














# Our Health Care Report Card

	Time Frame	Target	Year to Date	
<b>System Health</b>				
Average inpatient days	April 2020	<= 2,034	1,283	
Acute productive hours per patient day	April 2020	Not Yet Available	8.4	
Alternate level of care (ALC) stay days as a proportion of total stay days	April 2020	Not Yet Available	9.4 %	
<b>Exceptional Care</b>				
Emergency patients admitted to hospital within 10 hours	April 2020	>= 58.0 %	77.5 %	
Scheduled surgeries waiting longer than 26 weeks	Apr 2020 to Apr 2020	<= 5.0 %	37.7 %	
<i>Clostridium difficile</i> infection rate	Apr 2019 to Feb 2020	<= 3.6	2.7	
% of MHSU readmissions within 30 days – based on diagnosis code	Apr 2019 to Dec 2019	<= 13.0 %	13.1 %	
Potentially Inappropriate Use of Antipsychotics in Long-Term Care (CIHI-Adjusted RAI-QI)	Apr 2019 to Dec 2019	<= 20.7 %	26.6 %	
Average hospital days in the last 6 months of life for clients known to VCH community programs	Apr 2019 to Mar 2020	<= 14.0	14.4	
Hospital standardized mortality ratio (HSMR)	Apr 2019 to Feb 2020	<= 100	82	
Magnetic Resonance Imaging (MRI) Encounters Completed Within Benchmark	Apr 2019 to Mar 2020	>= 85.0 %	50.4 %	
<b>Great Place to Work</b>				
Sick time rate	April 2020	<= 4.9 %	4.3 %	
Overtime rate	April 2020	<= 2.1 %	2.7 %	
Relief Not Found	April 2020	<= 1.5 %	0.5 %	
WorkSafe BC Time Loss Claim Rate	Jan 2020 to Mar 2020	<= 5.28	4.10	



Within desirable target range



Within 10% of target



Outside desirable target range by more than 10%

# Our Health Care Report Card

May 2020

## Average inpatient days

On average, how many patients are in the hospital each day?

### What are we measuring?

We are measuring the total number of inpatient days in our hospitals divided by the number of days in the year to give us the average number of beds occupied per day.

### Why?

Our goal is to provide the best quality of care to our patients, and to improve their hospital experience. Sometimes it is more appropriate for patients to be cared for in their homes or in the community. Identifying these patients and connecting them with suitable community level resources will improve their overall experience and quality of care.

### How do we measure it?

We count the number of inpatients who have stayed at our hospitals each period, and the number of days that those patients stayed with us. This indicator is the total number of inpatient days divided by the number of calendar days in the month (fiscal period). This metric has been adjusted to remove Diagnostic Treatment Unit (DTU) patients discharged home. Newborns are excluded from the measure of inpatient days. Census days include days spent in the ABSU at St. Paul's Hospital.

### How are we doing?

There were 1,283 average inpatient days at VCH in April 2020. All BC Hospitals moved to Outbreak Response Phase 2 on March 16, 2020 and measures to create capacity in the hospitals began which led to a 30% reduction in the average inpatient days indicator as compared to the same period of time in the previous year. All Communities of Care performed better than target.

### What are we doing?

We are striving to make sure that are patients are not staying in hospital longer than they should be and are not being admitted to hospital when there is a more suitable option. We are working with community providers to make sure the continuum of care for our patients is seamless. By doing this we are able to provide a safe transition from acute care to community care.

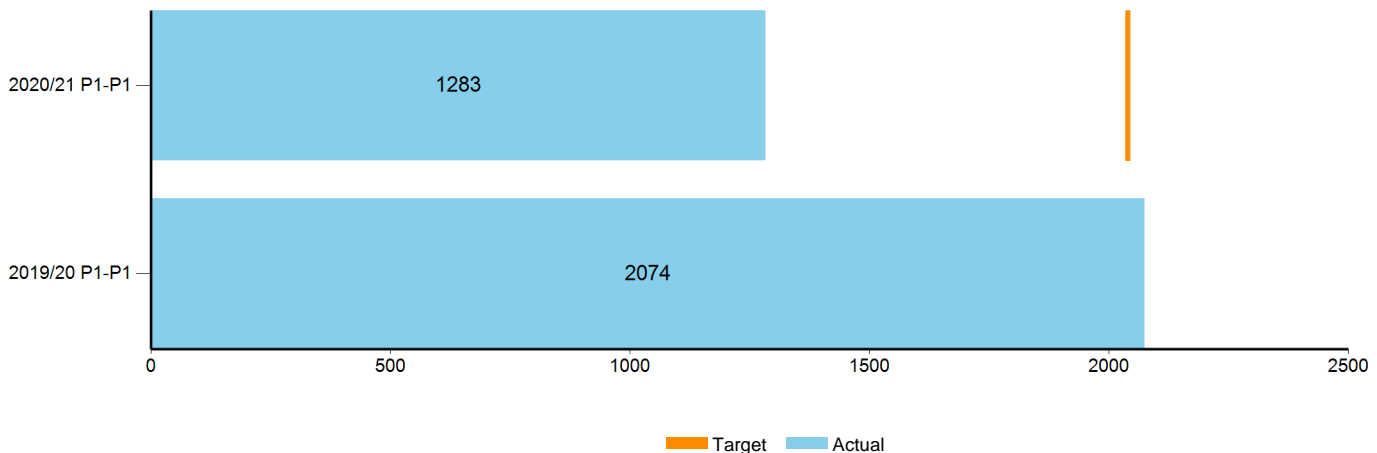
### What can you do?

Make sure that you understand your discharge plan when you are leaving the hospital. If you have any questions, do not hesitate to ask your care provider before you leave. Also, if you don't have a family doctor, try to find one who matches your needs at: [https://www.cpsbc.ca/physician\\_search](https://www.cpsbc.ca/physician_search)

Our performance	Target *
1,283	<= 2,034
average stay days	

Year-to-date Timeline: April 2020

\*Our target is to improve on the two-year historical average



# Our Health Care Report Card

May 2020

## 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?

We are measuring productivity levels to help 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, Medical/Surgical, Intensive Care Unit (ICU), Obstetrics, Pediatrics, Mental Health and Substance Use, Physical Rehab, and Palliative Nursing Units.

#### How are we doing?

The VCH target for FY2020/21 is currently unavailable. The acute productive hours per patient day for April 2020 year-to-date is at 8.4 compared to March 2020 year-to-date at 6.5. All BC Hospitals moved to Outbreak Response Phase 2 on March 16, 2020 and measures to create capacity in the hospitals began which led an overall 21% decrease in census days while productive hours only decreased by 1.5% in March as compared to last year-to-date. This has resulted in a dramatic rise in April 2020 for this indicator.

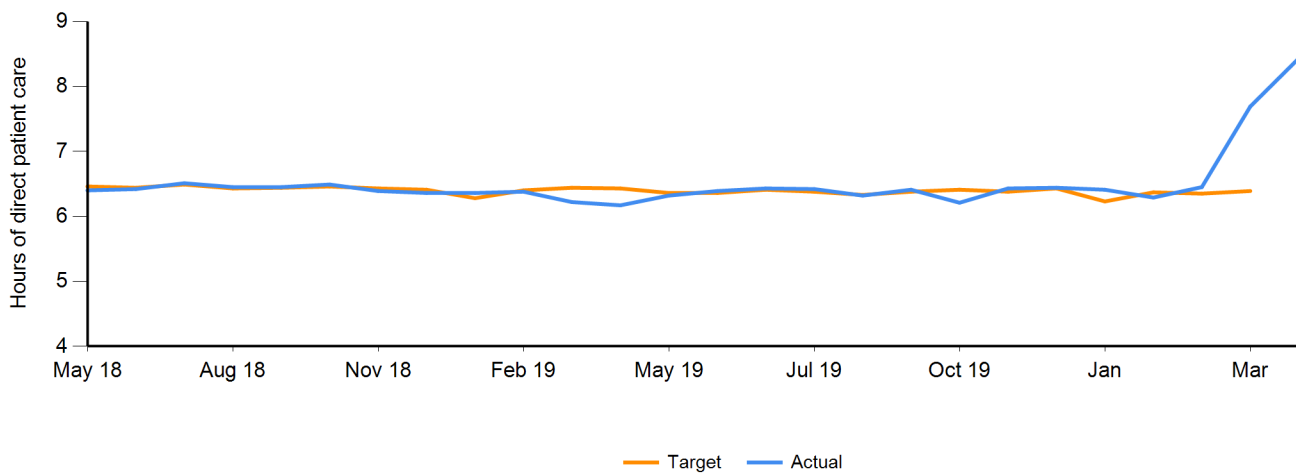
#### What are we doing?

All communities of care and Providence Health Care continue to use the Capacity Planning Tool (CapPlan) to access real-time information and managing paid hours reports for better management decision-making. We are also identifying improvement opportunities. For example, internal benchmarking.

Our performance	Target *
8.4	Not Yet Available
hours of direct patient care per day	

Year-to-date Timeline: April 2020

\*Our target is based on our performance of the last year to date.



# Our Health Care Report Card

## Alternate level of care (ALC) stay days as a proportion of total stay days

May 2020

### 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?

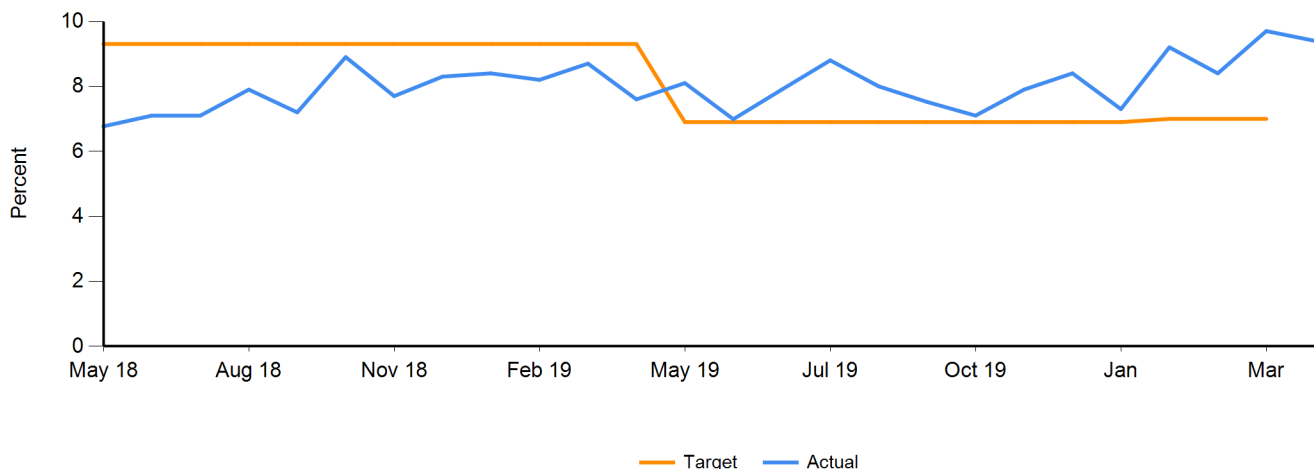
Timely access to the appropriate type of care is in the best interests of our patients and may increase their chances for a healthy recovery. It also means that hospital beds are available for the patients who truly need them. Within the organization, the time to move a patient to ALC may relate to how responsive community services are to patients, how closely the teams work together, capacity for the right type of care, or the efficiency of the 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 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?

The VCH target for FY2020/21 is currently unavailable. In April 2020, 9.4% of the inpatient days were ALC days for VCH overall, which is lower than the 9.7% in March 2020. All Communities of Care are performing better in April than last month with the exception of Coastal Urban and Coastal Rural. Compared to other Health Authorities, VCH has one of the lowest ALC rates in the province.



#### What are we doing?

We are working to prevent long hospital stays by providing high quality, integrated patient care and ensuring we have appropriate capacity in all of our community, rehabilitation and hospital services. We are also creating efficient processes to support patients transferring between services. Additionally, some hospitals are holding weekly meetings to focus on specific patients with a very long hospital stay.

#### What can you do?

Talk to your health care provider or a family member about creating a discharge plan that will work best for you.

Our performance	Target *
9.4 %	Not Yet Available
of hospital days are ALC days	

Year-to-date Timeline: April 2020

\*Our target is set to match the financial budgets

## Emergency patients admitted to hospital within 10 hours

May 2020

### How quickly do emergency patients move to a hospital bed?

#### What are we measuring?

We are measuring the percentage of emergency patients who spend 10 hours or less in the Emergency Department (ED) waiting for a hospital bed.

#### Why?

Our EDs 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. ED wait time calculations exclude all time spent in the ABSU at St. Paul's Hospital.

#### How are we doing?

In April 2020, 77.5% of ED patients were admitted to hospital within 10 hours at VCH, which is better than the 58% target. Beginning in mid-March, there has been a large decrease in the volume of ED visits. As compared to April 2019, there has been a 30% reduction in the number of ED visits to this year. This decrease in visits has resulted in all Communities of Care (CoCs) meeting target.

#### What are we doing?

We are using new care units called diagnosis and treatment units in four of our urban hospitals. These units are located next to the EDs and allow us to observe patients receiving treatment for a longer period of time, with the goal 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.

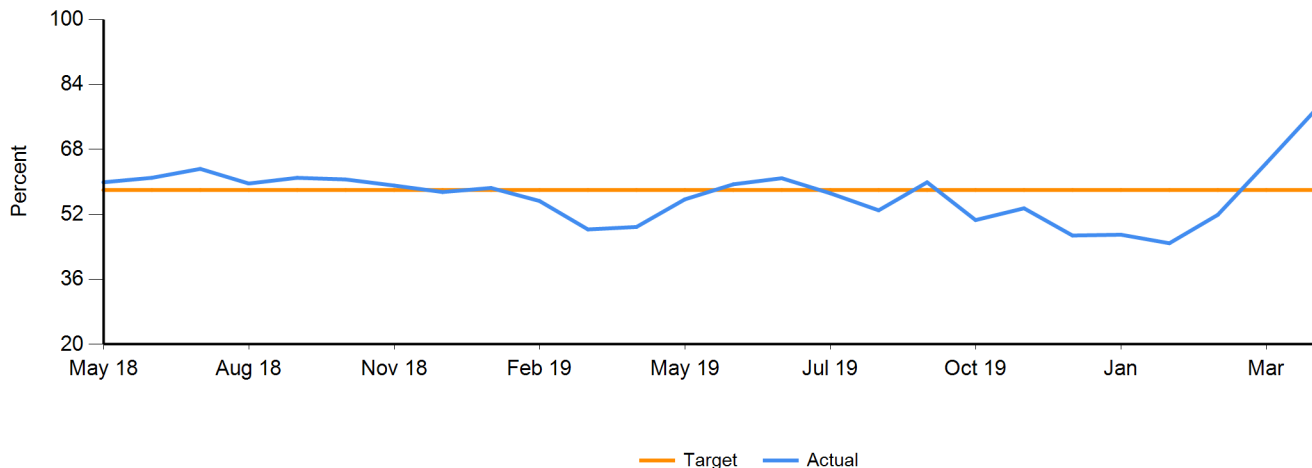
#### What can you do?

You can seek alternative ways to get treatment before going to the ED such as going to see your family doctor, going to a walk-in clinic and using other community resources. Use our Emergency Department Dashboard at [www.edwaittimes.ca](http://www.edwaittimes.ca) to learn what options you have for a shorter wait time and when the ED may be less busy.

Our performance	Target *
77.5 %	>= 58.0 %
of patients moved to an inpatient bed within 10 hours	

Year-to-date Timeline: April 2020

\*Our target was set by the Ministry of Health



## Scheduled surgeries waiting longer than 26 weeks

### How long are patients waiting for scheduled elective surgeries?

#### What are we measuring?

We measure the percentage of patients who have been waiting longer than 26 weeks for a scheduled elective surgery out of the total number of patients who are waiting for a scheduled elective surgery.

#### 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. We want to exceed the Ministry of Health (MoH)'s target that no patients are waiting more than 26 weeks for surgery by continuing to shorten the time for our longest waiting patients.

#### How do we measure it?

We take the number of patients waiting longer than 26 weeks for a scheduled elective surgery and divide it by the total number of patients on the scheduled elective surgery waiting list. To measure the wait time, we track the date hospitals receive the booking package from the surgeon's office to the date the patient has the surgery. Dates that patients are unavailable for surgery are excluded from the wait time calculation. Pediatric patients waiting for procedures with a benchmark wait time of 52 weeks are excluded from this measure.

#### How are we doing?

The results for Period 1 continue to be above target at 37.7%. Due to the COVID-19 pandemic, all elective surgeries were cancelled as of March 16th. Most sites are in Phase 2 of the 'Regional VCH/PHC Perioperative Plan in the Event of Surgical Disruption Related to COVID-19'. In Phase 2, only emergency and urgent surgeries are being completed.

#### What are we doing?

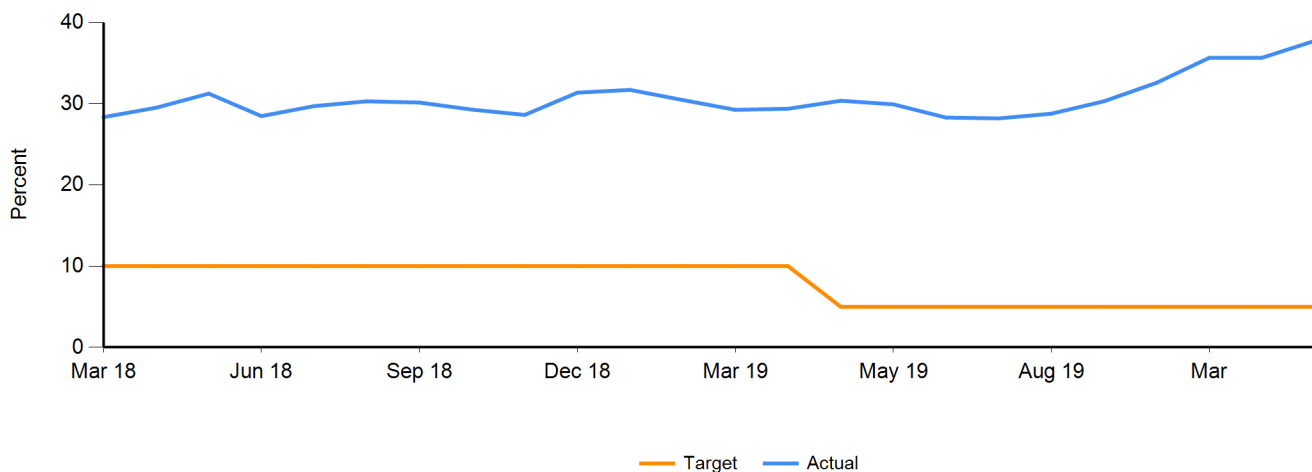
We are providing surgeon offices with regular reports that show, which patients are waiting the longest. This makes it easier for them to book patients, according to the wait time target. We are giving additional Operating Room time to surgeons to specifically treat patients who have been waiting more than 26 weeks and we are also purchasing additional equipment and implants so that surgery isn't limited by a shortage of necessary equipment or implants. Where a shortage of specialty trained staff might be the reason for the long wait, we are planning the necessary recruitment, training or other required action with our partners in physician recruitment, employee engagement, and education. Furthermore, we are piloting new models for referral and delivery of service to shorten the wait for consulting and treatment.

#### What can you do?

Use the surgical wait times website at [www.health.gov.bc.ca/swt](http://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. It is also important to let your surgeon know if you're not yet ready, willing and able to have surgery and to 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 *
37.7 %	<= 5.0 %

Year-to-date Timeline: Apr 2020 to Apr 2020



## Clostridium difficile infection rate

### How many patients get this 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 associated 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 to calculate a rate for the fiscal period. To calculate the cumulative year to date rate each iteration of this report, we sum all the new healthcare associated *C. difficile* infections over the time period we are reporting on, 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?

Our *C. difficile* infection rate up to February 6, 2020 is 2.7 per 10,000 inpatient days, which is lower than the target of 3.6 per 10,000 inpatient days, and furthermore, is falling below the target range of 2.9 to 4.3 per 10,000 inpatient days. The target range is being used especially with our smaller sites, where slight changes in small numbers of *C. difficile* infection cases can lead to greater fluctuation in *C. difficile* infection rates. We continue to work to further drive improvements.

#### What are we doing?

We are improving our ability to quickly identify cases of *C. difficile* infection and working with the hospital pharmacy to promote appropriate treatment. We are also 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. Furthermore, we are providing nursing units with regular reports (weekly Vancouver Coastal Health, monthly Providence Health Care) that show the number of cases associated with their unit to help them evaluate their improvement efforts. Our infection control team is working with all nursing units to identify opportunities for improvement.

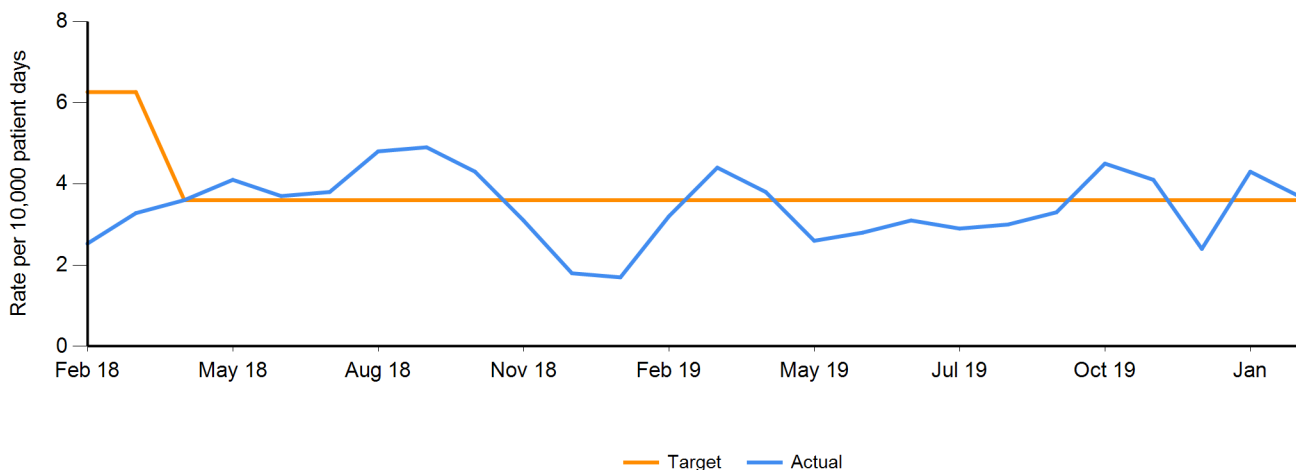
#### What can you do?

If you have *C. difficile* infection, be sure to tell anyone who treats you and 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. It is important to also only use antibiotics when necessary. Be sure to take the full course of antibiotics, even after you start to feel better.

Our performance	Target *
2.7	≤ 3.6
cases of <i>C. difficile</i> per 10,000 patient days	

Year-to-date Timeline: Apr 2019 to Feb 2020

\*Our target is based on recommendations made by the PICNet Surveillance Steering Committee (3.6 (95%: 2.9-4.3))



# Our Health Care Report Card

## % of MHSU readmissions within 30 days – based on diagnosis code

May 2020

### How many of our mental health and substance use (MHSU) patients return within 30 days?

#### What are we measuring?

We measure the percentage of readmissions to an inpatient unit at any of our hospitals for a MHSU condition, within 30 days. This indicator identifies MHSU patients using hospital discharge diagnosis codes and is considered the gold standard; it is based on the definition used by the Canadian Institute for Health Information. We have an additional indicator that uses hospital admissions data to identify readmissions as it allows for more up-to-date reporting with ~95% accuracy.

#### Why?

Reducing the MHSU readmission rate has moved to the top of the priority list for the Regional MHSU program. Ensuring continuity of care by providing appropriate care in the community after hospital discharge is one of the most important safeguards against hospital readmission. Tracking our readmission rate helps us to understand the effectiveness of our hospital care and how well we support patients after they leave the hospital.

#### How do we measure it?

We divide the number of readmissions to any of our hospitals for a MHSU condition occurring within 30 days of discharge (excluding patients discharged home from a Diagnostic and Treatment Unit), by the total number of all MHSU episodes of care, for patients who are 15 years or older at the time of their first admission. Readmissions are attributed to the last hospital that discharged the patient before he/she was readmitted. MHSU patients are identified based on the most responsible diagnosis code in the Discharge Abstract Database.

#### How are we doing?

To address the indicator's poor performance, the MHSU program has created a Regional Steering Committee with the purpose of meeting the 13% readmission rate target. Work to date includes creating a standard process across the region for reviewing each MHSU readmission and identifying the first CoC to implement the Psychosis Treatment Optimization Program (Vancouver).

#### What are we doing?

The MHSU program has created a working group with the purpose of supporting each Community of Care (CoC) towards a 12% readmission rate target. Ongoing work includes: 1) Increasing uptake and compliance of the 'When I leave the Hospital' form, which is used to ensure that patients have a community appointment booked following hospital discharge within 28 days (target= 95%) and that health care providers have communicated the follow-up plan to the patient, family members, and other supports; 2) Creating a standard process across the region for reviewing each MHSU readmission; 3) Increasing services and connections between programs, such as connecting emergency departments and MHSU community services, increasing the number of community outreach teams, and more.

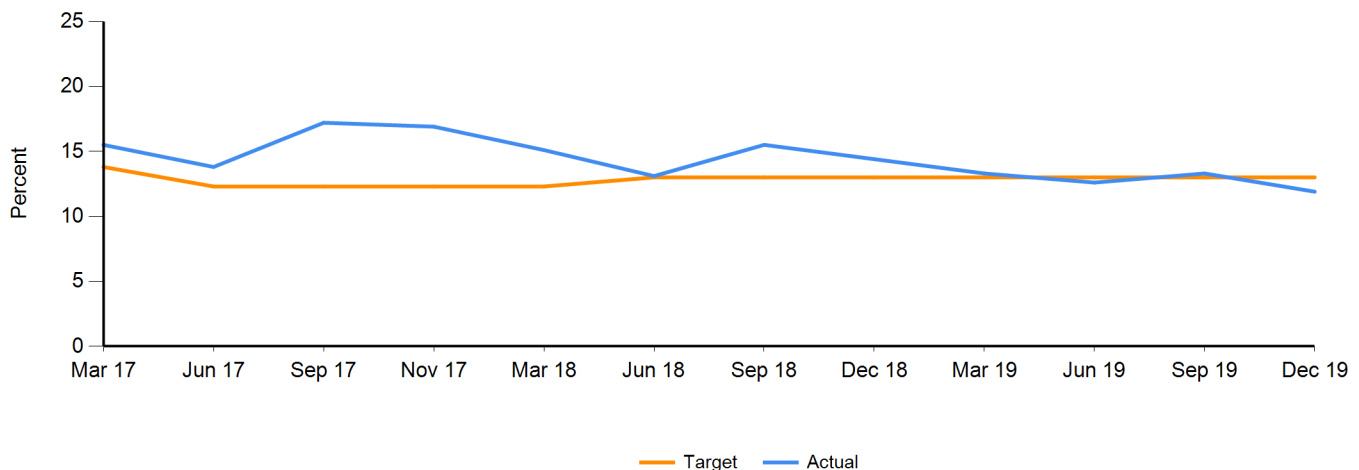
#### What can you do?

If you or a family member or friend 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 community services needed, activities that might help with recovery, medications or equipment. Let a health care provider know as soon as possible if you have any questions or concerns.

Our performance	Target *
13.1 %	<= 13.0 %
of MHSU patients readmitted to any VCH/PHC site	

Year-to-date Timeline: Apr 2019 to Dec 2019

\*Our target was determined in consultation with regional MHSU program





# Our Health Care Report Card

## Potentially Inappropriate Use of Antipsychotics in Long-Term Care (CIHI-Adjusted RAI-QI) May 2020

### Why?

Antipsychotic medications are often prescribed to address symptoms of aggression and agitation in residents with dementia. However, not all symptoms respond well to antipsychotic medications. As a result, a careful balance must be struck between possible benefits and potential risks for cerebrovascular and cardiovascular side effects of stroke, confusion or dizziness including increased chance of death (BC MOH, 2011, Government of Canada, 2005).

### How do we measure it?

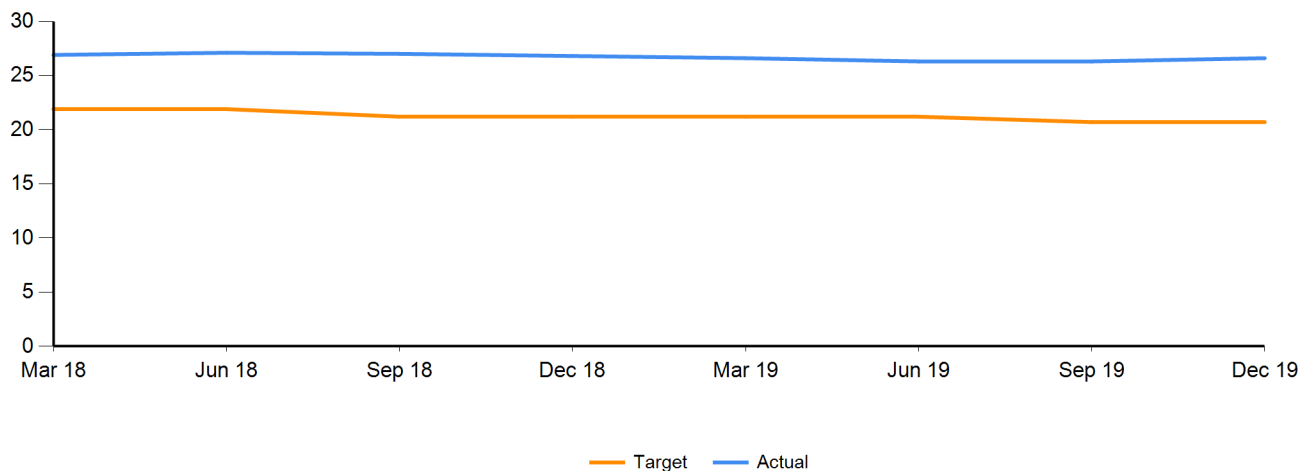
The number of residents who received antipsychotic medication on their target assessment divided by the number of all residents with valid assessments [InterRAI] within the applicable time period.

### How are we doing?

"Come Alive!", a VCH led quality improvement initiative launched on Oct 10, 2019 with care homes from Coastal, North Shore, Vancouver and Richmond participating. Representatives from both owned and operated and contracted homes came together along with physicians, family members, mental health team members and community representatives such as the Alzheimer's society. This marks the beginning of a two year targeted quality improvement initiative which is grounded in the voices of residents, with the goal to reduce the potentially inappropriate use of antipsychotic medication and improve the experience of people living in long-term care.

Our performance	Target *
26.6 %	$\leq 20.7$ %

Year-to-date Timeline: Apr 2019 to Dec 2019



# Our Health Care Report Card

## Average hospital days in the last 6 months of life for clients known to VCH community programs

May 2020

### What are we measuring?

We are measuring the intensity of care by capturing the number of days that patients spend in the hospital during final six months of their life among patients who have previously received care and supports through a Vancouver Coastal Health (VCH) community program. It is an inverse indicator of our success in providing appropriate care to clients in their homes.

### Why?

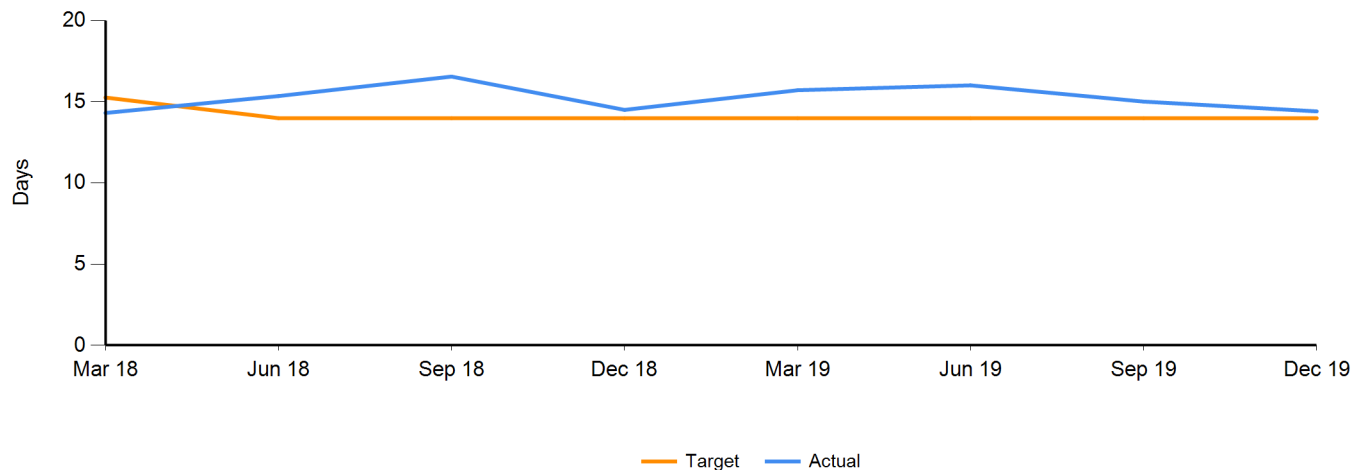
Planning care and supporting patients well in community settings during this stage of life improves quality of life and experience of care for patients and families. Increasing support for patients in their home setting reduces the need for a crisis admission to hospital. Hospital days in the final six months of life is one of the Institute for Health Improvement (IHI)'s Whole System Measures for quality care.

### How do we measure it?

For each fiscal quarter, we count all inpatient days in VCH and Providence Health Care hospitals in the last 180 days of life by adults whose death was recorded during the fiscal quarter and divide it by the number of deaths. We exclude anyone who is not a resident of the VCH region and anyone with no record of receiving care from our community programs. The Community of Care-level indicators are determined by residence, not location of death.

### How are we doing?

For VCH in Q3, patients spent an average of 14.4 days in hospital in their last 6 months of life. This is an improvement by half a day over Q2. VCH achieved a result within 10 % of target, and Vancouver with 12.5 achieved a result better than it's target. Coastal Urban improved by 2 average days and Richmond improved by 0.5 day over Q2. The fluctuations in Coastal Rural data are due to the smaller scale. End-of-Life indicator targets are based on continuous improvement. There are multiple initiatives in place to affect this target.



### What are we doing?

Clinicians are having discussions around goals of care with patients and their families. We are working on providing well-coordinated care in the community for clients nearing the end of life and, when required, timely access to hospice. We are also supporting the palliative approach in Residential Care and developing strategies to better identify the population that need palliative care.

### What can you do?

Ensure your family and loved ones know what you would want for your care if ever you are unable to speak for yourself. Have a discussion with your care team around your wishes.

Our performance	Target *
14.4	<= 14.0
Average hospital days in the last 6 months of life	

Year-to-date Timeline: Apr 2019 to Mar 2020

\*Our target was set by the palliative program

## Hospital standardized mortality ratio (HSMR)

### 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.

#### Why?

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.

#### 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 only looks at patients with one of the diagnosis groups that account for about 80% of in-hospital deaths, after excluding patients with palliative care. It takes into account factors that may affect mortality rates, such as the age, sex, length of stay, other diagnoses and the admission status of patients. It uses the national baseline average from 2015/16 to 2017/18.

#### How are we doing?

VCH continues to focus on reviewing quality improvement initiatives across all Communities of Care to maintain performance better than the national average. Overall, VCH and all Communities of Care continues to perform better than the national average.

#### What are we doing?

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

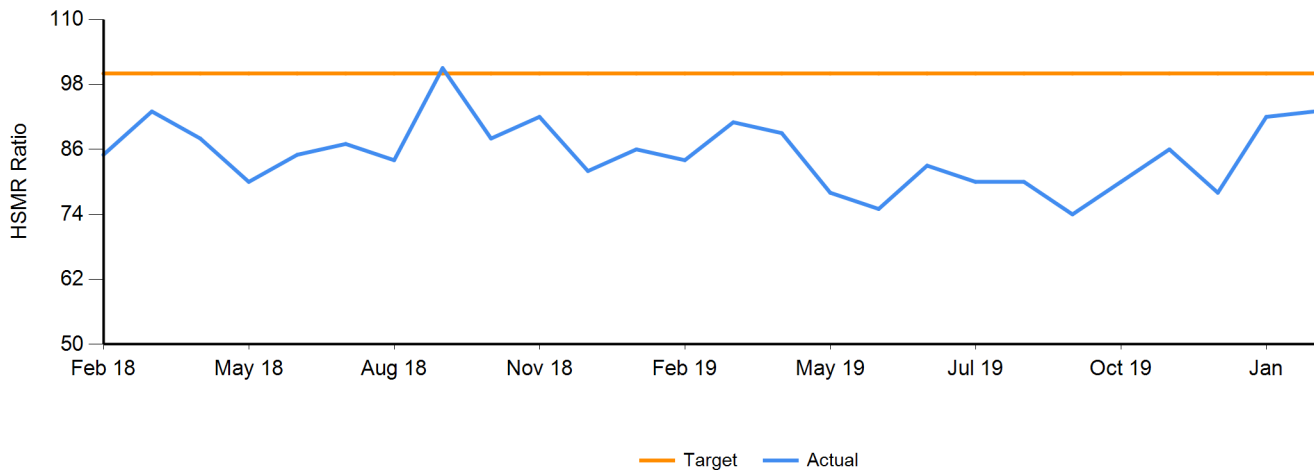
#### What can you do?

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.

Our performance	Target *
82	<= 100
ratio of observed to expected deaths	

Year-to-date Timeline: Apr 2019 to Feb 2020

\*Our target is the national standard set by the Canadian Institute for Health Information.



# Our Health Care Report Card

## Magnetic Resonance Imaging (MRI) Encounters Completed Within Benchmark

May 2020

### Why?

MRI Encounters Completed Within Benchmark is used to understand how health authorities are performing in providing timely access to services. Many factors affect wait times such as availability of resources, efficiency of a particular facility, seasonal effects, volumes, patient choice, patient condition, follow up care and/or treatment complexity.

### How do we measure it?

Percent of Magnetic Resonance Imaging encounters that take place within wait time benchmark of associated priority level from time when a medical imaging service request is received by the health authority to the date a patient has the encounter.

Our performance	Target *
50.4 %	>= 85.0 %

Year-to-date Timeline: Apr 2019 to Mar 2020

# Our Health Care Report Card

May 2020

## 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?

One contributor to unfilled shifts is sick leave where replacement staff cannot be found. This can negatively impact patient care, incur overtime and working short premium costs and impact staff burnout – possibly pushing sick leave even higher. We want our staff to be well and productive at work for the overall positive impacts on patient care and on staff morale. Reducing sick time also reduces the workload stress and overtime costs of staff covering for ill coworkers, and allows us to reinvest in patient care.

#### How do we measure it?

Number of hours lost to sickness divided by the total number of productive (working) hours results in the percentage of productivity lost to sickness.

#### How are we doing?

In April 2020, the sick rate declined to the lowest we have experienced in the past four years. This can be attributed to staff becoming more accustomed to the new realities such as new infection control and cleaning guidelines, decreased volumes in emergency department, ambulatory closures and surgery cancellations, and many staff working from home. The largest contributors of sick hours were the ICU at VGH and the Coastal LTC Nursing Unit.

#### What are we 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.

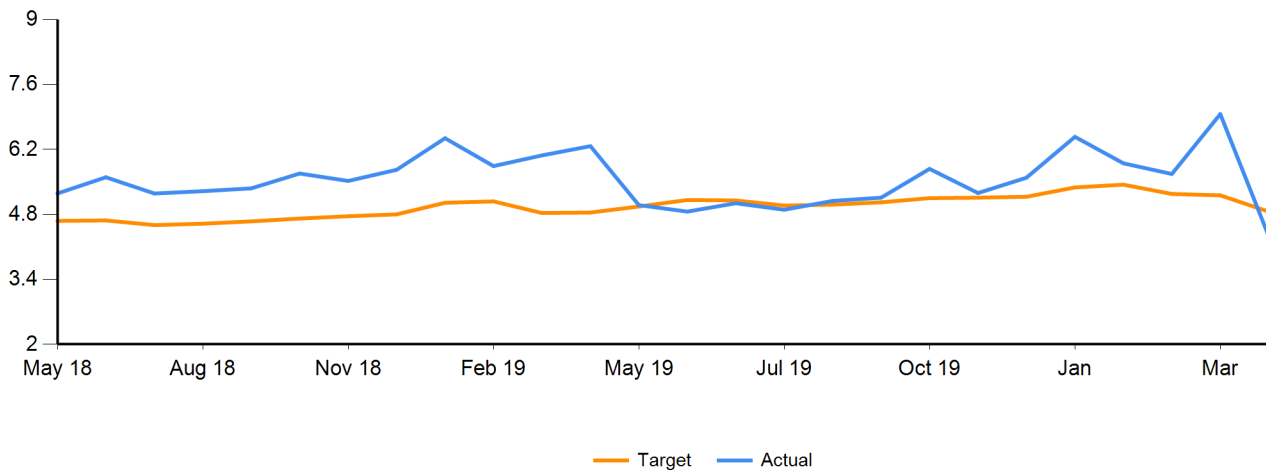
#### What can you do?

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.

Our performance	Target *
4.3 %	<= 4.9 %
of total productive hours were sick hours	

Year-to-date Timeline: April 2020

\*The target is the budget for sick time and is determined by VCH's finance department



# Our Health Care Report Card

May 2020

## 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 more expensive than providing the same care at regular wage rates. Overtime also puts workload stress on individual employees and can negatively impact their health. Overtime is an indicator that can prompt a deeper dive to explore contributing factors and identify corrective action which could include regularization of staff or a staffing model review.

#### How do we measure it?

Total overtime hours divided by total productive (working) hours.

#### How are we doing?

The April 2020 overtime percentage at VCH overall is 2.7%. Overtime rates in period 1 were lower than the previous year; decreased hospital occupancy from both surgery cancellations and decreased number of emergency room visits contributed to this low number. Overtime rates, however, were high in outbreak areas and some long-term care facilities. A significant amount of overtime hours have been in the Coastal CoC (Home support, LTC nursing unit, etc).

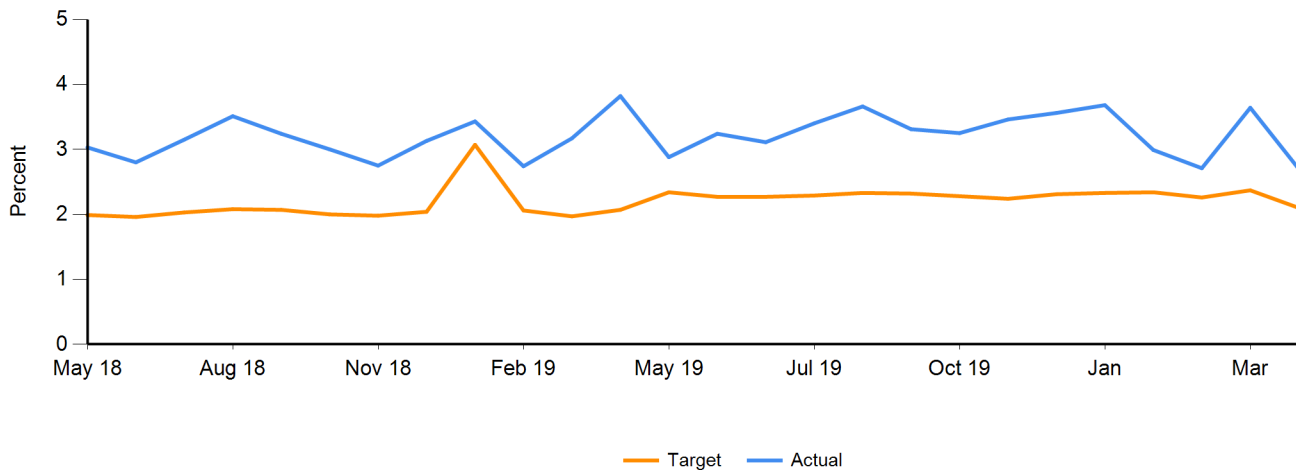
#### What are we doing?

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

Our performance	Target *
2.7 %	<= 2.1 %
of total productive hours were overtime hours	

Year-to-date Timeline: April 2020

\*The target is the budget for overtime and is determined by finance.



# Our Health Care Report Card

## Relief Not Found

May 2020

### How often are staff absent and we are not able to backfill their shift?

#### What are we measuring?

We are measuring the number of times staff are absent and require replacement, or additional staff are required, but we are unable to bring anyone in.

#### Why?

Tracking Relief Not Found (RNF) aligns to the Great Place to Work strategic priority, as one of our goals is to ensure departments are not working short staffed. We want to provide the best patient care by ensuring there is sufficient staffing coverage for unexpected staff absences. Providing care when there are not enough staff members compromises patient care and potentially creates unsafe conditions for the workforce. Reducing the number of times relief is not found will ensure uninterrupted staffing coverage and result in better patient care. Relief not found is a current proxy measure to help us understand our potential liability when the working short premium comes into effect, so it is important to identify units with high RNF now so that corrective action can be taken prior to April 1, 2020.

#### How do we measure it?

Number of RNF hours divided by the number of productive hours plus RNF hours.

#### How are we doing?

Employee Engagement is working to create a data-informed process to enable operations leaders to optimize their regular and relief staffing to ensure shifts are filled. The process includes an analysis of underlying issues that may be contributing to their staffing problems and use of contingent labour (OT, RNF, WSP, casuals, PT staff above FTE). Discussion with operations leaders will lead to recommendations that may include the regularization of hours (both baseline and relief), recruitment and retention strategies, nurse education and training and other options to address staffing challenges.

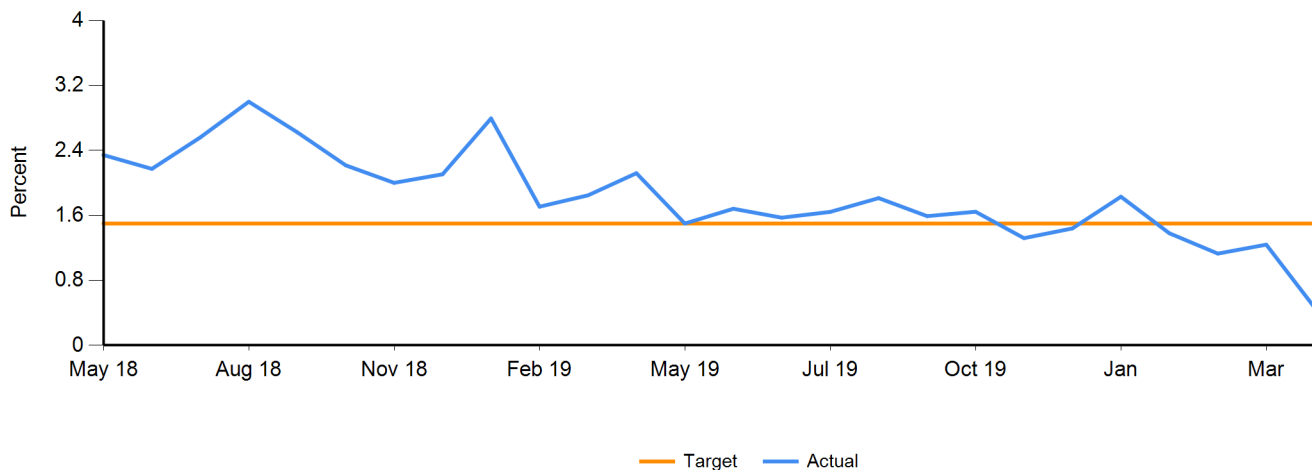
#### What are we doing?

Senior leaders, managers, and Employee Engagement teams are either already running or developing projects to understand causes of RNF and reduce it across Vancouver Coastal Health (VCH), focusing on areas that are above desired target. VCH regularly assesses opportunities to regularize relief needs to free up contingent staff to work during peak demand times. VCH has developed RNF dashboards for each Community of Care which the Chief Operating Officer's use to monitor unit progress each fiscal period.

Our performance	Target *
0.5 %	<= 1.5 %

Year-to-date Timeline: April 2020

\*Our target was set by the Clinical Strategy and Innovation Committee.



# Our Health Care Report Card

## WorkSafe BC Time Loss Claim Rate

May 2020

### Why?

The WorkSafe BC Time Loss Claim Rate provides insight to the prevalence of workplace injuries. One of our goals is to ensure a safe working environment for our staff. A high rate would indicate we have had an increase in lost work hours which would also manifest in higher sick rate and possibly an increase in long term disabilities (LTD) for serious injuries. Absences from work can result in increased relief not found (with impacts on patient care and staff burnout) and/or increase related costs of overtime and the working short premium.

### How do we measure it?

Number of WorkSafe BC (WSBC) Timeloss claims divided by productive hours and multiplied by 80% to exclude non-productive hours. It displays the number of WSBC TimeLoss Claims per 100 FTE in each year.

### How are we doing?

VCH continues to perform better than the Ministry of Health Integrated Board Report. All our safety and prevention initiatives are currently on hold as we deal with the pandemic response. The initiatives will resume as soon as the operational state of recovery and PPE is stable enough to support safety improvements.

Our performance	Target *
4.10	$\leq 5.28$

Year-to-date Timeline: Jan 2020 to Mar 2020