














# Our Health Care Report Card

	Time Frame	Target	Year to Date	
<b>System Health</b>				
Discharged long length of stay patient days	Apr 2019 to Feb 2020	<= 75,128	76,198	
Current long length of stay patient days	Apr 2019 to Feb 2020	<= 7,689	7,744	
Average inpatient days	Apr 2019 to Feb 2020	<= 2,024	2,044	
Acute productive hours per patient day	Apr 2019 to Feb 2020	<= 6.4	6.4	
Alternate level of care (ALC) stay days as a proportion of total stay days	Apr 2019 to Feb 2020	<= 7.0 %	8.2 %	
<b>Exceptional Care</b>				
Emergency patients admitted to hospital within 10 hours	Apr 2019 to Feb 2020	>= 57.0 %	53.5 %	
Scheduled surgeries waiting longer than 26 weeks	Apr 2019 to Feb 2020	<= 5.0 %		
<i>Clostridium difficile</i> infection rate	Apr 2019 to Nov 2019	<= 3.6	2.7	
% of MHSU readmissions within 30 days – based on diagnosis code	Apr 2019 to Sep 2019	<= 13.0 %	13.2 %	
Average hospital days in the last 6 months of life for clients known to VCH community programs	Apr 2019 to Mar 2020	<= 14.0	15.0	
Hospital standardized mortality ratio (HSMR)	Apr 2019 to Nov 2019	<= 100	80	
<b>Great Place to Work</b>				
Sick time rate	Apr 2019 to Feb 2020	<= 5.1 %	5.4 %	
Overtime rate	Apr 2019 to Feb 2020	<= 2.3 %	3.3 %	
Relief Not Found	Apr 2019 to Feb 2020	<= 1.3 %	1.6 %	



Within desirable target range



Within 10% of target



Outside desirable target range by more than 10%

# Our Health Care Report Card

Mar 2020

## Discharged long length of stay patient days

For all patients discharged from the hospital, how many days did they stay beyond 30 days?

### What are we measuring?

We are measuring the number of days that our patients stay in hospital past 30 days before they are discharged. When the number of days over 30 is greater than 180 days, we count the long length of stay as 180 days.

### Why?

Our goal is to provide the best quality of care for our patients. When patients have stayed longer than 30 days in the hospital, there is a good chance that they could be better suited for a different setting, such as community, long term care, or a separate rehabilitation facility. Measuring our discharged patient days gives us the official view of each patient's full stay.

### How do we measure it?

We count the number of days greater than 30 that each patient stayed. Patients who reside outside of Vancouver Coastal Health (VCH) are excluded from this measure. Long length of stay days over 180 days are re-coded to 180 days to minimize the influence of outliers on this metric. Consolidated functions for HSSBC staff have been removed.

### How are we doing?

In April to September 2019, VCH had 42,004 long length of stay days for discharged patients which is an improvement from our last update. Vancouver and Coastal were the only Communities of Care which performed better than target. Richmond was within 10% of target and PHC performed worse than 10% of target. At PHC, the largest percentage of LLOS patients are at the SPH site where regional teleconferences are conducted weekly to assess each long stay patient without a plan.

### What are we doing?

We are identifying patients who have been staying with us longer than 30 days and working to discharge those patients when appropriate with the correct supports in place.

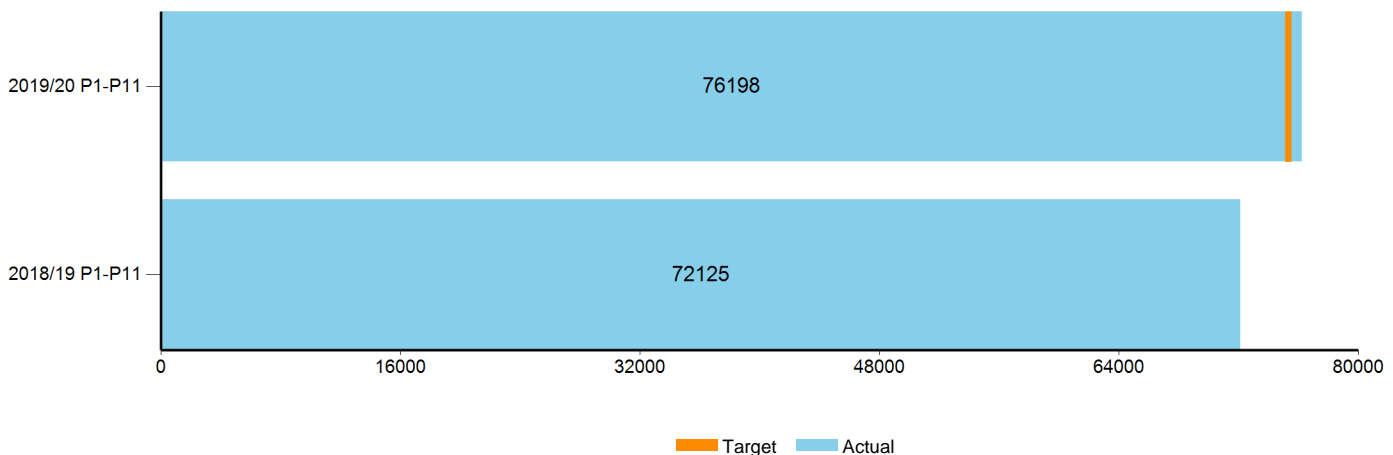
### What can you do?

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

Our performance	Target *
76,198	<= 75,128
stay days over 30	

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

\*Our target is to maintain the three-year historical average



# Our Health Care Report Card

## Current long length of stay patient days

Mar 2020

**For all patients currently in the hospital, how many days have they been there beyond 30 days?**

### What are we measuring?

We are measuring the number of days greater than 30 days that current patients have stayed so far in our hospitals. When the number of days over 30 is greater than 180 days, we count the long length of stay as 180 days.

### Why?

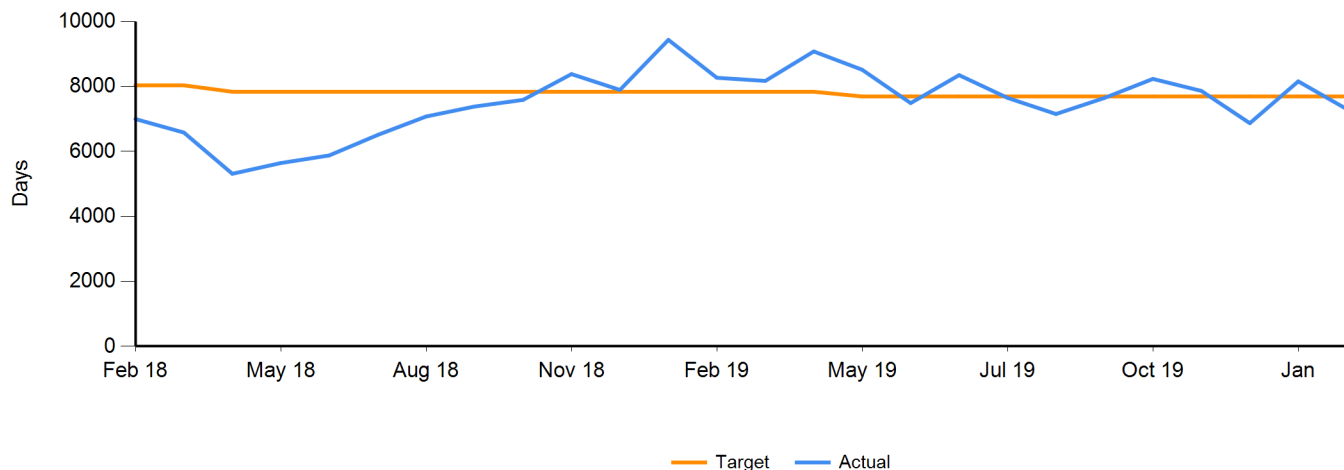
Our goal is to provide the best quality of care for our patients. When patients have stayed longer than 30 days in the hospital, there is a good chance that they could be better suited for a different setting, such as community, long term care, or a separate rehabilitation facility. Measuring the long length of stay days for current patient stays helps us identify patients who may be ready for discharge.

### How do we measure it?

At the end of each fiscal period, we count the number of days over 30 that current patients stayed in the hospital. We report the year-to-date average number of days that are greater than 30 for each patient. For example, if a patient has a current stay of 35 days, we would report five long length of stay days for them. Patients who reside outside of Vancouver Coastal Health (VCH) are excluded from this measure. Long length of stay days over 180 days are re-coded to 180 days to minimize the influence of outliers on this metric.

### How are we doing?

This is a leading indicator corresponding to the long stay days measure for discharged patients. This indicator is based on the long stay patients who are currently in the hospital. Vancouver and Richmond are performing better than target and we expect to see sustainment of the number of discharged long length of stay patient days at these Communities of Care in the coming month. Long length of stay days for current patients at Coastal and Providence are worse than target.



### What are we doing?

We are identifying patients who have been staying with us longer than 30 days and working to discharge those patients, when appropriate, with the correct supports in place.

### 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 *
7,744	<= 7,689
year-to-date average stay days over 30	

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

\*Our target is to maintain the three-year historical average

# Our Health Care Report Card

Mar 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?

In April 2019 to February 2020, there were 2,044 average inpatient days at VCH. On average, there are 14 more beds utilized in comparison to the same time period last year. PHC is the only Community of Care which is meeting target. Vancouver, Richmond, and Coastal Communities of Care are performing within 10% of 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.

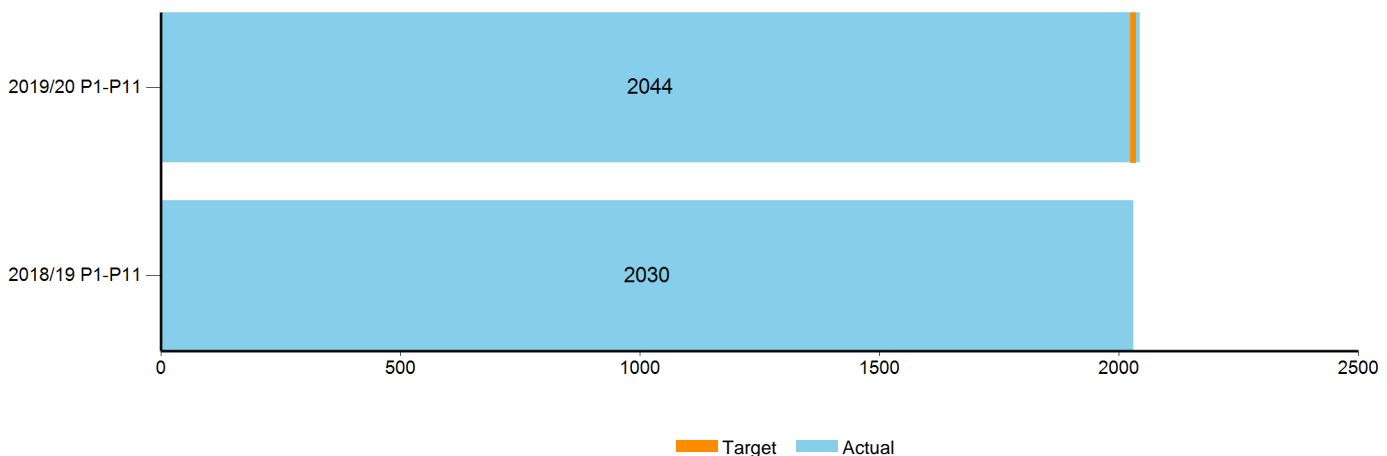
### What can you do?

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 *
2,044	<= 2,024
average stay days	

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

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



# Our Health Care Report Card

Mar 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 acute productive hours per patient day for February 2020 year-to-date is at 6.4, which meets the VCH overall target. Performance has not changed over the last 12 months.

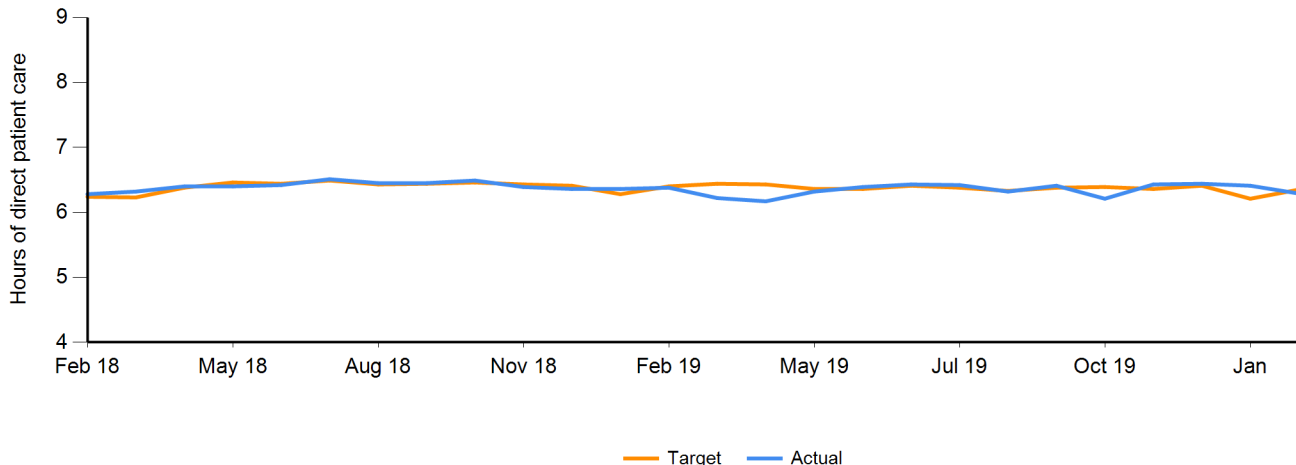
#### What are we doing?

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 *
6.4	$\leq 6.4$
hours of direct patient care per day	

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

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



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

Mar 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?

In January 2020 year-to-date, 8.1% of inpatient days were ALC days for VCH overall, which is better than the IBR target of 9.3%. Richmond and Providence are performing worse than the IBR target. The high ALC rate of 10.8% at PHC is also contributing to the increased number of long length of stay days at PHC. Compared to other Health Authorities, VCH has one of the lowest ALC rates in the province. This target differs from our budgeted internal targets which are more aggressive.

#### 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.

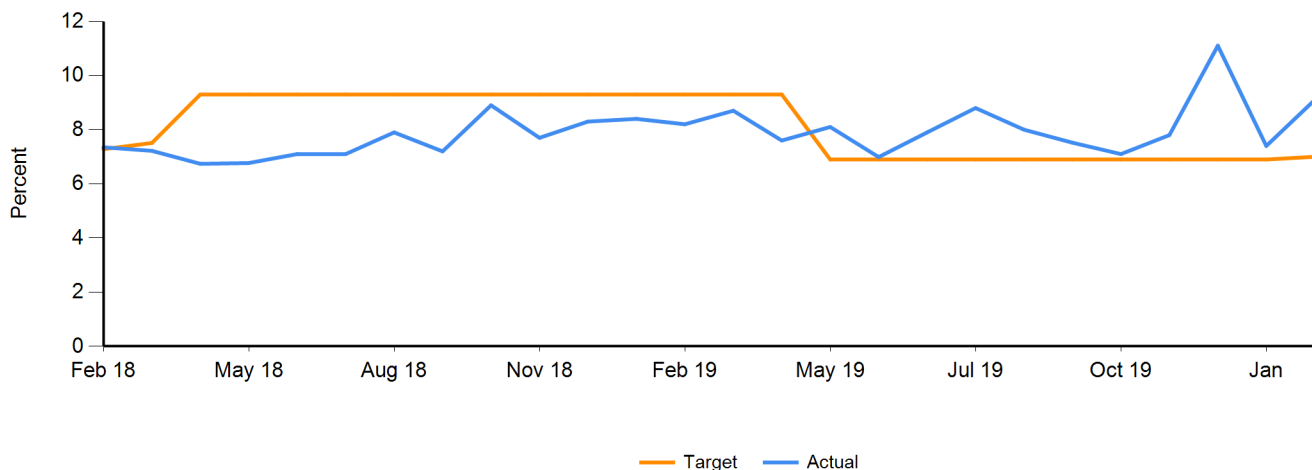
#### What can you do?

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

Our performance	Target *
8.2 %	<= 7.0 %
of hospital days are ALC days	

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

\*Our target is set to match the financial budgets



# Our Health Care Report Card

## Emergency patients admitted to hospital within 10 hours

Mar 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 2019 to February 2020 year-to-date, 53.5% of ED patients were admitted to the hospital within 10 hours at VCH, which is worse than the 57% target. Coastal and PHC performed better than target with 59.3% and 58.1% of ED patients admitted within 10 hours, respectively. Vancouver and Richmond performed within 10% of target at 47.7% and 53.5%, respectively. Performance has deteriorated for all Communities of Care.

#### 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.

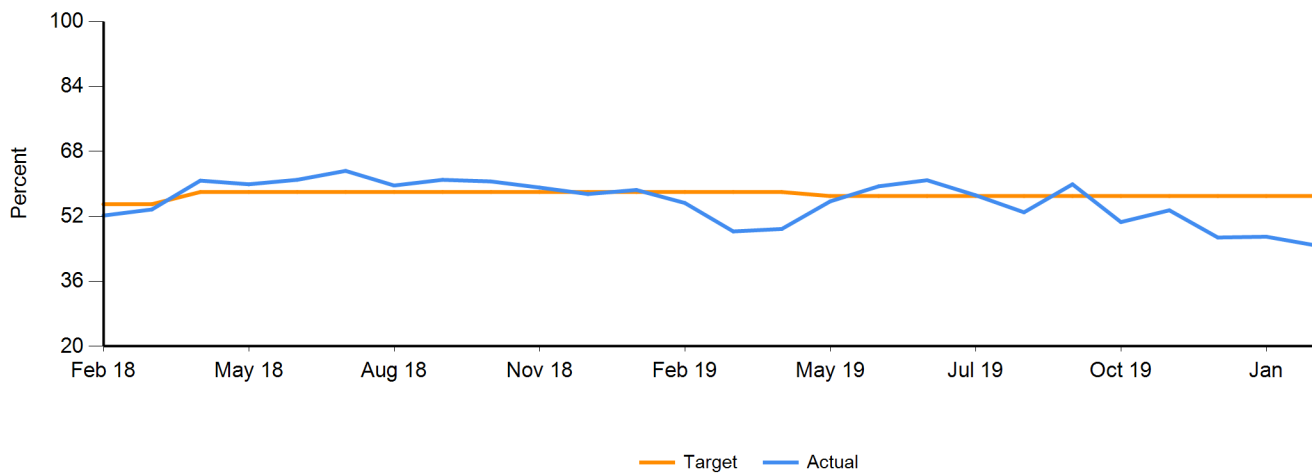
#### What can you do?

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 *
53.5 %	>= 57.0 %
of patients moved to an inpatient bed within 10 hours	

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

Overall results remain above target. This indicator is impacted by continued OR nurse and anesthesiologist shortages at multiple hospital sites. With reduced and insufficient OR capacity to meet demand, surgeons are providing care for the most urgent patients first and patients with less urgent conditions are waiting longer. VCH continues to work on turning this around through a comprehensive health human resource strategy, shifting services to make use of staffed and available OR capacity, including private facilities, and by increasing effort by all sites to work with offices on booking patients First in, First out (FIFO) within each wait time category as clinically appropriate. Results for Providence are not available due to Cerner implementation and will be updated in future periods. Due to Providence data being unavailable, the VCH total cannot be calculated.

#### What are we doing?

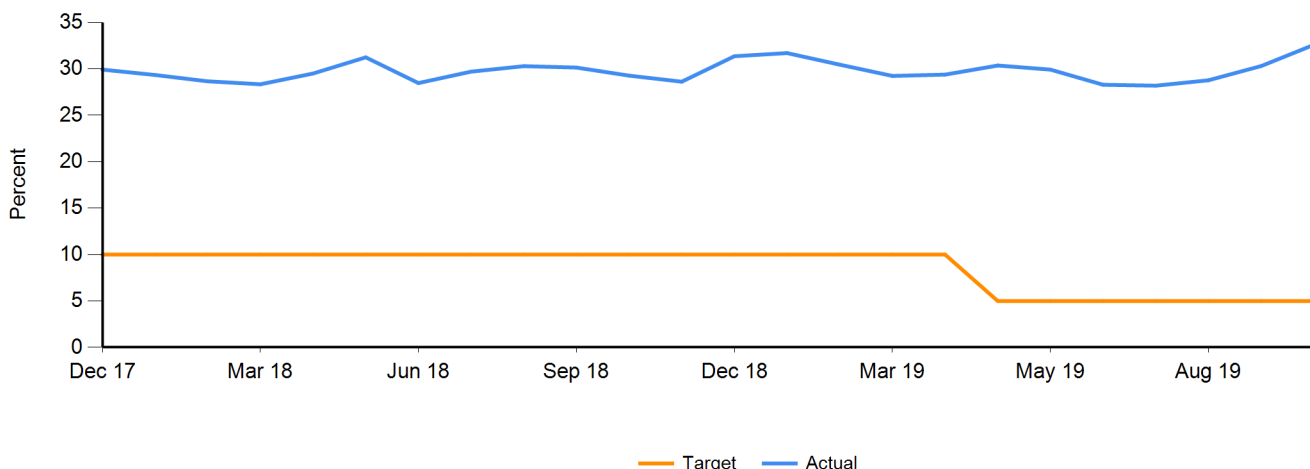
We are providing surgeon offices with regular reports that show, which patients are waiting the longest. This makes it easier for them to book patients, according to the wait time target. We are giving additional Operating Room time to surgeons to specifically treat patients who have been waiting more 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 *
	<= 5.0 %

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





## Clostridium difficile infection rate

Mar 2020

### 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 November 14, 2019 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.

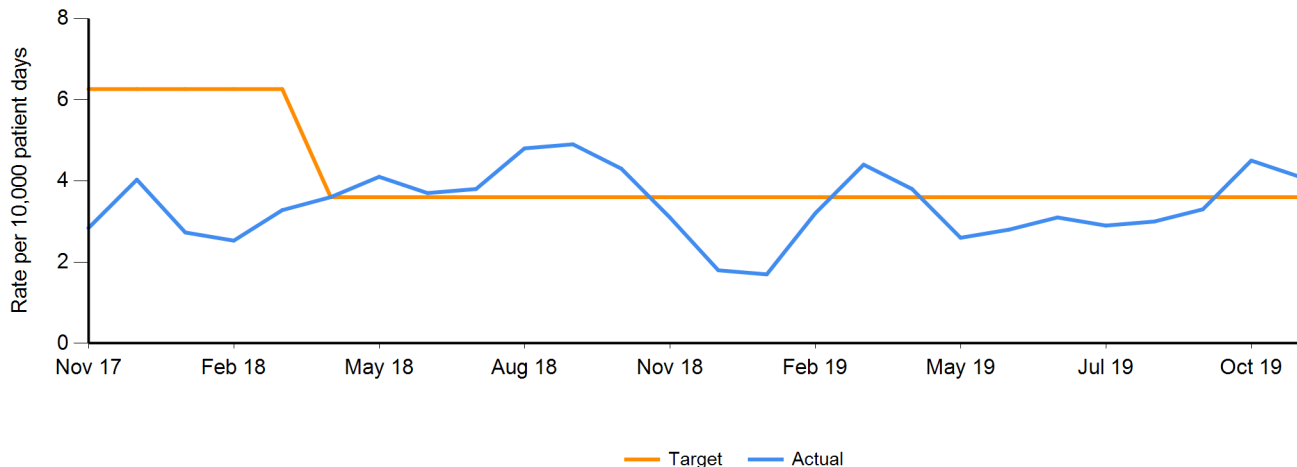
#### What can you do?

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 Nov 2019

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



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

Mar 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.

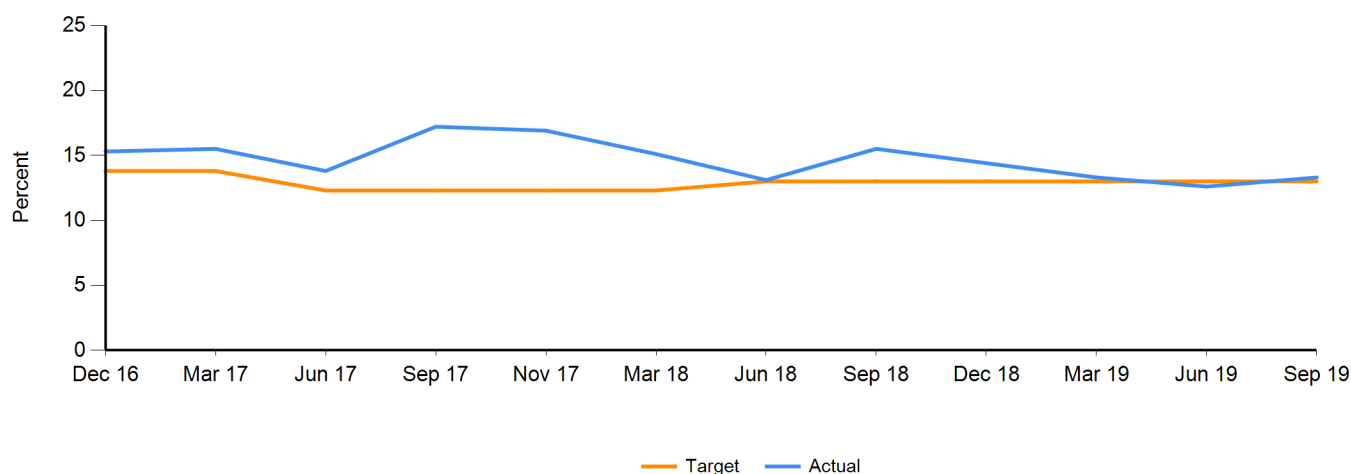
#### What can you do?

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 *
13.2 %	<= 13.0 %
of MHSU patients readmitted to any VCH/PHC site	

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

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



# Our Health Care Report Card

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

Mar 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 Q2, patients spent an average of 15.0 days in hospital in their last 6 months of life. This is an improvement by 1 day over Q1. Both VCH and Vancouver achieved results within 10% of their respective targets. Coastal Rural with 11.7 average acute days surpassed their target of 15 average acute days. Richmond and Coastal Urban were worse than their targets by 3 - 4 average acute days. 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.

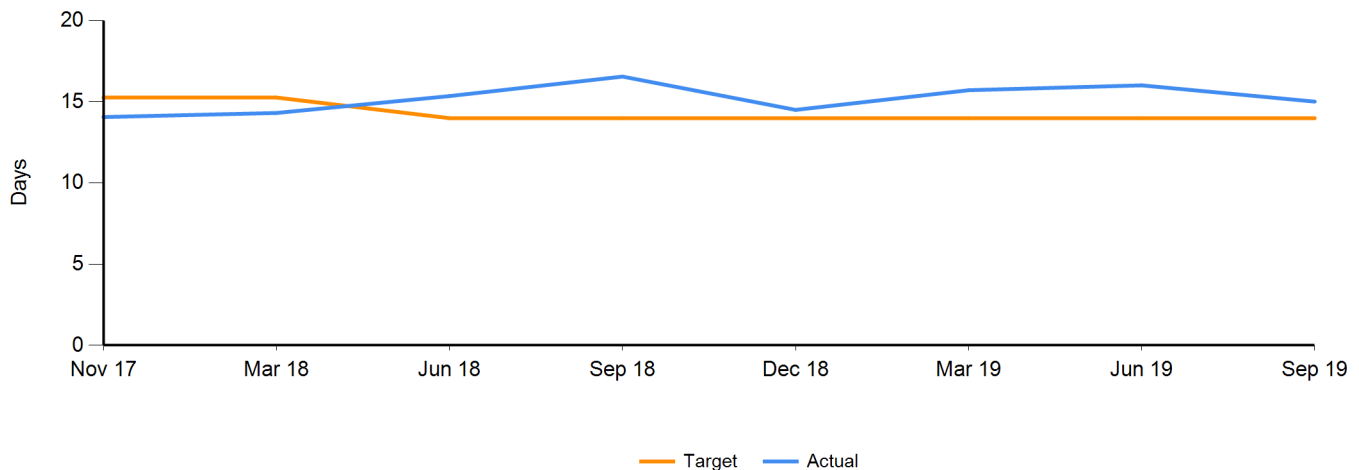
### What can you do?

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 *
15.0	<= 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)

Mar 2020

### 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?

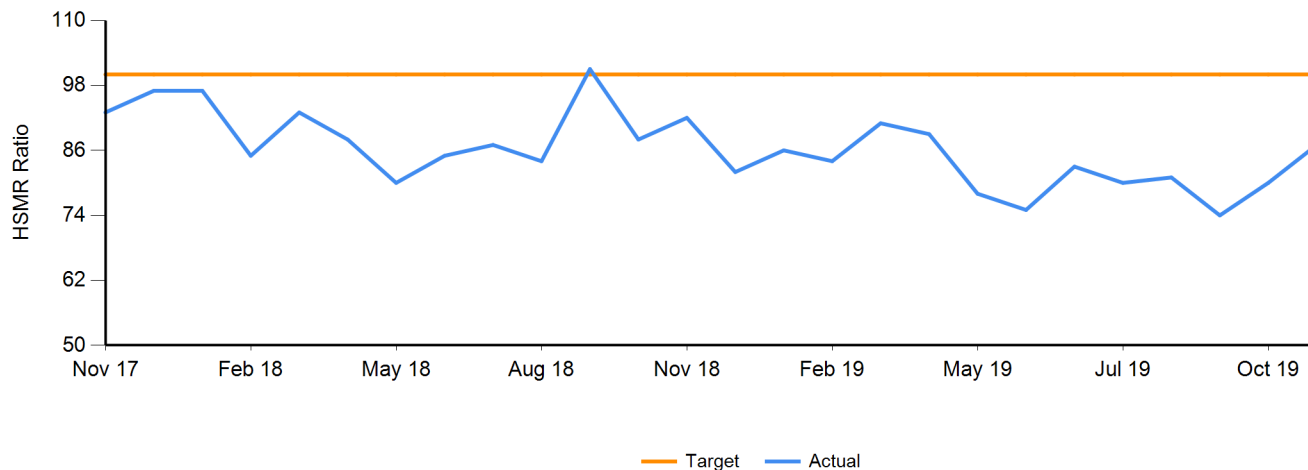
HSMR is an important measure to improve patient safety and quality of care in our hospitals. We use it to identify areas for improvement to help reduce hospital deaths, track changes in our performance and strengthen the quality of patient care.

#### 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 *
80	$\leq 100$
ratio of observed to expected deaths	

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

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

# Our Health Care Report Card

## Sick time rate

Mar 2020

### 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?

Employee Engagement (EE) introduced a new attendance database for managers to utilize when conducting attendance conversations with staff. There has been positive feedback from managers about how easy the database is to use. EE has seen an increase in supportive attendance conversations between the manager/designate and employees. Compared to this time last fiscal year, the rate has improved from 5.5% to 5.2% with the greatest improvement at Richmond at Coastal of approximately 9%.

#### 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.

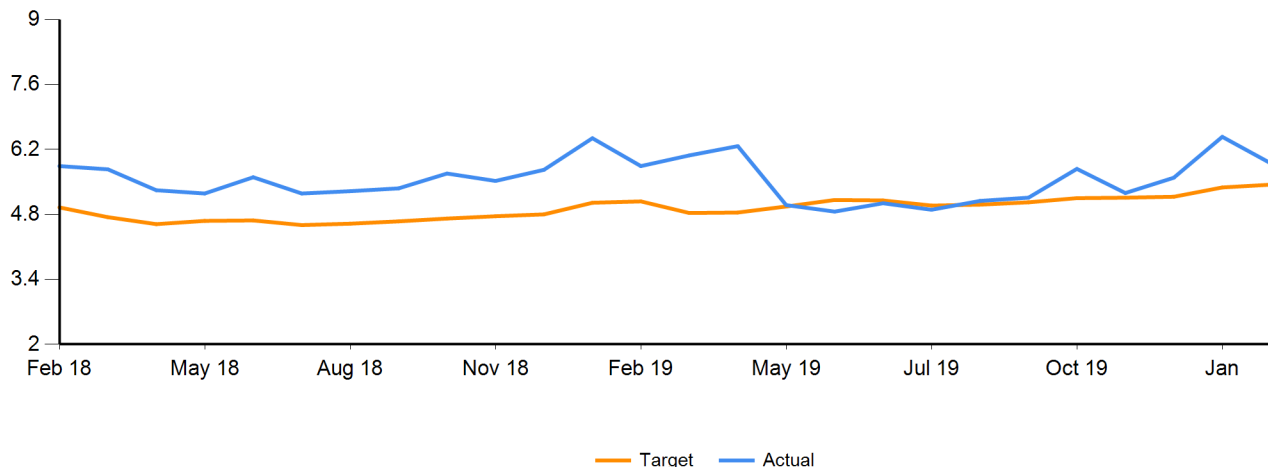
#### What can you do?

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 *
5.4 %	<= 5.1 %
of total productive hours were sick hours	

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

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



# Our Health Care Report Card

Mar 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 February 2020 overtime percentage at VCH overall is 3.3%, which is higher than last year-to-date of 3.0% and higher than the budget target of 2.3%. Strategies are in progress to mitigate overtime including expedited recruitment process to fill vacancies.

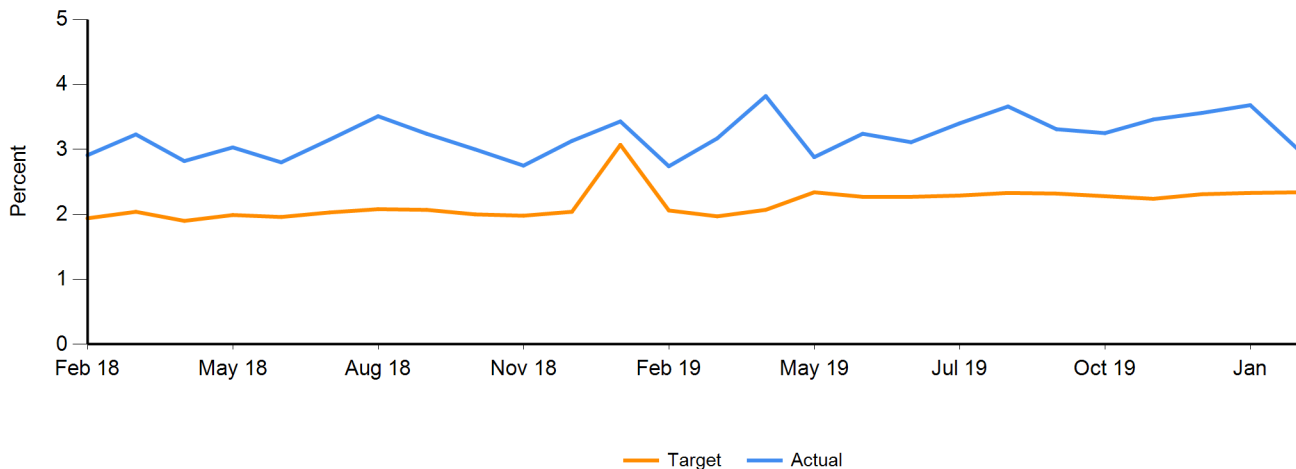
#### What are we doing?

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 *
3.3 %	<= 2.3 %
of total productive hours were overtime hours	

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

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



# Our Health Care Report Card

## Relief Not Found

Mar 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 *
1.6 %	<= 1.3 %

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

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

