Interior Health Authority

2011/12 – 2013/14 SERVICE PLAN

December 6, 2011

For more information on the
Interior Health Authority
see Contact Information on Page 18 or contact:

Interior Health Authority
220 – 1815 Kirschner Road
Kelowna, BC
V1Y 4N7

or visit our website at
www.interiorhealth.ca

Message from the Board Chair and Accountability Statement

On behalf of the Board of Directors, I am pleased to present Interior Health's three-year Service Plan. The Service Plan provides an overview of our organization, describes the environment we are currently operating in, Interior Health's goals, the strategies we have developed to achieve these goals, and how we will measure our success. It also clearly outlines how we align with the Government's direction and presents our financial summary and capital project summary. The Service Plan will be used to guide the activities of our staff, to communicate direction to our partners who include physicians, community organizations and other health authorities, and to provide the basis by which our stakeholders and Government can evaluate our performance.

Interior Health faces a number of challenges in ensuring the provision of sustainable, quality health care services. The population of Interior Health is both growing and aging. This places increased pressure on virtually every aspect of our health system. The pressure is compounded by an aging workforce and the need to maintain and improve our physical infrastructure. We know that advances in technologies and pharmaceuticals are making health care more efficient and effective. These advances have also led to a significant increase in demand for products and services, increased costs of health care delivery and the need to critically evaluate their potential impact. The challenge for Interior Health is to meet the needs of the population and manage the increasing demand for services within our existing capacity.

Over the past year, we introduced changes that will improve our ability to deliver quality care. Interior Health adopted a new organizational structure that puts greater emphasis on integration, collaboration and learning within each of our service streams. Our new structure allows us to better support our staff and partners and be more responsive to the shifting landscape that defines healthcare delivery. Another change we introduced is an innovative transport model, called High Acuity Response Teams (HARTs). These teams were introduced in the fall of 2010 to improve the provision of high-acuity, inter-facility ground transport throughout Interior Health. The creation of HARTs supports the sustainability of medical services in rural communities and it is anticipated that this will assist in the recruitment and retention of physicians and other clinicians in these locations.

The Service Plan highlights the initiatives we will pursue to meet the needs of our population while optimizing our available resources. The integration of services within and across our sectors continues to be a priority for Interior Health and we are committed to providing evidence-informed services that are in the best interests of communities and clients and developed as part of a dialogue with stakeholders. We recognize that some of the people we serve, especially in our rural areas, face particular challenges in improving their health and accessing care. We will make special efforts to address the health access challenges they face.

The 2011/12 Service Plan was prepared under the Board's direction in accordance with the Health Author- ities Act and BC Reporting Principles. The Service Plan is consistent with Government's strategic priorities and Strategic Plan, and the Ministry of Health's goals, objectives and strategies. Interior Health's Board of Directors is accountable for the contents of the Service Plan.

Sincerely,

Norman Embree
Chair, Board of Directors
December 6, 2011

Table of Contents

Organizational Overview

Interior Health (IH) is mandated by the *Health Authorities Act* to plan, deliver, monitor, and report on publicly funded health services for the people of the Southern Interior of British Columbia. Interior Health's Vision, Mission, Values, and Guiding Principles inform how it delivers on its legislated mandate.

IH provides health services to over 740,000 people across a large geographic area covering almost 215-thousand square kilometres, the geography of which includes larger cities and a multitude of rural and remote communities. Population health needs across the continuum of care drive the mix of services and enabling supports Interior Health provides. This continuum includes staying healthy, getting better, living with illness, and coping with end of life.

Structurally, Interior Health has both service delivery and support portfolios. Service delivery portfolios include:

- Community Integration
- Residential Care
- Acute Services
- Tertiary Services

A variety of support portfolios enable the delivery of care. These include (but are not limited to): Quality and Safety, Health Human Resources, Professional Practice, Medical Administration, IMIT, Laboratory, Diagnostic Imaging, Pharmacy, Planning, Finance, Food Services, Housekeeping, Laundry, and Communications & Public Affairs.

Vision
To set new standards of excellence in the delivery of health services in the Province of British Columbia

Mission
Promote healthy lifestyles and provide needed health services in a timely, caring and efficient manner, to the highest professional and quality standards

Values

- Quality
- Integrity
- Respect
- Trust

Guiding Principles

- Innovative
- Clear and respectful communication
- Continual growth and learning
- Teamwork
- Equitable access
- Evidence-based practice

Service delivery is coordinated through a regional "network of care" that includes hospitals, community health centers, residential and assisted living facilities, supports for housing for people with mental health and substance use problems, primary health clinics, homes, schools, and other community settings. Health services are provided by IH staff or through contracted providers.

IH is governed by a nine-member Board of Directors appointed by and responsible to the Provincial Government. The primary responsibility of the Board is to foster Interior Health's short- and long-term success while remaining aligned with its responsibility to Government and stakeholders.

The day-to-day operations of IH are led by the Chief Executive Officer and a team of senior executives. This Senior Executive Team is responsible for leading strategic and operational services for the health authority and for meeting the health needs of the population of the region in an effective and sustainable manner. Further information about IH's service sectors, Senior Executive Team, and key board policies that may be of interest to stakeholders (as identified in the *Disclosure Report on Governance Policies and Practices* submitted to the Province's Board Resourcing and Development Office) can be accessed at http://www.interiorhealth.ca.

Strategic Context

The health system in BC is a complex network of skilled professionals, organizations and groups that work together to provide value for patients, the public and taxpayers. The key challenge facing the health system is to deliver a high performing sustainable health system (from prevention to end-of-life care) in the context of significant growth in demand.

Although the BC health system effectively meets the majority of the population health needs, it continues to be challenged by an increasing demand for health services. The most significant drivers of rising demand are the aging population, the increasing need to provide care to frail seniors, a rising burden of illness from chronic diseases, mental illness and cancer, and advances in technology and pharmaceuticals that drive new costly procedures and treatments. Demand pressures are compounded by the need for new care delivery models by health professionals and health care workers, and the need to maintain and improve the health system's physical infrastructure (i.e. buildings and equipment). In the current economic climate it is even more important for the health system to find new and creative ways to ensure the resources available for health care services are used effectively and in ways that most benefit the people of BC and the Southern Interior.

BC also faces a challenge in ensuring that all parts of society and all populations can access health services and enjoy good health. While the health status of Aboriginal people has improved significantly in several respects over the past few decades, the Aboriginal population in BC continues to experience poorer health and a disproportionate rate of chronic diseases and injuries compared to other BC residents. Government is working with First Nations, Metis and other partners to improve Aboriginal people's health and to close this gap in health status.

Within the BC context, this Service Plan is based on an understanding of IH's current operations, and of trends and challenges that may impact delivery of healthcare services into the future. When determining IH's direction, key trends and challenges are considered and include population characteristics, the increasing incidence of chronic diseases, the mix of rural and urban communities, advances in technology and pharmaceuticals, shortfalls in human resources, and infrastructure demands. While these trends are largely outside of Interior Health's control, specific actions are outlined in this Service Plan to influence their impact or outcome.

Population Characteristics

Population characteristics are considered in the planning and delivery of health services provincially and specifically in Interior Health.

BC's senior population currently makes up 15 percent of the total population and is expected to double within the next 20 years, making it one of the fastest growing seniors populations in Canada.[1] The aging population is a significant driver of demand as the need for health services rises dramatically with age. In 2006/07 people over age 65 made up 14 percent of the BC population, but used 33 percent of physician services, 48 percent of acute care services, 49 percent of PharmaCare expenditures, 74 percent of home and community care services and 93 percent of residential care services.[2] There is also an increasing need

[1] PEOPLE 35 Population Data, BC STATS

[2] Health System Planning Division, Ministry of Health Services; using MSP Expenditures 2006/07; Acute Care: Inpatient and Day Surgery workload weighted cases, DAD 2006/07; HCC community services by age group 2005/06, summed based on average unit costs; Residential care days 2006/07.

to provide appropriate care for those with frailty or dementia and to help seniors stay healthy, independent and in the community for as long as possible.

Interior Health continues to face both a growing, and an aging population. IH's total population is expected to be 749,600 residents in 2011, representing 16.3% of the BC population.[3] By 2016, the total population is projected increase by 5.2% or approximately 38,800 people. The 65+ population in IH is forecast to be 19% in 2011 and increase to 21.7% by 2016. The five year growth rate for the IH 65+ and 75+ populations is expected to be more rapid than the BC growth rates for these age groups.

The population over age 85 is also growing and presents the health system with an increased need to provide appropriate care for those with frailty or dementia, unable to live independently at home. This group is forecast to grow by 20 per cent in the coming five years.

In 2006, there were 44,900 Aboriginal people living in the Interior Health region, constituting 6.7% of the overall IH population (BC's overall rate is 4.8%).[4] While improvements in overall mortality and increasing life expectancy in the Aboriginal population have been made, significant gaps in health status between Aboriginal and non-Aboriginal populations still exist. For instance, the Aboriginal population in B.C. experiences a disproportionate rate of chronic diseases and injuries compared to other B.C. residents.[5]

Within Interior Health, there are notable variations in health status and other social determinants of health. Premature mortality has been generally accepted as a good measure of health status and health needs in the population. Vital Statistics data for potential years of life lost index (PYLLI) indicate significant variation in premature mortality across IH Local Health Areas (LHAs), with Windermere & Summerland having very low ranking on the index and South Cariboo, Merritt, Lillooet, Cariboo-Chilcotin, and North Thompson having high premature mortality. Provincial socio-economic risk indices highlight the relatively low socio-economic status for the Cariboo Chilcotin and South Cariboo LHAs. Rural areas are often at increased risk of poorer health outcomes and socio-economic risk measures.

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 37 percent of the BC population and consume approximately 80 percent of the combined physician payment, PharmaCare and acute (hospital) care budgets.[6] Chronic diseases are more common in older populations and it is projected that the prevalence of chronic conditions within BC could increase 58 percent over the next 25 years[7] and be a significant driver of demand for health services. Chronic diseases can be prevented or delayed by addressing key risk factors, including physical inactivity, unhealthy eating, obesity, alcohol consumption and tobacco use.

Within Interior Health, circulatory system diseases, cancer, and respiratory diseases are the leading causes of death, and the prevalence of these and other chronic conditions is increasing. Not surprisingly, chronic disease accounts for a significant proportion of health care services used by IH's population. As IH's population ages, the burden of chronic conditions will increase.

[3] PEOPLE35, BC Stats, Ministry of Citizens' Services (2010 IH Pop Profile)

[4] BC Stats. Statistical Profile of Aboriginal Peoples 2006, Interior Health Authority – 1.

[5] British Columbia Provincial Health Officer (2009). Pathways to Health and Healing – 2nd Report on the Health and Well-being of Aboriginal People in British Columbia. Provincial Health Officer's Annual Report 2007. Ministry of Healthy Living and Sport.

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

[7] BC Ministry of Health, Medical Services Division, *Chronic Disease Projection Analysis*, march 2007, (2007-064); as cited in Primary Health Care Charter: a collaborative approach (2007), Ministry of Health

The Rural / Urban Mix

Interior Health covers a large geographic area and serves larger, urban centres alongside a large number of small, rural and remote communities. Only 11 of the 58 incorporated communities in the health authority have a population of 10,000 or more.[8] Within IH there are 53 First Nations Bands, the majority of which are rurally located. Many incorporated rural communities and First Nations Bands may be geographically isolated, and cannot support the same number or types of services available in larger centres. On the other end of the spectrum, there are several large, growing cities in the health authority that accommodate higher population density and diversity. Urban centers are more complex environments that often have large concentrations of populations with specific health concerns (like isolated seniors or unemployed youth). The challenge for IH is to identify and provide the right mix of services within each community, and to consider how these services will link across the health authority to provide integrated and coordinated care.

From a change perspective, the vast geographic area of IH and the mix of rural and urban populations, presents challenges in planning and implementing new initiatives in communities. Engaging with our staff and physicians will be essential to implementing key initiatives across IH.

Advances in Technology and Pharmaceuticals

New treatment and technology development over the past 10 years has included less invasive surgery, increased use of diagnostic imaging and the introduction of biological and tailored drug therapies that have made health care more efficient and effective, but has also led to a significant increase in demand for products and services. For example, the expansion of technology has seen the number of CT exams increase by approximately 90 percent and the number of MRI exams increased by almost 170 percent in the province since 2001.[9] In addition, new surgical techniques and equipment have contributed to expanded use of joint replacement procedures. In BC the number of hip replacements has increased by 71 percent and the number of knee replacements by 125 percent over the past decade.[10]

Similarly, Interior Health has also experienced increases in both the number of MRI and CT exams. Between 2003/04 and 2009/10, the number of MRI exams increased 109% while CT exams increased 68%.[11] Additionally, the number of joint replacements procedures performed within IH over the past decade has also increased. The number of hip replacements has increased by 76 percent and the number of knee replacements by 125 percent from 1998/99 to 2009/10 [12].

Human Resources and Health System Infrastructure

Although attrition rates have recently decreased, anticipated retirements in the health workforce, combined with the rising demand for services are still key challenges that will impact the Province's ability to maintain an adequate supply and mix of health professionals and workers. Planning for and ensuring that we have the required number of qualified healthcare providers entering the workforce is still important. However, we also need to continue focusing on redesigning care delivery models so that we are fully leveraging the skill sets of our professionals, including creating and supporting inter-professional care teams. Through building and maintaining healthy, supportive workplaces that enhance working and learning conditions, we have the opportunity to attract and retain the workforce we need to provide high quality services.

Anticipated retirements by physicians and clinical staff in the coming five to ten years are expected to contribute additional challenges for health service delivery in IH. Physician shortages are exacerbated by the

[8] Demographic Analysis Section, BC Stats, Ministry of Citizens' Services

[9] HAMIS/OASIS, Management Information Branch, HSPD, Ministry of Health Services as of October 12, 2010

[10] Discharge Abstract Database, October 2010, Management Information Branch, HSPD, Ministry of Health Services

[11] Radiology Information System, IH Meditech System

[12] Discharge Abstract Database (DAD), Ministry of Health Services, Fiscal Years 1998/99 & 2009/10

fact that younger cohorts of physicians generally work fewer hours compared with older cohorts.[13] This is often compounded in rural areas, where difficulty recruiting and retaining physicians and clinical staff can limit sustainability of services. Clearly, the healthcare workforce must change in response to the trends and challenges outlined in this section.

Another challenge in delivering health services is the need to maintain and improve the health system's physical infrastructure, which is faced with the continuous need to update or expand health facilities, medical equipment and information technology to ensure it provides high quality and safe health care to British Columbians. Interior Health continues to invest available capital funds in new equipment, new facilities and expansions or upgrades to existing facilities and equipment but with the limited investments to date, the organization’s capital assets are approaching the end of their useful life.

[13] Watson DE, Katz A, Reid RJ, Bogdanovic B, Roos N, Heppner P. *Canadian Medical Association Journal.* 2004 August 17; 171(4):339-342.

Goals, Objectives, Strategies and Performance Measures

IHA Goal 1: Improve health and wellness

Interior Health will work at the environmental, policy, community and individual levels to protect the health of the population, reduce health inequities, and enable people to live healthier lives.

Strategies

- Assess, recommend and implement actions to improve the health of IH's population through smoking cessation initiatives and by ensuring/ maintaining water quality.
- Work with physicians, primary care providers, community partners and others to advance the health of women and children through comprehensive and effective programs and services.
- Support communities, including schools, businesses and municipalities to strengthen healthy living opportunities with a focus on healthy eating, physical activity, reduced salt consumption, tobacco reduction and responsible alcohol use in order to reduce childhood obesity and the prevalence of chronic disease.
- Meet the needs of First Nations and Aboriginal communities by collaborating with them to plan and deliver culturally sensitive health care services and to monitor health outcomes.
- Partner with patients, clients, residents and their families to participate, as they chose, in the delivery of their health care and in the planning, design, and evaluation of health services.

Performance Measure 1: Healthy Communities

Performance Measure	2010/11 Baseline	2011/12 Target	2012/13 Target	2013/14 Target
Percent of communities that have completed healthy living strategic plans	0%	14%	25%	29%

Data Source: Population and Public Health Division, Ministry of Health.

Discussion

This performance measure focuses on the number of communities in the Interior Health area that have developed healthy living strategic plans for 2011 and beyond. Community efforts to support healthy living through planning, policy, constructed environments and other mechanisms are critical to decreasing the number of British Columbians who develop chronic diseases. Interior Health is supporting local governments and other community stakeholders to develop comprehensive strategies to address healthy living at the community level.

Performance Measure 2: Health of Aboriginal Children

Performance Measure	2009/10 Baseline	2011/12 Target	2012/13 Target	2013/14 Target
Percent of Aboriginal Kindergarten children receiving vision screening	87%	88.5%	90%	91%

Data Source: Population and Public Health Division, Ministry of Health.

Discussion

This performance measure supports Aboriginal children's access to vision screening. Vision deficits such as amblyopia (lazy eye), strabismus (crossed eyes), and refractive errors (nearsightedness and farsightedness) are common problems in the preschool and school age population. Early detection and treatment of these deficits, particularly in children of vulnerable families, will lessen the possibility of any damaging long-term effects and may have a direct impact on each child's opportunity for academic success and learning potential.

IH Goal 2: Deliver quality community based services and supports

Interior Health will provide access to safe, evidence informed, community based care that achieves the results the population desires.

Strategies

- Work with physicians and other stakeholders to shift care to the community by developing collaborative planning and decision making structures and integrating community based services and supports to meet population health needs. Focusing on promoting independence, and care for the frail elderly, Interior Health will partner with Divisions of Family Practice and implement the provincial care management strategy.
- Develop and implement chronic disease prevention and management strategies focusing on diabetes, heart failure (HF), and chronic obstructive pulmonary disease (COPD).
- Develop an IH End-of Life plan which incorporates provincial components to meet the rural and urban needs of our palliative population.
- Develop and implement Advance Care Planning (ACP) and Advance Directives protocols to ensure a consistent approach to advance care planning & advance directive Province-wide.
- Implement evidence informed clinical care guidelines and safety initiatives in community and residential settings including ones for falls prevention and medication management.
- Implement more specific models of residential care for the adult population 19+ that are designed based on the different needs of the client groups.
- Improve quality and access to Mental Health and Substance Use (MHSU) services. This includes integrating MHSU services with primary health care partners, improving and further developing services for seniors and developing an integrated continuum of services for youth.

Performance Measure 3: Managing Chronic Disease in the Community

Performance Measure	2009/10 Baseline	2011/12 Target	2012/13 Target	2013/14 Target
Number of people with a chronic disease admitted to hospital (per 100,000 people aged less than 75 years)	317	287	264	244

Data Source: Discharge Abstract Database, Management Information Branch, Planning and Innovation Division, Ministry of Health. Note: Baseline and target numbers are age-standardized and based on the Canadian Institute for Health Information definition for 2010.

Discussion

This performance measure tracks the number of people with selected chronic conditions, such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. People with chronic conditions need the expertise and support of family physicians and other health care providers to manage their disease in order to maintain their functioning and reduce complications. Proactive disease management reduces hospitalizations, emergency department visits, some surgeries and repeated diagnostic testing, all of which help to control the costs of health care. As part of a larger initiative of strengthening community-based health care and support services, Interior Health is working with family physicians and other health care professionals to provide more care in the community and at home to reduce hospital admissions for chronic disease.

Performance Measure 4: Home Health Care and Support for Seniors

Performance Measure	2009/10 Baseline	2011/12 Target	2012/13 Target	2013/14 Target
Percent of people aged 75+ receiving home health care and support	19.9%	20.2%	20.4%	20.6%

Data Source: 1. P.E.O.P.L.E. 35, population estimates, BC Stats. 2. Continuing Care Data Warehouse, Management Information Branch, Planning and Innovation Division, Ministry of Health. A small amount of baseline data is currently unavailable due to the transition to new reporting mechanisms. 3. Home and community Care Minimum Reporting Requirements (HCCMRR) Data Warehouse, Management Information Branch, Planning and Innovation Division, Ministry of Health.

Discussion

This performance measure tracks the percent of seniors (aged 75+ yrs) who receive home health care such as home nursing and rehabilitative care, clinical social work, light housekeeping, assisted living and adult day programs. While the majority of seniors experience healthy aging at home, there is growing need for community care options to support those who can no longer live independently. This support helps people manage chronic conditions and frailty, and may prevent falls or other incidents that can potentially result in hospital care or require a move to a residential care setting. As part of a larger initiative of strengthening community-based health care and support services, Interior Health is expanding home health care services and ensuring that high risk seniors are made a priority in the provision of care. This focus, combined with the use of technology, can significantly improve health outcomes for seniors.

IH Goal 3: Deliver quality acute care services

Interior Health will provide access to safe, evidence informed, hospital based services that achieves the results the population desires.

Strategies

- Promote a coordinated network of efficient, effective acute care services.
- Implement initiatives, such as utilization management strategies, to ensure patients receive care in the most appropriate setting.
- Implement evidence informed clinical care guidelines and safety initiatives in acute care settings.
- Improve access and quality of acute care services and supports. This includes enhancing efficiencies to allow for increased volumes of elective surgery by working with clinicians to identify procedures that can be moved from an inpatient to a day care or outpatient setting as clinically appropriate.
- Improve patient transport services. This includes establishing High Acuity Response Teams to provide high acuity inter-facility ground transfers, and working with BC Ambulance Service to improve both pre-hospital emergency care services and the utilization of paramedic skills.

Performance Measure 5: Access to Surgery

Performance Measure	2010/11 Baseline	2011/12 Target	2012/13 Target	2013/14 Target
Average wait time for high demand non-emergency surgeries (in weeks)	24 weeks	21 weeks	18 weeks	15 weeks

Data Source: Surgical Wait Times Production (SWTP), Management Information Branch, Planning and Innovation Division, Ministry of Health.

Notes:

1. High-demand surgeries are defined as the top 20 procedures in BC that have the most cases waiting for surgery at a given point in time.
2. The total wait time is the difference between the date the booking form is received at the hospital and the report date (end of the month). The day the booking form is received at the hospital is NOT counted.
3. This measure uses adjusted wait times that are calculated by excluding periods when the patient is unavailable from the total wait time.
4. Baseline data is as of November 30, 2010.

Discussion

This performance measure will track the average wait time for 20 surgeries with the largest number of people waiting. These surgeries include hernia repair, hysterectomy and sinus surgery, along with cataract extractions and knee and hip replacements. In the last several years, the BC health care system has reduced wait times for cataract, hip and knee replacement, hip fracture and cardiac surgeries. Expanded surgical activity and patient-focused funding combined with continuous efforts to foster innovation and efficiency in Interior Health hospitals, will improve timely access to a range of surgical procedures.

Performance Measure 6: Access to Hospital Bed from Emergency

Performance Measure	2009/10 Baseline	2011/12 Target	2012/13 Target	2013/14 Target
Percent of emergency department patients waiting less than 10 hours for admission to hospital	78%	80%	85%	90%

Data Source: Discharge Abstract Database, Management Information Branch, Planning and Innovation Division, Ministry of Health.

Discussion

This measure tracks the proportion of patients who wait in an emergency department less than 10 hours to be moved to a hospital ward after the decision to admit has been made. The majority of patients who use an emergency department (approximately 89% in BC) receive treatment and then are discharged home. The other 11% of BC emergency department patients, those with more severe conditions, need to be admitted to hospital. The length of time they wait in the emergency department before being moved to a bed in a ward can depend on the availability of an inpatient bed. Through a number of patient focused funding initiatives, such as the introduction of a medical short stay unit and a flow nurse, Interior Health is taking steps to reduce emergency department congestion and manage hospital occupancy to ensure that patients admitted through the emergency department have access to a hospital bed as quickly as possible.

IH Goal 4: Ensure sustainable healthcare by improving innovation, productivity and efficiency

Interior Health will promote new ways of working to provide better service and control costs.

Strategies

- Enhance information technology solutions to meet population health service needs. This includes electronic care delivery solutions, Provincial eHealth initiatives, and expanding telehealth.
- Improve quality and ensure sustainability by implementing innovative approaches and service delivery models. This includes:
  - ✧ Focusing on process improvement by applying quality improvement approaches including Lean.
  - ✧ Optimizing workforce utilization in community and acute services by enhancing roles and new ways of working, and by encouraging health human resources to work to their full scope of practice.
  - ✧ Achieving financial targets and administrative cost savings through shared services organization and consolidation.
  - ✧ Collaborating with Northern Health Authority and other system partners on administrative opportunities to enhance efficiencies.
- Implement transparent decision-making and accountability processes to develop priority plans, ensure the achievement of objectives and the mitigation of risks. This includes:
  - ✧ Developing acute care service benchmarks to monitor cost efficiency and productivity of similar programs across multiple sites in order to ensure resources are used more effectively and efficiently.
  - ✧ Creating a risk management culture.

- ✧ Ensuring all levels of IH are capable of responding to and managing significant incidents, disasters, and emergencies.
- ✧ Advancing capital planning efforts to ensure the ongoing provision of IH infrastructure, equipment and technology with a focus on the patient care towers in Vernon & Kelowna and diagnostic imaging across the region.

- Ensure sustainability of services by developing health human resource business continuity and succession plans, including working with UBC to provide clinical education experiences for physician undergraduates and residents.
- Engage in community consultations and partner with community stakeholders to actively meet population health needs.

IH Goal 5: Cultivate a healthy workplace and an engaged workforce

Interior Health will cultivate a healthy workplace, where the culture, climate and practices create an environment that promotes the health and safety of our employees, physicians and volunteers. Our workplace is owned and embraced by Interior Health and its people, and is predicated on shared responsibility for personal and organizational success.

Strategies

- Improve the work environment, address work-life balance, and encourage healthy behaviours and coping skills.
- Improve employee, physician, and volunteer engagement.
- Work collaboratively with partners to enhance research capacity and leadership development.

Performance Measure 7: Nursing Overtime

Performance Measure	2010 Baseline	2011 Target	2012 Target	2013 Target
Nursing overtime hours as a percent of productive nursing hours	3.0%	2.8%	2.7%	2.6%

Data Source: Based on calendar year. Health Sector Compensation Information System (HSCIS). Health Employers Association of British Columbia (HEABC).

Discussion

This performance measure compares the amount of overtime worked by nurses, to the overall amount of time nurses work. Overtime is a key indicator that is used in assessing the overall health of a workplace. High rates of overtime may reflect inadequate staffing or high levels of absenteeism, resulting in workload issues and increased costs. Reducing overtime rates by addressing the underlying causes not only assists in reducing direct (e.g. labour) and indirect (e.g. unengaged staff) costs to the health system, it also helps promote both patient and caregiver safety.

Financial Summary

($ millions)	2010/11 Actual	2011/12 Budget (note 1)	2012/13 Plan (note 1)	2013/14 Plan (note 1)
OPERATING SUMMARY:				
Provincial government sources	1,554.9	1,591.0	1,655.5	1,716.9
Non-provincial government sources	139.5	133.6	134.1	135.1
Total Revenue:	1,694.4	1,724.6	1,789.6	1,852.0
Acute Care	909.4	919.0	961.5	1,002.0
HCC – Residential	332.3	340.1	360.0	372.5
HCC – Community	147.5	156.3	158.7	163.1
Mental Health & Substance Use	87.8	91.1	92.5	94.8
Population Health & Wellness	53.4	53.9	54.8	56.3
Corporate	149.4	164.2	162.1	163.3
Total Expenditures:	1,679.8	1,724.6	1,789.6	1,852.0
Surplus (Deficit)	14.6	nil	nil	nil
CAPITAL SUMMARY:				
Funded by Provincial Government	122.2	67.8	83.4	44.2
Funded by Foundations, Regional Hospital Districts, and other non-government sources	114.7	103.2	25.6	21.2
Total Capital Spending	236.9	171.0	109.0	65.4

Note 1: The 2011/12 Operating Budget and 2012/13 and 2013/14 Operating Plans exclude any potential revenue or related expenditures related to BC HSPO Patient Focused Funding. These amounts are included in the 2010/11 Actuals.

Capital Project Summary

The following table lists capital projects currently underway that have a project budget greater than $2 million. Some of these projects commenced prior to the 2009/10 fiscal year, some are substantially complete (e.g. Hardy View Lodge Residential Care Addition), while others will be constructed over the next few years such (Kelowna Vernon Hospitals Project).

Community Name	Facility location	Project Name	Total Project Cost ($ million)
Facility Projects			
Kelowna/Vernon	Kelowna General Hospital / Vernon Jubilee Hospital	Kelowna General Hospital – Patient Care Tower UBCO Clinical Academic Campus Vernon Jubilee Hospital – Patient Care Tower	433.8[14]
Kelowna	Kelowna General Hospital	Interior Heart and Surgical Centre	381.6[14/15]
Kelowna	Kelowna General Hospital	Coronary Revascularization – Transition Plan	21.1[15]
Nelson	Kootenay Lake Hospital	Emergency Department Redevelopment & CT Scanner	14.9
Grand Forks	Hardy View Lodge	Residential Care Addition	12.9
Kamloops	Royal Inland Hospital	Intensive Care Unit Renovation	11.0
Kamloops	Royal Inland Hospital	Medical Device Reprocessing Redesign and Expansion	10.8
Armstrong	Pleasant Valley Manor	Residential Care Addition – 42 beds	10.2
100 Mile House	Fischer Place/Mill Site Lodge	Residential Care Addition	7.2
Kelowna	Central Okanagan Hospice	New 24 Bed In-Patient Hospice Facility	7.0
Invermere	Invermere Hospital	Redevelopment & Emergency Department Expansion	4.3
Keremeos	South Similkameen Health Centre	Residential Care Addition – 10 beds	4.2
West Kelowna	Health Centre	Land Acquisition	3.8
Nakusp	Arrow Lakes Health Centre	Residential Care Addition – 10 beds	3.7
Vernon	Vernon Jubilee Hospital	P3 Maintenance Obligations	3.5
Medical & Diagnostic Equipment Projects			
Kamloops	Royal Inland Hospital	CT Scanner	3.0
Penticton	Penticton Regional Hospital	CT Scanner	2.8
Information Management/Information Technology Projects			
Various communities	Various facilities	Scanning/Archiving & Data Repository	6.8
Various communities	Various facilities	Physician Care Manager	2.2

[14] Including planning costs

[15] Excluding reserves held by the Province

Contact Information

For more information about Interior Health and the services it provides, visit http://www.interiorhealth.ca or contact:

Interior Health Administrative Offices
220-1815 Kirschner Road
Kelowna, BC V1Y 4N7
Phone: 250-862-4200
Fax: 250-862-4201
Email: webmaster@interiorhealth.ca

Hyperlinks to Additional Information

Ministry of Health Services - http://www.gov.bc.ca/health/

Interior Health Authority **-** http://www.interiorhealth.ca/

Fraser Health Authority - www.fraserhealth.ca

Northern Health Authority – http://www.northernhealth.ca/

Provincial Health Services Authority - http://www.phsa.ca/default.htm

Vancouver Coastal Health Authority - http://www.vch.ca/

Vancouver Island Health Authority - http://www.viha.ca/

HealthLink BC - www.healthlinkbc.ca