



Bermuda Hospitals Board



EXCEPTIONAL CARE. STRONG PARTNERSHIPS. HEALTHY COMMUNITY.

STRATEGIC PLAN

2016 - 2021



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Introduction by Venetta Symonds, CEO

I am very pleased to introduce the Bermuda Hospitals Board (BHB) Strategy. This plan sets out the high-level direction for BHB. It is based on over 1,600 comments from staff, community groups, the Ministry of Health, Seniors and Environment, and the Bermuda Health Council. More than 350 individuals have been part of this process. I would like to thank everyone for their efforts and involvement so far. Our goal is to continue to listen, collaborate and act as we move forward.

This is our starting point, our strategic compass for the next five years. This plan aims to find our 'true north' in order to safely and effectively navigate through the many pressures and changes – local and international – without losing direction.

As any sailor knows, the journey is never straight or easy, but the destination must be clear. Then a trusty compass, team work, outside assistance and advice – as well as innovation, determination and passion – will help you through the worst storms.

For us, our true north is summed up in our new vision: 'Exceptional Care. Strong Partnerships. Healthy Community.' This is where we want to be.

This strategy provides the framework and direction we need to get there. This includes the foundation of our values, the focus on four key areas – Care, People, Performance and Community – and the commitment to improve the patient experience of care, improve the health of populations and reduce the per capita cost of care.

There are complicated challenges around population health and aging, and the economic realities of Bermuda mean there are no easy fixes. But I have faith in the staff of BHB and in the desire and dedication of many other healthcare providers, charities, organisations and other individuals in Bermuda to find and action solutions.

Venetta A. Symonds



Aging Population

By 2030, the number of people over 65 in Bermuda is projected to nearly double (to 13,000 people) compared to 2000. A quarter of our population (1 in 4) will be 65 years or older.¹ As the population ages, our health system, already burdened with high costs, needs to find additional capacity to respond. Between 2007 and 2014, Bermuda's total health expenditure increased by 51%.²

How does this impact your services at BHB?

- Longer waits as Emergency Department staff care for seniors who have multiple illnesses that present in different ways compared to younger populations. Higher costs as Emergency Department usage increases. Increases in admissions.
- People in hospital longer dealing with complex issues. Pressure on beds as people await safe discharges. Higher costs as acute care services are used.
- More people with chronic and age-related illnesses. More drugs prescribed. More outpatient referrals. More surgeries (joint replacements). Higher costs.
- Growing numbers of seniors with mental health issues or learning disabilities who need specialised attention as their mental and physical abilities age.

People aged
65+ in 2030



51%

The total increase in Bermuda healthcare costs from 2007 to 2014 (includes all local and overseas costs)



Population Health

More than 40% of Bermuda's population has three or more risk factors for developing a chronic disease,³ such as heart or kidney disease, diabetes, or respiratory diseases like asthma and chronic obstructive pulmonary disease. Risk factors include smoking, heavy drinking, insufficient physical activity, poor diet and unhealthy weight. The 75% of our population who are overweight or obese⁴ are at even higher risk of developing a chronic disease. Almost one quarter of our population has or is at risk for diabetes,⁵ which is a leading cause of heart disease, blindness, kidney failure and amputations.⁶ Responding to these challenges requires commitment and collaboration from the entire health system, with leadership and direction being set by the Ministry of Health, Seniors and Environment.

How does this impact your services at BHB?

- More hospitalisations. On any given day, up to 40% of BHB beds are filled with people who have diabetes.⁷ This increases the costs of healthcare and can lead to serious illnesses or amputations, impacting quality of life.
- More mental illness. Chronic diseases can lead to or exacerbate mental illnesses, such as depression and anxiety. This further pressures our mental health services, which have seen numbers rise from about 500 in 2010 to over 700 in 2015 in the MWI Acute Care Clinic, which is the main referral point for MWI programmes.
- Increased use of services for management of illnesses, driving up costs. Dialysis use has risen from 54 people in 2003 to nearly 170 in 2015. Each person costs about \$200,000 per year to treat.

People with 3+
risk factors for
chronic disease



People who are
overweight or
obese



People with
or at risk for
diabetes



Beds filled with
people who
have diabetes



More seniors and poor population health both drive up the need for hospital services. Improving population health and providing strong community services for seniors can help reduce the need (and the cost) of hospital care. These require collaboration from multiple providers and agencies. The Home Services Benefit is a great example of this.



When we look overseas, nearly every health system and hospital is challenged by aging populations, chronic diseases, financial constraints and rising costs. As we developed our strategy, we were mindful of the following international trends:

- **Disease prevention and patient empowerment:** There is an increased focus on disease prevention and health promotion to proactively prevent disease, improving the quality of life and reducing the demands on healthcare systems. Providers are placing an emphasis on patient and family education to foster better understanding and management of personal health issues.
- **Value-for-money:** There is an increased focus on achieving quality outcomes through cost-effective strategies. Emphasis is being placed on tracking performance indicators to ensure systems are funding value not volume. Process redesign to adopt evidence-based standards, and use of technology are resulting in higher quality at lower costs.
- **Integrated care:** Population needs are changing: people see multiple providers to manage many different needs. To enhance the experience of care, reduce fragmentation and duplication, and manage costs there is a shift to more integrated models of care delivered in lower cost settings, in the community or at home.
- **Health human resources:** Health worker retirements and increasing demands for care are contributing to a shortage of skilled labour. Greater emphasis is being placed on multidisciplinary care and expanding scope of practice to better meet patient needs while maximising the impact of staff.
- **The 5%:** A small proportion of the population uses the majority of health system resources. In the US, 5% of patients account for 50% of healthcare spending.⁸ Health systems are focused on identifying these patients and providing team-based coordinated care to better meet their physical, mental and social needs.

In 2007, the Institute for Healthcare Improvement (IHI) in the US recognised that the challenges facing health systems are deeply interconnected and cannot be addressed individually. They determined it requires the simultaneous pursuit of *The Triple Aim*:

- **Improving the patient experience of care** (including quality and satisfaction)
- **Improving the health of populations**
- **Reducing the per capita cost of care**

In almost 10 years, more than 150 health systems across the world have committed to *The Triple Aim* to achieve better care for individuals, better health for populations, and lower per capita costs.⁹ Based on their successes, we will join this global pursuit and adopt the IHI's *Triple Aim* as part of our strategy.

Key BHB Statistics (Adults)

90

Acute Care
Inpatient
Beds

23

Acute Mental
Health
Inpatient
Beds (Adults)

8

Intensive
Care Unit
Beds

17

Chronic
and Skilled
Nursing
Inpatient
Beds

9

Hospice
Beds

We operate under a mandate set out in the *Bermuda Hospitals Board Act 1970* that defines the services we are required to provide. However, over the past 40 years health-care has evolved and our population's needs have changed. As Bermuda's largest healthcare provider, we have responded to unmet needs by adding a wide range of services, although the Act has not yet been amended to reflect those changes (see right).

Governance

Operations are overseen by a Board appointed by the Minister responsible for Health, and the Board subcommittees: Clinical Governance, Finance, Risk & Audit, Insurance, Human Resources, Modernization Communications, and IT. The subcommittees include community members, as well as Board members and management. A full listing is available on the BHB website (www.bermudahospitals.bm).

Finances

Fees have not kept pace with inflation for many years due to difficult economic times and high healthcare costs across Bermuda. BHB does not set its fees independently. Fees for acute care services (KEMH) are approved through a legislative process defined in the Bermuda Hospitals Board Act 1970 Section 13, and a grant is paid by Government toward MWI services.

Efficiency and Effectiveness

BHB has worked hard to achieve significant savings since 2014 and launched a Modernization Project in 2015, to ensure effective, efficient services. Modernization Project initiatives, such as improved care for stroke patients, have helped improve quality and make savings – people get better faster and use fewer resources. These kinds of savings have enabled BHB to absorb the payment for the new Acute Care Wing without further driving up costs.

Other Recent Key Accomplishments

- **Quality:** Accreditations from four international bodies successfully maintained: Accreditation Canada, CARF, Joint Commission International, and American College of Radiology.
- **Safety:** Our hospital-associated infection rates have been trending down since 2012, while hand-hygiene compliance rates continue to go up. The reduction in infections is in line with the general trend seen across other public health hospitals.
- **Workforce:** Strengthened specialties available on-island by hiring skilled physicians in oncology, cardiology, neurology and endocrinology. New staff gym opened to support workforce wellness and health.
- **Capital:** The new Acute Care Wing was constructed and services moved over. It is now operational. This was the biggest capital project Bermuda has undertaken, and it was delivered on budget with all financial obligations met to date.



Our Facilities

- King Edward VII Memorial Hospital
- Mid-Atlantic Wellness Institute
- Lamb Foggo Urgent Care Centre

Our Services

Mandated:

- Anaesthesiology
- Acute Medical
- Acute Surgical
- Community Mental Health
- Dental Care
- Diagnostic Laboratory
- Diagnostic Medicine
- Emergency/Critical Care
- Geriatric Medicine
- Obstetrics/Paediatrics
- Psychiatry

Non-mandated

- Asthma Education
- Cardiac Care Education
- Cardiac Rehabilitation
- Clinical Dietetics
- Dialysis
- Diabetes Education
- Disaster Preparedness
- HIV Clinic
- Home Care
- Hyperbaric
- Learning Disability
- Long Term Care
- Medical Social Work
- Occupational Therapy
- Oncology
- Palliative and Hospice Care
- Pharmacy
- Physiotherapy
- Primary Care
- Public Health
- Speech Therapy
- Substance Abuse
- Urgent Care
- Wound Care

Quality must continue to improve

- Quality, safety and the patient experience must always come first. At the heart of every action, every decision and every change must be the welfare of the people for whom we care.

A clear message from staff for change

- Over 300 staff participated in the strategy, and there was a very clear call to modernise the culture of BHB, not just the services. The staff has worked hard to help BHB save costs to remain viable and they want to see a positive return in the human environment, where respect, accountability and general wellbeing help drive closer collaboration to support those we care for.

Investment is required to enable optimal performance

- Services and operations need financial support and investment in order to be sustained and improved. Also, while BHB has absorbed the cost of the ACW payments, its aging MWI and KEMH General Wing facilities will require BHB to make substantial investment over the coming years to ensure that its estate is safe, fit-for-purpose, sustainable and fully support BHB's clinical and support services. Evidence based treatment options and equipment and technology advances can help improve patient outcomes, quality and services, and investment in our estate will optimise the opportunity to achieve these important improvements.

Challenges require enhanced partnerships and collaboration

- Economic challenges in Bermuda and the already high cost of care mean we all must work together to ensure the best value for our population.
- Pressure to reduce utilisation needs collaborative solutions that improve management and prevention of chronic diseases, otherwise the need for acute care services will rise.
- The growing senior population impacts all services, across mental health, learning disability and medical services. It requires collaborative, multi-agency work to provide safe, appropriate solutions outside a hospital setting.
- The changing patient demographics and financial realities mean that hospitals can no longer function as standalone entities. They are part of a network of care for patients and need to function as such. Greater collaboration between health system providers is required to function as an effective healthcare system, and better integration is required to enable patients to transition seamlessly.



“Providing more services and meeting the highest standards of care yet having less resources to meet these needs and goals... this has also given an opportunity for creativity and ingenuity and problem-solving solutions that are outside the box.”

Quote from a BHB employee



When setting out to develop the Strategic Plan, it was decided early that staff involvement was key. A Strategic Planning Team comprising a diverse group of BHB staff was formed to develop this strategy document. The team organised a major engagement process that involved over 300 staff, physicians, leaders and Board members, and over 50 individuals from external groups and organisations, including the Ministry of Health, Seniors and Environment and the Bermuda Health Council. The result was more than 1,600 unique comments.

These comments, along with the review of key documents, directly informed the development of our strategy, which has been reviewed and validated by the Executive Team and Board members.

What We Heard:

BHB should deliver more than just high-quality care. It should build partnerships and function as part of an interconnected system to improve the health of our community.

BHB's staff members have the same concerns as the community. They want BHB to be there for them when they, their friends, neighbours and loved ones need it, delivering high-quality care they can trust.

People want to be cared for by staff who are empowered to do everything possible to give them the best care, whether they need mental health, substance abuse, learning disability, emergency, medical or residential care services.

For staff, there is a clear vision of how we should work together across all areas for the good of those we care for, how leadership should nurture and support their teams, and how good governance and accountability must always be visibly demonstrated.

People want to know BHB is using all its resources (including funding, facilities and technology) in a way that creates the most value. Lastly, when patients, services users or residents are discharged from BHB, they want their care to be continued seamlessly in the community, by connected providers who work together for their wellbeing.

Over 70% of the more than 300 participating staff members selected the following vision, and this choice was upheld by the Board:

Exceptional Care. Strong Partnerships. Healthy Community.

The vision, as our destination, focuses BHB activities and projects. The challenges and opportunities that were discussed by all those involved in the strategic process were next structured into a framework and organised into four themes that are now the supporting pillars of the BHB strategy framework: **Care, People, Performance and Community.**



“The biggest opportunities... [are] to listen attentively to staff and seriously consider what they say and have to offer... they are valuable assets for change and if you have them on board, you can have a powerhouse organisation.”

Quote from a BHB employee





Bermuda Hospitals Board

VIS

Exceptional Care. Strong Part

MISS

Delivering safe, high-quality, people-ce

TRIPL

Improving the patient
experience of care

Improving t
of popul

PILL

CARE



Meeting the needs of our patients.
Achieving service excellence.
Accountable to the
highest standards.

PEOPLE



Respected.
Engaged.
Empowered.
Supported.

VAL

Respect

Accountability

Integ



ION

Partnerships. Healthy Community.

SION

Centred, compassionate care, every day

E AIM

the health
ations

Reducing the per
capita cost of care

ARS

PERFORMANCE



Enabling performance
through financial and
operational excellence.

COMMUNITY



Building a healthier community
and a stronger system through
partnerships and relationships.

UES

grity

Service

Excellence

Care

**Meeting the needs of our patients.
Achieving service excellence.
Accountable to the highest standards.**

BHB aims to deliver world-class patient and family-centred care that is safe and of high quality. Together, we work with patients and families as partners in care, considering individual needs and preferences. Our patient-centric culture thrives on service excellence and achieving the highest quality standards.



How we want clinical services to be at BHB:



Holistic, patient and family-centred care is delivered that considers mind, body and spirit

Patients, services users, residents and families are supported in being active partners in their care

The best outcomes for patients are assured through high-quality, safe, evidence-based care



Key indicators are reported to the public so they can measure quality

Staff work effectively together across disciplines, departments and facilities – seamless care

Services meet community needs efficiently and effectively, and tackle Bermuda's top health priorities* (see page 12)



People

**Respected. Engaged.
Empowered. Supported.**

When our employees are engaged, content and empowered, patients and families benefit. We will foster a workplace that is respectful and supportive, and inspires each individual, by connecting people to purpose. Our employees will have the tools, training and support they need to achieve their highest potential. We will build bridges across departments and locations to ensure staff work together as a connected, accountable team.

How we want our work culture to be at BHB:

A culture of mutual respect is experienced with high satisfaction and positive morale

Employees are encouraged to share ideas and empowered to improve services

Employees' mental and physical wellbeing is visibly supported

Everyone upholds BHB values, and they are lived by strong, effective, accountable leadership

Top performing staff want to work here and want to stay

Learning, development, coaching and mentorship maximise the skills and abilities of staff and help them build rewarding careers



Performance

Enabling performance through financial and operational excellence.



We will effectively manage our resources to improve decision making, productivity and cost effectiveness, while seeking opportunities to optimise revenues without adding unnecessary costs to the Bermuda healthcare system. We will advance our strategic priorities through appropriate and purposeful use of resources (e.g., information management/technology, estate, equipment). We will seek feedback from the community and our system partners, and actively work to strengthen trust and confidence in our organisation.

How high performance will look at BHB:



Best value for money for Bermuda,
and a financially stable BHB



Decision making and delivery of care optimised
through technology and information management



Sustainable, fit-for-purpose facilities and
equipment that meet needs at good value

Policies and processes ensure good governance,
operational efficiency and effectiveness

Initiatives are monitored, managed and measured
to ensure goals are successfully realised

Communication is timely, honest and transparent,
and meets all health system expectations



Community

Building a healthier community and a stronger system through partnerships and relationships.

By working collaboratively with our partners in an integrated system we can improve the health of individuals and our community. We will strengthen our partnerships to establish a robust continuum of care that promotes the right care, in the right place, at the right time, to best meet the needs of Bermuda and make the best use of our healthcare dollars.

How healthcare will be 'better together':

Better planning and decision making by working closely with system partners

The right services in the right setting at the right time by the right provider

Seamless transitions for patients between providers and settings through better system integration

Education and patient empowerment to improve health and to address top priority issues*

Clinical affiliations with local and overseas providers to ensure access to care for community

*Top priority issues are those identified in the Bermuda Health Strategy and Action Plan by Government. They include diabetes, senior care, kidney and heart disease, cancer care, respiratory conditions such as asthma, mental health and addiction, and palliative/end-of-life care.



13 Translating Strategy into Action: A Patient Experience



One patient, two experiences...

The following are composite stories. Mr Barnes is not a real individual. The first story identifies issues occasionally experienced, but not usually at the same time; they are combined as a worst-case scenario. The second identifies the best-case scenario – something our strategy aims to ensure happens every time.

62-year-old Eldon Barnes is driven to the Emergency Department by his sister at 2pm on Saturday. He is experiencing chest pains. Due to a very high number of people visiting the Emergency Department, the nurse at the front desk is helping with patients. Eldon is not prioritised as he walks in, and he is initially lost in the shuffle of a busy Emergency Department. He waits as his chest pains intensify. After assessment by the triage nurse he is seen by a physician. Eldon undergoes a number of tests that indicate a heart attack and very high blood sugar levels. He is admitted. Due to high demand, a bed is not immediately available. Eldon arrives in his inpatient room at 3am while nurses are dealing with a cardiac arrest. He is briefly interviewed about his medications and symptoms and settled down to rest. Due to his chest pain and tiredness, he doesn't mention a small wound on his leg caused by a fall at home three weeks ago, which doesn't seem to be healing. He is better the next morning when he is seen by the cardiac specialist, who sets up an outpatient appointment and refers him to the DREAM Centre to see a dietitian, diabetes specialist (endocrinologist) and diabetes education nurse. Eldon is discharged feeling much better and ready for his outpatient follow-ups. Two weeks later, however, Eldon is readmitted. He has fallen again. He is taken to Emergency via ambulance and admitted. His initial wound has worsened and is infected. His hip is fractured. He now requires four weeks in hospital, during which time his extensive wound requires treatment for an antibiotic-resistant infection. Bedridden for this time, he requires physiotherapy. On discharge, he has to move in with his sister as he slowly recovers, needing home care IV therapy for antibiotics, wound care and months off work.

Impact: diminished quality of life, individual financial security impacted, poor health, disability, family impact, higher healthcare costs

62-year-old Eldon Barnes is driven to the Emergency Department by his sister at 2pm on Saturday. The department is not too busy, as people use the Urgent Care Centre and their own GP for non-critical illnesses. There is a nurse at the front desk who Eldon speaks to as he enters. He is immediately prioritised and sees an Emergency physician within 15 minutes. Eldon undergoes a number of tests that indicate a heart attack and very high blood sugar levels. He is admitted and is taken up to the ward by 5pm. He is interviewed about his medications and symptoms, and Eldon mentions he has fallen and has a wound that hasn't healed yet. A full falls assessment is carried out. Eldon is better the next morning when he is seen by a cardiac specialist who sets up an outpatient appointment and refers him to the DREAM Centre to see a dietitian, diabetes specialist (endocrinologist) and diabetes education nurse. His wound is dressed and tended while he is in hospital. By the time Eldon is discharged two days later, a home care nurse is booked to follow up with him at home for wound care, and he has a referral to the Staying Steady Group in the KEMH Rehabilitation Day Hospital. Eldon gains strength and stability at home and his wound is treated. His heart condition is managed through outpatient consultations and he makes lifestyle changes with education and support from the DREAM Centre team. After a short period off work, he returns stronger and healthier.

Impact: improved quality of life for years ahead, minor financial impact on individual, improved health, independence maintained, lower healthcare costs

Next Steps

BHB's new strategy aligns us with global leading practices, enabling us to meet our community's needs while working in partnership to address system challenges.

This strategy is a starting point. Our destination is our vision: *Exceptional Care. Strong Partnerships. Healthy Community.* We hope the details in the document have helped define what that looks like. Our work now is to detail the goals and actions that will take us there step by step. There will be an ongoing process of defining clear actions linked to each goal, but much work is already underway.

Exceptional Care will be measured by indicators which are now shared on our website, and we will continue to seek accreditation with external bodies. But our success will also be measured by the experience at the bedside, in our outpatient clinics and in the community. We are looking more broadly at how our mental health and medical services can better work together, and whether we can better arrange and coordinate our services and those provided outside the hospital around those who need them.

We are building *Strong Partnerships*: working with Bermuda Cancer & Health to support radiation therapy on the island; identifying how best to serve palliative care needs with Friends of Hospice; and undertaking many education activities with local and overseas experts. This will continue, and areas of improvement for us will include strengthening our relationships with local physicians and providers, and external overseas hospitals to ensure seamless care for those living in Bermuda.

Finally, we want a *Healthy Community*. Without a healthier community we cannot reduce the expensive burden of acute care services – either mental or physical – nor improve community wellbeing. This requires us to work with community partners and further support the work of BHB's DREAM Centre in its efforts to tackle diabetes and respiratory diseases.

Our Modernization Project will continue to streamline effective and efficient services, and we will work closely with Government and the community to plan for our growing senior population.

All of us at BHB are committed to this strategy. The words you see are taken from almost 400 staff and community members. We look forward to you being a part of the change we all want to see.



Thank you to all the participants who took time to meet, write or otherwise provide comments and suggestions for this strategy. Representatives were from: **BHB Staff and Physicians, BHB Board Members, Ministry of Health, Seniors and Environment, Bermuda Health Council, Bermuda Hospitals Charitable Trust, Age Concern, Family Centre, Bermuda Cancer & Health, National Drug Control, Church representative, Bermuda Healthcare Advocacy Group, PALS, Allied Health Council, Bermuda Medical Doctors Association, BF&M, Argus, Colonial, GEHI.**

The BHB Strategic Planning Steering Group

The Steering Group provided oversight and governance to the process. Members: Lucille Parker (Chair), Venetta Symonds (CEO), Dr Michael Weitekamp (Chief of Staff), David Thompson (CFO), Judy Richardson (Chief of Nursing), Scott Pearman (COO-KEMH), Preston Swan (VP Quality & Risk), James Campbell (Director of Hospital Redevelopment & Modernization), Anna Nowak (VP Public Relations).

The BHB Strategic Planning Team

The Strategic Planning Team (pictured below) has driven and developed this Strategic Plan, encouraged involvement, gathered data, overseen the analysis, and met its goal of delivering a strategic plan document on time that reflects feedback from multiple stakeholders.



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