Vancouver Island Health Authority (VIHA)
Five-Year Strategic Plan
2008 – 2013

September 2008
(Update to original 2005 Strategic Plan)
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Executive Summary

In October 2005, VIHA released its Five-Year Strategic Plan in draft form. We took the draft plan to communities around the Health Authority as part of an extensive consultation process with individuals, our staff and physicians, regional hospital districts, community groups, and partner organizations. The Plan was finalized in April 2006, reflecting the multitude of comments and feedback we received.

Every year we review and update the Plan to reflect new data and emerging priorities. We also extend its scope to ensure that we are always looking at least three years ahead. It contains our vision, mission, values, goals, as well as major strategic priorities up to the year 2013. It guides our annual planning requirements from the Ministry of Health through the Health Service and Budget Management Plans.

The Five-Year Strategic Plan reflects the strategic direction of the Ministry of Health, and recognizes the significant differences in demographics and health status across our large and varied Health Authority. It incorporates both clinical input and practical experience. In it, we describe our broad, long-term goals – which will remain constant over time. We also describe our nine strategic priorities. We use these strategic priorities, together with health sector priority initiatives identified in the Government Letter of Expectations, to develop our annual work plan and build our operational Health Service and Budget Management Plans.

To support the goals and strategic priorities outlined in this plan, we have developed a planning process that takes into account our human resources, physician resources, information management and technology systems, quality and patient safety procedures, and capital resources.

We recognize that we must shift from a health care system focused on managing illness, to one that focuses on helping people stay healthy, and delivers a seamless, integrated range of services. VIHA provides a complete range of health services to approximately 752,000 people (2008) of all ages. We provide these services across a widely varied geographic area covering approximately 56,000 square kilometers, including Vancouver Island, the Gulf and Discovery Islands and part of the mainland opposite northern Vancouver Island. Many of the people we serve live in remote and isolated communities such as Quatsino, Sointula, and Alert Bay that are only accessible by water or air.

We have identified risks that may impact the successful implementation of this Plan over the five-year period. These risks, which health care jurisdictions across Canada also face, include having sufficient staff, physicians and fiscal resources to support the level of service growth required to meet the needs of our aging population into the future. A number of strategies are underway to mitigate these risks. Over the next year we will actively monitor these risks, and develop service scenarios and further plans to address them.
The Strategic Plan will be implemented as resources allow. Progress in moving the Strategic Plan forward is articulated through our Health Service and Budget Management Plans, which are provided to the Ministry of Health. Every year, we update these Plans, the associated funding available, and specific strategies to be implemented over the coming three-year period.

Our Five-Year Strategic Plan identifies nine strategic priorities, as summarized below.

**Improved Health of High Needs Populations**

We focus on improving the health of the whole population by providing good public health protection, prevention and health promotion services. Most people VIHA serves are in good health, but there are significant differences in how healthy people are in different regions of our Health Authority. In general, the farther north people live, the more likely they are to experience poor health. We are focusing our efforts on high needs populations where the need for better health is clear, and where we have the ability to make improvements. These populations are: residents of remote and rural areas such as the Mount Waddington area; Aboriginal people; homeless/hard to serve populations; children and youth; and the frail elderly.

**Comprehensive Primary Health Care**

Primary health care involves health care providers working in teams to provide a range of everyday health services on a regular, ongoing basis to help people stay healthy and prevent injury, get better, manage illness or disease, and cope with the end-of-life. VIHA is developing a Primary Health Care system that is in accord with the recently developed provincial Primary Health Care Charter, and that will help relieve pressure on other parts of the health care system and provide more appropriate services to residents. Key to our success is finding better ways to manage chronic diseases like diabetes and heart disease. We will build partnerships with individuals, family doctors, nurse practitioners, community groups and governments and create integrated health networks designed to meet the needs of individuals and communities throughout VIHA.

**Improved Access and Patient Flow**

Our vision is for people to be able to navigate through our health system easily and quickly as their need for services change. While we have developed a number of strategies to deal with issues of patient flow, we continue to experience a number of challenges. We need a system-wide response that provides increased capacity as well as improvements to the way we deliver services. Improving patient flow is about using available capacity and resources effectively and reducing barriers to movement of patients, clients and residents through the system.
Enhanced Quality and Safety Performance
Improving the quality of our services and keeping patients safe are vital in all areas of health service delivery. Our intent is to focus on fundamental quality and safety processes where we continually improve services and patient outcomes. We have established an Office of Quality and Patient Safety, which will lead and support quality improvement and safety collaborations across the Health Authority, including assessment and measurement, standardization of care guidelines and processes, communication and knowledge translation.

A Sustainable Network of Hospitals
A sustainable network of hospitals will ensure that we can continue to meet the needs of the vast majority of VIHA residents as close to home as possible into the future. This involves clearly defining the level of services that can be expected at hospitals of varying sizes: remote, community, regional and tertiary (specialized). Strong linkages between our hospitals are important and will be facilitated by tools such as the electronic health record and telehealth. Linkages with other sectors of the health care system, such as primary health care, home and community care and mental health and addiction services are also critical to patient centred care.

A Centre of Excellence for Seniors’ Care
Vancouver Island has a higher proportion of elderly people than the rest of the province or the country. We have an opportunity to become a leader in seniors’ care through the delivery of a full spectrum of services, from prevention, primary care and disease management, through residential and home care services, to hospital and palliative care. We will work towards this by establishing and enhancing research partnerships, developing and applying best practices and engaging in ongoing education and training.

Integrated Mental Health and Addictions Services
VIHA provides a wide range of preventative, treatment and ongoing care services for people with mental health and substance use disorders, including specialized programs for young adults, seniors, homeless individuals and those with mental disabilities. Approximately half of those who have mental health issues also struggle with addictions. We are integrating these services so we can more effectively meet the needs of these people, who are at highest risk. Over the next five years we will continue to develop a continuum of mental health and addictions services.

A Healthy Workplace and Engaged Workforce
Our people are our most important asset - it is only with their help that we can meet our goals. Ensuring that we have the right number and mix of staff is by far the biggest risk we face, and it is vital that we are able to attract and retain qualified
people. We are redesigning care delivery models to optimize skills, knowledge and scope of practice for all health care professionals; developing forecasting tools to predict future staffing needs; implementing strategies to increase flexibility and career development, and continually looking for opportunities to engage managers and frontline workers in shaping our People Plan.

**Fiscal Sustainability and Innovative Business Models**

We are committed to maximizing efficiencies through thoughtful, evidence-based decision-making as well as to working with our staff to explore new ways of identifying and eliminating inefficiencies in the system. Our annual Health Service and Budget Management Plans outline how we will move ahead in achieving our strategic direction within our budget. We are actively seeking partnerships with all sectors to develop health-related innovative business models that may improve patient care.

Because our Health Authority is so varied geographically, and regional health needs are often different, this Plan also includes an integrated focus on three distinct geographic areas (North, Central and South) with specific details about communities in each area. We have assessed population and health status, studied the way services are used, developed forecasts for future capacity and established future strategic direction in each broad geographic area as well as by community.
Introduction

It has been seven years since the Government of British Columbia created five regional health authorities to govern, plan and deliver health services across the province. Since then, the Vancouver Island Health Authority has experienced substantial growth, significantly improved the coordination and integration of services, introduced a broad-range of community engagement processes, increased surgeries, decreased wait times and introduced many innovative practices and technologies across the entire spectrum of health care services.

Our long-term strategic direction reflects the need to shift from a health care system focused on managing illness to one that focuses on helping people stay healthy, and to deliver a seamless, integrated continuum of services that spans a spectrum from prevention to end-of-life care.

The initial draft Five-Year Strategic Plan to 2010 was developed in 2005. The final version of the Plan in 2006 reflected the comments brought forward through our extensive consultation with the people and communities we serve, and with our staff and physicians. The comments and suggestions we received are summarized below and reflect the diversity of our communities:

North Area

Mental health and addictions services were the number one concern in the North. Others included the need for improved transportation, continued access to emergency services, better access to specialty services, and enhanced primary care, maternity and prevention services.

Central Area

Comments we received here reinforced the importance of focusing on the needs of an aging population, including increased residential and home-based services. West Coast communities were concerned about transportation, maternity, health status and enhanced mental health and addictions services, as well as in establishing partnerships that might better address the broader determinants of health.

South Area

Resident comments included the need to maintain services at the Saanich Peninsula Hospital, increase home and community care capacity, and address the needs of the homeless people with mental health and addictions issues.
The individual, community and staff comments and concerns we heard during consultation provided a tangible direction that has helped to strengthen our plans. The consultation process also allows for tremendous dialogue and sharing between our staff and the public across the Island about the services and approaches that are working well and those where improvement is needed. We will continue to engage with our staff and communities throughout the life of this Plan about specific planning initiatives. In the next few years, we will again engage in a broad consultation with communities and staff across the Health Authority, to review what we have accomplished, to share our Plans and listen to current issues or concerns. A summary of the process undertaken in 2005 is included in Appendix A and some of the specific comments we received are included throughout the document.

**Accomplishments since 2005**

Since we developed our Strategic Plan in 2005, we have made significant progress in meeting our goals and improving and enhancing health care delivery for our residents. We have worked aggressively to provide more options to better meet the needs of seniors and other high needs populations such as aboriginals and remote residents, increase our surgical capacity, expand access to the latest technology, and plan for tomorrow’s infrastructure needs. We have also achieved a balanced budget each year. Some examples of accomplishments include:

**Developed Better Care for Seniors**

We have remained on-track to complete our portion of the Government’s 5,000 residential care bed initiative. VIHA has awarded contracts for the construction of new and replacement residential care and assisted living facilities throughout Vancouver Island, including publicly funded residential care and assisted living beds that are opening in the 2008/09 fiscal year. This includes 10 brand new, purpose built residential care and assisted living facilities with over 700 net new beds.

We have partnered to open the new Hillside Terrace and the Hillside Seniors’ Health Centre. This new housing and health complex provides seniors with affordable housing, health-care services and a caregiver respite hotel under one roof. It includes supportive seniors housing, a primary health care centre for adults over 55, the Piercy Respite Hotel and the Yakimovich Wellness Centre, which offers education, counseling and wellness programs.

We have also opened a new Geriatric Outpatient Clinic at Royal Jubilee Hospital and established a multidisciplinary Geriatric Evaluation Management Team at Nanaimo Regional General Hospital that links inpatients with community services to expedite discharge from hospital.
Improved Wait Times and Emergency Department Flow
Over the past year, the percentage of patients waiting longer than 26 weeks for hip replacements improved by 9% and patients waiting longer than 26 weeks for knee replacements improved by 16%.

Flow through our emergency departments is improving in VIHA as a result of a number of targeted initiatives including: outpatient services; enhanced rehabilitation; geriatric outreach services; and new patient management policies.

Focused on the Needs of Aboriginal Populations
VIHA has a number of innovative partnership initiatives underway with First Nations groups - including the signing of a First Nations Telehealth Partnership Agreement with the Inter Tribal Health Authority. This is the first of its kind in the province of British Columbia. We have also developed an Aboriginal Health Plan that includes a range of strategies focused on improving the overall health of Aboriginal residents by improving partnerships and changing the way we deliver services.

Collaborated to Address Community Health Needs
Work with the Mount Waddington community has resulted in the development of a multi-stakeholder Health Network, a sustainable transportation strategy, and a plan for an integrated service delivery model which includes innovations such as “health care without walls” which is a shift towards team-based care, delivered where the patient needs it most rather than only at a hospital.

Developed Primary Health Care and Chronic Disease Management Plans
To guide the creation of improved health services, we have developed integrated Primary Health Care and Chronic Disease Management Plans. Building on pilot projects funded by the Federal Government, these plans identify key at-risk populations and under-served communities that would most benefit from enhanced services. The plans also include strategies aimed at better supporting physicians who serve patients with multiple, chronic illnesses.

Enhanced Supports for Youth and Adults with Mental Health and Addictions Issues
VIHA has made a significant investment in addressing youth addictions by adding full-time community-based counseling positions and residential stabilization and withdrawal management beds in communities across the Island (17 in total). We have also increased our adult Mental Health and Addictions resources across the Island, including: new community and specialized beds, an Integrated Mobile Crisis Response Team in the South Area, and supporting the recommendations of the City of Victoria’s Mayor’s Task Force on Homelessness.
Improved Planning and Investment in our Hospitals
We have been involved in significant planning for, and investment in, hospital services since 2005:

• After considerable consultation and deliberation, in September 2006, the VIHA Board made the decision to develop a new North Island Regional Hospital. As we do not have community support for this option, ongoing discussions are currently underway to find a sustainable solution to address the growing acute care needs of North Island residents.

• In May 2007, VIHA received approval to construct a new, state-of-the-art, LEED (Leadership in Energy and Environmental Design) Gold patient care centre at Royal Jubilee Hospital (RJH). This centre will become a magnet hospital that will replace the aging patient room infrastructure at RJH.

• In September 2007, the brand new $16 million perinatal wing at Nanaimo Regional General Hospital (NRGH) was officially opened. The new centre includes 15 labour/birthing rooms and a Level 2 special care nursery.

• In April 2008, construction of a new emergency department began at Victoria General Hospital. It will be triple the size of the current facility and will provide tertiary level emergency, trauma and pediatric care for all VIHA residents.

• We have also focused on the role that primary health care and chronic disease management can play in relieving the pressure on the health care system and improving hospital services.

• Saanich Peninsula Hospital was identified as a first priority for future service planning following a Community Hospitals review. Focused and collaborative planning was initiated with physicians and staff in January 2008, resulting in the development of an emerging vision for the hospital’s future role.

Developed a Plan to Recruit and Retain our Talented Staff
We have identified human resources as our most critical risk and developed our *People Plan*, which outlines strategies to ensure VIHA has the appropriate number and type of staff, now and into the future.

We are proud of the progress we have made to date, but recognize the importance of looking beyond immediate needs, and working closely with our staff and communities to anticipate and prepare for the needs of the future. This is why we have updated our Five-Year Strategic Plan to 2013. Our health care system must evolve as innovation and technology is introduced, and our goal has been to establish a vision that will allow us to better meet the needs of our population and ensure services are sustainable over the long-term.
This Plan outlines the vision, mission, values, goals and strategic priorities that will guide us over the next five years. We use our strategic priorities, together with the health sector priority initiatives identified in the Government Letter of Expectations, to develop our annual work plan and build our operational Health Service and Budget Management Plans. Implementation of this Plan will be adjusted to reflect operating and capital resources. We have included a Glossary of Terms at the end of this document to provide further detail and explanation.
### About the Vancouver Island Health Authority

VIHA provides health services to over 752,000 people (2008) across a widely varied geographic area of approximately 56,000 square kilometers, including Vancouver Island, the Gulf and Discovery Islands and part of the mainland opposite northern Vancouver Island (see Figure 1 below). An important part of our mandate is to serve the many remote and isolated communities in our region that are only accessible by water or air.

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

**Figure 1: Map of the Vancouver Island Health Authority**
Services We Provide

VIHA employs or contracts with approximately 17,000 health care professionals, technicians and support staff, and 1,640 physicians. We operate 138 facilities in a network of hospitals, clinics, health care centres, health units, and long-term care facilities. We have approximately 1,500 acute care and rehabilitation beds and 5,700 residential care beds and assisted living units. In 2007/08, we had an operating budget close to $1.6 billion, which primarily comes from the Ministry of Health. Many of our services are provided through affiliates and partnerships with communities, other agencies and other levels of government. We provide services in the following health sectors.

Population Health

We recognize the vital role the broad determinants of health, such as shelter, education, food and income, play on improving people’s health. Understanding the health determinants of a population is important in preventing illness, disability and injury. Population health strives to identify populations in need or at high-risk, and to design appropriate services for them. In VIHA, high-risk populations include: the homeless/hard-to-serve, the frail elderly, children and youth, Aboriginal people, and rural and remote populations.

Our focus on improving the health of our whole population includes providing good prevention, protection and environmental programs that target issues such as food safety, clean air, water quality, infection control and communicable disease prevention and promoting healthy lifestyles that target high-risk situations and behaviours, such as healthy choices during pregnancy, safe sex, alcohol and risk-related trauma in youth. We also provide a range of health services to infants, children and youth, including information, education and supports to keep them healthy and provide treatment for illness or addiction.

Mental Health and Addictions

VIHA provides mental health and addictions services that cover the full spectrum of prevention, treatment and ongoing care for people of all ages who have mental health and substance use disorders, including specialized programs for young adults, seniors, homeless individuals and those with mental disabilities. Approximately half of those who suffer from serious mental illness also have substance abuse problems (National Alliance on Mental Illness 2008).
Primary Health Care

Primary health care involves health care providers working in teams to provide a range of everyday health services on a regular, ongoing basis to help people stay healthy and prevent injury, get better, manage illness or disease, and cope with the end-of-life. A comprehensive primary health care system relieves pressure on other parts of the health care system and provides more appropriate services to residents. Primary health care is built on partnerships among individuals, family doctors, nurse practitioners, community groups and governments and creates a network of services designed to meet the needs of individuals and communities throughout VIHA. We have implemented an Expanded Chronic Care Model to provide ongoing, integrated and consistent care to individuals across the Health Authority with chronic diseases such as asthma, diabetes, and heart disease.

Acute Care and Rehabilitation

Acute care is specialized care that is provided for a brief but severe episode of illness, or for conditions that result from disease, trauma, surgery or childbirth. VIHA provides acute care services in thirteen facilities throughout the Health Authority. The type of acute care varies considerably, depending on the size and location of each facility, ranging from basic primary care to complex surgery. We are in the process of defining more clearly the level and type of acute services that will be available at all facilities, as well as the linkages between them. We provide a range of acute care services, including:

- Emergency and trauma care;
- Surgery;
- Medical and critical care;
- Diagnosis, laboratory and pharmacy services;
- Maternity and pediatric care;
- Rehabilitation services;
- Cancer care; and
- End-of-life/palliative care.

Home and Community Care

Home and Community Care serves adults in residential care, home based care, palliative care and community services who need help with activities of daily living such as dressing, bathing, toileting, eating and moving from and into a chair or bed. People who need these services include: elderly people with physical disabilities and limitations or cognitive disabilities such as dementia, and younger individuals with mental and/or physical health issues resulting from injuries, illnesses or congenital conditions. The services we provide in this sector typically include residential services, transitional care, home-based care, palliative care and community programs.
Governance and Organization

A nine-member, government-appointed Board of Directors governs VIHA. Working with the Board, and headed by our President and Chief Executive Officer, our Executive Team, in consultation with staff, establishes the strategic direction for the Vancouver Island Health Authority. VIHA is responsible for meeting the health needs of the population of the region in an effective and sustainable manner.

The Executive Team provides leadership in planning, managing, delivering and evaluating health services across the entire region, and in collaboration with the British Columbia Ministry of Health. Our Executive establishes specific performance objectives and works to ensure they are met or exceeded (see Appendix B for Organizational Charts).

Under the leadership of the Executive Team, many physicians, VIHA staff, and senior leaders are working together toward the goal of a fully integrated organization across all our communities. Our Integrated Health Services Model encompasses five clinical portfolios, each of which is co-led by an Executive Medical Director and an Executive Director, who have joint responsibility and decision-making power for programs and services across the Health Authority. Our clinical portfolios are: Primary Health Care, Population and Family Health; Pharmacy, Diagnostic and Surgical Services; High Intensity and Rehabilitation Services; Continuing Health Services; and Medicine and Community Hospitals. These portfolios are founded on the principle that it is best to: plan regionally, deliver locally. Through this model, we:

- Facilitate the development of integrated authority-wide services;
- Respond effectively to the needs of patients, residents and clients;
- Provide consistent levels of access, quality, and safety across our system;
- Increase the participation of staff, clinicians and other stakeholders in decision making; and
- Improve communication across our system.

We plan, manage and monitor services in a consistent way, focused on the needs of people in every area of the Health Authority. The level of services may differ by size of community, but each community is part of a larger network that provides consistent access to all services. Linkages and integration within local communities, and between service providers are critical. Our aim is for people to be able to navigate through our health system easily and quickly as their need for services change.
We support the direct care health services we provide with a number of corporate and infrastructure services including:

- Finance and Risk Management;
- Planning and Community Engagement;
- Performance Monitoring and Improvement;
- Research and Academic Development;
- Operations and Support Services;
- Human and Physician Resources;
- Professional Practice and Nursing;
- Information Management/Technology;
- Capital;
- Quality and Patient Safety; and
- Communications.
A Vision for the Future

In collaboration with physicians and staff across the Health Authority, VIHA has established a vision statement, mission, and a set of fundamental values that provide the strategic context for the VIHA Five-Year Strategic Plan.

VISION: Healthy People, Healthy Island Communities, Seamless Service.

MISSION: To serve and involve the people of the islands to maintain and improve health.

VALUES: As health care professionals and service providers we are committed to:

- **Care, Compassion and Respect:** Of fundamental importance to us as health care professionals and service providers is care, compassion and respect for the well-being and dignity of all those we serve and work with.

- **Quality and Excellence:** Our highest priority is quality in the services we provide. We continue to strive for excellence, and are committed to evidence-based improvements.

- **Competence and Knowledge:** We ensure we have the knowledge, skills, and tools, to respond to service needs and improve the health of the population, now and in future.

- **Partnership and Collaboration:** We recognize that the delivery of health care is complex and relies on the connection and collaboration of many. We work in partnership and share responsibility with our colleagues, clients, communities, and government organizations to integrate services and improve population health.

- **Integrity, Accountability and Ethics:** We fulfill our duties and obligations and honour our commitments to each other and to every person we serve. We communicate with openness and honesty. We hold ourselves to the highest ethical standard in our work and take responsibility for the consequences of our actions.

- **Creativity and Innovation:** We fill needs creatively and seek new ways of looking at old problems. We support advancements in health by seeking, facilitating and promoting learning, research and education.

- **Pride and Recognition:** We value everyone's contribution and commitment to excellence. We demonstrate pride in self and in our organization.

- **Diversity:** Our programs recognize and accommodate the unique needs of diverse populations.

- **Client Focus and Integration:** We strive for a seamless system readily navigated by our clients.

- **Sustainability:** We must be wise in balancing the services we provide with the resources available in order to ensure a sustainable system. We invest in what is effective in meeting needs, and we ensure that services are managed with efficiency.
Achieving our vision.

This is what our health system will look like once our vision has been achieved.

Healthy People, Healthy Island Communities, Seamless Service.

We envision:

- A health care system that treats everyone with respect and dignity;
- Clients who are well informed and fully involved in decisions about their health;
- A system that helps people move easily and quickly through it;
- Services that are appropriate and meet the health needs of the population;
- Patient and client records that are available electronically to authorized health service providers and to the individual anywhere, anytime so people don’t have to repeat health histories or tests for each service provider they see;
- People taking increasing responsibility for their own health;
- Clients able to access quality care or service no matter where they live;
- Clinical decisions that are supported by readily accessible evidence;
- Multidisciplinary health centres that provide a range of services, including those that promote good health, and prevent and screen for illness, 24 hours a day, 7 days a week;
- Clients who live in the community as long as they are able and wish to do so;
- Clients having residential care options that respect their privacy, dignity and choice;
- More options for end-of-life care;
- Inpatient hospital services appropriate for those who are very ill or have complex care needs;
- Patients who stay in hospital only as long as they need to; and
- Reasonable waits for surgeries and wait lists that are managed based on medical criteria.
The Population We Serve

Where people live

Approximately 752,000 people of all ages live within the boundaries of the Vancouver Island Health Authority, which is 17% of the entire population of British Columbia (BC).

Approximately 50% of our population lives in the South area, 35% in the Central area and 16% in the North area. By 2013, our population is projected to grow by 4.9%, or 36,807 people. The most significant population growth is expected to occur in the Central area, which will see an increase of 5.9% by 2013. Communities that will experience significant growth include: Sooke, Qualicum, Nanaimo, Courtenay, and Gulf Islands.

Variations in health

People who live in VIHA are relatively healthy compared to the rest of the province and the country, but there is a significant variation in health, from one region of Vancouver Island to another. Those in the South are as healthy as people living in the rest of the province, but farther north and within certain demographic groups, such as Aboriginal people and the homeless population, health status worsens (see Appendix C).

Research has shown that variations in health depend on a wide range of factors in addition to health services, including: genetics; safe and affordable housing; working conditions; income; social status; physical environment; transportation networks that allow people to access services; personal health practices; and coping skills. In fact, living and working conditions may have a larger impact on people’s health than health services do. Societies that are prosperous and have an equal distribution of wealth have the healthiest populations regardless of how much they spend on health services (Regionalization Research Centre 2000).

BC’s Provincial Health Office has repeatedly supported this relationship, showing that regions with the highest levels of education have the lowest levels of poverty, least unemployment, and highest rate of healthy lifestyle choices. VIHA’s own data suggests a strong relationship between health status, employment and income.

The relationships between income and health are complex. It is easy to think that lower income groups have poorer health simply because living conditions are worse, but that doesn’t explain why health can be different within socioeconomic groups. Some research has shown that the amount of control people have, especially in stressful situations, influences their health. Higher income and status gives people more options, which may result in greater control and better health.
According to research, the most appropriate and effective way to improve overall population health status may be to improve the health of those in lower socio-economic status groups (Health Disparities Task Group, 2005). One of the challenges in doing this is providing services in a way that helps people feel welcome and willing to use them. Preventative programs have been shown to be more effective for people with higher socioeconomic status, even though lower status groups need these services more (Lewis, 2005).

We cannot solve future health problems solely by providing health care services. Broad determinants of health such as shelter, education, food and income also have a profound effect. We will continue to work with community partners to begin to address these broad issues. We will build on our work in the Mount Waddington area where we have begun to work with the community to develop plans that address the greatest health needs in a creative and sustainable manner.

As we work towards our vision, we will continue to provide the whole spectrum of health services to people of all ages. We will focus particularly on high-risk populations where the need for better health is clear, and where we have the ability to contribute to meaningful improvements in health.

**Impacts of an aging population**

The most notable difference between VIHA’s population and that of the rest of the province is age. An older population is one of the most significant challenges we face now, and will continue to face for at least the next twenty years (Figure 2).

About 9.0% of the people we serve are 75 years old or older (compared to 6.9% for the province). Roughly 2.7% of our population is aged 85 and over (compared to 2.0% for the province). Currently, most elderly people live in the South, but the largest area of growth for this age group is projected to be in the Central Area, where we expect a 26.6% increase in residents aged 85 and older by 2013.

In addition to a growing population of seniors, baby boomers (currently between the ages of 43 and 62), make up approximately 31% of our population. By 2010, the first wave of baby boomers will be nearing 65, and as they age, they will put more pressure on nearly every facet of our health care system. While the overall impact of an aging population on our health system is still unclear, we anticipate that demand for more options and choices will increase dramatically.

There is a cohort of healthy seniors who are living longer, healthier lives. These seniors are well informed about health care options, and are accustomed to taking responsibility for their own health. It is important that we develop services that support seniors to live healthy lives staying in their own homes as long as possible, such as wellness programs and chronic disease
management services, home and community care, and options for residential care that allow people to age in place.

**Figure 2: Cumulative Population Growth (1990-2036)**

![Cumulative Population Growth Graph](source: P.E.O.P.L.E. 32)

**Chronic Conditions**

While more seniors are living healthier lives, research shows that chronic conditions are more frequent in the elderly. These include: depression, diabetes, hypertension, congestive heart failure, renal failure, and asthma. Compared to other health authorities in British Columbia, VIHA already has the highest proportion of people with a confirmed chronic condition. As our population ages, the needs of people with chronic conditions are expected to place increasing demands on health care providers and the health care delivery system (Broemeling, A., et al., 2005).

The Institute of Medicine (2001) has identified managing chronic health conditions as a key challenge for health care systems across Canada during the twenty-first century. Evidence suggests that people with chronic conditions in most places in Canada and around the world do not receive the right type of care. Care for chronic conditions has been described as:

> A poorly connected string of episodes determined by patient problems. Physicians, hospitals, and other health care organizations operate in silos, often providing care without the benefit of complete information about the patient’s condition, medical history, services provided in other settings, or medications prescribed by other clinicians (Institute of Medicine, 2001).

Research shows that people with chronic conditions, use proportionally more services than those with acute conditions (Broemeling, A., et al., 2005). Elderly patients, many of whom
enter our hospital system through emergency rooms, often have multiple chronic conditions. They need prompt assessment and treatment, but an acute care hospital may not be the best place for them over the long term. Many areas in Canada, including ours, are experiencing a system-wide challenge in managing patient flow (ensuring that people are being treated efficiently in the right place, with the right kind of services, at the right time). Elderly patients especially, may not always receive timely care to meet their needs in the most appropriate setting.

As reported in BC’s Primary Health Care Charter, in 2005/06 people with chronic conditions represented approximately 34% of the BC population, however, these individuals used approximately 80% of the combined Physician Services, PharmaCare and Acute Care budgets (Ministry of Health Services, 2007). In VIHA, only 9% of our population is aged 75 and over, yet they account for 43% of days in hospital (Figure 3).

**Figure 3: Proportion of Population, Inpatient Cases, and Inpatient Days by Age Group (2006/07 Discharge Abstract Database)**

Research and experience show that integrating services is the most effective way to meet the needs of an elderly population with chronic conditions (Reid, H.J. and McKendry, R., 2002). Improved integration should result in people using more preventative services, reducing their use of emergency and acute services, and having better outcomes and increased satisfaction.

As well as better managing services for our current and future population with chronic diseases, it is important that we help prevent or reduce chronic diseases in younger people. In VIHA, we continue to focus on issues such as childhood obesity and smoking among children and youth, in order to reduce the incidence of chronic conditions.
Health System Trends and Challenges

Public Expectations and Service Demand

Around the world, health care consumers are becoming increasingly engaged in their own health care. Public expectations of health services are also rising as a result of improved access to information about health conditions and treatment options. There is increasing pressure to fund new technologies, drugs, and clinical interventions, regardless of effectiveness or cost benefit. We must be critically selective about which new technologies and interventions to adopt.

There is growing tension between a collective responsibility for health care and one that requires people to take greater personal responsibility for their lifestyle choices. As well, there is ongoing debate about the impact of people having the option to pay to access more timely services. Although we plan services based on demographics and health needs, it is important to be aware of these broader expectations and demands for services. Our ability to implement changes in current service delivery is significantly impacted by these public expectations. We recognize the importance of sharing information about programs and services with the public. It also contributes to a broader and shared understanding of the challenges facing health service delivery and what we need to do to address them.

New Technology and Innovation

Another global trend that has significant local impact is the rapid evolution of technology for diagnosis and treatment. Technological advancements provide new opportunities in delivering health care – and new challenges in funding. Keeping up with the pace of change can be very expensive, and can have effects on service delivery, both on capacity and human resource requirements. Our challenges are to remain current with emerging technologies, understand their impact on services, and be able to adopt and distribute them appropriately. Introducing new technology and innovation may require the development of new space, new care delivery models, new standards, and new staff skills.

Information Technology

Advances in communications and information technology have created a tremendous new opportunity to improve our health care system. The Electronic Health Record allows information to flow between facilities, services, providers and consumers, and will allow us to create a system that is more collaborative, more responsive and more efficient. Since several health agencies were amalgamated to form the Vancouver Island Health Authority in 2001, we have been working to make it easier to transfer information in a standardized way by:

- Creating an electronic health record;
- Developing a common communications network;
• Integrating business processes and standardizing policies across our organization;
• Standardizing the use and application of software such as payroll and health records systems across the Health Authority;
• Creating funding sources to acquire and implement improved technology; and
• Developing an automated trigger system for reassessments of patients in emergency.

Each of these initiatives involves significant investment and human resources. Realizing the value of implementing and supporting the ongoing use of information management and technology investments will depend on our system and staff capacity to manage concurrent change.

**Green Health Care**

Green health care is a new global trend and priority area for the Province. Its focus is to minimize the adverse environmental and human health impact of Canada’s health care system. We are already taking steps to become a greener health care organization by applying the Leadership in Energy and Environmental Design (LEED) Green Building Rating System to new facilities. We have also partnered with BC Hydro and Natural Resources Canada to reduce our energy consumption, and are exploring other partnerships to reduce greenhouse gas emissions and develop effective environmental management systems. The challenge for the Health Authority, as for other health care organizations, will be to accommodate the current and future costs to ‘greening’ our organization.
Risk Assessment

On an annual basis we review the risks associated with the successful implementation of this Plan. For each risk, we assess the likelihood and consequences, and develop mitigation strategies. The following is a summary of our highest risks and our strategies to address them.

Human and Physician Resources

Risk: The most critical risk facing our organization is not having sufficient qualified staff and physicians to provide services into the future, particularly in some specialist areas and in many rural communities. This is not a challenge unique to VIHA as there is an international shortage of physicians and other health care professionals.

Ensuring that we have the right number and mix of staff in the right location is by far the biggest challenge we face. VIHA employs excellent staff, however in some occupations and locations, we are experiencing staff shortages. There is a ripple effect when we experience shortages and vacancies, with increasing workplace stress and burnout, higher frequency of injuries and sick time, and poor morale and communication. Attracting and retaining excellent staff is our number one priority.

Recruiting and keeping nurses, family physicians and specialists, especially in the North, has been a major challenge. In the Central and North Areas of VIHA there are fewer family physicians providing full-service family practice and demands for continuity of care and chronic disease management are challenging family physicians to change the way they practice medicine.

Mitigation Strategies: We have developed a human resources strategy called the People Plan, which outlines our approach to retaining and recruiting the staff we need to deliver quality services to VIHA residents. We recognize the importance of creating a work environment where people are safe, healthy and able to enjoy the work they do, so we can keep the talented staff we already have. Over the next five years, we will continue to make this plan operational and assess and update on an annual basis.

We have also developed a Physician Resources Plan, which identifies current and projected gaps using a population-based approach, highlights potentially difficult-to-fill positions and high-risk resource gaps, and proposes recruitment and retention strategies to mitigate these risks. In the future, the Physician Resources Plan will integrate with our People Plan, taking into account the potential impact on other health care provider resources and operations when physician volumes change. This supports a multi-disciplinary approach to service delivery that will better manage future demands.
Adequate Funding

**Risk:** Across Canada and around the world it is a reality that fiscal resources will not be able to satisfy all needs, demands and expectations. Health care management is about balancing priorities with resources. Achieving VIHA’s Five-Year Strategic Plan is dependant upon available fiscal resources for both operating and capital requirements. VIHA is no different than any other jurisdiction in Canada as we strive to support the level of growth required to meet the needs of our aging population, as articulated in this Plan, with the resources available to us. Other financial pressures include: increases in wages and benefits, inflationary costs related to new technology, medical supplies and drugs, increasing activity in hospitals, necessary investments in facilities, equipment and service growth and maintenance of existing infrastructure. Our ability to deliver on the strategic priorities as outlined in this Plan within the timeframe and with available resources is a significant risk.

**Mitigation Strategies:** We are exploring future funding commitments, particularly for the significant residential care capacity required over the next five years to meet the needs of our aging population. Progress in moving the Strategic Plan forward is articulated through our Health Service and Budget Management Plans, which are provided to the Ministry of Health. These Plans, and the associated funding are updated annually and include specific strategies planned for the next three-years.

Every year, we use a Program Budgeting and Marginal Analysis approach to prioritize our internal budget by disinvesting in areas that are providing little or no value in order to reinvest in areas of priority. We do this while continuing to seek feasible funding alternatives that include working with not-for-profit agencies, leveraging existing assets, developing new ways to deliver service, and exploring public private partnerships.

Patient Flow

**Risk:** The flow of patients through the health continuum has been identified as a significant risk to VIHA. Elderly patients, many of whom enter our hospital through the emergency room, often have multiple chronic conditions. They need prompt assessment, treatment and movement out of acute care. While we have already added, and are in the process of adding significant additional residential capacity to the system since 2005 (839 beds), we are predicting significant need beyond 2008 as a result of the aging and growing population. Inefficient patient flow through the system results in reduced staff morale and impacts patients access to services, increasing wait times and reducing satisfaction with services.

**Mitigation Strategies:** We have engaged in significant planning to address long-term patient flow requirements. We have multidisciplinary teams monitoring patient flow indicators on an ongoing basis, and have recently implemented various improvements, including outpatient services, enhanced rehabilitation, geriatric outreach services and innovative patient management tools.
Adequate Infrastructure Supports

Risk: Innovation and new technology provide a tremendous opportunity to improve our health care system. As we move forward with plans to improve services, we need to ensure that we maintain a solid foundation in place for our staff to deliver quality care on a daily basis. Staff members have identified risks to services resulting from issues such as having sufficient equipment, linen, medications and supplies available when needed, and clean and clutter free workplaces.

Mitigation Strategies: We will be investing in the necessary basics by: continuing to monitor and enforce standards with our third party service providers who provide housekeeping and food services; focusing on patient care areas to ensure that hallways are clutter free; and placing greater emphasis on replacing obsolete clinical equipment.

Managing Concurrent Change

Risk: Healthcare is a rapidly evolving environment. Improvements in system design often occur in the midst of a number of other changes and challenges. Trying to do too much at once can have the unintended consequence of reducing the effectiveness of any one change or initiative. There is a risk that multiple demands for change and improvement across sectors and programs may decrease efficacy of intended results.

Mitigation Strategies: We are strengthening linkages between the Health Authority’s plans, increasing in-house change management expertise to develop change management strategies, and implementing change at a pace that will minimize staff and system stress while maximizing opportunities for increased success.

Summary of Risks

We have identified significant risks that may impact the successful implementation of this Plan over the five-year period. Those of greatest concern include having sufficient staff, physicians and fiscal resources to support the level of service growth required to best meet the needs of our aging population into the future. A number of strategies are underway to mitigate these risks. Over the next year we will actively monitor these risks and develop service scenarios and further plans to address them.
Our Planning Process

History tells us that the way we deliver health care in the future will be vastly different than it is today. If we had based our planning on a straight-line projection of the hospital use of the early 1980s, we would have over built today’s system by about twice our current beds – over a period when changing technology and less invasive procedures have reduced the need for long hospital stays. As we plan for the future, VIHA must look beyond the way services have always been delivered and find new ways to meet the challenges we face.

Our Strategic Plan provides a high-level description of our goals and strategic directions until 2013. It is not intended to provide specific implementation plans or outline detailed actions, but to provide a guide and yardstick as we proceed. It is the core of our overall planning, monitoring and budgeting process, providing the strategic direction for the Health Authority. The Plan incorporates:

- Population demographics and health needs of each community throughout VIHA;
- Feedback provided through our community engagement processes;
- Information from capacity and forecast modelling of health services into the future;
- Organizational risks; and
- Emerging system trends and challenges.

To achieve our long term planning goals and strategic direction, we recognize the need to continually adjust our plans as required to reflect current operating, capital and human resources. Managing change processes effectively is essential so staff and systems are not overwhelmed.

We review and update our Strategic Plan every year to reflect new data, information and emerging priorities, and periodically extend its scope to ensure that we are never looking less than three years ahead. We implement strategies as funding permits. The Strategic Plan guides the development of our more detailed three-year Health Service and Budget Management Plans and specific infrastructure plans. These plans outline how we will achieve the strategic direction and meet our goals. Below is an overview of the plans that guide the organization.

- **Five-Year Strategic Plan:** Provides high-level goals and strategic priorities to guide the organization. It is reviewed annually and updated every three years.
- **Infrastructure Plans:** These plans are linked to the Strategic Plan, describing how we will enable the strategic direction to be achieved. They include:
  - **Capital Plan:** Guides us in acquiring and managing capital assets in the most effective and efficient manner possible.
- **Information Systems Plan**: Addresses how we can provide timely, easy-to-use, secure access to a comprehensive, client-focused information system.

- **Human Resources (People Plan)**: Guides us in recruiting and retaining staff, and providing a healthy workplace.

- **Physician Resources Plan**: Focuses on projecting the future need for physicians and strategies to meet the needs.

- **Quality and Patient Safety Plan**: Focuses on keeping patients safe and improving the quality of services we provide.

- **Health Service Plan**: A requirement of the Ministry of Health, this plan includes achievable strategies in the context of the Strategic Plan and the funding available. This is a three-year Plan with a focus on the coming year.

- **Budget Management Plan**: Also a provincial Ministry of Health requirement, our three-year budget and financial plan is updated every year along with the Health Service Plan.

The following figure shows the major components of VIHA’s strategic planning process.

**Figure 4: VIHA Strategic Planning**
**Goals and Strategic Priorities**

In order to meet the challenges we face and provide the kind of health care our residents need, we have established three broad goals that are anchored in our Vision, Mission and Values. These are long-term goals that will remain constant over time, are consistent with Ministry of Health goals, and align with health care improvement priorities at the national level.

To ensure that we make consistent progress towards our long-term goals, we have developed nine strategic priorities. These are targeted to the most pressing needs and issues in the Health Authority and guide the development of specific actions and infrastructure changes. We review our strategic priorities and the risks we face in achieving them every year, updating them if necessary to address emerging challenges or issues. The three-year Health Service and Budget Management Plans, which we provide to the Ministry of Health, are developed in the context of our Strategic Plan and expectations set out in the Government Letter of Expectations. An organizational work plan with strategies, performance measures and targets, as well as individual staff performance plans, flow from these annual plans. We track our progress in achieving our goals through our Performance Scorecard, which is available at [http://www.viha.ca/about_viha/accountability/goals_and_performance_measures/](http://www.viha.ca/about_viha/accountability/goals_and_performance_measures/).

**Figure 5: VIHA Goals and Strategic Priorities**

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“Delighted to read/hear that VIHA is shifting its focus from reactive to proactive healthcare as evidenced by its priorities.”
Goal 1: Improved Health and Wellness of Residents

We will work with community partners to support residents of VIHA as they pursue better health through protection, promotion and prevention activities.

Our focus on improving the health of our whole population includes providing good prevention, protection and environmental programs that target issues such as: food safety; clean air and water; infection control; communicable disease prevention; and promoting healthy lifestyles that target high-risk situations and behaviours.

We recognize that our ability to have a positive impact on the health and wellness of our residents depends on a vast array of factors, some of which we have little control over (such as housing, employment, and education). We know that in order to begin to address all the factors that affect health and the health status inequities that exist within our Health Authority, we need to develop strong partnerships with organizations such as municipalities, school districts, Aboriginal organizations, Regional Hospital Districts, the RCMP and the BC Ambulance Services. In order to develop effective partnerships, we need to work in a new, collaborative way, that is welcoming, compassionate and respectful of cultural differences.

The basis of our health and wellness efforts is our population health strategy, but we believe that a focus on wellness can, and should, inform every part of our health system. Our aim is to rebalance the continuum of care away from treating illnesses to promoting health and wellness.

Goal 2: Quality, Patient Safety and Client-Centered Care and Services

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

Centering health care on our clients requires a significant change in the way we do things. It means:

- Putting sustained attention on clients’ needs rather than on the needs of service providers, as we plan, manage and deliver health services;
- Respecting clients’ values, preferences, cultural differences and needs
- Providing care that is safe, well coordinated and integrated;
- Keeping people informed and involving them in decisions about their care; and
- Making sure clients are comfortable and have timely access to care, and providing the information and support they need to navigate the system.
Our goal is to create a health care system where client safety is part of everything we do, and where clients receive the right care and service, in the right setting, by the right provider, at the right time. This system-wide focus will be achieved through specific initiatives across the Health Authority, from health promotion and chronic disease management programs to emergency surgery and long-term care. Focusing strategically on actions that change the way we provide services will help create a health care system that provides a better experience for all our patients, clients and families.

**Goal 3: A Sustainable, Affordable, Publicly Funded Health System**

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

Our aim is to plan our services in a realistic way, based on the people we serve and their health needs – now and in the future. We will deliver those services efficiently, in a way that is sustainable and affordable, and that meets expectations that have been established for the Health Authority by our Board of Directors and by the Ministry of Health. We will create a workplace where people feel valued, safe and inspired to do their best.

We will plan and deliver care and services in a manner that is of high quality and safe for our patients as well as sustainable in terms of human, information management/technology, capital and financial resources. Our focus is to:

- Ensure we have the physicians, health care professionals and support staff we need to provide services into the future. Our aim is to create a workplace where there is the right mix of staff and physicians; all employees are safe, respected, and valued; there is work-life balance; and people can grow and develop as professionals and leaders;

- Realize the value of implementing and supporting information management and technology investments. Our aim is to establish key building blocks for a regional information infrastructure to support integrated, quality patient care;

- Ensure that our facilities are in good order and able to support modern medical equipment, as well as develop new buildings that are purpose build to meet the needs of the population, such as facilities that are more elder friendly and that meet new environmental standards incorporating ‘green’ designs. Make the most of our capital and financial resources is a vital component of sustainability; and

- Improve the quality of our services and keep patients safe - vital in all areas of health service delivery. Our intent is to focus on fundamental quality and safety processes where we continually improve services and patient outcomes.
Strategic Priority: Improved Health of High Needs Populations

What We are Doing Now

A healthy community is one that makes it easier for residents to live a high quality of life. At the core of any healthy community are clean air to breathe, safe water to drink, nutritious food to eat, safety and social support, and physical activity.

Our focus on improving the health of our whole population includes providing good public health protection, prevention and health promotion services. These programs have always played, and will continue to play, a key role in improving health so that the burden of diseases and injuries is reduced both now and in the future. Our public health programs have also made major contributions to improving the overall health of individuals and the population as a whole by providing basic support at the community level. One of the challenges in delivering these programs is to ensure that we reach the target populations with the highest need.

Where We Are Heading

We have developed a Population Health and Wellness Strategy that recognizes the importance of quality of life in our communities. It outlines a collaborative healthy-communities initiative, which will help VIHA continue to focus on the health of everyone who lives in the Health Authority as well as targeting the health needs of unique populations.

Our aim is to support people of all ages to take responsibility for their own health by providing easy access to health information, coaching and recognition of success, and providing better access to health promotion and disease prevention services. We will work toward:

- Improving maternal health and reducing or eliminating the use of alcohol, substances and tobacco in pregnancy;
- Enhancing healthy childhood development;
- Improving services to address youth mental health and addictions;
- Increasing physical activity and improving nutritious eating;
- Reducing obesity; and
- Reducing the prevalence of tobacco use.

Most people we serve are in good health, however there are significant differences in how healthy people are in different regions of our Health Authority as well as in different
populations. In general, people living in rural and remote areas on the west coast and northern areas of the island are more likely to experience poorer health.

We have identified priority populations where the need for better health is clear, and where we have the ability to make improvements. They are:

- Rural and remote residents;
- Aboriginal people;
- Homeless/hard to serve populations;
- Frail elderly; and
- Children and Youth.

**Rural and Remote Residents**

We will continue to work in collaboration with government, communities and Aboriginal partners to develop and implement strategies to improve the health of Aboriginal people and rural and remote populations.

We have undertaken significant work in the Mt. Waddington area where health status has been identified as relatively poor. We are active participants of the Mount Waddington Health Network, which is identifying priorities and developing strategies to best improve the health status of their communities. We will also work with community partners and service providers to improve the appropriateness, integration and coordination of services. We recognize the need for, and will develop, a rural health services framework to guide improvements to health services that respond to the unique needs of all our rural and remote communities.

**Aboriginal People**

We will work collaboratively with Aboriginal communities throughout the Health Authority to define and improve their health. As we implement our Aboriginal Health Plan, VIHA has an opportunity to lead the way in creating innovative and effective partnerships that will effect real change and lead to improved health for Aboriginal people. In order to provide better coordination, integration of services and continuity of care for Aboriginal people, we have established an Aboriginal Advisory Council to provide input and advice to VIHA about how we can best address Aboriginal health issues. We will also provide staff across the Health Authority with cultural safety education to support cultural diversity and improve the service experience of Aboriginal people.

**Homeless / Hard to Serve Populations**

We will continue to partner and develop actions to address homelessness in our communities, and continue to support recommendations in the Victoria Mayor’s Task Force on Homelessness report. We will also work with municipalities across the Island to develop
programs and plans to address homelessness, mental health and addictions within the context of community planning and a ‘housing first’ approach.

Frail Elderly

VIHA has a higher proportion of elderly residents than Canada as a whole. We have an opportunity to become a Centre of Excellence in Seniors’ Care through research partnerships, development and application of best practices, and education and training. We will change how seniors experience all aspects of our health system as we create elder-friendly facilities and services and build campuses of care so seniors can age in place as their needs change.

Children and Youth

Evidence increasingly suggests that maternal and child development plays a significant role in determining lifelong physical, mental and social health and well-being. Because of this, we will work to improve childhood immunization rates and perinatal health services, while continuing our successful health promotion, disease prevention, intervention and support services for women and children. We recognize that children and youth may be vulnerable in an adult based system, and will focus on services appropriate to the unique developmental aspects of children’s care.
Strategic Priority: Comprehensive Primary Health Care

What We Are Doing Now

Primary Health Care involves health care providers working in teams to provide a range of everyday health services on a regular, ongoing basis to help people stay healthy and prevent injury, get better, manage illness or disease, and cope with end-of-life. Creating a comprehensive Primary Health Care system is a priority for VIHA because it has such tremendous potential for improving people’s health while creating a more sustainable health care system. It is an approach that reaches beyond the traditional health care system, and involves:

- Direct provision of services by a variety of health care providers, including family physicians, nurse practitioners, pharmacists and Telehealth information lines;
- Coordination and integration of services through Integrated Health Networks¹;
- Responsiveness to community needs. The range and configuration of services varies depending on the needs of each community; and
- An emphasis on helping people become partners in their own health care to stay healthy, get better, manage disease, and cope with end-of-life.

VIHA’s approach to Primary Health Care is consistent with British Columbia’s Primary Health Care Charter, which sets the direction, targets and outcomes for a strong, sustainable, accessible and effective Primary Health Care system. Its focus is on improving patient outcomes, engaging patients and families as partners in care, following a population-based approach so we can address the unique needs of different groups, and creating a patient-centered system with family physicians taking a cornerstone role. We have implemented a number of projects and strategies, including federally funded pilot projects, and developing Ladysmith Community Health Centre and Health Point in Victoria. These projects will serve as models as we extend Primary Health Care to communities across the Health Authority.

Finding better ways to prevent and manage chronic disease is key to our Primary Health Care strategy. We have developed integrated Primary Health Care and Chronic Disease Management Plans to guide us as we work towards a strong, comprehensive system where chronic diseases such as depression, diabetes, cardiovascular disease, heart failure, and kidney disease are diagnosed earlier, interventions occur at an early stage, and hospital admissions are

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¹ Integrated Health Networks are one form of delivering Primary Health Care, they involve groups of care providers formally working together to provide the best support to complex, high needs patients and their family physicians in a community setting.
reduced. Building on pilot projects funded by the federal government, these plans identify key at-risk populations and under-served communities that would benefit most from enhanced services, and define better ways to support physicians who serve patients with multiple, chronic illnesses.

**Where We Are Heading**

We are working towards establishing a comprehensive primary health care system with a key focus on chronic disease management. This is a strategic priority for the next five years because we believe a system like this will help us provide the most effective health care to communities across the Health Authority, focus our attention on areas where the need is greatest and provide effective health care to the largest possible number of people.

Over the next five years we will focus on:

- Improving chronic disease management by developing and sustaining Integrated Health Networks. We are developing seven Integrated Health Networks in Victoria, Sooke, Nanaimo, Port Alberni, Oceanside (Parksville/Qualicum) and Campbell River;
- Working with local municipal and community partners to develop additional opportunities for co-located multi-disciplinary primary health care services in Sooke, Ladysmith, Port Alberni and Oceanside (Parksville/Qualicum);
- Continuing to support family physicians to deliver efficient and effective primary health care and chronic disease management, focusing on improved patient management and monitoring; and continuing to standardize core services to improve diabetes and nutrition management for high-risk clients; and
- Expanding the role of Nurse Practitioners to ease the burden on family physicians. These advance-practice nurses will work collaboratively with physicians and other health professionals to provide education and preventative health care services, plan and coordinate care, and encourage patients and families to become partners in their own care.
Strategic Priority: Enhanced Quality and Safety Performance

What We Are Doing Now

Improving the quality of our services and keeping patients safe are vital in all areas of health service delivery. Our intent is to focus on fundamental quality and safety processes where we can continually improve services and patient outcomes. We have established an Office of Quality and Patient Safety, which will lead and support quality improvement and safety collaborations across the Health Authority.

Our focus has been to:

- Develop structures and processes, including Program Quality Councils, that support multidisciplinary activity and clear accountability, including a system of measuring and reporting;
- Facilitate knowledge translation;
- Foster a culture of quality and safety in VIHA;
- Identify priorities and opportunities for quality and patient safety, and focus efforts on them; and
- Develop and nurture essential internal and external partnerships.

Where We Are Heading

Our shift in focus over the next five years will be to address new demands for a strong evidence base for all decisions and implement the appropriate recommendations of the Canadian Safer Healthcare Now and of the Canadian Council of Health Service Accreditation. We have identified three processes to serve as an organizing framework for our work: Assessment, Standardization, and communication of Knowledge (ASK). Our goal is to be a strongly evidence-driven and client-centered organization in which our use of ASK can be brought to bear on challenges of patient quality and safety.

Assess and Measure Quality Processes and Outcomes

We will ensure that we have appropriate data systems for baseline and trend analysis. We will increase emphasis on measurement by creating a standard Quality and Patient Safety indicator set, new surveillance methods for adverse events and infections, and renewed emphasis on measurement tools. We will also develop a process for identifying and selecting a small number of system-wide quality initiatives, which will operate across portfolios and bring measurable quality improvement to the Health Authority as a whole.
Standardize Care Based on Evidence

We will explore standardizing practices within VIHA, including outcomes of our actual Quality Assurance and Quality Improvement processes. We will also place strong emphasis on guidelines and pathways, and create a defined list of ‘must never happen’ events with associated plans for prevention and actions in the event of system failure.

Knowledge Communicated within VIHA and between VIHA and Clients

We will focus on a variety of communication initiatives to increase awareness, knowledge and evidence based practice, including:

- Disclosing adverse events to clients in an honest and effective way;
- Ensuring that quality successes are widely communicated within the organization so that they may be successfully spread to other units where they might also prove successful in resolving quality or safety issues; and
- Developing a patient advisory panel to provide patients input and perspective.
Strategic Priority: A Sustainable Network of Hospitals

What We Are Doing Now

Acute (hospital) care is generally provided for a brief but severe episode of illness and for conditions that result from disease, trauma or surgery. We currently provide a range of acute care services across 13 facilities in the Health Authority.

- **Remote Hospitals**: These hospitals generally provide a limited range of inpatient and outpatient services and emergency care 24 hours a day, part of which may be on an on-call basis, as well as stabilization and transfer services. General practitioners, supported by an interdisciplinary team of other health care professionals usually provide these services with specialists from major centres providing some outreach services. Hospitals in this category include: Port McNeill, Port Hardy, Lady Minto, Tofino General and Cormorant Island.

  Other smaller communities receive a range of basic outpatient primary care, diagnostics, and urgent care through Community Health Centres, Outpost Stations and Primary Health Care Outreach Teams. VIHA has Community Health Centres in Ladysmith, Chemainus, Cumberland, Gold River, Tahsis, Zeballos, and Port Alice Outpost Stations are located in the coastal communities of Bamfield and Kyuquot.

- **Community Hospitals**: These hospitals provide 24/7 emergency services, a range of inpatient and outpatient services including care for medical patients, and most of the core specialty services such as General Surgery, Internal Medicine, Anesthesia, Obstetrics/Gynecology, Pediatrics, Psychiatry and Orthopedics. Some community hospitals also provide non-core specialty services such as Urology, Plastics, Otolaryngology and Ophthalmology. Community hospitals include: West Coast General Hospital, Saanich Peninsula Hospital, Cowichan District Hospital, St. Joseph’s General Hospital and Campbell River and District General Hospital.

- **Regional Hospitals**: Regional hospitals provide all the services community hospitals provide, as well as continuously delivering all core specialties 24 hours a day, 7 days a week, including Radiology and Pathology. Some sub-specialties may also be available. On-site physicians provide emergency care on a 24-hour basis, 7 days a week. Nanaimo Regional Hospital is currently the only regional hospital in the Health Authority.

- **Tertiary Hospitals**: These provide highly specialized services and trauma care. In our Health Authority, Tertiary Care is mainly provided through a network of services at the Victoria General and Royal Jubilee Hospitals in Victoria.

  Although not an acute care facility, Queen Alexandra Centre for Children’s Health also provides some tertiary level child and mental health services.
Overall, people who live in our Health Authority receive 95% of their hospital care within the Authority (See Appendix D for Acute Facility Data). On average, VIHA residents use hospitals slightly less than other BC residents. However some VIHA communities use more than others, with more than 81% difference in use among communities (measured by cases/1,000 population by local health area). People in Northern communities use hospitals most, and those in the South use them least. While we do not know the exact reason for this, it is likely influenced by the lack of other health services in more rural and remote areas of the Health Authority.

Where We Are Heading

People must have reasonable access to basic everyday services, specialized care when they need it, and palliative or end-of-life care in an appropriate setting. We will continue to meet the majority of hospital care needs of all VIHA residents at VIHA sites, only referring highly specialized cases to services outside of the Health Authority. It is important that everyone understands what services they can expect at each of our hospitals and that they have confidence that the care they receive is competent and safe.

Building a sustainable network of hospitals will ensure we can continue to meet the needs of the vast majority of VIHA residents as close to home as possible. We will clearly identify the services which can reasonably be delivered at each type of hospital as well as the linkages between hospitals to facilitate patient referrals, provide clinical staff supports and increase access to specialty services in smaller communities through telehealth and visiting specialties. The network will be intricately linked to other sectors of the health care system, such as primary health care, home and community care and mental health and addiction services and will be supported by an effective referral and transportation system.

A critical challenge facing all of our hospitals is staff and physician shortages. To maintain and grow services (where population needs support growth) we will continue to explore opportunities for consolidation and integration where appropriate. Residents will access their basic primary, medical and secondary services at their local remote and/or community hospitals and will be referred to larger regional or tertiary hospitals for more specialized services. Once their treatment is complete, people who need further convalescing and/or rehabilitative supports will be referred back to their local hospital. The following describes the future direction of our hospitals within each hospital category.

- **Remote Hospitals:** We will develop a rural health services framework to guide improvements to health services that respond to the unique needs of our rural and remote communities. This will clearly identify the range of services currently available in rural communities and a framework of the level of services which should be provided or accessed based on the size and remoteness of the community.
Community Hospitals: We have created a strategic framework for community hospitals to facilitate operational planning and decision-making. It includes a set of service principles and a proposed bundle of services that could reasonably be provided at a community hospital. The services are:

- **Core specialties** delivered on a 24 hours/7 days per week basis with 3-5 specialists in each: General Surgery, Anesthesia, Obstetrics/Gynecology, Pediatrics, Psychiatry, Orthopedics and Internal Medicine;
- **Intensive Care Unit** with 3-5 beds;
- **Emergency Services with Primary Trauma (Level IV)** staffed by family physicians and dedicated emergency trained physicians. It can manage single system musculoskeletal injury with major trauma cases being rapidly stabilized and transferred;
- **Basic Diagnostic Services** including a full laboratory, ultrasound, x-ray, pathology and Computed Tomography (CT) scanning capacity;
- **Palliative Care and Outpatient Chemotherapy**; and
- **Level 1B Perinatal Service**: for normal singleton births; ≥ 34 weeks gestation and infants ≥1800 grams and on-site cesarean section capability available.

In addition to these services, community hospitals should:

- Provide more than 4,000 surgical procedures a year;
- Provide more than 4,000 inpatient weighted cases per year;
- Provide approximately 80% of local area residents’ primary inpatient care needs; and
- Provide approximately 70% of local area residents’ secondary inpatient care needs.

We recognize that the specific profile of an individual community hospital will vary by location, population need and the surrounding area.

Saanich Peninsula Hospital is clearly a unique community hospital because it is located in the community with the oldest demographic profile in VIHA and is within 30 minutes of two tertiary facilities: Royal Jubilee and Victoria General Hospitals. Planning for the future role of the Saanich Peninsula Hospital is underway through a collaborative working group made up of VIHA staff and physicians. A vision for Saanich Peninsula Hospital has been emerging as a “hybrid” community hospital integrated with the south island hospital network. Within this vision, the Saanich Peninsula Hospital has the potential to serve Saanich Peninsula residents as the hub of a comprehensive array of health services. The vision is based on population needs, shared opportunities to improve local access to health services, and shared opportunities to improve system capacity for all of the South Island. Once Saanich Peninsula Hospital service planning is completed, we will consider a similar process for the West Coast General Hospital. For Cowichan District Hospital, a ‘role and scope of services review and master site planning process’ is underway.
Currently there is a need for significant capital investments at both the St. Joseph’s General and Campbell River and District General hospitals. After considerable consultation and deliberation, the VIHA Board made the decision to develop a new North Island Regional Hospital. The new facility will facilitate recruitment and retention of staff and result in approximately 60 more acute beds. While we continue to believe that this is the best way to meet the needs of North Island residents, we do not have community support for this option. We remain committed to finding a sustainable solution to address the growing acute care needs of North Island residents.

- **Regional Hospitals:** We are planning improvements to the Nanaimo Regional General Hospital including upgrading the emergency department and enhancing renal services. We are interested in expanding the range of services at Nanaimo Regional General Hospital, and have a ‘role and scope’ of services review underway. This long-term direction will inform the development of a Master Site Plan.

- **Tertiary Hospitals:** Over the past few years we have undertaken significant planning processes at Victoria General and Royal Jubilee hospitals which have resulted in the construction of a new state of the art 500-bed patient care centre at the Royal Jubilee Hospital and a new and expanded Emergency Department at Victoria General Hospital. Ongoing discussions continue on the sustainable distribution of services between the two sites. We will develop master site plans for both Royal Jubilee and Victoria General Hospitals.

To inform future planning of hospitals, we forecast future hospital bed requirements considering factors such as population growth, health needs, and anticipated changes in the way we deliver service. We are projecting the need for approximately 1.9 beds per 1,000 residents by 2013. We anticipate using fewer patient days but maintaining about the same number of beds for acute care (with lower occupancy rates). We will achieve this by:

- Finding new ways of delivering service to seniors outside of the hospital (approximately 13% of acute care beds are currently occupied by people who need alternate levels of care, such as residential services, rather than acute care);
- Using new technologies such as new surgical techniques and advancements in drug therapy;
- Implementing best practices, clinical pathways, and optimization initiatives to address access and patient flow;
- Continuing to shift from inpatient to ambulatory care; and
- Introducing accessible and integrated primary health care services and supports.
Strategic Priority: A Centre of Excellence for Seniors Care

What We are Doing Now

Vancouver Island has a higher proportion of elderly residents than Canada as a whole. As a population ages, needs for service also grow and become increasingly complex. We need to support seniors and their families to attain and maintain health and independence.

The services we provide to the elderly typically include:

- **Residential Services**: Including complex care, assisted living and transitional care:
  - **Complex care**: 24-hour professional care in a residential setting for seniors and people with significant physical and cognitive disabilities;
  - **Assisted living**: Self-contained apartments where tenants receive personal care and hospitality services such as meals, housekeeping and laundry, recreational opportunities, assistance with medications, mobility and other care needs, and have access to a 24-hour response system; and
  - **Transitional care**: Post-acute convalescent care that provides a rehabilitative period to enable people to return to their home or community.

- **Home-based care**: Services that help people continue to live in the community and make it easier for them to return home after treatment in an acute care facility. Home-based services include: nursing, rehabilitation, case management, and home support such as personal assistance with bathing, dressing, mobilization, medication and oxygen therapy;

- **Palliative care services**: Services that help to improve the quality of life of patients and their families as they cope with a life-threatening illness; and

- **Community programs**: Including adult day centres, geriatric evaluation and management programs and respite care.

Although VIHA has the lowest number of residential care beds in BC, relative to the population of elderly people, we provide significantly more home support services, which offsets the lower number of beds. In 2006/07, for every 1,000 people over the age of 75, VIHA had 85 complex care beds and assisted living units. There is significant variation within the Health Authority, though, with the Central Area having the fewest beds for every 1,000 people over the age of 75, and the South Area having the most. This is something we are addressing by constructing and opening new beds and units in 2008.

Over the past few years, the clientele served by VIHA’s Home and Community Care services has changed significantly. Clients entering hospital now have more need for acute services,
and the length of time they stay is decreasing. These influences, compounded by significant growth in our aged population, have created service pressures across the Health Authority.

**Where We Are Heading**

Becoming a leader in care and support that helps seniors and their families attain and maintain health and independence is a priority for VIHA. We have an opportunity to become a Centre of Excellence in Seniors’ Care through research partnerships, development and application of best practices in seniors care, and education and training. We are currently developing a Seniors Health Strategy that will reflect both our vision of becoming a Centre of Excellence and enhancing our current programs and plans for seniors.

To help us create a vision of becoming a Centre of Excellence for Seniors Care, we will assess existing seniors’ services and develop a strategy for integrating and aligning all services for seniors across the health system. Initiatives will include: a dementia care strategy; a falls prevention plan; an end-of-life/palliative care plan; and creating elder friendly facilities such as the new Patient Care Centre at the Royal Jubilee Hospital. The strategy will be informed by research conducted in partnership with the University of Victoria’s Centre on Aging. This will support the development of innovative and enhanced service delivery into the future.

We are working towards developing a range of facility and community-based services that support clients and promote independence and self-care. Home and community care support services play a vital role in achieving two objectives: helping people remain in their homes and community as long as possible; and helping people return to the community after treatment in the hospital. Research shows that people prefer to stay in their own homes as they age (if they have access to appropriate supports) rather than moving into a facility. Our goal over the next five years is to continue to promote independence and self-care in the community. However, we project that there will still be significant growth in the need for both residential care and home and community care.

We are projecting an overall increase in the requirement for home support services with the most growth expected in the Central region, where the elderly population is growing the fastest. VIHA’s ability to meet this increasing demand depends on having the necessary human resources and funding. The demand for home support is significantly influenced by the availability of other resources in the community (such as residential care). As residential care resources are being developed, service demands continue to grow. To help offset this interim gap in supply and demand (particularly in the South Area), we supply additional home support services on an interim basis. Where possible, we will enhance home-based care and community programs and services including:
• Redesigning our adult day support program;
• Improving geriatric outpatient services, to reduce hospital episodes and reduce length of stay in hospital when an episode does occur; and
• Establishing an Integrated Primary Health Care Network that provides services for at-risk seniors with multiple chronic conditions including mental illness living on the South Island.

We are planning towards an overall goal of between 95 and 100 complex care beds and assisted living units for every 1,000 residents aged 75 and over. We are well on our way to exceeding our commitment to the Provincial 5,000 residential bed initiative. Several new residential care and assisted living facilities have opened or are under construction across VIHA including: Sanford Place Care Campus in Parksville; New Horizons Care in Campbell River; Sunridge Estate Community of Care in Duncan; Ayre Manor Lodge in Sooke; Selkirk Place in Victoria; The Gardens at Qualicum Beach; the Good Samaritan Canada Wexford Creek Campus of Care in Nanaimo; and the Comox Valley Seniors’ Village.

We project that we will need significantly more beds by 2013. We continue to refine our analysis to allow us to better understand the interaction between services and overall residential care need into the future. Figure 6 illustrates the actual increase we have made to our residential care base from 2005 and our projected future need to 2010 and 2013 after approvals. Our original projection for 2010 has increased by about 400 as a result of refinement to the provincial population projections. All planning and projected beds and units are approximate and subject to change. More detailed forecasts are included in Appendix E.

Figure 6: Residential Care Volumes and Preliminary Projected Need for 2010 and 2013

Notes:
Figures identified are for March 31st of the stated year.
Applying PEOPLE 32 to 2010 projected bed and unit rates yields 411 more beds and units, totaling 6,806.
All planned and projected beds, units, and rates are approximate and subject to change based on changing demographics, changing service delivery options, and changing community needs.
Table 2 below shows our actual and projected volumes of complex care beds and assisted living units and associated crude rates per 1,000 population aged 75+ by geographic area across the Health Authority.

**Table 2: Actual and Projected Residential Care Volumes and Rates by Geography**

(includes Complex Care Beds and Assisted Living Units)

<table>
<thead>
<tr>
<th></th>
<th>Volumes</th>
<th>Crude Rates per 1,000 75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>South</td>
<td>2,826</td>
<td>3,235</td>
</tr>
<tr>
<td>Central</td>
<td>1,509</td>
<td>1,763</td>
</tr>
<tr>
<td>North</td>
<td>526</td>
<td>672</td>
</tr>
<tr>
<td>VIHA</td>
<td>4,861</td>
<td>5,670</td>
</tr>
</tbody>
</table>

Note:
Figures identified are for March 31st of the stated year.
All projected beds, units, and rates are approximate and subject to change based on changing demographics, changing service delivery options, and changing community needs.

Figure 7 shows the actual 2008 operating capacity for residential services, our planned capacity set to open by March 31st, 2009, and our projected needs for 2010 and 2013. If we do not add capacity beyond what is planned to open for 2009, we will experience a deficit of approximately 812 residential spaces. Work is underway to respond to this challenge.

**Figure 7: Residential Services 2008 Actual, 2009 Planned, 2010 and 2013 Projected**

(includes Complex Care Beds and Assisted Living Units)

Notes:
Figures identified are for March 31st of the stated year.
2009 Planned include those currently under construction, set to open in 2008/09.
Applying PEOPLE 32 to 2010 projected bed and unit rates yields 411 more beds and units, totaling 6,806.
All planned and projected beds, units, and rates are approximate and subject to change based on changing demographics, changing service delivery options, and changing community needs.
While planning for residential services, we must create new capacity as well as renovating or replacing old and outdated facilities, in order to improve care for our clients. Wherever possible, new residential care facilities are being set up as communities of care, where a full range of housing and care options are offered in one location, including: independent housing; transitional and convalescent care; assisted living; and complex care. This minimizes disruption for seniors when their care needs change. To ensure new capacity will meet client needs, we will ensure that there is an appropriate mix of dementia care and services for the frail elderly within each community of care.

While the most pressing strain on our Home and Community Care services comes from our aging population, we also provide appropriate home care services for people under the age of 55. This specialized population (termed the young disabled) includes clients suffering from brain injury, high-needs chronic conditions, multiple sclerosis and other debilitating conditions. We will look for opportunities to explore alternatives to residential care, which may not be the most appropriate environment for young disabled people.
Strategic Priority: Integrated Mental Health and Addictions Services

What We Are Doing Now

VIHA provides a full spectrum of Mental Health and Addictions services to provide the best care in the least restrictive environment, and to support healing and reintegration. These services include prevention, treatment and ongoing care, and specialized programs for young adults, seniors and homeless individuals.

- **Prevention, education and early intervention**: We provide information, training and consultation in conjunction with family physicians, schools and a wide range of community agencies to promote health and early identification of severe illnesses like schizophrenia and bipolar disorder.

- **Harm reduction**: We have a sobering and assessment centre in Victoria available 24 hours a day for those with no safe alternative, and provide or fund street outreach services for homeless people with mental health and addictions problems. We work with those who abuse substances to minimize harm to themselves and others. We engage them in therapeutic and support programs that can lead to healthier lifestyles free of addictions.

- **Crisis/emergency response**: Our crisis phone lines are available 24 hours a day, backed by professional staff working in mobile outreach teams and general hospital emergency departments. We also provide specialized psychiatric emergency services to safely resolve and stabilize crisis and emergency situations.

- **Outpatient assessment and treatment**: We provide mental health and addictions community clinics, some with mobile outreach and consultation capability, staffed by multidisciplinary teams. These clinics offer assessment, individual and group treatment on a referral basis.

- **Acute hospital psychiatry and detoxification/stabilization**: We provide medically supervised inpatient assessment and short-term treatment 24 hours a day, including day hospital and group programs, and specialized consultation and liaison with people who have mental disorders that are being treated in the physical health care system.

- **Tertiary psychiatric care**: We provide medical supervision and professional care 24 hours a day, including assertive aftercare services for the most severe and persistent mental disorders, which require longer-term treatment and rehabilitation.

- **Case management, residential care and housing, rehabilitation and support**: We provide professional supervision of individualized plans of care for people who have serious and persistent mental disorders and who require supported housing, rehabilitation
and other support services to achieve and maintain their best level of functioning in the community.

Overall, residents of VIHA use comparable inpatient mental health services as people in BC overall. However there is variation in the availability and consequent use of mental health and addictions services throughout our Health Authority, with the greatest availability and use in the South and the lowest in the North Area.

**Where We Are Heading**

Mental illness and addiction can have a devastating effect on afflicted individuals and their families. Providing the best care in the least restrictive environment supports healing and reintegration of people back into their natural networks of support – in their own communities. In order to build on the existing strengths, capacities and natural supports of people with substance abuse problems and mental illness, VIHA has been shifting focus from acute care services to more community-based programs.

We have developed and implemented a number of initiatives to support the integration of Mental Health and Addictions services, including enhanced detox/addictions treatment capacity for adults and youth, enhanced case management services for high-needs tertiary clients, and development of a comprehensive new website to facilitate access to information about mental health and addictions.

Over the next five years, we will continue to shift resources to community-based settings, implement better tracking and follow up of patients, work collaboratively with Seniors Care on dementia issues and coordinate with municipalities, non-government organizations and other government ministries who provide services to people who have the greatest need or who are at highest risk. These include organizations and ministries that have key roles to play in the provision of housing, income support and assistance, and with the criminal and justice systems. We will focus on:

Establishing effective, data-driven management of resources so we can improve access to quality services and ensure that the right service is provided to the right person in the right place at the right time. The Bridges/Infoway tool facilitates clinical reporting and helps match clients with appropriate services. The full implementation of this tool will also help us develop a base of information for further planning and evaluation.

Collaborating and integrating with Primary Health Care Teams and other related health services, especially those who work with high-risk groups. Our mental health and addiction staff will collaborate with Primary Health Care - Integrated Health Network teams to support health professionals in their work with patients and seniors with mental health and addiction issues.
Developing 51 rehabilitation beds, 8 psychiatric intensive care beds and 214 Community Intensive Supported Living beds, as part of the Riverview Redevelopment Project once direction is confirmed by the Ministry of Health. This will provide a complete continuum of mental health services throughout VIHA. As part of enhancing this continuum, we are also adding geriatric service enhancements and working collaboratively with BC Housing (we are focusing on service delivery and BC Housing will provide housing supports).

Supporting homelessness and harm reduction initiatives so people in urban downtown areas can access the services they need. In collaboration with our municipal and service partners, we will continue our harm reduction strategies to reduce the transmission of communicable diseases such as HIV and Hepatitis C. We will review current practices and delivery models for harm reduction and determine how to deliver these models in the future.

As part of our commitment to support recommendations in the Victoria Mayor’s Task Force on Homelessness report, VIHA has committed funds and partnered with a number of social service agencies to open “Our Place” in Victoria, which includes a new 45-bed transitional housing project for homeless people. VIHA will provide a range of supports to residents of the facility. We will also create:

- Assertive Community Treatment and Outreach Teams: community-based, multidisciplinary teams that are trained to facilitate housing and other health services for individuals on the streets and in institutions who need mental health and addictions supports;
- A downtown ACCESS Health Centre that will include a primary health clinic providing clinical and treatment services, a base location for street nurses and training space for Psychiatry residents in the Island Medical Program, and practicum space for other health professionals - nurses, social workers, addictions counselors, housing specialists, and probation and forensic specialists;
- 15 additional adult detox/residential treatment beds and new day detox programs; and
- A multi-agency site adjacent to “Our Place” that will house the Assertive Community Treatment and Outreach Teams and clinical and treatment services.

We will also work with other municipalities across the Island to develop programs and plans to address homelessness, mental health and addictions within the context of community planning and a “housing first” approach. As the provincial government develops long-term plans for the broad range of services that support people with mental health and addictions, VIHA will ensure that our role and services are well aligned and coordinated. Communication with stakeholders, partners, and the public is critical so that they are made aware of, and understand these issues as we work towards implementation.
Strategic Priority: Improved Access and Patient Flow

What We Are Doing Now

Providing patients with access to services and ensuring that they can move through the system smoothly is of critical importance in VIHA. This has been a challenge faced by health care providers around the world over the past few years. Our aim is for residents to get the services they need in the most appropriate setting and to be able to move in a timely and efficient manner through the system, without encountering delays or excessive waits.

While we have developed a number of strategies to address these issues, we, like many jurisdictions across Canada, continue to experience emergency department crowding, postponed surgeries, admission delays and transfer challenges.

Recent successes include:

- Opening an Outpatient Parenteral Antibiotic Therapy clinic, expanding the Geriatric Outpatient Clinic and opening a unit to provide temporary space for inpatients waiting in the Emergency Room for admission to hospital, and expedite transfer to inpatient units at Royal Jubilee Hospital;
- Initiating Therapy Response Teams at Royal Jubilee Hospital and Nanaimo Regional General Hospital to provide enhanced rehabilitation services to elderly patients; and
- Implementing a patient flow tool for tracking mental health clients.

Where We Are Heading

One of our major challenges is providing appropriate hospital care to the elderly. Traditionally, hospital systems have been geared towards treating short-term illnesses. This works well when people are young, but not as well for elderly people, who often have chronic conditions. Elderly people with these conditions do not do as well when they are treated separately for every recurrence or flare-up of their condition. In VIHA, seniors (aged 75 and over) represent only 9% of the population, but account for 24% of admissions and 43% of inpatient days.

In a health system that does not always work well for older people, hospitalization becomes a default. Once a frail elderly patient is admitted to hospital it is often very difficult to get them functioning at a level where they can return to their homes. These people often become
classified as needing “alternate level of care” (ALC), meaning they are in an acute care bed but no longer need acute care services. In 2006/07, there were the equivalent of approximately 177 hospital beds occupied by ALC patients (approximately 13%).

Our vision is for people to be able to navigate through our health system easily and quickly as their need for services change. Linkages and integration within local communities, and between service providers in the hospital, home and community care, primary health, mental health and public health are critical.

We recognize that to improve access and patient flow and reduce wait times, we need a system-wide response that provides increased capacity as well as improvements in the way we deliver services. Improving patient flow is about providing the best care possible using available capacity and resources effectively, and putting processes and strategies in place to address barriers to movement of patients, clients, and residents through the system.

We will focus on expanding our use of various patient flow tools and continuing to look for ways to manage existing resources more efficiently including:

- Conduct system capacity modelling to support decision making;
- Manage surgical services more efficiently to reduce surgical wait times and increase our capacity to perform hip and knee surgeries;
- Improve CT waitlists and implement a joint replacement care pathway;
- Make better use of existing bed capacity and space; and
- Continue to improve the flow of patients through emergency departments.

Patient flow will remain a priority in all areas of the Health Authority. Multi-disciplinary teams will continue to work together to support patients receiving prompt assessment, treatment and movement out of acute care. The challenge to improving patient flow is residential care capacity. We are projecting significant growth in facility and community services to better meet the needs of our elderly population. While significant additional residential care capacity will be added to the system by the end of 2008, pressure on the system will remain as a result of the increasing aging population.
Strategic Priority: A Healthy Workplace and Engaged Workforce

What We are Doing Now

Our people are our most important asset. It is only with their help that we can meet our goals. Ensuring we have the right number and mix of staff is by far the biggest risk we face. As baby boomers begin retiring from the workforce, the global job market for skilled health care workers will become ever more competitive. If we continue to rely on traditional or “status quo” workforce supply strategies, VIHA and our service delivery partners will find ourselves with a significant shortfall of people by 2013.

To prepare for these challenges, we have developed the People Plan – a series of integrated, evolving strategies to help us meet our human resources needs through to 2011. The People Plan recognizes that all VIHA departments are affected by human resource challenges and that we must work together to develop solutions that meet the needs of the entire organization. We are also developing a Physician Resources Plan which identifies current and projected physician gaps, highlights potentially hard to fill, higher risk resource gaps, and develops recruitment and retention strategies to mitigate these risks.

Where We Are Heading

We are building a leading health services work environment that attracts and retains talented people in every area we serve. This involves:

- Providing effective communication throughout the Health Authority;
- Creating a safe, supportive, healthy work environment that offers greater flexibility and fosters innovation and creativity;
- Building leadership throughout the organization;
- Recognizing excellence in performance;
- Becoming a learning organization focused on employee growth and development; and
- Engaging staff in developing plans that may impact their daily work.

We are creating an environment where staff are engaged and supported to perform their work, and where flexibility and opportunities to learn reduce stress and illness. Ensuring that we have enough staff will also reduce overtime and the injuries that fatigued staff sometimes experience.

It is clear that managing our human resource challenges must continue to be a significant priority for VIHA. The following components of the People Plan are designed to ensure we have the necessary staff into the future.
Recruitment and Retention Strategies: introduce additional innovative and targeted recruitment and retention strategies including those that respond to specific program, occupation and location challenges.

Improve Scheduling: re-engineer current staff scheduling models, systems and processes to provide quality, consistent scheduling and timekeeping for all employees in VIHA.

Care Delivery Models Redesign: measuring, planning and predicting the current and future staff mix will allow VIHA to redirect the focus of our current thinking regarding workforce challenges away from “adding more people” to redesigning models of delivery and deploying the right people to the right places to the right work at the right time.

Improve Vacancy Management Process: re-engineer current vacancy management business processes to enable the organization to respond more quickly to the demand for staff.

Workforce Planning: develop and implement a comprehensive forecasting tool to predict future staffing needs throughout the Health Authority.

Leader in Environmental Practices: establish VIHA as an industry leader in environmental practices.

Continuous Learning: develop and implement a comprehensive education service delivery model that facilitates the alignment of human and material resources and funding with VIHA strategic priorities.

Employee Work Life: engage staff in the creation of strategic employee work life support strategies.

Community Leadership: build and enhance VIHA’s reputation as a community leader in British Columbia.
Strategic Priority: Fiscal Sustainability and Innovative Business Models

What We Are Doing Now

Financial pressure is an ongoing challenge for VIHA, as it is for health care jurisdictions around the world as we collectively strive to balance population growth, aging and expectations with fiscal resources. Strategies are implemented as funding permits. Choices amongst strategies must be made, based on the best fit with the overall health priorities of VIHA, the best practice, or evidence of a positive outcome. Exploring innovative business models will allow us to meet the ongoing challenge of financial pressures by developing and implementing new service concepts that take advantage of new technologies and apply relevant research results so that we can maximize our efficiency and effectiveness.

As earlier stated, this Strategic Plan is based on population demographics, needs, industry trends, risks facing the organization, and what we have heard from our staff and communities. Achieving our goals depends upon available fiscal resources for both operating and capital requirements. VIHA is no different than any other jurisdiction in Canada as we work to meet the needs of our aging population with the resources available to us. Progress in moving the Strategic Plan forward is articulated through our Health Service and Budget Management Plans, which are provided to the Ministry of Health. These Plans, and the associated funding, are updated annually and include specific strategies planned for the three-year period.

VIHA is committed to ensuring that we maximize efficiencies through thoughtful, evidence-based decision-making as well as working with our staff to explore new ways to identify and eliminate waste in the system. At a governance level, we use a balanced scorecard approach to monitor our internal business processes and external outcomes. This framework helps us translate our mission statement and strategy into specific, quantifiable goals, and monitor our progress towards them. We report on our performance to the public through our website under our Accountability banner and through various news releases.2

Where We Are Heading

We are exploring future funding commitments, particularly for the significant residential care capacity, which is required over the next five years to meet the needs of our aging population. The Plan will be implemented as human resources, capital and operating funding permits.

2 Some performance measures are still under development as data sources are not yet as robust as they must be to provide consistent and reliable information.
Every year, we use a Program Budgeting and Marginal Analysis approach to prioritize our internal budget by disinvesting in areas that are providing little or no value, in order to reinvest in areas of priority. We do this while continuing to seek feasible funding alternatives that include working with not-for-profit agencies, leveraging existing assets, developing new ways to deliver service, and exploring public private partnerships.

We will continue to improve annual planning and budgeting to achieve our goals in a cost efficient manner. We will conduct Resource Management Reviews on our programs to assess causes of budget variance, develop action plans and a balanced set of indicators for monitoring implementation.

As we plan our services, we will continually evaluate and develop new and better ways to provide them, and use new technologies to support a higher quality of care for our patients. This includes:

- Partnering with other health authorities in creating a Shared Services Organization. This will improve cost efficiencies through collaborative work on common services, with the goal of maximizing resources that go to direct patient care;

- Seeking partnerships with all sectors to support the development of health-related innovative business models that may result in improved care for patients, and good financial management for us. A key partnership success is the development of our new 500 bed Patient Care Centre in Victoria which is scheduled to open 2010; and

- Recognizing that health care is a major industry, we are committed to increasing our environmental stewardship role in creating healthier communities and environment by:
  - Exploring energy savings opportunities;
  - Applying Leadership in Energy and Environment Design (LEED) Green Building standards to all new facilities; and
  - Working with the Ministry of Health and other health authorities to develop plans to reduce green house gas emissions and develop effective environmental management systems.

These strategies will support our efforts to establish a more responsive and sustainable health system that meets or exceeds our performance expectations with the Ministry of Health, Government and the public. However, we recognize that improvements in system design often occur in the midst of a number of other changes and challenges. Trying to do too much at once can have the unintended consequence of reducing the effectiveness of any one change or initiative. To ensure we manage system change effectively, we will work to strengthen linkages between plans, apply change management principles in strategy development; and implement change at a pace that minimizes stress on staff and systems, and maximizes opportunities for success.
What This Means for Your Region and Your Community

As described earlier in this document, VIHA is organized to allow for better integration within and between services. We continually plan, manage and monitor the services we provide to each community in a consistent manner, allowing us to meet the needs of the whole population throughout the Health Authority.

We recognize that local links between health care providers in hospitals, home and community care services, primary health care services, mental health and addictions services, and public health services are critical. To make planning for local integration and provision of services easier, we have developed our strategic direction by geographic area in the Health Authority.

We have assessed population and health status, studied the way our services are used, developed forecasts of future capacity, and established future strategic direction in each broad geographic area as well as by community.

A high-level overview of our strategic direction for the North, Central and South Areas in VIHA follows, with detailed information about specific communities wherever possible. It includes:

- Population age and anticipated growth (See Appendix C for more detail);
- Health status and socioeconomic indicators such as education, income and unemployment (See Appendix C for more detail);
- Current use of health services;
- Future capacity projections; and
- Major capital requirements.
North Area

VIHA’s North Area covers an enormous geographic area, extending from the northern tip of Vancouver Island to the mid-Island cities of Campbell River, Courtenay and Comox, and a substantial stretch of the mainland opposite Northern Vancouver Island, including communities north of Powell River and south of Rivers Inlet. While the area is large, only a relatively small proportion of VIHA’s population lives here. Most people here live in rural and remote areas, which are often geographically isolated.

About twice as many residents in the North Area identify as Aboriginal compared to VIHA as a whole. Currently, 120,651 people live here, and population forecasts to 2013 show a similar growth rate to VIHA. The population is slightly younger than in the whole of VIHA, with a relatively small population aged 75 and over. This will change, though, as the forecast to 2003 for the population aged 75 and over is for growth rate almost three times that of VIHA overall.

Compared to the rest of VIHA, our North Area has the poorest health status. There are more teenage mothers here, and life expectancy is approximately one year shorter than in the rest of the Health Authority. The overall death rate is also higher than in VIHA, with a significant number of deaths due to suicide and alcohol. Lower education levels and high unemployment rates likely contribute to the poorer health status of the population.

People who live in the North Area are admitted to hospital more frequently than elsewhere in the Health Authority. The provision of home support services is generally higher in the North, but residential care services are similar to the rest of VIHA.

Mt. Waddington (Port Hardy, Port McNeill, Port Alice, Zeballos\(^3\), Sointula and Cormorant Island)

The Mount Waddington area is situated at the northernmost tip of Vancouver Island. It extends to the mainland and covers approximately 20,855 square kilometers. Over 20% of the population identify themselves as Aboriginal, and many people live in rural and remote communities, some only accessible by boat.

Currently, 12,130 people live in Mount Waddington, but the population is expected to shrink between now and 2013. There are more young people and fewer people over 75 here than in

\(^3\) The village of Zeballos is located in LHA 85, known as Vancouver Island North, referred to here as Mt. Waddington. Zeballos is not part of the Mount Waddington Regional District, it is located in the Strathcona Regional District.
the rest of VIHA, although over the next ten years, the number of people over 75 will grow faster than in the rest of VIHA.

Overall, people living here have the poorest health in the Health Authority. There is a higher teenage mothers rate here than in VIHA overall, and the death rate is also higher than VIHA with significant numbers of deaths due to medically treatable diseases, alcohol, falls, cancer, and respiratory diseases.

**What We Heard from You:**

During the 2005 consultation we heard many comments from Mt. Waddington residents and staff, the main themes included:

- Increase mental health and addiction services;
- Work with communities and partner agencies to improve transportation links;
- Maintain emergency services and increase access to specialty services through outreach and telehealth; and
- Provide effective primary care, maternity and prevention services.

**What We’re Doing:**

We are working to improve the services we provide directly, and have engaged in an innovative community development process that involves working with partners such as municipalities, school districts, Aboriginal organizations, the Regional Hospital District, the RCMP and the British Columbia Ambulance Services to begin to address the broad determinants of health. Our focus is to improve the health status of residents through community collaboration and develop plans that address the greatest health needs in a creative and sustainable manner. Through this collaborative process, we have developed the community driven, multi-stakeholder Mount Waddington Health Network, a sustainable transportation strategy, and an integrated service delivery model which includes innovative concepts such as “health care without walls” which shifts towards team-based care provided where the patient needs it most rather than only at a hospital.

The changes we make will focus on providing more appropriate services for people and communities in the North. We will explore better ways to meet the health needs of residents, including:

- Developing more client-centred ways of delivering care services;
- Improving coordination within communities and between communities; and
- Continuing and enhancing our existing relationships with Aboriginal communities.

We are building on existing primary health care successes such as the multidisciplinary outreach services provided to local and remote Aboriginal populations living in Kingcome and
Gilford Island, assessing space needs for primary health care in Port McNeill, and working to improve primary health care services in Port Alice. We are also strengthening mental health and addictions services, improving emergency response services, and have improved crisis response. We are partnering to create community care alternatives to going to a hospital, such as the Lighthouse Resource Centre in Port Hardy, which provides community mental health and support services. We also anticipate the need to increase residential care options in Mt. Waddington.

**Campbell River, the Comox Valley, Gold River, and Tahsis**

Campbell River is located on the east coast of Vancouver Island, midway between Victoria and the northern tip of the Island. Currently the population here is 42,077, with more people identifying as Aboriginal, and more young people than in VIHA as a whole. Over the next ten years, the general population will not grow as quickly as VIHA’s, but the current low proportion of people aged 75 and over will grow almost three times faster. Health status is relatively low in this area, with a significantly higher teenage mothers rate and a higher death rate than VIHA, and with significant numbers of deaths related to alcohol and drugs.

Courtenay, Comox and Cumberland, are situated slightly south of Campbell River and covers approximately 1,726 square kilometers. Courtenay and Comox are the urban centres of this area, which has a population of 64,095, fewer of whom identify as Aboriginal than in VIHA as a whole. Population forecasts to 2013 predict much faster growth compared to VIHA. The population here is slightly older than in VIHA as a whole, and although there are relatively few people aged 75 and over now, this age group will grow more quickly here than in VIHA as a whole. Health status is relatively low, compared to the rest of VIHA, with a greater rate of teenage mothers and a higher death rate than VIHA. A significant number of deaths are related to alcohol and falls.

The communities of Tahsis and Gold River are west of Campbell River. The population in this region is very small (around 2,349 people), but about one fifth of these people identify as Aboriginal. The population is younger than in VIHA generally. Over the next ten years, the population will decrease. The population over the age of 75 is currently small but expected to grow substantially by 2013. Health status here is poor, with a death rate substantially higher than in the whole of the Health Authority. A significant number of deaths here are due to suicide and alcohol.

**What We Heard from You:**

During the 2005 consultation we heard many comments from Campbell River and Comox Valley residents and staff, the main themes included:

- Aging hospitals - need for capital investment and renewal;
• More care options for seniors; and
• Need for greater focus on prevention, health promotion.

What We’re Doing:

The need for significant capital investments at both the St. Joseph’s General and Campbell River District General Hospitals remains. VIHA continues to plan for a new North Island Regional Hospital to meet the growing acute care needs of North Island residents. Ongoing discussions and planning will continue to determine the appropriate location for the new facility. This regional facility will serve a large enough population to provide a range of services in the North Island, which residents currently travel to Nanaimo and Victoria to receive. The new facility will facilitate recruitment and retention of staff and result in approximately 60 more acute care beds being located in the North Island.

We are also increasing our ability to provide appropriate care for the elderly by adding residential care as well as increasing the number of clients receiving home support services. In 2008, we opened 80 additional residential care beds in Campbell River and plan to add approximately 90 residential care beds, 60 assisted living units and 6 mental health beds in Courtenay in 2009. We plan to continue to increase the net number of residential care beds in both communities by 2013. This will involve some closures of existing facilities as we work to ensure that all residential care beds and assisted living units meet current best practice standards. In addition, we have focused on mental health and addictions services, adding crisis response capacity and opening a Psychiatric Intensive Care unit at St. Joseph’s General Hospital in Comox and geriatric mental health capacity in Campbell River. We have improved services for substance-dependent youth, with priority for those with crystal methamphetamine addictions. Subject to Ministry of Health direction, we will add community intensive supportive living beds in Campbell River and the Comox Valley.

We are developing an Integrated Health Network in Courtenay and one in Campbell River. These networks will allow health care providers to work in teams to offer a range of everyday health services on a regular, ongoing basis to help people stay healthy, prevent injury, get better, manage illness or disease, and cope with end-of-life.
Central Area

As in the North, the population of the Central Area is spread out across a large and geographically diverse area, including remote communities on the West Coast of the Island. Fewer people here live in rural and remote areas, however, and communities are less isolated than in the North.

The population of this area is 264,780, with a high number of people identifying as Aboriginal. Population forecasts indicate that the population will grow more quickly here than in VIHA overall. There are more older people, here than in VIHA as a whole, and this portion of the population is forecast to increase more quickly here than in any other part of the health authority, especially in the 75 and over age group.

The Central Area has relatively poor health status compared to VIHA overall, with a higher rate of teenaged mothers, a shorter life expectancy, and a higher death rate than VIHA. There are a significant number of deaths due to suicide, alcohol, and lung cancer. Residents in this area have a relatively lower education level and average income, and the rate of unemployment is high, perhaps because of poorer health status.

The use of hospital services by people who live in the Central Area is comparable to VIHA overall, and residents here generally receive less home and community care and residential care than in other areas. There is a need for significant growth in home and community care services in the Central Area. The need for more primary health care services is becoming evident on the West Coast where there is a high Aboriginal population, high birth rates, and significant mental health and addictions issues.

Port Alberni, Tofino, Ucluelet, and Bamfield

Port Alberni is in a unique geographic location in the centre of the Island, on an inlet that stretches to the West Coast. The rural areas surrounding Port Alberni, the communities of Tofino, Ucluelet, Bamfield, and smaller, more remote communities on the West Coast, face many of the same difficulties in accessing health care services as remote Northern communities. There are significant mental health and addictions issues here, and it has proved challenging to recruit and retain health care professionals for this area.

Currently, there are 31,819 people living here, with a high proportion identifying as Aboriginal. Forecasts predict that the population will decrease slightly over the next ten years. In general, the population here is slightly younger than in VIHA as a whole, with a relatively small population aged 75 and over now, although this age group is expected to grow between now and 2013.
Overall, the people in this area have very poor health. The teenage mothers rate here is more than three times greater than VIHA’s rate, and the death rate is much higher, with a significant number of deaths due to suicide and alcohol.

**What We Heard from You:**

During the 2005 consultation we heard many comments from Port Alberni and Tofino residents and staff, the main themes included:

- Need for more primary health care options;
- Invest in mental health and addictions services; and
- Increase care options for seniors.

**What We’re Doing:**

We are developing an Integrated Health Network in Port Alberni. This group of resources will work together formally, to provide the best support to complex, high needs patients and their family physicians.

Over the next few years we will focus planning on West Coast General Hospital as we continue to develop and apply our strategic framework for Community Hospitals. This includes collaborative planning with local physicians and staff. We are developing a rural health services framework to guide improvements to health services provided by the Tofino General Hospital.

To address the need for more options for seniors, we are increasing capacity in home and community care beds, and increasing the number of home care clients by 2013. We have added 26 assisted living units in Port Alberni in 2008 and plan to add more residential care beds by 2013.

Maintaining an appropriate range of hospital services, including emergency services, at the West Coast General Hospital and Tofino General Hospital remains a priority for VIHA. We will review maternity services at Tofino General Hospital as part of creating a sustainable network of hospitals. In addition, we have purchased a CT scanner to be installed at West Coast General Hospital.

**Nanaimo, Parksville and Qualicum**

Situated on the east coast of the Island, Nanaimo covers approximately 1,356 square kilometers and includes Nanaimo, Cedar and Lantzville. Nanaimo is the Central area’s largest urban centre, and it has a significant homeless/hard to serve population, with high needs for mental health and addictions services.

Currently, 103,616 people live in the Nanaimo area. The percentage of residents who identify as Aboriginal is comparable to that of the health authority as a whole. Population forecasts for the next ten years show a much faster growth rate than VIHA in general. The population in
Nanaimo is slightly younger than VIHA’s, and there is a slightly lower percentage of people aged 75 and over, although this age group is expected to grow between now and 2013. Health status in this area is about average for the Health Authority, with a slightly higher teenage mothers rate, and an average overall death rate. There are a significant number of deaths due to suicide and drugs.

There are 46,881 people living in Parksville/Qualicum, with a lower proportion of people identifying as Aboriginal than in VIHA as a whole. Forecasts for the next ten years show a much faster population growth rate than the entire Health Authority. The population here is older, and there is a relatively high population of people aged 75 and over. Between now and 2013, the population over 75 is expected to grow much faster here than in the Health Authority as a whole. Overall, people are healthier here than in the Health Authority generally, perhaps because of factors such as employment, education and economic status. More than 4 in 10 residents have attended college or university and the unemployment rate is lower than in other parts of the Health Authority. The rate of teenage mothers is much lower than VIHA’s, and the overall death rate is also low.

What We Heard from You:

During the 2005 consultation we heard many comments from Nanaimo and Parksville residents and staff, the main themes included:

- Need for more seniors’ care options in the Parksville/Qualicum area;
- More support for people struggling with mental health and addictions; and
- Improve Nanaimo Regional General Hospital.

What We’re Doing:

Because the population here is growing – and growing older – providing options for seniors’ care is a priority for VIHA. We are increasing capacity in home and community care by adding residential care beds in the Parksville/Qualicum area and in Nanaimo, and increasing the number of home care clients. In 2008, we plan to open 110 residential care beds in Nanaimo and 140 residential care beds and 30 assisted living units in Parksville. We plan to increase residential care capacity in these communities further by 2013.

Addressing the needs of people struggling with mental health issues and/or addictions is also a priority for VIHA. Subject to Ministry of Health direction, we plan to enhance mental health and addictions services with the development of a 24 bed psycho-geriatric facility in Qualicum, 26 adult tertiary beds in Nanaimo, an 8-bed psychiatric intensive care unit located at Nanaimo Regional General Hospital, and 35 community intensive supported living beds in Nanaimo.
We have a ‘role and scope’ of services review and master site planning process underway at the Nanaimo Regional General Hospital, with an interest of enhancing the role of this hospital. Planning is underway for significant capital improvements, including an upgrade of the Emergency Department with a psychiatric emergency service, and a new renal dialysis centre.

Additionally, we have enhanced services for youth struggling with addictions by adding residential stabilization beds in Parksville (in partnership with the Ministry of Children and Family Development and Society of Services), youth with crystal methamphetamine addictions have priority access. We will continue to review current harm reduction practices and delivery models to determine how to best deliver these models in the future.

We are facilitating the development of Integrated Health Networks in Nanaimo and Parksville. These networks will enable groups of resources to formally work together to provide the best support to complex, high needs patients and their family physicians. We will continue to work with local municipal and community partners to further develop opportunities for co-located multi-disciplinary primary health care services in Parksville.

**Cowichan, Lake Cowichan, Chemainus and Ladysmith**

Located south of Nanaimo, Ladysmith covers approximately 443 square kilometers and includes the community of Chemainus. Cowichan is situated at the south of the Central Area and covers approximately 744 square kilometers and includes the following communities: Mill Bay, Duncan and North Cowichan. Lake Cowichan covers approximately 2,390 square kilometers and is located inland from Cowichan and extends to the West Coast of the Island.

There are 18,103 people living in Ladysmith, with a higher number of people identifying as Aboriginal than in VIHA as a whole. The population here is expected to grow more quickly than VIHA. The population in Ladysmith is older, and there is a high proportion of people aged 75 and over – an age group that is also expected to grow over the next ten years. Overall, people in this area experience poorer health than in VIHA as a whole. There is a higher rate of teenage mothers here, and the overall death rate is high. A significant number of deaths are attributed to alcohol and falls.

In the Cowichan area, the population is 57,914, with a higher number of people identifying as Aboriginal than in VIHA overall. Forecasts for the next ten years predict similar population growth as the Health Authority. The population in Cowichan is relatively young, and there is a slightly lower percentage of people aged 75 and over, although this age group is expected to grow twice as fast as VIHA between now and 2013. Health status is comparable to the Health Authority as a whole, although there is a higher rate of teenage mothers here. The overall death rate is average, and there are a significant number of deaths due to suicide.
There are 6,447 people living in Lake Cowichan, with more identifying as Aboriginal than in VIHA generally. Population forecasts for the next ten years predict a slower growth rate than in the health authority as a whole. The population is slightly older with a smaller percentage of people aged 75 and over than in VIHA overall, although this age group is expected to grow almost six times faster than VIHA between now and 2013. Health status here is average for the Health Authority, although there is a higher rate of teenage mothers and a higher overall death rate than in VIHA as a whole. A significant number of deaths are due to suicide, digestive diseases and medically treatable diseases.

What We Heard from You:

During the 2005 consultation we heard many comments from Cowichan Valley staff and residents, the main themes included:

- Need for more care options for seniors;
- Increase collaboration with First Nations communities and individuals; and
- Strengthen mental health and addictions services.

What We’re Doing:

We are increasing capacity in home and community care in this area, adding residential care beds in Cowichan and Lake Cowichan and increasing the number of home care clients we serve. In 2008, we will open 160 residential care beds and 50 assisted living units in Duncan, we will continue to increase residential care capacity in these communities through to 2013.

We are focusing our population health and prevention strategies towards Aboriginal populations, and strengthening mental health and addictions services, subject to Ministry of Health direction, through the development of 20 community intensive supportive living beds in Cowichan, and improved crisis response.

We have a ‘role and scope’ of services review and master site planning process currently underway at the Cowichan District Hospital. Residents of Ladysmith will benefit from the enhanced primary health care services now delivered at the Ladysmith Primary Health Centre, which includes urgent care, diagnostic services, child and youth services, mental health services and older adult programming.
South Area

Situated at the southern tip of Vancouver Island, the South Area covers approximately 2,360 square kilometers, including the southern gulf islands. This Area is the smallest geographic area in the Health Authority, yet almost half of all VIHA residents live here. Fewer people live in rural and remote locations here, than in other areas.

The population of the South Area is 366,934. This Area has the lowest percentage of people identifying as Aboriginal in the Health Authority. Between now and 2013, population forecasts predict a slightly slower growth rate than in VIHA as a whole. The population here is slightly younger than the general population in the Health Authority, and the number of residents aged 75 and over is expected to decrease over the next ten years.

Overall, people in the South Area experience better health status than the population of VIHA overall. There is a lower rate of teen mothers here, people live approximately one year longer, and the overall death rate is lower than in VIHA overall. A significant number of deaths here are related to drugs. In general, residents of the South have achieved a higher education than in VIHA overall, and there is a lower unemployment rate and slightly higher average income than in VIHA as a whole.

People who live in the South are admitted to hospital less often than are people in the Health Authority overall, and home and community care service provision in the South is higher.

The way we deliver health services in this area appears to be meeting most health needs of most people. However, we face challenging issues with regard to access to services and patient flow through acute care and residential care facilities.

Victoria and Saanich

As VIHA’s largest urban centre, Victoria and Saanich face different health challenges than other areas. It has a very high population density, and a large population of homeless/hard to serve people, who have significant mental health and addictions issues.

Currently, 223,342 people live in Victoria, fewer of whom identify as Aboriginal than in the Health Authority as a whole. Forecasts for the next ten years predict slower rate of population growth here than VIHA. The population here is relatively young, with a relatively small percentage aged 75 and over now - an age group that is expected to decrease between now and 2013. Health status here is comparable to the Health Authority, with a lower rate of teenage mothers, and comparable death rate. A significant number of deaths here are due to drugs. Integrated mental health and addictions services, health care options and prevention strategies will be particularly important for this Area’s hard to serve populations.

There are 63,407 people living in Saanich, with a lower percentage identifying as Aboriginal than VIHA. The population is forecast to grow more slowly over the next ten years than the
population of VIHA as a whole. The population in Saanich is older than in VIHA overall. The number of people aged 75 and older is expected to grow between now and 2013. People here have relatively good health status compared to the Health Authority, which may be due to factors such as employment and education. Almost 6 in 10 residents of Saanich have attended college or university, and the unemployment rate is very low. There is also a lower rate of teenage mothers and a lower overall death rate than in Health Authority.

Western Communities and Sooke (Including Langford, Colwood, View Royal, the Highlands and Metchosin)

The Western Communities are located on the South Coast of the Island, west of Victoria. Many people living here commute to work in Victoria.

There are 64,413 people living in the Western Communities, with fewer of them identifying as Aboriginal than in VIHA as a whole. The population here is forecast to grow more quickly than in any other area of the Health Authority. The population in the Western Communities is significantly younger than the population of VIHA as a whole, and there are relatively few people aged 75 and older, although this age group is expected to grow over the next ten years. Health status here is comparable to the overall health status of the Health Authority, with a lower rate of teenage mothers and an average overall death rate.

Gulf Islands (Including Saltspring, Galiano, Mayne, Saturna, North and South Pender)

Made up of several large islands and a multitude of smaller islets, the Gulf Islands lie southwest of the Strait of Georgia, along the Coast of Vancouver Island between Ladysmith and Victoria. Some islands in this group are densely populated, while others are more remote and less populous.

Currently, 15,772 people live on the Gulf Islands, with a lower percentage of people identifying as Aboriginal than in VIHA as a whole, and a faster predicted growth rate than VIHA overall. The population in the Gulf Islands is relatively old, with a larger proportion of people aged 75 - an age group that is expected to grow between now and 2013. Overall, people in this area have good health status, likely due to factors such as education and employment. Almost 6 in 10 of area residents have attended college or university and the unemployment rate is low. There is a lower rate of teenage mothers, and a much lower death rate than VIHA as a whole. A significant number of deaths are due to suicide.

What We Heard from You:

During the 2005 consultation we heard many comments from Victoria, Western Communities and Saanich Peninsula residents and staff, the main themes included:

• More care options for seniors;
• Maintain and enhance Saanich Peninsula Hospital;
• Work with community partners to address the needs of the homeless and those with mental illness and addictions;
• Improve access to high priority diagnostics and specialty services; and
• Address the needs of the rural and remote areas on the Gulf Islands including issues related to mental health and addictions and outreach/telehealth.

**What We’re Doing:**

We are working to increase care options for seniors by adding additional residential care. In 2008, we plan to add 185 residential care beds and 55 assisted living units in Victoria and 30 residential care beds and 10 assisted living units in Sooke. In addition to this, we plan to increase residential care capacity in Victoria, Saanich, Sooke, and the Gulf Islands by 2013.

We are maintaining services and strengthening the role of the Saanich Peninsula Hospital to better meet the needs of local residents. We have collaboratively developed a vision for the Saanich Peninsula Hospital, which we will implement over the next few years, and support by upgrading current operating rooms. The vision will support Saanich Peninsula Hospital as an integrated part of our network of South Island hospitals, and a facility able to provide more services to local residents.

The population of homeless/hard to serve residents in Victoria is high. We are working to enhance services to this client group, subject to Ministry of Health direction, by increasing the number of community intensive supportive living beds and enhancing intensive residential support. We have supported the recommendations of the Victoria Mayor’s Task Force on Homelessness report and have committed funds to create additional community-based mental health and addictions services to better support and treat this population.

We have undertaken significant planning projects to create a new 500-bed patient care centre at the Royal Jubilee Hospital and expand the Emergency Department at the Victoria General Hospital. The new patient care centre will conform to LEED (Leadership in Energy and Environmental Design) Gold building standards.

We are currently developing two Integrated Health Networks in Victoria and one in Sooke. These networks will permit groups of health resources to formally work together to provide the best support to complex, high needs patients and their family physicians by delivering a range of everyday health services on a regular ongoing basis to help people stay healthy, prevent injury, manage illness, and cope with end-of-life.

A rural health services framework, which is in the earliest stages of development, will inform health service planning for residents of the Gulf Islands.
Conclusion

VIHA is facing increasingly difficult challenges in providing health care to a rapidly growing and aging population. Not only do population projections show that growth will continue through the next five years, they also show that the percentage of people aged 75 and older will increase significantly, especially in the Central Area. Population growth and aging both result in a greater need for health services, which will present system-wide challenges.

We recognize that to meet these challenges, we must shift from a health care system focused on managing illness, to one that focuses on helping people stay healthy, and delivers a seamless, integrated range of services. We have developed broad goals for the system, and identified strategic priorities that will help us attain those goals. Our strategic priorities are:

- Improved health of high needs populations;
- Comprehensive primary health care;
- Improved access and patient flow;
- Enhanced quality and safety performance;
- A sustainable network of hospitals;
- A centre of excellence for seniors’ care;
- Integrated mental health and addictions service;
- A healthy workplace and engaged workforce; and
- Fiscal sustainability and innovative business models.

We have identified the significant risks that may impact our ability to achieve the goals and strategic priorities of this Plan over the five-year period. The risks of greatest concern include having sufficient staff, physicians and funding to support the level of service growth required to meet the needs of our aging population into the future. A number of strategies are underway to mitigate these risks. Over the next year we will actively monitor these risks, develop service scenarios and further plans to address them.

In order to realize our long term planning goals and strategic direction, we have identified the need to consistently alter our plans to reflect actual operating and capital resources. To achieve strategic change effectively, we must have the appropriate resources and continually manage our change processes to ensure our staff and systems are not overwhelmed.

We review and update our Strategic Plan every year to reflect new data, information and emerging priorities, and periodically extend its scope to ensure that we are never looking less than three years ahead. The Strategic Plan guides the development of our more detailed three-year Health Service and Budget Management Plans and specific infrastructure plans. We will
continue to monitor the extent to which we are meeting the goals, and strategic priorities set out in this plan.

The consultation process we undertook as we prepared this plan has been tremendously useful. We have learned a lot, and have been enormously encouraged by the number of responses we receive in person, on line, and by telephone and mail, not only during our formal consultation process, but day to day, as issues and questions arise. We will undertake another extensive process of consultation with clients, communities and our staff within the next few years, to guide the development of our goals and priorities for the future.

We look forward to continued input and feedback from individuals, communities, partners and health care professionals as we work towards an affordable, sustainable health care system that works well for everyone who needs it.
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**Glossary of Terms**

**Access:** A patient's ability to obtain health care when and where it is needed. Access is affected by factors such as where health care facilities are located and how many of them there are, how easy it is to apply for services, the availability of transportation and hours of operation.

**Accountability:** The obligation to demonstrate and take responsibility for performance in light of commitments and expected outcomes.

**Acute care:** Specialized care for a brief but severe episode of illness or for conditions that result from disease, trauma or surgery. These services are for people who need immediate intervention, constant medical attention or specialized medical equipment.

**Aging in place:** A process that allows seniors to stay in one location despite changes in their needs, by adjusting the degree and type of services they receive. This can occur at home or in a facility offering multiple levels of care.

**Alternate level of care:** Care for people who no longer require acute care or who have been assessed for eligibility in residential care, but who remain in an acute care hospital pending transfer to a suitable facility.

**Ambulatory/outpatient care:** Care given to people who do not have to stay in the hospital over night. This may include day surgery, visits to emergency departments, and care provided in clinics or offices.

**Appropriateness:** The extent to which a particular procedure, treatment, test, or service is clearly indicated, not excessive, adequate in quantity, and provided in the setting best suited to a patient's needs.

**Assisted living:** Self-contained apartments where people receive personal care and hospitality services such as meals, housekeeping and laundry services, recreational opportunities, assistance with medications, mobility and other care needs, and have access to a 24-hour response system.

**Best practices:** These are programs, services or activities that are based on sound scientific evidence, extensive community experience and/or cultural knowledge.

**Broad determinants of health:** Everything in a person’s life that may affect their health, including factors such as: income and social status, social support, education, employment and working conditions, social and physical environments, personal health practices and coping skills, biology and genetic endowment, health services, gender and culture.
**Capacity:** The ability to provide a service: includes infrastructure like hospital facilities and beds, as well as the systems and resources to support the service, such as: workforce, policies, training, research, technical assistance, and information systems.

**Chronic disease:** A disease which is: permanent and leaves residual disability; requires a person to receive special training for rehabilitation; or is expected to require a long period of supervision, observation, treatment, or care.

**Clinical pathway:** A systematic approach to achieving particular health outcomes for a patient in the hospital, that identifies which resources are needed and establishes the best sequence of treatments for that type of case.

**Clinical portfolio:** One of five departments within VIHA, led by an executive medical director and executive director, with Authority-wide responsibility for health care services. VIHA’s clinical Portfolios are: Population and Family Health; Diagnostic and Surgical Services; High Intensity and Rehabilitation Services; Continuing Health Services; and Medicine and Chronic Disease Management/Primary Health Care.

**Community health centre:** A facility that does not provide inpatient services, rather a range of outpatient services such as primary care, diagnostics, emergency services and mental health and addictions programs.

**Community hospital:** VIHA’s Community Hospitals provide emergency services, basic acute care and some specialty services, on both an outpatient and inpatient basis.

**Community Intensive Supported Living (CISL):** An enhanced model of care for persons with mental health and/or addictions challenges. Accommodation is provided in a designated apartment complex with around the clock on-site monitoring by qualified health care workers. Nurses are available on an on-call basis to assist as necessary.

**Community of care:** A full range of housing and care options for seniors, grouped in one location, to allow seniors to ‘age in place’ as their health needs change.

**Complex care:** 24-hour professional care in a residential setting for seniors and people with significant physical and/or cognitive disabilities.

**Continuum of care:** A comprehensive set of services ranging from preventive to acute care to long term and rehabilitative services. The continuum focuses on prevention and early intervention for those who have been identified as high-risk and provides easy transition from service to service as needs change.

**Core services:** Core specialty services provided in hospitals as defined by the Ministry of Health include: General Surgery, Internal Medicine, Anesthesia, Obstetrics/Gynecology, Pediatrics and Psychiatry.
Demographics: Statistical information about characteristics of a population such as age, income, gender, ethnicity, age, educational attainment, etc.

Electronic health record: An electronic record of the physical or mental health of a patient, which can be transmitted, stored, retrieved and linked by computers to support efficient and high quality provision of health care services.

Harm reduction: Harm reduction reduces the impact of drug-related harm on people and communities. It does not condone illegal risk behaviours such as drug use, but acknowledges that these behaviours occur and that public health measures designed to reduce the harm they can cause are needed.

Health Services and Budget Management Plan: A three-year operating plan that we prepare annually, that mainly describes the key and major service delivery initiatives and plans proposed for the coming year. It identifies key areas of focus for the organization in conjunction with the strategic objectives and program strategies of the Ministry of Health. The Health Services Plan provides details of plans that are underway for the delivery of health care within the Health Authority, and the corresponding Budget Management Plan lays out details of financial resource allocation decisions required.

Health status: An overall evaluation of an individual’s or population’s degree of wellness or illness defined by a number of factors, including quality of life.

Health Transition Fund: A $150 million fund, which from 1997-2001 supported 140 projects across Canada to test and evaluate innovative ways to deliver health care services. These projects generated evidence that governments, health care providers, researchers and others can use in making informed decisions leading to a more integrated health care system.

Healthy work environment: An environment that: protects employees’ health and safety; provides effective communication; supports employees in making healthy lifestyle choices, and; provides opportunities for learning and career development.

High-needs populations: Specific groups of people whose need for health care services is greater than that of the population in general, for example: children and youth, people living in rural and remote areas, Aboriginal people, homeless/hard to serve, the chronically ill, persons with disabilities, the frail elderly, and adults or seniors with mental illnesses and/or addictions.

Home and community care: Health care services delivered to people in their own homes, or in residential facilities in the community, including: assisted living, transitional care, home-based care, palliative care and community services.
Home-based care: Health care services provided in people’s homes by visiting health care professionals, including: nursing, rehabilitation, case management and home support such as personal assistance with bathing, dressing, mobilization, medication and oxygen therapy.

Hospice: A program which provides palliative and supportive care for terminally ill patients and their families, either directly or on a consulting basis with the patient’s physician or another community agency. The whole family is considered the unit of care, and care extends through their period of mourning.

Infrastructure: Infrastructure is a set of interconnected elements that provide the framework for supporting an organization. In VIHA, our infrastructure includes: capital investments like facilities and equipment, human resources, information systems and technology, research and development, safety and quality standards, and business development strategies.

Inpatient: Someone who has been admitted to hospital to stay overnight for treatment, and who is under the care of a physician.

Integrated services: Services that are linked together. Integration lessens duplication and ‘red tape’, and helps make it easier for people to access the services they need.

May not require hospitalization: A term used to describe cases in which the combination of diagnosis, procedure, and age usually mean that appropriate care could have been provided properly in the community or an ambulatory care setting without the need for admission as a hospital inpatient.

Mental health and addictions services: Services designed to help people of all ages with mental illnesses and/or substance use disorders. Approximately half of those who suffer from mental illness also have substance abuse problems.

Occupancy rate: A measure of inpatient health facility use related to efficiency and responsiveness, determined by dividing available bed days by the actual patient days used. It measures the average percentage of a hospital's beds occupied and may be institution-wide or specific for one department or service.

Palliative care: Care that is given to a person with progressive, advanced disease with little or no prospect of cure and for whom the primary goal is to maintain quality of life. Palliative care also includes care and counseling for family members.

Patient flow: Describes the progress of a patient through the health care system from the time they are first diagnosed with an illness, or admitted to hospital, till they recover or are discharged.

Population health and wellness services: Programs and services that help the whole population, live healthy lives and reduce preventable conditions that lead to poor health and premature death.
Population health approach: An approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health.

Primary health care: Services that people and communities receive on a regular and ongoing basis in order to stay healthy, get better, manage ongoing illness or disease, and cope with end-of-life.

Regional hospital: Regional hospitals provide basic acute care and some specialty services, on both an outpatient and inpatient basis, as well as core specialties including: General Surgery, Internal Medicine, Anesthesia, Obstetrics/Gynecology, Pediatrics, Psychiatry, Radiology and Pathology. Some sub-specialties may also be available. On-site physicians provide emergency care on a 24-hour basis, 7 days per week.

Remote hospital: Remote hospitals in VIHA generally provide some outpatient services, emergency services and a limited range of inpatient services. General practitioners, supported by an interdisciplinary team of other health care professionals usually provide these services.

Remote outpost: Outpost hospitals provide primary and limited emergency health care services to residents in rural/remote communities through one or two person nurse stations supported by regular visits from physicians.

Residential care: A range of housing and care services provided in the community, including: independent housing, transitional care, convalescent care, assisted living care and complex care.

Seamless service: An integrated and flexible range of services that is easy for people to access, and that coordinates their care across the whole health care system.

Sectors: Broad categories of health care services. In VIHA these include: population health and wellness, primary health care and chronic disease management, acute care, home and community care, and mental health and addictions services.

Stakeholder: Any individual, group or organization that has a valid interest in something. Stakeholders in VIHA’s health care services include patients and their families, hospitals and other health care facilities, the government, communities, partner organizations, staff, physicians and other health care providers. Different groups of stakeholders sometimes have different interests or needs.

Strategic planning: The planning activity where an organization considers and makes major strategic decisions that will determine its future direction. A decision is not strategic just because it is important. Strategic decisions and priorities define the organization’s current and
evolving role, affect the whole organization, and influence the administrative and operational activities and processes.

**Strategic priority:** A specific area of focus, chosen because of its importance or urgency.

**Sustainability:** The ability to continue to provide needed services. This implies having sufficient funds to meet all resource requirements and fiscal obligations.

**SWOT analysis:** A critical set of steps in VIHA’s infrastructure planning that includes internal and external assessments, and results in the identification of strengths, weaknesses, opportunities and threats. This is a complex analysis, which involves matching external possibilities with internal capabilities.

**Tertiary hospital:** Tertiary Hospitals provide highly specialized services and trauma care, as well as outpatient and inpatient services and core specialties. On-site physicians provide emergency care on a 24-hour basis, 7 days per week.

**Transitional care:** Rehabilitation and convalescent care provided after people are discharged from acute care hospitals. Transitional care is designed to help people to return to their homes or community.

**Vancouver Island Health Authority (VIHA):** One of five provincial appointed bodies that govern, plan and coordinate services in participation with the Provincial Health Services Authority, which coordinates and/or provides provincial programs and specialized services, such as cardiac care and transplants. This structure, introduced in December 2001, modernized a complicated, confusing and expensive health care system by merging the previous health authorities into a streamlined governance and management model.
APPENDICES

Appendix A: What We Heard in the Consultation Process
Appendix B: Organization Charts
Appendix C: VIHA Population and Health Status
Appendix D: Acute Facility Data
Appendix E: Residential Services Forecast Capacity
Appendix A: What We Heard in the Consultation Process

VIHA released its Five-Year Strategic Plan in draft form in October 2005 and immediately embarked on an extensive consultation process to ensure the plan reflected not only our vision, but also the vision of our communities, staff and the broader public we serve. From then until February 2006, we consulted with our staff and physicians, the public, regional hospital districts, community groups, and partner organizations. In November and December 2005, we met face to face with over 1,000 people in a series of 25 open houses in the following 14 communities across the Health Authority:

- Port Hardy
- Port McNeill
- Alert Bay (Cormorant Island)
- Port Alice
- Campbell River
- Comox Valley
- Port Alberni
- Parksville
- Tofino
- Nanaimo
- Cowichan
- Victoria
- Colwood (Western Communities)
- Saanich Peninsula

Open houses were staffed by senior VIHA personnel who were available to share the strategic direction of the organization and to receive comments, feedback and personal experiences from both staff and the public.

Additional feedback was also received through an online forum, feedback form, email, letters and numerous meetings with stakeholder groups. Detail on comments provided is available on our website at www.viha.ca.
Appendix B: Organization Charts

VIHA Organizational Chart

VIHA Integrated Health Service Chart
Our Vision: Healthy People, Healthy Island Communities, Seamless Service
Updated: January 15, 2008
Appendix C: VIHA Population and Health Status
VIHA Population Data for 2008 and 2013 by Age Group and Local Health Area

### 2008/09 VIHA Population

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<th>65-74</th>
<th>75-84</th>
<th>85+</th>
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### 2013/14 VIHA Population

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<th>75-84</th>
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## VIHA Health Status Indicators by Local Health Area

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Appendix D: Acute Facility Data
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<td>1,712</td>
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<td>Port Alice</td>
<td>Community Health Centre</td>
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</tbody>
</table>

¹ Inpatient Services are not provided at Outpost Stations and Community Health Centres. These sites may provide a range of outpatient services such as primary care, diagnostics, emergency services, and mental health and addictions programs.
² Queen Alexandra Hospital provides tertiary level child and mental health services but does not provide emergency and surgical services.
³ Acute Beds are based on the bed capacity as of December 14, 2007.
⁴ Surgical Cases are based on the Surgical Case Mix Groups.
⁵ Deliveries are based on Patient Service Code 51.
Appendix E: Residential Services Forecast Capacity
### Residential Services Capacity

<table>
<thead>
<tr>
<th>Community</th>
<th>Baseline 2005</th>
<th>Planned New Capacity^4</th>
<th>Needs-Based Projected New Capacity (Subject to Change)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mt. Waddington</td>
<td>20</td>
<td>20</td>
<td>38</td>
</tr>
<tr>
<td>Campbell River</td>
<td>163</td>
<td>243</td>
<td>239</td>
</tr>
<tr>
<td>Courtenay/Comox</td>
<td>343</td>
<td>466</td>
<td>490</td>
</tr>
<tr>
<td>Port Alberni/West Coast</td>
<td>188</td>
<td>214</td>
<td>228</td>
</tr>
<tr>
<td>Parksville/Qualicum</td>
<td>319</td>
<td>469</td>
<td>600</td>
</tr>
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<td>739</td>
<td>785</td>
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<td>140</td>
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<td>Greater Victoria/Saanich</td>
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<td>2,706</td>
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<td>Western Communities</td>
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<td>91</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,861</strong></td>
<td><strong>5,700</strong></td>
<td><strong>6,395</strong></td>
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</tbody>
</table>

^4 Figures for 2008 reflect planned new capacity as of 2005. All planned and projected beds, units, and rates are approximate and subject to change based on changing demographics, changing service delivery options, and changing community needs.

^5 Residential care volumes for 2013 are derived through the application of the 2010 projected rates to the 2013 population. Volumes derived using population-based rates are strongly influenced by changes in population forecasts, particularly in small communities. The figures for Mt. Waddington between 2008, 2010 and 2013 reflect this influence.