**Our Health Care Report Card**

**Provide the best care**

**SYSTEM LEVEL**

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Target</th>
<th>Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Patient Experience</td>
<td>Apr 2012 to Mar 2013</td>
<td>&gt;= 90.0 %</td>
</tr>
<tr>
<td>Hospital Standardized Mortality Ratio</td>
<td>Apr 2012 to Mar 2013</td>
<td>&lt;= 100.0</td>
</tr>
</tbody>
</table>

**REDUCE UNNECESSARY VARIATION IN CARE BY USING EVIDENCE BASED PROTOCOLS**

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Target</th>
<th>Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clostridium difficile Infection Rate</td>
<td>Apr 2013 to Jun 2013</td>
<td>&lt;= 7.50</td>
</tr>
<tr>
<td>Hand Hygiene Compliance</td>
<td>Apr 2013 to Jun 2013</td>
<td>&gt;= 85.0 %</td>
</tr>
<tr>
<td>Percent of hip fracture fixations completed within 48 hours</td>
<td>Apr 2013 to May 2013</td>
<td>&gt;= 90.0 %</td>
</tr>
<tr>
<td>Nursing Sensitive Adverse Events</td>
<td>Apr 2013 to Jun 2013</td>
<td>&lt;= 10.0</td>
</tr>
</tbody>
</table>

**IMPROVE CLINICAL INTEGRATION AND QUALITY BY BUILDING REGIONAL PROGRAMS, DEPARTMENTS AND PROCESSES**

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Target</th>
<th>Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Patients Admitted to Hospital Within 10 Hours</td>
<td>Apr 2013 to Sep 2013</td>
<td>&gt;= 55.0 %</td>
</tr>
<tr>
<td>Surgery Wait Time</td>
<td>Apr 2013 to Sep 2013</td>
<td>&gt;= 75.0 %</td>
</tr>
<tr>
<td>Surgery Wait Time Longer Than 52 Weeks</td>
<td>Apr 2013 to Sep 2013</td>
<td>&lt;= 2.0 %</td>
</tr>
<tr>
<td>Unplanned Readmission Rate to Hospital</td>
<td>Apr 2012 to Mar 2013</td>
<td>&lt;= 8.0 %</td>
</tr>
</tbody>
</table>

**BUILD AN INTEGRATED ELECTRONIC HEALTH RECORD**

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Target</th>
<th>Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic Health Record Adoption Score</td>
<td>Jan 2011 to Dec 2011</td>
<td>5.0</td>
</tr>
</tbody>
</table>

**Promote better health for our communities**

**SYSTEM LEVEL**

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Target</th>
<th>Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles, Mumps and Rubella (MMR) immunization coverage rates</td>
<td>Sep 2011 to Jun 2012</td>
<td>&gt;= 95.0 %</td>
</tr>
<tr>
<td>Alternate Level of Care Days</td>
<td>Apr 2013 to Sep 2013</td>
<td>&lt;= 6.6 %</td>
</tr>
<tr>
<td>Percent of communities that have completed healthy living strategic plans</td>
<td>2012/13</td>
<td>&gt;= 21.0 %</td>
</tr>
</tbody>
</table>

**IMPLEMENT TARGETED HEALTH PROMOTION AND PREVENTION INITIATIVES TO REDUCE THE INCIDENCE OF CHRONIC DISEASE**

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Target</th>
<th>Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Childhood Development Index</td>
<td>2009-2011</td>
<td>&lt;= 29.5 %</td>
</tr>
<tr>
<td>Overweight or Obesity Rate</td>
<td>2009/10</td>
<td>&lt;= 32.3 %</td>
</tr>
</tbody>
</table>

**REDUCE HEALTH INEQUITIES IN THE POPULATIONS WE SERVE**

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Target</th>
<th>Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disparity Ratio for Life Expectancy</td>
<td>2006-2010</td>
<td>1.05</td>
</tr>
</tbody>
</table>

**COORDINATE CARE ACROSS THE CONTINUUM OF PRIMARY, COMMUNITY, HOME AND ACUTE CARE**

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Target</th>
<th>Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Care Sensitive Condition Rate (&lt;75 years)</td>
<td>2012/13-Q3</td>
<td>&lt;= 187</td>
</tr>
<tr>
<td>Age Standardized Home Health Rate (&gt;75 years)</td>
<td>2012/13</td>
<td>&gt;= 150.0</td>
</tr>
</tbody>
</table>
Develop the best workforce

**SYSTEM LEVEL**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Time Frame</th>
<th>Target</th>
<th>Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Safety Scores (PHC not included)</td>
<td>Apr 2011 to Mar 2013</td>
<td>&gt;= 3.7</td>
<td>3.7</td>
</tr>
<tr>
<td>Employee Engagement</td>
<td>Apr 2011 to Mar 2013</td>
<td>&gt;= 3.5</td>
<td>3.5</td>
</tr>
</tbody>
</table>

**MAXIMIZE STAFF POTENTIAL SO THEY CAN DO THEIR BEST EVERY DAY**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Time Frame</th>
<th>Target</th>
<th>Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sick Time Rate</td>
<td>Apr 2013 to Sep 2013</td>
<td>&lt;= 5.1 %</td>
<td>4.9 %</td>
</tr>
<tr>
<td>Overtime Rate</td>
<td>Apr 2013 to Sep 2013</td>
<td>&lt;= 2.0 %</td>
<td>2.2 %</td>
</tr>
<tr>
<td>Nursing Overtime Hours</td>
<td>Jan 2013 to Mar 2013</td>
<td>&lt;= 3.4 %</td>
<td>4.8 %</td>
</tr>
</tbody>
</table>

Innovate for sustainability

**SYSTEM LEVEL**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Time Frame</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Productivity (in millions of dollars)</td>
<td>2011/12</td>
<td>&gt;= $125.0</td>
<td>$134.3</td>
</tr>
</tbody>
</table>

**OPTIMIZE CAPACITY, RESOURCE UTILIZATION AND PRODUCTIVITY**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Time Frame</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Productive Hours per Patient Day</td>
<td>Apr 2013 to Sep 2013</td>
<td>&lt;= 6.6</td>
<td>6.8</td>
</tr>
<tr>
<td>Total System Utilization by Inpatients</td>
<td>Dec 1, 2012 - June 20, 2013</td>
<td>&gt;= 68,595</td>
<td>72,205</td>
</tr>
<tr>
<td>Total System Utilization by Surgical Daycare</td>
<td>Dec 1, 2012 - June 20, 2013</td>
<td>&gt;= 9,109.9</td>
<td>9,575.2</td>
</tr>
</tbody>
</table>

**DO THE MOST WITH THE LEAST ENVIRONMENTAL IMPACT**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Time Frame</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Tray Waste</td>
<td>Jul 2012 to Jul 2012</td>
<td>&lt;= 10.0 %</td>
<td>19.0 %</td>
</tr>
</tbody>
</table>

- **Within desirable target range**
- **Within 10% of target**
- **Outside desirable target range by more than 10 %**
Emergency Patient Experience

Are patients happy with our emergency department services?

What are we measuring?

We measure the percentage of emergency department patients who rate the care they received at the hospital positively. Are patients happy with our services?

Why?

Our patient experience surveys provide us with valuable information about the way patients feel about our services. We use the feedback to identify areas for improvement so that we can continue to provide high-quality health care.

How do we measure it?

We take the total number of responses that answered “good”, “very good” or “excellent” to the overall quality of care question and divide by the total number of non-blank responses to the overall quality of care questions.

How are we doing?

Our latest result for 2012/13 Q4, as well as our year to date result, is at our target of 90%. Overall, satisfaction continues to grow with a continued improvement in the domains of receiving pain medication and communication between patients and physicians and nurses, team work and patient teaching. Domains we continue to target for improvement with regional initiatives include coordination and integration of care, transitions, physical comfort/pain management and communication. With the launch of our public website for ED wait times, we hope to improve of our communication of wait times.

What can you do?

1. Call HealthLinkBC at 8-1-1 to speak to a nurse about your non-emergency health concerns, discuss your symptoms and get advice on whether you should see a health professional. You can also visit www.HealthLinkBC.ca. 2. Visit www.vch.ca to find out how to submit a compliment or complaint about the care you received.

Our performance | Target *
--- | ---
90.0 % | >= 90.0 %

of patients rate their care positively

Year-to-date Timeline: Apr 2012 to Mar 2013

* Our target is set by the B.C. Ministry of Health.
Hospital Standardized Mortality Ratio

What is our mortality rate compared to other Canadian hospitals?

What are we measuring?
We are measuring the number of patient deaths in our hospitals, compared to the average Canadian experience.

What we are doing?
Comprehensive reviews are done on all deaths within Vancouver Coastal Health to ensure that safe, high quality care was delivered to the patient.

Why?
Hospital Standardized Mortality Ratio (HSMR) is an important measure to improve patient safety and quality of care in our hospitals. We use it to identify areas for improvement to help reduce hospital deaths, track changes in our performance and strengthen the quality of patient care.

What can you do?
1. Keep in mind that HSMR is not a perfect measure. Hospital care is complicated and depends on many factors, not all of which are reflected or accounted for by the HSMR. 2. You should not use the information to pick where to seek care.

How do we measure it?
The HSMR is calculated as a ratio of the actual number of deaths to the expected number of deaths among patients in hospital. It takes into account factors that may affect mortality rates, such as the age, sex, diagnosis and admission status of patients. It uses the national baseline average from 2009/10.

How are we doing?
VCH continues to maintain a rate better than the national average. Multiple initiatives are underway to continue to reduce this ratio. Recent increasing trends at some sites are being investigated to understand what changes, if any, have occurred in patient mix, practice, documentation and coding, and how to address them.

Our performance | Target *
--- | ---
85.0 | <= 100.0

Year-to-date Timeline: Apr 2012 to Mar 2013

*Our target is the national standard set by the Canadian Institute for Health Information.
Clostridium difficile Infection Rate

How many patients get the bacterial infection from a hospital stay?

What are we measuring?
We monitor the number of patients who get sick with the bacterium Clostridium difficile (C. difficile) as a result of a stay in hospital.

Why?
C. difficile is the most common cause of hospital-acquired infectious diarrhea. C. difficile infection happens when antibiotics kill the good bacteria in the gut and allow the C. difficile bacterium to grow and produce toxins that can damage the bowel. It most commonly causes diarrhea but can sometimes cause more serious intestinal conditions.

How do we measure it?
We take the total number of healthcare associated C. difficile infection cases identified every three months and divide it by the total number of patient days for the same time period. We multiply that number by 10,000 to arrive at a case rate per 10,000 patient days.

How are we doing?
The C. difficile infection rate for quarter 1 of 2013/14 is 7.8 which is down from 8.5 in the previous quarter. The rate is better than our preliminary 2013/14 target of 8.46 per 10,000 patient days. Multidisciplinary interventions aimed at reducing hospital acquired C. difficile infection continue to be strengthened.

What we are doing?
1. Improving our ability to quickly identify cases of C. difficile infection. 2. Working with the hospital pharmacy to promote appropriate treatment. 3. Providing additional cleaning of hospital isolation rooms and equipment. All rooms with patients known or suspected of having C. difficile are cleaned twice a day. 4. Providing nursing units with regular reports (weekly VCH, monthly PHC) that show the number of cases acquired on their unit helps them evaluate their improvement efforts. Our infection control team works with all nursing units to identify opportunities for improvement.

What can you do?
1. If you have C. difficile infection, be sure to tell anyone who treats you. 2. Wash your hands regularly with soap and water to prevent the spread of the bacterium to others. Do not be shy about politely reminding everyone to wash his or her hands. 3. Use antibiotics only when necessary. Be sure to take the full course of antibiotics, even after you start to feel better.

Our performance | Target *
--- | ---
7.80 | <= 7.50

Year-to-date Timeline: Apr 2013 to Jun 2013

*Our target for 2013/14 is to decrease our regional annual rate on a site by site basis based on internal funding initiatives.
Hand Hygiene Compliance

Do hospital staff clean their hands often enough?

What are we measuring?
We observe how often health care workers clean their hands before and after they come in contact with patients or their environment. Do they clean their hands at every opportunity?

Why?
Clean hands are the single most effective way to stop the spread of infection or prevent patients from getting infections. Every health care associated infection adds $10,000 to $24,000 in treatment cost per patient.

How do we measure it?
Every month we observe a sample of staff working at VCH hospitals. At PHC, we observe a sample of staff every three months. The percentage score reflects how often staff clean their hands when there is an observed opportunity to do so.

How are we doing?
The 2013-2014 annual target for hand cleaning is 85%. The VCH results show that the percent of observed hand cleaning has plateaued at approximately 70%. Efforts to revitalize the hand hygiene program are underway. As of November 1, hand hygiene auditors within VCH (excluding PHC) began handing out instant feedback cards. VCH hospital units receive their compliance reports on a monthly basis (PHC quarterly) and these are posted publicly.

What we are doing?
1. Installing new hand sanitizer dispensers in convenient locations. 2. Conducting more compliance audits to reinforce that hand cleaning is important. 3. Determining what staff groups and sites need help to improve their compliance. 4. Encouraging staff to work hand cleaning into their practice routines. 5. At PHC there has been additional focus on improving before patient contact hand hygiene compliance because it is always lower than after patient contact.

What can you do?
1. Politely ask health care workers if they have cleaned their hands before they examine or treat you. 2. Clean your own hands thoroughly and often especially before and after eating and after going to the washroom.

<table>
<thead>
<tr>
<th>Our performance</th>
<th>Target *</th>
</tr>
</thead>
<tbody>
<tr>
<td>74.3 %</td>
<td>&gt;= 85.0 %</td>
</tr>
</tbody>
</table>

of hand cleaning opportunities taken

Year-to-date Timeline: Apr 2013 to Jun 2013

*Our target for 2013/14 is 85% with the ultimate objective being 100%.
Percent of hip fracture fixations completed within 48 hours

How fast do patients get surgery to fix a hip fracture?

What are we measuring?

We are measuring the percentage of hip fracture patients who have surgery within 48 hours from the time they are first admitted to hospital.

Why?

Our goal is to ensure we provide the best care for our patients. Research shows that patients who wait less than 48 hours for surgery to fix a hip fracture have a better recovery.

How do we measure it?

We record the time and date patients were admitted to hospital, and the time and date patients entered the operating room, to find out how many patients had hip fracture surgery within 48 hours. Then, we divide that number by the total number of patients who had hip fracture surgery within 14 days of admission to hospital.

How are we doing?

With dedicated teams and concerted effort at all sites, real time data collection in the BC Hip Fracture Registry shows performance has improved to 85% within target for July through September, with LGH, RH and SPH reporting 100% of all cases within target as of Sept. 23 for their last week of available data.

Our performance | Target *
--- | ---
77.8% | \( \geq 90.0\% \)

of hip fracture fixations are completed within 48 hours

Year-to-date Timeline: Apr 2013 to May 2013

*Our target is set by the BC Ministry of Health
Nursing Sensitive Adverse Events

Are our patients getting high quality nursing care?

What are we measuring?
We are measuring the rate of nursing sensitive adverse events for all medical and surgical patients 55 years of age or older. An adverse event happens when a patient is unintentionally harmed as a result of their medical treatment. The events included in this measure are urinary tract infections, pressure ulcers, in-hospital bone fractures and pneumonia.

Why?
Our goal is to provide the best care to our patients. Our patients will have better health outcomes, and a better recovery, if there is a greater quality of nursing care.

How do we measure it?
We take the number of patients 55 years of age or older who have one or more nursing sensitive adverse events while in hospital and divide it by the total number of medical and surgical patients who are 55 years of age or older. The rate we report is per 1,000 patient discharges (leaving the hospital).

How are we doing?
We recognize that our nursing sensitive adverse events are higher than at other hospitals across Canada, especially for urinary tract infections and pneumonia rates.

What we are doing?
We are implementing a number of projects across the organization that focus on reducing the risk of developing urinary tract infections and pneumonia during a hospital stay.

What can you do?
To reduce your risk of developing pneumonia if you are staying in the hospital, work with your nurse and physiotherapist to move around as much as possible and to take deep breaths. To reduce your risk of getting a urinary tract infection, work with your nurse to make sure you are getting proper nutrition and that your catheter (if you have one) is kept clean, with the catheter bag hanging at a level below your waist.

Our performance | Target *
--- | ---
38.2 | <= 10.0
per 1,000 discharges

Year-to-date Timeline: Apr 2013 to Jun 2013

*Our target is set based on national standards in comparison to other hospitals across Canada
Emergency Patients Admitted to Hospital Within 10 Hours

How quickly do emergency patients move to a hospital bed?

What are we measuring?
We are measuring the percentage of emergency patients being admitted to the hospital who move from the Emergency Department to a hospital bed within 10 hours.

Why?
Our Emergency Departments treat hundreds of people every day. In order to provide the best care for our patients, we want them to receive timely treatment and to move to a hospital bed for longer term care, if needed, within 10 hours. This frees up beds in the ED for other patients waiting for treatment.

How do we measure it?
We track from the time patients arrive at the ED to the time they leave the ED to go to an inpatient bed. This gives us the number of patients who are admitted to hospital within 10 hours. We divide this number by the total number of patients being admitted to the hospital from the ED.

How are we doing?
Since December 2012, we have made steady improvements in meeting our target. We started with an average of 50% of patients moving to a hospital bed within 10 hours. Now, an average of 67.6% of patients move to a hospital bed within 10 hours.

What we are doing?
We are using new care units called diagnosis and treatment units in three (soon to be four) of our urban hospitals. These units are located next to the EDs and allow us to observe patients receiving treatments for a longer period of time, with the goal of being able to send them home rather than admit them to hospital. This promotes quality and safe care for patients and frees up space in the ED and hospital units for other ED patients.

What can you do?
Use our Emergency Department dashboard, at www.edwaittimes.ca, learn when to visit an ED and what options you have for a shorter wait time. You can also find out about other ways to get treatment before going to the ED, such as going to see a family doctor, using a walk-in clinic and other community resources.

Our performance | Target *
--- | ---
67.1 % | >= 55.0 %

of patients moved to an inpatient bed within 10 hours

Year-to-date Timeline: Apr 2013 to Sep 2013

*Our target is set by the BC Ministry of Health
Surgery Wait Time

Are patients waiting too long for non-emergency surgeries?

What are we measuring?
We monitor the percentage of elective (non-emergency) surgeries we complete within the target wait time assigned by a patient's surgeon.

Why?
So patients have timely access to surgery and do not wait beyond the maximum medically acceptable wait times.

How do we measure it?
According to their patient’s diagnosis, surgeons assign their patients one of five provincially agreed upon target wait time levels for elective surgery: 2, 4, 6, 12 or 26 weeks. Cataract surgery is an exception, with a federally mandated wait time target of 16 weeks. We then measure the number of elective patients whose surgery is completed within the target time frame.

How are we doing?
Overall performance has dropped back this fiscal year to 75%, which is below target, at least partially influenced by the focus on treating the long waiting cases to meet the Ministry of Health Pay for Performance target. The Regional Surgical Executive Council continues to work on a seven step strategy with the longer term goal of meeting an 85% target by March 2015.

What we are doing?
1. Adjusting access to operating rooms so that we can treat patients who are waiting beyond their target wait times more quickly. 2. Educating surgeon’s offices on wait list management and ensuring patients are correctly booked according to the target wait time for their diagnosis.

What can you do?
1. Go to the Ministry of Health website on BC surgical wait times (http://www.health.gov.bc.ca/swt/) and compare the wait times by hospital and surgeon. 2. Talk to your family physician if you want to be referred to a surgeon with a shorter wait time for surgery. 3. Be sure to let your surgeon know if there is a change in your symptoms, for better or for worse, and let your surgeon know if you will be unavailable for surgery for some time or no longer wish to proceed.

Our performance | Target *
--- | ---
74.8% | >= 75.0%

of surgery patients waited less than target time.

Year-to-date Timeline: Apr 2013 to Sep 2013

*Our target is set by the Ministry of Health at 75% for 2012/13, 75% for 2013/14, and 85% for 2014/15.
Surgery Wait Time Longer Than 52 Weeks

How many patients have long waits for non-emergency surgeries?

What are we measuring?

We measure the percentage of patients waiting longer than one year, or 52 weeks, for elective surgery from the date their surgeon submits the booking package to one of our hospitals.

Why?

Our goal is to provide the best care for our patients. Elective surgery can be scheduled in advance because it does not involve a medical emergency, but we want to meet or exceed the Ministry of Health's target that no patient should wait more than one year for surgery.

How do we measure it?

We track the date hospitals receive the booking package from the surgeon's office to the date the patient has the surgery. We take the number of patients waiting longer than 52 weeks and divide it by the total number of patients on the waiting list.

How are we doing?

We are making progress. In April, the Surgical Patient Registry showed 2,000 of our patients had been waiting for surgery for one year or more. As of September, that number has been reduced to 1,300 patients. We expect to reduce the number of cases across the Health Authority to just over 400 patients as Dec. 31st, 2013 or approximately 3% of total volume.

What we are doing?

1. We are providing surgeon offices with regular reports that show which patients are waiting the longest. This makes it easier for them to book patients in order according to each patient's wait time target.
2. We are giving extra operating room time to surgeons to specifically treat patients who have been waiting more than one year and bringing in additional surgeons to help treat the patients of those surgeons with the highest number of patients waiting more than one year.
3. We are looking at the referral patterns for the surgeons with the longest waits, and will be working with Fraser Health to develop criteria for referral for secondary & tertiary surgery, and to recruit and plan the location and amount of surgery provided in our health authorities so we can meet the target wait times for these patients.

What can you do?

1. Use the B.C. Ministry of Health Surgical Wait Times website, at www.health.gov.bc.ca/swt, to look at the typical waiting times for surgeons performing your surgery. Talk to your family doctor about seeing a surgeon with a shorter wait time.
2. Let your surgeon know if you're not yet ready, willing and able to have surgery.
3. Let your surgeon know if you're going to be temporarily away or unavailable for surgery because of vacation or other personal reasons.

Our performance | Target *
--- | ---
8.6% | <= 2.0%

of patients waiting longer than 52 weeks for elective surgery

Year-to-date Timeline: Apr 2013 to Sep 2013

*Our target is set by the BC Ministry of Health
Unplanned Readmission Rate to Hospital

How many patients return to hospital within 30 days?

What are we measuring?
We measure the proportion of our hospital patients that are discharged (sent home or to a rehabilitation or residential care facility) and then have an unplanned readmission to any of our hospitals within 30 days.

Why?
Our goal is to provide the best care to our patients and to improve their hospital experience. We also want to get the best value from our resources. Tracking our readmission rate helps us understand the effectiveness of our hospital care and how well we support patients after they leave the hospital.

How do we measure it?
We take the number of patients who are unexpectedly admitted to one of our hospitals within 30 days of discharge (only obstetric, surgical or medical episodes of care, and all patients 19 years old or younger), and divide it by the total number of episodes of care between April 1 and March 1 of the fiscal year. The last hospital to discharge the patient, before being readmitted, is the hospital that counts the readmission.

How are we doing?
Our results vary across our hospitals. We have an opportunity to improve our performance overall, and to improve our efficiency and effectiveness at each site.

What we are doing?
1. We have a team looking at new ways to improve our discharge planning process. The process is used to decide what a patient needs for a smooth move from one level of care to another. 2. We have developed new programs and services to support discharge. 3. We are working to improve communication with our patients to ensure they have the information they need before they leave, including follow-up appointments and who to contact if they have concerns about their recovery.

What can you do?
If you or a loved one needs to stay in one of our hospitals, work with our health care providers to understand the discharge plan before going home. The plan could include information on the type of care needed, activities that might help with recovery, medications, diet or equipment. Let a health care provider know as soon as possible if you have any questions or concerns.

Our performance | Target *
--- | ---
8.8 % | <= 8.0 %

of patients are readmitted to hospital within 30 days.

Year-to-date Timeline: Apr 2012 to Mar 2013

*The target was determined based on the best performing hospitals in both urban and rural settings over the last 2 years.
Electronic Health Record Adoption Score

How well are we using technology to support patient care?

What are we measuring?

We are measuring the rate of adoption of Electronic Health Record (EHR) applications within hospitals and health systems. EHRs are computer systems that allow health care professionals to access patient data for a better understanding of the patient’s previous history resulting in more consistent, higher quality care.

What we are doing?

We are currently working on the implementation phase. We have established the clinical and systems transformation infrastructure and implementation plan.

Why?

We can improve the quality and safety of patient care with EHRs. The health care professionals treating you will have key information at their fingertips about any medications you’re taking, the results of any lab tests, any health issues you’re facing and other times you’ve stayed in the hospital.

How do we measure it?

We use the Healthcare Information and Management Systems Society’s (HIMSS) Electronic Medical Record Adoption Model. It creates a score based on a hospital’s progress to have patient information shared electronically, becoming paperless. There are eight stages (0-7) to analyze our level of EHR adoption, which measure how we are improving process performance, quality of care and patient safety.

How are we doing?

A clinical and systems transformation program is underway across all three organizations to implement an EHR. Vancouver Coastal Health, plus the Provincial Health Services Authority and Providence Health Care, have identified electronic records as a strategic priority for the organizations.

Our performance | Target *
---|---
1.3 | 5.0

on a scale from 0 to 7 stages

Year-to-date Timeline: Jan 2011 to Dec 2011

*The target is based on achieving closed loop medical administration
Measles, Mumps and Rubella (MMR) immunization coverage rates

Are our kindergarten children protected against vaccine preventable illness?

What are we measuring?
We measure the percentage of kindergarten children who are up to date for immunization against measles, mumps and rubella by the end of each school year.

What we are doing?
We are trying to coordinate immunization programs across the region as well as trying to address local discrepancies in coverage rates.

Why?
To ensure children are protected against diseases easily preventable by vaccine.

What can you do?
Make sure your children receive all their shots on time.

How do we measure it?
We measure the number of students enrolled in kindergarten (ages 4-6) who have received two doses of measles-containing vaccine by the end of the school year. To be counted, doses must be given on or after the first birthday with at least 28 days between doses.

How are we doing?
Our coverage target of 95% represents an immunization level where the spread of these diseases in our community is almost impossible. Vancouver Coastal Health Authority is below target at 87.8%. There are some pockets in our communities where vaccination coverage is low.

<table>
<thead>
<tr>
<th>Our performance</th>
<th>Target *</th>
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<tbody>
<tr>
<td>87.8 %</td>
<td>&gt;= 95.0 %</td>
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of kindergarten children are fully vaccinated for MMR

Year-to-date Timeline: Sep 2011 to Jun 2012

* Our target is the level of coverage at which spread of the disease in the community is almost impossible.
Alternate Level of Care Days

How many “extra” days do patients spend in hospital?

What are we measuring?

We track how many extra days patients spend in hospital when they no longer need hospital treatment. These patients are usually waiting to transfer to other care services such as residential care, home care, or specialized forms of housing and support. The ALC rate will never be zero due to lag between the time a patient finishes hospital treatment and moves to a new service.

Why?

Timely access to the appropriate type of care is in the best interests of our patients and may increase their chances for a healthy recovery. It also means that hospital beds are available for the patients who truly need them. Within the organization, the time it takes to move a patient to an alternate level of care (ALC) may relate to how responsive our primary, community, mental health and addiction services are to patients, how closely the teams work together, a lack of capacity for the right type of care, or inefficient processes for transferring a patient.

How do we measure it?

We compare the actual date patients were discharged from hospital to the date they were expected to leave the hospital. The difference in the number of days reflects the “extra” ALC days. This is divided by the total number of patient days in hospital to give us an ALC percentage.

How are we doing?

Overall VCH continues to be worse than our target, now 6.6%. All areas are showing success in focusing on supporting patients with complex health needs to go home from hospital with added supports earlier. In addition, in all areas, patients with long lengths of stay in the hospital are monitored weekly by teams that include both hospital and community providers, to plan for discharges that are safe and appropriate. We are working toward standardization of our ALC definition across the health authority and there may be variations in rate due to this implementation over the next six months.

What we are doing?

1. Working to prevent long hospital stays by providing high quality, integrated patient care. 2. Ensuring we have appropriate capacity in all of our community, rehabilitation and hospital services. 3. Creating efficient processes to support patients transferring between services. 4. As a short-term action, some hospitals are holding weekly meetings with clinical leadership and health care workers to focus on specific patients with a very long hospital stay.

<table>
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<tr>
<th>Our performance</th>
<th>Target *</th>
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<tr>
<td>9.2 %</td>
<td>&lt;= 6.6 %</td>
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</table>

of hospital days are ALC days

Year-to-date Timeline: Apr 2013 to Sep 2013

* Our target is set to maintain our 2009/10 levels.
Percent of communities that have completed healthy living strategic plans

Do our communities promote healthy living?

What are we measuring?

We are measuring the percentage of communities in our region that have a written agreement with us to promote healthy living, or who have an appropriate healthy living component in a broader community plan. The communities in our region range from cities to remote communities – each partnership is as unique as each place.

Why?

Everyone knows we are what we eat, but our health and well-being are also closely linked to where we live and what we do. We want to work with our community partners over the next five years to promote healthy living and address the risk factors for developing a chronic disease, such as heart disease or diabetes. A Healthy Living Strategic Plan will help communities prioritize and promote physical activity, healthy eating, tobacco reduction and their built environments.

How do we measure it?

We track how many of our communities have completed a Healthy Living Strategic Plan (or equivalent), and divide it by 14, which is the total number of communities in our region. The number of communities is based on the Union of BC Municipalities.

How are we doing?

We currently have four partnership agreements in place with the following municipalities: City of North Vancouver, District of North Vancouver, Richmond and Vancouver. The older Ministry figures used here recognize three, with the fourth under review. In either case, we are exceeding our target and working to establish several other agreements that focus on rural, coastal municipalities.

Our performance | Target *
--- | ---
21.4 % | >= 21.0 %

Number of communities have completed plans

Year-to-date Timeline: 2012/13

*The target was derived by the Population and Public Health Division, Ministry of Health, in consultation with the Healthy Families BC -Healthy Communities Committee.
Early Childhood Development Index

What is the state of children's early development in our communities?

What are we measuring?

We are measuring the state of children’s development when they start kindergarten. Children are rated on five developmental scales: 1. Physical health and well-being 2. Social competence 3. Emotional maturity 4. Language and cognitive development 5. Communication skills and general knowledge.

What do we measure it?

Measuring children’s development at kindergarten age reflects the quality of children’s early life experience. Research shows that these early experiences have lifelong effects on health, learning, and behaviour. The health system can be an important partner in optimising early child development.

How do we do it?

We use a population health research tool called the Early Development Instrument (EDI), a 104-item survey that kindergarten teachers complete for each child in their class after they have known their students for several months. Data from the survey is used to report percentage of children who scored below an established cut-off on any of the five developmental scales. These children are referred to as "vulnerable.

How are we doing?

Across the VCH region, 32.4% of children are rated as vulnerable. However, there are large differences across our 55 neighbourhoods, with the proportion of vulnerable children ranging from 6% to 59%. You can find out how your neighbourhood is doing at: earlylearning.ubc.ca/maps/edi/nh/

What are we doing?

We provide services that support parents and their young children and targeted programs for more vulnerable families. But better health for our children can not be achieved by VCH alone. We work with partners such as: - Local and provincial governments to create healthier places where families live, work and play. -Community organizations to support community development and to advocate for public policies that strengthen child development. This helps us to extend our outreach and to enhance outcomes.

What can you do?

1. Participate in early learning and care programs at recreation centres, libraries, and other community spaces that support child development.
2. Advocate for policies and programs that promote optimal health and development for young children.

Our performance  | Target *
---|---
32.4% | <= 29.5% of kindergarten children are demonstrating vulnerability in one or more of the developmental scales

Year-to-date Timeline: 2009-2011

*This target represents a statistically significant reduction in vulnerability across the VCH region. For more information: earlylearning.ubc.ca/documents/303/
Overweight or Obesity Rate

Are people living in our communities a healthy weight?

What are we measuring?

We are measuring the percentage of the population that is overweight or obese. This means having a body mass index (determined by weight and height) greater than 25.

Why?

Our goal is to promote better health for our communities. Being overweight or obese is a risk factor for chronic illness, including cardiovascular disease, diabetes and premature death.

How do we measure it?

Statistics Canada performs regular, population-based surveys to gather data about people living within our region. This includes the annual Canadian Community Health Survey (CCHS) and the new My Health, My Community survey that looks at how lifestyle, interaction within a community and physical environment affects health.

How are we doing?

The self-reported overweight/obesity rate for all B.C. adults was 45.1% and for youth aged 12-17 was 19.5% (2008 CCHS). Compared to the province, adults within our region are less likely to be overweight or obese. The percentage of overweight/obese youth in our region is the same as the provincial average.

What we are doing?

1. We are working with the Ministry of Health to implement the Healthy Families BC initiative. It’s the province’s health promotion plan to encourage British Columbians to make healthier choices.
2. We are also working with local governments to look for opportunities to improve health through the built environment, food security and addressing the social determinants to health.

What can you do?

1. Eat well. This means eating a good breakfast, lots of vegetables and fruit, less processed food and fewer sugary drinks.
2. Stand, walk and move more. Add physical activity to your day-to-day routine.
3. Limit your screen time, like watching TV, to a maximum of two hours a day.
4. Encourage your workplace and community to create environments where being active and making healthy eating choices is easier.
5. Complete the My Health My Community survey, at www.myhealthmycommunity.org. The results will help us develop better strategies and programs to promote health and wellness.

Our performance vs Target *

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
<th>Target</th>
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<tbody>
<tr>
<td>2009/10</td>
<td>33.1%</td>
<td>&lt;= 32.3%</td>
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*Our target is based on a recommendation of VCH Public Health SLT, Office of the Chief Medical Health Officer
Disparity Ratio for Life Expectancy

Are there inequalities in life expectancy across Vancouver Coastal Health?

What are we measuring?
We calculate, by community, how much longer people with the longest life expectancy can expect to live as compared to those with the shortest life expectancy.

Why?
The disparity ratio for life expectancy measures the inequity in health between communities. Reducing these inequities by raising life expectancy is one of the main goals of Vancouver Coastal Health’s work in its communities.

How do we measure it?
Life expectancy is calculated by the British Columbia Vital Statistics Agency in areas they call “Local Health Areas”. The disparity ratio for life expectancy is calculated by dividing the life expectancy in the Local Health Area with the longest life expectancy by the life expectancy of the Local Health Area with the shortest life expectancy.

How are we doing?
The people in the best performing Local Health Area, Richmond, are expected to live 13% longer than those in the worst performing Local Health Area, the Central Coast. The life expectancy in Richmond during the 2007-2011 timeframe was 85.5 years.

What we are doing?
We are addressing causes of early death including causes like motor vehicle injuries or drug overdoses. We also have targeted specific communities to decrease early death. For example, harm reduction services in the Downtown Eastside community have significantly improved life expectancy in that area over the past decade. We are also working with partners outside the health care system to improve social factors that can lead to poor health and early death.

What can you do?
Lead a healthy life and reduce risky behaviours that might contribute to injury or early death.

Our performance | Target *
--- | ---
1.13 | 1.05

ratio of highest life expectancy to lowest life expectancy in VCH

Year-to-date Timeline: 2006-2010

*Our target of 1.05 reflects equal life expectancy across all of VCH.
Ambulatory Care Sensitive Condition Rate (<75 years)

How many hospital stays could be avoided by using outpatient clinics instead?

What are we measuring?

Ambulatory care sensitive conditions (ACSC) is related to hospitalization and is an indirect measure of access to primary care and the capacity of the system to manage chronic conditions such as diabetes, congestive heart failure, chronic obstructive pulmonary disease (COPD) and asthma. ACSC are often referred to as avoidable hospitalizations and is a measure of the primary care system performance.

Why?

The rate of admissions to hospital for ACSC is used as a measure of patient access to appropriate primary health care. A very low rate of ACSC could indicate that there is good access to appropriate primary care and other outpatient care. However, we still expect some ACSC because not all hospital admissions with these conditions are avoidable.

How do we measure it?

The Hospital admission case rate for ambulatory care sensitive conditions per 100,000 population < 75 yrs is within target parameters but as always there is a potential to improve. We are continuing with the implementation of the integrated primary and community care initiative and will be striving to improve further.

How are we doing?

VCH has the best rates in BC and among the best in Canada for this metric, and now meets our target level overall. We have physicians, other healthcare staff and patients looking at their communities and determining where they need to focus. We are looking at the reasons patients go to ER “unnecessarily” and starting to introduce change to respond to local need.

What we are doing?

We have started an initiative to redesign how patients with complex health issues receive care in the community. This is a 5 year project and we are in our second year. This project is being approached community by community. We are shifting resources to support the creation of a robust relationship between a GP, their patients and other care providers in the community. We have patients on all of the planning groups for this work. We are integrating and partnering with all projects that support working to keep people out of emergency and the hospital.

What can you do?

Build a relationship with your GP and partner with your doctor in keeping yourself well. Exercise if you can, eat a healthy diet and try to maintain a healthy weight.

Our performance | Target *
--- | ---
186 | <= 187

people were admitted with an Ambulatory Care Sensitive condition for every 100,000 people living in the area

Year-to-date Timeline: 2012/13-Q3

* Our target is based on consistent patient volumes from 2009/10 adjusted for population growth.
Age Standardized Home Health Rate (>75 years)

How many of the seniors in our region get health care at home?

What are we measuring?
We are measuring the number of clients aged 75 years or older who receive our Home Health services, compared to the greater population. Home Health services are for people needing acute, chronic, palliative or rehabilitative support at home or in their community.

What we are doing?
There are a number of initiatives across the health authority that support our "Home is Best" approach to care. Some projects focus on supporting seniors at home and move Vancouver Coastal Health toward becoming an elder-friendly region.

Why?
Supporting evidence suggests that the majority of people prefer to remain in their home through the end of their life. VCH has made this a priority through Home is Best programs and services with the goal of keeping people at home as long as appropriately and safely possible. This indicator helps ensure that VCH targets resources to support this goal as the proportion of the population 75+ increases.

What can you do?
1. Work with your health care provider to develop a plan of care that meets your needs. 2. Inform your health care provider if there is anything that could affect your health condition. 3. Follow your plan of care to the best of your ability, and accept responsibility for the decisions you make about your care.

How do we measure it?
We track the number of Home Health clients aged 75-79, 80-84, 85-90, and 90+ in each region. We get a rate for each age group and region by dividing by the total population. The rate is then standardized using Canada’s population in 1991 to remove any effects on the data due to changes in our population (size, age).

How are we doing?
With a number of initiatives that support a "Home is Best" approach to care, the VCH home health client rate has been steadily increasing in recent years and is better than the identified target.

Our performance | Target *
---|---
165.5 | >= 150.0
clients per 1,000 standard population over age 75

Year-to-date Timeline: 2012/13

*this target was set by the BC Ministry of Health
Staff Safety Scores (PHC not included)

Do our staff believe that they work in a safe environment?

What are we measuring?
We measure our staff's opinion of Vancouver Coastal Health's (VCH) commitment to staff and patient safety.

Why?
The public expects to receive safe, quality care from VCH. We know ensuring the safety of our staff is inseparably linked with the provision of safe, quality care for our patients, clients and residents. Valuing the health and safety of everyone is foundational to the People First commitment.

How do we measure it?
Starting this year, employees at VCH were asked a series of survey questions regarding their perceptions of safety at VCH.

How are we doing?
This is VCH's first year measuring how our staff see safety in their workplace. This result will provide the target for future years. The staff survey also included 12 questions designed to measure employee engagement--how involved with, committed to, and satisfied an employee is with their work. The data from these questions has shown a strong link between how engaged employees are and how positively they see the safety of their workplace.

What we are doing?
We expect that the overall score for Safety and Engagement will improve next year as we address the safety concerns identified by the survey. Action planning is occurring throughout VCH to improve safety and engagement across the organization. These plans are a required part in every VCH manager's performance plan starting in 2012. Our goal is continuous improvement.

What can you do?
If you or your family sees something that is unsafe please let us know right away. We value your contributions to improving the safety for everyone in contact with the health care system.

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<th>Our performance</th>
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<td>3.7</td>
<td>&gt;= 3.7</td>
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out of a 5 point safety scale

Year-to-date Timeline: Apr 2011 to Mar 2013

*Our target is to improve in future surveys. The first survey was completed in Spring 2011. The next survey will be in April 2013.
Employee Engagement

Are our staff at Vancouver Coastal Health engaged in our organization?

What are we measuring?
A measure of an employee's psychological commitment to their job.

What we are doing?
Action planning on two items is occurring throughout VCH to improve engagement and safety across the organization. These plans are a required element in every VCH manager's performance plan starting in 2012. Our goal is continuous improvement and building great work environments.

Why?
The public expects to receive safe, quality care from VCH. We know that engaged employees are safer, more likely to stay, be more productive and are more patient centred. Employee engagement is a strong driver for organizational performance. Valuing our staff and their contribution to the organization is foundational to the People First commitment.

How do we measure it?
The overall mean score of all 12 Gallup engagement questions

How are we doing?
The engagement mean score for VCH was the highest mean score for any BC Health Authority's first time doing the Gallup survey. VCH data has demonstrated the strong linkage between employee engagement and safety. This is VCH's first year assessing engagement in this manner so this result provides a benchmark. We expect that the overall score for Safety and Engagement to improve as each manager addresses key issues in their departments.

What can you do?
A part of engagement is recognition for a job well done. Appreciating good care with a thank you or a kind word goes a long way to supporting our staff in their efforts to deliver on the VCH vision of supporting healthy lives in healthy communities. If you or your family experience something that denotes a work area that does not show caring or commitment to you and the quality of care you receive, please let us know right away. We value your contributions to creating and sustaining great workplace environments for you, for our staff and for everyone in contact with the health care system.

Our performance Target *
3.5 >= 3.5
out of a 5 point engagement scale

Year-to-date Timeline: Apr 2011 to Mar 2013
*Our target is to improve in future surveys. The first survey was completed in Spring 2011. The next survey will be in April 2013.
Sick Time Rate

How often are staff away from work due to an illness?

What are we measuring?
We track the amount of time our employees are away from work due to illness.

Why?
We want to help our staff be well and productive at work so they can provide the best care to our patients, clients and residents. Reducing sick time improves our services, reduces the workload stress and overtime costs of staff covering for ill or injured coworkers, and allows us to reinvest in patient care.

How do we measure it?
We track the number of hours lost to sickness and divide it by the total number of productive (working) hours. This gives us the percentage of productivity lost to sickness.

How are we doing?
The overall time lost to paid sick leave is decreasing. This is a result of our human resources team putting more attention and effort into our employee attendance and wellness promotion program.

What we are doing?
We have an attendance and wellness program to help staff who have frequent, sporadic absences from work improve their attendance. It does not apply to employees with one long absence or a documented chronic disability. We hold meetings with staff who have above-average sick time to proactively identify any issues that may be contributing to their sick time and offer appropriate support.

What can you do?
Abide with all our infection-control measures; this includes hand washing and staying away from our facilities if you’re sick to protect both our patients and our staff. Get a flu shot; anyone who has contact with our patients is eligible for a free flu shot available from your physician, local pharmacy or public health centre. Be respectful of our staff; we know that our patients and their families go through very stressful situations, but disrespectful behavior (verbal or physical) doesn’t help any party involved.

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<th>Our performance</th>
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<tbody>
<tr>
<td>4.9 %</td>
<td>&lt;= 5.1%</td>
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<tr>
<td>of total productive hours were sick hours</td>
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Year-to-date Timeline: Apr 2013 to Sep 2013

*The target is the budget for sick time and is determined by finance.
Overtime Rate

How often do our staff work overtime?

What are we measuring?
We are measuring the amount of overtime hours our staff work, as an indicator of their workload.

Why?
As we are accountable for the funds we receive through B.C. taxpayers, we want to deliver the highest quality patient care at the lowest possible cost. Providing care at overtime rates is often more expensive than providing the same care at regular wage rates. Overtime also puts workload stress on individual employees.

How do we measure it?
We take the total overtime hours and divide by total productive (working) hours.

How are we doing?
Overtime percentage is at 2.2% through Period 6. This has decreased from Period 13 of 2.6%. The new 37.5 hour work week schedule implemented in April has helped lower the overtime percentage.

What we are doing?
1. Our Human Resources team has helped hire for vacation relief positions to avoid staff working overtime to cover their coworkers’ shifts. 2. We have an attendance and wellness promotion program that helps staff working on a casual basis cover short-notice events, such as sick calls, at regular wage rates.

Our performance Target *

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<tbody>
<tr>
<td>2.2 %</td>
<td>&lt;= 2.0 %</td>
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of total productive hours were overtime hours

Year-to-date Timeline: Apr 2013 to Sep 2013

*The target is the budget for overtime and is determined by finance.
Nursing Overtime Hours

How much overtime do our nurses work?

What are we measuring?
We are measuring the percentage of overtime hours our nurses work.

Why?
As we are accountable for the funds we receive through BC taxpayers, we want to deliver the highest quality patient care at the lowest possible cost. Providing nursing care at overtime rates is often more expensive than providing the same care at regular wage rates.

How do we measure it?
We are using data from the Ministry of Health. We are tracking the total number of overtime hours reported (including overtime earned for insufficient notice) and dividing it by the total number of productive (working) hours. Productive hours are calculated by reducing the regular paid hours by all hours reported for paid leaves (e.g. vacation) and then adding all hours worked on overtime.

How are we doing?
Our trend for nursing overtime is slightly increasing. We have one of the highest nursing overtime rates among the BC health authorities.

What we are doing?
1. We are making sure we have the correct number of nurses on units at regular wage rates. 2. We are moving toward “skilled resource pools” where nurses do not have a home unit, but are scheduled to cover vacancies, absences and other short-term needs across units. 3. We are ensuring our casual nurses (nurses called or scheduled as needed) are available to cover shifts instead of paying overtime. 4. Our employee attendance wellness program is aimed at reducing sick time, which in turn reduces our need to fill nursing shifts at overtime rates. 5. We implemented a 37.5-hour work week to gain 4% more hours at regular time from each full-time employee.

Our performance | Target *
--- | ---
4.8% | <= 3.4% of nursing hours are overtime

Year-to-date Timeline: Jan 2013 to Mar 2013

*The target was set by the BC Ministry of Health
Research Productivity (in millions of dollars)

How successful are we at getting research funding?

What are we measuring?
We track how many dollars in research funding that VCH and PHC researchers get each year.

Why?
Being successful at getting research funding attracts top researchers and students to come to BC and then to stay here. Having researchers doing research locally also means that we will benefit from the results of their health related research faster.

How do we measure it?
We track all the research funding (in dollars) that our researchers receive, and for each fiscal year we calculate the total amount of research dollars that were had at any point in that year.

How are we doing?
Of the 7 main research institutes affiliated with UBC, Vancouver Coastal Health Research institute (VCHRI) holds the most funding (38.24%), and Providence Health Care Research Institute (PHCRI) holds 13.81% for a total of 52.05% for VCHA in fiscal year 2011-2012. Overall the total research funding is very similar to the previous years figures with the exception of about a $17M increase in Infrastructure funding for VCHRI. Most of this infrastructure funding is received for the Centre for Brain Health.

What we are doing?
1. Provide assistance to researchers in their applications to obtain funding
2. Work with foundations to partner on funding research projects as well as the buildings and other resources needed to do research
3. Share the amazing research that is being done at VCH and PHC with the public and show how it can have positive impacts locally
4. Assist researchers to connect with those in other fields of work and organizations to work together on new and innovative projects
5. VCHRI and PHCRI have been proactive in the recruitment of clinicians and personnel, and in supporting the development of provincial research networks e.g. the BC Clinical Research Infrastructure Network (BCCRIN).

What can you do?
Advocate for the importance of health research funding in general and the importance of supporting it to be done locally.
Participate in research studies when appropriate and relevant to their health.

Our performance | Target *
---|---
$134.3 | $>= 125.0
millions of dollars in total research funding for VCH and PHC in the 2011/12 fiscal year.

Year-to-date Timeline: 2011/12

*This is a combined VCHRI and PHCRI target.
Acute Productive Hours per Patient Day

Are we matching our nursing levels to patient need?

What are we measuring?
We measure the productivity of nursing staff who provide direct patient care, including registered nurses, licensed practical nurses and nursing care aides.

Why?
Measuring productivity levels helps us do a better job of planning ahead for the number of patients we expect to care for. For example, if we know of a time of day, month or year when we see more patients than usual, we can plan for higher staffing levels. Also, some patients in the hospital, as in the intensive care unit, require 24 hours of nursing care per day. Other patients do not need as many direct nursing hours to receive quality patient care and a full recovery. It’s about using our staff resources (labour) in the most efficient and effective way possible.

How do we measure it?
This measure divides the total number of nursing hours paid (labour) by the number of patient days (volume). As per the Ministry of Health definition, this measure includes Medical, Surgical, Med/Surg, ICU, Obstetrics, Pediatrics, MHSU, Physical Rehab, and Palliative Nursing Units.

How are we doing?
Productive hours per patient day is worse than budget due to increased patient acuity and reduction of the less acute ALC days. The staff forecasting tool is being rolled out to all sites and all programs. Early successes have been experienced in key units. Further improvement on staffing is expected as the process matures.

What we are doing?
1. Implementing a new forecasting technology to plan ahead for patient demand and match nursing levels to volumes. 2. Implementing electronic scheduling and timekeeping to reduce clinical time spent on scheduling nurses. 3. Improving access to real-time information and reports for better management decision-making. 4. Vancouver directors and managers hold “bed” meetings twice a day to review the patient demand on each service area to better match patients, beds and staff.

Our performance | Target *
--- | ---
6.8 | <= 6.6

hours of direct patient care per day

Year-to-date Timeline: Apr 2013 to Sep 2013

*Our target is based on our performance of the last year to date.
Total System Utilization by Inpatients

How many resources are used for inpatient care?

What are we measuring?
We are measuring the total inpatient resources used compared to the resources used for average typical acute inpatients – these are also called resource intensity weights (RIWs).

What we are doing?
VCH has initiatives to make best use of ambulatory and community services, working with primary care physicians and with specialists to care for patients outside of the hospital whenever that is appropriate.

Why?
Measuring RIWs helps us track and measure how much utilization our system has and provide better care. If our inpatient cases decrease, but our total RIWs increase, that means we may be seeing less patients, but those patients are using more resources and have greater needs than the average patient.

What can you do?
Make sure you have a regular family doctor and see him or her about non-emergency health concerns.

How do we measure it?
The average typical acute inpatient would have an RIW of 1. If an inpatient uses more resources than average, they would have an RIW greater than 1, and if they use less resources, their RIW would be less than 1. We assign RIW values based on methodology determined by the Canadian Institute for Health Information. We add up the RIW values for all inpatients to get our total system utilization as measured by RIWs.

How are we doing?
There is an underlying trend towards increasing inpatient cases as a result of a growing, aging population together with a tendency towards most age groups - particularly older age groups - using more resources than in the past.

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<th>Our performance</th>
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<td>72,205</td>
<td>&gt;= 68,595</td>
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Resource Intensity Weights

Year-to-date Timeline: Dec 1, 2012 - June 20, 2013

*Our target is set by the BC Ministry of Health
Total System Utilization by Surgical Daycare

How many resources are used during surgical daycare?

What are we measuring?
We are measuring the Ambulatory Care Weights (ACWs) of our surgical daycare services. Surgical daycare is for patients who need a surgical procedure but do not need to stay in the hospital overnight. For other health care services, they are known as Resource Intensity Weights. ACWs are a measure of resources used - including labour costs, equipment and supplies (gauze, stitches, etc) - for each procedure done in surgical daycare.

Why?
By measuring the total ACW for surgical daycare procedures, we are able to track patient use of surgical daycare in a way that reflects resource use more accurately than just by counting cases.

What we are doing?
We are continuing to facilitate the increasing use of surgical daycare as appropriate.

What can you do?
When referred for a surgical consultation, ask your family doctor whether there is anything you should do to prepare.

How do we measure it?
The Canadian Institute for Health Information gives all hospitals in Canada a guide for how to assign ACWs. Because these procedures are quite routine and standardized, the ACW is procedure-based, not patient-based. Each surgical case is assigned an ACW based on the procedure that is completed.

How are we doing?
There is a natural growth in patients using surgical daycare services because our population is growing and aging. Beyond that, surgeons at our hospitals often learn or even develop new techniques to allow some procedures that were previously done on an inpatient basis (overnight stays) to be handled safely and effectively in surgical daycare.

Our performance

<table>
<thead>
<tr>
<th>RIWs</th>
<th>Target *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Care Weights</td>
<td>9,109.9</td>
</tr>
</tbody>
</table>

Year-to-date Timeline: Dec 1, 2012 - June 20, 2013

*Our target is set by the BC Ministry of Health
Food Tray Waste

How much food is thrown in the garbage from patient meals?

What are we measuring?
We measure the amount of food patients or residents leave behind on their meal trays. What they don’t eat becomes food waste.

Why?
If we can reduce the amount of food we waste, we are saving money on food costs. Those savings can go toward improving our food service models to give patients and residents choice in what they want to eat, and in the amount they can eat.

How do we measure it?
We take the weight of the solid food waste returned on meal trays and divide it by the number of patients and residents in our facilities. This gives us the average percentage of food that is wasted on each meal tray. Audit results are reported in March and October.

How are we doing?
Currently, 19% of the food on each meal tray served to patients and residents across Vancouver Coastal Health goes to waste. This is a 5% reduction from our previous audit.

What we are doing?
We have started projects at our sites to find out patients’ food preferences, evaluate our menu items and revise our menu standards. At our residential care sites, we are converting from in-room meal delivery service to a dining room service. We expect to see reduced food waste as a result of these efforts.

What can you do?
If you are in the hospital, use the menu selection process to let us know your personal preferences and the amount of food you need. When the food service worker is delivering your meal, tell them about your beverage preference.

<table>
<thead>
<tr>
<th>Our performance</th>
<th>Target *</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.0%</td>
<td>&lt;= 10.0%</td>
</tr>
</tbody>
</table>

of food is returned as waste from patient trays

Year-to-date Timeline: Jul 2012 to Jul 2012

*Target was set by the adoption of the Zero Waste International Alliance principles.