

**Vancouver Island Health Authority
(Island Health)**

**2018/19
ANNUAL SERVICE PLAN REPORT
October 2019**



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Board Chair's Accountability Statement



Island Health acknowledges with respect and gratitude the Kwakwaka'wakw, Nuu-chah-nulth, and Coast Salish peoples who have lived and cared for the land on which we are privileged to live and work. The First Peoples' relationship to these lands is of critical importance to health and wellness. As we continue to work toward creating a culturally safe health system, we do so with respect and humility.

On behalf of the Board of Directors of Island Health, I am pleased to present our *2018/19 Annual Service Plan Report*, outlining our organization's progress towards achieving the mandate set out by government in the [2018/19 Mandate Letter](#) and delivering on our vision of excellent health and care for everyone, everywhere, every time.

Island Health continues to make progress on our commitments to improve health outcomes and overall population health status and to provide quality, accessible and sustainable health and care. As Board Chair, I am proud of our staff, medical staff, volunteers, and many partners for their dedication to improving the health and wellbeing of our communities.

The Island Health *2018/19 Annual Service Plan Report* compares the health authority's actual results to the expected results identified in the [2018/19 - 2020/21 Island Health Service Plan](#). I am accountable for those results as reported.

Sincerely,

A handwritten signature in cursive script that reads "Leah Hollins".

Leah Hollins
Island Health Board Chair
September 18, 2019

Table of Contents

Board Chair’s Accountability Statement.....	3
Chair/CEO Report Letter.....	5
Purpose of the Organization	7
Governance and Leadership.....	7
Services We Provide	7
Strategic Direction	8
Operating Environment	9
Report on Performance	11
Goals, Objectives, Measures and Targets	11
Financial Report	22
Financial Resource Summary Table	23
Major Capital Projects	24
Appendix A – Health Authority Contact Information	26

Chair/CEO Report Letter

We are pleased to provide the Annual Service Plan Report for 2018/19, delivering on the strategic priorities identified in the Island Health Mandate Letter to support the provincial government's health strategy. Island Health has a dedicated team working in partnership across the service region to deliver a full continuum of health and care services to meet and improve health outcomes for the population we serve.

Island Health is committed to true and lasting reconciliation with Indigenous peoples. Creating a culturally safe health system starts with education and understanding the awareness of the historical and intergenerational trauma that exists due to the history of colonization, racism and the experiences of residential schools and Indian hospitals. In 2019, we were honoured to host Senator Murray Sinclair, Chief Commissioner of the Truth and Reconciliation Commission, for a community discussion and leadership development as part of ongoing education on cultural safety and humility. In March, Island Health signed a letter of understanding with the Métis Nation of B.C. to improve culturally safe health care to Métis peoples. Island Health has been building culturally safe practices in emergency departments through ongoing education for emergency staff, medical staff and leadership. This is some of the ongoing work being undertaken as we adopt and implement the United Nations Declaration on the Rights of Indigenous Peoples, and the Calls to Action of the Truth and Reconciliation Commission for true and lasting reconciliation with Indigenous peoples.

A number of primary care networks (PCNs) were developed and advanced to service planning in 2018/19, with Island Health as a key partner. The Westshore Urgent & Primary Care Centre opened on November 5, 2018, which has seen up to 105 clients a day, and attached 184 patients to a nurse practitioner. By bringing together family doctors, nurse practitioners, community based health care teams, and other community based service providers - including not for profit agencies – we can improve the delivery and continuum of care services in communities.

Island Health is also implementing Specialized Community Service Programs to meet the needs of clients where they live in Westshore, Comox and on the Saanich Peninsula. Home care teams are shifting the way they deliver home care to reduce travel and increase care by focusing on neighbourhoods of care – meeting the needs of clients when and where they need it. In addition, by expanding adult day program spaces in Comox and on the Saanich Peninsula, and opening three respite care beds at St. Joseph's in Comox, we are supporting care providers and clients to stay close to home. We are integrating palliative care teams with community health services, and implemented palliative care supports in Sooke. The creation of Specialized Community Service Programs for mental health and substance use includes enhanced discharge teams, high-complexity care teams and same day walk-in service. We opened the Westshore Mental Health and Substance Use (MHSU) Clinic (CARES Westshore) on February 19, 2019 to serve area residents, including with same-day access.

Expansion of the use of technology to support primary and community care continues to be a focus for Island Health. In the past year, we have had an 11 percent increase in all telehealth consults and a 23 percent increase in Home Health Monitoring clients. The use of telehealth in rural communities has provided physicians at Port McNeill Medical Collaborative the ability to connect regularly via telehealth to Kingcome Inlet, Oweekeno, Kyuquot, Zeballos and Sointula; the virtual palliative

supportive care program was also implemented in Vancouver Island North. This has expanded the ability to reach First Nations and rural communities.

Island Health exceeded targets for dental and hip/knee surgeries while improving waitlists for total joint surgeries and improved median wait times from 16.4 weeks to 9.9 weeks. In addition to the increase in hip and knee surgeries, Island Health added an additional 1,182 surgeries over the previous year, completed 131 gender-affirming upper surgeries, exceeding the target by 10 percent. Island Health also exceeded the CT scan and MRI scan targets, providing 133,699 CT scans and 49,346 MRI scans in 2018/19.

We are proud of the work accomplished by Island Health staff, medical staff, volunteers and partners over the past year and are committed to continued progress on the strategic and operational priorities of the provincial government and Island Health.



Leah Hollins
Island Health Board Chair



Kathy MacNeil
President and Chief Executive Officer

Purpose of the Organization

Island Health is one of five regional health authorities established by the province of British Columbia (B.C.) under the *Health Authorities Act*. Island Health provides health care to over 800,000 people across a widely varied geographic area of approximately 56,000 square kilometers. This area includes 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 people in all rural and isolated communities in our region, including First Nations communities, many of which are accessible only by water or air.

Governance and Leadership

A ten-member, government-appointed Board of Directors (the Board) governs Island Health. The Board's primary responsibility is to lead the health authority to deliver high quality, responsive and effective health services as efficiently as possible. The Board also provides leadership to guide Island Health's activities in support of the Government's health system priorities and strategies in accordance with the direction provided through the Government's annual [Mandate Letter](#). More information on the role of the Board is available here:

http://www.viha.ca/about_viha/board_of_directors/link.

Working with the Board, and headed by our President and CEO, the Island Health Executive Team provides leadership in planning, delivering and evaluating health care services for Island Health in collaboration with the government. The Island Health Board and Executive Team are responsible for meeting the health needs of the population and patients in an effective and sustainable manner. (See http://www.viha.ca/about_viha/executive_team/).

Created from the shared core beliefs of our staff, medical staff, volunteers, and Board of Directors, Island Health's vision, *Excellent health and care for everyone, everywhere, every time*, and values of [Courage, Aspire, Respect and Empathy](#) guide us in providing the highest quality health and care services to the populations we serve.

Services We Provide

We deliver many types of services for residents, clients and patients across the entire life span including public health, child and youth care, seniors care and wellness, long-term and community care, primary care, specialized short-term care at local hospitals and health centres, MHSU services, and end-of-life care. Working with our partners in the community, including the First Nations Health Authority (FNHA), Métis Nation BC (MNBC) and First Nation communities, we are able to meet most of the health and care needs of the population. Only rarely must people seek specialized services outside of Island Health.

Strategic Direction

Island Health is committed to achieving the strategic goals and priorities established by the Ministry of Health (MoH) and Ministry of Mental Health and Addictions (MMHA) outlined in the [2018/19-20/21 Ministry of Health Service Plan](#), [2018/19-20/21 Ministry of Mental Health and Addictions Service Plan](#), and the government mandate set out in the Island Health [Mandate Letter](#). This includes the government’s commitment to true, lasting reconciliation with the Indigenous peoples of B.C. by moving towards fully adopting and implementing the [United Nations Declaration on the Rights of Indigenous Peoples](#), the [Métis Nation Relationship Accord II](#) and the [Calls to Action of the Truth and Reconciliation Commission](#).

In alignment with government’s direction and in collaboration with many partners, Island Health is transforming the health system to better meet the needs of the people we serve. We are committed to improving the health and care for key patient populations, ensuring the delivery of high quality and appropriate health services, and pursuing innovative approaches to service delivery.

Island Health is aligned with the Government’s key priorities:

Government Priorities	Island Health Aligns with These Priorities By:
Delivering the services people count on	<ul style="list-style-type: none"> • Focusing on cross-sector change initiatives requiring strategic repositioning (Goal 1) including: <ul style="list-style-type: none"> ○ a primary care model that provides comprehensive and coordinated team-based care linked to specialized services (Objective 1.1); and, ○ improving access to a range of services (Objective 1.2, 1.3, 1.4 and 1.5). • Supporting the health and wellbeing of British Columbians through the delivery of responsive and effective health care services (Goal 2) including: <ul style="list-style-type: none"> ○ improving Indigenous experience, health and quality of care at Island Health (Objective 2.1); ○ improving patient and family experience through access to information and involvement in decisions (Objective 2.2); ○ improving patient safety at Island Health (Objective 2.3); ○ ensuring timely access to outpatient diagnostics (Objective 2.4); and, ○ preventing illness and improving the health of the population (Objective 2.5).

<p>A strong, sustainable economy</p>	<ul style="list-style-type: none"> • Delivering an innovative and sustainable health system (Goal 3) including: <ul style="list-style-type: none"> ○ improving care team safety and wellness and providing a staffing mix that supports high-quality care (Objective 3.1); ○ improving leaders’ capacity to effectively lead, improving organizational sustainability and mitigation of risk (Objective 3.2); and, ○ advancing infrastructure and technology plans and projects to deliver greater quality and value through our core services for patients and their families (Objective 3.3).
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Operating Environment

Island Health has a relatively healthy population. The average life expectancy, at 82 years, is among the highest in the world. The population of Island Health is expected to increase by 22 percent by 2041. Currently, 10 percent of our population is 75 years or older, and this population is estimated to more than double by 2041 to over 186,000 (19 percent of the population). Meanwhile, 26 percent of our workforce is 55 years or older, which has health human resource implications. There is also substantial variation in health status across communities with a 6.2-year difference between the regions with the highest and lowest life expectancies. In our rural areas and Indigenous communities, people often experience increased barriers and poorer health status and have unique health needs and considerations. Over 7.5% of Island Health’s population identify as Indigenous, as compared to 6% for the province¹.

There are 50 First Nations in the Island Health service area, belonging to three First Nations cultural families, generally grouped by language:

- Coast Salish (largely on the South Island, but as far north as Comox)
- Nuu-chah-nulth (along the west coast of Vancouver Island)
- Kwakwaka’wakw (Strathcona/Campbell River, North Island area and the adjacent area on the B.C. mainland)

There are also six Métis Chartered Communities within the Island Health region, and six Friendship Centres, which are multi-service urban Indigenous Centres providing support and services to Indigenous peoples who live in urban locations on Vancouver Island.

In the spirit of the [United Nations Declaration on the Rights of Indigenous Peoples](#), the [Métis Nation Relationship Accord II](#), and the [Calls to Action of the Truth and Reconciliation Commission](#), Island Health works with the FNHA, MNBC and other Indigenous partners to ensure coordinated planning and service delivery that is culturally appropriate and supportive of Indigenous health and wellness.

¹ Statistics Canada, Census of Population, 2016. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/index-eng.cfm>

Within this context, we recognize the need to shift how we think about health and wellness to better respond to the needs of our changing population. This includes working closely with community partners to improve access to care for our most vulnerable populations and to address the broader socio-economic conditions that influence health.

Island Health, like other jurisdictions in British Columbia, is experiencing a public health emergency related to opioid overdoses and deaths. Two hundred and eleven people died of illicit drug overdoses across Island Health between April 1, 2018 and March 31, 2019. This continues to be a critical challenge facing Island Health and particularly affects our most vulnerable populations.

Report on Performance

In 2018/19, Island Health made progress on the government's direction as set out in our Mandate Letter from the Ministry of Health. These actions are designed to support the health and wellbeing of British Columbians, deliver health and care services that are responsive and effective, and ensure value for money in the health care system.

Island Health is committed to ensuring patients and their families will be at the centre of their own health and care. This involves inviting people to be even more engaged as partners in their care, ensuring they fulfill an integral role in decision-making and have a strong voice in the quality of care they receive. Island Health continues to work closely with provincial safety and quality councils and the Patient Care Quality Review Board to strengthen the processes and supports for effectively addressing patient concerns. Shifting the culture of health care in order to engage with and improve the experience for patients and their families, and improve health outcomes within and outside of Island Health, is an organizational priority.

Island Health has aligned its budget and cost management activities to support the achievement of government and organizational priorities, system-wide initiatives and the delivery of high-quality care in a fiscally disciplined and sustainable manner. We have a well-established culture of performance and outcome measurement that is supported by robust monitoring and reporting systems. There are regular meetings between the Minister and Board Chair, and the Deputy Minister and CEO, to ensure our continued alignment with government's strategic mandate and to regularly review the progress on each of the priority areas.

Goals, Objectives, Measures and Targets

This Annual Service Plan Report reflects the strategic priorities established by the Ministry of Health and Ministry of Mental Health and Addictions as set out in the Island Health [Mandate Letter](#). Island Health is transforming the health care system to better meet the needs of its population in cooperation with many partners.

The priorities build upon last year's plan and focus on cross-sector change initiatives requiring strategic repositioning, supporting the health and wellbeing of British Columbians through the delivery of responsive and effective health care services, and delivering an innovative and sustainable health care system. Underlying these goals is the fundamental principle of patient-centred care: a sustained focus on shifting the culture of health care in B.C. to put patients at the centre, which drives policy, accountability, service design and delivery.

Goal 1: Ensure a focus on cross-sector change initiatives requiring strategic repositioning

The cornerstone of the model is integration or linkage of full-service family practices with health authority primary and community care services. Island Health supports the provision of integrated team-based care where appropriate, with the establishment of Urgent & Primary Care Centres (UPCCs).

When people receive the primary and community-based care they need, when they need it, the result is more likely to be improved health outcomes, improved patient and provider experience, and decreased reliance on acute care hospitals.

Objective 1.1: A primary care model that provides comprehensive and coordinated team-based care linked to specialized services.

Key Highlights:

- Completed service plans to move forward on three PCNs in Island Health. These plans were co-developed and jointly submitted with the local Divisions of Family Practice (DoFP).
- Opened a UPCC in the Western Communities on November 5, 2018.
- Engaged with DoFP in improvements to discharge processes, transitions, and supporting a safe return home from an acute care setting.
- Island Health participated in the Cultural Safety Attribute Working Group, co-chaired by MoH and FNHA, to help develop the provincial Indigenous Engagement and Cultural Safety Guidebook for distribution to PCN communities.

Objective 1.2: Improve access to Specialized Community Services

Key Highlights:

- In an effort to reduce acute care use, Island Health increased the number of patients served through the “ED frequent acute care users” initiatives from 82 patients in 2017/18 to approximately 420 users in six communities in 2018/19.
- Implemented SCSPs in parallel with the establishment of the PCNs. Service enhancements and spaces were implemented in Comox. An enhanced discharge team and a High Complexity Care team were established in the Western Communities.
- Increased access to respite service with the addition of 12 new respite beds; 9 in Nanaimo and 3 in Comox.

- Improved access to new service requests for complex medical frail clients with ‘rapid response’ needs, from 68 percent in 2017/18 to 75 percent of requests being made ‘in time’ in 2018/19.

Performance Measure	2016/17 Baseline	2018/19 Target	2018/19 Actuals	2019/20 Target	2020/21 Target
1.2 Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and over*	2,786	2,754	2,518	2,742	2, 730

Data Source: Discharge Abstract Database, Health Sector Information, Analysis and Reporting Division, Ministry of Health.

* P.E.O.P.L.E. 2017.

Discussion

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

Island Health met the target for this measure in 2018/19. The health authority continues to improve how it effectively supports individuals who have chronic conditions, particularly through the opening of PCNs in partnership with the DoFP, and associated SCSPs.

Objective 1.3: Improve access to treatment and recovery for mental health and substance use services and reduce preventable deaths from illicit drug overdoses

Key Highlights:

- Opened the Harbour Safe Consumption Site on June 18, 2018; there were 1,172 new clients and a total of 47,464 visits in 2018/19.
- Continued to broaden naloxone access and training throughout Island Health; distributed approximately 1,400 naloxone kits each month with over 40,000 kits distributed since November 2016.
- The Mental Health and Substance Use Overdose Response Executive Committee evaluated Overdose Prevention Services (OPS) in non-urban communities and implemented recommendations. These included substance use outreach services focused on proactive

linkages to care for those most at-risk of overdose in highly impacted communities (Campbell River, Nanaimo, Duncan, and Victoria); service enhancements to support Opioid Agonist Therapy, including: clinician education and training, expanded in-reach to new mobile housing, OPS, community partners in Nanaimo; and, enhanced follow up to support access and retention in care.

- Implemented ED overdose follow-up at Royal Jubilee Hospital, Victoria General Hospital, Nanaimo Regional General Hospital, Campbell River Hospital, West Coast General Hospital and Cowichan District Hospital. 963 clients were referred for post-overdose follow-up in 2018/19. Of these, 30% were successfully linked to care.
- Expanded MHSU access through the provision of walk-in initial assessments/same day access/single session counselling in Victoria, Nanaimo, Port Alberni, Oceanside, Duncan and Comox. This has resulted in improved access and decreased missed appointments.
- Strengthened the Centralized Access and Rapid Engagement Services (CARES) clinic in the South Island; MHSU Intake Services are integrated with one phone/fax number and central location, with services expanded to Westshore, offering same day access for patients referred from primary care physicians.

Performance Measure	2016/17 Baseline	2018/19 Target	2018/19 Actuals	2019/20 Target	2020/21 Target
1.3 Percent of people admitted to hospital for mental illness and substance use who are readmitted within 30 days, 15 years or older	12.5%	12.3%	13.9%	12.3%	12.3%

Data Source: Discharge Abstract Database, Health Sector Information, Analysis and Reporting Division, Ministry of Health.

Discussion

In B.C., there is a focus on improving access to a range of services and supports in the community, including for persons with MHSU issues. This performance measure focuses on one aspect of the effectiveness of community-based supports to help persons with mental health and substance use issues receive appropriate and accessible care, and avoid readmission to hospital. Other components include good discharge planning and maintaining the appropriate length of stay in a hospital. Central to these efforts is building a strong system of primary and community care, which enhances capacity and provides evidence-based approaches to care.

Island Health is over its target for this measure. While there is variation by site and by period, Royal Jubilee Hospital (RJH) and Nanaimo Regional General Hospital (NRGH) experienced the largest volumes, which had the greatest impact to the overall average. We are committed to continuing to improve community access for people with moderate to severe mental illness and/or addiction issues

by strengthening and improving the continuum of care, including SCSPs and services for individuals living with significant mental health issues and/or addictions.

Objective 1.4: Ensure timely access to surgical procedures

Key Highlights:

- Volumes for “catch up” procedures exceeded targets at year-end. Hips/knees surgeries were 119 cases above target and dental surgeries were 84 cases above target. The number of “keep up” surgeries increased by 1,182 over 2017/18 volumes.
- Island Health completed 131 gender-affirming upper surgeries, exceeding the target of 126 by 10 percent. Of the 131 cases performed, 71 (54 percent) were performed on Island Health residents.
- Waitlist management and patient experience improved through enhanced surgical scheduling, improved communications, and ensuring point of contact for waitlisted patients, with wait time notifications and point of contact for patients fully implemented at seven sites.

Performance Measure	2016/17 Baseline	2018/19 Target	2018/19 Actuals	2019/20 Target*	2020/21 Target
1.4 Surgeries in targeted priority areas completed	4,903	6,396	6,599	6,520	6,644

Data Source: SWT (Surgical Wait Time Database (including hip, knee and dental surgeries), Health Sector Information, Analysis and Reporting Division, Ministry of Health.

*Future year targets are from the 2018/19 VIHA Service Plan

Discussion

B.C.’s health care system has focussed on reducing wait times for many surgeries. Funding incentives, as well as continuous efforts to foster innovation and efficiency in B.C.’s hospitals, are helping to improve the timeliness of access to an expanding range of surgical procedures. This performance measure tracks the number of scheduled surgeries completed in the targeted priority areas.

Island Health exceeded the target for this measure by over 200 surgeries completed in 2018/19. Surgical resources are also being allocated to complete the surgeries of people who have been waiting the longest.

Objective 1.5: Increase access to services across the continuum of care to rural areas within Island Health

Key Highlights:

- Worked with General Practitioners to increase number of patients with heart failure and chronic obstructive pulmonary disease (COPD) using Home Health Monitoring; leading to a 37 percent reduction in ED visits and 67 percent reduction in inpatient admissions for COPD clients; 82 percent reduction in ED visits and 90 percent reduction of inpatient visits for heart failure clients.
- Increased Home Health Monitoring participation by 23 percent overall.
- Increased telehealth consults from 8,250 to 9,133 in 2018/19 (11 percent increase).
- Installed telehealth unit at the Port McNeill Medical Collaborative which connects regularly to Kingcome Inlet, Oweekeno, Kyuquot, Zeballos and Sointula; two medevacs were avoided, 65 clients were able to keep their appointments by connecting with virtual care and over 28 clinical consultations were preserved when physicians connected with virtual care.
- Implemented a virtual palliative supportive care program in Vancouver Island North.

Goal 2: Support the health and wellbeing of British Columbians through the delivery of responsive and effective health care services

Island Health is committed to putting patients and their families at the centre of every interaction. This involves inviting people to be even more engaged partners in their care and ensuring they play an integral role in decision-making. This means listening to patients and their families, responding openly to their concerns, informing them about care options, and recognizing and encouraging their input.

Island Health strives to create a culture of engagement, innovation and accountability where trust, collaboration and a strong commitment to safety and quality are built at all levels of care. Care decisions will be patient-centred and based on the best available scientific evidence. Care teams will work to eliminate ‘must never happen’ events and preventable harm. An essential element of quality is ensuring the smooth flow of patients through the system as their needs change, so that everyone gets the services they need where and when they need them. Island Health will work to ensure there are no unnecessary transitions in care, and that all care that can be provided in a community setting is available.

Objective 2.1: Improve Indigenous Peoples experience, health, and quality of care at Island Health

Key Highlights:

- Cultural Safety and Humility work continues and is progressing throughout Island Health, including work within facilities and with community partners.
- Ensured non-contract leaders complete cultural safety training; from April 2018 to May 15, 2019, Island Health had over 650 staff enrolled in the core health program, approximately 300 enrolled in the *Bystander to Ally* program and approximately 200 enrolled in the *Unpacking our Colonial Relationship* program.
- Incorporated cultural safety and humility practices in the development of PCNs, which was identified as a leading practice in the province.
- Incorporated cultural practices and ceremonies at the North Island Hospitals, including having Elders present at the Gathering Place.
- Focused on the Indigenous experience at three EDs (Campbell River Hospital (CRH), West Coast General Hospital (WCGH) and RJH), delivering tailored learning informed by the current state at each respective site. At CRH and Victoria General Hospital, the majority of ED staff and physicians have completed the San’yas training or are currently working towards completion. At WCGH, collaboration between the site, FNHA, Island Health’s Research department, and the Nuu-chah-nulth Elders has resulted in a report “*Moving Forward Together Towards Trauma Informed and Culturally Safe Emergency Care*”.
- Hosted Senator Murray Sinclair in January 2019 for a keynote conversation on reconciliation and cultural safety as part of ongoing education for health authority leaders on the experiences of Island communities related to Indian Schools and colonialism.
- Facilitated Indigenous Circles of Practice in five locations for Indigenous staff, with a total of six sessions at each location. Sessions were held in First Nations communities with an Elder in attendance. Facilitated Communities of Practice for non-Indigenous staff in support of cultural safety/anti-racism work. .
- Advanced Island Health’s Partnership Accord Commitments; collaborated with MoH and the FNHA to advance the sharing of public health data, clinical information and patient records; reviewed the Community Crisis Response Protocol and adjusted as appropriate; and collaborated with FNHA to evaluate the Partnership Accord.

Objective 2.2: Improve patient and family experience through access to information and involvement in decisions

Key Highlights:

- Included patient representatives in all quality governance structures.
- Launched a new patient-centred public Island Health website that allows patients and families easy access to information to support them to more actively participate in their health care journey.

- Finalized and improved PCQO processes to ensure one point of contact, and aligning the PCQO with the Island Health Geographies.

Objective 2.3: Improve patient safety at Island Health

Key Highlights:

- Operationalized the Falls Prevention Strategy in acute, residential and community care settings; established a pilot project in the Rehabilitation Program with the intent of spreading the Falls Prevention Strategy work from the Rehabilitation Quality Council to other Quality Councils.
- Implemented Unit Dose Medication Distribution (UDMD) in South Island Long-term Care sites (Glengarry, Gorge, Aberdeen, Mt. Tolmie, Priory and Saanich Peninsula Hospital (SPH)) and completed UDMD at VGH; implemented Automated Dispensing Cabinets at RJH's fifth floor and at SPH.
- Distributed standardized communication tools for sharing patient information with care teams; including discharge pre-alerts and enhanced discharge summary reporting. Use of iDRAW, a standardized hand-off tool, is underway across Vancouver Island in partnership with Professional Practice.

Objective 2.4: Ensure timely access to outpatient diagnostics

Key Highlights:

- Exceeded MRI volume target for a total of 49,346 MRIs.
- Exceeded CT scan volume target for a total of 133,699 scans.
- Exceeded colonoscopy volumes target for a total of 25,350 completed.
- Approved schematic design for a third endoscopy suite at NRGH. Additional procedures were implemented in the existing two suites in October 2018.

Objective 2.5: Prevent illness and improve the health of the population within the Island Health region

Key Highlights:

- Standardized drinking water indicators and inspection processes in partnership with other regional health authorities and FNHA, as well as food inspection processes in partnership with MoH and other regional health authorities (RHA).

- Updated policies and practices related to childcare licensing and increased inspection frequency; 18 policies were revised. Fewer than five still require revision to reflect legislative changes associated with Bill 5. Completed 994 routine inspections between April 1, 2018 and March 31, 2019, an increase of 19.5 percent over the previous fiscal year.
- Completed an evaluation of the dental hygiene clinic. Clinics support children in Nanaimo and on South Island who are referred from Public Health Nurses. The evaluation found the Community Dental (CODE) clinic in Nanaimo was not serving the target population of perinatal women/children. Alternate distribution of resources is underway to increase capacity for targeted priority groups.
- Continued to support CHNs on an ongoing basis through funding, expertise and guidance in development of plans and actions. Completed CHN priority plans focusing on determinants of health and targeted priorities reflect shared goals of Island Health, as well as completed an evaluation framework.

Performance Measure	2011/12 Baseline	2018/19 Target	2018/19 Actuals	2019/20 Target	2020/21 Target
2.5 Percent of communities that have completed healthy living strategic plans	14%	50%	53%	53%	56%

Data Source: Health Authority Annual Community Survey, Population and Public Health Division, Ministry of Health.

Discussion

This performance measure focuses on the proportion of the 162 communities in B.C. that have been developing healthy living strategic plans, in partnership with the Ministry of Health and regional health authorities. Community efforts to support healthy living through planning, policies, built environments and other mechanisms are critical to engaging individuals where they live, work and play. Sustained community-level actions will encourage active lifestyles, while decreasing the risk factors for chronic diseases and injury.

Island Health has exceeded its target for this measure with 19 communities (53 percent) having a healthy living strategic plan. Island Health will continue to build upon the successes achieved to date in order to support and promote the health and wellbeing of residents.

Goal 3: Deliver an innovative and sustainable health system

Key to a successful, sustainable health care system is ensuring that public resources are used in the most efficient and effective way possible to deliver high quality, responsive, and safe care. It also means implementing new ideas and innovative approaches to care; providing the services people need; striving for excellence; and challenging the status quo. Focusing on cross-system supports such

as health human resource management, Information Management/Information Technology, and technology infrastructure will help achieve the strategic vision in alignment with government priorities as set out in Island Health’s Mandate Letter.

Objective 3.1: Improve care team safety and wellness and provide a staffing mix that supports high-quality care

Key Highlights:

- In alignment with the Ministry of Health Workforce Strategy, Island Health advanced workforce planning and forecasting to support priority service areas, including tools that support planning in the North Island. Island Health continues to participate on the Ministry of Health Steering Committee focused on identifying strategies for hard-to-fill positions.
- Increased the number of Indigenous Island Health employees, with 831 Island Health employees (as of March 31, 2019) reported as being of Indigenous descent as compared to 199 in 2012. This represents 3.68 percent of Island Health employees.
- Worked in partnership with school districts to promote careers in health care to Indigenous students with a focus on Geographies 1 & 2. Efforts continue to be focused on the Nanaimo and Port Alberni School Districts.
- Participated in the implementation of the WorkSafeBC-led “Stay at Work” initiative in collaboration with union partners; unions, WorkSafeBC and Long-Term Care agreed upon the target group and communication plan. The initial work has been conducted at Glengarry and Priory Hospitals.

Performance Measure	2016 Baseline	2018 Target	2018 Actuals	2019 Target	2020 Target
3.1 Nursing and allied professionals overtime hours as a percent of productive hours	3.9%	<=3.9%	4.1%	<=3.9%	<=3.9%

Data Source: Health Sector Compensation Information System, Health Employers Association of British Columbia.

Discussion

This performance measure compares the amount of overtime worked by nurses and allied professionals to the overall amount of time nurses and allied professionals worked. Overtime is a key indicator of the overall health of a workplace as high rates of overtime may reflect inadequate staffing or high levels of absenteeism. Reducing overtime rates by addressing the underlying causes helps promote both patient and caregiver safety, while also reducing unnecessary costs for the health care system.

Island Health did not achieve the target in 2018. The top two reasons for overtime are sick relief and workload. There is a strong emphasis within Island Health to improve workload management and staffing by taking the following actions: improvements in the recruitment process, including reducing delays-to-hire and offering incentives in rural and remote areas; strategies for training and education for specialty and difficult-to-fill positions; strategies for attendance promotion; allocating the appropriate number of dedicated relief pool positions; proactive seasonal capacity planning for over-census protocol staffing; and, efficiently contacting staff for available shifts.

Financial Report

Discussion of Results

In 2018/19 Island Health balanced its operating budget, reporting a year-end organizational negative variance of \$13.8 million. The variance was due to changes in actuarial assumptions and lower than expected investment earnings arising in the Healthcare Benefit Trust. The increased spending in acute care was supported by additional targeted funding from the Ministry for performing additional surgical and diagnostic procedures above government targets, and other non-provincial government revenues. Lower than budgeted costs in Community Care are primarily due to lower than anticipated expenditures for Home Support and Specialized Community Services, which were significantly attributable to human resource recruitment challenges.

Highlights

- Island Health's 2018/19 operating budget was \$2.495 billion.
- Island Health had an organizational negative variance of \$13.8 million.
- The most significant operating variance was in acute care.
- Lower than budgeted costs in community care are primarily due to lower than anticipated expenditures for home support and specialized community services.
- Future risk to Island Health's financial position includes continuing pressure on demand for services, mainly in the acute care sector, which we mitigate through a variety of methods (discussed below).

Financial Resource Summary Table

\$ millions	2018/19 Budget	2018/19 Actual	Variance
OPERATING SUMMARY			
Provincial Government Sources	2,353.5	2,396.4	42.9
Non-Provincial Government Sources	141.1	153.3	12.2
Total Revenue:	2,494.6	2,549.7	55.1
Acute Care	1,351.5	1,428.5	77.0
Long-term Care	404.3	408.5	4.2
Community Care	296.1	284.2	-11.9
Mental Health & Substance Use	186.9	190.7	3.8
Population Health & Wellness	66.4	64.6	-1.8
Corporate	189.4	187.0	-2.4
Total Expenditures:	2,494.6	2,563.5	68.9
Surplus (Deficit)	0.0	-13.8	-13.8
CAPITAL SUMMARY			
Funded by Provincial Government	39.0	28.8	-10.2
Funded by Foundations, Regional Hospital Districts, and other Non-Government Sources	70.3	42.5	-27.8
Total Capital Spending:	109.3	71.4	-37.9

Variance and Trend Analysis

The Island Health 2018/19 operating budget was \$2.495 billion. Actual operating expenditures for the fiscal year end March 31, 2019, were \$2.564 billion and actual revenues were \$2.550 billion, resulting in a negative variance of \$13.8 million or 0.55 percent of the annual budget due to impacts arising from the Healthcare Benefit Trust.

The most significant operating variance was in Acute Care. Increased revenue and expenditures in Acute Care are due to increased surgical and inpatient volume; and increased wage rates negotiated through collective agreements effective February 1, 2019. Lower than budgeted costs in Community Care are primarily due to lower than anticipated expenditures for Home Support and Specialized Community Services.

Risks and Uncertainties

Future risk to Island Health's financial position includes continuing pressure on demand for services mainly in the Acute Care sector. The organization is mitigating this risk through acceleration of investments in primary and community care, and through pursuing savings initiatives in the form of

increasing efficiencies, and managing pressures in cost growth. Regular variance analysis and forecasting is conducted through the fiscal year to monitor results and create action plans to adjust accordingly.

Major Capital Projects

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.

Island Health bases the development of its Capital Plan on the following principles:

- Capital investments must support the strategic direction of the Province and organization.
- Investments must be backed by a rigorous examination of service delivery options and a business case analysis.
- Use of existing infrastructure must be maximized and non-capital alternatives must be explored before new investments are made.
- Spending on capital assets must be managed within fiscal limits.

The following list is Island Health’s approved capital projects over \$20 million currently underway:

Major Capital Projects (over \$20 million)	Targeted Completion Date (Year)	Project Cost to Mar 31, 2018 (\$ millions)*	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
North Island Hospital Project	2017 (substantial completion)	594	5	606
<p>The North Island Hospital Comox Valley and Campbell River Campuses opened in the Fall 2017. The new 39,800 square metre (approximately 428,400 square foot) Comox Valley Campus has 153 beds, which replaced the 120-bed St. Joseph’s General Hospital. The new 32,300 square metre (approximately 347,700 square foot) Campbell River Campus has 95 beds, which replaced the existing 79-bed Campbell River Hospital. Together the new hospital campuses will form an enhanced network of care for the mid and north Island, delivering high quality patient care through world-class health care facilities. The remaining spending on this project includes development of space for health records storage and staff, outstanding equipment orders and patient wandering system.</p> <p>For more information on this project, please see the website at: http://nihp.viha.ca/.</p>				
IHealth – Next Generation Electronic Health Record	2020	93	7	100

Major Capital Projects (over \$20 million)	Targeted Completion Date (Year)	Project Cost to Mar 31, 2018 (\$ millions)*	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<p>Island Health has long recognized the role of the Electronic Health Record (EHR) in the quality, safety, and experience of care, and has been advancing the reach and functionality of its Cerner-based EHR since 1999. The foundational capabilities of the Cerner-based EHR are currently implemented across Island Health’s acute, ambulatory, long-term care, and mental health services.</p> <p>Through IHealth, Island Health is extending the reach and capabilities of its EHR to create a single, integrated, and advanced EHR across the continuum of services Island Health provides. The IHealth scope includes 1) the implementation of advanced EHR functionality, including Computerized Provider Order Entry (CPOE) and electronic clinical documentation, to actively support and guide clinical decision-making based on best evidence and standards; 2) implementation of the Cerner-based EHR across Island Health’s Home Care Services and targeted Primary Care clinics, creating a single, integrated record that can be accessed across sites, programs and services; and 3) introduction of the MyHealth Patient Portal which will provide patients with access to their personal information and enable interactions with the Island Health care team.</p>				

*Note: Amounts align with BC Government’s *Capital Expenditure Projects over 50 million*, (http://bcbudget.gov.bc.ca/2017/bfp/2017_Budget_and_Fiscal_Plan.pdf)

Appendix A – Health Authority Contact Information

For more information about Island Health, please visit: www.islandhealth.ca

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