

**PHSA SERVICE PLAN
2007/08 – 2009/10**

**Service Plan
2007/08 – 2009/10**



*Province-wide solutions.
Better health.*



Wynne Powell

Letter from the Chair

On behalf of the Board of Directors and the employees of PHSA and its agencies, I am pleased to present PHSA's Service Plan for fiscal years 2007/08 – 2009/10. This plan was prepared under my direction and in accordance with the Societies Act and BC Reporting Principles. The development of the plan was guided by the Government's priorities for health and their strategic plan, as well as the Ministry of Health's goals, objectives and strategies. The Board is accountable for its contents and for ensuring that PHSA achieves its specific performance targets and objectives identified in this plan.

We are strongly committed to our strategic framework and our strategic plan has been a motivational and practical guide for our work. Each year, PHSA goes through a process to review our strategic plan and vision, mission and values to ensure they are still relevant given changes in the environment. While we remain firmly committed to our Vision and Values, we revised our Mission to make a stronger statement about the unique role and strength of the PHSA which allows us to deliver our vision of "Province-wide solutions. Better health."

Over the past year we continued to make significant progress towards the goals of our strategic plan. We began the detailed planning and implementation of new processes and the redesign and integration of our clinical services that will propel us into the future of health services delivery. We have continued to focus on efforts to consolidate and improve the efficiency of our support services to enhance clinical care. During this process we've also been committed to celebrating our accomplishments and recognizing the important contributions that our employees make towards furthering our progress towards achieving our ultimate goal of better health for the people we serve.

Since our inception we have been increasing our focus on providing safe and high-quality care to the patients who require the services of our agencies and programs. The specialized nature of the care we provide means that many of our patients have complex, chronic conditions so we are also focused on improving the accessibility and availability of services closer to home. We do this in the face of population growth, health human resource shortages and financial constraints such as the rising construction costs that drive us to be more efficient and consider our strategies to deal with these challenges.

This service plan supports the directions and priorities set out in the PHSA strategic plan and will play an important role in keeping us on the path to make maximum use of our strengths and resources while aligning our planning, operations and service delivery activities across our agencies with Government direction and priorities. While this plan highlights our key activities in 2007/08, we are forward-looking and our desire is that this service plan will focus and guide behaviour that creates a dynamic and performance-oriented organization.



G.W. (Wynne) Powell, FCGA, D. Tech (Hon.)

Chair

Table of Contents

OVERVIEW OF THE PHSA.....	7
Our Many Roles.....	17
Corporate Governance.....	19
Organizational Structure.....	22
Key reporting relationships with ministers, ministries and any other significant reporting relationships.	23
PHSA STRATEGIC PLAN	25
Our Vision, Mission and Values	25
Strategic Context.....	28
Planning Context and Key Strategic Issues	28
Our Strategic Directions & Priorities.....	34
Service Volumes.....	53
Performance Management.....	55
Patient Satisfaction	55
FINANCIAL OUTLOOK SUMMARY	57
Assumptions	57
Capital Asset Management Plan Summary	59
Drivers	59
Investment Strategies.....	59
Key Capital Projects	61
Summary of Estimated Sources & Applications	65
APPENDIX	66
Appendix A - PHSA Organizational Chart.....	67
Appendix B - PHSA Performance Management Overview	69

OVERVIEW OF THE PHSA

The province of British Columbia is organized into five geographically-defined regions or health authorities and one provincial authority.

The five geographic health authorities are responsible for the health of individuals who live in their region. This includes everything from public health to community health to acute and long term care. The Provincial Health Services Authority (PHSA), established in December 2001, is governed by the Societies Act and is responsible for a number of tertiary programs and province-wide services.

The first organization of its kind in Canada, the PHSA works with the five geographic health authorities to meet local and provincial needs. As a provincial authority, the PHSA and its eight provincial agencies are mandated to support the effective and high-quality delivery of selected specialized, one of a kind, or province-wide services to the estimated 4.2 million British Columbians. In some cases, best possible access to these specialized services is provided at a single hospital or centre. In other cases, a decentralized model of care that is responsive to local needs with provincial linkages to support providers makes more sense. The PHSA also has a role in working with the regional health authorities in the delivery of the services. In all that we do, timely and equitable access to specialized services is paramount.

In each of the health regions across BC, PHSA is achieving our vision - "Province-wide solutions. Better health." - through a range of activities such as coordinating population-based screening programs and public health initiatives and working collaboratively with the other health authorities to improve access to specialized care closer to home. Here are few examples of how the programs and services of the PHSA and its agencies are improving the health of people living in communities throughout BC.

Vancouver Coastal Health

- Last year, Vancouver Coastal children made more than 25,000 visits to the emergency room at BC Children's Hospital, more than 2,000 visits for day surgery and more than 42,800 visits to their specialized clinics.
- More than 5,480 babies were born to Vancouver Coastal families at BC Women's Hospital and Health Centre last year. More than 630 babies from the region required care in the hospital's Neonatal Intensive Care Unit. Patients from the region also visited Women's for 1,300 day surgeries and 23,000 clinic visits.

- Forty-five people from the region received a second chance at life due to an organ transplant and Vancouver-area hospitals performed transplants for another 145 people from other regions in BC in 2005.

Fraser Health

- Fraser Health's Royal Columbian Hospital is a key tertiary centre in BC's network for specialized care. More than 1,100 Fraser residents a year – more than any other region – receive open heart surgery planned and funded by PHSA Cardiac Services. Because of PHSA's coordination and increased funding provided by the Ministry of Health, more than 2,500 Fraser residents receive innovative procedures to clear blockages in arteries and more than 90 high-risk patients receive a new implantable device that restarts hearts that stop.
- The BC Cancer Agency's Abbotsford cancer centre will be the first of its kind in Western Canada to be built within a new partner hospital. BC's fifth cancer centre will see 60,000 patient visits a year. It will act as an entry point to the province-wide cancer control network which gives British Columbians the best cancer outcomes in Canada.
- Patients with kidney disease have better access to life-saving dialysis and modernized facilities due to the collaboration between the BC Renal Agency and Fraser Health. Fraser Health has increased dialysis capacity in the region by more than 50 per cent since 2001 due to more than \$6.8 million in BC government capital funding distributed through the BC Renal Agency. Dialysis and pre-dialysis units have expanded in New Westminster, Surrey and Abbotsford.

Vancouver Island Health

- Sixty VIHA clinicians from across the Island participated in training sessions to help roll-out the new, government funded, \$3 million network to improve access for children with FASD – Fetal Alcohol Syndrome Disorder – and other complex behavioural conditions.
- Child Health BC, the provincial pediatric network, is moving forward with plans to create regional pediatric sub-speciality programs. New neurology and gastroenterology clinics will open in Nanaimo as the result of a partnership between Children's specialists, VIHA's Nanaimo Regional General Hospital and local pediatricians.
- Patients with complex mental health needs can now live and receive care on the Island in modern, tertiary psychiatric facilities. PHSA works closely with VIHA to ensure that all the appropriate care and supports are in place for each patient who transfers from the provincial facility, Riverview Hospital. VIHA opened the 24-bed Seven Oaks facility for adults near Victoria and the 40-bed Sandringham

Care Centre for seniors in Victoria as part of the ongoing project to replace the obsolete Riverview buildings in Coquitlam with care closer to patients' homes.

- More Vancouver Island seniors will learn how to prevent or address osteoporosis as PHSA expands the successful Osteofit program across the province. The Osteofit program, coordinated by BC Women's Hospital and Health Centre, raises awareness and promotes physical activity for healthy bones for seniors. Classes are now available from Victoria to Port Alberni and new awareness campaigns will be held on the Island to reach the public and health care providers.

Interior Health

- More than 553 Interior residents a year receive open heart surgery planned and funded by PHSA Cardiac Services. Because of PHSA's coordination and increased funding provided by the Ministry of Health, more than 850 Fraser residents receive innovative procedures to clear blockages in arteries and more than 56 high-risk patients receive a new implantable device that restarts hearts that stop.
- More than 320 new beds have been opened across BC as part of the Riverview Redevelopment Project. Nearly half of them, or 132 beds, have been opened by Interior Health. The new Hillside facility adjacent to Royal Inland Hospital opened in 2006 and includes 25 beds for a highly-specialized provincial program for acute neuropsychiatric conditions caused by structural brain injury such as trauma, degenerative disorders, infections and tumours. The Hillside opening adds to other facilities previously opened in Kamloops, Cranbrook, Osoyoos, Penticton, Trail and Vernon.
- Schools and homes in the North Thompson Valley are being monitored for radon by Interior Health and by PHSA's radiation experts at the BC Centre for Disease Control. This area is prone to naturally-occurring radon, a radioactive gas that can cause lung cancer after long exposure.
- Thirty-two Interior children with complex developmental disabilities were cared for at Sunny Hill Health Centre for Children last year. Interior children also visited Sunny Hill's clinics or received home visits from Sunny Hill staff more than 800 times last year.

Northern Health

- Because Northern BC has the highest rate of death from all forms of cancer, Northern Health and the BC Cancer Agency are working together in a joint initiative, the Northern Cancer Control Strategy. The initiative's main purpose is to improve the outcomes for northerners in four main areas: reduce the incidence of cancer, improve survival rates among people affected by cancer, improve quality of life for those living with cancer and improve access to cancer care services for northerners. One step

already taken has been to expand the Family Practice Oncology Network. This involves providing more family physicians with special training in cancer at community cancer clinics.

- More than 1,400 women in Northern Health communities – about 13 per cent of the region’s adult female population – receive Pap tests from a partnership to improve detection and reduce preventable deaths from cervical and breast cancer. Women in Northern Health communities are less likely to go for screening and more likely to die from these cancers than elsewhere in BC. Across the province, approximately 600,000 Pap test samples are processed by PHSA Laboratories each year. The BC Cancer Agency created the Cervical Cancer Screening Program which was the first organized program in the world to screen for cervical cancer. Currently, about 71 per cent of BC women aged 20 to 69 are screened – close to the agency’s goal of 80 per cent of the appropriate population screened. The BC Cancer Agency, in partnership with the BC Centre for Disease Control, has just launched a campaign to encourage women who currently aren’t enrolled in the cervical cancer screening program to attend an annual Pap test.
- The BC Renal Agency provides more than \$3 million from the provincial government each year to Northern Health for dialysis and other kidney services. All dialysis units in BC will follow new province-wide standards that were piloted at Northern Health dialysis units. Standardizing “vascular access” – how kidney disease patients have their blood removed, cleaned and returned – improves patients’ quality of life while reducing infections and costs for drugs, equipment and staffing.

In our role we are responsible for ensuring equity of access and consistency in standards of care across the province by:

- **Governing and managing agencies and organizations that plan and/or provide health services on a province-wide basis**
- **Working with the five regional health authorities to plan, coordinate and fund the delivery of highly specialized provincial services – these include resource-intensive services such as thoracic surgery and trauma services**
- **Leading and coordinating a number of priority system improvement initiatives, including emergency services, surgical services, public and population health and the Riverview redevelopment project**

While our annual budget is approximately \$1.3 billion, our ability to influence how health resources are used is even greater, in that provincial programs and highly specialized services account for about one

third of the province's spending on hospital care. The diversity, number and scope of the major provincial programs we plan and/or fund highlight the opportunities we have to improve health services, and access to health care, in British Columbia.

Governing and managing agencies and organizations that plan and/or provide health services on a province-wide basis

One of the roles and responsibilities of the PHSA is to provide corporate governance and management for eight provincial agencies. Each of the agencies for which PHSA is responsible all have strong, established identities – identities which must be maintained and further strengthened for the benefit of patients, fundraising and recruitment and retention of specialized staff. Below is a brief summary of the scope of services and activities of each of these organizations.



Vancouver Cancer Centre
600 West 10th Avenue
Vancouver, BC V5Z 4E6
1-800-663-3333 (in BC)

Vancouver Island Cancer Centre
2410 Lee Avenue
Victoria, BC V8R 6V5
1-800-670-3322 (in BC)

BC Cancer Research Centre
675 West 10th Avenue
Vancouver, BC V5Z 1L3
1-888-675-8001 (in BC)

Fraser Valley Cancer Centre
13750 96th Avenue
Surrey, BC V3V 1Z2
1-800-523-2885 (in BC)

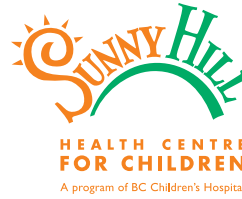
Centre for the Southern Interior
399 Royal Avenue Kelowna,
BC V1Y 5L3
1-888-563-7773 (in BC)

In collaboration with partners, the BC Cancer Agency (BCCA) provides prevention and early detection programs, diagnosis/treatment services, community programs, supportive care, rehabilitation and palliative care, as well as research and education.

The BCCA operates regional cancer centres in Kelowna, Surrey, Vancouver, Victoria and Abbotsford (target opening spring 2008). The BCCA also runs the Communities Oncology Network, which links regional and community hospitals, physicians and health care professionals in the province to BCCA programs and specialists. It reaches patients and their families in communities from Comox to Nelson to Prince George.



BC Children's Hospital
4480 Oak Street
Vancouver, BC V6H 3N1
1-888-300-3088



Sunny Hill Health Centre
for Children
3644 Slocan Street
Vancouver, BC V5M 3E8
(604) 453-8300

BC Children's Hospital and Sunny Hill Health Centre for Children are BC's major treatment, teaching and research facilities for child health. Serving children from birth to age 16, Children's Hospital is home to many specialized pediatric services available nowhere else in the province as well as many outpatient clinics that enable children to receive therapy, medical care and surgical treatment without an overnight stay. Children's Hospital also provides outreach services so that children and youth have equal access to specialty pediatric services. Through traveling clinics and telehealth, specialists are able to consult and care for patients "closer to home" throughout BC.

Sunny Hill offers specialized services to children with disabilities, their families and communities throughout BC. Sunny Hill serves children from birth to age 19 with interdisciplinary assessment, diagnosis, consultation, referral, and, in select cases, treatment for children with complex disabilities.



BC Women's Hospital & Health Centre
4500 Oak Street
Vancouver, BC V6H 3N1
1-888-300-3088

BC Women's Hospital & Health Centre strives to provide excellence in care, research and teaching. It is the only facility in BC devoted primarily to the health of women, newborns and families, offering a broad range of specialized services that address the health needs of women of all ages and backgrounds. BC Women's is one of the country's busiest and largest maternity hospitals and is one of BC's major tertiary maternity and neonatal care centres.

The BC Women's mandate includes a variety of program areas addressing health issues of women, children, youth and men. These include the Reproductive Mental Health program, the Osteoporosis program, the Medical Genetics program, the Oak Tree Clinic for Women and Children with HIV, the Youth Health program, the Provincial Aboriginal Health Initiatives program, Sexual Assault Services, and addiction treatment.



BC Mental Health &
Addiction Services
An agency of the Provincial Health Services Authority

BC Mental Health & Addiction Services
Riverview Hospital
2601 Lougheed Highway
Coquitlam, BC V3C 4J2
(604) 524-7000

BC Mental Health & Addiction Services (BCMHAS) provides a diverse range of specialized, “one-of-a-kind” tertiary-level mental health services to people across the province. Recognizing that people with mental health challenges may also have co-occurring issues with substance misuse, the assessment and treatment of addictions is an integral part of our programs, which comprise:

- Adult psychiatry, geriatric psychiatry and neuropsychiatry services located at Riverview Hospital in Coquitlam, near Vancouver;
- Forensic psychiatric services (FPS) located at the Forensic Psychiatric Hospital in Port Coquitlam near Vancouver, plus six regional clinics across BC. FPS provides court-related psychiatric assessment, treatment and community case management for adults with mental illness who are in conflict with the law.
- Child and youth mental health services located at BC Children's Hospital (BCCH) in Vancouver. These inpatient and outpatient programs provide a variety of specialized psychiatric assessment and treatment services for children, youth and their families from all regions of BC.

Provincial Specialized Eating Disorders Program provides inpatient and outpatient assessment and treatment for BC youth and adults living with an eating disorder, located at BCCH (for children and adolescents) and St. Paul's Hospital, Providence Health Care, Vancouver (for adults).

In addition to providing direct services, BCMHAS takes a provincial leadership role, working with an extensive network of community partners as a support and resource to service providers throughout BC. As well, the agency contributes significantly to research and knowledge exchange in the field of mental health.



BC Centre for Disease Control
An agency of the Provincial Health Services Authority

BC Centre for Disease Control
655 West 12th Avenue
Vancouver, BC V5Z 4R4
(604) 660-0584

The BC Centre for Disease Control (BCCDC) provides provincial and national leadership in public health through surveillance, detection, treatment, prevention and consultation services. The Centre provides both direct diagnostic and treatment services for people with diseases of public health importance and analytical and policy support to all levels of government and health authorities. In addition, BCCDC creates opportunities for scientists, health professionals and other partners to contribute their knowledge and experience in resolving the outstanding health challenges facing British Columbians.



BC Transplant Society
West Tower, 3rd Floor
555 West 12th Avenue
Vancouver, BC V5Z 3X7
(604) 877-2240

The BC Transplant Society (BCTS) is a comprehensive health care organization responsible for all aspects of organ transplantation in BC, and is the only integrated delivery system for organ transplant services in North America. The Society supports the needs of both transplant and donor patients and families from pre-assessment to post-transplant.



BC Provincial Renal Agency
Room 620-16, 6th Floor Burrard Building
1081 Burrard Street
Vancouver, BC V6Z 1Y6
(604) 806-8845

The mandate of the BC Provincial Renal Agency (BCPRA) is to plan and coordinate the care of patients with kidney disease throughout the province. This planning and coordination is accomplished through collaborative partnerships of renal care professionals, working with members of health authorities, the Kidney Foundation, and UBC. As part of the mandate, the establishment and maintenance of an integrated and comprehensive information system, which serves clinical, administrative and research purposes is used in planning and evaluative endeavours. The BCPRA is unique in Canada, and in North America, as a model for integrated health care planning, policy and implementation within a regionalized structure for patients with kidney disease. Consensus guidelines for patient care, identification of key elements important to evaluate regarding patient outcomes, and the establishment of provincial contracts have all contributed to the ability of the BCPRA to facilitate the delivery of seamless care for kidney disease patients.



PHSA Cardiac Services
700-1380 Burrard Street
Vancouver, BC V6Z 2H3
Phone 604.675.7493

PHSA Cardiac Services is responsible for planning, coordinating, monitoring, evaluating and, in some cases, funding cardiac services across the province in collaboration with senior administrators and physicians in the other health authorities. A centrally planned and coordinated approach to cardiac services - medical, surgical and diagnostic - will guide the province in defining both the scope of services offered and the expectations of service.

The goal of the program is to improve the way cardiac services are managed and accessed throughout the province. Recognizing that a coordinated approach that includes prevention as well as diagnosis and treatment is necessary to deal with cardiovascular disease, PHSA Cardiac Services is also developing a provincial database on the burden of cardiovascular disease that will be used for planning with the health authorities and Ministry of Health.

Working with the five regional health authorities to plan, coordinate and fund the delivery of highly specialized provincial services – these include resource-intensive services such as thoracic surgery and trauma services

Our relationship with the regional health authorities is a collaborative one. In some cases we directly provide specialized care to their residents, often transferring responsibility back to local health care providers once specialized services are no longer required. We also partner with the regional health authorities to deliver the specialized services that we coordinate and we work closely with them to achieve integrated and coordinated care across the continuum. In our provincial coordination role we work together to bring about system-wide change and health care reform using evidence and best practices to ensure a consistent standard of care across the province.

Leading and coordinating a number of priority system improvement initiatives, including emergency services, surgical services, public and population health and the Riverview redevelopment project

Each year we work with the Ministry of Health (MoH) and the regional health authorities to determine the high priority programs and services that need to be considered on a provincial basis. In this role the PHSA takes on the leadership coordination of specific improvement initiatives. We work in collaboration with the regional health authorities and medical practitioners to promote the sharing and application of standards, guidelines and protocols and to facilitate consensus-building and shared decision-making within and between these partners. For example, we are currently leading the Provincial Emergency Services Project to improve access, use and effectiveness of emergency services throughout BC. A review is currently under way to determine the future of this project. We are also involved in the Provincial Surgical Services Project. This project is building a surgical system that meets patients' needs with consistency and fairness and draws upon evidence-based standards and best practices for assessing a patient's need and urgency for surgery.

At the request of the MoH, the PHSA may take on additional roles related to province-wide, inter-provincial and/or international processes and planning initiatives.

Our Many Roles

The PHSA provides corporate governance and management for our eight provincial agencies. This means that the PHSA agencies are held accountable to the PHSA Board of Directors for managing the agencies' operations within their budgets and for ensuring the quality and safety of the programs they deliver.

The PHSA also plans, and in some cases, provides direct funding for specialized health services. Many of these specialized health services, such as surgical services, are delivered by regional health authorities throughout the province. In this collaboration with health authorities and medical practitioners the PHSA takes on a leadership role to facilitate the development and enhancement of selected provincial programs to ensure that the changes required to achieve improved outcomes are effectively planned, implemented, monitored and evaluated. Our aim is to produce system-wide improvements at the provincial level, and to identify innovative, actionable solutions that can be shared among the health authorities and that build on the local efforts of health authorities. This may include developing provincial standards and guidelines or creating data- collection processes for better resource planning and decision-making. The figure below summarizes the scope of our role and responsibilities in relation to the agencies and province-wide services.

In addition to these roles, we also connect with many other partners and community agencies as we strive to meet our strategic goals and objectives. These key partners include, but are not limited to:

- **BC universities, colleges and technical institutes**
- **Michael Smith Foundation for Health Research**
- **Canadian Institutes for Health Research**
- **Health Canada**
- **Canadian Cancer Society/National Cancer Institute of Canada**
- **Heart & Stroke Foundation of British Columbia/Canada**
- **Organ specific foundations and patient associations (lung, diabetes, liver, kidney)**
- **First Nations/Aboriginal organizations**

Our Many Roles		GOVERNANCE & MANAGEMENT	PLANNING & STANDARD-SETTING	FUNDING	SERVICE DELIVERY
OUR AGENCIES/PROGRAMS	BC Cancer Agency*	PHSA Responsibility/Lead	PHSA Responsibility/Lead	PHSA Responsibility/Lead	PHSA Responsibility/Lead
	BC Children's Hospital*	PHSA Responsibility/Lead	PHSA Responsibility/Lead	PHSA Responsibility/Lead	PHSA Responsibility/Lead
	BC Women's Hospital & Health Centre*	PHSA Responsibility/Lead	PHSA Responsibility/Lead	PHSA Responsibility/Lead	PHSA Responsibility/Lead
	BC Mental Health & Addiction Services*	PHSA Responsibility/Lead	PHSA Responsibility/Lead	PHSA Responsibility/Lead	PHSA Responsibility/Lead
	BC Centre for Disease Control*	PHSA Responsibility/Lead	PHSA Responsibility/Lead	PHSA Responsibility/Lead	PHSA Responsibility/Lead
	BC Transplant Society	PHSA Responsibility/Lead	PHSA Responsibility/Lead	PHSA Responsibility/Lead	Shared Responsibility
	BC Renal Agency	PHSA Responsibility/Lead	PHSA Responsibility/Lead	PHSA Responsibility/Lead	Shared Responsibility
	PHSA Cardiac Services	PHSA Responsibility/Lead	PHSA Responsibility/Lead	PHSA Responsibility/Lead	Shared Responsibility
PROVINCIAL COORDINATION	Thoracic Surgery		PHSA Responsibility/Lead		
	Trauma Services	Shared Responsibility	PHSA Responsibility/Lead	Shared Responsibility	
	Emergency Services		PHSA Responsibility/Lead		
	Surgical Services		PHSA Responsibility/Lead		
	Visudyne	Shared Responsibility	PHSA Responsibility/Lead	PHSA Responsibility/Lead	
	Other provincial contracts		Shared Responsibility	PHSA Responsibility/Lead	



PHSA Responsibility/Lead



Shared Responsibility

* THESE AGENCIES ARE BRANCH SOCIETIES OF THE PHSA

Corporate Governance

The PHSA is accountable to the Ministry of Health through a twelve member Board of Directors¹ appointed by the Board Resourcing and Development Office². The composition of the board is intended to be representative of the population of British Columbia, with board members living in all regions of the province. The PHSA Board Chair and Directors have a primary responsibility to foster the PHSA's short and long-term success consistent with the Board's responsibility to the Government and the patients, employees, the medical staff, and the public. A key role of the health authorities, and hence the Board, is to understand population health needs and establish service delivery models for meeting these needs. They must make resource allocation decisions within our fiscal realities and Ministry of Health performance expectations to optimize service delivery and enhance the sustainability of the system. More specifically, the Board members support the PHSA's role in the governance, management and funding of services provided by our agencies and the planning, coordination and funding of other specialized provincial services provided by the regional health authorities.

The Board is a fiduciary body that guides the PHSA in fulfilling its mandate. The governance processes and guidelines outlining how the Board will carry out its duties of stewardship and accountability are set out in the Board Reference Manual which was developed by the Governance & Human Resources Committee of the Board and is available on the PHSA website at www.phsa.ca.

As a public sector organization, the PHSA is mandated to meet the needs of the people we serve and must evolve governance practices to fulfill this purpose. It is expected, nevertheless, that we will meet the standards and expectations set out in the *Best Practice Guidelines*³ to ensure continuing excellence in the governance of public assets and accountability to our stakeholders. The expectation of the Government of British Columbia is that all public sector organizations report on their governance practices and meet the disclosure standards set out in the *Best Practice Guidelines*. In accordance with these guidelines PHSA's Board of Directors has completed an assessment of their compliance with these standards which is available on the PHSA website at www.phsa.ca.

¹ As of April 15, 2007 the PHSA Board of Directors has one vacancy, for a total of eleven Board members.

² http://www.gov.bc.ca/bvprd/bc/channel.do?action=ministry&channelID=-8627&navId=NAV_ID_province

³ The health authorities are requested to meet the disclosure standards set out by the BC Governance and Disclosure Guidelines for Governing Boards of Public Sector Organizations.

Committees of the Board

The Board is supported by five committees. The role of the committees is to enable the Board in carrying out its responsibilities. Often times, the committees undertake a deeper examination of key policies, issues and decisions and then recommendations are made to the Board for discussion. Each committee has a specific purpose:

Quality & Access

Assists the Board in enacting its role to ensure the quality of patient-centered care and equitable access to provincial health services by establishing and monitoring performance targets, standards of care and service, guidelines and policies for the population we serve.

Governance & Human Resources

Assesses and makes recommendations regarding Board effectiveness and ensures a focus on governance that will enhance the PHSA's performance. Also assists the Board in fulfilling its obligations relating to human resource and compensation matters, establishing a plan for the continuity and development of senior management.

Research

Supports the Board's ability to respond to the opportunities and provincial implications of research activities across the PHSA and in fulfilling its oversight responsibilities related to research.

Audit

Assists the Board in fulfilling its oversight responsibilities related to the audit and audited financial statements.

Finance

Primary responsibility for financial planning, reporting, information systems, risk management, internal controls and investment management of the PHSA is vested in management and is overseen by the Board. In their role this committee reviews and approves financial information that will be provided to the Government and other stakeholders.

PHSA Board of Directors Committee Membership⁴

	Research	Audit	Finance	Governance & HR	Quality & Access
Wynne Powell (Richmond)	E	E	E	E	E
Helen Burt (Vancouver)	✓			✓	✓
Evelyn Carroll (Vancouver)					✓
Surinder Ghog (Surrey)		✓	✓		
Betsy Gibbons (Vancouver)				✓	✓
Joel Nauss (White Rock)		✓		✓	✓
Allan Ritchie (Fort St. John)	✓			✓	✓
Don Rowlett (Victoria)		✓	✓		
Doug Stanley (Trail)	✓		✓		
Shelley Tratch (Vancouver)		✓	E	✓	
Denise Turner (Vancouver)	✓	✓	✓		
Vacant					

E = Ex-Officio member

⁴ Included in the table next to each Board member's name is their community of residence.

Organizational Structure

Under the leadership of President and Chief Executive Officer, Ms. Lynda Cranston, the organizational structure of the PHSA is designed for the effective execution of the strategic priorities and direction set by the Board of Directors, the Ministry of Health and government. The PHSA and its agencies are organized under four main streams that reflect our commitment to quality and innovation, operational excellence, system-wide improvements and population health. Our agencies are organized according to a program management model which allows us to deliver and coordinate services along the entire continuum of care for patients with similar diseases or conditions. This model is patient-focused and encourages collaboration across clinical specialties. For reference, an organizational chart is included in Appendix A.

Executive Leader's Council

The Executive Leader's Council (ELC) is a committee comprised of PHSA senior management and the Presidents/Provincial Executive Directors of the agencies. The role of this committee is to implement the strategies and directions mandated by the Board, the Ministry of Health and government, and to oversee the operations of the organization. The committee also leads service planning activities and carries out ongoing monitoring and decision making in the areas of financial planning and performance and quality and risk management strategies.

PHSA Executive Leader's Council Membership

- **Lynda Cranston (Ex-Officio), President & CEO, PHSA**
- **Michael Marchbank (Chair), Executive Vice President, Quality Management, Performance Improvement & Innovation**
- **Mark Allen, Chief Human Resources Officer, PHSA**
- **Leslie Arnold, President, BC Mental Health & Addiction Services**
- **Bill Barrable, Provincial Executive Director, BC Transplant Society**
- **Robert Brunham, Provincial Executive Director, BC Centre for Disease Control**
- **Thomas Chan, Chief Financial Officer, PHSA**
- **Ellen Chesney, Chief Communications Officer, PHSA**
- **Doug Cochrane, Vice President, Quality and Safety, PHSA**

- **Sherry Hamilton, Chief Liaison Officer, PHSA**
- **Don Henkelman, Chief Information Officer, PHSA**
- **Kori Kingsbury, Interim Provincial Executive Director, PHSA Cardiac Services**
- **Adeera Levin, Provincial Executive Director, BC Provincial Renal Agency**
- **Jennifer MacKenzie, Corporate Director, Strategic Planning & Transformation Support**
- **Stuart MacLeod, Vice President, Academic Liaison & Research Coordination**
- **Ron McKerrow, Vice President, Research Administration & Business Development**
- **Brian Schmidt, Senior Vice President, Provincial Services, Public & Population Health**
- **Simon Sutcliffe, President, BC Cancer Agency**
- **Sharon Toohey, President, BC Children’s Hospital & Sunny Hill Health Centre for Children**
- **Elizabeth Whynot, President, BC Women’s Hospital & Health Centre**
- **Vacant, Senior Vice President, Support Services**

Key reporting relationships with ministers, ministries and any other significant reporting relationships

Through our range of services and participation in a number of provincial initiatives such as the BC Academic Health Council and ActNow BC, the PHSA and its agencies interface with other ministries in addition to our strong relationship with the Ministry of Health.

- Ministry of Children & Family Development
- Ministry of Advanced Education
- Ministry of State for ActNow BC

Forensic Psychiatric Services, part of BC Mental Health & Addiction Services, also has a unique reporting relationship to its own governing body. Mandated by BC’s *Forensic Psychiatry Act*, the *Criminal Code of Canada* and the *BC Mental Health Act*, the Forensic Psychiatric Services (FPS) Commission is responsible for the administration and delivery of forensic psychiatry services in BC. The

Commission works within its authority to ensure clients are supported in hospital and in the community. The members of the Commission have been drawn from four provincial ministries to strengthen senior leadership liaison between FPS and its key government partners.

The members of the Commission are:

- **Michael Marchbank (Co-Chair), Executive Vice President, Quality Management, Performance Improvement & Innovation, Provincial Health Services Authority**
- **Leslie Arnold (Co-Chair), President, BC Mental Health & Addiction Services**
- **Dr. Soma Ganesan, Physician Leader, Riverview Hospital and Medical Director, Adult Mental Health Services, Vancouver Community**
- **Robert Gillen, Assistant Deputy Minister, Ministry of the Attorney General**
- **Craig Knight, Assistant Deputy Minister, Ministry of Health**
- **Alan Markwart, Assistant Deputy Minister, Ministry of Children & Family Development**
- **Rob Watts, Assistant Deputy Minister, Community Corrections and Corporate Programs, Ministry of the Solicitor General**

PHSA STRATEGIC PLAN

Our Vision, Mission and Values

Vision

Province-wide solutions. Better health.

These five words paint a clear picture of the world the PHSA seeks to create.

Our vision captures the notion that by helping to create better systems that function province-wide, we will positively influence the health of the populations we serve.

Mission

PHSA, as the provincial health authority, has a mission to improve the health of the population by:

- Delivering quality health services in a safe, effective and efficient manner to the specialized populations we serve.
- Coordinating selected specialized services province-wide and setting standards to improve health outcomes for British Columbians.
- Leading province-wide initiatives to promote system-wide improvement.
- Creating and translating knowledge. Leading innovation in health service delivery.
- Contributing to the improved health and well being of the population through focused efforts on public and population health.
- Contributing to the sustainable development of health care professionals through our commitment to excellence in teaching and training.

Values

Our values are taken as a whole, and they guide our actions as an organization. They serve to provide a focus for how we approach our work. They collectively inspire behaviour that creates a dynamic and performance-oriented organization.

Patients first

- We believe that all of our endeavors should be directed to improving the care and the outcomes of the people who need and use our services across the province.
- We measure our success by the way we deliver on our commitment of better health and satisfaction for patients and their families.
- We also believe that our success depends on the contribution of each and every employee and physician and our commitment is to build an engaged workforce who are supported in their work at PHSA.

Best value

The PHSA is driven to deliver the best possible value – the optimal quality of services at the optimal cost to taxpayers.

- We ask ourselves these important questions: How well does any service, procedure or drug work compared to the possible alternatives and at what costs? How can we help to ensure the sustainability of our health system?
- We recognize that a balance must be struck between what the public expects the health system should offer, and what the health care system and available funding can deliver. On the basis of this balance, we believe that quality specialty and province-wide services can be provided on equitable terms for all citizens of BC.

Results matter

The phrase “results matter” can be interpreted several different ways, and that is our intention.

- Results matter very much to the patients who require province-wide services, and it matters to us how people are treated in our provincial agencies.

- Results matter in our ability to influence better measurable outcomes for health in BC, and in the delivery of our mandate and commitments found in our performance agreement.
- Results matter, as we are held accountable for doing what we've said we will do and for delivering the best possible care. Financial, clinical and scientific accountability are important to us.

Improvements through knowledge

- We are committed to advancing research. Research holds answers.
- We want to ensure that new knowledge is generated and incorporated into our practice and the standards we promote.
- We are committed to ensuring that the challenges and issues we face in our day-to-day practice drive new research that leads to innovation.
- We are a learning organization – we encourage everyone to seek the best information and knowledge from all sources and to act on it.
- We stay current and up-to-date in order to provide better health care solutions.

Open to possibilities

- We approach each task with objectivity and flexibility. No one has a monopoly on good ideas, or the best way to get a job done.
- We will seek new ways of doing things, explore new approaches, and be open to learning from others.
- We encourage innovative thinking.
- We believe that optimism is moral courage.

Strategic Context

Planning Context and Key Strategic Issues

This section describes PHSA's planning context and key strategic issues as articulated in the strategic plan developed by senior leaders at the PHSA and the Board of Directors. Each year, we engage the organization in a process to review and update the PHSA and agency strategic plans, together with a review of the vision, mission and values, to ensure that they are still relevant and reflect the changing environment within which we operate. In this process we conduct a high-level environmental scan that identifies challenges and opportunities in our external and internal environments that could impact PHSA's and the agencies' ability to achieve the long-term goals and targets outlined in this plan.

Population growth and aging

- PHSA will be challenged within the next few years by the aging and growth of the population. The aging and growth of the population will increase cost pressures, especially life support costs. Increasing life support needs are expected to continue in cancer control and cardiac, dialysis and transplant services. Life support costs are projected to increase by \$41 million annually from 2007/08 to 2009/10.
- Demographic trends are expected to drive large increases in demand for many of PHSA's services. Cancer, cardiovascular disease and mental illness alone make up 50% of the total burden of disease in the province⁵. The PHSA plays a key role in providing services for each of these populations and has responsibility for leading provincial strategies for cardiac, cancer and renal diseases - all of which increase in incidence with age. This is a significant challenge for the sustainability of the health system, not only for the PHSA, but also for all health authorities. Current and anticipated funding levels will not accommodate this increase in demand, calling for more province-wide focus on strategies to prevent illness and manage chronic disease more effectively. The PHSA recognizes that common risk factors (e.g. tobacco use) are associated with many of the diseases that we treat such as cancer, heart disease and other chronic conditions. Strategies for staying ahead of the curve of illness increases are paramount to the PHSA.
- Based on evidence, the incidence of cancer is expected to increase at 2-3% per annum and prevalence of patients receiving cancer drugs is expected to increase at approximately 6% per annum.
- Cardiac Services' revascularization report of December 2005 estimate an increase in the demand for open heart surgery from 3384 procedures in 2006/07 to 4122 procedures in 2010/11. This is an

⁵ BC Ministry of Health, Disability Adjusted Life Years Lost, 1998.

incremental increase of 185 cases per year is based on utilization trends and population growth projections.

- The total number of renal patients treated in 2005/06 represented 6522 patient years⁶, and this number is expected to increase over the next four years. Growth in pre-dialysis patient years is approximately 19-23% per annum, while growth in dialysis patient years is now stabilizing at 6-8% annually. The total budget for the BC Provincial Renal Agency in 2005/06 was \$117 million; projections call for contained increases of approximately \$11-12 million per year due to increases in patient activity.
- As more people are living longer and the median age of the population is increasing there is a greater demand on a limited supply of organs. Due to the effectiveness of new immunosuppressants, transplant patients' life expectancy has increased in recent years, driving BCTS costs at a rate of approximately 7.5% annually.
- To address the above risks, the PHSA and its agencies will continue to increase our emphasis on prevention, promotion, protection. We recognize the need to shift our focus towards the implementation of more disease prevention strategies within our own agencies and also to support the efforts of the regional health authorities in this area.
- Birth number increases at BC Women's Hospital of particular concern to the PHSA. BC Women's resources are already working at capacity to meet current needs and will be challenged to ensure that maternity and newborn patients continue to have access to the best and safest care both at their facility and across the province. BC Women's maternity and newborn care programs have documented a relative increase in the proportion of low-risk births from other health authorities. Therefore a key short and longer term strategy is in place to work with those regions to ensure that women's access to maternity services is available as close to their home as possible. We are projecting a decrease in the number of births occurring at BC Women's Hospital and will be monitoring the number of deliveries to track the effectiveness of initiatives by tracking the number of deliveries as one of the PHSA's key service volumes (refer to the table on page 54 of this document for further detail).

Focus on quality and patient safety

- The health care system needs to focus increasing attention on patient safety and quality. The Baker-Norton Report⁷ released in 2004 was the first Canadian national study to highlight the incidence and nature of potentially preventable adverse events in hospital patients. This study estimates that approximately 7.5% (n=185,000) of all hospital admissions are associated with an adverse event. This

⁶ 1 patient year = one patient on CKD (pre-dialysis) for 365 days. Additionally, 8 follow-up visits = 1 patient year.

⁷ G. Baker, P. Norton, *et al.* The Canadian Adverse Events Study: the incidence of adverse events among hospital patients in Canada. *CMAJ* 2004;170(11):1678-86.

is only the tip of the iceberg, with many other, more difficult to quantify examples of sub-optimal use in the system. The costs to individuals and the system are enormous. If these findings are applied to BC's health system, errors in BC may result in thousands of patients spending extra time in hospitals and millions of dollars in additional cost. There is also a cost in terms of the public's confidence in the system. Reducing medical errors and maintaining the public's confidence in the PHSA is a key component of improving BC's health system and a priority for the PHSA and all of its agencies.

- There is also heightened provincial and federal pressure to improve the quality and safety of the health care system. This trend may represent challenges and opportunities for PHSA as it also signifies a movement towards greater accountability for the quality of care we provide. Quality and patient safety are a priority across all of PHSA and our organizational commitment to the quality and safety of the services we plan, coordinate and provide is reflected in our values, our strategic plan and our internal performance monitoring systems. As we continue to increase our emphasis on the quality and safety of our services the PHSA may be required to reallocate or redirect funds to address this priority.

Public Health and Infectious Diseases

- The rise of infectious diseases (e.g., HIV/AIDS, SARS and West Nile Virus) and the need to respond quickly to pandemic events means that health care providers across the province and Canada must be able to quickly share information and collectively respond to emerging needs.
- Pandemic planning and readiness continues to be emphasized at the provincial and federal levels. PHSA has a significant opportunity in this arena because of its provincial role, linkages to providers across the province and the country as well as the BC Center for Disease Control's (BCCDC's) mandate of communicable disease control.
- The Public Health Agency of Canada has funded a network of six centres to promote knowledge translation and evidence based public health practice. Two of these centres are located in BC, with the National Collaborating Centre for Environmental Health being hosted by BCCDC.
- BCCDC's critical role in communicable disease control and environmental health provide a solid platform upon which to support national and provincial interests in improving public health capacity. To meet the increasing demand in this critical role, a number of cost pressures will have to be addressed for the following new initiatives and existing programs:
 - harm reduction (needle exchange) program
 - pandemic planning (expiration of inventory)
 - public health aspects of emergency planning and preparedness
- These initiatives and programs will require incremental funding of about \$2 million in 2007/08.

Life Support, New drugs and Technology

- Many British Columbians need 'life support' through costly drugs and treatments including cancer therapies and drugs, cardiac services, renal dialysis and drugs and transplant services. The PHSA funds specialized drugs and other treatment therapies delivered directly through its agencies, as well as specialized services delivered by regional health authorities, such as renal dialysis and cardiac surgery. BC's population, like that of the rest of Canada, is aging and this fact is driving the need for greater investment in life support drugs and therapies. As newer and more effective drugs and therapies come onto the market, costs also increase.
- New drugs, technology and treatments are continually becoming available in health care, yet there is little ability to systematically assess their value and, when appropriate, deploy these advances equitably across the province. Biotechnology and gene testing promise massive changes in health care (drugs, equipment and services). There are also new vaccines for which PHSA will incur an upfront cost with expected savings to the health care system occurring years into the future. New diagnostic tests are coming available that will increase patient safety by providing quicker access to results so that treatment can begin and new imaging technologies will increase the sophistication and accuracy with which physicians can diagnose diseases and conditions.
- At BC Children's & Women's Hospital, continued cost increases related to new drugs for the treatment of inflammatory and metabolic disorders represents a significant cost pressure of about \$3 million incremental over 2007/08 to 2009/10.
- BCCA comprehensive oncology drug budget covers treatments with intravenous drugs and prescriptions of 'take-home' drugs. The average cost per patient per year for 2005/06 is \$3,200; a 16% increase compared to 2004/05. Canada-wide, provincial cancer drug budgets increased 20% per annum over the past five years. The number of patients receiving active treatment with cancer drugs is increasing by 6% per year; triple the 2-3% increase in incidence of cancer in our aging and growing population. The increase in oncology drug costs requires incremental funding of \$16 million annually over the next three years.

Health Human Resources

- Agencies and programs across the PHSA are facing significant challenges in recruiting and retaining the highly skilled health professionals and technicians needed to deliver the very specialized care that is at the core of provincial programs. Recruitment challenges in other health authorities also create gaps in local services, placing additional demands on the PHSA. PHSA programs are arguably more

vulnerable to skill gaps because the delivery of specialized services rests in the hands of a small number of highly skilled professionals.

- While national supply trends are increasing slightly, BC is observing a decrease in both the number of registrations submitted for nursing practice and the number of regulated nurses employed in their discipline. Projections predict that this situation will worsen over the next decade as the workforce ages.
 - A national comparison shows that the average age of all BC regulated nurses (includes RN, LPNs and RPNs) was the highest in the country at 46.0 years in 2005, an increase from 44.8 years in 2001⁸.
 - Looking at our population of registered nurses in BC, over 34% of BC's 27, 814 registered nurses are aged 50 years or older, with nearly 21% of these individuals being over 60 years of age.
- These figures are the highest across Canada and represent a serious challenge for the PHSA and all BC's health authorities as many of these nurses are set to retire in the next 5 – 10 years. Addressing the health resource challenge is a priority for the BC government and PHSA recognizes this issue as critical to our success.

New Government Direction and Initiatives

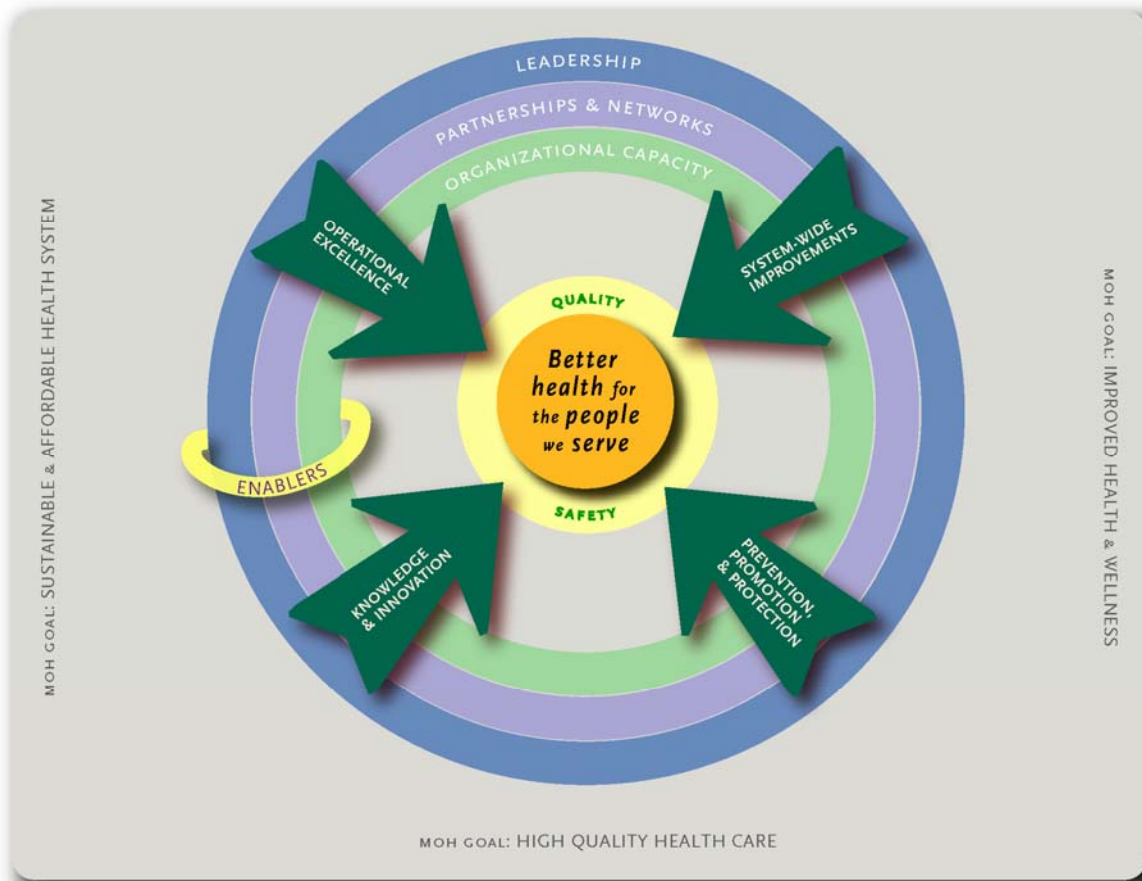
- Over the past five years, health has consumed an increasing portion of the provincial budget – BC's estimated health care budget of \$11.9 billion for 2006/07 is the single biggest budgetary item for the provincial government and over 44% of annual ministerial expenditures. Strategies will need to be developed to address the gap between available resources and the expanding needs of the population we serve. While some budget growth is anticipated, the bulk of any increase will likely be directed to life support. Targeted investment strategies to areas of highest priority will bring the required system change.
- In January 2007 the BC Government announced that its 2007/08 budget includes a \$100 million fund to promote innovation in the health care system. The PHSA and its agencies have developed a strong research capacity and we aim to leverage this opportunity to develop innovative strategies for achieving quality patient outcomes in the context of ever increasing financial pressures. The fund is consistent with our desire to drive innovation across PHSA and lead transformation of the health care system in BC.

⁸ Canadian Institute for Health Information, *Highlights from the Regulated Nursing Workforce in Canada, 2005*.

- PHSA is planning and implementing various initiatives and programs to ensure alignment with government direction and key priorities. The PHSA is investing in initiatives to achieve these goals and cost pressures may arise in supporting the government priorities over the next three years from 2007/08 to 2009/10.

Our Strategic Directions & Priorities

PHSA's first strategic plan, *Leveraging Strengths... Transforming Health Care*, was developed in April 2004. As part of the process and our annual review, the PHSA's agencies and programs also completed their strategic plans in a parallel process, with the PHSA plan "shaping and being shaped by" the agency plans. Throughout the plan, we use the schematic below to show the close relationship between Ministry



of Health goals, our mission imperatives, PHSA strategic directions and our enabling strategies. It reinforces that our overall goal of *better health for the people we serve* is central to everything we do. While we provide a high-level summary of our strategic plan below, we invite you to refer to the full PHSA strategic plan available on our website (www.phsa.ca) for more information.

The Ministry of Health's *Service Plan 2007/08 – 2009/10* outlines their strategic focus and direction for the health authorities with respect to management of health service delivery and is aligned with the

priorities of the Government of BC. Specific deliverables and performance measures for the health system are identified in the 2007/08 Ministry of Health Service Plan, the Government Letter of Expectations, and the Health System Performance Framework. In turn, our entire strategic plan must be carried out in the context of the policies, strategic directions and priorities established by the Ministry and the Government. The strategic directions of PHSA uniquely contribute to the three broad goals for health system reform that have been developed by the Ministry of Health⁹:

1. Improved health and wellness for British Columbians
2. High quality patient care
3. A sustainable, affordable publicly funded health system.

These three ministry goals create the backdrop for our strategic framework. The alignment with overall health system goals is therefore part of every strategic effort made at PHSA.

We began with the end in mind....

In developing our strategic plan, we started with the end in mind. Our ultimate goal of “Better health for the people we serve” is at the centre of all we do. That means a commitment not only to the detection, management and cure of illness, but also to shifting our focus towards strategies that will improve the health of the population.

Quality and safety... an objective of all our strategic directions.

Improving quality and safety is an objective of all of our strategic directions and serves as a lens through which we evaluate our planning and decision making processes. The PHSA’s organizational focus on evaluating and improving quality takes into consideration many dimensions of ‘quality’: acceptability, accessibility, appropriateness, availability, effectiveness, safety and efficiency. These dimensions are threaded throughout our strategic plan and reflect our organizational commitment to quality of care. Safety is vital for better health. We must implement systems and processes that ensure safe clinical and work environments. We must also work to create a blameless culture to remove the stigma of errors and encourage reporting, thus allowing us to learn from mistakes.

⁹ Source: Ministry of Health 2007/08 – 2009/10 Service Plan, www.gov.bc.ca/health.

Our four strategic directions

To reach our goal of better health for the people we serve through a high quality and safe health care system, we will focus on four interdependent strategic directions, represented by the four arrows in the diagram above. Below, we describe the PHSA's commitment to progress towards each strategic direction by identifying measures and service targets for our key priorities over the next one to three years. We have also highlighted key planned initiatives and actions that are designed to help us achieve these goals.

Operational Excellence

Improving our ability to achieve the goals of the health system through redesign, evaluation and evidence-based decisions.

With our mandate, the PHSA can play a key role in achieving the Ministry goal of an affordable, sustainable health system. To be effective in that role we need to exhibit operational excellence. The aim of our strategic direction "Operational Excellence" is to ensure that we are performance driven – achieving the best outcomes and the most value with the resources available to us. As a result, efficiency and effectiveness are common targets of each of the four priority strategies.

As we aim to improve our efficiency and effectiveness through process redesign and the consolidation and streamlining of our support services, our actions are guided by the dimensions of quality and the pursuit of safety in the care of our patients. Additional benefits are realized through the electronic health record strategy and process redesign, particularly around safety, continuity and effectiveness – all of which lead to higher patient satisfaction and quality of life.

The following priority strategies highlight how we are working to achieve operational excellence within the PHSA.

- 1. Promote and develop a safety culture to ensure organizational systems, processes and policies are designed to optimize health outcomes for the people we serve.**

Key initiatives for 2007/08:

- Continued implementation of the BC Patient Safety Learning System, an integrated, province-wide patient safety reporting system to gather information about patient care incidents including near misses and complaints and use this information to enhance risk recognition, mitigation and quality improvement in the hospital setting.
- Continue our participation in Safer Healthcare Now! which is a national patient safety initiative focusing on six targeted interventions and their implementation in the hospital setting. BC Women’s Hospital, BC Children’s Hospital and BC Mental Health & Addiction Services are participants in this initiative.
- Continue to pilot and implement medication reconciliation protocols and procedures to improve consistency and patient safety across PHSA.
- Ensure compliance with national standards for the safety of cells, tissues and organs for all transplants in BC and enhance information systems to improve reporting and patient safety. (BCTS)

PHSA Measure ¹⁰	FY 07/08 Target	Long Term Target ¹¹
a. adverse event rate	Establish baseline	TBD

2. Implement an electronic health record strategy integrated with clinical decision support as a means of improving quality of care, reducing errors and increasing efficiencies.

The PHSA’s eHealth Clinical Systems Strategy is aligned with the Ministry of Health eHealth strategy and the Canada Health Infoway Architectural Blueprint and has been used to align all of the clinical systems and electronic health record (EHR) projects within the PHSA.

¹⁰ All measures indicated with an asterisk are included in the Government Letter of Expectations or are required by the Ministry for accountability.

¹¹ Long Term Target: Throughout this section of the document, reflect PHSA goals/objectives or Ministry policy based on expert opinion about where performance should be in the future and the length of time indicated by “long term” varies from measure to measure. Some long term targets for measures included in the Government Letter of Expectations (indicated with an asterisk) are still to be determined by the Ministry of Health.

Key initiatives for 2007/08:

- Continue to facilitate the integration, sharing and viewing of clinical information across PHSA and integration with provincial e-Health projects.
- Continued planning for and implementation of a Clinical Information System and clinical registries.
- Establish a business intelligence team to support organizational decision making.

PHSA Measure	FY 07/08 Target	Long Term Target
b. # times electronic health record viewer is accessed for clinical care across PHSA acute sites	Establish baseline	TBD

3. Pool and leverage resources and the collective strength of the PHSA and its agencies/programs to achieve economies of scale, maximize scarce expertise and influence policy and practice that impact health care and services.

In its early years, a key focus for the PHSA was achieving greater levels of efficiency and effectiveness through the consolidation of our support services. As we continue with the implementation of our strategic plan, we are now increasing our emphasis on maximizing the collective strength of the PHSA for the benefit of people we serve.

Key initiatives for 2007/08:

- Continue to be involved in the assessment of new drugs and technologies to ensure that we are making cost-effective decisions.
- Leverage economies of scale through group contract negotiation and purchasing for the agencies/programs, including increasing our focus on developing consistent approaches to funding and/or purchasing drugs across all jurisdictions.
- BC Renal Agency will continue to facilitate innovation in drug utilization and medication management through the evaluation of drug management strategies.

4. Aggressively pursue process redesign with the agencies/programs with a goal of eliminating non-value added steps, improving effectiveness and increasing efficiencies. Ensure that redesign initiatives are supported through effective change management strategies and principles.

Key initiatives for 2007/08:

- Develop change management capabilities within PHSA to support staff and health professionals through the implementation of process and system improvements throughout the PHSA and its agencies.
- Implementation of Lean¹² principles and tools to optimize workflow across PHSA.

PHSA’s administrative and support costs as a percentage of total expenses have decreased over the past three fiscal years and we will continue to monitor our performance in this area to ensure that we are maintaining or achieving further cost savings which can then be redirected to protecting and enhancing clinical care.

PHSA Measure	FY 07/08 Target	Long Term Target
c. Administrative and support costs as a percentage of total expenses (Baseline = 15.4%)	Reduce/maintain	Reduce/maintain

Knowledge and Innovation

Increasing research and education and enabling the transfer of knowledge into practice improvements.

Knowledge development and innovation are critical activities and values of the PHSA and are necessary throughout the BC health care environment. Research and development creates many benefits for

¹² Lean is a management philosophy that has been used successfully in a number of industries - including health care – and focuses on the elimination of non-value-adding activities and waste from the organization. Lean principles and tools offer an innovative approach to reducing costs and optimizing processes while maintaining or enhancing quality through the systematic removal of process waste and unnecessary delays.

patients, the health care system and society. It provides British Columbians with access to new discoveries and technologies, offers opportunities to deliver better and more effective health care services, attracts the best and the brightest scientists and health care professionals to BC and produces economic benefits for British Columbia.

Outlined below are the priority strategies, initiatives and measures we are pursuing in the area of knowledge and innovation.

1. Strengthen basic and translational research capacity to understand disease and enhance the scientific basis for health care services.

Key initiatives in 2007/08:

- Promote the development of space and infrastructure for research activities by harnessing the potential for cross-organizational synergies.
- Facilitate access to data and information for basic and translational research across PHSA agencies and the Ministry of Health.
- Support the agencies to further build national and international linkages to enhance knowledge generation and transfer in their specialized services and areas of focus.

2. Increase our focus on translating knowledge into better practice and care delivery to improve outcomes province-wide.

Key initiatives in 2007/08:

- BCMHAS is working to consolidate mental health research activities at Riverview Hospital, Forensic Psychiatric Services and Child & Youth Mental Health into a provincial mental health and addictions research and education centre to ensure research findings are more effectively used to improve mental health programs and services across BC.
- BCTS will establish in-hospital organ donation coordinators to identify potential donors, work with donor families, facilitate the logistics of the donation process and coordinate donation awareness initiatives.

- BCPRA will support innovative approaches for the management of hemodialysis such as independent self-management to ensure greater choice for patients, better health outcomes and efficiency to the health system.

3. Continue to support the development of a provincial agenda and platform for province-wide health delivery research.

Key initiatives in 2007/08:

- Collaborate with partners to improve access to data and information sources for basic and translational research through the development of an integrated database.

4. Partner with academic institutions to develop and deliver education and training for health professionals in the specialized areas of health care services provided by the PHSA.

Key initiatives in 2007/08:

- Strengthen nursing education in the PHSA’s areas of expertise and expand nursing leadership by investing in nursing projects that support safe, competent and ethical nursing practice in a complex health environment.
- Maximize the use of health care professionals and support the development of emerging health care roles, such as nurse practitioners, to meet the needs of the people we serve.
- Support the UBC medical school expansion and distributed model of education to improve the continuum of care and support the regional health authorities in their goals to build capacity and become more self-sufficient in service delivery.

To monitor our progress on these strategies and initiatives the PHSA is tracking two key measures:

PHSA Measures/Deliverables	FY 07/08 Target	Long Term Target
d. Total annual research funding (Baseline = \$43,975,833)	↑ over previous year	TBD

e. # of research trainees (Baseline = 186)	↑ over previous year	TBD
---	-------------------------	-----

System-Wide Improvements

Using our provincial role and mandate to achieve system-wide changes and maintain access to specialized health services.

Through our provincial mandate, PHSA can provide leadership, facilitation and support to identify opportunities for system-wide improvement in the health system. Improvement will mean a more seamless, integrated system that provides continuity for our patients and providers.

Our priority strategies in this strategic direction focus on implementing changes to improve the services directly operated and/or funded by PHSA through our agencies and influencing how services are provided through PHSA-led provincial collaborative initiatives with the regional health authorities.

1. Develop standards, identify and disseminate best practices and influence the adoption of outcomes-based practice for specialized services and province-wide programs in collaboration with our partners.

Key initiatives in 2007/08:

- PHSA and its agencies will continue to develop and evaluate evidence-based guidelines for the utilization and management of life support drugs, therapies and technologies to support best practices and best value.
- BCMHAS is continuing with the Riverview Hospital Redevelopment Plan to replace centralized provincial tertiary services with decentralized care into health authorities, including the coordination of networks to ensure standards and equitable access to specialized services.
- Building on the existing BC Neuropsychiatry Program, BCMHAS is creating the Neuropsychiatry Network to link neuropsychiatry specialists with physicians and clinicians across BC under a single provincial tertiary acute service. This service delivery network will encompass the broader continuum of neuropsychiatry assessment, treatment and rehabilitation.
- PHSA Cardiac Services is playing a lead role in reducing deaths from heart attacks in BC's emergency departments with the adoption of province-wide clinical guidelines.

- BC Cancer Agency is developing a business case and determine the cost and capacity implications of upgrading to digital mammography screening technology.

2. Implement provincial systems and processes to ensure equitable and timely access, based on need, to high quality, specialized health services delivered by PHSA.

The PHSA will work to address emergency department congestion and improve the effectiveness and efficiency of the emergency department at BC Children’s Hospital through initiatives across the continuum of care, and will contribute to related efforts across the province through our role in the Provincial Emergency Services Project. Progress toward this goal will be measured by the achievement of outcomes related to emergency department operations as established by the Ministry of Health.

Key initiatives in 2007/08:

- Continued implementation of action plans to address emergency department congestion and improve patient flow, including but not limited to services that better meet the needs of children and youth with mental health and substance use disorders.
- Sustain implementation of BC Children’s Hospital nurse practitioner clinic for high user/complex patients.

PHSA Measures/Deliverables	FY 07/08 Target	Long Term Target
f. % of emergency department patients reporting satisfaction with emergency department experience* (BC Children’s)	Establish baseline	90%
g. % of patients admitted from an emergency to an inpatient bed within 4 hrs of the decision to admit* (BC Children’s)	80%	80%

The PHSA will work to achieve the national wait time benchmarks identified at the First Ministers’ Meeting in 2004. Long-term and multi-year access targets for curative radiotherapy, screening mammography, cervical screening and cardiac surgeries will be established in June 2007.

Key initiatives in 2007/08:

- BC Cancer Agency will continue with the replacement and expansion of ageing radiation therapy infrastructure (linear accelerators, simulators, system hardware/software and other ancillary equipment) at both the Vancouver Cancer Centre and the Fraser Valley Cancer Centre.
- BCCA is exploring the impact of the development of a cancer centre in Northern BC.
- Continue to improve access to screening mammography and cervical cancer screening via existing service providers and in underserved areas of the province (in partnership with BC Women's Hospital and Health Centre)
- PHSA Cardiac Services will facilitate improvements to the accuracy and consistency of cardiac bypass surgical wait list management across the regional health authorities to meet First Minister's benchmarks.
- Develop a Provincial Surgical Patient Registry to better manage surgical wait lists as part of Provincial Surgical Services Project and the overall Provincial Wait Times Strategy.

Given our mandate and the specialized range of services that we provide, the PHSA will maintain our focus on the following four performance measures:

PHSA Measures/Deliverables	FY 07/08 Target	Long Term Target
h. % of cancer patients receiving radiotherapy within 4 weeks of being ready to treat*	FMM ¹²	TBD
i. Rate of women aged 50-69 years participating in screening mammography every 2 years*	FMM ¹²	TBD
j. Rate of women 18-69 years participating in cervical screening every 3 years*	FMM ¹²	TBD
k. % of cardiac bypass surgery cases waiting longer than established time frame (Priority 1, 2, 3 are within 2, 6 and 26 weeks respectively)*	FMM ¹³	90% Priority 3 only

¹³ Long-term and multi-year access targets for cardiac surgeries will be established in June 2007. All multi-year access targets and health authority implementation plans will be in place by December 31, 2007.

The PHSA and our agencies are in support of the Government’s goal of improved mental health and wellness among British Columbians, and will ensure service planning and delivery activities contribute to substance abuse reduction efforts through full participation in an integrated provincial strategy. Our primary focus related to this priority is to improve access to mental health services which has been a key issue for the child and youth population.

Key initiatives in 2007/08:

- BCMHAS is leading the development of best practices to treat “crystal meth” addictions in BC. This work, which focuses on adolescents, is collaboration between PHSA and all of BC’s health authorities to enhance services across the province.
- Implementation of the Child & Adolescent Provincial Program Enhancement and Redesign program.
- Improve access to Forensic Psychiatric Hospital beds and Child & Adolescent Psychiatric services

PHSA Measure	FY 07/08 Target	Long Term Target
I. Wait time for child and adolescent inpatient psychiatric bed*	Establish baseline	TBD

In collaboration with the BC Reproductive Care Program (www.rcp.gov.bc.ca), PHSA and BC Women’s Hospital is committed to leading improvements in maternity care and perinatal health across BC. In 2005, a set of recommendations were outlined in *A Plan for Specialized Perinatal Services in BC*. These recommendations focused on the continued development of obstetrical and neonatal beds, and operating the specialized perinatal system of care as a provincial program to assure provincial consistency, standardization and accountability, in collaboration and partnership with the regional health authorities.

Key initiatives in 2007/08:

- BC Women’s will continue with the implementation of the Provincial Specialized Perinatal Services Plan and the continued development of Level 2 and 3 perinatal beds.

- BC Women’s will continue with the implementation of recommendations of the Maternity Care Enhancement Project to support a collaborative model of care and the implementation of best practices
- Lead the implementation of ActNow BC: Healthy Choices in Pregnancy, including the development of Fetal Alcohol Spectrum Disorder prevention strategies and enhancement of pregnancy programs, services and outreach.

PHSA Measure	FY 07/08 Target	Long Term Target
m. Average bed utilization/occupancy rate of level 2 and level 3 perinatal beds (of staffed/available beds)* (BC Women’s) ¹⁴	↓ over previous year	75-80%

Prevention, Promotion and Protection

Collaborating with partners to shift the focus of the health system “upstream” to reduce the incidence and impact of disease.

We support the view that more effort needs to be focused on a life cycle rather than an episodic view of health care and on keeping people well, preventing illness and managing the needs of people with chronic conditions more effectively. There is also clear and actionable evidence that the determinants of health such as income and education have a much greater impact on the overall health of the population than do the interventions of the health care system.

At a time when health care decision makers, providers and planners are faced with the daunting task of doing more with fixed resources, we are coming to the collective understanding that spending more on health care does not necessarily make for a healthier society.

For these reasons, the PHSA is committed to partnering with the regional health authorities and other organizations to champion initiatives that will more effectively promote health, prevent illness, manage chronic conditions and generally lessen the burden of disease.

¹⁴ This measure is not in the Government Letter of Expectations but is an accountability requirement of the Ministry of Health.

1. Expand our role as “knowledge resource” by creating the capacity to link and use evidence and health information to reduce the burden of disease associated with chronic diseases.

Key initiatives in 2007/08:

- Evaluate the tobacco reduction and healthy weights knowledge products to determine their effectiveness.
- Continue to develop, disseminate and evaluate knowledge products to support the development of health policy and better health practices.
- Build capacity to link and use databases for chronic disease surveillance to better identify and manage chronic diseases.

2. Collaborate with the other Ministries, municipalities, the voluntary and private sector to promote active healthy living and healthy public policy for British Columbians.

The PHSA is committed to partnering with the regional health authorities and other organizations to champion initiatives, including the Government’s ActNow BC, which will more effectively promote and protect the health of our population and decrease the overall burden of disease now and in the future. Reducing smoking and promoting healthy weight through proper nutrition and adequate exercise are crucial to the overall health and well-being of BC residents.

Key initiatives in 2007/08:

- PHSA is supporting the implementation of evidence-based prevention, promotion and protection initiatives including programs that address: childhood obesity, active seniors, and healthy choices in pregnancy including alcohol reduction.
- Continued leadership and implementation of a provincial Community Food Action Initiative to improve access to healthy foods, particularly among people with low income.

3. Continue to increase our emphasis on prevention, promotion and protection.

Key initiatives in 2007/08:

- Develop targeted strategies to improve community capacity in the aboriginal population including:
 - Partnership between BCCDC and the First Nations and Inuit Health Branch to address TB and Hepatitis/HIV control and prevention
 - HIV/AIDS Awareness program for aboriginal women (“Around the Kitchen Table”)
 - Improving aboriginal community capacity to respond to HIV/AIDS (“Renewing our Response”)
 - Outreach women’s wellness clinics including access to a First Nations Patient Advocate and consultation on health issues
- Develop mental health and addictions strategies for women, including a postpartum depression screening framework and tobacco reduction strategy.
- BCCA will continue with the implementation of population-based cancer control strategies such as SunSafe.

4. Develop and implement a public and population health coordinating framework across the PHSA, through the PHSA Public and Population Health Community of Practice.

Key initiatives in 2007/08:

- Promote PHSA’s Public and Population Health Community of Practice as a tool to support collaboration of the PHSA, its Agencies and key stakeholders including the schools of public health.

The PHSA has identified two key measures that we will track to monitor our progress towards achieving our four Prevention, Promotion, Protection strategies.

PHSA Measures/Deliverables	FY 07/08 Target	Long Term Target
n. Provincial smoking rate (Baseline = 13%)	Reduce/ maintain	13%
o. % of BC population considered overweight (BMI ≥25.0) or obese (BMI ≥30.0) (Baseline = 45%)	↓ over previous year	32%

Our enabling strategies

The success of our strategic directions depends on our ability to implement. We have assessed the tools required and the risks related to implementation and have established three key enabling strategies.

Building organizational capacity

Strengthening and building the capacity of our people, technology and financial resources.

Our People

We recognize the true value of our people and the significant challenges facing them today and in the near future. The development of recruitment, retention and succession plans is at the top of the agenda for PHSA and its agencies.

The PHSA will support provincial efforts to ensure a robust and sustainable health sector workforce through participation in the development and implementation of innovative strategies, both within the PHSA and provincially.

Key initiatives in 2007/08:

- Continue with the implementation of a formal process to support the ongoing development of current leaders within the PHSA, identify and accelerate the development of future leaders and construct succession.
- Implement a comprehensive workforce strategy focused on the recruitment and retention of scarce, specialized human resources and promoting a healthy, motivated workforce across all

disciplines to ensure a sustainable staffing environment; includes employee engagement and attendance promotion programs.

- PHSA is leading a new recruitment project to attract more perinatal nurses to work in BC’s hospitals and health authorities.
- PHSA and BCMHAS are leading a new project to recruit more psychiatrists to communities across BC – in just over a year; more than 100 candidates were attracted by a national and international marketing campaign.

PHSA Measures	FY 07/08 Target	Long Term Target
p. Sick leave as a percentage of productive hours*	5% reduction	10% reduction by Dec. 2008
q. Vacancy Rates (nurses, allied health professionals)*	Establish baseline	TBD
r. Overtime as a % of productive hours (nursing, allied health professionals)*	TBD	TBD

Our Financial Resources

Long-term success and sustainability requires investments in people and technology. To do this, we need strategies to increase the value we get for the money we spend, while also generating alternative sources of revenue.

Key initiatives in 2007/08:

- Continue to explore and implement appropriate and evidence-based funding models for specialized services to appropriately align incentives and patient outcomes.
- Expand strategic partnership opportunities to meet infrastructure requirements, reduce operating and capital costs or increase research opportunities.
- Investigate new opportunities for revenue generation such as through working with our foundations, retail and commercial initiatives and intellectual property development.

Our Information Management and Information Technology

In the dynamic and information-rich industry of health care, technology will be a key tool to help us redesign our workplaces and move forward with our strategic directions. Building up our information capacity requires both building infrastructure (“information technology”), and improving the accessibility of information to support decision-making (“information management”).

Key initiatives in 2007/08:

- Continue to enable and support the information needs of the PHSA and our agencies through the implementation and maintenance of integrated business systems.
- Continue to support the development and implementation of the electronic health record and clinical information system strategies in alignment with the Ministry of Health’s eHealth strategic framework.
- Continue to support the implementation of rapid and secure communication infrastructure, such as communities of practice, for the purposes of sharing knowledge and enhancing our ability to disseminate health care information to providers and the public.

Harnessing the potential of partnerships and networks

Partnering with others to optimize service, value and impact.

We recognize that patients receive better care when a full continuum of services is available and when those services are well connected to each other. We also know that there is expertise held across the province and opportunities to share knowledge and successes. Partnerships and networks link services and providers to leverage expertise and resources and improve integration, quality and efficiency of care. Partnerships and networks are particularly important to providers of specialized services because not only are they highly dependent on being able to effectively transfer patients, but they are also highly reliant on other providers for the pre- and post-care of patients who receive specialized services. Through supporting the creation and development of partnerships and networks we aim to provide equitable access to our services and offer consistent standards of care for the people we serve.

Demonstrating disciplined and focused leadership in implementation

Applying best practices from business and management to support the success of our strategies.

We have set out an ambitious agenda to renew our health care services. Given the significant amount of change proposed, PHSA aims to balance our focus between the demands of the day-to-day issues and strategies that will foster system sustainability. For this shift to be successful, we recognize the need for disciplined leadership. To this end, the PHSA is:

- Continuing to implement rigorous and transparent processes such as the strategic resource allocation process which demonstrates our commitment to strong financial stewardship and to the PHSA achieving its performance targets.
- Focus the time and attention of PHSA leaders on priority strategies and initiatives.
- Use a balanced scorecard framework to monitor our performance and evaluate our success in implementing our strategic plan.

Service Volumes

Planning to provide the right amount of health care services to meet the current and future needs of the people we serve is an important activity at the PHSA. Each year, the PHSA looks at current volumes of the core services that we provide and estimates whether these volumes will go up or down in the future based on population needs and demographic trends, changes in service delivery models, our strategic directions, and government priorities, then tracks our actual utilization rates to see if our projections were accurate. In alignment with specific measures and targets listed in the previous section, these projections inform our operational and financial decision making and guide us in process of planning for the best use of our resources over time. On the next page, we have detailed current and projected agency specific service volumes (as measured by the number of patient days, visits, calls, cases, etc) for a number of the major, high volume services that we provide. Please note that these service volumes are preliminary and subject to change in accordance with health system priorities and available funding.

The activity data included in Table 1 are collected at the department and agency level using a variety of different computer systems and data collection methods across the PHSA. At the end of each fiscal period, each department submits their data in summarized form to the Corporate Statistics Database, managed by Decision Support Services (DSS). The majority of the data collection and reporting follows the Management Information System (MIS) data reporting guidelines set-out by the Canadian Institute for Health Information (CIHI), and is included in the Health Authority Management Information System (HAMIS) reporting process, where health authorities are required to submit their financial and activity data to the Ministry of Health at the end of each fiscal period.

Table 1. PHSA Key Service Volumes 2005/06 – 2009/10

	2005/06 Actual	2006/07 Plan	2007/08 Plan	2008/09 Plan	2009/10 Plan
BC Children's Hospital					
Child Health Patient Days	33,091	32,000	33,000	33,000	33,000
Total Surgical Cases ^a	8,568	8,194	8,194	8,194	8,194
Child Health Ambulatory Visits ^b	103,979	94,000	93,000	93,000	93,000
Emergency Visits	38,426	38,000	38,000	38,000	38,000
Child Health and Rehabilitation					
Patient Days	4,351	4,345	4,345	4,345	4,345
Ambulatory/Outreach/SIN visits	8,000	8,400	8,600	8,900	8,900
BC Women's Hospital & Health Centre					
Beds Staffed and Operated (SCN)	55	57	57	57	57
Patient Days (Adult)	28,640	26,300	25,600	25,600	25,600
Patient Days (L2 and L3 Newborns)	17,764	18,000	16,500	16,500	16,500
Surgical Visits - TOTAL	5,960	6,700	7,000	7,400	7,800
Total Deliveries	7,550	7,600	7,000	7,000	7,000
Ambulatory Visits (BCW + SWH)	45,570	50,800	48,000	49,700	50,100
BC Mental Health & Addictions Services					
Riverview					
Patient Days	141,867	115,412	91,800	80,500	54,000
Forensic Psychiatric Services					
Patient Days	69,755	70,375	70,375	70,375	70,375
Ambulatory Visits	2,495	2,420	2,420	2,420	2,420
Child and Youth Mental Health					
Patient Days	7,333	7,525	7,800	7,800	7,800
Ambulatory Visits	11,636	11,660	12,500	12,500	12,500
BC Cancer Agency					
Patient Days	9,000	10,732	9,375	9,375	9,375
Systemic Therapy Visits	34,113	36,503	39,058	41,792	44,718
Radiation Therapy Treatments	174,420	178,585	179,001	184,371	189,902
Systemic Ambulatory Visits	63,557	67,191	68,976	73,804	78,970
Pap Smears Interpreted	n/a	590,636	605,636	620,636	635,636
Screening Mammography Exams	262,297	274,975	287,635	310,295	332,955
BC Provincial Renal Agency					
Total Patient Years ^c	6,522	7,263	8,906	10,251	11,947
Total Visits/Runs	332,436	367,100	415,871	461,239	508,970
BC Centre for Disease Control					
Vaccine Doses Distributed	2,480,590	2,720,333	2,674,382	2,825,332	2,992,454
TB Clinic Visits	25,500	26,500	27,000	27,000	27,000
STI/HIV Clinic Visits	9,106	11,000	11,500	11,500	11,500
Drug and Poison Calls	38,502	38,500	37,500	37,500	37,500
BC Transplant Society					
Solid Organ Transplants	184	216	233	233	233
Post Transplant Follow-ups	2,427	2,608	2,775	2,913	3,051
Patients on Waiting List	346	376	420	442	471
Organ Donor Registration List	551,692	577,018	631,690	671,690	711,690
Diagnostic Imaging					
C&W Exams	91,683	92,235	97,000	100,800	106,300
BCCA Exams	29,938	31,830	31,401	32,094	33,228
PHSA Laboratories					
BCCA Procedures ^d	3,918,530	4,000,000	4,140,000	4,284,900	4,434,872
C&W Procedures	2,358,383	2,500,000	2,587,500	2,678,063	2,771,795
BCMHS Procedures	258,240	254,000	262,890	272,091	281,614
CDC Tests ^{e,f}	1,973,925	2,000,000	2,070,000	2,142,450	2,217,436

Source: The activity data included in this report is collected at the department and agency level using a variety of different computer systems and data collection methods across PHSA. The data is stored in summarized form in the Corporate Statistics Database, managed by Decision Support Services. Projections are preliminary and subject to change in accordance with health system priorities and available funding.

- Total surgical cases includes main OR, dental OR, and BCCH surgical daycare cases performed at Richmond Hospital.
- Child Health Ambulatory visits exclude emergency room visits.
- The duration of time a patient is on chronic kidney disease (CKD) treatment (pre-dialysis) is used to calculate CKD patient years.
1 patient year = one patient on CKD (pre-dialysis) for 365 days (fiscal year). Additionally, 8 follow-up clinic visits = 1 patient year.
- Lane Level Lab Tumor Marker included in BCCA numbers.
- Lane Level Lab Virology included in CDC numbers.
- More than one procedure is included in each test.

Performance Management

The Government Letter of Expectations between the Government of BC and the PHSA is an agreement of the accountabilities, roles and responsibilities of both parties in a given year. The letter articulates the high-level performance expectations and strategic priorities, and forms the basis for the PHSA's service planning and reporting to the Government. The PHSA Board of Directors is also accountable to the Minister of Health through the Health System Performance Framework which serves as the monitoring instrument for the priorities of Government for the health system and other areas in the health system where improvements are needed.

In addition to our performance agreement with the Ministry of Health, PHSA has three internal reporting mechanisms at the strategic, operational and employee levels which allow us to track the performance of our organization and our employees over time and make adjustments as opportunities and needs emerge. These reporting structures are aligned with one another and draw a common thread through our strategy, operations and people processes. Please refer to Appendix B for further detail on our internal reporting systems.

As stewards of taxpayers' dollars we are also accountable to the public for the efficient and effective delivery of services we provide. Public participation and engagement is an essential characteristic of an effective and responsible health care system and key to its sustainability. In this belief PHSA is committed to being accountable to the public through our participation in the Premier's Conversation on Health that was launched in October 2006.

Patient Satisfaction

Understanding how the services we provide are viewed through the patient's eyes is an important part of PHSA's overall quality improvement program. For that reason the PHSA and our agencies/programs monitor our performance through patient satisfaction surveys. As we experience growing pressure to increase the quality of health outcomes, enhance the safety of our patients and become more efficient, we have paid great attention to the patient's experience, and ways in which patient satisfaction measurement can be further integrated into the overall picture of quality.

The PHSA's primary role is to ensure that BC residents have access to a coordinated network of high-quality specialized health care services; therefore, each of the PHSA's agencies and services have unique measures of patient/client satisfaction. The satisfaction measures across the PHSA include research projects, family surveys, comment cards, mailed surveys, telephone and in-person interviews. The agencies and programs that are collecting satisfaction information have indicated that they value the feedback they receive from patients and as able, are acting upon suggestions. The PHSA is also participating in the BC Patient Experience Measurement Strategy. Please refer to Appendix B for more information on how the PHSA and our agencies are working to improve the patient experience.

Financial Outlook Summary

Financial Outlook Summary

	2005/06	2006/07	2007/08
\$ millions	Actual	Forecast	Forecast
Revenue			
Provincial Gov't Sources	1,246.999	1,264.485	1,349.003
Non-Provincial Gov't Sources	123.550	117.161	119.676
Total Revenue	1,370.549	1,381.646	1,468.679
Expenditures by Sector			
Acute Care	1,034.816	1,066.450	1,142.905
Mental Health & Addictions	173.285	146.818	152.248
Population Health & Wellness	93.380	95.294	94.685
Support Services	68.623	73.084	78.841
Total Expenditures	1,370.103	1,381.646	1,468.679
Surplus (Deficit)	0.446	0.000	0.000

	2005/06	2006/07	2007/08
\$ millions	Actual	Forecast	Forecast
Capital Spending			
Provincial Government sources	62.000	39.500	43.700
Funded by Foundations and other non-government sources	41.200	44.000	22.100
Total Capital Spending	103.200	83.500	65.800

Assumptions

Revenues

- Provincial government sources include: Ministry of Health, other ministries, MSP, funding from other health authorities, Pharmacare revenue, non-resident revenues.
- The 2007/08 Ministry of Health grant is based on the most recently received version of the funding letter.
- Non-provincial government sources include: other contributions/revenues, investment income, fees & licenses, and contributions for designated purposes

Expenditures by Sector

- Acute sector includes BC Children's Hospital, BC Women's Hospital & Health Centre BC Cancer Agency, BC Provincial Renal Agency, BC Transplant Society, and PHSA Laboratories. Acute sector also includes life support drugs and procedures as well as funding and compensation to be referred out to the other health authorities (e.g. for cardiac services), excluding mental health bed funding.
- Mental Health & Addictions sector includes: BC Mental Health & Addiction Services which is comprised of Riverview Hospital, Forensic Psychiatric Services Commission, child and adolescent mental health services (offered at BC Children's Hospital), mental health bed funding to be referred out to other health authorities, and referred out health contracts related to mental health
- Population Health & Wellness sector includes: BC Centre for Disease Control and referred out health contracts related to Population Health & Wellness
- Support Services sector consists of support service departments including human resources, finance, communications, information management and information technology, supply chain, research administration and business development.
- Compensation increases for union contract agreements for 2007/08 to 2009/10 are based on information provided by MOH

Capital Asset Management Plan Summary

This section provides a summary of the PHSA's Capital Asset Management Plan. This summary includes the key drivers of the planned capital expenditures, the infrastructure investment strategy, examples of key projects and financial summary of capital funding and capital asset additions.

Drivers

Investment in capital assets has a strategic role for the PHSA. Given our provincial mandate to ensure that BC residents have access to a coordinated network of high-specialized health care services, the key drivers of our capital expenditures are aligned with this goal. These drivers provide the context for the process by which capital needs are assessed and prioritized within each agency. The clinical focus of these four drivers ensures that our attention is centred on those critical investments that are required to ensure timely access to quality health care services for the people we serve. Whenever possible, we aim to link our investments to improvements in patient care and outcomes.

- Population growth
Future health care needs will be impacted by population growth and aging and we must be prepared
- Sustaining critical infrastructure
Capital renovations and equipment replacement which are essential to renewing and preserving infrastructure capacity to provide clinical and support services.
- Strategic investments in IM/IT
Support the effective use of information technology to facilitate care delivery and ensure improved quality.
- Needs of the clinical programs

Investment Strategies

The PHSA and its agencies are challenged by budget constraints in the face of increasing cost pressures and demand for services. It is imperative that we manage our business within our resources and we

remain committed to our goal of achieving a balanced budget. In awareness of this situation, our capital investment strategies are designed to meet both the drivers of capital expenditures and the government's health sector priority initiatives. As a result, the PHSA is increasing our reliance on funding from other sources to finance capital projects that are aligned with population and program needs and our strategic priorities.

Due to the provincial nature of the PHSA, including our focus on province-wide population and public health, the PHSA IMIT strategy is aligned with the Ministry of Health's eHealth Strategic Framework. The PHSA has supported strong governance and leadership in this initiative through active participation on many eHealth committees. An electronic health record integrated with clinical decision support, one of the key priorities of the provincial and PHSA eHealth strategies, will present a tremendous benefit to the operational efficiencies and the quality of care delivered throughout the PHSA.

Key Capital Projects

The total PHSA capital funding and spending for 2007/08 is expected to be \$65.8 million. Of this amount, \$43.7 million (66.4%) comes from the Ministry of Health with other sources of funding amounting to \$22.1 million (33.6%). The following list of projects represents PHSA's key planned capital investments for 2007/08 – 2009/10. While funding commitments for the upcoming fiscal year (2007/08) are confirmed, the longer term nature of capital investments means that some of these projects span a period greater than one year and are subject to change in accordance with health system priorities and available funding.

Wait times

- **Abbotsford Regional Hospital and Cancer Centre (ARHCC) (Per MoH – Total Capital Cost \$355 million)**

The ARHCC (a P3 project) is the first major hospital procured in BC as a public private partnership. The new 60,000 square metre, 300-bed facility will service the health and cancer care needs of the residents of Abbotsford and the Fraser Valley. Upon completion, BCCA will operate the cancer care services at the centre.

- **BCCA Fraser Valley Chemo Pharmacy Renovation (Budget: \$1.9 million)**

This project will increase the clinical capacity of the chemotherapy treatment suite at the Fraser Valley Cancer Centre and expand the existing pharmacy to accommodate the increased volume of patients.

Emergency Departments

- **Paediatric ICU Expansion (Budget: \$4.4 million)**

To expand and renovate the 25 year-old Paediatric ICU (PICU) at the BC Children's Hospital. This is a critical patient safety and risk mitigation project and will add two new strict PICU isolation rooms, expand the respiratory therapy equipment room and improve the functionality of the surrounding space and clinical areas.

Research and New Technologies

- **Child & Family Research Institute Expansion (Budget: \$42.5 million)**

The new 11,244 square meter research facility, located at the Oak Street Site, will accommodate the growing needs for research and training space. The five storey facility will also provide office space for the BC Children's Hospital Foundation. This project is financed by the BC Children's Hospital Foundation, the Sunny Hill Foundation for Children and external foundations, contracts and granting agencies/organizations.

- **Cyclotron & Radiopharmaceutical Facility (Budget: \$15.3 million)**

The project includes the acquisition of a cyclotron and the construction of a radiopharmaceutical lab to support the clinical PET program and translational research. The project includes the cyclotron, a production/distribution lab for clinical fluorodeoxyglucose (FDG), and a research radiopharmaceutical laboratory for preparing and testing experimental isotopes.

Sustaining Critical Infrastructure

- **Level One North Renovation (Budget: \$9.0 million)**

This project will modernize an entire wing on the main floor of the BC Children's Hospital. It involves significant renovations for clinical programs such as allergy, oncology, occupational therapy, physiotherapy, EEG, social work, audiology and pulmonary function. This project is funded entirely by donations to the BC Children's Hospital Foundation. A playroom specifically funded by the Children's Wish Foundation will also be added.

- **BC Women's Ambulatory Expansion (Budget: \$2.4 million)**

This project will renovate the existing diagnostic and ambulatory clinics of BC Women's Hospital to improve patient and staff flow.

- **Health Records Consolidation (\$1.2 million)**

This project will provide a consolidated space for health records, improving workflow and efficiency of operations.

- **Building Systems Upgrades – BC Cancer Agency and Children’s and Women’s Health Centre (Budget: \$5.7 million)**

Increasing demand and operational changes at these sites including building expansion and the higher power needs of new and future equipment have necessitated building systems upgrades. Building systems upgrades at the Vancouver Cancer Centre include replacement of an electrical generator, air handling units, fire alarm system upgrades, elevator overhaul and HVAC cooling tower replacement. At Children’s and Women’s hospital there will be general public access upgrades as well as the replacement or upgrade of building systems such as the HVAC system in a number of patient care units throughout the site.

Strategic Investments in Information Management and Information Technology

- **Electronic Health Record (Budget: \$5.2 million)**

This allocation was for the implementation of various components of the electronic health record (including the clinical broker, index, repositories, registries and viewers) both within the PHSA, and in support of the development of province-wide Health Authority Electronic Health Record initiatives. This includes the integration manager known as the Clinical Broker, to which all clinical applications will be interfaced. Additional components include a metadata index to all clinical documents, repositories, which are the electronic equivalent of paper storage, viewers, which allow clinical providers access to the electronic information, and a Client Registry to support client identity services.

- **Clinical Information System (Budget: \$5.7 million)**

The plan is to build the base clinical data repository, plan the implementation of the first clinical sites and begin the implementation of a PHSA-wide radiology information system. The funding will be used to begin the CIS implementation at the first clinical site including ADT and scheduling system upgrades. The Operating Room Scheduling Office System (ORSOS) will be upgraded and interfaced with PeopleSoft. An incident reporting system will be implemented to address safety issues, complaints and claims management analysis.

- **Clinical Feeder Systems (Budget: \$1.6 million)**

This project is required to enhance the consolidated lab information system as well as to upgrade some components of the Diagnostic Imaging and PACS systems. In addition, the BDM Pharmacy system will be upgraded.

- **Technical Infrastructure and Business Systems (Budget: \$4.9 million)**

These projects are required for the upgrade, replacement and expansion of infrastructure and various operational systems which ensure our ability to support clinical care. This allocation includes upgrades to the telehealth systems, completion of BC Children's ICU and TCU nurse call, as well as standardization the of staff scheduling and time capture systems with the goal of improving the efficiency.

Summary of Estimated Sources & Applications

The summary of estimated sources and applications of capital funding are included in the table below. Please note that the PHSA capital budget has been prepared on a cash flow basis.

Estimated Sources of Capital Spending

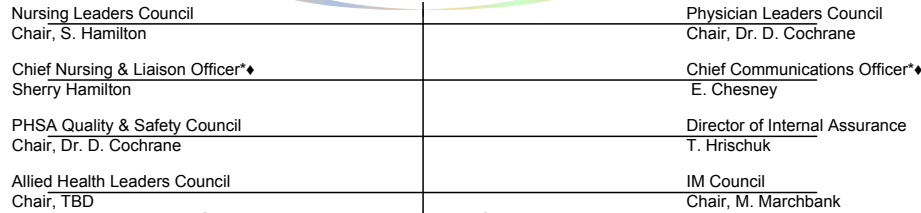
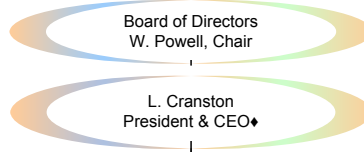
\$ millions	2005/06 Actual	2006/07 Forecast	2007/08 Forecast
Capital Spending			
Provincial Government sources	62.000	39.500	43.700
Funded by Foundations and other non-government sources	41.200	44.000	22.100
Total Capital Spending	103.200	83.500	65.800

Capital Asset Applications

\$ millions	2005/06 Actual	2006/07 Forecast	2007/08 Forecast
Capital Asset Applications			
Facilities	72.900	45.700	33.300
Equipment	12.800	19.900	14.700
IMIT	17.500	17.900	17.800
Total	103.200	83.500	65.800

APPENDIX

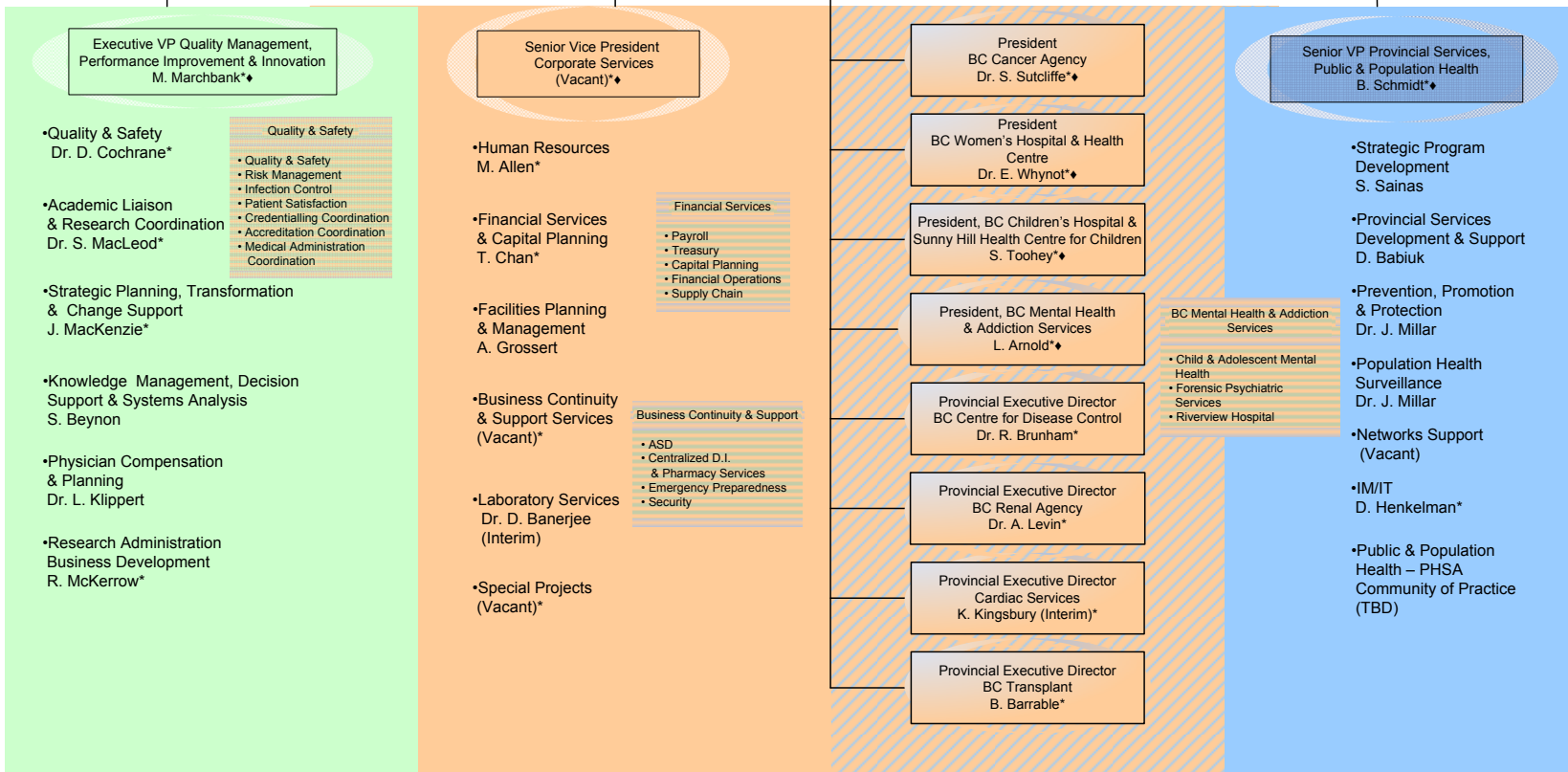
Appendix A
PHSA Organizational Chart



Communications

- Internal Communications
- Issues Management
- Media Relations
- Non-Clinical FOI Coordinator
- Stakeholder Relations

Knowledge & Innovation
Operational Excellence
System Wide Improvement
Prevention, Promotion & Protection



* - Denotes Membership on PHS Executive Leaders Council (Chair, M. Marchbank)

♦ - Denotes Membership on Strategic Planning & Priorities Committee (Chair, L. Cranston)

Appendix B

PHSA Performance Management Overview

Performance Management

The Government Letter of Expectations between the Government of BC and the PHSA is an agreement of the accountabilities, roles and responsibilities of both parties in a given year. The letter articulates the high-level performance expectations and strategic priorities, and forms the basis for the PHSA's service planning and reporting to the Government. The PHSA Board of Directors is also accountable to the Minister of Health through the Health System Performance Framework which serves as the monitoring instrument for the priorities of Government for the health system and other areas in the health system where improvements are needed.

As stewards of taxpayers' dollars we are also accountable to the public for the efficient and effective delivery of services we provide. Public participation and engagement is an essential characteristic of an effective and responsible health care system and key to its sustainability. In this belief PHSA is committed to being accountable to the public through our participation in the Premier's Conversation on Health that was launched in October 2006.

In addition to our accountabilities to the Ministry of Health, PHSA has three internal reporting mechanisms which allow us to track the performance of our organization and our employees over time and make adjustments as opportunities and needs emerge. These reporting structures are aligned with one another and draw a common thread through our strategy, operations and people processes.

Strategic Performance

The PHSA and our agencies have implemented the balanced scorecard framework for reporting on our progress towards achieving our strategic plans. A balanced scorecard is a *"framework that helps organizations translate strategy into operational objectives that drive both behaviour and performance."* Strategy is in essence, a set of interlinked hypotheses. The PHSA developed a universal health care strategy map which demonstrates the cause-and-effect relationships between these generic strategic objectives and explains how intangible assets contribute to tangible outcomes. The PHSA and agency balanced scorecards are comprised of a broad and meaningful set of indicators for the purposes of monitoring the execution of strategy and organizational performance. Our balanced scorecard framework presents a broad perspective on quality and is in alignment with the Canadian Council for Health Services Accreditation quality framework. The implementation of a balanced scorecard is widely recognized as a best practice in public and private sector reporting as it provides timely, accurate and appropriate information to support the role of the Board in guiding and monitoring the effectiveness of the PHSA and its Agencies, while entrusting the day-to-day operations of the business with senior management.

Operational Performance

The Performance & Accountability Framework (PAF) is our quarterly reporting system which monitors execution of action plans. These action plans are drawn from our annual operating (service) plan. The PAF was designed in a hierarchical structure and is based on the values and strategies of the PHSA. At the beginning of each fiscal year, the strategic initiatives committed to in the operating plan are entered into the system. Annual performance measures and targets are established and quarterly work plans are developed for the upcoming fiscal year. This structure encourages an outcomes-focused approach to performance management. A quarterly progress report is presented to PHSA Executive Leader's Council and Board so that deviations from plan are proactively identified and the appropriate intervention can be executed in a timely fashion.

Employee Performance

The PHSA Employee Performance and Development Plan (EPDP) assesses the achievement of individuals against specific performance goals and established expectations. The performance and development program is instrumental in moving the PHSA forward by promoting performance quality and excellence and focusing the efforts of employees on achieving organizational priorities. Key components of the EPDP process are that it promotes fair and constructive communication between managers and employees regarding expectations and provides feedback to employees on their performance and development opportunities. The PHSA values and aims to recognize our employee's contributions to the organization.

The Board of Directors has established its own annual evaluation process which measures the performance of the Board.

Patient Satisfaction

Understanding how the services provide are viewed through the patient’s eyes is an important part of PHSA’s overall quality improvement program. For that reason the PHSA and our agencies/programs monitor our performance through patient satisfaction surveys. As we experience growing pressure to increase the quality of health outcomes, enhance the safety of our patients and become more efficient, we have paid great attention to the patient’s experience, and ways in which patient satisfaction measurement can be further integrated into the overall picture of quality. Below are some examples of how PHSA is engaging in national, provincial and local efforts to measure and respond to feedback from patients and provide better care to the people we serve.

National/Provincial

The PHSA is participating in the BC Patient Experience Measurement Strategy, which was developed by the BC Patient Satisfaction Steering Committee. The Steering Committee’s membership consists of representatives from the Ministry of Health and each health authority. The mandate of the Steering Committee is to develop and implement a coordinated, provincial approach to measuring the patient experience. This approach meets the needs of the Ministry of Health and BC health authorities, is cost-effective, scientifically rigorous, uses a standard methodology and tools across all participating locations, benchmarks nationally, and provides appropriate safeguards for patient consent and confidentiality.

Surveys to date:

2003/2004	2004/2005	2005/2006	2006/07	2007/08
<ul style="list-style-type: none"> ▪ Ambulatory Oncology (P) ▪ Emergency ▪ Pediatrics (P) 	<ul style="list-style-type: none"> ▪ Maternity (P) 	<ul style="list-style-type: none"> ▪ Acute Inpatient ▪ Ambulatory Oncology 	<ul style="list-style-type: none"> ▪ Emergency ▪ Mental Health (planning only) 	<ul style="list-style-type: none"> ▪ Mental Health

Note: Surveys denoted with a (P) are pilot surveys that were conducted to test the validity of the survey in a small group before administering the survey to the wider patient population.

All results are compared across PHSA, provincially, and nationally. The information collected is used to drive quality improvements. For example, the national emergency survey showed that the number one complaint of patients at BC Children’s Hospital emergency department (ED) was long wait times. To address this, the department made several changes to the role of the nurse in their ED. Nurses can now order simple x-rays and give dehydrated patients fluids prior to being seen by the ED physician. The

process for seeing patients who come back to emergency for medications was also streamlined to reduce wait time and total time spent in the ER. In addition, a patient handbook and signage in four languages were created to address patients' expressed need to understand why they were waiting.

PHSA

The PHSA's primary role is to ensure that BC residents have access to a coordinated network of high-quality specialized health care services; therefore, each of the PHSA's agencies and services have unique measures of patient/client satisfaction. The satisfaction measures across the PHSA include research projects, family surveys, comment cards, mailed surveys, telephone and in-person interviews. The agencies and programs that are collecting satisfaction information have indicated that they value the feedback they receive from patients and as able, are acting upon suggestions.

For example:

- The Department of Pediatric Anesthesia at BC Children's Hospital created and tested a web-based questionnaire for parents of day surgery patients to assess the quality of their hospital visit. The group's research poster, "Measuring the quality of day case surgery: comparing telephone and web-based questionnaires" was awarded first place at the 2006 Canadian Association of Pediatric Health Centres (CAPHC) Conference.
- Forensic Psychiatric Services (FPS) and Riverview Hospital (RVH) conducted a patient satisfaction survey in May 2005 using a standardized instrument for mental health. The number of patients who participated in the survey included: 144 patients from RVH, 88 patients from the Forensic Psychiatric Hospital, and 110 patients from the Forensic community clinics. The results of the surveys are used for ongoing quality improvement purposes. A unique aspect of the survey was a specialized assessment tool for obtaining feedback from cognitively impaired patients. In collaboration with the Alberta Mental Health Board, a presentation comparing satisfaction rates across Alberta and BC was developed by BCMHAS for the Mental Health Research Showcase held in Alberta in November 2005; resulting in a "best practices and innovation" award.