

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

**2019/20 – 2021/22
SERVICE PLAN**

July 2019



For more information on the Vancouver Island Health Authority (Island Health) contact:

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Board Chair Accountability Statement

Vancouver Island Health Authority (Island Health) recognizes and acknowledges the Kwakwaka'wakw, Nuu-chah-nulth, and Coast Salish peoples are the traditional stewards of the lands upon which Island Health is situated, where we all live, work and play. The First Peoples' relationship to these lands is of continued importance to health and wellness. As we continue to work toward rebuilding our relations we do so with respect and humility.



The 2019/20 – 2021/22 *Island Health Service Plan* was prepared under the Board's direction in accordance with the *Health Authorities Act*. The plan is consistent with Government's strategic priorities and fiscal plan. The Board is accountable for the contents of the plan, including what has been included in the plan and how it has been reported. The Board is responsible for the validity and reliability of the information included in the plan.

All significant assumptions, policy decisions, events and identified risks as of July 12, 2019 have been considered in preparing the plan. The performance measures presented are consistent with the *Budget Transparency and Accountability Act*, and Island Health's mandate and goals; and focus on aspects critical to the organization's performance. The targets in this plan have been determined based on an assessment of Island Health's operating environment, forecast conditions, risk assessment and past performance.

A handwritten signature in black ink that reads "Leah Hollins". The signature is written in a cursive, flowing style.

Leah Hollins
Island Health Board Chair
July 15, 2019

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Organizational Overview

Island Health is one of five regional health authorities established by the Province of British Columbia under the [Health Authorities Act 2001](#). Island Health provides health care to over 800,000 people across a widely varied geographic area of approximately 56,000 square kilometres. 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, 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 and care 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: <https://www.islandhealth.ca/about-us/accountability/organization/our-board-directors>, in alignment with the Crown Agency and Board Resourcing Office's board governance disclosure requirements.

Working with the Board, and headed by our President and Chief Executive Officer, the Island Health Executive Leadership Team provides leadership in planning, delivering and evaluating health and care services in Island Health in collaboration with the government. The Island Health Board and Executive Team are responsible for meeting the health needs of the population in an effective and sustainable manner. (See <https://www.islandhealth.ca/about-us/accountability/organization/our-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, children and youth care, seniors care and wellness, long-term and community care, primary care, specialized short-term care at local hospitals and health centres, mental health and substance use services, and end-of-life care. Working with our partners in the community, including the First Nations Health Authority (FNHA) and Métis Nation BC (MNBC), we are able to meet most

Island Health has...

- 2,100 medical staff
- 22,719 health care professionals
- 6,000 volunteers & auxiliary providing 565,000 hours of service per year
- Over 150 facilities
- 1,728 acute care & rehab beds
- 6,593 long-term care beds & assisted living units
- 1,503 mental health & substance use beds
- 398,623 home health care visits in 2018/2019

of the health and care needs of our population; only rarely must people seek specialized services outside of Island Health.

Strategic Direction and Alignment with Government Priorities

Island Health is committed to achieving the strategic goals and priorities established by the Ministry of Health outlined in the [2019/20 Ministry of Health Service Plan](#), supporting the goals and objectives set forth in the [2019/20 Ministry of Mental Health and Addictions Service Plan](#) and government mandate set out in the Island Health Mandate Letter. This includes the government’s commitment to true, lasting reconciliation with Indigenous peoples of B.C. by moving towards fully adopting and implementing [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 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"> • Ensuring a focus on service delivery areas requiring strategic repositioning, 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, ○ improved access to a range of services (Objective 1.2, 1.3, 1.4, and 1.5). • Supporting the health and well-being of British Columbians through the delivery of high-quality health services 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).
A strong, sustainable economy	<ul style="list-style-type: none"> • Delivering an innovative and sustainable health system 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).

Strategic Context

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 per cent by 2041. Currently, 10 per cent of our population is 75 years or older, and this population is estimated to more than double by 2041 to over 186,000 (19 per cent of the population). Meanwhile, 26 per cent 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 in life expectancy 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. A larger percentage of Island Health's population (7.56 per cent) identify as Indigenous compared to 6 per cent for the province¹. There are presently 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 goes as far north as Comox)
- Nuu-chah-nulth (all along the west coast of Vancouver Island)
- Kwakwaka'wakw (Strathcona/Campbell River and north Island area)

There are also six Métis Chartered Communities within the Island Health region, and six Friendship Centres, which are multi-service urban Aboriginal 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.

Within this context, we recognize the need to shift how we think about health care and 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 social conditions that influence health.

Island Health, like other jurisdictions in British Columbia, is experiencing a public health emergency related to opioid overdoses and deaths. One hundred and ninety-nine 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 impacts our most vulnerable populations.

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

Goals, Objectives, Strategies and Performance Measures

This service plan reflects the strategic priorities established by the Ministry of Health 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 from previous plans and focus on cross-sector change initiatives requiring strategic repositioning, supporting the health and well-being of British Columbians through the delivery of responsive and effective health care services, and delivering an innovative and sustainable health 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 service delivery areas requiring strategic repositioning

Island Health's care model is based on a patient-centred systems approach to improving quality of care, collaboration, and integration across the care continuum. The cornerstone of the model is integration or linkage of full-service family practices with health authority primary and community care services. The provision of integrated team-based care is supported where appropriate with the establishment of Urgent & Primary Care Centres and Community Health Centres.

Island Health is committed to strengthening community-based services for seniors and others with complex care needs, including frailty. 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.

Island Health recognizes the importance of timely access to quality treatment for patients, and is committed to meeting the targets set out by the Ministry of Health's Surgical Strategy. This includes continuing to reduce wait times for surgical and diagnostic procedures, and optimizing the efficiency of existing resources while providing integrated, person-centred services.

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

Island Health is committed to the establishment of Primary Care Networks (PCN) as means to further team-based care. These are formed by linking family practices with Island Health teams of care professionals, either within or linked with the practice, to deliver longitudinal, comprehensive, and coordinated care for patients.

Efforts are underway at Island Health to establish Urgent & Primary Care Centres as part of the broader initiative to create PCNs. These centres will increase access to care for unexpected, but non-life-threatening, health concerns requiring same-day treatment. The Urgent & Primary Care Centres will complement existing walk-in clinics and provide care for more complex clients.

Key Strategies:

- Implement comprehensive team-based primary care in partnership with the Ministry of Health and Divisions of Family Practice through the establishment of Primary Care Networks, Urgent & Primary Care Centres, and Community Health Centres.
- Continue to work with Provincial Health Services Authority (PHSA) to improve chronic pain management services for people living with chronic pain.
- Ensure consistency for assessing care for Community Living BC clients, including individuals with developmental disabilities.

Objective 1.2: Improve access to Specialized Community Services

Island Health is strengthening its Specialized Community Service Programs (SCSPs), particularly those that focus on complex medical and/or frail patients, including seniors, and individuals requiring mental health and/or substance use care. These services are linked with the services provided by PCNs.

Frail seniors require a range of health supports, especially when frailty is combined with chronic disease, which can profoundly impact independence. Island Health is increasing its focus on increasing access to Home and Community Care services for seniors to improve their outcomes and reduce avoidable emergency department visits and hospitalizations, as well as enhancing care for seniors through improvements in long-term care and staffing standards in care homes.

Key Strategies:

- Implement connected seniors-focused services in neighbourhood hubs that address the growth of the seniors' population.
- Develop, implement and support seniors' services by establishing at least 3 SCSPs for seniors and patients with complex medical needs.
- Improve and strengthen long-term care services to ensure seniors receive dignified and quality care by continuing to focus on achieving an average of 3.36 direct care hours per resident day by 2020/2021.
- Improve and strengthen long-term care services by implementing and evaluating specific improvement initiatives in collaboration as required with contracted care providers.
- Increase the number of hospice spaces in line with regional population health needs, and increase access to both home and community-based hospice care.

Performance Measure	2016/17 Baseline	2017/18 Actuals	2018/19 Forecast	2019/20 Target	2020/21 Target	2021/22 Target
1.2 Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and over (ACSC)	2,771	2,608	2,543	2,535	2,525	2,515

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

Linking Performance Measures to Objectives:

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

Discussion:

As part of a larger initiative of strengthening community-based health care and support services, health care professionals are working to provide more appropriate care in the community and at home in order to help seniors with chronic disease to remain as healthy as possible.

Objective 1.3: Ensure timely access to surgical and diagnostic procedures

Providing timely access to appropriate surgical and diagnostic services is vital to patients and their families, and is a high priority for Island Health.

Island Health's surgical strategy is aligned with Ministry of Health direction and focuses on increasing surgical volumes, reducing wait times, optimizing the efficiency of existing resources, and increasing quality and patient outcomes.

Key Strategies:

- Catch up with demand in key priority areas and keep up with targets for other scheduled surgeries by increasing capacity in surgical programs.
- Implement provincial surgical service redesign to increase the efficiency and integration of surgical services.
- Continue to make substantive progress for improving timely access and reducing wait times to scheduled surgeries and MRIs.

- Implement provincial gastrointestinal endoscopy processes and catch up to demand for colonoscopies.

Performance Measure	2016/17 Baseline	2017/18 Actuals	2018/19 Actuals	2019/20 Target	2020/21 Target	2021/22 Target
1.3 Surgeries in targeted priority areas completed	4,907	5,117	6,599	6,684	6,500	6,550

Data Source: Surgical Wait Times Database, Health Sector Information, Analysis and Reporting Division, Ministry of Health (Site ID 200)

Linking Performance Measures to Objectives:

- 1.3 The completion of additional surgeries in the areas of hip, knee, and dental reflects efforts to allocate surgical resources in specific areas to focus on patients waiting for those procedures.

Discussion:

Expanded surgical activity and patient-focused funding, combined with continuous effort to foster innovation and efficiency in British Columbia’s hospitals, aims to improve the timeliness of patients’ access to an expanding range of surgical procedures.

Objective 1.4: Increase access to services across the continuum of care to rural areas within Island Health

Island Health is transforming the foundation of how we deliver care across our geography. Just as technology is transforming almost every part of our lives, it has the potential to transform the way we access both primary care and specialized services. While virtual care can benefit all populations across Island Health, it has a tremendous benefit to individuals who live in rural and remote communities. Another foundation for Island Health’s approach to improving access to health services for the population living in rural areas is to partner with physicians, FNHA, MNBC and other Indigenous partners and key stakeholders within rural communities.

Key Strategies:

- Maximize the role of remote health services and virtual care in the delivery of services to support people receiving care when and where they require it.
- Develop and maintain an effective working relationship with the FNHA, directly with Nations as appropriate, and MNBC to ensure a high quality, culturally safe, integrated, and well-coordinated system of care for First Nations and Indigenous peoples in BC.

Goal 2: Support the health and well-being of British Columbians through the delivery of high-quality health 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. In addition, we are listening to patients and their families, responding openly to their concerns, informing them about care options and recognizing and encouraging their input. Key to improving the experience of those who interact with Island Health, we are strengthening our relationship with our Indigenous partners and collaborating to improve the health and wellness of Indigenous people, ensuring services are culturally safe and trauma-informed.

The demand for Mental Health and Substance Use (MHSU) services has significantly increased within Island Health over the past decade, and our actions are responding to the evolving needs of our patients, clients and residents. Health challenges associated with substance use and the related behavioural health challenges encountered in emergency rooms are a key focus. Island Health, like other jurisdictions in British Columbia, continues to experience a public health emergency related to opioid overdoses and deaths with system responses and investments on multiple fronts.

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 are driven by best practice, evidence and data to achieve the highest level of quality and safety. An essential element of quality is ensuring the smooth flow of patients through the system as their needs change so 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 reasonably available.

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

The Indigenous population in British Columbia has a poorer overall health status than the rest of the population. Island Health recognizes the need for continued engagement, improved communication between all partners, increased opportunity to learn about trauma and First Nations, and the need to decolonize health system policies and protocols. Island Health's *Aboriginal Health Plan* encompasses strategies to address health inequities of the Indigenous population within the framework of seven Calls to Action set out in the 2015 report of the Truth and Reconciliation Commission (TRC). We are working closely with our Indigenous partners, including FNHA and MNBC, on many initiatives. Island Health continues to implement the Partnership Accord Commitments to directly improve services for the Indigenous population, and also continues to implement a Cultural Safety and Cultural Humility initiative.

Key Strategies:

- Engage in shared decision-making with Indigenous peoples and partners on service planning and delivery, including participation in cross-sectoral planning to support mental health and wellness for First Nations communities.
- Systematically embed cultural safety and humility in Island Health, as set out in the [*Declaration of Commitment on Cultural Safety and Humility in Health Services Delivery of First Nations and Aboriginal Peoples in BC*](#).
- Address Island Health's Partnership Accord Workplan commitments.
- Engage with FNHA and First Nations on a shared plan towards a 5-year journey to support Indigenous leadership of their own health and wellness.

Objective 2.2: Improve access to treatment and recovery for mental health and substance use services and reduce preventable deaths from illicit drug overdoses

Mental Health and Substance Use services focus on collaboration across programs, organizations, and sectors to improve services for vulnerable populations. For vulnerable and hard to serve populations, our focus is on severe and persistent mental health and substance use issues.

On April 14th, 2016, the Provincial Health Officer of BC declared a state of emergency with regard to the rise in opioid overdoses and deaths. Island Health is committed to responding to this crisis in collaboration with the Province and other health authorities to reduce preventable deaths and harm in our region and across the province. Island Health is continuing to implement enhanced emergency department surveillance to monitor trends in non-fatal overdose, and has also begun collecting usage statistics and overdose reports from the five Overdose Prevention Sites.

Key Strategies:

- Continue to implement and enhance MHSU services, programs and supports for adults in alignment with the Ministry of Mental Health & Addictions strategy.
- Continue to implement and enhance early intervention Child & Youth MHSU programs and services in alignment with the Ministry of Mental Health & Addictions strategy in Victoria and Nanaimo.
- Develop and implement at least 3 SCSPs for patients with moderate to complex mental health or substance use conditions.
- Continue the response to the ongoing opioid overdose public health emergency through harm reduction policy development, and other prevention initiatives.

Performance Measure	2016/17 Baseline	2017/18 Actuals	2018/19 Forecast	2019/20 Target	2020/21 Target	2021/22 Target
2.2 Percent of people admitted for mental illness and substance use who are readmitted within 30 days, 15 years or older	12.5%	12.5%	12.5%	12.8%	12.7%	12.6%

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

Linking Performance Measures to Objectives:

2.2 Programs aimed at helping to improve access to a range of services and supports in the community for persons with mental health and/or substance use issues, combined with effective discharge planning, can help reduce hospitalizations for people with severe and complex mental health and/or substance use issues.

Objective 2.3: Improve patient and family experience through access to information and involvement in decisions

When patients, physicians, care team members, and communities are partners in driving excellence in health and care, are supported in improving everyone’s health, and feel valued, cared for and heard, the evidence indicates several potential outcomes. These include improved patient outcomes and satisfaction, increased sustainability of the health care system, strengthened relationships and experience of partners, improved organizational reputation, improved culture and enhanced communications and engagement.

Key Strategies:

- Advance patient and family voices to participate in meaningful improvements in the delivery and experience of care.
- Provide patients and their delegates with seamless access to personal health information, and the ability to communicate directly with their care team.
- Accelerate processes and tools to reflect and respect patient and family preferences about their health and care.

Performance Measure	2017/18 Baseline	2017/18 Actuals	2018/19 Forecast	2019/20 Target	2020/21 Target	2021/22 Target
2.3 Potentially inappropriate use of antipsychotics in long-term care	26.2%	26.4%	26.0%	25.2%	24.3%	23.4%

Data Source: Canadian Institute of Health Information (CIHI)

Linking Performance Measures to Objectives:

2.3 This new performance measure seeks to identify the percentage of long-term care residents who are taking antipsychotic drugs without a diagnosis of psychosis. Antipsychotic drugs are sometimes used to manage behaviours associated with dementia. Use of these drugs without a diagnosis of psychosis may compromise safety and quality of care.

Objective 2.4: Improve hospital services at Island Health

Working in partnership with care providers, patients and their families Island Health will advance hospitals as sanctuaries of treatment and healing where patients remain for the time necessary to support acute care needs. The highest level of quality will be met across our hospital services through a commitment to constant improvement.

Key Strategies:

- Shift hospital-based services to meet the acute care needs of the population, with focus on excellence in service delivery and seamless transitions to and from other care settings. This will be achieved by revitalizing acute flow and discharge planning, refreshing overcapacity and surge protocols, and developing a discharge navigation model for acute medical units.
- Establish an appropriate and seamless restorative health journey for clients.
- Work collaboratively with PHSA to ensure effective referral pathways and service linkages for provincial specialized services and timely access for pathology, lab medicine services and pharmaceutical therapies and services.
- Establish a learning culture that is committed to the use and development of, and adherence to, standardized, evidence-informed practices and processes.

Performance Measure	2017/18 Baseline	2017/18 Actuals	2018/19 Forecast	2019/20 Target	2020/21 Target	2021/22 Target
2.4 Rate of new <i>C.Difficile</i> cases associated with a reporting facility per 10,000 inpatient days	3.4	3.4	4.0	3.3	3.1	3.0

Data Source: Provincial Infection Control Network of BC (PICNet)

Linking Performance Measures to Objectives:

2.4 *Clostridium difficile* (*C. difficile*) is a bacterium that can pose a health risk for people who are taking antibiotics or who have weakened immune systems. Island Health is actively monitoring *C. difficile* infections in acute care facilities, and developing evidence-based infection prevention and control guidelines, working to reduce infections and further improve the quality of care and safety for patients and healthcare providers.

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

Key Strategies:

- Continue to implement *Promote, Protect, Prevent*, the provincial framework for supporting the overall health and well-being of British Columbians.
- Continue to standardize business processes and inspections among regional health authorities for drinking water facilities and food premises and establishments.
- Ensure the strength of long-term health promotion and illness prevention initiatives, compatible with the Lifetime Prevention Schedule.
- Target health and wellness promotion and awareness to high risk populations as identified through MHO reports by addressing modifiable risk factors and supporting improvements in the social determinants of health.

Performance Measure	2011/12 Baseline	2017/18 Actuals	2018/19 Forecast	2019/20 Target	2020/21 Target	2021/22 Target
2.5 Percent of communities that have completed healthy living strategic plans	14%	53%	53%	53%	56%	61%

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

Linking Performance Measures to Objectives:

2.5 Island Health partners with local communities to support the development of healthy living strategic plans. These plans provide a framework within which local improvements to the health of each community’s population can be made. Island Health’s support of Community Health Networks enables the achievement of these improvements. This performance measure focuses on the proportion of communities that have developed and are implementing joint healthy living strategic plans in partnership with Island Health. Community efforts to support healthy living through joint planning, policy, and collaborative action are critical to improving the quality of life of individuals where they live, work, learn, and play. Sustained community level actions will decrease risk factors and promote protective factors for chronic diseases and injury.

Goal 3: Deliver an innovative and sustainable public health care 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 patient care that meets the needs of our population and supports our people to work in safe and healthy workplaces. 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

Island Health is participating in the provincially-led health human resources planning processes to support high-skilled health workforce needs and priorities. This work, in combination with Island Health cross-sector initiatives and organization-wide strategies, aims to increase the organizational capacity to enable effective, quality population and patient and family-centred health and care.

Having a safe work environment is key to staff satisfaction and well-being. Island Health is committed to improving the environment for our patients and care teams through advancements in violence and injury prevention.

Key Strategies:

- Build a healthy work experience on the base of a psychologically healthy and safe environment at Island Health.
- Grow a high-skilled workforce by developing an enterprise wide approach to talent acquisition and workforce planning.
- Proactively plan, recruit and manage Health Human Resources to sustainably and effectively deliver established and net new health services.
- Continue to strengthen relationships between Island Health and physician partners and integrate the physician voice into Island Health planning and management. This will be achieved by supporting improved medical staff engagement, improving processes at a local level from appropriate information, and supporting physicians to acquire the leadership skills necessary to participate and partner effectively.
- Respond to staff voices by advancing workforce scheduling and optimization improvements.

- Continue to ensure effective working relationships with health sector unions and compliance with collective agreement provisions.

Performance Measure	2016 Baseline	2017 Actuals	2018 Actuals	2019 Target	2020 Target	2021 Target
3.1 Nursing and allied professionals overtime hours as a percent of productive hours	3.9%	3.4%	4.1%	<=3.9%	<=3.9%	<=3.9%

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

Linking Performance Measures to Objectives:

- 3.1 Overtime is a key indicator of the overall health of a workplace. Maintaining overtime rates, with expected growth in demand, by addressing the underlying causes helps promote both patient and caregiver safety while also reducing unnecessary costs to the health system. A number of strategies are underway to optimize, support and retain the existing health workforce such as promoting health and wellness in the workplace and building and supporting interdisciplinary team-based care.

Discussion:

The measure compares the amount of overtime to the overall amount of time worked by unionized professional nurses, including Registered Nurses and Registered Practical Nurses, and allied health professionals, including occupational therapists, physiotherapists, medical laboratory technologists, clinical/hospital pharmacists, and medical radiation technologists.

Objective 3.2: Improve leaders’ capacity to effectively lead, improve organizational sustainability, and mitigate risk

In order for Island Health to successfully navigate the multiple, complex transformational change initiatives necessary to meet its mandated accountabilities, Island Health’s leaders and care teams must have access to supports adequate to the scale and pace of change.

In alignment with the Province’s risk management practices, Island Health continues to strengthen our approach to risk assessment and risk mitigation at all levels of the organization.

Island Health supports initiatives to increase the use of research evidence in policy planning and practice. This includes work being done by the Strategy for Patient-Oriented Research Support Unit and the Academic Health Sciences Network.

Key Strategies:

- Create team and organizational competencies to advance Island Health’s culture of purpose, integrity, transparency and accountability.
- Embed change management in all of the work that we do to support large-scale, complex transformation.
- Ensure resources are aligned for best value and high reliability in corporate and clinical areas.
- Partner externally to address newly-arising opportunities and long-standing challenges.
- Work with the Crown Agency and Board Resourcing Office (CABRO) to actively seek out women, visible minorities, Indigenous Peoples, persons with disabilities, LGBTQ2S+ individuals, and others who may contribute to diversity to help renew the Board of Directors candidate pool.
- Advance quality and safety through knowledge acquisition and translation by supporting Academic Health Sciences Network initiatives, including the Strategy for Patient-Oriented Research and *Putting Our Minds Together: Research and Knowledge Management Strategy*.

Objective 3.3: Advance infrastructure and technology plans and projects to deliver greater quality and value through our core services for patients and their families

Island Health is committed to improving the infrastructure that supports the delivery of health care services. This includes building and maintaining our facilities, improving the condition of existing sites, and enhancing supporting technologies. Reducing our risk of climate change by decreasing our carbon footprint aligns with the provincial emissions reduction target.

Island Health continues to implement the person-centred Electronic Health Record that includes all clinical documentation, orders, and results from across the continuum of health care services Island Health provides.

Key Strategies:

- Continue to strengthen and enhance capital infrastructure processes and management.
- Develop an innovation acceleration infrastructure.
- Reduce green house gas (GHG) emissions by retrofitting existing infrastructure and leveraging infrastructure renewal projects.
- Align procurements and investments with the Ministry and PHSA’s Provincial Digital and IMIT Health Strategy.
- Improve transitions of care from the Emergency Department to primary and community care by expanding electronic Emergency Department provider documentation.

Resource Summary

(\$ millions)	2018/19 Actual	2019/20 Budget	2020/21 Plan	2021/22 Plan
OPERATING SUMMARY				
Provincial Government Sources	2,396.4	2,525.6	2,622.3	2,710.2
Non-Provincial Government Sources	153.3	150.0	151.6	153.3
Total Revenue:	2,549.7	2,675.6	2,773.9	2,863.5
Acute Care	1,428.5	1,440.5	1,485.2	1,520.4
Long-Term Care	408.5	436.0	459.1	485.4
Community Care	284.2	321.1	333.6	341.5
Mental Health & Substance Use	190.7	202.4	208.5	215.4
Population Health & Wellness	64.6	69.1	71.4	74.2
Corporate	187.0	206.5	216.1	226.6
Total Expenditures:	2,563.5	2,675.6	2,773.9	2,863.5
Surplus (Deficit)	(13.8)	0.0	0.0	0.0
CAPITAL SUMMARY				
Funded by Provincial Government	28.8	35.6	30.9	34.0
Funded by Foundations, Regional Hospital Districts, and Other Non-Government Sources	42.6	82.8	58.7	32.8
Total Capital Spending	71.4	118.4	89.6	66.8

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;
- Our use of existing infrastructure must be maximized and non-capital alternatives must be explored before new investments are made; and
- Our 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)	Costs Incurred to Mar 31, 2019 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
North Island Hospital Project	2017 (substantial completion)	595	11	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>				
Nanaimo Regional General Hospital Intensive Care Unit Replacement	2021	0	34	34
<p>A new Intensive Care Unit is needed to improve: staff and patient safety; patient privacy; care team communication; care process efficiency; and patient healing. The new 12-bed unit will be located on the second floor of a new two-storey building. The shelled-in space on the main floor has been identified for a future 12-bed High Acuity Unit.</p>				

Significant IT Projects

A significant IT project is one where the capital investment on a single project exceeds \$20 million in total or \$10 million in one fiscal year.

IMIT Project (exceeds \$20 million in total or \$10 million in one fiscal year)	Targeted Completion Date (Year)	Costs Incurred to Mar 31, 2019 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
IHealth – Next Generation Electronic Health Record	2020	92	8	100
<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>				

Appendix A: Island Health Contact Information

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

or contact:

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