

**Interior
Health Authority**

**2016/17 – 2018/19
SERVICE PLAN**

June 2016

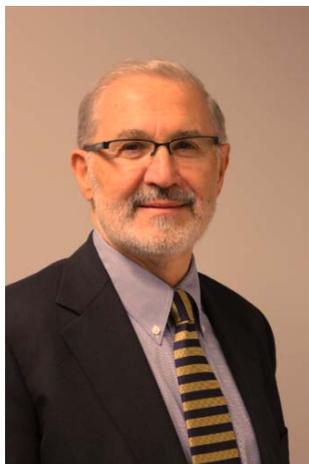


For more information on the Interior Health Authority
see Contact Information on Page 20 or contact:

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505 Doyle Avenue,
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www.interiorhealth.ca

Accountability Statement



As Chair of the Board of Directors, I am pleased to present Interior Health Authority's *2016/17-2018/19 Service Plan*. With quality as the Board's organizing principle we work with management, staff, and medical staff across the health authority to support the population health needs of the residents of the Central and Southern Interior. Our focus is on promoting healthy lifestyles and providing needed health services in a timely, caring, and efficient manner to the highest professional and quality standards.

Interior Health is realigning its resources with a goal to shift the focus of health care from acute and residential care facilities to community programs and services; focus on key client populations; and reduce the growth in demand on acute care capacity, all while living within our financial means. This shift, which is also occurring in other jurisdictions, responds to a population that is changing – people are living longer, often have complex medical needs, but also prefer to live at home from birth to death.

The *Service Plan* was prepared under the Board's direction in accordance with the *Health Authorities Act* and the *Performance Reporting Principles for the British Columbia Public Sector*. The plan is consistent with government's strategic priorities and fiscal plan. The Board is accountable for the contents of the plan, including what has been included in the plan and how it has been reported.

The performance measures presented are consistent with the Ministry of Health's mandate and goals, and the focus on aspects critical to the organization's performance. The Ministry established targets in this plan have been determined based on an assessment of *Interior Health Authority* operating environment, forecast conditions, risk assessment and past performance.

Erwin Malzer

A handwritten signature in black ink that reads "Erwin J. Malzer". The signature is written in a cursive, flowing style.

Board Chair

June 10, 2016

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Organizational Overview

Interior Health is mandated by the *Health Authorities Act* to plan, deliver, monitor, and report on publicly funded health services for the people that live within its boundaries. Interior Health's Vision, Mission, Values, and Guiding Principles inform how it delivers on its legislated mandate.

Interior Health provides health services to over 736,000 people across a large geographic area covering almost 215,000 square kilometres, the geography of which includes larger cities and a multitude of rural and remote communities. Interior Health is also home to 54 First Nations communities and 15 Metis communities, representing 7.7% of Interior Health's total population. Population health needs across the continuum of care drive the mix of services and enabling supports Interior Health provides. This continuum includes staying healthy, getting better, living with illness, and coping with end of life.

Interior Health has several service delivery streams and support departments. **Key service delivery streams** include Allied Health, Hospitals, Laboratory Services, Pharmacy, Primary and Community Care, and Residential Care. A variety of **support departments** enable the delivery of care and include Communications, Financial Services, Housekeeping, Human Resources, Infection Prevention and Control, Information Management/Information Technology (IMIT), Medical Affairs, Planning, and Professional Practice.

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

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

The day-to-day operations of Interior Health are led by the Chief Executive Officer and a team of senior executives. The Senior Executive Team is responsible for leading strategic and operational services for the health authority and for meeting the health needs of residents and communities in an effective and sustainable manner. Further information about Interior Health's service streams, Senior Executive Team, and board policies that may be of interest to stakeholders can be accessed at www.interiorhealth.ca.

Vision

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

Mission

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

Our Values

Quality, Integrity, Respect, Trust.

Our Principles

Innovative, Clear and Respectful Communication, Continual Learning and Growth, Teamwork, Equitable Access, Evidence-based Practice.

Strategic Direction and Context

Strategic Direction

Interior Health receives its strategic direction from clearly identified government priorities set forth in the [Minister of Health's Mandate Letter, *Setting Priorities for the B.C. Health System*](#) followed by a series of [policy papers](#). Successfully achieving Interior Health's vision requires close collaboration with partners, including the Ministry of Health, physicians, other health care providers, unions, patients, Aboriginal communities, and other stakeholders, in shaping and implementing key areas of focus. This collaborative approach aligns with the [Taxpayer Accountability Principles](#), which strengthens two-way communication between government and provincial public sector entities, promotes cost control, and helps create a strong and accountable relationship between government and agencies.

Strategic Context

Interior Health has made meaningful progress in improving services across a range of areas over the past several years. The health system in British Columbia is a complex network of skilled professionals, organizations, and groups that work together to provide value for patients, the public and taxpayers. Interior Health is addressing the unique needs of First Nations and Aboriginal populations by working closely with the First Nations Health Authority to ensure coordinated planning and service delivery efforts are embedded across all Interior Health portfolios and in support of First Nations' health and wellness objectives. Although the B.C. health system effectively meets the majority of the population's health needs, it continues to be challenged by an increasing demand for health services.

This service plan is based on an understanding of Interior Health's current operations, and of trends and challenges that may impact delivery of health care services into the future. When determining Interior Health's direction, the most significant drivers of rising demand are an aging population; the rising burden of illness from chronic diseases, mental illness, and frailty; and advances in technology and pharmaceuticals that drive costly new procedures and treatments. Demand pressures are compounded by the need for new care delivery models by health professionals and health care workers, and the need to maintain and improve the health system's physical infrastructure (i.e., buildings and equipment). With the current economic challenges facing B.C., it is even more important for the health system to find new and creative ways to ensure the resources available for health care services are used effectively and in ways that most benefit the people of B.C. and Interior Health.

Challenges persist with respect to access to family physicians and primary care in many communities; providing access to child and youth mental health services and effectively treating adult patients with moderate to severe mental illnesses and/or addictions; proactively responding to the needs of the frail elderly who may require complex medical supports and assistance at home in order to remain living in the community; providing emergency response and emergency health care services in some rural and remote areas; emergency department congestion in some large hospitals; long wait times for some specialists, diagnostic imaging, and elective surgeries; stress on access to inpatient beds in some hospitals; and responding to the changing needs of patients in residential care in terms of dementia. These will remain key areas of focus over the coming three years.

For more information on the B.C. health system, priority populations and key service areas, please see [Setting Priorities for the B.C. Health System](#) and [policy papers](#).

Goals, Objectives, Strategies and Performance Measures

Interior Health's *Vision, Mission, Goals, Values, and Guiding Principles* were affirmed in March 2013 and act as a platform upon which objectives and strategies are developed and advanced. Interior Health's Service Plan aligns with the strategic priorities contained in [Setting Priorities for the B.C. Health System](#) and the Ministry of Health [2016/17 Service Plan](#) and is supported by a patient-centred culture and paradigm of *putting people first*, laying the foundational lens that *Every Person Matters*. This perspective promotes shared responsibility with people in their own care; and fosters respectful collaboration between and among our health care professionals, staff, and the people and communities we serve. In essence, Interior Health is an organization that strives to embody our commitment to our patients and the public.

Interior Health Goal 1: Improve Health and Wellness.

In collaboration with the Ministry of Health, Interior Health promotes health as a valued outcome of policies and programs in order to make long term sustainable changes for improved health across the province.

Objective 1.1: Enable people to live healthier lives by working at the environmental, policy, community, and individual levels to protect the health of the population and reduce health inequities.

Strategies

- Support people, communities, schools, workplaces, and health care settings to promote healthy lifestyles and create healthy environments by continuing to implement the [Healthy Families BC Policy Framework](#) and [BC's Guiding Framework for Public Health](#), with a focus on healthy communities and environments, food safety and security, healthy eating, increased physical activity, tobacco reduction, moderate alcohol consumption, injury prevention, mental health promotion, and immunizations with an emphasis on a healthy start. This includes promoting healthy pregnancy, breast feeding, and positive reproductive mental health.
- Conduct population health assessment and surveillance activities to guide local policy and program decision making and ensure health equity for marginalized and vulnerable populations.
- Partner with patients, clients, residents, and their families to participate, as they choose, in the delivery of their health care and in the planning, design, and evaluation of health services including continued support and meaningful participation with patients through the Patients as Partners/Patient Voices Network.

Performance Measure 1: Healthy Communities

Performance Measure	2011/12 Baseline	2016/17 Target	2017/18 Target	2018/19 Target
Percent of communities that have completed healthy living strategic plans	0%	44%	49%	54%
Data Source: Survey, Healthy Living Branch, Population and Public Health Division, Ministry of Health.				

Discussion

This performance measure focuses on the proportion of the 161 communities in British Columbia that have been developing healthy living strategic plans since 2010/11, in partnership with the Ministry and health authorities. Community efforts to support healthy living through planning, policies, built environments, and other mechanisms are critical to engaging individuals where they live, work and play. Sustained community level actions will encourage more active lifestyles while decreasing the risk factors for chronic diseases and injury.

Interior Health Goal 2: Deliver High Quality Care

Building on the Ministry of Health health system policy papers, there are five key areas important to a high quality and sustainable health system in B.C.: Primary Care, Seniors Care, Mental Health and Substance Use, Surgical Services, and Rural/Remote and Aboriginal Health.

Objective 2.1: A primary care model that provides comprehensive and coordinated team-based care linked to specialized services.

Strategies

- Work with physicians, patients, community partners and inter-professional teams to incrementally facilitate the establishment of Primary Care Homes, which include team-based practices delivering services based on population and patient needs. This includes services for several key patient populations (patients with more than one chronic illness and/or frailty, and moderate to severe mental illnesses) to support patients and caregivers to effectively manage their own health.
- Develop and define guiding principles, terminology, core functions/services, resourcing, and linkages to specialized services (e.g. Aboriginal, Mental Health and Substance Use, and Seniors) for the primary care home.

- Review and enhance existing primary and community care services, and standardize roles, assessment criteria, and benchmarking. Supporting mechanisms for infrastructure (space, co-location) and info-structure needs (IMIT, monitoring, evaluation, etc.) will be considered.

Objective 2.2: Improved patient health outcomes and reduced hospitalizations for seniors through effective community services.

Strategies

- Develop an overarching Interior Health Seniors’ Care Plan that identifies guiding principles for geriatric care and provides the framework for further integration of services across the continuum that support improved access and care transitions of the frail elderly population.
- Develop and implement Geriatric Wellness Centres, enhanced access to primary care with the colocation of Nurse Practitioner/Family Practitioner, increased Adult Day Service/Respite capacity, and improved Patient and Family Geriatric Education beginning in prototype communities - Kelowna and Kamloops.
- Begin implementation of the population needs focused Interior Health Palliative/End of Life (EOL) Strategic Plan that aligns with the provincial Palliative/EOL Strategy and Action Plan, including hospice space expansion, enhancing knowledge capacity across communities, and whole system improvements to Palliative/End of Life care.
- Review the current model for Residential Care to ensure that future facility design, staff frameworks, and function will support higher complexity clients who will have a shorter length of stay. Collaborate with physicians in local communities to support actions arising from the General Practice Service Committee (GPSC) Residential Care Initiative to maximize outcomes.
- Collaborate with family physicians to improve services for the frail elderly through the implementation of strategies and initiatives such as the Behavioral and Psychological Symptoms of Dementia (BPSD) algorithm, the Call for Less Antipsychotics in Residential Care (CleAR) initiative, P.I.E.C.E.S learning and development initiative, Gentle Persuasive Approach (GPA), as well as the development of clinical decision support tools to reduce the number of transfers to the emergency department from residential care, and the number of fall-related injuries in residential care.

Performance Measure 2: Managing Chronic Disease in the Community

Performance Measure	2013/14 Baseline	2016/17 Target	2017/18 Target	2018/19 Target
The number of people with a chronic disease admitted to hospital per 100,000 people, aged 75 years and	3,536	3,666	3,533	3,399

over (age-standardized)			
Data Source: Discharge Abstract Database, Business Analytics Strategies and Operations Branch, Health Sector Information, Analysis and Reporting, Ministry of Health.			

Discussion

This performance measure tracks the number of seniors, 75 years of age and older, with select chronic diseases such as asthma, chronic obstructive pulmonary disease, heart disease, and diabetes who are admitted to hospital. People with these chronic diseases need the expertise and support of health care providers to manage their disease in the community in order to maintain functioning and reduce complications that will require more medical care. This proactive disease management reduces unnecessary emergency department visits, hospitalizations, and diagnostic testing.

Objective 2.3: Improved patient health outcomes and reduced hospitalizations for those with mental health and substance use issues through effective community services.

Strategies

- Develop a robust and integrated mental health and substance use (MHSU) Specialized Care Program (SCP) within an enhanced Primary Care model to connect MHSU patients across the service spectrum with primary care physicians, allied health professionals, and mental health clinicians including:
 - Development of a navigable interface of publicly-available resources for patients, their families, and health care providers in order to assist in self-management and appropriate access of resources;
 - Enhanced service delivery to decrease repeat presentations to the emergency department and admission to hospital; and
 - Increased use of telepsychiatry in rural sites to support more rapid response to patient needs, thereby decreasing further deterioration and the need for patient transfers to larger sites.
- Deliver 73 additional substance use beds by spring 2017 with associated community case management support for patients being treated in these beds.
- In conjunction with community partners including the Ministry of Children and Family Development, community agencies, and foundations establish a primary care based integrated service program for youth and young adults ages 15-24 years old.

Performance Measure 3: Community Mental Health Services

Performance Measure	2013/14 Baseline	2016/17 Target	2017/18 Target	2018/19 Target
Percent of people admitted to hospital for mental illness and substance use who are readmitted within 30 days, aged 15 years and over	16.1%	13.2%	12.0%	12.0%
Data Source: Discharge Abstract Database, Business Analytics Strategies and Operations Branch, Health Sector Information, Analysis and Reporting, Ministry of Health.				

Discussion

Within Interior Health, there is a focus on improving access to a range of services and supports in the community, including for persons with mental health and substance use issues. This performance measure focuses on one aspect of the effectiveness of community-based supports to help persons with mental health and substance use issues receive appropriate and accessible care, and avoid readmission to hospital. Other aspects include good discharge planning and maintaining the appropriate length of stay in a hospital. Central to these efforts is building a strong system of primary and community care which enhances capacity and provides evidence-based approaches to care.

Objective 2.4: Improved access to timely and appropriate surgical treatments and procedures.

Strategies

- Invest in increased surgical capacity and innovative projects that change the way patients access surgical care.
- Improve quality of and access to surgical services by using the new surgical governance structure effectively to set priorities and monitor achievement. This includes continuing the implementation of the Medical Device Reprocessing Quality Assurance Plan and waitlist management initiatives to meet ministry targets and ensure hip fracture fixation patients receive surgery within clinically acceptable time frames.
- Use technology and financial models to support innovation, quality, and coordination in the delivery of surgical services.

- Achieve improvement in timely access to appropriate surgical procedures through recruiting and retaining engaged, skilled health care providers.

Performance Measure 4: Access to Surgery

Performance Measure	2013/14 Baseline	2016/17 Target	2017/18 Target	2018/19 Target
Percent of scheduled surgeries completed within 26 weeks	88%	95%	95%	95%
<p>Data Source: Surgical Wait Time Production (SWTP, Site 130), , Ministry of Health. Includes all elective adult and pediatric surgeries.</p> <p>Notes:</p> <p>1. Baseline is for surgeries completed from April 1, 2013 to March 31, 2014. Target percents are for surgeries completed in the fiscal year.</p> <p>2. The total wait time is the difference between the date the booking form is received at the hospital and the date the surgery is completed.</p>				

Discussion

During the last several years, British Columbia’s health system has continued to focus on reducing wait times for many surgeries. Funding incentives, combined with continuous efforts to foster innovation and efficiency in British Columbia’s hospitals, are designed to improve the timeliness of access to an expanding range of surgical procedures. This performance measure tracks whether scheduled surgeries are completed within the maximum established benchmark wait time of 26 weeks. Surgical resources are also being allocated to complete the surgeries of people who have been waiting the longest.

Objective 2.5: Sustainable and effective health services in rural and remote areas of the province, including First Nations communities.

Strategies

- Develop a plan to improve access and quality of health services for clients across rural and remote communities including First Nations thereby ensuring sustainable and effective health services are available in all rural and remote communities, including Aboriginal communities.
- Support the needs of Aboriginal populations by collaborating with community leaders and the First Nations Health Authority to plan and deliver culturally sensitive health services through the development of an Aboriginal Health and Wellness Strategy. The strategy will address ways to improve mental wellness, advance cultural competency, improve health equity, improve patient experience, and ensure meaningful participation in health care planning.

- Improve access to services through the development and implementation of the Primary Care Home, the establishment of health authority wide networks of specialized care teams, and improve patient centred pathways to health authority or provincial services not available locally.

Interior Health Goal 3: Ensure Sustainable Health Care by Improving Innovation, Productivity, and Efficiency

To achieve a sustainable health care system, Interior Health must ensure health system resources are used in the most efficient and effective way possible, while improving innovative efforts with the use of new technologies and models of care.

Objective 3.1: Promote new ways of working to provide better service and reduce costs.

Strategies

- Focus on delivering high quality services in a sustainable and productive manner at a low cost to increase overall value. This will be achieved by improved workforce utilization, continued contract savings through the work of BC Clinical and Support Services Society (BCCSSS), and exploring opportunities of consolidation of services to achieve efficiencies.
- Enhance information management and technology solutions to meet population health service needs including strengthening health authority and inter-health authority telehealth services, electronic medical records, home health monitoring, and other related supports.
- Engage in community consultations and partner with community stakeholders. This includes strengthening connections with local and regional elected officials and other stakeholders as well as working with directors and managers in all portfolios to identify and support stakeholder engagement opportunities to ensure multiple voices are heard regarding health improvement and potential service changes.
- Continue implementing Lean and other quality improvement initiatives in targeted service lines and prioritized projects, supported by aligning the Lean Promotion Office and lean services with organizational key priorities and project teams to evaluate efficiency and to support, sustain, and spread system improvements.
- Actively participate in the development and implementation of an integrated provincial workforce strategy, linked to health authority wide and local health service area health workforce plans, which contribute to effective recruitment and retention strategies, business continuity, and succession plans.

- Manage drug formulary decisions and drug contracts in collaboration with the BC Health Authorities Pharmacy and Therapeutics Committee, BCCSSS, and national buying groups to achieve the best therapeutic value for drugs.
- Improve access to information about patient medication use by integrating PharmaNet information with Interior Health health information systems by working collaboratively with the provincial IMIT initiative.
- In partnership with the Ministry of Health, review the governance, service delivery, and capital/operating funding models for MRIs to ensure an accessible, sustainable medical imaging system.

Interior Health Goal 4: Cultivate an Engaged Workforce and a Healthy Workplace

Aligned with *Setting Priorities for the B.C. Health System* and specific actions detailed in the Ministry of Health's Health Human Resource policy paper, several strategies are currently in progress or are planned for 2016/17 that aim to address physician and health human resource issues and produce an engaged, skilled, well-led, and healthy workforce that can provide the best patient-centered care for the Interior Health population.

Objective 4.1: Enhance relationships and encourage all who work at and volunteer with Interior Health to reach their full potential. Advance practices in the workplace that address health and safety issues and influence individual lifestyle choices.

Strategies

- Strengthen relationships with physicians practicing in Interior Health facilities and partner to plan/implement priority programs.
- Reduce sick time usage and overtime through a variety of avenues including the Attendance Promotion Program, disability management processes, improved vacation booking and leave approval process, and standardized overtime analysis.
- Continue to support the sustainability of Violence in the Workplace Program elements, using a systemic and sustainable approach to ensure the health and safety of all employees.
- Continue to support timely and thorough investigation of workplace environment complaints or issues raised by employees, demonstrating our commitment to eradicate bullying and harassment in the workplace.

- Deliver the BC Health Authority’s Leadership Development Collaborative strategy by promoting the offerings of the Collaborative to leaders across Interior Health. This includes active participation in the development and implementation of a leadership development framework for the health system, as part of a learning and development strategy for Interior Health.
- Enhance our capacity to manage change by providing direct change management support for organizational imperatives, building change management capacity, continually enhancing change management tools, and supporting change initiative mapping processes throughout Interior Health.

Performance Measure 5: Nursing Overtime

Performance Measure	2010 Baseline	2016 Target	2017 Target	2018 Target
Nursing overtime hours as a percent of productive nursing hours	3.0%	<= 3.3%	<= 3.3%	<= 3.3%
Data Source: Health Sector Compensation Information System, Health Employers Association of British Columbia. Note: Based on calendar year.				

Discussion

This performance measure compares the amount of overtime worked by nurses to the overall amount of time nurses worked. Overtime is a key indicator of the overall health of a workplace as high rates of overtime may reflect inadequate staffing or high levels of absenteeism. Reducing overtime rates by addressing the underlying causes helps promote both patient and caregiver safety while also reducing unnecessary costs to the health system. The three-year targets are set at the same level to reflect the importance of maintaining nursing overtime at a low rate. To accomplish this, Interior Health has initiated several strategies which are geared towards supporting managers to reduce their overtime rates. The strategies apply to all employee groups and work towards reducing overtime through a variety of avenues, including overtime caused by short call shifts associated with sick calls, and new and improved reporting and analysis work to provide recommendations to departments and units.

Resource Summary

(\$ millions)	2015/16 Actual	2016/17 Budget	2017/18 Plan	2018/19 Plan
OPERATING SUMMARY				
Provincial Government Sources	1,886.7	1,930.2	1,976.0	2,042.6
Non-Provincial Government Sources	164.9	162.3	164.7	167.4
Total Revenue:	2,051.6	2,092.5	2,140.7	2,210.0
Acute Care	1,158.6	1,174.2	1,187.8	1,211.2
HCC – Residential	376.6	380.2	400.3	424.8
HCC – Community	212.0	216.1	226.0	242.6
Mental Health & Substance Use	121.6	129.7	133.0	133.8
Population Health & Wellness	58.9	60.7	61.4	61.7
Corporate	138.7	131.6	132.2	135.9
Total Expenditures:	2,066.4	2,092.5	2,140.7	2,210.0
Surplus (Deficit)	(14.8)	nil	nil	nil
CAPITAL SUMMARY				
Funded by Provincial Government	56.3	95.9	148.4	61.5
Funded by Foundations, Regional Hospital Districts, and Other Non-Government Sources	68.8	94.4	74.0	46.8
Total Capital Spending	125.1	190.3	222.4	108.3

Major Capital Projects

The following table lists approved capital projects that were underway as of March 31, 2016 and have a project budget greater than \$2 million regardless of funding source. Some of these projects commenced prior to the 2015/16 fiscal year, some are substantially complete, while others are in the planning stage and will be constructed over the next few years. When applicable, capitalized planning costs are included in the Total Cost of the Project amount. For more information about the top four listed projects, please visit the [IH Building Patient Care website](#).

Major Capital Project Description	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to March 31, 2016
<p>Interior Heart and Surgical Centre, Kelowna General Hospital The Interior Heart and Surgical Centre project consists of a 4-storey, 14,000 square metre surgical facility, a 3-storey 7,850 square metre clinical support building and renovations to three existing Kelowna General Hospital facilities. Renovations to the existing Strathcona building will continue throughout the year. The project improved: patient care, design program areas to enable a comprehensive multi-disciplinary team approach, and health service delivery and patient flow at Kelowna General Hospital. The project features capacity for 15 new operating rooms, a revascularization program including open heart surgery, and updated and expanded support services. The capital cost of the project is estimated at \$357 million. The Central Okanagan Regional Hospital District is contributing approximately \$81 million with the balance provided by the Provincial Government.</p>	2017	357	269
<p>Patient Care Tower, Penticton Regional Hospital The Patient Care Tower project will proceed in two phases. Phase one construction of the new Patient Care Tower has started in spring 2016. This will include a new surgical services centre and 84 medical/surgical inpatient beds in single patient rooms. Phase two will involve renovation of vacant areas in the current hospital to allow for the expansion of the emergency department, as well as renovations to existing support areas. To improve the model of care and patient outcomes, the project will apply evidence-based design principles and health care facility design and construction standards that all have a patient-centred design philosophy. The capital cost of the project is estimated at \$314 million. Costs are shared between the Provincial Government, Okanagan Similkameen Regional Hospital District, and the South Okanagan Similkameen Medical Foundation.</p>	2019	314	6
<p>Clinical Services Building, Royal Inland Hospital</p>	2016	70	45

Major Capital Project Description	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to March 31, 2016
Construction of the Clinical Services Building is scheduled to complete in late spring 2016, followed by commissioning and move in during summer 2016. The new 6-storey structure will improve patient flow and access to services, improve site access (vehicular and pedestrian), improve patient care experience, and support enhanced education and its integration with the clinical environment. The capital cost of the project is estimated at \$70 million and is cost shared by the Provincial Government and the Thompson Regional Hospital District.			
Inpatient Bed Expansion, Vernon Jubilee Hospital The objective of this project was to complete the shelled-in space of the 6 th and 7 th floor of the Polson Tower. 60 inpatient beds were opened on these top two floors, resulting in mostly single patient rooms. Of the 60 beds, 14 are new with the remaining 46 relocated from elsewhere in the hospital. Funding partners in this project are the Provincial Government, the North Okanagan Columbia Shuswap Regional Hospital District, and the Vernon Jubilee Hospital Foundation. Construction on this project commenced in 2014.	2016	30	23
Intensive Care Unit Redevelopment and Electrical Upgrade, East Kootenay Regional Hospital The project commenced in 2014. It includes four ICU beds and two step down beds, as well as an electrical system upgrade for the entire facility. The construction was funded by the Provincial Government, Kootenay East Regional Hospital District, East Kootenay Foundation for Health, and the Cranbrook, Kimberley, and Invermere Health Care Auxiliaries.	2016	20	19
Surgical Services Expansion, Royal Inland Hospital With this renovation a ninth elective operating room and new equipment storage area was created through a conversion of existing space dedicated to the operating suites. The project also included the addition of four beds in Post-Anesthetic Recovery. The Royal Inland Hospital Foundation funded the substantial equipment component of this project, while the remaining costs were shared by the Provincial Government and the Thompson Regional Hospital District.	2015	3	3
Hybrid OR, Kelowna General Hospital The Hybrid OR improves patient care by enabling teams of surgeons to perform combined minimally-invasive and traditional open surgical procedures in a single operating room. The design, construction and fit-out of this room was 100% funded by the	2015	4	3

Major Capital Project Description	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to March 31, 2016
Kelowna General Hospital Foundation.			
<p>Emergency Power System Upgrade, Kootenay Lake Hospital This project addresses the upgrading of the back-up power system to meet current code requirements and to replace some of the aging electrical infrastructure. It commenced in 2015 and is expected to reach substantial completion in this upcoming year. It is funded by the Provincial Government, Interior Health and the West Kootenay Boundary Regional Hospital District.</p>	2016	4	2

Appendices

Appendix A: Health Authority Contact Information

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

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Appendix B: Hyperlinks to Additional Information

Ministry of Health - www.gov.bc.ca/health

Interior Health Authority - www.interiorhealth.ca

First Nations Health Authority - www.fnha.ca

Fraser Health Authority - www.fraserhealth.ca

Northern Health Authority - www.northernhealth.ca

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

Vancouver Coastal Health Authority - www.vch.ca

Vancouver Island Health Authority - www.viha.ca

HealthLink BC - www.healthlinkbc.ca