

Provincial Health Services Authority

2019/20 – 2021/22 SERVICE PLAN

November 2019



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Board Chair Accountability Statement



The 2019/20 – 2021/22 *PHSA Service Plan* was prepared under the board’s direction in accordance with the *Societies Act*. The plan is consistent with the government’s strategic priorities and fiscal plan. The board is accountable for the content of the plan, including what has been included in the plan and how it has been reported. The board is responsible for the validity and reliability of the information included in the plan.

All significant assumptions, policy decisions, events and identified risks, as of August 28, 2019 have been considered in preparing the plan. The performance measures presented are consistent with the *Budget Transparency and Accountability Act*, PHSA’s mandate and goals and focus on aspects critical to the organization’s performance. The targets in this plan have been determined based on an assessment of PHSA’s operating environment, forecast conditions, risk assessment and past performance.

A handwritten signature in black ink that reads "Tim Manning". The signature is written in a cursive, flowing style.

Tim Manning, OBC, ICD.D
Board Chair
November 28, 2019

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Organizational Overview

As the first organization of its kind in the country, PHSA dates back to December 2001. Historically, our focus has been on providing select specialized and province-wide health care services. However, in recent years, our role in B.C.'s health sector has continued to grow and evolve.

In June 2018, the Ministry of Health provided us with an exciting, new [Foundational Mandate](#) with the intent of helping to enable *One System of Care* for British Columbians. Our Foundational Mandate includes province-wide responsibility for:

- Provincial clinical policy
- Provincial clinical service delivery
- Provincial commercial services
- Provincial digital and information technology

As these new responsibilities shift from concepts, coordination and planning into tangible and real operational changes, we will continue to work collaboratively with the Ministry of Health, the Ministry of Mental Health and Addictions and our regional and First Nations Health Authority (FNHA) partners to meet local and provincial health needs and ensure all employees and stakeholders are supported through these changes. Together, we will be guided by our mutually shared goal of better serving patients with a more integrated and accessible system of care. We will also engage our broad, diverse group of stakeholders to advise us and help us implement these changes in a thoughtfully paced way that ensures continued partnerships, innovation and excellence in patient-centred care.

Supplementing our Foundational Mandate, PHSA's [2019/2020 Mandate Letter](#) from the Minister of Health outlines our specific directions for the fiscal year ahead. Our goals align with the health sector strategic priorities, including the implementation of the provincial Team-Based Primary Care Strategy, team-based care for mental health and addiction patients, the continued response to the ongoing opioid overdose public health emergency, care for seniors and improving timely access and reducing wait times to scheduled surgeries and magnetic resonance imaging (MRIs).

We are working hard to continue to strengthen policy, planning and services and address issues that span all areas of the province, including:

- Developing and applying, as assigned by the Ministry of Health, a clinical policy framework and associated processes
- Providing services that are acceptable to the patient and the population
- Furthering population health, health promotion and prevention
- Providing community specialized services, such as cancer care and end-of-life care
- Commencing integrated planning, service coordination and service consolidation of pathology and laboratory medicine services under an integrated and coordinated operating model
- Providing high-quality paramedic services, hospital and treatment services through BC Children's and Women's Hospitals and mental health and treatment facilities, and public laboratory, diagnostic imaging and pharmacy services across the Lower Mainland of British Columbia
- Strengthening relationships between health authorities and physicians

- Supporting the Ministry of Health in the development of a provincial digital and information management/information technology (IMIT) health strategy
- Planning and assessing consolidation and cost-effective delivery of commercial services
- Ensuring effective operational governance and policies, including regular reporting
- Providing services that are safe – this includes physical, emotional, psychological and cultural safety

Throughout our work, we are guided by our core values:

- Respect people
- Be compassionate
- Dare to innovate
- Cultivate partnerships
- Serve with purpose

We operate under the *Societies Act* and are accountable to the Minister of Health through a board of directors, which is appointed by the Minister of Health. The composition of the board is intended to be geographically representative of the population of British Columbia, with board members living in all regions of the province.

As a public sector organization, we are deeply committed to meeting the needs of the people we serve. The governance policies and practices of PHSA are compliant with the Governance and Disclosure Guidelines for Governing Boards of British Columbia Public Sector Organizations (Best Practice Guidelines) issued by the Crown Agencies and Board Resourcing Office, Ministry of Finance. These guidelines define how the board carries out its duties of stewardship and accountability and are available on [PHSA's website](#).

Our commitment to meeting the needs of our residents and our patients also extends to our own people. With more than 23,000 team members, we are dedicated to maintaining high standards of employment and continuing to foster a culture of respect, teamwork and professionalism.

Our continued gratitude goes out to PHSA's dedicated physicians, nurses, clinical and allied health professionals, administrative and support staff, students, researchers, volunteers and board of directors. Our work would not be possible without the support of these individuals who work tirelessly every day to put patients at the heart of everything we do.

Strategic Direction and Alignment with Government Priorities

The Ministry of Health sets the goals for the health sector in its annual service plan. Based on this direction, the ministry has provided PHSA with the following items for this fiscal year:

- Mandate Letter, outlining major deliverables
- Bilateral Agreement, outlining more specific actions and expectations required
- Funding Letter, outlining the financial resources that will be allocated

Our *PHSA 2019/20 – 2021/22 Service Plan* aligns with these directional documents and provides the perspective from our organization as we identify our collective commitments and performance measures for the next three years. The plan will serve as the blueprint to guide our work and help us to deliver on our commitments. By concentrating our efforts to better coordinate and streamline our

organization's energy and resources into the implementation of focused strategies, we will be better positioned to deliver what we have set out to achieve.

PHSA will enable a continuum of provincial health services that result in:

- Providing services that are centred on the patient we are serving and what is best for that person and their family
- Providing reasonable access focused on need
- Providing appropriate services: best-in-class guidelines and evidence-informed health care
- Providing services that are acceptable to the patient or population
- Providing services that are safe
- Providing services efficiently and effectively

This service plan outlines how PHSA will support the ministry's goals, including the priorities identified in our mandate letters. Over the previous fiscal year, we have made progress on our priorities by continuing to innovate and lead in improving the health and well-being of British Columbians.

PHSA's organizational objectives are aligned with government's key priorities of making life more affordable, improving the services you count on, and good jobs and a sustainable economy.

Strategic Context

PHSA has an exciting future. Our service plan is a culmination of our collective organizational strengths and diversity, which will enable us to make big, exciting and critical changes to the health care system.

We received our new Foundational Mandate from the Ministry of Health in June 2018, broadening our responsibilities to include province-wide clinical policy, clinical services delivery, commercial services and digital and information technology.

In alignment with this, in January 2019, PHSA aligned its executive leadership structure to reflect these four key areas. Our new executive leadership team is focused on bringing together PHSA as a collective, helping to drive integration and coordination across PHSA as well as the health care system. Our attention is turning to ways we can truly think, act and be an integrated, multi-service, provincially focused organization. Transforming and uniting as a collective whole will enable PHSA to rise to the challenge of providing an even higher standard of care to British Columbians. Our role will become not only one of provincial programs and care, but also one of a valued service provider to our partners.

PHSA is working collaboratively with the Ministry of Health and regional and FNHA partners to implement changes in relation to our Foundational Mandate, with the shared goal of better serving patients with a more integrated system of care. Our engagement processes start from a place of appreciating that there are benefits to patients and partners in having a provincial approach to some aspects of health care service delivery, but that local considerations must be factored into all service delivery models and these considerations should inform the depth or extent of provincial service delivery and one system of care.

In early 2019, a series of consultations took place with health care leaders, providers, partners and union leaders to collect, analyze and understand the relevant data and perspectives to inform potential

changes. At the end of March 2019, we delivered a comprehensive report to the Ministry of Health that included the analysis and recommendations about the services under discussion for the potential transition to consolidated, provincial models. The report also included other mandate deliverables and exciting work that has been underway, such as the clinical policy framework which serves as the basis for the development of new or changing clinical policies in B.C. and a high-level strategy for how PHSA, working with the Ministry of Health, health authority partners and other key stakeholders, can begin to establish a purpose-built digital and information technology division for the health sector to provide provincial oversight, coordination and delivery.

As work on these areas progresses, *PHSA's 2019/20 Service Plan* provides for an equitable and inclusive approach towards strategic priority setting and provides key opportunities for constructive stakeholder engagement grounded in evidence and value-driven decisions.

Our work continues to take place amidst a backdrop of growing societal pressures and challenges. As an organization, PHSA continues to face capacity issues, rising costs, recruitment challenges and changing societal expectations. We will rise to these challenges sustainably by embracing digital health solutions that bring care closer to home for our patients, leveraging the power of data and analytics and focusing on the expectations of our residents when it comes to convenience and to better enabling wellness and prevention.

Through all of this work, we will continue to collaborate with our health authority partners, community stakeholders and health care professionals to improve access to evidence-informed practice closer to where people live and to effectively promote health, manage chronic conditions and reduce the burden of illness. From conducting ground-breaking research to training tomorrow's professionals, to setting province-wide standards, to providing top-notch, compassionate patient care, our leaders, health professionals and staff consistently seek system-wide improvements with an emphasis on prevention, health promotion and protection and an exceptional standard of care for those we serve.

As we navigate the new path for both our broadened accountabilities and our continued role as a specialized health care provider within B.C.'s health care system, we will leverage the great work that is already underway and the amazing people and talent that we have within PHSA. By continuing to discover, tap into and leverage these strengths, we will be able to make exciting, ambitious and critical changes to the health care system.

The following performance plan outlines how PHSA will continue to track progress on key mandate letter commitments and other emerging ministry priorities.

Goal 1: Ensure a focus on service delivery areas requiring strategic repositioning

In collaboration with the ministry, PHSA will play a key role in effectively linking provincial clinical policy, provincial health services and digital/ IMIT services to the implementation of team-based primary care strategies and improved care for seniors.

We have identified strategies to ensure effective referral pathways and service linkages for patients between regional health services and provincial specialized services and programs. In primary and community care, this means enabling a comprehensive, coordinated, integrated and team-based approach – one that brings together and coordinates local primary and community care providers, services and programs to make it easier for people to access care, planning and services.

This work also supports the ministry’s commitment to delivering services people count on, particularly when it comes to improving and strengthening health services for senior adults who have complex care needs.

Additionally, we will continue to improve timely access to scheduled surgeries and MRIs, building on successes to date and furthering a surgical and medical imaging program that supports operational and administrative efficiencies. We will focus our efforts to improve patient wait times on making the best use of our resources, ensuring effective information management, working to increase health and wellness to prevent the need for surgeries and enabling more surgeries in areas with long wait times.

Objective 1.1: A primary care model that provides comprehensive, coordinated and integrated team-based care

PHSA is undertaking a number of key strategies to ensure a strong public health care system that provides timely, responsive, culturally safe, sustainable and quality care, meeting the needs of a diverse patient population.

Key Strategies:

- Assess and optimize the community paramedicine program to more communities based on need
- Collaborate with the Rural Coordination Centre of BC to implement prioritized virtual health initiatives
- Collaborate with the health authorities and the ministry to enhance the interoperability of electronic medical records and clinical systems
- Continue to optimize high-quality primary health care to individuals incarcerated in provincial correctional facilities in B.C.
- Provide community health profiles in support of the development of primary care networks

Performance Measure		2018/19 Baseline	2018/19 Actual	2019/20 Target	2020/21 Target	2021/22 Target
1.1	Number of unique community paramedic patients’ visits ¹	14,889	14,889	16,000	17,000	18,000

¹ Data Source: BC Emergency Health Services, PHSA

Linking Performance Measures to Objectives:

This performance measure tracks the patient care activities of community paramedics across the province.

Discussion:

BC Emergency Health Services (BCEHS) is working closely with the Ministry of Health, regional health authorities, FNHA, the Ambulance Paramedics of BC (CUPE 873) and others to successfully launch British Columbia's first Community Paramedicine Initiative. In B.C., community paramedicine is intended primarily for rural and remote communities, including First Nations communities, that are sometimes underserved and have aging populations living with chronic and complex diseases. The

program objectives are to help stabilize paramedic staffing in these communities and bridge health service delivery gaps identified in collaboration with local health care teams. The Community Paramedicine Initiative has demonstrated that patients referred to the program achieve better health outcomes and are less frequent users of emergency health services.

Over the next three years, BCEHS plans to increase the number of community paramedicine patient visits by increasing the range of patients that can be seen through the program and the range of patient referrals that can be managed through strategies such as home health monitoring.

Objective 1.2: Improved health outcomes and reduced hospitalizations for seniors

Appropriately and effectively linking provincial clinical policy, provincial health services and digital/IMIT services to support improved care for seniors is a key strategy for PHSA.

As one of many clinical examples across PHSA, BC Renal’s mandate is to plan and coordinate the care of patients with kidney disease throughout the province. BC Renal is unique in Canada, and in North America, as a model for integrated health care planning, policy and implementation within a regionalized structure. Consensus guidelines for patient care, identification of key elements regarding patient outcomes and the establishment of provincial contracts all contribute to the delivery of seamless care for kidney patients in British Columbia, including seniors.

Key Strategies:

- Develop action plans based on injury surveillance data, including falls prevention
- Enhance community-based services for specialty and sub-specialty care including support for independent dialysis
- Implement clinical pathways regarding 911 calls and the possible avoidance of unnecessary ambulance conveyances to emergency departments
- Provide gastro-intestinal outbreak data from long-term care homes to the regional health authorities to break the chain of transmission

Performance Measure		2016/17 Baseline	2018/19 Actual	2019/20 Target	2020/21 Target	2021/22 Target
1.2	% of dialysis patients on independent dialysis ¹	30.8%	30.5%	32.5%	32.5%	32.5%

¹ Data Source: BC Renal, PHSA

Linking Performance Measures to Objectives:

This measure tracks the percentage of total dialysis patients on independent dialysis; the options include peritoneal dialysis, home-based hemodialysis or self-care hemodialysis.

Discussion:

Seniors are disproportionately affected by end-stage kidney failure. At this time, 62 percent of all dialysis patients are over the age of 65 years. Independent dialysis provides significant health benefits to patients at a lower cost to the health care system; 54 percent of independent dialysis patients are

over 65 years. The independent dialysis prevalence rate is impacted by an increase in transplant rates and the overall reduction in dialysis growth. Results vary across health authorities, in part driven by geography and travel considerations.

BC Renal will continue to explore and address local and provincial barriers to care including a new, simpler home hemodialysis machine and a peritoneal dialysis assist program to reduce preventable attrition to hemodialysis. Of note, B.C. remains well above the national average; the percent of patients in other provinces on independent dialysis varies from 11-27 percent, with a Canadian average of 24 percent.

Objective 1.3: Timely access to appropriate surgical and diagnostic procedures

We will continue to make substantive progress when it comes to improving timely access and reducing wait times to scheduled surgeries, through dedicated resources and by implementing more efficient and better coordinated, patient-centred surgical processes and systems.

Key Strategies:

- Achieve access and surgical wait times across PHSA
- Establish a B.C.-based lower surgical program for trans care patients
- Use analytics to report on and improve the quality of surgical wait times for designated surgical procedures for children across the province

Performance Measure		2017/18 Baseline	2018/19 Forecast	2019/20 Target	2020/21 Target	2021/22 Target
1.3	Surgeries completed ¹	7,339	10,825	10,858	10,880	10,910

¹ Data Source: BC Children’s Hospital, BC Women’s Hospital, BC Cancer – PHSA

Linking Performance Measures to Objectives:

This indicator measures the number of surgeries that were completed in the following areas: dental, orthopedics, urology, gynaecology, general surgery.

Discussion:

Timely completion of surgeries increases patients’ quality of life and leads to improved health outcomes. The 2019/20 surgical volume targets are based on the 2018/19 performance with a two percent increase on dental cases. We will aim to achieve surgical volume targets while meeting wait time performance targets by opening additional operating rooms and continuing work to improve operating room efficiencies. Sites are implementing plans to track surgical volumes, monitor performance on postponements, turnaround times, early finishes, first case start time and waitlists by surgeon.

Through expanded surgical activity, service coordination, process improvements and focused funding, PHSA’s hospitals will continue to reduce wait times for all surgeries. Targets for this performance measure will be adjusted in the future as new surgical areas are identified and targeted for

improvements.

Objective 1.4: Effective provincial clinical policy development, implementation and evaluation

As assigned by the ministry, we have accountability to develop, implement, monitor, evaluate and report on specific areas designated as requiring provincial clinical policies that are consistently applied across the health sector to ensure the same quality of clinical care. This will include engagement and as appropriate, collaboration with BC Patient Safety and Quality Council, BC Academic Health Sciences Network, Women’s Health, Research Institute, the Medical Quality Initiative and the Guidelines and Protocols Advisory Committee, to identify opportunities to harmonize and rationalize respective accountabilities, optimizing value to the health system and full alignment with the PHSA provincial clinical policy mandate.

Key Strategies:

- Advance the stroke recommendations identified in the stroke review, working with provincial partners
- Complete clinical policy reviews using the Provincial Clinical Policy Framework based on the prioritized areas of focus
- Establish a Surgical Benefits Council to focus on researching and setting standards for clinical appropriateness and efficacy for scheduled surgical procedures for patients
- Sustain, stabilize and where appropriate expand access to team-based maternity services
- Improve coordination, monitoring and evaluation of provincial pharmaceutical therapies and services in collaboration with the Ministry

Performance Measure		2017/18 Baseline	2018/19 Forecast	2019/20 Target	2020/21 Target	2021/22 Target
1.4	% of ischemic stroke patients who receive tissue Plasminogen Activator (tPA) ¹	10.3%	11.5%	12.0%	12.5%	13.0%

¹ Data Source: Discharge Abstract Database (DAD)

Linking Performance Measures to Objectives:

This indicator represents the proportion of all patients admitted in B.C. with ischemic stroke that received the recommended therapy of tissue Plasminogen Activator (tPA), which follows best practice.

Discussion:

tPA is a medication given in the first hours after symptoms appear to treat a stroke caused by a blockage or clot (an ischemic stroke) to help reopen blocked arteries. When administered as soon as possible, within 4.5 hours after stroke symptoms start, tPA can reduce the severity of the stroke and reverse some stroke effects. Not everyone who has an ischemic stroke can receive tPA.

This indicator not only measures access to tPA, but also measures the efficiency of processes and treatment times to ensure best possible outcomes after stroke. Rates of tPA administration vary across the province and there are methodological variations across jurisdictions. However, to provide some comparison points, B.C.'s 2017/18 rate of 10.3 percent compares to a rate of 12.2 percent for Ontario in 2017/18, a rate of 13 percent in Australia for 2017 and a rate of approximately 10.2 percent in the United Kingdom for 2016.

Effective delivery of tPA requires coordination of multiple pre-hospital and hospital-based systems, including public awareness, emergency health services, emergency department care, diagnostic imaging and specialized stroke services. A provincial review of stroke care was recently completed to identify strategies to optimize stroke care across B.C. and optimize the administration of tPA to eligible patients. As a result, tPA administration rates to ischemic stroke patients are targeted to reach 13 percent in 2021/22.

Objective 1.5: Coordination and advancement of provincial consolidation of pathology and laboratory medicine, medical imaging and pharmacy services

PHSA leads a patient-centred and integrated laboratory system that is accountable for high-quality, affordable, equitable and accessible services with continued consideration of sustainability. The provincial laboratory medicine service aim to drive quality to improve health outcomes, improve experience for patients and providers, and enhance system capacity and cost-effectiveness in the delivery of laboratory services.

For Medical Imaging, our focus will be on ensuring that patients have timely access to high-quality, appropriate and culturally safe diagnostic services that are provincially coordinated.

For pharmacy services, we will focus on increasing provincial integrated planning and coordination of services developed in collaboration with the ministry.

Key Strategies:

- Develop an integrated plan and improved coordination processes for the distribution and delivery of medical imaging diagnostic services
- Establish Provincial Laboratory Medicine Services incorporating the functions of the former BC's Agency for Pathology and Laboratory Medicine, delegated functions from the Ministry of Health and laboratory operations from across the province
- Implement recommendations regarding provincial genomic and genetic testing and associated services including new governance and delivery structure
- Undertake integrated planning and coordination across health authorities, the Ministry of Health's Pharmaceutical Services Division and PHSA's Life Support Drug program in terms of medicine review, listing, planning and budgeting processes

Performance Measure		2017/18 Baseline	2018/19 Actuals	2019/20 Target	2020/21 Target	2021/22 Target
1.5	Medical imaging (MRI) exams in targeted priority areas completed ¹	9,753	12,812	12,986	13,634	13,634

¹ Data Source: Ministry of Health, Performance Monitoring & Evaluation Branch Health Authority Management Information Systems (HAMIS).

² MRI wait times data is available from BC Women's and BC Children's hospitals beginning from 2018/19 (April 1, 2018), and from BC Cancer from 2019/20 (April 1, 2019).

Linking Performance Measures to Objectives:

This indicator measures the volume of MRI exams completed within established benchmark timeframes by priority level.

Discussion:

Timely completion of medical imaging increases patients' quality of life and leads to improved health outcomes. Moving forward, we have expanded data collection to include MRI volumes wait time data from BC Cancer in addition to volumes wait time data from BC Children's Hospital and BC Women's hospitals. Targets are established through consultations with medical leads, assessment of operational capacity and the supports required, along with a review of the wait times. For 2020/21, PHSA has identified a notional increase of five percent of volumes to work toward a wait time target of no more than five percent of patients waiting longer than the clinical benchmark.

Objective 1.6: High-quality, culturally safe care for Indigenous populations

We will work collaboratively with the FNHA, First Nations communities through regional partnership accords), Métis Nation BC (MNBC), and the BC Association of Aboriginal Friendship Centres (BCAAFC) to support the needs of Indigenous peoples within their regions.

Key Strategies:

- Address anti-Indigenous racism and discrimination in accordance with and the Declaration on the Rights of Indigenous Peoples Act (the Declaration Act); the Calls to Action of the Truth and Reconciliation Commission of Canada report (2015); the Summary and Interim Recommendations of the Brian Sinclair Working Group (Out of Sight - 2017); the Calls for Justice as outlined by the Missing and Murdered Indigenous Women and Girls (MMIWG) Inquiry (Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls - 2019); and the recommendations outlined in the final report of the PHSA Indigenous Health Think Tank on Anti-Indigenous Racism in Vancouver, B.C. (Dismantling Anti-Indigenous Racism within the Health Care System, 2019)
- Promote the development and implementation of health actions congruent with the articles of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), as per legislation in the Declaration Act, and the Calls to Action outlined in the report by the Truth and Reconciliation Commission (TRC) of Canada
- Work collaboratively with MNBC, BCAAFC, FNHA and other Indigenous partners to support shared decision-making on a broad range of matters affecting Indigenous people (including First Nations living on- and off-reserve, Métis and Inuit people)
- Work to improve health outcomes for Indigenous populations through engagement with the Ministry of Health and regional health authorities to improve service planning and the coordination and delivery of health services, including the key collaborative priorities identified in the Letter of Mutual Accountability

Performance Measure		2017/18 Baseline	2018/19 Actuals	2019/20 Target	2020/21 Target	2021/22 Target
1.6	Formalized agreements with each of MNBC, BCAAFC and FNHA signed off by all signatories including PHSAs board of directors ¹	0	0	1	1	1

¹ Data Source: Indigenous Health, PHSAs.

MNBC = Métis Nation BC, BCAAFC = BC Association of Aboriginal Friendship Centres, FNHA = First Nations Health Authority

Linking Performance Measures to Objectives:

This indicator measures the number of formal agreements signed off by all signatories including MNBC, BCAAFC, FNHA and the PHSAs board of directors.

Discussion:

With a commitment to adopt and implement the UNDRIP by the federal government of Canada and the Province of B.C., it becomes imperative that Indigenous peoples be meaningfully involved in decision-making regarding those services and programs that affect them.

On November 28, 2019, B.C. became the first province to enact legislation, to affirm the application of the United Nations Declaration to provincial laws of UNDRIP. The Declaration Act was passed in November 2019. Involvement in decision-making is an expression of Indigenous self-determination and self-governance.

Signing letters of commitment with external Indigenous partners demonstrates PHSAs commitment to Indigenous peoples' inclusion in decision-making and self-governance as per the Declaration Act.

As part of its mandate, the Indigenous Health team at PHSAs works to improve the health and well-being of Indigenous people, close the health gap between Indigenous and non-Indigenous British Columbians and build partnerships with Indigenous communities. The overall purpose of these formal agreements is to increase the input, influence and decision-making of each of these organizations related to health services that impact Indigenous people, their families and communities within B.C.

Achieving legal sign-off for each of these agreements is substantive as it represents a significant shift in the cooperation, collaboration and partnership extended by PHSAs as it works to address Indigenous cultural safety, anti-Indigenous racism, discrimination and stereotyping. Memorandums of Understanding (MOUs) are anticipated to be signed with each of the MNBC and the BCAAFC by 2021/22.

The Indigenous Health team at PHSAs has initiated discussions and will work in collaboration to draft a partnership accord with the FNHA to ensure PHSAs goal alignment, mutual and reciprocal accountability, cultural safety and humility integration. It is anticipated that this partnership accord will be completed and signed before 2021/22.

Goal 2: Support the health and well-being of British Columbians through the delivery of high-quality health services

By continuing to improve and strengthen a range of important health services, our priorities align with the ministry’s emphasis on its commitment to delivering services people count on. We will invest in public health, health promotion and illness and injury prevention services to promote population health and wellness and reduce long-term health system costs.

In conjunction with the Ministry of Health, we will continue to support the Ministry of Mental Health and Addictions in implementing the mental health and addictions strategy as it rolls out in 2019/20. Additionally, we will work in partnership with both ministries to support the continued response to the ongoing opioid overdose public health emergency. As well, through BC Mental Health and Substance Use Services (BCMHSUS), PHSA will support the development of specialized community service programs related to mental health, ensuring smooth transitions for clients to and from sub-specialized provincial services

Objective 2.1: Effective population health, health promotion/prevention and illness and injury prevention services

To further our commitment to effective population health, health promotion/prevention and illness and injury prevention services, PHSA will develop a process to efficiently and effectively enable the identification and development of needed provincial clinical policies to improve the quality of clinical care and outcomes for patients.

Our approach to provincial policy will focus on the delivery of care across the continuum of health services offered in B.C., including public health and health promotion through to emergency response and emergency care, dependent on and aligned with the particular clinical area in which the policy is focused.

Key Strategies:

- Complete review of population health provincial functions and responsibilities and provide recommendations regarding strategic repositioning
- Support the provincial implementation of the Vaccine Status Reporting Regulation including establishing a common immunization registry
- Increase syphilis assessment and treatment including use of a health equity lens
- Support wildfire response through the provision of wildfire health related data and analytics

Performance Measure		2017 Baseline	2018 Actuals	2019 Target	2020 Target	2021 Target
2.1	% of children with complete vaccination by seven seven years of age ¹	68%	70%	75%	75%	77%

¹ Data Source: BC Centre for Disease Control, PHSA; Vancouver Coastal Health; B.C. Ministry of Education

Linking Performance Measures to Objectives:

Vaccinations against diseases are necessary for disease prevention. This indicator measures the proportion of children in B.C. who, by their seventh birthday, are fully up-to-date on their

immunizations against diphtheria, tetanus, pertussis (whooping cough), polio, measles, mumps, rubella, varicella (chickenpox), meningococcal C disease and hepatitis B.

Discussion:

Detailed reports are being produced to look at the effect of the recent Vaccine Status Reporting Regulation on record completion rates. Based on projections of year-over-year increases in vaccination of two percent, along with improved data quality due to the recent regulation, it is anticipated that vaccination completeness rates for seven year-olds in 2019/20 will be 75 percent. Targets for 2020/21 and 2021/22 are notional; the BC Centre for Disease Control (BCCDC) will work with the ministry to finalize targets based on the results of this regulation.

Specific regions are working to improve the quality of data by reconciling registry records with school enrolment data from the Ministry of Education. One example that the BCCDC is supporting an automated reminder/recall system deployed in a regional health authority, which is expected to improve the timeliness of immunizations.

Objective 2.2: Improved health outcomes and reduced hospitalizations for those with mental health and substance use issues

We will work in collaboration with regional health authorities to continue to improve team-based care for patients who utilize mental health and addiction through both primary care and specialized services, ensuring improved access and care coordination across services through interdisciplinary teams to better meet the needs of patients and their families.

Key Strategies:

- Advance access to evidence-based services across the continuum of care for perinatal populations experiencing mental health and /or substance use issues
- Advance and optimize the Compass Program¹ to support community care providers to deliver timely and appropriate mental health care to children and youth
- Complete child and youth mental health Tiers of Service self-assessment for health specific services
- Implement opioid agonist therapy (OAT) initiatives in Correctional Health Services and Forensic Psychiatric Regional Clinics
- Provide oversight for the consolidation of crisis lines
- Provide timely data to support the management of the opioid crisis

Performance Measure		2018/19 Actual	2019/20 Target	2020/21 Target	2021/22 Target
2.2	Number of OAT initiations by Correctional Health Services ¹	Not Available ²	900	950	1000

¹ Data Source: Correctional Health Services - Primary Assessment and Care, PHSA. Note: OAT data for Regional Forensic Psychiatric Clinics is currently not available

¹ The Compass Program is a province-wide service that supports evidenced based care to all B.C. children and youth living with mental health and substance use concerns, by supporting community care providers with information, advice, and resources needed to deliver appropriate and timely care close to home to children and youth.

² Baseline data capture started in FY2019/20

Linking Performance Measures to Objectives:

This indicator measures the number of clients for whom OAT was initiated while under Correctional Health Services’ care at B.C. provincial correctional centres.

Discussion:

OAT uses medication-assisted treatments to treat substance use disorders. Research indicates that the provision of OAT in therapeutic and supported settings significantly mitigates substance use related risk and harm, facilitates addiction management and contributes to recovery from substance use disorders.

Guidelines strongly endorse the use of OAT as the preferred first-line treatment. Correctional Health Services has introduced a number of new policies and procedures to ensure that clients in correctional centres have rapid access to OAT initiation and maintenance when they require it. PHSA is partnering with FNHA to strengthen supportive transitions to First Nations communities.

Since PHSA assumed operational responsibility for health services in B.C. correctional centres on October 1, 2017, a growing number of inmates are on OAT despite a decreasing trend in average census. BCMHSUS has also established a number of community transition teams whose role is to support clients with substance use challenges who are transitioning from the correctional centre environment to the community to minimize the risk of relapse or overdose.

Objective 2.3: Continued improvement of hospital services and health centres

We will enhance the work of BCEHS to ensure we are delivering quality, cost-effective services, working in partnership with the regional health authorities to ensure appropriate supply and distribution of paramedic services. PHSA remains focused on ensuring high-quality hospital and health centre services throughout all of the clinical programs including specialty care services for children; the health of women, newborns and families; cancer care; and care for people with the most complex mental illness and substance use disorders.

Key Strategies:

- Align supply and distribution of regular paramedic positions in B.C. based on emerging provincial expectations
- Establish carbapenemase-producing organism (CPO)² surveillance and provincial action plan

Performance Measure	2017/18 Baseline	2018/19 Actual	2019/20 Target	2020/21 Target	2021/22 Target
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² The goal of this strategy is to outline a comprehensive response strategy targeted at carbapenemase-producing organisms (CPOs), an emerging multidrug resistant organism, to prevent full-scale transmission of CPOs in health care settings across British Columbia. The CPO action plan is aimed at reducing the increase in antimicrobial resistant infections by way of reducing acquisition and transmission of CPOs in B.C. healthcare facilities.

2.3	% of patients with improved mental health status between admit and discharge ¹	72%	78%	≥75%	≥77%	≥79%
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¹Data Source: Burnaby Centre for Mental Health and Addiction, HoNOS Instrument

Linking Performance Measures to Objectives:

This indicator measures the percentage of patients who have shown improvement on the Health of the Nation Outcome Scale (HoNOS), an outcomes measurement scale that provides information on the effectiveness of inpatient treatment in aiding mental health recovery, from admission to discharge.

Discussion:

The Burnaby Centre for Mental Health and Addiction (BCMHA) provides tertiary care for complex, concurrent disorder clients. Available literature indicates that approximately one-third of the clients in this population are expected to show improvement. BCMHA’s mental health outcomes have historically been significantly well above the rates in the literature.

As BCMHA expects the complexity of this population to increase, exceeding PHSA’s performance from 2018/19 may not be feasible and therefore, the target has been set at greater or equal to 75 percent for 2019/20, with a two percent increase for the subsequent years. The targets for 2020/21 and beyond will be re-evaluated as further data on client complexity becomes available. A refreshed model of care and clinical service delivery plan are currently in development. The model of care provides a conceptual framework which will guide program development and delivery in a purposeful and evidence-informed manner. Both will be implemented in the new centre for mental health and addiction that is currently under construction on the Riverview lands in Coquitlam.

Objective 2.4: Enhancement of specialty and sub-specialty services across the continuum of care

PHSA has provincial accountability for a number of specialty and sub-specialty services with a focus on reducing unwarranted variation and improving outcomes by leveraging a system-wide approach and evidence-informed health care. Services follow best-in-class guidelines, recognizing the dimensions of quality.

Key Strategies:

- Advance cancer strategy, in alignment with the Indigenous cancer strategy
- Complete a quality review of Provincial Retinal Disease Treatment Program
- Collaborate with the Ministry on the management of drugs for rare diseases
- Create capacity for outpatient autism assessments
- Develop a response plan to expanded scientific evidence regarding Transcatheter Aortic Valve Implantation (TAVI) effectiveness through system-wide planning
- Develop a Tiers of Service module to inform system planning for provincial trauma services
- Develop and implement patient needs’ assessment tools for nursing across PHSA
- Expand access to positron emission tomography (PET) scanners for cancer services

- Transition to approved and cost-effective immunosuppressant medication while maintaining best practice, patient safety and transplant outcomes

Performance Measure		2017/18 Baseline	2018/19 Actuals	2019/20 Target	2020/21 Target	2021/22 Target
2.4	% of patients treated with radiation therapy within four weeks of “Ready To Treat” status ¹	90%	89%	90%	>90%	>90%

¹ Data Source: B.C. Cancer

Linking Performance Measures to Objectives:

This measure captures the wait time between when a patient is ready to be treated to the date the patient commences radiation therapy treatment.

Discussion:

Ready to treat is defined as the date when the patient is ready to begin treatment from both a social/personal and medical perspective and any planned delays are over (e.g., due to illness, vacations). This indicator is important because delays in radiation therapy may impact cancer outcomes and patient experience. The timeframe of four weeks was set nationally by all health ministers. In B.C., 89 percent of patients requiring radiation treatment in 2018/19 accessed this treatment within four weeks compared to 90 percent in 2017/18. Regional cancer centre leaders closely monitor wait times. Various strategies have been initiated in order to mitigate wait times including extending hours of operations (especially for centres undergoing machine replacement), triaging patients and enhancing additional capacity where possible, and most importantly, undertaking capital planning through 2020/21 to enhance additional long-term capacity.

Goal 3: Deliver an innovative and sustainable public health care system

Our priorities are linked with the ministry’s commitment to ensuring available and sustainable services through the effective use of human resources, digital and information technology, effective budgets, meaningful and productive interjurisdictional partnerships, research and innovation – all of which can enable and improve the delivery of services across the health system.

PHSA is aligned with the Ministry of Health’s *Health Sector Performance Management Framework to Drive Continuous Improvement and Innovation*. Our focus will be on evidence informed, data-driven decision-making, allowing for improved performance monitoring and producing meaningful outcomes for patients and care providers alike. Open and transparent sharing of clinical and business information across the continuum will ensure capital planning is aligned to demands.

We are committed to managing within our budget allocation while continuously improving productivity and maintaining a strong focus on quality service attributes. We will strengthen our budgetary and cost management systems and reporting by ensuring data collection and reporting on service delivery is in compliance with provincial reporting requirements and is accurate, thorough and complete. We will also support provincial efforts to integrate data through a consolidated analytics approach.

Objective 3.1: Effective health sector resources and approaches to funding

As a public entity, PHSA is committed to being good stewards of public dollars. When considering finite resources in conjunction with the overwhelming multitude of opportunities we have to improve our health care system, it is critical that we concentrate our efforts by judiciously managing cost pressures. We are focused on ensuring efficient and effective budget allocation and cost management. In order to meet organizational objectives, we will shift resources that are realized through focused efficiency improvements.

Key Strategies:

- Align functions into core service areas to refine and standardize organizational service delivery models
- Assess opportunities for a common provincial platform for timekeeping and scheduling
- Enhance monitoring and controls on program budgets, including the introduction of new or expanding initiatives/programs with a focus on committed deliverables/targets
- Improve existing contract management process and explore a provincial contract management system with better controls and consistency in managing contracts including key performance indicators (KPIs)

Performance Measure		2017/18 Baseline	2018/19 Actuals	2019/20 Target	2020/21 Target	2021/22 Target
3.1	Financial surplus/deficit – variance from budget at fiscal year-end ¹	Balanced budget	Balanced budget	Balanced budget	Balanced budget	Balanced budget

¹ Data Source: PHSA

Linking Performance Measures to Objectives:

This indicator measures the surplus or deficit of PHSA revenues relative to expenses at fiscal year-end.

Discussion:

A balanced budget is a budget that has no budget deficit but could possibly have a very small budget surplus. PHSA is focused on strengthening accountability and promoting cost control while meeting the public policy objectives established by the Ministry of Health. Fluctuations in budgets, workload volumes, mix of services provided, current costs and management practices all affect PHSA finances. While in-year projections tend to fluctuate between surplus and deficit, PHSA takes steps to ensure a fiscally sound, balanced budget position at the end of each fiscal year.

Objective 3.2: Effective use of technology, data and/or analytics to make better decisions

We are supporting the ministry in the development of the Provincial Digital and IMIT Health Strategy. The health care environment is one that relies heavily on the flow of and access to information. Technology services enable the digital workplace that is required to support the effective provision of health care to British Columbians.

Key Strategies:

- Advance access to virtual health services across the organization
- Complete the Clinical & Systems Transformation (CST) project including deployment to our clinical programs and advancing integration with PharmaNet
- Develop a roadmap to define and coordinate organizational data integrity and governance models and structures
- Establish a provincial approach and action plan for health sector digital and information technology oversight, coordination and delivery
- Harvest technology advances to support day-to-day operations, IT/cyber security and streamline operability across supported health organizations
- Launch a new perinatal data registry system to enhance maternal and newborn care surveillance and planning
- Report out on the full inventory of current and proposed digital IMIT projects across the health system including business and implementation plans, budgets and status
- Work with the Ministry of Health, FNHA, and the regional health authorities to develop a framework for overall provincial governance, roles and responsibilities for the Ministry of Health, PHSA, FNHA and the regional health authorities, balancing the need for provincial planning, standards and investment with the need for innovation and operational agility at the regional health authority and local levels
- Work with the ministry to establish a long term plan and funding process to reduce the technical debt with aging infrastructure across the health sector and define the process moving forward to address needs
- Working with the Ministry of Health and in collaboration with the FNHA and regional health authorities, undertake a process to build a consensus on what are the key outcomes and strategies we need to achieve for our digital/information management information technology services in the next one, three, five, seven years – this strategic review will include Biomedical Engineering and Health Information Management

Performance Measure		2017/18 Baseline	2018/19 Actuals	2019/20 Target	2020/21 Target	2021/22 Target
3.2	Cumulative % of total scheduled CST deployments ¹	0%	0%	12%	69%	100%

¹ Data Source: Information Management/Information Technology Services (IMITS), PHSA. Deployment schedule is subject to modification based on a planned roadmap review scheduled for 2020. Note: Site deployments vary in complexity based on the breadth and scope of implementation (including physician and nursing training, hospital and clinic programs and number of staff); this indicator does not factor in this complexity and considers straight deployment counts instead

Linking Performance Measures to Objectives:

This indicator assesses the progress of the multi-year CST deployment initiative toward completion. It measures the cumulative percent of total deployments scheduled per fiscal year.

Discussion:

The CST project is designed to improve the safety, quality and consistency of patient care across PHSA, Vancouver Coastal Health and Providence Health Care. Benefits for patients include enhanced medication safety, an integrated approach with increased consistency of care, faster access to results and medication therapies and less time spent by patients repeating themselves during consultations or having to undergo duplicate tests.

This transformation will be supported by the implementation of a common clinical information system, CST Cerner, which will replace multiple aging existing systems. CST activations have already commenced at Vancouver Coastal Health and Providence Health Care sites are scheduled for activation in late 2019 and early 2020. As for PHSA, deployment in 2019/20 is planned for the BCMHA. Deployments have been planned for 2020/21 at BC Children’s and BC Women’s hospitals and all six regional cancer centres.

It is important to note that site deployments vary in complexity based on the breadth and scope of data being migrated to CST Cerner; this indicator does not factor in this complexity and considers straight deployment counts instead. The CST project has scheduled a total of 120 deployments which can only fully take place as the system build is completed. Detailed clinical roadmaps, as well as top-down and bottom-up budgets, were developed for the next three years to help ensure plans remain on schedule, to align implementation with strategic goals and obtain a baseline estimate of projected costs.

Objective 3.3: Optimized delivery of commercial services

In 2018, PHSA assumed responsibility for the former BC Clinical and Support Services, which promotes health in the province by coordinating, managing and/or providing non-clinical support services to British Columbia’s health care system. There are opportunities to improve cost effectiveness and enhance service quality by working collaboratively across the system. In the case of facilities management, which is a Lower Mainland consolidated service, PHSA will lead the process of repatriating this service to each of the Lower Mainland health authorities.

Key Strategies:

- Assess, monitor and mitigate potential shortages of clinical supplies
- Automate repetitious processes based on auditing results and continuous quality improvement reviews
- Perform assessments of provincial commercial services and where appropriate propose go-forward improvements of these services
- Plan the way forward to align with the passing of Bill 47, the *Health Sector Statutes Repeal Act*

Performance Measure		2017/18 Baseline	2018/19 Actuals	2019/20 Target	2020/21 Target	2021/22 Target
3.3	% order fulfillment rate by PHSA Supply Chain for clinical orders ¹	96.6%	96.7%	≥95%	≥95%	≥95%

¹ Data Source: Supply Chain, PHSA. Data represents the unadjusted rate based on complete line fill and no substitutions; when clinically approved substitutions are included, the fill rate increases further

Linking Performance Measures to Objectives:

This indicator calculates the number of warehouse order lines shipped by PHSA Supply Chain divided by the number of warehouse order lines requested by all B.C. health authorities.

Discussion:

Supply Chain manages all contracts for B.C. health authorities’ goods, supplies, equipment and services. In 2018/19, nearly eight million order lines were shipped to B.C. health authorities from four regional warehouses. Service level agreements with health authorities state a fill rate target of 95 percent. This target has been regularly exceeded at each of B.C.’s four regional warehouses.

Much work is done behind the scenes to ensure a higher-than-target fill rate. Challenges include global shortages, vendor product shortages and vendor mergers and acquisitions causing temporary inventory instability. To mitigate risk, Supply Chain conducts routine analyses of critical supply inventories and works closely with those vendors with lower-than-average fill rates to manage inventories.

Objective 3.4: Heightened provincial emergency preparedness

PHSA provides expertise, education, tools and support for the FNHA and regional health authorities to effectively mitigate, prepare for, respond to and recover from the impacts of emergency events, helping to ensure the continuity of health services. This is possible through Health Emergency Management British Columbia (HEMBC), a PHSA provincial program that provides emergency management leadership and support to the B.C. health authorities.

Key Strategies:

- Complete a provincial needs assessment of operational and clinical readiness for emergency preparedness
- Develop a provincial plan outlining roles and responsibilities for clinical readiness for emergency preparedness
- Develop and disseminate lessons learned from mock emergency preparedness planning

Performance Measure		2017/18 Baseline	2018/19 Forecast ²	2019/20 Target	2020/21 Target	2021/22 Target
3.4	Number of clinical staff and physician participants in emergency preparedness training and exercises ¹	63,162	73,000	80,000	88,000	97,000

¹ Data Source: HEMBC, PHSA. Data reflects the number of total participants; one staff member or physician may have attended more than one training or exercise. Data includes training for emergency management (in-person training, in-person exercise and online training) and Lower Mainland in-person and on-line training for fire safety. While participants outside the Lower Mainland may have chosen to partake in online fire safety training, this group is beyond the responsibility of HEMBC

² Based on actual Q1 and Q2 volumes and doubled for the fiscal year; Q3 and Q4 data needs to be collated

Linking Performance Measures to Objectives:

This indicator measures the number of participants across British Columbia through in-person and online emergency preparedness training and exercises offered by HEMBC.

Discussion:

In 2017/18, HEMBC provided training to more than 63,000 participants, representing about half of B.C. health staff and physicians. Our 2018/19 estimates exceed 2017/18 volumes by 16 percent despite diverted efforts in wildfire recovery and preparation during this time. The increase is primarily related to participants completing online fire safety training, which was transferred to a new online learning and course delivery platform, thereby increasing access to this training. Moving forward, HEMBC estimates a 10 percent increase in year-over-year training and exercise volumes as it continues to promote and expand training and exercise offerings across B.C. and focuses on increasing physician participation.

Objective 3.5: An engaged, skilled and healthy workforce that provides and supports team-based, patient-centered care

We are committed to ensuring that health human resource management supports effective and efficient service delivery. Our focus is on ensuring that health service teams are accessible, engaged, skilled, efficient, safe and healthy, supported and well-led in delivering health services and working as part of the health system.

Key Strategies:

- Develop a comprehensive workforce planning framework for all key positions across PHSA with a link to a targeted attraction and retention strategy for key roles
- Implement, evaluate and sustain the safety-oriented workforce action plan for all mental health and addictions sites operated by PHSA
- Maintain strong union relations through formal relationship with union leadership and the Health Employers Association of BC (HEABC), working in alignment with other health authority human resource leaders to improve cross-sector outcomes
- Provide broad access to education/training modules focused on development of strong leaders and enhanced staff resilience
- Provide San'yas Indigenous Cultural Safety Training Program to all PHSA staff
- Strengthen diversity strategies including developing a targeted attraction and retention strategy for Indigenous people and refreshing policies to ensure cultural safety. Collaborate with partners to identify gaps and develop strategies to support Indigenous student participation in health sciences and recruit and retain Indigenous employees to health authority career opportunities

Performance Measure		2016 Baseline	2018 Actuals	2019 Target	2020 Target	2021 Target
3.5	Nursing and allied professionals overtime hours as a % of productive hours ¹	2.5%	2.8%	2.8%	2.8%	2.8%

¹ Data Source: Health Sector Compensation Information System and HEABC; this measure is based on calendar year

Linking Performance Measures to Objectives:

This indicator measures the percent of total nursing and allied health professional productive hours that are performed as overtime.

Discussion:

High rates of overtime may reflect inadequate staffing or high levels of absenteeism. By addressing underlying causes of overtime, efficiencies can be gained that help promote both patient and caregiver safety while also reducing unnecessary costs to the health care system.

PHSA's health sector nursing and allied professional overtime rate remained constant at 2.8 percent in 2018 and continued to be the lowest among the health authorities in B.C. Strengthened recruitment strategies are underway in difficult to fill areas. For example, PHSA is hosting nursing open houses, developing in-house education/training programs such as perioperative nursing at BC Children's Hospital, targeting students who are completing placement within PHSA specialty nursing areas, promoting the PHSA employee referral program and mobilizing global digital strategies. Additional strategies include increasing nursing relief staff, increasing specialty training intakes and introducing new models of care which review skill mix to optimize staff roles and support sustainable staffing models. PHSA will strive to meet or be lower than the overtime target rate of 2.8 percent for upcoming fiscal years.

Objective 3.6: Commitment to the central position of science, evidence and education in wellness, care and policy

We will continue to lead research that improves health outcomes and strengthens the sustainability of our health care system. Our progress relies on researchers, staff and trainees, academic partnerships and participation from volunteers across B.C. Our research activities reflect an ongoing partnership between PHSA, our programs and services and our academic partners. We will support initiatives underway to increase the use of research evidence in our operational policy, planning and practice.

Key Strategies:

- Consider a gender-based analysis plus (GBA+) in the development and determination of research projects
- Clarify and deploy PHSA policies, processes and platforms to ensure patients have access to high-quality, efficient and appropriate clinical trials
- Create and deploy a roadmap that defines strategic and standardized processes for quality student education and a well-prepared workforce
- Engage with PHSA's research community and academic partners to identify and trial new approaches aimed at coordinating efforts to enhance health system and clinical policy projects
- Identify compelling shared scientific issues relevant to UBC Faculty of Medicine leadership and PHSA leadership and develop shared action plan
- Improve access to appropriate data for PHSA's research community through enhanced support of provincial and organizational platforms and collaborate with the Academic Health Sciences

Network and its constituent parts (Clinical Trials BC, BC SUPPORT Unit, Research Ethics BC) to create platforms and policies including streamlined privacy and legal tools

Performance Measure		2017/18 Baseline	2018/19 Actuals	2019/20 Target	2020/21 Target	2021/22 Target
3.6	% of selected PHSA data and holdings with processes in place for expedited data access ¹	0%	0%	12.5%	50%	100%

¹ Data Source: Research, PHSA. Data holdings include Cardiac Services BC Registry, BC Perinatal Data Registry, BC Cancer Registry, PROMIS - Renal, PROMIS - Transplant, Surgical Patient Registry, PHSA Enterprise Data Warehouse and Provincial Laboratory Medicine Services

Linking Performance Measures to Objectives:

This indicator measures the percentage of eight key PHSA data holdings with processes in place for expedited data access.

Discussion:

The overarching challenge with data access is to concurrently meet two fundamental goals: to enable timely access to health-related data for analysis and research in the public interest and to respect British Columbians' privacy and maintain confidentiality of their information when it is used for research. B.C. researchers regularly cite barriers to data as a key obstacle in their work, with examples where privacy and legal requirements constrain access to data and completion of research projects.

Expedited data access is a strategic priority of both the Ministry of Health and PHSA. Tools, including an electronic data access request form and streamlined legal and privacy requirements are under development to expedite data access for both internal and external researchers. PHSA is also working closely with the ministry on broader provincial strategies to streamline data access to researchers.

Roll-out of these tools is anticipated to commence in the fall of 2019. As such, the current rate for this indicator is zero. It is anticipated that one data holding of eight will have expedited data access processes in place during 2019/20 (i.e. all updated tools to expedite access to this data holding will be available to researchers during 2019/20), four by the end of 2020/21 and all eight holdings by 2020/22.

Resource Summary

(\$ millions; to the third decimal)	2018/19 Actual	2019/20 Budget	2020/21 Plan	2021/22 Plan
OPERATING SUMMARY				
Provincial Government Sources	3,434.250	3,456.516	3,662.791	3,820.558
Non-Provincial Government Sources	202.936	175.206	186.060	187.234
Total Revenue	3,637.186	3,631.722	3,848.851	4,007.792
Acute Care	2,350.557	2,412.822	2,555.455	2,676.085
Residential Care	6.755	7.066	7.068	7.070
Community Care	186.986	192.307	197.942	204.249
Mental Health & Substance Use	170.641	187.186	199.139	207.414
Population Health and Wellness	223.413	206.672	210.513	216.738
Corporate ³	707.090	625.669	678.734	696.236
Total Expenditures	3,645.442	3,631.722	3,848.851	4,007.792
Surplus (Deficit)	-8.256	-	-	-
CAPITAL SUMMARY				
Funded by Provincial Government	116.885	153.750	103.371	68.214
Funded by Regional Hospital Districts, Third Parties, Foundations, Internal Funds and all other sources	41.610	41.435	5.906	2.000
Total Capital Expenditures	158.495	195.185	109.277	70.214

* Further information on program funding and vote recoveries is available in the [Estimates and Supplement to the Estimates](#).

Major Capital Projects

Approved capital projects that are over \$20 million in total capital cost regardless of funding source.

³ The Corporate sector consists of expenditures under Commercial Services (e.g. revenue services, accounts payable, payroll, supply chain, employee records and benefits, health information management, etc.), as well as expenditures under Digital Information Services & Innovation (IM/ITS) including Clinical Systems Transformation (CST). The Corporate sector also consists of expenditures under Corporate Services including administrative and support activities; examples include executive, planning, organizational strategy, legal and risk management, data analytics, finance, communications, human resources, quality & safety, research administration, scheduling, emergency management, etc.

Major Capital Projects (over \$20 million) (\$ millions; to the third decimal)	Targeted Completion Date (Year)	Costs Incurred to Mar 31, 2019 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
BC Children's & BC Women's Redevelopment	2020	610.210	66.093	676.303
<p>The redevelopment of BC Children's Hospital and BC Women's Hospital will be completed in three phases. The first phase is complete and included expansion of the neonatal intensive care unit (NICU) by three beds, expansion space for the UBC Faculty of Medicine and construction of a new 2,400 square metre Clinical Support Building.</p> <p>The second phase of the project is complete and consisted of the demolition of A-Wing, L-Wing and the Medical Education and Research Unit building, construction of a new 49,880 square metre Teck Acute Care Centre (TACC) and renovations to the BC Women's Urgent Assessment Room in the 1982 building. The TACC is open for patients.</p> <p>The third phase includes a 10-bed expansion of single room maternity care and relocation of the Sunny Hill Health Centre for Children into renovated space in the 1982 building at the Oak Street campus. Government approved the phase three business plan in spring 2016. The project will improve delivery of patient-centered care by creating optimal patient access and patient flow, improving operational efficiency/capacity for inpatient services by consolidation and developing space designed to current pediatric care standards, and providing flexible spaces to support changes in health care models. The capital cost of the project is estimated at \$676.3 million, including a \$144.1 million contribution from the BC Children's Hospital Foundation.</p>				
Centre for Mental Health and Addictions	2021	23.923	76.934	100.857
<p>The new 105-bed facility will be located on the Riverview lands in Coquitlam and will replace the current Burnaby Centre for Mental Health and Addiction. The new facility will be a more therapeutic space for those living with complex mental-health challenges and substance use issues. The capital cost of the project is estimated at \$100.857 million with funding provided by the province.</p>				

Significant IT Projects

A significant IT project is one where the capital investment on a single project exceeds \$20 million in total or \$10 million in one fiscal year.

IMIT Project (exceeds \$20 million in total or \$10 million in one fiscal year) (\$ millions; to the third decimal)	Targeted Completion Date (Year)	Costs Incurred to Mar 31, 2019 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
Clinical and Systems Transformation	2022	90.077	3.932	94.009
<p>The primary purpose of the Clinical and Systems Transformation (CST) project is to establish a common standardized, integrated, end-to-end clinical information system and environment for Provincial Health Services Authority, Vancouver Coastal Health and Providence Health Care. The vision of the project is to create a single health record for the patient.</p> <p>The goal of this initiative is to deliver streamlined care, with clinical design teams creating standardized, evidence-informed clinical practices. An integrated clinical information system will allow user access to more complete health records as well as access to clinical decision support tools to increase safety, effectiveness and efficiency.</p> <p>Automated medicine dispensing cabinets at health care facilities have been installed, automating the packaging and distribution of prescription medicine in dose format to facilitate the “closed loop medication management” process, a foundational component of CST implementation. On April 28, 2018, Lions Gate Hospital and Squamish General Hospital were the first acute care sites to start using the new system. The next major groups of sites to follow will be Providence Health Care sites, Burnaby Centre for Mental Health and Addiction, BC Cancer, BC Children’s and Women’s Hospitals and Vancouver General Hospital.</p>				