



# Interior Health Update: Keeping You Informed

**Richard Harding**  
Health Service Administrator North Okanagan (Acute)

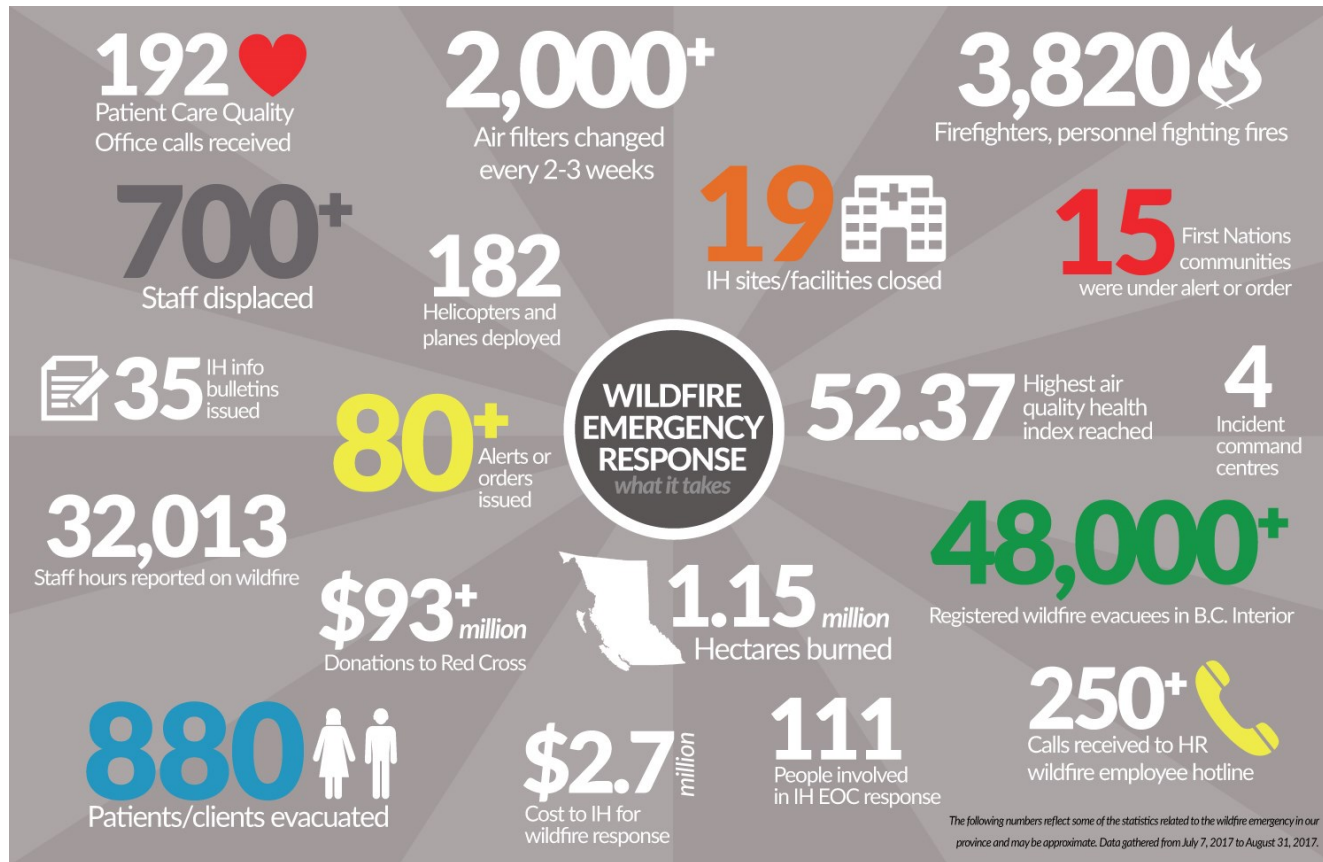
**Yvonne Taylor**  
Health Service Administrator North Okanagan (Community)

**October 31, 2017**



**Interior Health**  
*Every person matters*

# Wildfires – by the numbers



# Wildfire Response – IH's Role

- **Evacuation & Re-entry**
  - Patients/Residents of IH hospitals & facilities
  - Home Health/MHSU clients – maintaining service
  - Staff – redeployed to other sites/communities
- **ESS centres** – ensuring ongoing care of clients
- **EOC participation**
- **Air quality**
- **Food & water safety** – for staff/returning evacuees
- **Media/public response** on health-related topics



*Cariboo Memorial Hospital – July 15*

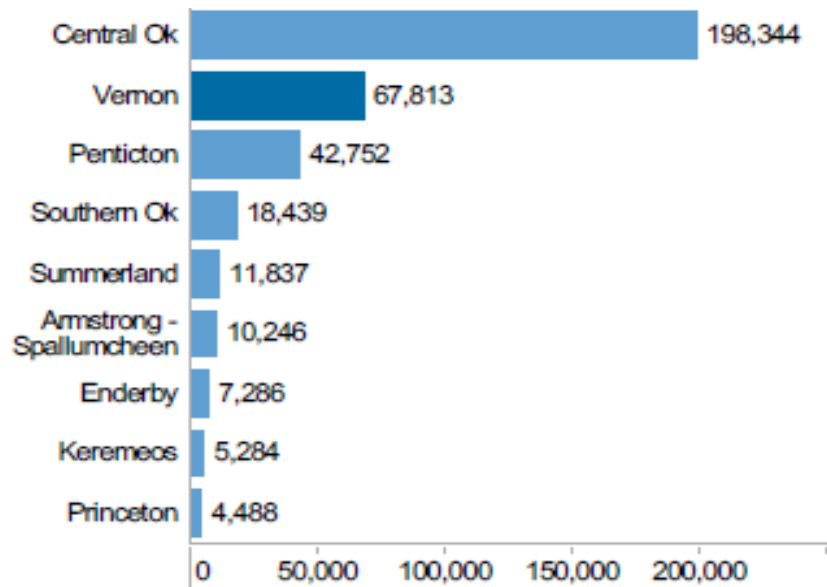


*Dr. Helmcken Memorial Hospital – July 15*

# Quick Facts - Vernon



Vernon – 67,813 (2016)



## Life Expectancy

Female	Male	Average
♀ 83.7	♂ 78.9	○ 81.3

Projected population growth (2015-20)

All Ages	↗ 4.7%
Ages 65+	↗ 15.5%
Ages 75+	↗ 18.7%
Ages 85+	↗ 21.2%

**76%** - Two-year-olds with up to date immunizations.

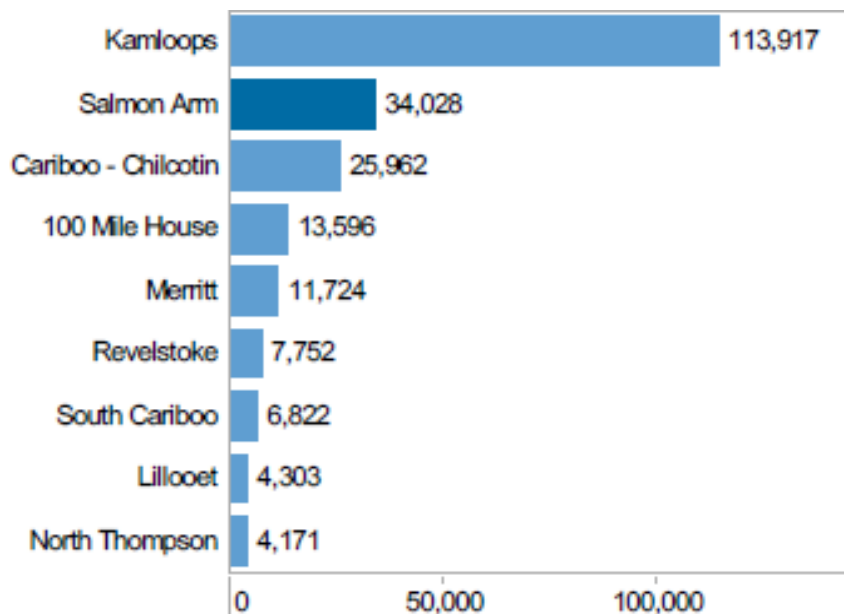
**72%** - IH target





# Quick Facts – Salmon Arm



Salmon Arm – 34,028 (2016)

Projected population growth (2015-20)



All Ages	 3.9%
Ages 65+	 14.7%
Ages 75+	 19.2%
Ages 85+	 26.7%

## Life Expectancy



**76%** - Two-year-olds with up to date immunizations.

**72%** - IH target

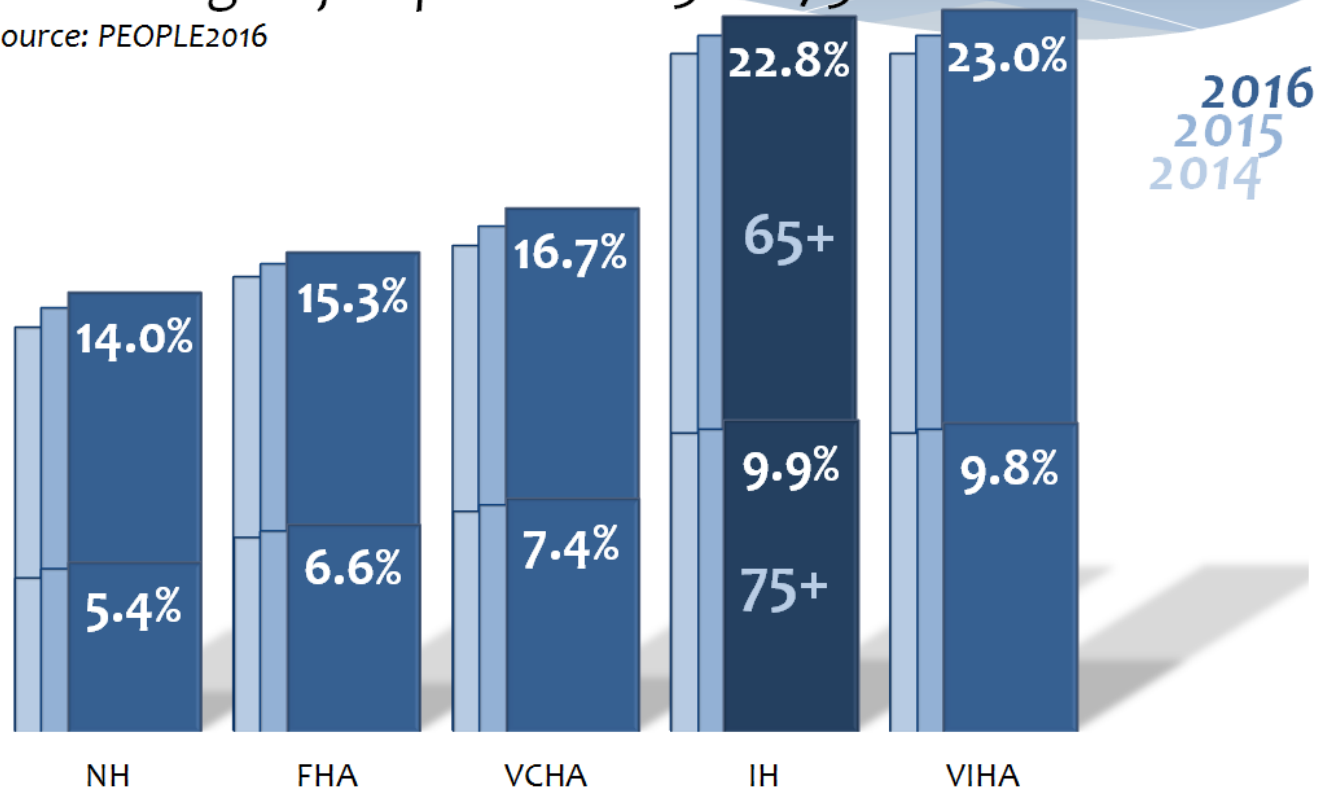
# System Pressures

Select* Population Segment	Share of IH Population	Share of Publicly Funded Health Care Resources
Non User	13%	0%
Healthy	34%	4%
Chronic Conditions	40%	36%
MHSU	2%	4%
Cancer	1%	5%
Maternity	2%	3%
Frail in Community	2%	14%
Frail in Care	1%	22%
End Of Life	1%	6%

# Population

## Percentage of Population 65+ & 75+

Source: PEOPLE2016



# How does IH compare?

- High percentage of population >65
- One of the largest geographies in B.C.
- Many rural and rural-remote communities
- Highest number of hospitals



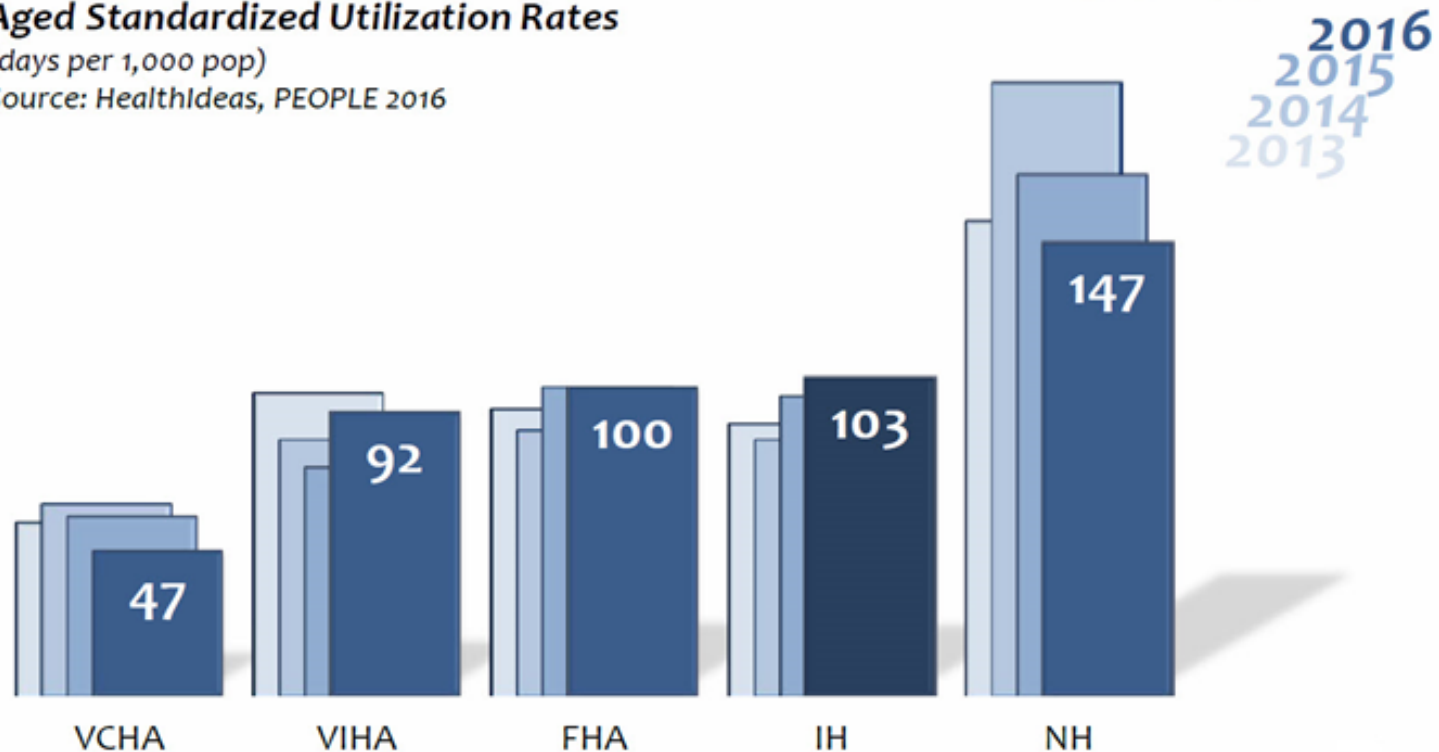
# ALC Utilization

## Alternate Level of Care (ALC) Rates

**Aged Standardized Utilization Rates**

(days per 1,000 pop)

Source: HealthIdeas, PEOPLE 2016

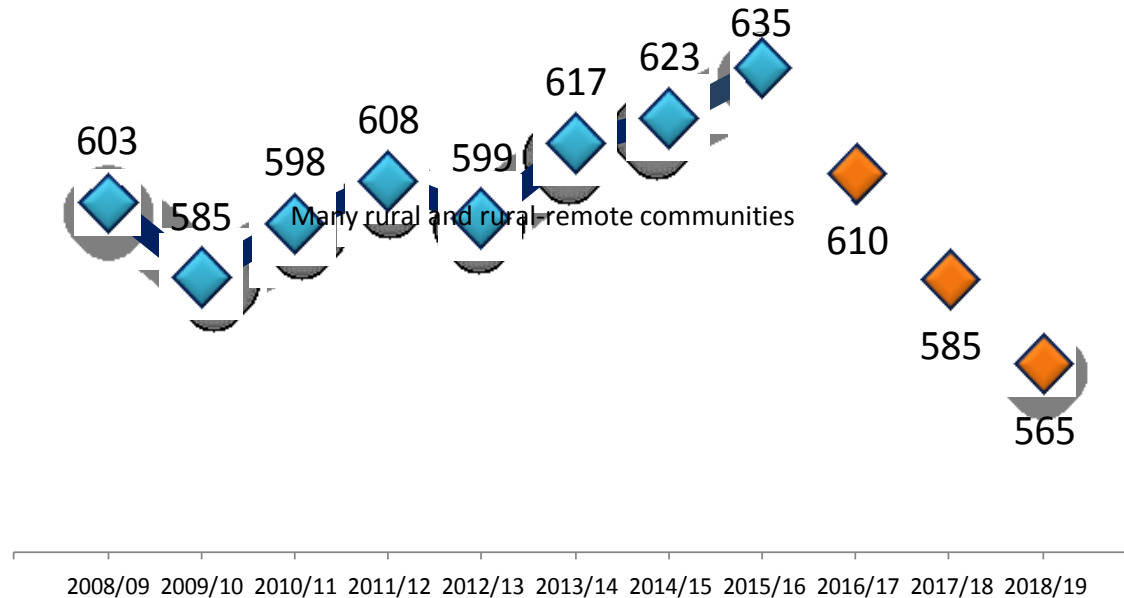


# Acute Services Utilization

## ***Aged Standardized Utilization Rates***

### ***Inpatient Days Rate per 1,000 population***

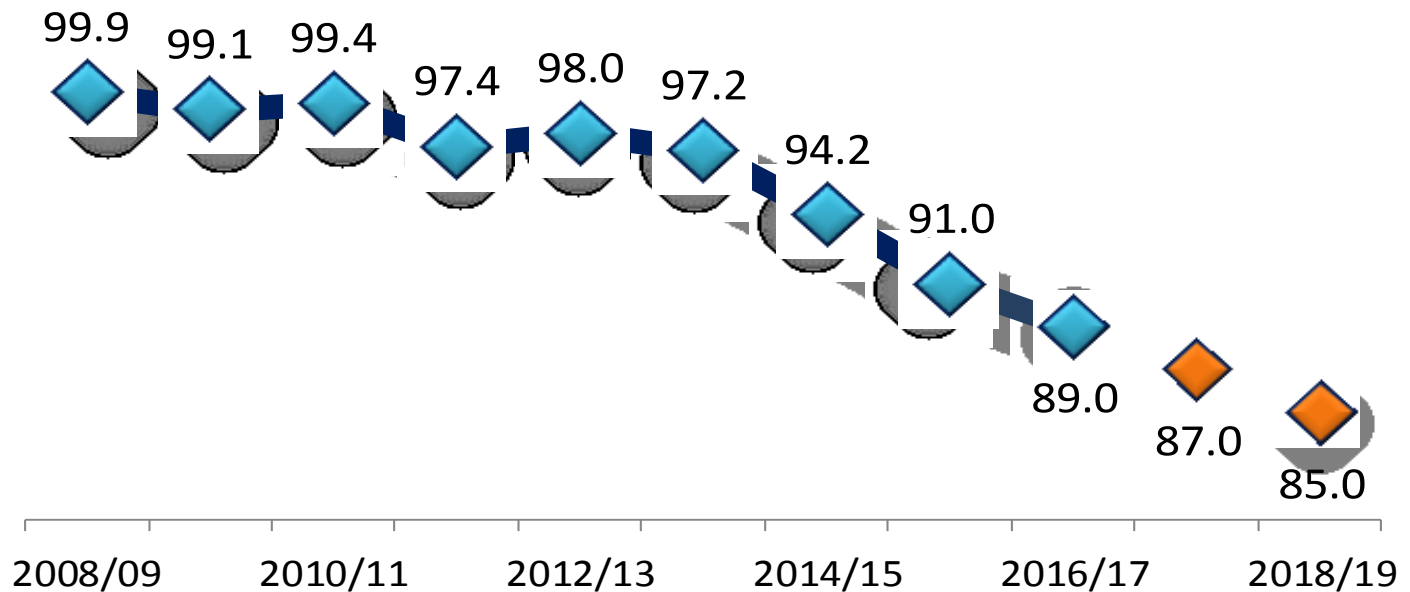
*Source: Summary Reports Ministry of Health, Health Ideas; PEOPLE 2016, forecasts are high level estimates*



# Residential Services Utilization

## ***Residential & Assisted Living Beds per 1,000 population aged 75+***

Source: Interior Health; PEOPLE2016



# Vernon & Salmon Arm Residential Care Beds

The Hamlets Vernon  
opened in September 2017  
with 85 new IH funded  
residential care beds

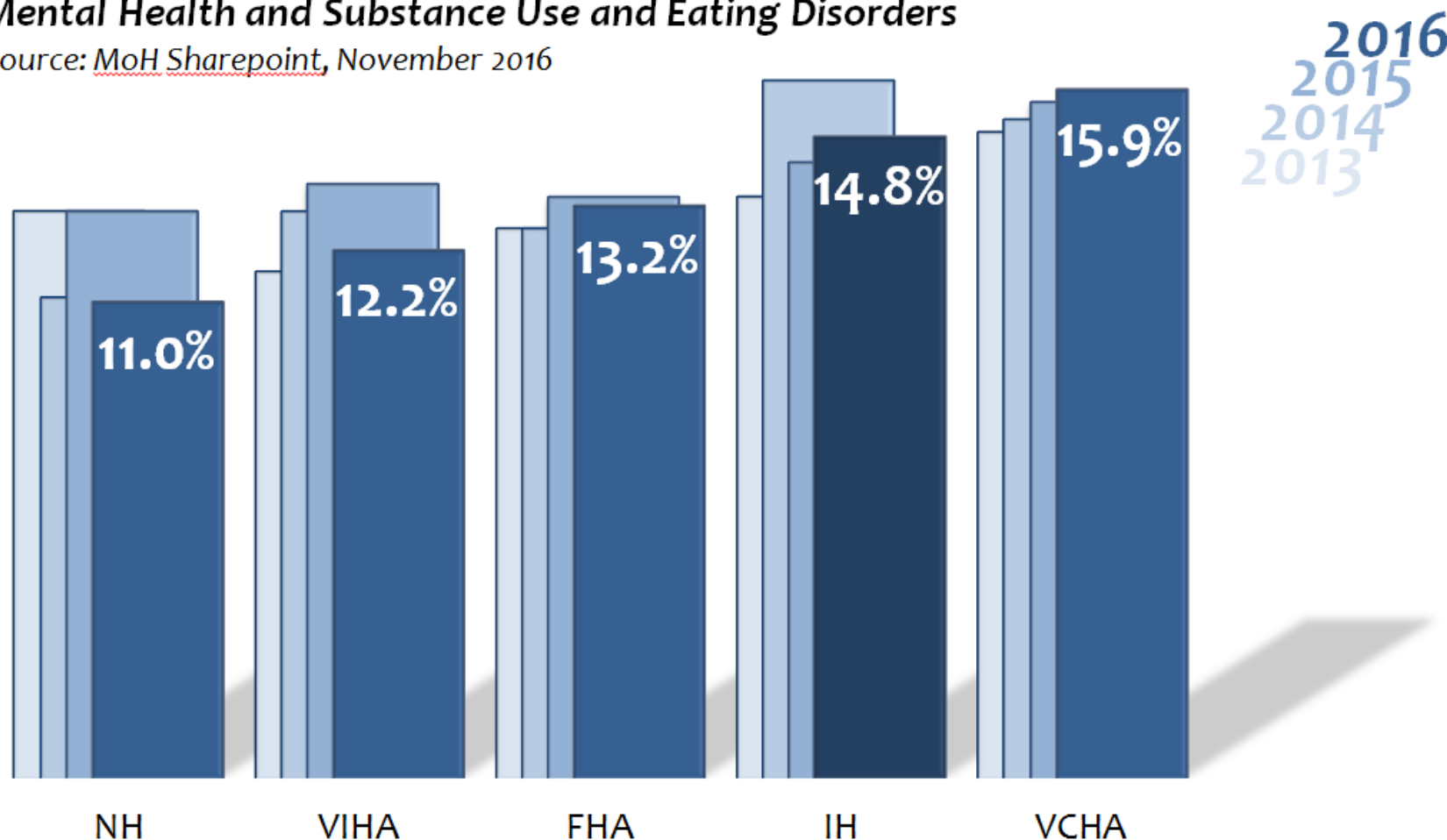


The Mount Ida Mews  
residential care project in  
Salmon Arm will add 60  
complex care residential beds  
Planned opening Winter 2018

# MHSU 30-Day Readmission Rates

## Mental Health and Substance Use and Eating Disorders

Source: MoH Sharepoint, November 2016



# Opportunities from this data

- Reduce facility-based utilization by shifting care to the community and improve access to primary care.
- Further MHSU investment to reduce readmission rates.
- Continued focus on access and flow through our hospitals to reduce the ALC rates.

## Message FROM THE CEO



President & CEO  
Chris Mazurkewich

**T**eamwork makes a difference.

Every day I see and hear tangible examples of how we achieve more when we work together – and how this translates to better results, higher quality care, improved decision making, and a stronger organization.

One example in particular has stayed with me over the last while and resonated even more deeply during a recent visit to Grand Forks. A traumatic and terrifying situation unfolded in the emergency department at Boundary District Hospital (BDH) in mid-January when a man shot himself in front of our staff and physicians. The response to this critical incident, in the moment and also afterwards, was nothing short of amazing. I am humbled by the bravery, clear thinking, and strength shown by all involved.

Staff, physicians, managers, site administration, leadership team members, unions, and a number of support areas (including Human Resources and Workplace Health & Safety) came together to respond to the immediate need and then to provide support and assistance after the incident. Most striking across the entire response was the focus on team – on looking after one another and our patients.

What happened in Grand Forks has a close tie to a priority area of work across IH, which is ensuring a safe and healthy workplace for all. The skill and quick action of the ED team at BDH must be recognized and commended. As well, the site closely followed Code White processes, filled out an incident report, and reviewed and updated their action plan for their Violence Prevention Risk Assessment. These are all important steps in managing a critical incident.

As a result of how the entire team pulled together, the followup WorkSafeBC inspection at the hospital was positive and encouraging, which speaks volumes about the importance of everyone having ownership of workplace health and safety.

Another area where we are seeing teamwork illustrated is in our actions to transform primary and community care. I am thrilled that we have opened our first specialized care program on the Kamloops North Shore and began seeing patients on Feb. 6. I was fortunate to tour the new space and meet with the team at the official opening and was impressed by the physical location, but even more by the enthusiasm of the team.

This model is all about patient-centred and team-based care – with the patient as a key partner in creating and executing his or her care plan. The new site will provide a wealth of services to those with moderate to severe chronic conditions, including mental health and substance use illness, from a team of clinicians chosen to meet the specific needs.

Ultimately, the goal is to help our patients manage their serious conditions at home and in community settings so they can avoid stays in hospital or visits to the emergency room.

Two new [Seniors Health and Wellness Centres](#) in IH – one already open in Kelowna and one under development in Kamloops – have a similar goal. These sites will benefit those with frailty and age-related medical conditions through a multi-disciplinary approach and access to specialist services.

With the close involvement I've had in this area over the last several months, I know how hard everyone has been working. I also understand that this is challenging work and it is happening at record speed in a complex system with many stakeholders.

We may not be getting it all right, but we are getting a lot of things right and I want to thank everyone involved – from planning to implementation on the ground – for the ongoing commitment and effort.

I am proud to be a part of the team! 🙌

***“Ultimately the goal is to help our patients manage their conditions at home and in community settings so they can avoid stays in hospital or visits to the emergency room.”***

**--Chris Mazurkewich, IH CEO**



# Shift to Community = Home is Best





# Home Health

- Community Clinics (i.e. wound care/bathing )
- Integrated Community Care Teams (RNs, Community Health Workers, Allied Health)
- Palliative Care Services
- Home Support Program (Community Health Workers)
- Support Assisted Living
- Adult Day Programs

# Prevention Promotion

- Primary Health Clinics
  - Vernon Downtown, Enderby, Sorrento, Lumby
- Nurse Practitioners
  - Round Lake, Sorrento, OKIB, Splat sin
- Diabetes Education Clinic
- Aboriginal Health
  - Aboriginal Nurse Navigator
- Public Health Clinics
  - Immunizations and Child Health Clinics, Flu Clinic

# Primary Care

- Working in partnership with the Collaborative Services Committee, Shuswap North Okanagan Division of Family Practice
  - Salmon Arm Hospice Education Center
  - Quality Improvement work from a local perspective
- Working in partnership with Revelstoke Chapter, Rural Remote Division of Family Practice
- Working in partnership with local community Health Planning Societies
- Integrated Primary Community Care Team
  - Registered Nurses

# Physicians – important partners

## Facility Engagement Initiative

- 15 facilities engaged
- Working together to improve patient care, the physician experience, and cost effectiveness of health-care system

## Divisions of Family Practice

- 8 Divisions within Interior Health
- Working together to improve health care at community level.

## Recruitment

- Finding the right fit for physicians & community



# Community Paramedicine



Princeton – May 2016

- Plans underway
- Lumby, Revelstoke, Sicamous

# Nurse Practitioners



NP Kathy Lepp – photo courtesy of *Kelowna Capital News*

- **2005** - Role established in B.C.
- Work in **private practice** or for **health authorities**
- Can function **independently** or **collaboratively**
- **There are 66\* NPs working in IH in many settings:**
  - primary care
  - acute care (cardiac and thoracic surgery)
  - specialty clinics (diabetes, atrial fibrillation, renal)
  - residential care

*\*As of Mar. 31, 2017*



# Mental Health Substance Use

**Goal:** Help clients be active, engaged partners in their health, well-being, and quality of life; to improve overall health and avoid visits to the emergency room and stays in hospital.

**How:**

- Adding MHSU health-care teams to provide integrated specialized care planning and services.
- Collaborating with key partners to better coordinate care and also improve the quality of services we provide.
- **73** new substance use beds, including **15** for First Nations
- **New Ministry of Mental Health & Addictions**



# Surgical Wait Times

## **Met Surgical targets for 2016/17**

- No more than 5% patients waiting >40 weeks

## **How?**

- Increasing volumes
- Central intake or pooled referrals
- Regional OR
- Improved waitlist management





# First Nations Health



**May 4, 2017 – Williams Lake  
Declaration of Commitment**



# OD Response



**Provincial Health Officer**  
Dr. Perry Kendall

**April 14, 2016**

Public Health  
emergency declared

# Illicit Drug Overdose Deaths in IH

Illicit Drug Overdose Death Rates by Health Authority per 100,000, 2007-2017 <sup>[4-7]</sup>											
HA	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Interior	5.0	3.1	4.9	5.2	5.3	4.3	7.5	6.4	8.5	21.7	33.3
Fraser	3.8	4.2	3.7	5.3	7.0	6.2	6.3	7.4	11.9	18.5	27.7
Vancouver Coastal	6.0	4.4	6.3	4.7	7.3	6.4	8.4	10.4	13.6	23.6	39.2
Vancouver Island	4.8	5.9	4.5	3.1	5.9	5.8	7.8	7.2	8.6	20.6	30.2
Northern	3.9	2.1	2.1	4.6	5.7	6.3	6.6	7.3	8.8	18.5	18.6
BC	4.7	4.2	4.6	4.7	6.5	5.9	7.3	7.9	11.1	20.6	31.3

Source: BC Coroners  
Service

# OD Prevention



Jan. 13, 2017

**Dec 13, 2016**

*OD Prevention sites open in Kamloops & Kelowna*

**Jan 13, 2017**

*IH announces decision to apply for supervised consumption service in Kamloops & Kelowna*

**April/May**

*Mobile units begin operating*

**July 19, 2017**

*Health Canada approves IH's application for supervised consumption service*



# Fatal Overdoses – what is known

- Almost 4 OD deaths every day in B.C.
- 9 out of 10 deaths happen indoors; primarily in private homes
- Prevalent age range is 30-59
- 4 out of 5 deaths are in males

## First Nations:

- \* 3 times more likely to die from an OD
- \* 14% of OD deaths in B.C. involve First Nations
- \* 52% men / 48% women

## CONCLUSIONS:

- Stereotype of a 'user' looks very different from reality
- First Nations are at higher risk of OD
- Do not use alone



# Next Steps

- Transition emergency response to routine operations
- Stakeholder engagement – coordinated approach
- Ongoing public education and awareness
- Looking at opportunities in communities across IH to address overdoses.
- New Ministry of Mental Health & Addictions



# POPULATION HEALTH

## Health Promotion Portfolio

By working together, we can create policy and environmental changes, including:

- Active Transportation Planning
- Healthy City Strategies
- Smoke-Free spaces bylaws
- Food system planning
- Consultation for Sustainability & Official Community Plans



Community consultation in Clearwater helped guide the District's transportation planning process, which included IH's Healthy Built Environment team as well as Community Health Facilitator Jenny Green.

# QUESTIONS?





# Capital Budget Update

Dan Goughnour – Director Business Support



# Update: Polson Tower Project

Polson Tower - Additional Two Inpatient Floors (\$ 000s)	2013	2014	2015	2016	2017	2018	Projected Surplus	Total
ADJUSTED (to account for NOCSRHD Shelled Floors Contribution)								
Ministry of Health RCG - 100%	\$ 683	\$ 6,269	\$ 8,798	\$ -	\$ -			\$15,750
Ministry of Health RCG	-	-	814	1,919	170	-	2,885	5,788
NOCSRHD	-	-	1,166	1,940	113	-	2,306	5,525
VJH Foundation	-	-	1,000	990	-	-	510	2,500
<b>Total Project Capital Funding</b>	<b>\$ 683</b>	<b>\$ 6,269</b>	<b>\$ 11,778</b>	<b>\$ 4,849</b>	<b>\$ 283</b>	<b>\$ -</b>	<b>\$ 5,701</b>	<b>\$29,563</b>

- Awaiting confirmation that all final bills will be paid prior to December 31
- Projected surplus may still change, but unlikely to decrease from \$5.7M
  - Increase of \$200K since Spring update
  - RHD portion of surplus \$2.3M

# Vernon Jubilee Hospital MRI Project Update

- Project is underway
- \$1.1M in costs booked against \$7.1M total budget
- Currently on target to meet project timelines and budget, but still early in the project
- Risk of cost escalation on original budget estimates
  - Some recent projects have seen escalation up to 40%
  - Drivers include:
    - Disasters (hurricanes, fires, etc.)
    - Trade Scarcity (depending on location)
    - Exchange rate
  - Estimates always include a factor for some level of escalation. Challenge is unpredictability.

## VJH Psychiatric Inpatient Planning Project Update

- Initial planning and feasibility study in progress
  - Understand scope of project and high level cost estimate
  - Determine potential options available
- No approvals to move forward at this stage

# TELUS Enhanced Broadband Expansion

- TELUS has submitted application to Government of Canada – ISED “Connect to Innovate Program”
- Would include expansion of broadband service in the Interior of British Columbia
- IH has written TELUS indicating support for the application to address challenges in delivering health services to our rural and remote communities
  - Access to broadband
  - Reliability of existing infrastructures

## MIT Projects Capitalization – Accounting Standards

- IH follows accounting standards and guidelines prescribed by:
  - Chartered Professional Accountants (CPA) of Canada
  - Management Information Systems in Canadian Health Service Organizations (MIS)
  - Financial Management Policy Manual for Health Authorities in British Columbia

# MIT Projects Capitalization – Accounting Standards

- MIT Expenditures are capitalized if:
  - Held for use in production and supply of goods and services
  - Have useful economic life extending beyond one year
  - Used on a continuing basis
  - Not for sale in ordinary course of operations
  - Cost is above capitalization threshold (\$5,000)
- Includes:
  - Hardware and associated installation costs
  - Software and associated implementation costs
- Once capitalized, IH amortizes over asset's useful life – typically 3 to 5 years
- IH financial statements audited annually, including capitalized assets acquired during the fiscal year

# QUESTIONS?







Thank you for your continued  
support



Interior Health  
*Every person matters*