

Vancouver Island
Health Authority

**2010/11 – 2012/13
SERVICE PLAN**

July 9, 2010



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Message from the Board Chair and Accountability Statement



On behalf of the Board of Directors for the Vancouver Island Health Authority (VIHA), I am pleased to submit our 2010/11 to 2012/13 Service Plan, which provides an overview of VIHA's plans over the coming years as we continue to deliver accessible, high quality and sustainable services to residents within the Health Authority.

Five years ago, VIHA developed a Five-Year Strategic Plan that provides a blueprint for how and where our services are delivered. The Strategic Plan is updated annually and guides the development of our annual Service Plans. As Chair, I am very pleased with the progress that has been made in the past year. The following are examples of some of our accomplishments:

- Opened a new, state-of-the-art emergency department at Victoria General Hospital;
- Issued a Request for Proposal to improve primary health care and urgent care services for the Oceanside area;
- Opened 11 new residential care beds at Port Hardy Hospital;
- Led the largest immunization campaign ever held on Vancouver Island in the fight against the H1N1 influenza;
- Launched four System-Wide Initiatives to focus on priority areas including: Infection Prevention and Control, Care Delivery Model Redesign (to ensure the right staff are in place to meet patient needs); Care Continuum Transformation (to ensure that there is a clear care plan to return patients - particularly seniors - home as soon as they are able), and Staff Safety and Wellness;
- Continued to improve Primary Care services through Integrated Health Networks, Home and Community Care partnerships, local government and community agency partnerships, and Divisions of Family Practice that offer patients more comprehensive services; and
- VIHA was named one of Canada's Top 100 Employers.

In addition, several exciting projects and initiatives continue to take shape throughout VIHA:

- The new 500 bed Patient Care Centre at Royal Jubilee Hospital is on time and on budget, slated to open for patients in mid February 2011. It will be the most elder-friendly hospital in Canada;
- Construction of the new renal centre at Nanaimo Regional General Hospital (NRGH) is nearing completion and is scheduled to open this Fall;
- Provincial approval for the new Emergency Department at NRGH has been obtained and planning is well underway for construction to begin later this year;
- The Cowichan Communities Health Network has been established by VIHA and closely involves the local community in efforts to improve the health and well being of Cowichan Valley Residents;
- Planning for the North Island Hospitals Project continues to move forward;
- The new pharmacy at the Cowichan District Hospital is close to completion and planning for an extension to accommodate the Island Medical Program has begun; and

- The operating and central supplies reprocessing rooms at Saanich Peninsula Hospital are being upgraded.

VIHA continues to face both a growing, and a dramatically aging population. Successful implementation of the strategic work we do today will provide a sustainable health system for our future.

We are confident that our four System-Wide Initiatives will provide benefits both today and into the future. We are utilizing techniques such as LEAN Design to improve efficiency and have already reduced turnaround times in our labs. We are also ensuring that resources are focused on front-line patient care. We continue to streamline overhead and administration and in 2009/10 were able to dramatically reduce overtime costs.

The 2010/11 Service Plan was prepared under the Board's direction in accordance with the *Health Authorities Act* and the British Columbia Reporting Principles. It is consistent with Government's Strategic Plan, and the Ministry of Health Services' goals, objectives and strategies. We have considered all significant assumptions, policy decisions, and identified risks in preparing this plan. The Board has asked management to assume no further additional revenue from the province in the 2010/11 fiscal year in the development of our service plan. The Board is accountable for the contents of the Plan.

Access to quality health care where and when we need it continues to be a priority for all British Columbians and for our Board. We will continue to strive to provide quality services aimed at achieving better overall health for all VIHA residents.

Sincerely,



Jac Kreut
VIHA Board Chair
April 21, 2010

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Organizational Overview

The Vancouver Island Health Authority (VIHA) is one of five regional health authorities established by the province of British Columbia under the Health Authority Act 2001. VIHA provides health services to over 760,000 people across a widely varied geographic area of approximately 56,000 square kilometres, including Vancouver Island, the Gulf and Discovery Islands and part of the mainland opposite northern Vancouver Island. An important part of our mandate is to serve the many remote and isolated communities in our region that are only accessible by water or air.

Population We Serve

VIHA's population represents approximately 17% of the entire population of British Columbia (BC). Approximately half of our population lives in the Greater Victoria and Gulf Islands area. By 2015, our population is projected to grow by almost 6%, or approximately 43,000 people. The most significant growth is expected in Sooke, Qualicum, Nanaimo, Courtenay and the Gulf Islands. Not only is our population growing, but it is aging as well. Currently, almost 9% of our population (compared to 7% for BC) is over the age of 74 and this age group is expected to more than double over the next 25 years¹.

Services We Provide

We provide a full range of dynamic and progressive health programs and services: public and environmental health, maternal and family health, home care and supports, primary health care, residential care, hospital care, mental health and addictions services, rehabilitation, and end-of-life care. We are able to meet virtually all of the health needs of people who live on Vancouver Island, and only rarely must people seek services outside of VIHA for highly specialized needs.

VIHA has...

- ~1,700 physicians
- ~17,000 staff
- Over 150 facilities
- ~1,500 acute care & rehab beds
- Over 6,300 residential care beds & assisted living units

Governance and Leadership

A nine-member, government-appointed Board of Directors (the Board) governs VIHA. The Board's primary responsibility is to foster the Health Authority's short and long-term success, consistent with the Board's responsibility to the Government and the stakeholders the Health Authority serves. More information on the role of the Board is at www.viha.ca/about_viha/board_of_directors/.

Working with the Board, and headed by our President and Chief Executive Officer (CEO), the Executive team provide leadership in planning, delivering and evaluating health services in VIHA in collaboration with government. They are responsible for meeting the health needs of the population in an effective and sustainable manner. Under their leadership, we have an Integrated Health Services Model that has five clinical portfolios, each co-led by an Executive Medical Director and an Executive Director who have joint responsibility for the delivery of programs and services. These services are supported by a number of corporate services such as quality and patient safety, capital, finance, planning and human resources (See www.viha.ca/about_viha/organization/).

¹ PEOPLE 34 Population Data, BC STATS

Strategic Context

The health system in BC is a complex network of skilled professionals, organizations and groups that work together to meet the health needs of patients and clients. A key issue facing the health system is how to continue improving the quality of services provided to citizens when the demand for health care services exceeds resources available.

The most significant drivers of rising demand are the aging population, the increasing need to provide care to the frail elderly, a rising burden of illness from chronic diseases, and advances in technology and pharmaceuticals that are enabling new procedures and treatments. The pressure is compounded by worldwide competition for health professionals and health care workers and the need to maintain and improve the health system's buildings and equipment.

The Aging Population

VIHA already has a relatively old population and, as baby boomers age, there will be increased pressure on every facet of our health system. This is related to both the numbers of baby boomers as well as their service expectations. As previously mentioned, nine percent of our population is over the age of 74 and this is expected to double in the next 25 years. Roughly three percent of VIHA's population is over the age of 84 and the number of people in this age cohort is growing, especially in the Nanaimo, Parksville/ Qualicum, and Courtenay areas of VIHA². This presents VIHA with both a service and a financial challenge. In Canada, the average health care cost of a person over the age of 84 is about ten times the health care cost of a 40-64 year old.³ This presents the health system with a growing need to provide appropriate care for those with frailty associated with advanced age and multiple conditions.

Variations in Health

VIHA's goal is for a population that is uniformly healthy with equitable access to services. We face a challenge in ensuring that all parts of society and all populations can access health services and enjoy good health. There is significant variation in health from one region of Vancouver Island to another. Farther north in our rural areas and within certain groups such as Aboriginal people and the homeless population, health status worsens.

Variations in health depend on a wide range of factors in addition to health services, including: safe and affordable housing, working conditions, income, social status, physical environment, personal health practices, genetics and coping skills. VIHA is working in partnerships with government, communities, Aboriginal organizations and other partners to address these broad issues and to influence health.

A Rising Burden of Chronic Disease

Chronic diseases are prolonged conditions such as diabetes, depression, hypertension, congestive heart failure, chronic obstructive pulmonary disease, arthritis and asthma. People with chronic conditions represent approximately 34% of the BC population and use about 80% of the health resources (through physician services, drugs, and hospitals).⁴ As most chronic diseases are more common in older populations, it is expected that chronic diseases will continue to increase as our population ages, driving up the demand for health services.

² PEOPLE 34 Population Data, BC STATS

³ Canadian Institute for Health Information (CIHI) November 2008 BC Per Capita Costs

⁴ Discharge Abstract Database (DAD), Medical Service Plan (MSP) and PharmaCare Data 2006/07

Worldwide Labour Shortage

An international labour shortage is developing and is predicted to be particularly severe in health care. A large proportion of our workforce will be retiring at a time when there are fewer new and younger staff to fill these roles. This is due to a number of factors, including: baby boomers retiring faster than the younger generations can replace them; the continuing decline of birth rates worldwide; different values, attitudes and expectations of new generations (i.e., greater commitment to work/life balance); and increased educational requirements for jobs. The shrinking workforce and increased national and international competition for health professionals is one of the most significant challenges we face now, and will continue to face for at least the next twenty years. Traditional human resource strategies focus on increasing the supply or number of providers through initiatives such as increasing the number of training seats and targeted recruitment. However, we need to be innovative and fundamentally change the way we plan and deliver services into the future. We anticipate that the traditional human resource strategies will not be enough to address the workforce gap.

Economic Context

As with health care systems around the world, VIHA is facing considerable cost pressures from maintaining the current level of public health care with the emergence of an aging population. Demand for publicly funded government services, especially health care services, continually outstrips available resources; spending growth in health care has averaged 7.1 per cent annually over the last five years⁵. It is important to find innovative ways to improve productivity by using our resources sustainably to benefit the most patients with the greatest health care needs.

Advances in Technology and Pharmaceuticals

New treatments and technologies are improving health care delivery, making it more efficient and effective. However they also increase demand by expanding the number of patients treated and how and where services can be delivered. Keeping up with the pace of change is resource intensive, and impacts on service delivery. For example, introducing new technology and innovation may require new or renovated facilities, new care delivery models, new standards and new staff skills. Our challenges are to remain current with emerging technologies, understand their impact on services, and be able to implement them appropriately.

Health System Infrastructure

As is the case with public infrastructure across Canada, VIHA's physical infrastructure – including buildings and equipment – is aging and needs to be maintained, renovated or even replaced. The average age of VIHA facilities across the island is approximately 30 years. We need to ensure that we maintain a solid foundation of infrastructure for our staff to deliver quality care on a daily basis. Significant capital projects are underway including the new Patient Care Centre at Royal Jubilee Hospital and a new Emergency Department and Renal Centre at Nanaimo Regional General Hospital. However, there are other acute and residential care facilities, as well as medical and information technologies that will require significant investment over the next number of years.

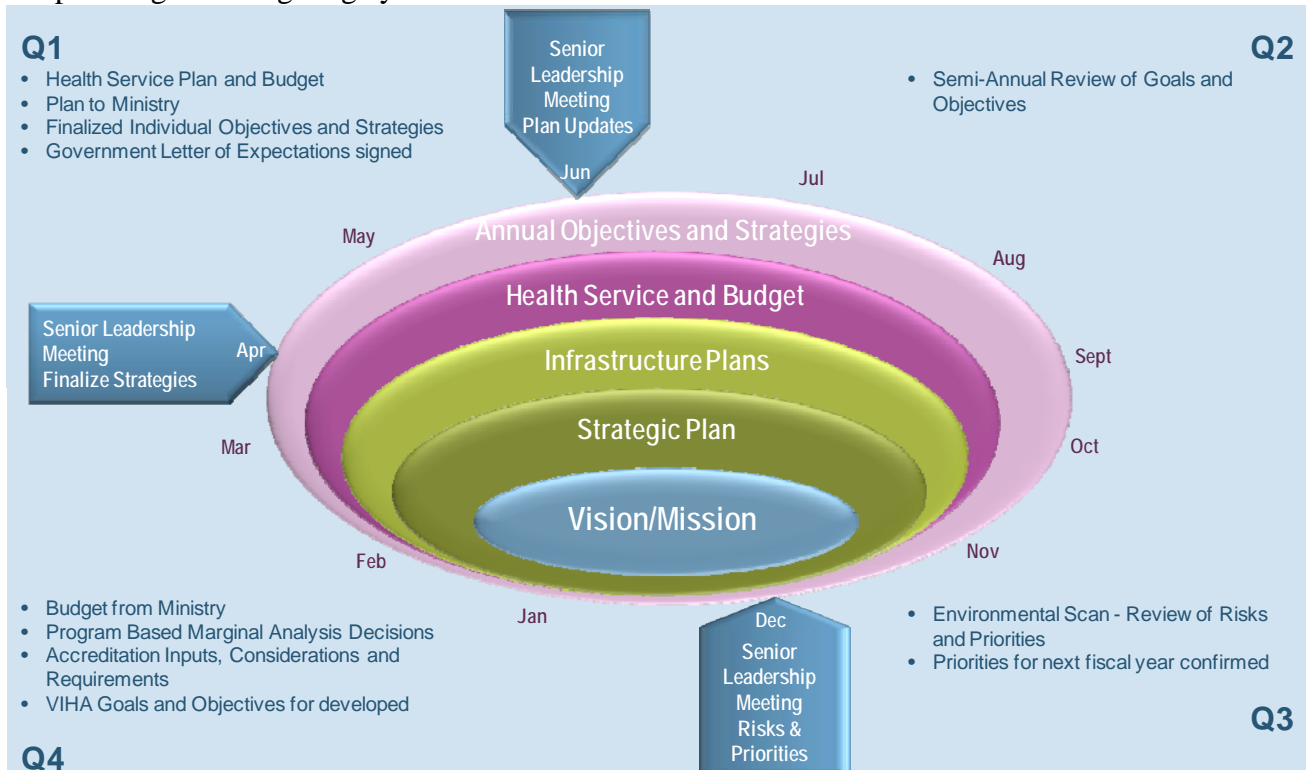
⁵ The Conference Board of Canada. *Balancing on a High Wire: How Will the Provinces Deal With Health Care?*. March 2010.

Goals, Objectives and Strategic Initiatives

This Plan outlines VIHA’s program and service delivery over the next three years with focus on the 2010/11 fiscal year. This Plan has been developed within the context of our Five-Year Strategic Plan, which is based on the needs of VIHA residents, the health system direction of government, and incorporates significant input from our staff and communities throughout VIHA. Our Strategic Plan contains our vision, mission, values, goals, and strategic priorities and identifies the infrastructure plans that support it. Within the strategic context, we develop our one year organization-wide strategies and individual performance plans. We track our progress in achieving our goals through our Performance Scorecard. To read VIHA’s Strategic Plan, refer to http://www.viha.ca/about_viha/strategic_plan/.



Our planning and budgeting cycle is shown below.



Last year we established four System-Wide Initiatives (SWI) that allow us to align our focus to improve service delivery, improve quality of care, and help manage our limited resources. The four priorities are:

- Improving patient flow by ensuring the right patient is in the right bed at the right time;
- Improve the quality of patient care by reducing hospital acquired infection rates;
- Improving staff and patient safety; and
- Redesigning our care teams to ensure we have the right mix of care providers to meet the needs of our patients.

VIHA's goals align with the health care improvement priorities at a national and provincial level and are consistent with the overall goals established by the Ministries of Health Services (MOHS) and Healthy Living and Sport (MHLs).

Goal: Improved Health and Wellness of Residents

We will work with community partners, the Ministry of Healthy Living and Sport and the Ministry of Health Services to support VIHA residents as they pursue better health through protection, promotion and prevention activities.

Objective: Continued Promotion of Healthy Living and Disease Prevention Initiatives for All Residents

VIHA's focus on improving the health and wellness of our population includes delivering prevention, protection and environmental programs that align with the Ministry of Healthy Living and Sport's Public Health Core Programs on food safety, clean air and water, infection control and communicable disease prevention. Initiatives will focus on promoting healthy lifestyles and targeting high-risk situations and behaviours, particularly in groups with lower health status. We will support people of all ages to take responsibility for their own health and develop strong partnerships with other sectors to influence all the factors that affect health status such as housing, employment, and education.



Strategic Initiatives:

- Implement a continuous improvement plan for core public health programs through standardized, evidence-based prevention programs linked to clear and measurable population level health outcomes;
- Implement the new Public Health Information System (Panorama) to support the delivery and integration of services, research and surveillance activities; and
- Complete review of Population Health and Wellness Programs to recommend program shifts and redirection in accordance with the direction provided by the Ministry.

Objective: Improved Health of High Needs Populations

Most people who live in our service area enjoy relatively good health. However there are significant differences in the health status of people in different regions of our Health Authority as well as among different populations. In general, people living in rural and remote areas on the west coast and northern areas of the island are more likely to experience poorer health. We have identified priority populations where there is a clear need for better health and where we are able to make improvements: children and youth, rural and remote residents, Aboriginal, people with chronic diseases, and homeless/hard to serve populations. We will strive to improve the health of these populations through community partnerships.

Strategic Initiatives:

- Implement the Cowichan Communities Health Network to create community partnerships in the Cowichan Valley and improve the health and wellbeing of Cowichan Valley residents;

- Continue implementation of our Aboriginal Health Plan including improving cultural safety training and continued partnership with the Aboriginal Health Council to improve the health and wellness of Aboriginal people in VIHA;
- Continue work to establish Family Place in Parksville which will provide one location for shared family health services to support the development and growth of children and families;
- Enhance primary health care and chronic disease management services in Oceanside; and
- Continue implementation of VIHA's Mental Health and Substance Use Services Plan to address mental health and substance use in VIHA and focuses on:
 - Coordination with municipalities, non-government organizations and government to provide services to people who have the greatest need/ are at the highest risk;
 - Better follow-up of acute care patients on discharge, and continued development of community-based services;
 - Continue to invest in services, particularly in Central and North Island, to achieve a more even distribution of resources; and
 - Implementation of the Riverview Redevelopment Plan including establishment of tertiary care facilities, assertive community treatment teams, and Community Intensive Supported Living units, as provincial funds are made available.

Objective: Service Excellence for Seniors

Vancouver Island has a higher proportion of elderly residents than British Columbia and Canada as a whole. Over the long term, we have an opportunity to become a leader in seniors care by focusing on excellence and sustainability through research partnerships, development, and the application of best practices and education and training. It is also essential that we apply a seniors-centred lens to all of our health service planning, implementation, and operational efforts. We are committed to working with seniors to ensure their views are appropriately incorporated in our service planning. We will continue to build elder-friendly facilities and services, and develop campuses of care that allow seniors to comfortably age in place as their needs change. Practical tools for analyzing policies, guidelines, education, and/or programs with a seniors focus will be developed to ensure that they support service excellence.



Strategic Initiatives:

- Develop a three-year implementation plan for VIHA's Seniors Service Excellence Strategy with the vision of healthy seniors, age friendly communities, and seamless service;
 - To ensure seniors are receiving the appropriate care in the right setting, we are working in Nanaimo to better understand the patient journey of seniors using Value Stream Mapping. This will allow us to develop improvement processes to optimize patient flow that we can spread throughout the Health Authority;
- Continue implementation and evaluation of the Seniors at Risk Integrated Health Network (SARIN) demonstration project, in partnership with the MOHS, which proactively meets the

needs of seniors in the community at risk of admission to acute or residential care, while improving their health and maintaining their independence as long as possible;

- Continue to implement our new Community Care Information System (CCIS) to improve care coordination. The CCIS is a part of VIHA's integrated electronic health record system and will allow VIHA staff to share information across the continuum of care.
- Align VIHA's End of Life Strategy with MOHS priorities to provide people with greater choice and access to services such as hospice and home-based palliative care as they near the end of life; and
- Complete Falls Prevention Strategies at Nanaimo Regional General Hospital to reduce fall related injuries among the hospitalized elderly.

Goal: Quality, Patient Safety and Client-Centered Care and Services

VIHA clients will receive the right care and service, in the right setting, by the right provider, at the right time.

Objective: High Quality and Safe Services

We will continue the planning and delivery of health services with an increased focus on improving access, sustainability, quality and safety. While patient and client safety is part of everything we do our aim is to ensure clients receive the right care and service, in the right setting, by the right provider,



at the right time. Improving the quality of our services and keeping patients safe are vital in all areas of health service delivery. Focusing strategically on actions that change the way we provide services, improving pre-hospital emergency care services, and utilizing paramedic skills more effectively will also help create a more sustainable health care system that will continue to meet the needs of patients, clients and families.

Strategic Initiatives:

- Improve pre-hospital emergency care services and the utilization of paramedic skills in health service delivery in partnership with BC Ambulance Service;
 - Ongoing engagement with Vancouver Island regional ambulance service leaders and support ambulance personnel training and skills development by having paramedics obtain experience in emergency departments;
 - Explore opportunities for BCAS personnel to increase scope of care provided in rural communities (e.g. Mt. Waddington and Tofino);
- Improve access and quality of acute care;
 - Participate in the creation of a Clinical Care Management System that includes the development and implementation of a provincially-standardized set of clinical guidelines and standards for specific focus areas (stroke, congestive heart failure, surgical checklist, surgical site infection, sepsis, venous thrombo-embolism, and medication reconciliation);
 - Support the BC Patient Safety and Quality Council's Health Quality Network to develop baseline measures for these seven guidelines;
- Continue to test and evaluate small cycles of change within patient streaming aimed at improving patient flow at four VIHA emergency departments: Royal Jubilee Hospital (RJH), Victoria General Hospital (VGH), Nanaimo Regional General Hospital (NRGH), and Cowichan District Hospital (CDH). Saanich Peninsula Hospital (SPH) will soon be part of this work;
- Reduce hospital/facility acquired infection rates by continuing to plan and implement our Infection Prevention and Control strategies, including hand hygiene audits and creating a Methicillin-Resistant Staphylococcus Aureus (MRSA) policy and antibiotic use guidelines;

- Provide clinicians with more comprehensive wait time data and give patients better information on their surgical options by:
 - Working with the Ministry of Health Services and the other regional health authorities to implement the expanded Surgical Patient Registry; and
 - Implementing a new Provincial Cardiac Registry under the leadership of the Provincial Health Service Authority's Cardiac Services BC.

Objective: A Sustainable and Integrated Network of Health Services

We will continue to improve integration of acute care, primary care, home and community care, and community mental health and substance use services throughout the Health Authority. Our aim is for patients/clients to effortlessly navigate through our health system as their need for services change. Linkages and integration within local communities and between service providers are critical to ensure success in this area. We recognize that to improve access, patient flow and to reduce wait times, we need a system-wide response that focuses on the client or



patient as well as improvements in the way we deliver services. Improving patient flow requires providing the best care possible using available capacity and resources effectively, and putting processes and strategies in place to address barriers to patient movement through the system.

Strategic Initiatives:

- Deliver co-terminus, integrated primary care, home and community care, and community mental health and substance abuse services equitably across the Health Authority;
 - Work with ten communities in Mt. Waddington, Cowichan Valley and Saanich/Sidney with primary and community care networks to help increase the quality of care provided and reduce hospital admissions;
 - Build on existing physician partnership model by aligning clinicians with primary care physicians and adopt the MOHS Care Management Strategy when finalized;
 - Develop a plan to spread the learnings from the seniors patient flow work in Nanaimo throughout the Health Authority to prevent and reduce alternate level of care and improve the flow of patients through the system;
- Increase outpatient capacity for elective surgeries:
 - Continue to review and optimize the number of surgical cases that can be safely performed as day surgery;
 - Continue to improve operating room scheduling for Royal Jubilee (RJH), Victoria General (VGH), and Nanaimo Regional General (NRGH) Hospitals using optimization techniques to make the most effective use of operating room time;
- Conduct service planning in Local Health Area (LHA) 70 – Alberni, with a focus on West Coast General Hospital;
- Continue to implement a secure, integrated, cross-sector electronic health record with a focus on ambulatory/primary health care that promotes coordinated care by allowing physicians and health professionals to easily access patient information (such as test results or medication histories);

- Enhance an effective network of hospital services to meet the needs of patients into the future, including:
 - Completing construction of the Patient Care Centre at the Royal Jubilee;
 - Continuing the planning for North Island Hospital Services;
 - Completing the new pharmacy at the Cowichan District Hospital and developing plans to build an extension for the Island Medical Program;
 - Developing plans to enhance the Island Medical Program at Nanaimo Regional General Hospital, St. Joseph's General Hospital, and Campbell River and District General Hospital;
 - Expanding the renal dialysis unit at the Cumberland Health Centre;
 - Continuing construction of the Emergency (including Psychiatric Intensive Care and Psychiatric Emergency Services pending Regional Hospital District approval for funding) and Renal unit at Nanaimo Regional General Hospital; and
 - Complete planning for upgrades to the Saanich Peninsula Hospital operating and central supplies reprocessing rooms.

Goal: A Sustainable, Affordable Publicly Funded Health System with a Safe Healthy Work Environment

We will plan and deliver services in a way that will be sustainable in terms of human, capital and financial resources required.

Objective: A Leading Organization with a Healthy Workplace; Safe, Healthy and Engaged Workforce; and Continuous Learning

The VIHA People Plan (http://www.viha.ca/about_viha/news/publications/peopleplan.htm) outlines VIHA's strategic human resources initiatives and supports VIHA's highest priority – our people. It



addresses how the right people will be in place where and when they need to be, and how we optimize the use of our existing skilled workforce. The plan is based on three core transformational strategies: redesigning our care delivery models, improved employee health, and implementing better workforce planning tools. We will continue to implement the strategies outlined in our People Plan and engage our workforce in creating a leading organization. We will also participate in the development of the provincial physician human resources plan and ensure alignment of VIHA's Physician Services Plan.

Strategic Initiatives:

- Continue to improve the workplace by focusing on basic workplace issues such as reducing equipment clutter in patient care areas and staff work spaces, which in turn supports infection control activities and workplace well-being;
- Continue to plan and implement System-Wide Initiatives to:
 - Redesign our care delivery models to better meet the needs of the patient/client population and make full use of staff skills, allowing more time for direct care, assessment and teaching;
 - Improve staff and physician safety in the workplace, including promoting awareness of and adherence to safe practices in order to reduce injury;
- Enhance our workforce planning model to incorporate innovations in service delivery, the type of providers required, and projected improvements in provider health;
- Maintain a focus on and evaluate strategic recruitment and retention including the potential for expanding and enhancing certain flexible work arrangements; and
- Promote a continuous learning culture and work with MOHS and our education partners to ensure our staff have the skills and competencies to provide safe, high quality care, and are able to respond to changing health system and population health needs.

Objective: Strategic Transformation to Ensure Sustainability

We continue to improve our annual planning and budgeting processes to achieve our goals in a cost efficient manner and maintain a balanced budget. We will continually evaluate and develop new and better ways to provide our services and use new technologies to support a higher quality of care for our patients, residents and clients. We have re-allocated existing staff resources to create a new Strategic Process Improvement area in VIHA which will focus on service improvements (e.g., reducing waste and creating more efficient services) and creating more effective processes and solutions to address key challenges facing the organization.

Strategic Initiatives:

- Achieve administrative cost savings through shared services organization and consolidation;
 - Participate in the shared services organization to achieve cost efficiencies;
 - Achieve a balanced budget through administrative efficiencies, increasing revenues and reconfiguring services;
- Implement LEAN management principles as a common approach to process improvements;
 - Roll-out LEAN education and training by providing on-line curriculum and advanced practitioner training;
 - Apply LEAN methodology to advance and support our four System-Wide Initiatives and to improve overtime, sick time, disability duration, injury rates, staff scheduling, and timekeeping;
- Care Delivery Model Redesign (CDMR);
 - Continue to redesign how we deliver care on all medical and rehabilitation inpatient units to better meet patient needs at the same time as optimizing staff models;
 - RJH respiratory and rehabilitation therapy staff will participate in CDMR initiatives in preparation for moving to the new RJH Patient Care Centre;
- Deliver high performance governance, leadership and management skills;
 - Sustain annual planning cycle that includes several management and leadership forums ensuring that leaders at all levels are kept informed about organization-wide strategies and activities;
 - Continue our focus on four System-Wide Initiatives that align staff across the organization towards transforming, sustaining and continually improving quality of care and care delivery, and by addressing the barriers, risks and challenges faced in these areas;
- Work with the MOHS to develop plans to reduce green house gas emissions and continue to develop effective environmental management systems; and
- Maintain a reliable information infrastructure by upgrading and replacing assets to ensure appropriate controls and continuity of operations.

Objective: Improved Stakeholder Engagement

Effective, timely and targeted engagement practices contribute to transparent and accountable decision-making, the identification of better solutions to complex problems, and better and broader insight into existing challenges. We are committed to ensuring that those most impacted by potential decisions are afforded an opportunity to learn about the issues and context, provide input and feedback, contribute to options for consideration, and understand the rationale and basis for specific

decisions. Our engagement principles and activities are applicable to our external partners and stakeholders, and our internal staff, physicians and volunteers.

Strategic Initiatives:

- Implement a Stakeholder/Community Engagement Plan that enhances collaborative dialogue and community outreach with external stakeholders;
- Develop and implement an extensive engagement plan for the System-Wide Initiatives to ensure support from all levels of the Health Authority, from leadership to the frontlines to support staff; and
- Continued external engagement with Mt Waddington Health Network, Cowichan communities, and through the RJH Master Campus Planning process.



Performance Measures and Targets

Performance Measure 1: Access to surgery in priority areas

Performance Measure	Benchmarks*	2009/10 Actual	2010/11 Target	2011/12 Target	2012/13 Target
Waiting times for surgery:					
a) Percentage of cataract surgeries waiting more than 16 weeks	10%	5%	Maintain at or below 10%	Maintain at or below 10%	Maintain at or below 10%
b) Percentage of knee replacement cases waiting more than 26 weeks	10%	3%	Maintain at or below 10%	Maintain at or below 10%	Maintain at or below 10%
c) Percentage of hip replacement cases waiting more than 26 weeks	10%	1%	Maintain at or below 10%	Maintain at or below 10%	Maintain at or below 10%
d) Percentage of hip fracture fixation completed within 48 hours	95%	96%	Maintain at or above 95%	Maintain at or above 95%	Maintain at or above 95%

Data Source: SWTp, Management Information Branch, Health System Planning Division, Ministry of Health Services. Patients waiting on March 31, 2010.

Hip fracture fixations: Discharge Abstract Database, Management Information Branch, Health System Planning Division, Ministry of Health Services (based on Feb. 2010 CIHI tape).

* The surgery wait times benchmarks were developed in accordance with the First Ministers' 10 year Plan to Strengthen Health Care, September 2004.

Performance Measure 2: Emergency department patient experience

Performance Measure	2009/10 Actual*	2010/11 Target	2011/12 Target	2012/13 Target
Patient Satisfaction: percentage of emergency department patients reporting satisfaction with emergency department experience	Large facilities: 85% Medium facilities: 89%	Improvement toward long-term target of 90%	Improvement toward long-term target of 90%	Improvement toward long-term target of 90%

Data Source: Emergency Department Patient Experience Survey, Ministry of Health Services.

*2009/10 based on survey results from July 1, 2009 to Sept. 30, 2009. Results for final 2009/10 data are currently not available.

Performance Measure 3: Health human resources

Performance Measure	2009/10 Actual	2010/11 Target	2011/12 Target	2012/13 Target
Sick Leave: sick leave hours as a per cent of productive hours	6%	Improvement over previous year	Improvement over previous year	Improvement over previous year
Vacancy Rates: vacancies in "difficult to fill" ⁶ positions, nurses and allied health professionals (AHP)	Nurses 1% AHP 1%	Maintain below 2%	Maintain below 2%	Maintain below 2%
Overtime: overtime hours as a per cent of productive hours, nurses and allied health professionals (AHP)	Nurses and AHP 4% Nurses 5% AHP 2%	Nurses: Maintain at or below 5% AHP: Maintain below 4%	Nurses: Maintain at or below 5% AHP: Maintain below 4%	Nurses: Maintain at or below 5% AHP: Maintain below 4%

Data Source: Health Sector Compensations Information System (HSCIS), Health Employers Association of British Columbia (HEABC). Provided by Management Information Branch, Health System Planning Division, Ministry of Health Services.

⁶ A difficult to fill vacancy is a job that remains unfilled after three months of active recruitment.

Financial Summary

(\$ millions)	2009/10 Actual (Note 1)	2010/11 Budget	2011/12 Budget	2012/13 Budget
Provincial government sources	1,651.843	1,714.482	1,814.616	1,882.378
Non-provincial government sources	113.817	102.620	104.217	104.217
Total Revenue:	1,765.660	1,817.102	1,918.833	1,986.595
Acute Care (Note 2)	913.791	960.554	1,022.004	1,051.198
HCC - Residential (Note 2)	322.564	335.352	346.795	356.656
HCC - Community (Note 2)	189.468	194.976	209.687	215.668
Mental Health & Addictions (Note 2)	103.995	107.978	113.765	129.241
Population Health & Wellness (Note 2)	58.372	59.456	62.666	64.452
Corporate (Note 2)	168.280	158.786	163.916	169.382
Total Expenditures:	1,756.470	1,817.102	1,918.833	1,986.595
Surplus (Deficit)	9.190	-	-	-

Capital Summary

Funded by Provincial Government	110.741	120.668	40.602	17.339
Funded by Foundations, Regional Hospital Districts, and other non-government sources	84.235	93.319	52.328	32.964
Total Capital Spending	194.977	213.987	92.930	50.303

Note 1:

2009/10 actuals are pre-audit and subject to change.

Note 2:

Definitions for sector expenditure reporting are established by the Ministry of Health Services (MOHS). Health Authority expenditures are mapped in accordance with these definitions, to provide approximations used for comparative purposes among health authorities. The presentation does not reflect the financial structure used internally to manage the delivery of health services.

As sector definitions change, the figures will continue to change over time.

Capital Project Summary

Capital investment ensures health infrastructure is maintained and expanded to meet a growing population with increasing needs for health services. Capital assets such as buildings, information systems, and equipment are key components of health care delivery and must be acquired and managed in the most effective and efficient manner possible. Funding for these assets is primarily provided through the Provincial government and through partnerships with Regional Hospital Districts, Hospital Foundations and Auxiliaries.

Recognizing the significant cost and lifespan of most capital investments — both in acquisition and use — the Ministry of Health Services and health authorities prepare three year capital plans annually, aligned with other health sector planning.

VIHA bases the development of its Capital and Information Management/Information Technology (IM/IT) Plans on the following principles:

- Capital investments must support the strategic direction of the organization;
- Investments must be backed by a rigorous examination of service delivery options and a thorough business case analysis;
- Our use of existing infrastructure must be maximized and non-capital alternatives must be explored before new investment; and
- Our spending on capital assets must be managed within fiscal limits.

The following list is VIHA's approved capital projects over \$2 million currently underway:

Community Name	Facility location	Project Name	Total Project Cost (\$ million)
Facility Projects			
Nanaimo	Nanaimo Regional General Hospital	Emergency Department/ Psychiatric Emergency Service/Psychiatric Intensive Care Expansion	36.850
Nanaimo	Nanaimo Regional General Hospital	Renal Dialysis – Phase II	9.400
Nanaimo	Nanaimo Regional General Hospital	Island Medical Program	2.083
Cowichan Valley	Cowichan District Hospital	Pharmacy Redevelopment	2.021
Cumberland	Cumberland Health Centre	Renal Dialysis Expansion	2.260
Victoria	Royal Jubilee Hospital	Patient Care Centre (P3 & Traditional)	348.535
IM/IT Projects			
		Ambulatory Clinical Systems Foundation	4.390
		Community Clinical System Foundation	6.500
		Clinical Documentation, Communication and Care Planning	10.160
		TeleHealth	2.460
Projects Approved for Planning			
Cowichan Valley	Cowichan Lodge	Riverview Redevelopment Upgrades	8.500
Victoria	Seven Oaks	Riverview Redevelopment Upgrades	2.000
Victoria	Saanich Peninsula Hospital	Operating Room Redevelopment	TBD

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