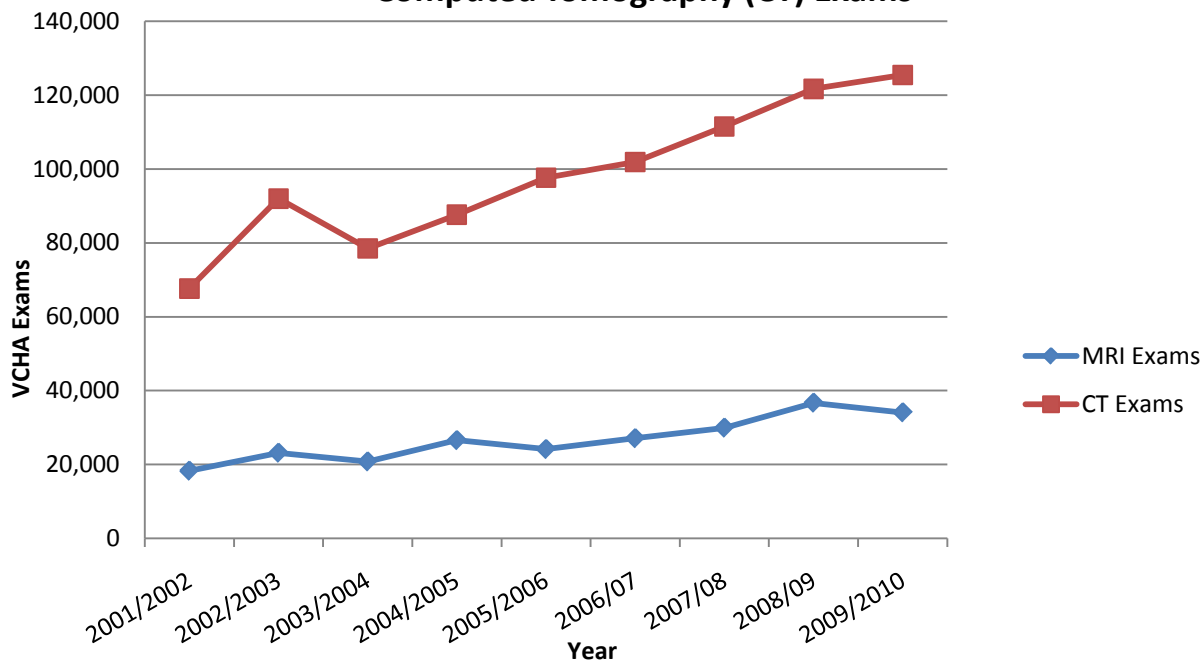
## Diagnostic Imaging

Between 2001/02 and 2009/10 VCHA saw the number of Magnetic Resonance Imaging (MRI) exams increase from 18,335 to 34,089 (an 86 percent increase) and the number of Computed Tomography (CT) scans performed increase from 67,636 to 125,467 (an 86 percent increase).<sup>1</sup>

VCHA has 7 MRI scanners in 3 sites and 16 CT scanners in 7 sites (among other general medical imaging equipment).

<sup>1</sup> HAMIS/OASIS, as of July 30, 2010, Management Information Branch, Health System Planning Division, Ministry of Health Services.

## VCHA: Magnetic Resonance Imaging (MRI) Exams and Computed Tomography (CT) Exams



HAMIS/OASIS, as of July 30, 2010

### Richmond Hospital CT Scanner

A new state-of-the-art CT scanner at the Milan and Maureen Ilich Medical Imaging Centre at Richmond Hospital was installed in May 2010. This equipment was funded entirely by donations to the Richmond Hospital Foundation. This \$1.7 million 128-slice Adaptive CT scanner is an upgrade from Richmond Hospital's old 16-slice CT scanner. The new CT scanner will be unique in the industry as it will adapt to any patient size. It also delivers unprecedented high quality diagnostic images using up to 68 percent less radiation and 50 percent less time than previous technology. The unique CT scanner will be able to do something Richmond Hospital's old machine can't: cardiac imaging and non-invasive virtual colonography.

### Whistler CT Scanner

A new CT scanner in Whistler was officially unveiled on October 23, 2009. The new 64-slice CT scanner was available for use before, during and after the Vancouver 2010 Olympic and Paralympic Winter games. Although the scanner itself was a legacy gift, the diagnostic equipment required construction of a new facility to house it. The construction project had a total cost of \$2.28 million and was jointly funded by the Provincial Government (\$275,000), the Sea to Sky Regional Hospital District (\$1 million), and the health care foundations of Whistler (\$901,000), Squamish (\$75,000) and Pemberton (\$29,000). In addition, the Squamish Hospital Foundation contributed \$20,000 for Diagnostic Imaging training. Having a CT scanner in Whistler means patients no longer have to travel to North Vancouver or beyond to access the diagnostic service.

### Sechelt and Powell River PACS System

A \$3.2 million PACS system is in development for Sechelt and Powell River and will be completed within the 2010/11 fiscal year. The new electronic information management system that provides radiologists, clinicians and other medical professionals with access to diagnostic image scans and reports via computer. It will allow medical professionals from across Vancouver Coastal Health and beyond to remotely view diagnostic images such as X-rays, ultrasounds and CT scans from patients on the Sunshine Coast and in Powell River.

## Powell River CT Scanner

In April 2010 a new CT scanner was up and running at Powell River General Hospital. Construction on this new facility began in fall 2009.

## Home and Community Care

The home and community care sector provides a range of publicly subsidized clinical and support services focused on individuals living in their own homes, and in other home-like settings through to, and including, the end of life. Services may be similar to those found in the acute or primary health system, including clinical nursing care, rehabilitation therapy, personal care and social work, or they may be unique to the community setting, such as case management, assisted living, home support, adult day services, and residential care services. The goals of home and community care services are:

- To support individuals to remain independent in their community to the greatest degree possible;
- To facilitate clients' transitions through the entire health care system;
- To enable choice, dignity and quality of life, and
- To provide caregivers with information, tools and support they need to be successful in their role.

Although most home and community care services are available to adults of all ages, the majority of clients are seniors, aged 65 and older. In addition, home care nursing, community rehabilitation and hospice palliative care services may be provided to children and youth under age 19 when needed, and often in collaboration with other provincial programs. Services provided will depend on the goals, abilities and circumstances of individuals, their network of support, clinical conditions, functional status, cultural influences and the range of resources available in the community (for example, transportation, recreation, and housing). Home and community care services were provided to more than 124,200 British Columbians in 2008/09.<sup>1</sup>

Since 2001, BC has implemented a number of major initiatives to support ongoing improvement in home and community care services, including expanded home health options, innovative pilot initiatives such as integrated health networks, introduction of assisted living services and the BC Palliative Care Benefits Program upgrading of residential care and hospice facilities, and implementation of standardized assessment tools across the province.

In VCHA, the total number of home and community care units/beds increased from 7,051 in 2001, to 8,187 in March 2010, due to net gains in assisted living units of 972 and supportive housing units with home support of 336.<sup>2</sup>

### Financial Information:

VCHA Home and Community Care Sector Expenditures (\$ millions)			
Actual 2006/07 <sup>1</sup>	Budget 2009/10 <sup>2</sup>	Incremental increase over 2006/07	% Increase
514.0	583.0	69.0	13.4%

<sup>1</sup> Vancouver Coastal Health Authority Service Plan 2008/09 – 2010/11: <<http://www.vch.ca>>.

<sup>2</sup> Vancouver Coastal Health Authority Service Plan 2009/10 – 2011/12 (September 2009).

<sup>1</sup> CC Data Warehouse, HCC Client Counts and Service Volumes Fiscal Years 2001/2002 to 2008/2009 (CERTS 2009-0700), Management Information Branch, Health System Planning Division, MoHS, November 2009.

<sup>2</sup> HCC 5000 Beds Project March 31, 2010 Update, Ministry of Health Services.

## Accomplishments and Initiatives

- VCHA expanded Home Support Fixed Hour scheduling to Powell River, parts of Sea to Sky, and Richmond. Fixed hour scheduling, which was previously implemented in the Sunshine Coast provides the same benefits as clustering of home support.
- VCHA was the key player in expanding the Dementia Journey website to be a provincial resource (through a primary care grant that was administered through the Alzheimer's Society of BC). The site is now live at: [www.dementiajourney.ca](http://www.dementiajourney.ca).
- Vancouver-City Centre and Richmond implemented full electronic clinical charting using Primary Access Regional Information System (PARIS) (the go-live date was October 2009).
- Across VCHA, an increased volume of referrals were handled in Home Health without increases in staffing.

## End-Of-Life Care Services

In Vancouver Coastal Health Authority, all residents have access to end-of-life care services in the community to support them and their families as end of life approaches. Services may be delivered at home, in supported housing and assisted living residences, residential care facilities, and hospices.

Vancouver Coastal Health Authority has focused on enhancing the role of the general practitioner within hospice palliative care through palliative care education. More recently VCHA has been exploring what a palliative approach to care involves residential care, building community capacity to provide palliative care in the home, and establishing a regional approach to advance care planning.

Vancouver Coastal Health Authority operates 56 publicly-subsidized hospice care beds (March 2010). The table below shows how many people died in Vancouver Coastal Health Authority in 2009, and where they died.

HSDA/HA	VANCOUVER COASTAL HEALTH AUTHORITY- NATURAL DEATHS 2009 Quarters 1, 2, 3, and 4 (Calendar Year) <sup>1</sup>								
	Home	Home	Res Inst	Res Inst	Hospice	Hospice	Hospital	Hospital	Total
Richmond	99	11.6%	160	18.7%	59	6.9%	527	61.6%	855
Vancouver	538	15.2%	833	23.6%	377	10.7%	1,724	48.8%	3,536
North Shore/ Coast Garibaldi	297	16.4%	511	28.2%	16	0.9%	955	52.7%	1,812
<b>VCHA Total</b>	<b>934</b>	<b>15.1%</b>	<b>1,504</b>	<b>24.2%</b>	<b>452</b>	<b>7.3%</b>	<b>3,206</b>	<b>51.7%</b>	<b>6,203</b>
<b>BC Total</b>	<b>4,537</b>	<b>15.3%</b>	<b>7,162</b>	<b>24.1%</b>	<b>3,291</b>	<b>11.1%</b>	<b>14,139</b>	<b>47.5%</b>	<b>29,744</b>

## Capital Projects

Examples of capital investments that are completed or underway are:

### North Shore Hospice

On August 28, 2009 a ceremonial sod-turning marked the start of construction on the North Shore Hospice, a 15-bed facility that will provide quality end-of-life care to terminally ill patients. The North Shore's first free-standing hospice is a community partnership of Lions Gate Hospital Foundation, Family Services of the North Shore, Lions Gate Hospice Society and Vancouver Coastal Health (VCHA). Construction of the \$8-million project was funded by the generous support of 5,000 individuals, organizations and community groups who made donations through Lions Gate Hospital Foundation. VCHA will own and manage the facility, providing end-of-life care to stable, terminally ill patients while allowing them and their loved ones to spend time in a quiet, home-like setting. VCHA will partner with Lions Gate Hospice Society and Family Services of the North Shore to support patients and families in their journey through end-of-life care. In addition, the hospice's Resource Centre will provide program services for family caregivers.

<sup>1</sup> CeRTS No. 2009 – 789. Ministry of Health Services, HSIM/IT March 4, 2010.

The 1,400 square metre (15,000 square foot) hospice is being built on Lions Gate Hospital land located one block east of the hospital on East 14th Street in the City of North Vancouver. It will contain 15 spacious and comfortable private rooms and shared gathering areas including a living room, kitchen, a healing garden and a sacred space. The hospice features leading-edge design by award-winning architects, engineers and consultants and will be consistent with standards set by Community Care Facilities Licensing. The hospice will be completed and ready to begin occupancy by August 2010.<sup>1</sup>

### Hilltop House

January 18, 2010 marked the opening of the expansion of Hilltop House in Squamish. The new Hilltop House, a \$19.47 million project, was jointly funded by a \$13.47 million contribution from the Ministry of Health Services and a \$6 million contribution from the Sea to Sky Regional Hospital District. The original Hilltop House was built in 1984. The facility did not have the bed capacity nor the specialized rooms required to support the varied spectrum of needs posed by patients who require 24-hour supervision and continuous professional care in the care facility. The renovated Hilltop House will offer seniors throughout the Sea to Sky corridor immediate access to 73 residential care beds, up from the previous 61 beds. The renovated Hilltop House will also provide for improved quality of care by keeping residents close to home in Squamish rather than on the North Shore.

## Mental Health and Substance Use

Mental health is a vital part of a person's overall wellbeing. Mental health problems and concurrent disorders, including substance use, are widespread throughout all sections of society. One in five British Columbians aged 15 to 64, or approximately 624,000 people<sup>2</sup>, will experience some form of mental health disorder, including substance use, this year.<sup>3</sup>

The Province of BC is committed to a comprehensive, integrated, evidence-based system of mental health and substance use services. These services focus on health promotion, prevention, treatment and recovery, and support individuals' and families' resiliency and self-care.

### Financial Information:

VCHA Mental Health & Substance Use Sector Expenditures (\$ millions)			
Actual 2006/07 <sup>1</sup>	Budget 2009/10 <sup>2</sup>	Incremental increase over 2006/07	% Increase
187.0	230.0	43.0	23.0%

<sup>1</sup> Vancouver Coastal Health Authority Service Plan 2008/09 – 2010/11: <<http://www.vch.ca>>.

<sup>2</sup> Vancouver Coastal Health Authority Service Plan 2009/10 – 2011/12 (September 2009).

### Mental Health Beds

Community mental health beds are provided through three main housing programs: community residential care, family care homes and supported housing. In addition, people with mental health issues can access resources such as rental subsidies, BC Housing health services, community crisis stabilization units, and emergency shelter or short stay crisis residential beds.

<sup>1</sup> <[http://www.vch.ca/about\\_us/news/media\\_contacts/news\\_releases/construction\\_begins\\_on\\_north\\_shore\\_hospice](http://www.vch.ca/about_us/news/media_contacts/news_releases/construction_begins_on_north_shore_hospice)>.

<sup>2</sup> Applying this prevalence rate to British Columbia's (BC) 2008 population age 15 to less than 65. Data source: Population estimates (1986-2007) and projections (2008-2036) by BC STATS, Service BC, Ministry of Labour and Citizens' Services, PEOPLE 33, Population estimate for 2007/08.

<sup>3</sup> Mental Health and Addictions Branch, Ministry of Health Services

## Community Mental Health and Substance Use Bed Inventory

Facility Types	VCHA	BC Total
Mental Health - Community Residential Care	415	1,421
Mental Health - Family Care Homes	45	171
Mental Health - Rental Subsidy	48	606
Mental Health - Community Crisis Stabilization Units	17	64
Mental Health - Emergency Shelters	71	136
Mental Health - Crisis Residential Care (Short Stay Crisis Stabilization)	20	74
BC Housing Health Services Program	1,305	2,509
Mental Health - Supported Housing - Supported Independent Living (SIL)	623	1,901
Mental Health - Supported Housing - Scattered Supported Apartments	141	305
Mental Health - Supported Housing - Clustered/Block Apartments	364	602
Mental Health - Supported Housing - Congregate Housing	138	285
Mental Health - Supported Housing - Group Homes	111	463
Mental Health - Supported Housing - Supported Hotels	79	125
<b>Mental Health Beds Total</b>	<b>3,377</b>	<b>8,662</b>
Substance Use - Adult Residential Treatment	35	247
Substance Use - Adult Support Recovery	169	403
Substance Use - Youth Residential Treatment	40	62
Substance Use - Youth Support Recovery	4	12
Substance Use - Adult Detox (withdrawal management) - Community Based	66	192
Substance Use - Youth Detox (withdrawal management) - Community Based	10	24
Substance Use - Youth Detox (withdrawal management) - Family Care Homes	3	15
Substance Use - Sobering and Assessment Beds	0	25
Substance Use - Low Barrier Housing	820	1,228
Substance Use - Supported Housing - Supported Independent Living (SIL)	70	70
Substance Use - Supported Housing - Scattered Supported Apartments	185	210
Substance Use - Supported Housing - Clustered/Block Apartments	30	30
Substance Use - Supported Housing - Congregated Housing	0	0
Substance Use - Supported Housing - Dedicated Sites	0	22
Substance Use - Supported Housing - Group Homes	9	10
Substance Use - Supported Housing - Supported Hotels	0	0
Substance Use - Supported Housing - Youth	0	0
<b>Substance Use Beds Total</b>	<b>1,441</b>	<b>2,550</b>
<b>BC Total (Mental Health Beds + Substance Use Beds) <sup>1</sup></b>	<b>4,818</b>	<b>11,212</b>

<sup>1</sup> The Community Mental Health and Substance Use Bed Inventory is based on the Mental Health and Substance Use Community Residential Beds and Units Survey reported by health authorities as of March 31, 2010.

## Accomplishments and Initiatives

VCHA's 135 mental health programs and clinics provide a multidisciplinary approach to diagnosis, treatment and rehabilitation, including emergency, and residential and home support care. VCHA's 50 adult and youth substance use services programs include needle exchange, drug replacement therapy and services designed to treat people with substance use problems. VCHA also has a health promotion program to improve overall mental wellness.

Highlights of these services in 2009/10 were:<sup>1</sup>

- Development of a regional mental health and wellness framework to coordinate services;
- Enhancement of mental health and substance use bed capacity;
- An approach to match the most appropriate level of care with the need of the patient;
- Maintaining capacity of housing options for those with low prevalence disorders, including homelessness (e.g., the Burnaby Centre for Mental Health and Addiction);
- Continued provision of substance use services such as withdrawal management programs;
- Development of models of care to improve outcomes for complex, co-morbid populations (e.g., the Care Connectivity Pilot, which created a mood self-management tool);
- A revised Riverview strategy; and
- Collaboration with the Centre for Applied Research and Mental Health and Addictions (CARMHA) to create needs estimates for schizophrenia, bipolar disorders and the neuropsychiatric population.

### **HAART Pilot**

The Highly Active Anti-retroviral Therapy (HAART) pilot, seeking and treating those living with HIV/AIDS has been recently introduced in Vancouver's Downtown East Side (DTES) as well as in Prince George in the Northern Health Authority (NHA). This will allow VCHA to better care for, treat and reduce the spread of HIV/AIDS amongst those at-risk in the DTES.

### **Community Court**

VCHA, through newly created Justice Liaison positions and the existing Urgent Response Team, will work with the Community Court to provide opportunities and support to individuals identified as being suitable for MHA treatment and care. Started in September 2008, it provides options for individuals and tries to intervene in the cycle of criminal behaviour.

### **Burnaby Centre for Mental Health and Addiction**

VCHA opened the Burnaby Centre for Mental Health and Addiction, the first facility of its kind in BC, to provide care for medically stable adults with a range of complex mental health and substance use issues. Since opening in June 2008, the 100 bed facility has been embraced by the health system and surrounding communities and has received more than 400 referrals from all health authorities.

### **Vancouver Addiction Matrix Program**

In March 2007, VCHA implemented the Vancouver Addiction Matrix Program, a 16 week intensive outpatient program for crystal meth users and their families (formerly called the Matrix Program). In addition to the 16 week core program, the program also includes a 4-6 week early engagement process and a 36 week aftercare/alumni weekly group for graduates of the program. The program is provided at no cost to clients and manages up to 20-24 clients at a time.

### **Powell River Crystal Methamphetamine Awareness and Prevention Campaign**

Started in Fall 2006, the Campaign is a three-way partnership between the Tla' Amin Community Health Society, Powell River Child, Youth & Family Services Society, and the City of Powell River. It receives funding from the Union of BC Municipalities. The Campaign provides education and awareness regarding crystal methamphetamine, identifies gaps in community substance misuse prevention and response capacities, and develops a coordinated strategy for ongoing substance misuse prevention and response.

### **Rainier Hotel**

A new 20 bed residential treatment program for sex trade workers opened on February 4, 2009. The site, known as the Rainier Hotel, is operated by VCHA in conjunction with the Portland Hotel Society. 20 beds operated by VCHA are for former sex-trade workers who are self-referred or referred through their detox program. Women

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<sup>1</sup> Vancouver Coastal Health Authority 2009/10 – 2010/11 Service Plan. September 2009.

are able to access the Rainier after completing a detox treatment program, and remain in the program while their health becomes stable and they establish a foundation for ongoing recovery. The funding for Rainier is through a partnership with the Province of BC, Health Canada and VCHA. The province provided \$9.5 million, the total capital cost for the purchase and renovation, and will provide an ongoing operational subsidy. Health Canada is providing \$5 million to VCHA over four and a half years for operational funding.<sup>1</sup>

### **Kindred Place**

In partnership with More Than a Roof Housing Society, Kindred Place opened in April 2009. VCHA will provide support services for 30 alcohol-and-drug-free units. Staff will assist tenants to enhance and maintain independent-living skills, connect with community resources and maintain treatment services. The project is part of the Provincial Homelessness Initiative and was also funded by Canada Mortgage and Housing Corporation. More Than a Roof Mennonite Housing Society manages the building.

### **Supported Housing Strategy**

VCHA is currently working with the City of Vancouver and BC Housing in relation to 12 city-owned sites that have been targeted for development. VCHA is looking at potential partnerships for 5 of the 12 sites (25-30 units per site) that would allow access for clients referred by VCHA who need housing-based support because of mental illness, or who are in recovery from a substance use disorder.

### **Capital Projects**

Examples of capital investments that are completed or underway are:

#### **St. Paul's Hospital**

In 2005, VCHA and Providence Health Care established 15 new mental health beds in the Treatment and Evaluation Unit at St. Paul's Hospital to assist the ED in providing safe and appropriate care to emergency patients while ensuring that admitted psychiatric patients are transferred to an appropriate inpatient bed in a timely manner. The expansion was made possible through VCHA funding of \$2.5 million for one-time capital costs and \$3.7 million in new annual operational costs.

#### **Riverview Hospital Replacement Beds Plan**

The following projects are part of the \$138 million Riverview Redevelopment Project, with the goal to build capacity for intensive and highly specialized services within the regional health authorities – bringing care into communities and closer to families, services and local health resources. 229 beds are being developed within Vancouver Coastal Health.

- Renovations to two units at Detwiller Pavilion at UBC Hospital to house an adult tertiary rehab program and, eventually, a 25-bed provincial refractory mental health program to support the most complex patients. Construction is anticipated to start in the Fall 2010 with completion in February 2011. The total project cost is an estimated \$2.5 million.
- Willow Pavilion in Vancouver will undergo extensive renovations to a currently vacant, six-storey, concrete hospital building. The project will accommodate a total of 80 beds, including adult and older adult tertiary assessment and treatment and rehabilitation. Completion is estimated for Spring 2012. The total project cost is approximately \$28 million.
- Willow Chest at Vancouver General Hospital will be renovated to accommodate 20 rehabilitation beds with an estimated completion date of Fall 2011. The total project cost is approximately \$2.5 million.
- Kiwanis Village in Gibsons will undergo renovations to include 28 rehabilitation beds with completion expected by Spring 2012. The total project cost is approximately \$3.7 million.
- Langara Residence at Providence Health Care in Vancouver will undergo renovations to the first floor to create 20 neuropsychiatry beds with completion targeted for March 2011. The total project cost is approximately \$1.7 million.

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<sup>1</sup> <[http://www.vch.ca/about\\_us/news/media\\_contacts/news\\_releases/hotel\\_opens\\_for\\_downtown\\_eastside\\_women](http://www.vch.ca/about_us/news/media_contacts/news_releases/hotel_opens_for_downtown_eastside_women)>.

- Youville Residence at Providence Health Care in Vancouver will renovate two floors of a six-story structure to create 42 older adult behaviour stabilization beds with completion estimated by fall 2011. The total project cost is approximately \$5 million.

### **Innovative Changes to Improve Mental Health & Substance Use Services**

- *Vancouver Community Acute In-Patient Psychiatry* - Funded through the 2008/09 Transformation Fund, this project applied efficiency methodologies and principles to detect key areas of opportunity, develop recommendations, and identify priorities to improve patient access, throughput, and disposition for Vancouver Community Inpatient Psychiatry services. This project was able to exceed the original target of saving 200 inpatient days within three months of implementation, as well as reducing the average length of stay for patients in psychiatry units.

## **Primary Health Care**

Primary health care involves health care providers working in teams to provide a range of everyday health services on a regular, ongoing basis to help people stay healthy and prevent injury, get better, manage illness or disease, and cope with the end of life.

### **Accomplishments and Initiatives**

#### **VCHA Primary Health Care Network**

The Primary Health Care Network (PHCN) is often the first point of contact with the health care system. The goal of the PHCN continues to be improved health through health promotion and illness prevention, chronic disease management and self-care, and access to services.

Highlights of these services in 2009/10 were<sup>1</sup>:

- Chronic Disease Management Connectivity Pilot;
- Implementation of Palliative Medication Kits in the home;
- Practice Support programs that foster partnerships between the British Columbia Medical Association and the Ministry of Health Services to help family physicians integrate new ideas and processes into their clinical and management practices;
- Integrated Health Networks (IHNs) and Integrated Neighbourhood Network to foster collaboration of services.

It is anticipated that the IHNs will be rolled up into the Divisions of Family Practice. These affiliations of family physicians have common health goals and/or share geography. They aim to give physicians increased impact in their community, while helping them work together to improve their practices, offer comprehensive patient services, and influence decision making in their community.

### **Practice Support Groups**

Practice support programs foster partnerships between the BC Medical Association and the Ministry to help family physicians integrate new ideas and processes into clinical and management practices. The program involves participation from 275 general practitioners and encompasses a wide range of stakeholders, including health professionals, policy makers, and health administrators who have come together to implement system change.

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<sup>1</sup> Vancouver Coastal Health Authority 2009/10 – 2010/11 Service Plan. September 2009.

Incentives for full service family practice include:

- Integration of the Canadian Mental Health Association/Ministry Bounce Back telehealth program with family practice for self-management support for mild to moderate depression in all areas of VCHA;
- Mental Health depression/Shared Care collaboratives at UBC and Downtown Vancouver to include screening for mental health and integration of psychiatry and group counselling programs; and
- Train the Trainer program for Mental Health Shared Care and Access Collaborative in April 2009. Roll out of the full collaborative for General Practitioner Practice Teams, linking with community counsellors, specialists and self-management supports in fiscal 2009/10.

### **Capital Projects**

Examples of capital investments that are completed or underway are:

#### **VGH Research Centre**

In September 2009, began on a new, state-of-the-art research centre at Vancouver General Hospital, housing three internationally-recognized research programs and named after Robert H.N. Ho in honour of his \$15-million donation. The seven-storey, 69,350 sq. ft. (6,442 sq. m.) facility will house three of VGH's key research programs: the Vancouver Prostate Centre at VGH; the Centre for Hip Health and Mobility; and the Ovarian Cancer Research Initiative. The building cost is \$40.1 million and the total project cost, including equipment and personnel, is just over \$60 million. Mr. Ho's gift, of which \$8.2 million is going toward the project, completed the private sector funding match. The total provincial contribution is \$22.5 million through the Ministries of Health Services and Small Business, Technology, and Economic Development. Federal funding awards of \$24.7 million came from the Canada Foundation for Innovation and a further \$4.8 million comes from other sources. In August 2009, VCHA unveiled the Centre for Hip Health and Mobility's mobile research lab, the first mobile lab of its kind in Canada, which is dedicated to better understanding mobility and bone health across the lifespan. The \$1 million mobile research lab will travel to communities across the Lower Mainland and eventually other areas of the province, visiting senior, child, and adolescent health populations to collect information on mobility and bone health.

#### **Innovative Changes to Improve Primary Health Care:**

- *Chronic Disease Management Care Connectivity* - Funded through the 2007/08 HIF, this project established an integrated model of care delivery that effectively connects care providers, leverages combined resources and technology, and enables an increased role of the patient in supported self care in order to improve the health outcomes for individuals with multiple chronic conditions.
- *"Virtual" Cardiac Rehabilitation Program* - The "virtual" cardiac rehabilitation program (vCRP) is a web-based program that allows patients with cardiovascular disease to interact with health professionals and receive their care in their homes. The vCRP was designed to facilitate access to patients in remote and rural BC. It consists of data exchange between patient and health professional (medical history, lifestyle habits, blood pressure, blood sugar and weight), monitoring of exercise heart rate data, online chat sessions with health professionals, peer-support chat and educational resources. Patients are enrolled in the program for 16 weeks and receive pre and post medical assessments to assess progress.

## **Population and Public Health**

Population health is an approach to planning and delivering health services that recognizes the importance of broad determinants such as shelter, education, food and income on improving people's health. Understanding the health determinants of a population is important in preventing illness, disability and injury. Population health strives to identify populations in need or at high risk, and to design services that meet their needs. High-risk populations identified in VCHA include: the downtown/hard-to-serve, the mentally ill and addicted, the frail elderly, the chronically ill, Aboriginal populations and rural and remote populations.

## Financial Information:

VCHA Population Health and Wellness Sector Expenditures (\$ millions)			
Actual 2006/07 <sup>1</sup>	Budget 2009/10 <sup>2</sup>	Incremental increase over 2006/07	% Increase
93.0	115.0	22.0	23.7%

<sup>1</sup> Vancouver Coastal Health Authority Service Plan 2008/09 – 2010/11: <<http://www.vch.ca>>.

<sup>2</sup> Vancouver Coastal Health Authority Service Plan 2009/10 – 2011/12 (September 2009).

## Accomplishments and Initiatives

### Adult Healthy Living Programs

Adult Healthy Living programs have been established in two HSDAs. The Vancouver Community Adult Healthy Living Program provides health promotion and disease prevention for adults ages 35-64 who are currently well, at-risk for or have early symptoms of chronic disease. Through education, screening and provision of early intervention strategies, the Adult Healthy Living Program aims to increase identification of individuals “at-risk” for chronic disease and to intervene early to prevent the occurrence and progression of chronic illnesses such as diabetes, heart disease and stroke. Participants in the program screening events receive information and education on healthy eating, physical activity and tobacco reduction.

### Fall Prevention

The Centre for Hip Health and Mobility was created in 2006 and focuses on prevention, detection, and improved treatment of bone and joint diseases. The Centre is an applied research partnership of the Vancouver Coastal Health Research Institute and the University of British Columbia (UBC) Department of Orthopaedics.

The Centre’s research includes: programs for children, enhancing health through physical activity and healthy eating; early detection of disease in adults; and intervention programs and mobility maintenance in at-risk older adults.

VCHA fall prevention strategies, programs and initiatives are being incorporated across the health care system for seniors, spanning acute hospitals, residential facilities and home support, as well as prevention programs for seniors living in their own homes. Some examples are:

- Canadian Falls Prevention Curriculum Basic and Facilitator courses, held in November 2008.
- In partnership with the Council of Senior Citizens Organizations of BC, VIHA presented fall prevention workshops to the public.
- The Strategies and Actions for Independent Living (SAIL) program trains community health workers, through better communication and education of clients, to prevent falls among seniors receiving home support services.
- Providing education to Community Staff on Falls Risks and on the Fall Screen system, which measures a client’s balance, vision, strength, position sense, and reaction time. The Fall Screen system provides a detailed evaluation of falls risks for a client.
- Partnering with 3 municipalities in a Union of BC Municipalities grant project on mobility and the vulnerable older adult.
- Opening a Falls Follow-Up Clinic at Lions Gate Hospital in 2008.

### Action Schools! BC

Escalating levels of childhood inactivity increases the future burden of chronic diseases such as osteoporosis, cardiovascular disease, diabetes, and cancer. Action Schools! BC increases physical activity and healthy eating in elementary school children. Since 2004, more than 95 percent of BC schools have adopted the program, benefiting more than 300,000 children. Recently, Action Schools! BC was acknowledged in the 2009 white paper supplement to the U.S. National Physical Activity Plan.

### **Initiatives to Improve Aboriginal Health**

VCHA is working with Aboriginal communities and the First Nations Health Council to improve the health status of Aboriginals with programs and services that are consistent with the VCHA Aboriginal Health Strategic Plan. Building on the Transformative Change Accord, the 2008/09 – 2010/11 VCHA Aboriginal Health and Wellness Plan identifies key strategic and performance Measures to close the gaps in areas such as diabetes, youth suicide, and infant mortality rates.

Highlights of these services in 2009/10 were<sup>1</sup>:

- Focusing on the social determinants of health and access to health services;
- Building partnerships with local, external, regional, provincial and federal stakeholders;
- Improved understanding of the needs of Aboriginal communities through staff cultural competency training, research and evaluation;
- Creation of the Aboriginal Patient Navigator Program to facilitate improved communication between Aboriginal peoples and health care providers; and
- Expansion of the HAART pilot in the DTES, including to the Aboriginal population.

### **Health Human Resource Planning**

The overarching goal of BC's health human resources planning is "the right skills, in the right place, at the right time, for the right cost". To achieve this goal the Ministry and its partners within the health authorities and throughout the system focus on the following initiatives:

- All health authorities are collaborating on provincial human resources forecasting to determine future supply and demand for key health professionals. Recruitment, retention, education and service delivery strategies are then implemented to target the most critical shortages.
- As a central component of Health Human Resources Planning, substantial emphasis is placed on the retention of health care workers by reducing attrition and early retirements, streamlining entry to practice processes, optimizing the workforce through health care professionals practicing to full scope, capitalizing on innovative work and workflow redesign initiatives, and matching skill mix and competencies to meet population health needs.
- HealthMatch BC supports health authorities with out-of-province recruitment both within Canada and internationally. Through Health Match BC, job opportunities across the province are efficiently and effectively marketed to targeted professionals in other provinces and abroad. Between 1999 and 2010, Health Match BC has recruited more than 1,700 physicians. About 80 percent were recruited for communities outside the Lower Mainland. Family Physicians make up the single largest group, but a wide range of other specialists also have been recruited. In the current calendar year (to June 30th) more than 300 physicians were referred to positions throughout the province, with 126 matched so far, potentially making this their most successful year to date. Additionally, more than 700 registered nurses and 50 hospital pharmacists have been recruited from outside BC. Recently, Health Match BC began targeting other allied health professionals, including physiotherapists, medical laboratory technologists and radiation technologists. Internationally educated health professionals are provided with assistance with licensing and immigration matters, including Provincial Nominee Program applications to ensure speedy processing. It also manages the new BC Care Aide and Community Home Worker Registry established this year to protect vulnerable patients and encourage improved educational standards. Health Match BC is coordinating its activities with health employers, educational institutions and communities throughout the province.<sup>2</sup>
- International recruitment is more successful as a result of the implementation of Skills Connect for Immigrants - Health which assists internationally educated health professionals with credential assessment,

<sup>1</sup> Vancouver Coastal Health Authority 2009/10 – 2010/11 Service Plan. September 2009.

<sup>2</sup> Health Human Resources Branch, Ministry of Health Services, August 2010.

skills enhancement and workplace integration. Several initiatives are also underway to reduce licensing barriers. This includes piloting an assessment centre for internationally educated nurses to enable competency-based assessment, a great improvement over the existing paper-based credential review process.

- All health authorities are contributing to the expansion of health education programs by helping students fulfill practice education requirements. Between 2001/02 and 2010/11, over 6,500 education spaces have been added to health programs (nursing, medical and allied health) across British Columbia.<sup>1</sup>
- The number of nursing spaces has more than doubled (over 4,000 additional spaces since 2001) through the creation of 25 new nursing programs around the province, including three new 3-year accelerated Bachelor of Science in Nursing programs, resulting in over 17,000 credentials being awarded.
- 1,101 new education seats have been created for allied health professionals with new programs planned outside the Lower Mainland, for example, in Prince George and Victoria.
- All health authorities are also contributing to the expansion and distribution of medical education programs for physicians. Since 2004, the medical school has doubled the number of first-year seats for undergraduate MD students to 256, and distributed their training to the North and the Island. Another medical education program is due to open in the Okanagan in 2011/12, and by 2015 there will be over 1,000 Canadian medical students in training at any one time in BC.
- Growth in postgraduate medical education (residencies) has kept pace with the undergraduate expansion. BC has also doubled the number of first-year residencies for Canadian medical graduates to 256, and tripled the number of international medical graduates to 18. By 2015, there will be over 1,200 residents in training at any one time, and by 2020 the province will have 300 new physicians ready for independent practice each year.

## **Innovative Changes to Health Human Resource Planning**

### **HR Nursing Forecasts**

VCHA's HR Nursing forecasts prove to be a reliable tool for effective and timely Human Resource and Educator strategy and planning. Over the past year, VCHA has experienced recession based employment pattern changes including steady declines in; vacancies (50 percent decrease over same time last year); newly created positions; retirements; resignations and conversion from regular to casual status offset with an increase from leaves.

These patterns along with economic forecasts have significantly altered VCHA's approach to recruitment and education through 2012. Overseas hiring and cross Canada advertising for RN vacancies has stopped with two exceptions; Community Nursing and Mental Health & Addictions; as well as reduced external hiring. External RN hiring priorities have been created for Employed Student Nurse graduates and Expert Nursing Resource pools are being explored to create nursing vacancies.

### **Specialty Nursing Training Programs**

VCHA offers specialty nursing training programs, which have proven to be very successful in retaining existing nurses and filling vacancies in specialty care areas. These areas include Emergency Room, Critical Care, Perinatal, Operating Room, Pediatrics, Hemodialysis. Long term retention of nurses who have been sponsored in specialty training is 90 percent over 5 years.

### **Educator Pathway Project**

Between 2007 -2010 VCHA implemented an Educator Pathway Project. Funded by Human Resources Skills Development Canada and supported by the BC Ministries of Health and Advanced Education, the innovative project was developed through a partnership including VCH, FHA, the Nurses Bargaining Association and the Universities of Victoria and BC. The program revolves around a new nursing education model that aims to prepare, recruit and retain quality nurses and at the same time increase the number of nursing educators across the province. The program supports registered nurses who wish to pursue an MSN and work in both the clinical and academic setting. Both health authorities continue to offer the educator pathway and have recently opened registration to allied health professionals in educator roles.

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<sup>1</sup> All education statistics provided by the Ministry of Advanced Education

Results of this innovative project included increased participants intent to stay working in their health authority; increased nurse educator participants' intent to stay in educator roles; increased the competencies of educators to develop and facilitate effective education; increased the health authorities capacity to support learners both pre and post licensure. The Educator Pathway project has been shown to improve recruitment and retention of nurses and increase knowledge and skills for educators. This in turn has a positive impact the learning environment and transfer of clinical knowledge between health care professionals, and ultimately enables Registered Nurses to meet population and health service needs.

### **Supported Transition for Entry to Practice Program**

The Supported Transition for Entry to Practice Program supports undergraduate and new graduate nurses as they transition into nursing practice with VCH. The Undergraduate Nurse component provides supernumerary employment for 3<sup>rd</sup> and 4<sup>th</sup> year nursing students. The New Graduate Transition program involves orientation and customized clinical learning to support the new graduate in consolidating their practice in their new job.

### **Workplace Integration of Registered Nurses and Licensed Practical Nurses**

VCHA has been leading pilot projects to support workplace integration of internationally educated Registered Nurses and Licensed Practical Nurses, and English language acquisition for health professionals. Specifically VCHA led a project to support the development of Professional Communication Skills for pre-licensure internationally educated health professionals. Subsequently VCHA lead a pilot project to increase the professional communication skills of Internationally Educated Health Professionals already in the workplace.

### **Attendance Promotion Program**

The Attendance Promotion Program was implemented at VCHA in September 2008 and has saved over 115,000 reduced number of sick leave hours and generated productivity gains of more than \$4.3M in reduced sick leave relief costs. The Program relies on an Analyst to screen the high sick time users and Human Resource Advisors to meet with them, managers and union representatives. VCHA has recently made further adjustments to the program in order to meet with all staff whose sick time is above the union or excluded averages.

### **Disability Management**

The disability management process at Vancouver Coastal Health has changed dramatically since the launch of a pilot program in April of 2009. The program is designed to assist and support injured or ill employees in their recovery regardless of how the injury originated. The main objective is to return employees to safe and productive work activities as soon as medically possible with the primary focus of minimizing the human and financial cost impact. These supports are available to individuals who are off work or "struggling at work".

The pilot was agreed to initially with the BCNU with an understanding that services traditionally provided by third parties were to be internalized thus removing in some cases a triple layering of service providers. This new employer driven model was founded on international best practice guidelines as provided by the National Institute of Disability Management and Research (NIDMAR). The core principle was to take an employee centred approach to disability management within a bipartite case management process. The goal was to provide these services in a more timely and efficient manner which would ultimately result in a reduction of reduce lost shifts and also a decreased occurrence of Long Term Disability claims.

Since its launch the pilot has been adopted by other unions such as HSA, HEU and CUPE mostly based on the initial and ongoing positive feedback and results from the initial pilot.

### **Lean Approaches**

Lean management has been used in health care settings to focus on quality and eliminate unnecessary processes or "waste," thereby reducing costs and improving efficiency. The organization has identified regional priorities in the areas of mental health, recruitment and disability management. Local priorities include improving the flow of patients within the maternity and operating rooms settings. Lean approach is used to map out current processes, identify a preferred state and implementation strategy, implement into the clinical setting, and then continuously

improve this process. This initiative was designed to support the organizational strategic objective to embed lean thinking at all levels to fulfill objectives and to deliver quality outcomes over the next 5 years.

Over the last year, the VCHA Coastal team has worked to improve the patient flow from acute care to residential care. The target is to have all patients transition to their more appropriate care location within 48 hours. A dashboard has been created to track outcomes and a team meets weekly to resolve issues. The region has also reviewed their inventory levels within peri-operative and med/surg areas. The goal was to decrease the amount of money held in inventory and release it to be applied to clinical services. Inventory levels were decreased from a range of 12 percent to 74 percent with an average of approximately 20 percent decrease. Over the next year, the clinical team will continue to strive for improvements in this area by focusing on supply costing per case. Lean has also been involved in generating the facility design for a new community hospital in Sechelt. The design was assessed from the perspective of patient flow and staff workflows. The new design will see single patient rooms that have easy access to essential services for patients and cupboards for supplies built into the rooms to decrease staff time spent hunting and gathering. This next year will see the St. Mary's team redesigning their current workflows in preparation for the move to the new build.

### **Electronic Scheduling and Timekeeping and Regional Service**

As part of VCHA Transformation Initiatives to decrease overtime and enable effective management of productive hours and health human resources, the eASI (electronic Access to Scheduling Information) project has implemented an integrated electronic scheduling and timekeeping system and standardized regional scheduling and timekeeping services to over 10,000 employees across complex scheduling units at VCH. Reductions in overtime and insufficient notice premiums have been achieved and managers are actively approving time prior to submission to payroll. The project is continuing with implementation through 2011 to achieve almost all VCHA employees on a single database increasing accuracy and efficiency of scheduling, timekeeping, system administration, and database maintenance.

### **Accomplishments and Initiatives**

- VCHA launched the “Nurse Vancouver” registered nurse recruitment campaign in spring 2006 in partnership with PHSA and Providence Health Care. It has involved strategic advertising in the United Kingdom, Australia, New Zealand and the United States in support of select on-site recruitment campaigns depending on local response to ads. From 2005 to 2008, a total of 521 experienced registered nurses have been hired in the Lower Mainland.<sup>1</sup> This campaign is ongoing.
- In April 2007, VCHA participated in the announcement of a three-year pilot project to increase the number of nurses in BC. Funded by Human Resources Skills Development Canada and supported by the BC Ministries of Health and Advanced Education, the innovative project was developed through a partnership including VCHA, FHA, the Nurses Bargaining Association and the Universities of Victoria and BC. The program revolves around a new nursing education model that aims to prepare, recruit and retain quality nurses and at the same time increase the number of nursing educators across the province. The program supports registered nurses who wish to pursue an MSN and work in both the clinical and academic setting. The first cohorts of students are currently enrolled.
- The Supported Transition for Entry to Practice Program supports undergraduate and new graduate nurses as they transition into nursing practice with VCHA. The Undergraduate Nurse component provides supernumerary employment for 3<sup>rd</sup> and 4<sup>th</sup> year nursing students in speciality areas, such as emergency rooms, critical care, and perinatal units. The new graduate program involves classroom, laboratory and clinical practice opportunities to build and consolidate clinical competencies in specialized clinical settings.
- In 2007/08 VCHA received support through the Ministry to expand upon the implementation of the role of Nurse Practitioners and increase the number of Nurse Practitioners in areas of need. Specifically, St. Paul's Hospital, Downtown Eastside Integrated Clinical Housing Support Teams, Bella Bella, Ocean Falls and Klemtu were targeted.

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<sup>1</sup> News Release: Recruitment Campaign Brings Experienced Nurses to BC, Link <[http://www2.news.gov.bc.ca/news\\_releases\\_2005-2009/2008HEALTH0011-000115.pdf](http://www2.news.gov.bc.ca/news_releases_2005-2009/2008HEALTH0011-000115.pdf)>.

- In September 2008, VCHA launched the Attendance and Wellness Promotion Program. This program was established to identify, alert and assist employees with high sick leave to achieve regular attendance.
- VCHA participates in the Provincial Recruitment Committee (led by Health Match BC) and is an active member of the Postgraduate Planning Task Force, and the VCHA/Faculty of Medicine/UBC Joint Advisory Council. Many VCHA physicians and staff are directly involved in supporting education, and there are thousands of student and trainee placements at VCHA.
- VCHA is leading pilot projects to support workplace integration of internationally educated Registered Nurses and Licensed Practical Nurses, and English language acquisition for health professionals.

## Corporate Services

Corporate Services provide regional operational support for VCHA. Service areas include: information management and technology, human resources, facilities and infrastructure, logistics and supply chain, finance, planning, decision support, contract management and legal services, quality assurance, patient safety and medical and clinical innovations related to professional practice.

### Financial Information:

VCHA Corporate Sector Expenditures (\$ millions)			
Actual 2006/07 <sup>1</sup>	Budget 2009/10 <sup>2</sup>	Incremental increase over 2006/07	% Increase
217.0	269.0	52.0	24.0%

<sup>1</sup> Vancouver Coastal Health Authority Service Plan 2008/09 – 2010/11: <<http://www.vch.ca>>.

<sup>2</sup> Vancouver Coastal Health Authority Service Plan 2009/10 – 2011/12 (September 2009).

### Green Healthcare

In 2009 and 2010 BC Hydro recognized the energy management team at VCHA as the #1 Power Smart Partner in the health care sector. The purpose of the rankings is to recognize the work and accomplishments around energy conservation. The results were determined on a scorecard of points given for organizational commitment, demonstrated leadership, and other measurable deliverables.

VCHA's Environmental Management Department has implemented a number of programs, including:

- Recycling of paper, cardboard and batteries on an annual basis.
- Introduction of a pilot fluorescent bulb recycling system at Vancouver General Hospital to reduce mercury waste.
- A composting program at four sites - Richmond Hospital, Richmond Lions Manor, UBC Hospital and George Pearson Centre.

### Health Connections Program

VCHA focuses its funding on the Central Coast and Bella Coola Valley. Bella Coola Valley Health Services (BCVHS) has established a local Handi Dart bus service in the Bella Coola Valley to provide transportation to medical appointments, adult day programs, foot clinics, etc. In addition, BCVHS covers 100 percent of medically required air travel for patients from the Central Coast through purchase of discounted tickets with Pacific Coastal Airlines. Escorts are required to pay for their own transportation.

### Capital Projects

Examples of capital investments that are completed or underway are:

The Energy Centre at Vancouver General Hospital was completed in March 2008. The \$33 million facility allows BC's biggest hospital to conserve energy during periods of low demand. The variable speed motors and state-of-the-art controls in the plant allow more precise matching of plant output with demands of the hospital. The 45,000

square foot Energy Centre uses natural gas to produce steam to heat buildings on the Vancouver General Hospital footprint, including the BCCA buildings. Steam is also used for humidification and sterilization purposes within the hospital. The new plant's capacity is 180,000 pounds of steam per hour, or 340 million pounds a year, equal to the heating capacity of 180 home furnaces. The new plant is seismic rated to provide better probability of continued operation during an earthquake.

The Energy Centre was one component of the Vancouver General Hospital Redevelopment Project, a \$159 million project approved in December 1999 that included new patient areas, and consolidation of hospital services within the Centennial Pavilion and Jim Pattison Pavilion to create a modern and efficient hospital environment for enhanced patient care and accessibility. The Redevelopment Project completed in Spring 2008.

### **Patient Care Quality Review Board**

In 2008, government introduced the *Patient Care Quality Review Board Act*, requiring each health authority to establish a central Patient Care Quality Office (PCQO) to receive, investigate and respond to patient care quality complaints. The Act also created independent Patient Care Quality Review Boards to review complaints that had been addressed but not resolved by a PCQO. Following a review, the Boards can make recommendations to the health authorities and/or Minister for quality improvement.

In 2009/10, there were a total of 5,824 care quality complaints submitted to health authority Patient Care Quality Offices (PCQO) across British Columbia, including 854 to VCHA alone (14.6 percent of the total). The top three issues brought forward by complainants all arose in the acute care sector, and were reported as attitude and conduct, deficiencies in care, and care (all other issues).

The Patient Care Quality Review Boards completed an independent review of 53 complaints in 2009/10, including 13 not resolved by VCHA's PCQO. Nine of these 13 cases resulted in 22 recommendations for quality improvement to VCHA. (The Boards made a total of 102 recommendations to the health authorities and two to the Minister in 2009/10.)<sup>1</sup>

In response to those recommendations, VCHA made a number of changes, including:

- Identified communication improvements regarding responding to complainants;
- In-services for staff on updated procedures for lab collection;
- New policy regarding conflicting lab results;
- Training program for staff to ensure clients receive clear and consistent communication;
- Improved communication materials for patients and family members; and
- Developed a form outlining basic charges applicable to uninsured BC residents and visitors to Canada.

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<sup>1</sup> Patient Care Quality Review Boards' Annual Report 2009/10  
<[http://www.health.gov.bc.ca/library/publications/year/2010/PCQRB\\_AnnualReport\\_0910.pdf](http://www.health.gov.bc.ca/library/publications/year/2010/PCQRB_AnnualReport_0910.pdf)>.

## GENERAL CONTACTS

**Vancouver Coastal Health Authority:** <http://www.vch.ca>

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Telephone: 604 736-2033

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

HR Contact: 604-875-4658

Office of Vice President, HR Services for PHC, PHSA & VCH

Email: [bee.bulandus@vch.ca](mailto:bee.bulandus@vch.ca)

**Patient Care Quality Office:** <http://www.vch.ca/accountability/pcqo.htm>

Telephone: 877 993-9199 (toll-free in BC)

Facsimile: 604 875-5545

Email: [pcqo@vch.ca](mailto:pcqo@vch.ca)

**BC Health Guide / BC Nurseline:** <http://www.healthlinkbc.ca>

Telephone: 8-1-1 (toll-free in BC)

Telephone: 7-1-1 Deaf and hearing impaired (toll-free in BC)

Email: [HealthLinkBC@HealthLinkBC.ca](mailto:HealthLinkBC@HealthLinkBC.ca)

**Dial-a-Dietician:** <http://www.dialadietitian.org>

Telephone: 604 732-9191 (Greater Vancouver)

Telephone: 800 667-3438 (toll-free in BC)

**Quit Now BC:** <http://www.quitnow.ca/>

Telephone: 877 455-2233 (toll-free in BC)

Email: [quitnow@bc.lung.ca](mailto:quitnow@bc.lung.ca)

**SOURCE: All data provided by the Vancouver Coastal Health Authority and the Ministry of Health Services**

The numbers in this document reflect the latest available data as of printing.

Please note data changes daily as the planning and delivery of health care services progresses.