

Provincial Health Services Authority

Three Year Service Plan

2005/06 to 2007/08

June 2005
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SECTION 1

Executive Summary

The PHSA Three Year Operating Plan is comprised of three primary components: the PHSA Service Plan, the PHSA Budget Management Plan, and the PHSA Capital Plan. These components are preceded by an overview that expands on past accomplishments, strategic priorities, important planning assumptions and a summary of the operating budget.

The strategic plans for PHSA and its agencies, developed in 2003/04, provide important context and direction for the 2005/06 Operating Plan. Together, they demonstrate an aligned and interdependent strategy that is helping PHSA deliver on its vision "Province-wide solutions. Better health." The PHSA strategic plan provides important direction that guides the prioritization of allocation decisions. The service plans of the PHSA agencies are presented according to their strategic priorities, which are aligned with the PHSA strategic plan and the Ministry of Health strategic goals. The 2005/06 Operating Plan articulates how PHSA and its agencies are moving forward in implementing their strategic initiatives and in allocating resources to support those priorities. In an environment of significant change, protecting and investing in strategic priorities requires an ongoing focus on cost containment.

During the 2004/05 fiscal year, PHSA made significant progress towards the goals of the Strategic Plan. The majority of the consolidation activities across PHSA have been completed and we are fully entrenched in the redesign process. Already we are seeing some of the anticipated innovations in health service delivery that will evolve after redesign. As the accomplishments from 2004/05 are many, they are summarized below under PHSA 2004/05 In Review and detailed by agency/program in Section II.

The PHSA 2005/06 Operating Plan projects a balanced operating budget for 2005/06, based on a number of key planning assumptions. Progress has been made on negotiations with the MoHS for Life Support which was the most significant cost pressure in 2004/05. In 2005/06 the MoHS is providing \$36.4M in new funding for Life Support which meets the total needs for the year, with additional new funding also coming in 2006/07. The PHSA and the Ministry are currently engaged in a project to develop a more comprehensive forecasting methodology for life support services for future years. For 2005/06 there is also a base increase of \$18 million to the global allocation and \$1.82 million in other one-time funding.

For 2005/06, the plan identifies service cost pressures of \$67.3 million in 2005/06. Cost pressures include those related to life support, vaccines, inflation, increased volumes resulting from the Abbotsford Cancer Centre delay, purchase of the PET Scanner, preparation for the West Nile Virus, health service contracts, the Pediatric Practice Plan, patient specific high cost drugs, and program service pressures.

The plan identifies a combination of funding increases and change management strategies totaling \$75.3 million in 2005/06. As noted above, base funding increases include \$36.4 million to support life support as well as public health grant funding of \$3.2 million, \$1.8 million for Screening Mammography, and \$11.5 million for other initiatives. There is a multi-year one time funding increase of \$1.5 million for Patient Safety. One time increases of \$1.8 million include Federal Health Accord funding of \$1.48 million. In addition to the incremental funding there are also change initiative savings of \$19.1 million to be achieved in the agencies and corporate services. The MoHS has identified additional new funding for specific programs and PHSA awaits formal communications on these allotments prior to restating Operating Budget assumptions.

The PHSA 2005/06 Operating Plan includes capital funding for 2005/06 totaling \$29.3 million, a decrease of \$18 million compared to the 2004/05 year. During the 2004/05 year there were a number of one-time extraordinary capital funding allocations which increased the 2004/05 capital funding level. Over the next five years the PHSA is projecting relatively stable capital funding from the MoHS and the foundations, even though the total funding level will be lower. The confirmed federal capital funding is to the 2007/08 fiscal year only. The reduction in capital funding in 2005/06 has been partially offset by a \$5.7 million cash donation received by the BC Children's Foundation. The capital funding is projected to drop to approximately \$21 million in 2006/07 and 2007/08.

Layout of this Document

This document includes all of the requirements of the service and budget management plans for the PHSA which, together, comprise the PHSA Operating Plan.

Section 1 includes an overview of the achievements in FY 04/05 as well as highlights of the focus areas for the next year. It identifies specific areas requested by the Ministry in the instructions for compiling the Service Plan document.

Section 2 includes a summary, by each agency/program of the PHSA, of achievements and challenges in 2004/05 and identification of the key strategic initiatives for 2005/06. This section also identifies any efforts relating to cost containment measures.

Section 3 is the Executive summary of the 3 year capital plan.

Section 4 is the Budget Management Plan including all detailed schedules.

PHSA 2004/05 In Review

2004/05 was a year of significant progress in both the consolidation of services and the redesign efforts within the PHSA and with our partner health authorities. The completion of the Strategic Plan for PHSA in 2003/04 transformed into significant planning and implementation efforts to meet the goals and objectives set out for the organization. PHSA is proud of the progress that has been made and recognizes the energy and commitment of our staff, physicians, the Ministry of Health and other Health Authorities in contributing to these achievements.

The year has seen significant challenges to achieving our goals. Increased volume pressures in many areas have delayed some projects in order that we continue to meet our first priority: service delivery. The sheer volume of change underway creates challenges for individuals to meet deadlines, which also results in the necessity of extending some project timelines. Our response is to work efficiently and methodically in facing each issue and to support our staff and physicians as they continue to create improved methods of delivering patient care in our agencies.

PHSA submitted a balanced budget for 2004/05 based on a number of key planning assumptions and is projecting to close the year in a balanced position. PHSA is also projecting that it will exceed the MoHS target for a reduction of 7% in Administration and Support Costs.

Several significant initiatives were undertaken during the 2004/05 fiscal year, including:

Quality and Safe Care Initiatives: A primary focus for PHSA at all times is the safety of our patients and staff and the quality of care delivered in our agencies. This past year we undertook a number of initiatives to highlight and proactively implement new processes and technologies designed to enhance our quality and safety. Selected accomplishments from 2004/05 include:

- Health Outcomes Monitoring and Evaluation (HOMES): implementation of this tool to support the evaluations of complex ambulatory and outreach programs,
- West Nile Virus and Avian Influenza preparations,
- Three-year Institutional Accreditations for C&W and BCCDC,
- Healthy Workplace Initiative planning,
- Establishment of Quality Improvement Collaboratives, and
- Development of quality indicators for BCPRA and Cardiac Services.

New Programs and Capacity Increases: PHSA has worked extensively to introduce new and innovative programs and technologies and to create additional capacity in existing programs. Some of the innovative new programs from 2004/05 include:

- Introduction of a Centre of Excellence for Functional Cancer Imaging including the procurement of a PET scanner,
- Creation of a plan for a centralized Tissue Bank, and
- Creation of a Centre for Excellence in Living Organ Donation.

Examples of areas where capacities were increased include:

- Developed increased capacities for access to Radiation Therapy,
- Achieved an 8% increase in patient volumes in the Communities Oncology Network without increased funding requirements by changing protocols to require fewer visits without compromising patient care,
- Offset population growth demand for cervical screening through decreased unnecessary repeats,
- Grew home hemodialysis by 60 patients,
- Achieved increases to drinking water testing,
- Achieved increases in vaccine programs, and
- Achieved the Screening Mammography Program target of 232,000 screens.

Technology Implementation: Implementing technological innovations is critical to achieving goals set out in our strategic plan. In 2004/05 PHSA achieved Picture Archival Communication System (PACS) implementation at BC Children's Hospital, Electronic Health Record Implementation at C&W, supply chain management implementation of PeopleSoft and several upgrades to major information systems, including transfusion medicine and radiation therapy. A provincial storage grid for images was implemented enabling images for pediatric emergencies to be moved from all hospitals in the province, including Children's and providing the infrastructure for the movement of all diagnostic images in the province. A videoconferencing bridge for the province was also introduced enabling real time videoconference access throughout the province.

Research and Education: Enhancing research and education activities are central parts of PHSA's mandate. This year's achievements included:

- The opening of the BC Cancer Research Centre. The \$88 million building was completed on time and within budget. It was constructed with funding contributions from CFI (federal), KDF (provincial) and BC Cancer Foundation (corporate and private donations),
- Creation of Women's Health Research Institute,
- Completion of a study on Intensity Modulated Radiation Therapy,
- Creation of the Translation Informatics, Health Outcomes and Evaluation Unit,
- Completion of a proposal to create a BC Transplant Research Institute,
- Continuation of SARS research, and
- PHSA participation in discussions for a school for Public Health in BC.

Staff and Physician Recruitment and Retention: Our programs and services cannot exist without the highly skilled individuals who deliver them. A critical component to the PHSA strategic plan is the recruitment and retention of staff and physicians. Successes this year include substantial completion of all physician manpower plans and the recruitment of all but one physicist position at the BC Cancer Agency. The Pediatric Practice Plan was completed and now begins implementation.

Consolidations and Redesign: The PHSA has focused considerable energy on the consolidation of services and redesign of processes and programs to improve the efficiency of systems while maintaining and improving patient care delivery. Achievements during the 2004/05 fiscal year include:

- The adoption of best practices for staffing models across our agencies to improve efficiency and effectiveness in areas such as nursing, treatment services and other areas,
- Administrative efficiencies at all agencies,
- Equipment and support cost reductions at the BC Cancer Agency, and
- Creation of consolidated approaches to an agency-wide Lab Enterprise and a Diagnostic Imaging services.

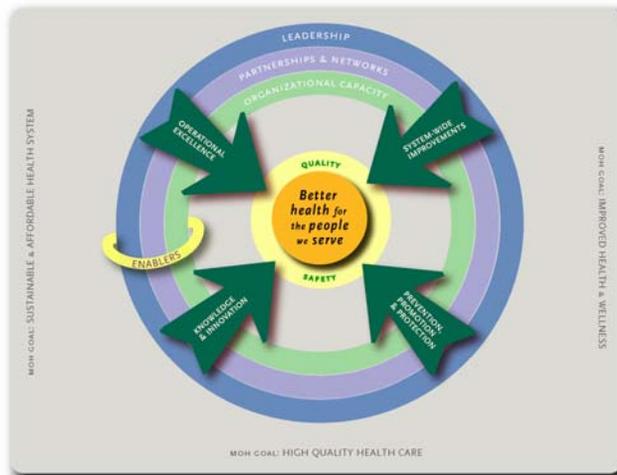
Network Developments and Partnerships: PHSA, by the very nature of its programming, requires extensive connections and working relationships with other groups and service providers. These partnerships ensure the highest quality and coordinated care for patients and families in BC. Key achievements in 2004/05 include:

- Project charter work in both surgical and emergency services,
- Progress made in establishing the Provincial Child Health Network, Western Provinces Children's Heart Network and the Provincial Autism Network,
- Business plan development for the Provincial Medical Genetics Program,
- Creation of a plan for Provincial Specialized Perinatal Program,
- Development of the Provincial Women's Health Strategy and the Maternity Care Enhancement Project,
- Initial-stage planning on an Aboriginal Women's Health approach,
- Service plan development for women and children with HIV,
- Initial implementation for a Dental/Oral Oncology Network,

- Creation of the Leadership Council for Canadian Strategy for Cancer Control and planning for the first international Cancer Control Congress (scheduled to be held in Vancouver in October 2005),
- Piloting of new processes for vascular access for renal care,
- Identification of appropriate levels and management tools for cardiac wait times, and
- Implementation of the neuropsychiatry, Specialized Provincial Mental Health Networks and BC Population Health Networks.

Alignment with System Goals

PHSA continues to focus its efforts on the objectives outlined in the PHSA Strategic Plan: Leveraging Strengths... Transforming Health Care. 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 the enabling strategies that were identified during our planning process. It reinforces that our overall goal of *better health for the people we serve* is central to everything we do.



The alignment with overall health system goals is therefore part of every strategic effort made at PHSA. In Section II of this document, we link all of our efforts to the strategic directions, enabling strategies and desired future state from the PHSA Strategic Plan. Appendix A: Code for Identification of all Initiatives provides the interpretation of the notations throughout the document.

Progressing Towards Our Goals

In 2004/05 we started the process of implementing our strategic plan. Significant progress has been made towards achieving our key objectives. Having completed much of the organizational consolidation work, we are firmly rooted in the redesign of clinical, support and corporate services.

Our focus in 2005/06 and the following two years will be to complete redesign efforts throughout the organization. Redesign involves a number of efforts:

- Consolidation and rationalization of services to deliver our mandate with an optimal number of staff and other resources,
- Workflow redesign to ensure that every action and every resource application is of value and used in the most appropriate way, at the most appropriate time, in the most appropriate setting, and

- Technology and automation to take those parts of our current workload and automate that which can be automated.

The redesign efforts will begin to show us new and innovative ways to deliver services while protecting and enhancing direct patient care. While PHSA will capitalize on new and innovative ideas as they come forward through the redesign efforts, it is felt that the most fundamental shifts will take place once this redesign phase is complete. Once fully implemented, redesigned processes encourage and enable both administrators and clinicians to review mandates, processes and capabilities from new perspectives. We believe this new perspective will support true innovation in future health care delivery including the transformation of health services delivery from an illness-focused system to a well-care philosophy.

PHSA Service Plan and Ministry Requirements

This section of the document addresses the various reporting requirements outlined in the directions for completion of the Service Plan document. Detailed plans for both capital and IMIT will be submitted separately as requested by the MoHS.

Provincial Surgical Registry and Emergency Services Projects: Key indicators of success, as identified by the Leadership Council, are the increased capacity and timeliness of care in emergency room and elective surgical services. These continue to be significant areas of focus for the PHSA as it facilitates provincial collaborative health care system efforts throughout the province to provide excellent, timely and safe care for all residents. Detailed information on each initiative is included in Section II.

Core Public Health Functions: The role of the MoHS has evolved to exercise stewardship for public health services by providing effective direction, meaningful support, targeted monitoring, rigorous evaluation and strategic intervention where appropriate. As part of a larger effort to renew public health in British Columbia, the MoHS, with input from a professional advisory group which included representation from the six health authorities, public health professional organizations and the academic community, has developed a Core Public Health Functions Framework. Core functions primarily target both those diseases and injuries that have the largest effect on the population, such as cardiovascular disease, cancer, and diabetes, and those diseases with the potential to have a major health impact, such as water or food-borne illness, new diseases such as West Nile Virus, or re-emerging disease such as Tuberculosis. The PHSA, through several of its agencies and provincial programs, is actively involved in many of these core functions. For example, in 2004/05 the MoHS provided a total of \$700K in new base funding which allowed for enhancements in Emergency Management, HIV/AIDS Follow-up and Meat Inspection. In 2005/06 an additional \$750K in base funding is being added to further support the aforementioned areas as well as West Nile Virus Control. In 2004/05 the MoHS also provided \$4.7 million in base funding for child and adolescent vaccine programs, with an increase of \$240K to come in 2005/06.

The PHSA's involvement is discussed further below:

Act Now! BC:

In 2004/05 the PHSA received one time funding of \$142.5K for three Act Now! BC initiatives. These included \$12.5K for a Community Food Action Initiative, for which another \$12.5K in one time funding has been approved for 2005/06. In collaboration with the BC Public Health Alliance on Food Security, the MoHS, and other key partners, the PHSA will support the development of a proposal which includes goals, objectives, scope and criteria for community grants for food action and related projects, a 3-year budget plan, and a workplan outlining how the implementation and evaluation will be managed and reported.

Emergency Management:

A PHSA-wide steering committee and a regional support position have been created to: ensure the PHSA is prepared for a potential disaster and to collaborate with the other health authorities to ensure the PHSA emergency management plan is integrated across the Province. Needs assessments have been conducted and exercises have been used to test existing plans. Emergency management tools and equipment have been acquired, ensuring that staffs have the tools required to stay in communication and track resources during potential emergencies. In addition, disaster supplies have been acquired for the Province and will be distributed in the event of a disaster by the PHSA Emergency Management and Response Team.

Over the next year, Emergency Management Plans will be reviewed and integrated for all PHSA Agencies. Emergency management education will be provided for all staff and facilities. The Emergency Management and Response Department will work with the Ministry of Health and other health authorities to ensure systems are integrated provincially and areas are prepared for all probable contingencies in the event of a disaster.

Hearing, Vision and Dental Screening:

The BC Early Hearing Program is a province-wide initiative to improve the future of deaf and hard-of-hearing children and their families. In July 2004, the PHSA presented a proposal to the MoHS to screen the hearing of all newborns in the province, detect hearing loss, and initiate intervention and support services in infancy. The business plan was prepared by the Early Hearing Detection and Intervention BC Steering Committee, with the support of the PHSA. The PHSA will provide overall program administration and direction, while the other health authorities will administer local screening, detection, and intervention programs. The PHSA will be responsible for setting standards, and monitoring and evaluating outcomes. For cost effectiveness, equipment will be purchased in bulk through the PHSA. In 2004/05, the MoHS provided start-up funding of \$198,000 and now has announced funding of \$19 million for the next three years.

Public Health and Immunization Trust Fund:

Childhood and Adolescent Vaccine Programs: In 2004/05 funding was provided to the PHSA to manage three child and adolescent vaccine programs (Varicella, Influenza and Meningococcal).

Various new childhood and adolescent vaccine programs have been introduced such as the implementation of a varicella program that encompasses infants, preschool, grade six and targeted high risk individuals; a meningococcal program for two years for grade nine youth and an influenza program for children six to twenty-three months of age and their household contacts. The implementation of the plan will continue in 2005/06.

Influenza Immunization Rates for Health Care Workers: PHSA continues to focus on improving the immunization rates for health care workers. The target is 60 per cent of all health care workers. In 2004/05, we achieved 45.5 per cent participation, with a target of 55 per cent in 2005/06 and goals of continued improvements of one per cent for each of the following two years.

Youth Addictions and Detox: The PHSA Mental Health Services would welcome the opportunity to work together with the MoHS and the community sectors of the other health authorities in discussion with respect to Youth Addictions and Detox public health functions. Some of the mental health patients treated at Children's Hospital also have addictions. The BCMHS already funds Dr. S. Kang, the only pediatric addictions psychiatrist in the province as well as manages some grants related to this population.

End-of-Life Care: While much of the end of life care is the responsibility of Regional Health Authorities, PHSA does have some patients and families with support needs. For Pediatrics, Griefworks BC is a partnership between C&W and Canuck Place. PHSA also provides bereavement support and externally does workshops and provides resources/information for communities across BC. Social workers, advanced practice nurses and specially trained nursing staff within PHSA provide direct support for families dealing with dying and loss. Programs are well established with continuous training and evidence based practice changes.

Primary Care Renewal - Maternity Care Enhancements: On April 7, 2005 the MoHS announced that it is investing \$3.1M in maternity care supports to improve access to health care for women outside the province's main urban areas. This directly responds to priorities identified in the Provincial Women's Health Strategy. While \$2.0M will go to the other five health authorities, the PHSA will be responsible for \$1.1 million in deliverables. PHSA will continue to develop a plan in conjunction with BCRCP and the other health authorities. The plan will be released in mid fiscal year.

Accountability - Assessment of Governance: The PHSA Board is committed to continuous assessment and evaluation of the processes and functioning of its members as representatives of the population of BC and has engaged in a regular process of self-evaluation. In 2004/05, the Board asked an external expert to provide insight into the self-assessment process. In 2005/06, the Board will further its efforts by planning for a periodic independent assessment of its processes and effectiveness with implementation envisioned during 2006/07.

Accountability - Linkage of Management Systems to Performance Agreements: The Performance Accountability Framework used by the Executive Team to identify, agree on, and report periodically on all key initiatives was implemented more than two years ago. This framework is linked directly to the PHSA Service Plan and provides the descriptions, targets, baselines and implementation plans for each initiative. PHSA continues to improve the framework tool and associated processes to ensure appropriate levels of accountability. The Key Initiatives outlined in this year's Service Plan reflect an effort to describe only the Strategic Initiatives impacting our overall health care redesign efforts.

Quality Practices: As quality and patient safety are at the top of our agenda at all times, there is significant work taking place in this area. All programs focus on continuous quality improvement and PHSA is working on a number of redesign projects. Patient satisfaction, incident reporting tools, quality indicator development and an overall PHSA Safety program are all underway and are outlined in Section II.

Healthy Human Resources: PHSA has made significant progress in the implementation of consolidated HR services. Integral to the work planned is the implementation of the Wellness in the Workplace program that addresses factors known to help workplace health and employee satisfaction. Implementation of this program will take place in 2005/06.

2005/06 Planning Assumptions and Cost Pressures

The 2005/06 Operating Plan has been developed as the framework for implementing the strategic plans of PHSA and its agencies, while maintaining the focus on cost containment that is required in order to allocate resources to strategic priorities. There are many demand pressures facing health services within British Columbia as well as inflationary escalations. Only those that are unavoidable and have potentially serious consequences have been factored into this plan.

The PHSA will continue to move forward with the strategic directions identified in the PHSA Strategic Plan in March 2004. The PHSA will prioritize program development, expansion and enhancement requirements, as well as disinvestment and prioritization/reallocation.

The table below presents a summary of the cost escalations, cost pressures, revenue and Ministry of Health Services operating grant assumptions.

Service Plan Section 1:			
\$ Millions	<u>2005/06</u>	<u>2006/07</u>	<u>2007/08</u>
Opening Budgeted Operating Surplus (Deficit)	(8.00)	0.00	0.00
Inflationary Costs	(8.94)	(9.70)	(10.20)
Demand Pressures			
Pressures with Targeted Funding:			
Life Support	(36.37)	(22.44)	0.00
Other Targeted Cost Pressures	(5.77)	(4.00)	0.00
Pressures funded by Global/Change Initiatives			
West Nile Virus	(0.90)	0.00	0.00
PET Scan	(1.80)	(0.50)	(0.30)
Delay in Abbotsford Start	(1.20)	(2.60)	(1.60)
Paediatric Practice Plan	(1.25)	0.00	0.00
Increased WH Volumes	(0.60)	0.00	0.00
Health Service Contracts	(0.89)	0.00	0.00
Aldurezyme Drug Costs - C&W	(0.50)	0.00	0.00
Other	(9.10)	(0.55)	(0.04)
Total Cost Pressures	(67.32)	(39.79)	(12.14)
Grant and Change Initiatives			
MOHS Grant	14.82	12.49	5.77
MOHS Grant - Life Support	36.37	22.44	0.00
Public Health Initiatives	3.21	0.24	0.00
Nursing Strategies	0.32	0.00	0.00
Federal Health Accord	1.48	(1.48)	0.00
Change Initiatives	19.12	6.10	6.37
Total Grant and Change Initiatives	75.32	39.79	12.14
Closing Budgeted Operating (Surplus) Deficit	0.00	0.00	0.00

Significant inflationary assumptions are:

Except as noted below and consistent with MoHS direction, all collective agreements are assumed to give rise to 0% increase in base rates or benefits over the 3 year term of the plan. Union grid progression will be \$1.5 million.

As per MoHS directions Facility Subsector Pay Equity costs have been included in 2005/06 through 2008/09.

Other labor rate changes are in accordance with collective agreements (i.e. step increments).

Physician compensation rates are assumed to be stable for the duration of the 3-year plan.

Excluded and physician grid progression is assumed to increase by \$1.6 million in 2005/06 in accordance with progression on the approved performance management plan framework.

Labour benefit costs, per the MoHS planning assumptions, are anticipated to increase overall in each of the three years and reflect growing costs in Long Term Disability, Municipal Superannuation (Health Sector - 5% in 05/06) and the Public Service Pension Plan (Government Sector – 5% in 06/07, 5% for 07/08) offset by decreases in WCB (20% in 05/06, additional 5% in 06/07). Adjustments have not been made to CPP and Employment Insurance but there may be a need to realign between the two benefit costs later.

Non-labour expenditures are assumed to increase by 2% in each of the 3 years unless specifically addressed below.

The inflationary impact of all of these assumptions is \$8.9 million in 2005/06, \$9.7 million in 2006/07, and \$10.20 in 2007/08.

Revenue Assumptions

The MoHS requires that the health authorities' Service Plans/BMPs match the preliminary funding letters received on March 8, 2005. In the case of the PHSA the MoHS has agreed that there are two exceptions: the funding for Screening Mammography (\$1.752 million) and a portion of the Life Support funding that was not identified in the letter (\$10.0 million). Therefore the funding increases for each year are as follows: \$56.2 in 05/06, \$71.56 in 06/07, and \$66.11 in 07/08.

One-time Federal Health Accord funding provided in 2005/06 does not continue in 2006/07. Fiscal year 2005/06 is the last year that Federal accord funding (global allocation of \$1.4 million) is available.

PHSA 2005/06 Operating Plan Summary

The proforma income statement that presents the budgets for the next three fiscal years reports expenditures increasing to \$1.060 billion by fiscal 2007/08. The MoHS recognizes the need to fund critical Life Support costs and has responded by providing additional funds in 2005/06 and 2006/07. The year over year increases that are presented below mainly reflect increases in funding for Life Support. Note: The financial information is presented on a legal entity basis throughout the service plan as opposed to the FY 2004/05 to FY 2006/07 plan where some information was presented on a legal entity basis and other was presented on a functional service stream basis.

\$ Millions	<u>2005/06</u>	<u>2006/07</u>	<u>2007/08</u>
	Budget	Budget	Budget
Revenues			
Operating Grant	(929.1)	(962.5)	(968.3)
Other Revenues	(245.6)	(245.8)	(243.6)
	(1174.7)	(1208.3)	(1211.9)
Expenses			
Compensation	557.5	565.3	561.3
Supplies/Drugs	257.3	275.7	272.3
Other Costs	359.9	367.3	378.3
	1174.7	1208.3	1211.9
Surplus/(Deficit)	0	0	0

SERVICE DRIVERS

PHSA –wide indicators present the core service activities of the agencies.

Year-to-Date	2002/03 Actual	2003/04 Actual	2004/05 Actual	2005/06 Plan	2006/07 Plan	2007/08 Plan
Inpatient Admissions (000's) *	24.2	25.0	25.0	24.9	24.6	24.5
Inpatient Days (000's) *	411.7	369.6	342.4	315.9	203.7	177.1
Surgical Cases (000's) *	13.0	12.7	12.7	13.1	13.6	13.4
Obstetrical Deliveries (000's) *	6.9	7.2	7.1	7.2	7.2	7.2
Ambulatory Visits (000's) *	158.9	163.2	157.4	161.3	163.7	165.5
Emergency Visits (000's) *	34.8	36.1	37.8	37.6	37.6	37.6
Pap Smears Interpreted (000's)	647.0	634.1	601.7	615.0	627.0	640.0
Screening Mammography (000's)	233.0	222.6	234.7	257.0	282.0	302.0
BCCA Chemo Visits (000's) *	80.3	84.0	89.1	93.7	100.3	107.3
BCCA Rad Visits (000's) *	161.7	165.3	161.3	167.9	171.3	174.7
BCPRA Renal Runs/Visits (000's)	250.9	275.4	292.5	317.5	340.1	363.9
BCTS Transplants Funded	198	203	187	222	222	222
Forensic Clients on Clinic Programs	2,386	2,397	2,485	2,440	2,440	2,510
Laboratory Enterprise Procedures *	6,751,653	8,629,513	7,316,314	7,420,094	7,636,546	7,863,561
Diagnostic Imaging Exams *	112,212	111,969	114,507	119,504	125,980	130,030

* 04/05 Actuals P13 contains accruals for some departments based on 03/04 Period 13 Actuals

The reduction in inpatient days over the three year plan reflects the latest information on the Mental Health Plan that sees Riverview patients moving to the regional health authorities. Riverview's inpatient admissions are small in number and more than offset by projected admission growth in Women's Health Services.

SECTION 2

CHILD HEALTH & REHABILITATION PROGRAMS

The Child Health and Rehabilitation Programs (CH&R) comprises BC Children's Hospital (BCCH) and Sunny Hill Health Centre for Children (SHHC).

BCCH is the province's major treatment, teaching and research facility for child health. It also provides primary and secondary pediatric services to Vancouver residents. Programs include cardiac sciences, critical care, neurosciences, oncology /hematology/ bone marrow transplant, pediatrics, surgery and surgical suite services.

SHHC offers specialized services to children with disabilities, their families and communities throughout British Columbia. Services include: development and behaviour, neuro-motor disabilities, sensory impairment and transition planning and respite.

Service Drivers

The following tables provide past and projected activity levels for child health programs. Because of the MoHS requirement to report on a legal entity basis pediatric mental health workload volumes are included here and in the section for Mental Health.

Children's Hospital:

	2002/03 Actual	2003/04 Actual	2004/05 Actual	2005/06 Plan	2006/07 Plan	2007/08 Plan
Child Health Admissions *	5,568	5,934	6,027	5,800	5,800	5,800
Mental Health Admissions *	373	383	341	350	380	400
Total Admissions	5,941	6,317	6,368	6,150	6,180	6,200
Child Health Patient Days *	29,913	29,084	30,494	30,000	30,000	30,000
Mental Health Patient Days *	7,554	8,044	7,616	7,700	7,700	7,700
Total Patient Days	37,467	37,128	38,110	37,700	37,700	37,700
Average IP LOS	6.3	5.9	6.0	6.0	6.0	6.0
Surgical Cases Inpatient	1,110	1,009	1,219	1,200	1,200	1,200
Surgical Cases Admit Day of Procedure	1,646	1,644	1,575	1,600	1,600	1,600
Surgical Cases SDC	5,574	5,655	5,188	5,200	5,200	5,200
Total Surgical Cases	8,330	8,308	7,982	8,000	8,000	8,000
Emergency Visits **	34,816	36,081	37,777	37,600	37,600	37,600
Child Health Ambulatory Visits (excluding ER) *	97,245	101,899	98,107	100,000	100,000	100,000
Mental Health Ambulatory Visits	13,429	12,722	12,153	12,000	12,000	12,000
Total Ambulatory Visits (excluding ER)	110,674	114,621	110,260	112,000	112,000	112,000
* 04/05 Actual P13 contains accruals for some departments based on 03/04 Period 13 Actuals						
** 04/05 Actual P13 contains accruals for all departments based on 03/04 Period 13 Actuals						
Note: Eating Disorders is included in Mental Health						

Sunny Hill Health Centre:

	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
	Actual	Actual	Actual	Plan	Plan	Plan
Admissions *	136	165	179	155	155	155
Patient Days *	3,574	3,683	4,162	4,100	4,100	4,100
Outreach Visits *	1,146	1,131	986	1,200	1,200	1,200
Ambulatory Visits *	3,098	3,312	3,757	3,200	3,200	3,200
Intake Assessments *	2,593	2,849	2,781	3,000	3,000	3,000
* 04/05 Actual P13 contains accruals for some departments based on 03/04 Period 13 Actuals						

Patient activity and service levels in the child health portfolio are expected to have no significant shifts in fiscal 2005/06.

2004/05 Strategic Initiatives

The following is a brief report on achievements and challenges for each initiative planned for 2004/05.

Dental Chair Closure: This was completed with savings as expected of \$111,000.

Treatment Services Productivity & Service Redesign: This was completed and produced savings of \$700,000 by reallocating therapy services to patients with the highest needs. The annualization of 2003/04 reductions produced additional savings of \$131,218.

Nursing Productivity Initiatives: Additional savings of \$75,810 were achieved through ongoing work with respect to nurse staffing best practices and efficient delivery of effective patient care.

Administrative Efficiencies: This included the redesign of Child Health administration and nursing infrastructure and achieved savings of \$161,511.

Child Health Bed Consolidation: The merger of 3A and 3C inpatient nursing units on the third floor of BCCH enhanced patient care effectiveness and provided one-time savings during renovation of \$656,000 in 2004/05. Ongoing savings will be realized in 2005/06.

Child Development & Rehabilitation Initiatives: This included savings of \$200,000 from vacant positions and staffing efficiencies.

Centre for International Child Health: A formal agreement was signed with Fudan University Children's Hospital in Shanghai, China in May 2004. In 2004/05 the focus was on training initiatives and fundraising with BC Children's Hospital Foundation to support the Centre. Final contracts are expected to be signed in November 2005 to make this initiative operational. There is not financial requirement for this initiative.

Provincial Child Health Services Network: In 2004/2005 the focus was on recruitment of a coordinator but the process did not move as quickly as expected. Candidates are now being considered and when finalized the next task will be to undertake a provincial review of critical care services for children/youth.

Western Canadian Children's Heart Network: With representatives from pediatric cardiac science centres in the four western provinces, the Network fosters collaboration to improve access and outcomes for patients and improve access for patients and families. In 2004/05 a plan for the development of a common database was completed. Funding requests have gone forward in all western provinces. When funding is confirmed, the development of the database will begin.

Provincial Autism Network (British Columbia Autism Assessment Network – BCAAN): this is a joint initiative of the five regional health authorities and the PHSA. The network includes a service delivery system that enables regional and provincial planning, coordination and evaluation of assessment and diagnostic services for children and youth in BC with possible autism spectrum disorder. The 2004/05 target was to assess 1,100 children/youth ages 0-19 – 1,000 assessments were completed.

Child Health Advocacy: This is a two-year pilot initiative funded and supported by BC Children’s Foundation. The goal of the program is to develop a provincial strategy to raise awareness and contribute to policy change about major health issues, including the prevention of obesity and early childhood dental caries, and the promotion of targeted immunization programs through increased awareness, education and policy change. In 2004/05, the program will focus on dental caries in partnership with UBC Department of Dentistry and Regional Health Authorities. This initiative will be completed in April 2005.

2005/06 Service Plan Strategic Initiatives

The thrust of Child Health programs for 2005/06 is to manage escalating costs within budget allocations and make changes within the organization to accommodate the absorption of \$656,000. Because of the MoHS requirement to report on a legal entity basis pediatric mental health revenue and expenditures are included here and are also presented in the section for Mental Health. Similarly revenue and expenditures for C&W Laboratory and Diagnostic Imaging are included in the table below but also presented separately in the separate sections for those two functions, later in the Service Plan.

Aldurezyme Enzyme Replacement Therapy has created a significant cost pressure for this portfolio. Mucopolysaccharidosis (MPS1) and Gauchers Disease are rare progressive specific enzyme deficiency conditions which, if not treated, result in early childhood death. Options for treatment include bone marrow transplant and enzyme replacement therapy. We currently have 2 children receiving these expensive therapies, i.e., Aldurazyme and Cerezyme. A budget allocation of \$490,000 is required to cover the expected cost in fiscal 2005/06.

The following key initiatives will be Child Health Portfolio areas of focus in 2005/06.

Movement of Pediatric Services Off Site (FS7, SD3, ES3): The movement of services from the BCCH site to locations in other health authorities is paramount to providing equitable access to services in the Province. This will provide access to appropriate services closer to home for patients and provides for critical capacity for services that must be provided on site. It also enhances the connectivity between clinicians involved in care at BCCH and those providing care and support in the community. This initiative includes the movement of Day Surgery to Richmond Hospital in 2005/06 and the creation of a project charter outlining the shift of some of the volume from multiple areas within the Department of Pediatrics under the implementation of the Pediatric Practice Plan.

Ambulatory Service Review and Redesign (FS3, FS5, SD1, ES1): In 2005/06 a review of Orthopedic Services will take place. Recommendations from this review will begin to be implemented in 2006 at the same time as a review of a second Ambulatory area is reviewed. The plan is to create a toolkit for review and implementation to be used in each Ambulatory area in subsequent years.

Child Health Networks (FS7, SD3, ES2): Network-building and enhancement continue to be critical for the Child Health Portfolio. Network initiatives in 2005/06 include:

- Critical services review (Child Health Network)
- Provincial program development for Autism (Provincial Autism Network) and FAS (Fetal Alcohol Syndrome)
- When funding is confirmed, the development of the common database will begin (Western Canadian Child Health Network)
- Education and Outreach with other health authorities (Oncology Network)

Intensive Care Unit Redevelopment (FS1, SD1): the PICU will be redeveloped to address the isolation standards.

WOMEN'S HEALTH PROGRAMS

BC Women's Hospital & Health Centre (BCW) is the only facility in the province devoted primarily to the health of women and their families. As an academic health centre, it provides a combination of tertiary services for women throughout the province (through outreach and on-site services in Vancouver) and primary and secondary services for Vancouver area women. As an academic health centre, BC Women's supports extensive training for health care professionals as well as significant research. Its two main program streams are:

Fetal Maternal and Newborn Family Health programs include Diagnostic and Ambulatory, Birthing, High-Risk Antepartum and Postpartum, Newborn Care and Medical Genetics.

Specialized Women's Health programs include Aboriginal Health, Asian Clinic, Aurora Centre Breast Assessment and Diagnosis, CARE, Continence, Oak Tree Clinic, Osteoporosis, Reproductive Medicine, Reproductive Mental Health, Sexual Assault Service, Relationship Violence, Provincial Violence and Health, Women with Disabilities, and Youth Health.

Service Drivers

The main service driver for the women's health portfolio continues to be the higher than expected volume of births at BC Women's. For the second year in a row, the number of births has been significantly higher than anticipated. For this reason, the Women's Health portfolio continues to be challenged to meet its budget targets, especially in the Newborn Care Program, which is the cornerstone of the provincial neonatal intensive care system. Planned reductions in antepartum beds and savings from the consolidation of newborn intensive care resources have not been fully realized because of the volume pressures. Working with other health authorities to repatriate low risk birthing to neighbouring communities as well as increasing the number of intensive care nursery beds in other regions is paramount to meeting the objectives set for BC Women's.

Women's Health Programs:

	2003/04	2004/05	2005/06	2006/07	2007/08
	Actual	Actual	Plan	Plan	Plan
Admissions (Adult) **	8,315	8,352	8,400	8,400	8,400
Admissions (All Newborns incl. SCN/NCN) **	7,851	7,804	8,000	8,000	8,000
Total Days (Adult) **	27,721	28,145	26,550	24,000	23,500
Total Days (Newborn) **	17,360	17,624	15,600	15,000	14,500
Total Days (SCN/NCN)	17,142	16,223	16,600	16,600	16,600
Surgical Visits - Inpatient	1,452	1,375	1,500	1,270	1,070
Surgical Visits - ADP	1,043	1,014	1,000	1,000	1,000
Surgical Visits - Outpatient	85	88	100	100	100
Surgical Visits - Surgical Daycare	240	220	600	1,300	1,300
Surgical Visits - SWH **	2,584	2,499	3,000	3,000	3,000
LDR - Vaginal Deliveries **	4,044	3,887	3,870	2,900	3,100
LDR - Csection Deliveries	2,070	2,007	2,230	2,000	1,800
SRMC Deliveries **	1,071	1,023	1,100	2,300	2,300
Total Deliveries	7,185	6,917	7,200	7,200	7,200
C-Section Rate	28.8	29.0	31.0	28.0	25.0
Obstetrics Ambulatory Visits *	23,012	22,703	23,400	25,200	26,400
SWH Ambulatory Visits **	23,141	21,985	23,480	24,030	24,630
Ultrasound Procedures **	15,845	17,054	17,000	17,200	17,400

* 04/05 Actual P13 contains accruals for some departments based on 03/04 Period 13 Actuals
 ** 04/05 Actual P13 contains accruals for all departments based on 03/04 Period 13 Actuals

Specialized Women's Health:

	2003/04 Actual	2004/05 Actual	2005/06 Plan	2006/07 Plan	2007/08 Plan
Surgical Visits - SWH **	2,584	2,499	3,000	3,000	3,000
SWH Ambulatory Visits **	23,141	21,985	23,480	24,030	24,630
** 04/05 Actual P13 contains accruals for all departments based on 03/04 Period 13 Actuals					

Potential Nitric Oxide Cost Increases (necessary treatment adjunct in intensive care nursery) continue to pose significant risk for BC Women's budgets. Due to the size of the impact, and the discussions currently underway, this increased cost has not been factored into the 2006/07 budget (BCW has enough gas on hand to accommodate expected 2005/06 needs).

2004/05 Strategic Initiatives

The Women's Health Portfolio delivered on the majority of new 2004/05 budgeted efficiencies. However, some initiatives were not completed as scheduled because of higher than expected delivery volumes.

Best Practices and Single Room Maternity Care: This included a targeted reduction of 15 per cent in LOS (length of stay) within the Maternity Units, as well as construction of another single room maternity care unit. Delays have been experienced due to higher than expected volumes of births (see service drivers). Implementation of decreased LOS and monitoring begins on April 1, 2005. SRMC expansion will be completed in November, 2005.

Ambulatory Services Planning: A plan was completed in 2004/05 and negotiations on the detailed transfer requirements is ongoing with VCHA.

Clinical Efficiencies: The targeted reductions and optimizations of staffing were completed in 2004/05 with savings of \$600,000 achieved.

Preferred Accommodation Revenue: Approximately 86 per cent of the potential revenues have been achieved with efforts to achieve the remaining 14 per cent goal reduction continuing over the next two years.

Health Outcomes Monitoring and Evaluation (HOMES): To support the evaluation of complex ambulatory and outreach programs, HOMES has been implemented in selected programs. This program is now integrated into the operational functions of the Women's Health portfolio.

Healthy Transitions Project: This is a potential revenue-generating project aimed at providing non-insured health screening, education and risk reduction for midlife women. In 2004/05 a business plan was completed with pilots scheduled for the 2005/06 year.

Women's Health Research Development Strategy: BCW has created the *Women's Health Research Institute* with seed funding from the Ministry of Health. This continues to be a very exciting part of the portfolio of Women's Health.

Provincial Women's Health Strategy: The Strategy was completed last year and implementation of the Women's Health Network is complete. The focus now will be on development of implementation plans for each piece of the strategy.

Integrated Breast Diagnostic Program: BCW and BCCA have entered into a partnership to create the integrated Breast Diagnostic Program. A plan has been drafted to achieve this with implementation scheduled in 2005/06.

Provincial Medical Genetics Program: A business analysis was completed in 2004/05. The focus in 2005/06 will be on involving stakeholders across BC to develop a strategic plan.

Provincial Specialized Perinatal Program (PSPS): The plan was completed in 2004/05 and will be presented to Leadership Council in April 2005. Actions resulting will be undertaken in conjunction with the Ministry of Health and the other health authorities. Recommendations will include expansion of intensive care nursery capacity in some health regions.

Aboriginal Women's Health: Initial planning and exploration of potential for programming within the Aboriginal community has taken place in 2004/05 with work continuing to establish plans for program development.

Services Plan for Women and Children with HIV: A coordinator for HIV has been hired in partnership with BCCDC. Development of a detailed implementation plan will be the focus in 2005/06.

2005/06 Service Plan Strategic Initiatives

The thrust of Women's Health programs for 2005/06 is to manage escalating volumes and costs within budget allocations and make changes within the organization to accommodate the absorption of inflationary costs.

The following key initiatives will be focus areas for the Women's Health portfolio in 2005/06.

Maternity Care Enhancement (FS1, FS3, FS5, FS6, SD1, SD4): Maternity care enhancement covers accessibility of this type of care as well as safety and quality of care initiatives. Key activities in this area include:

- Internal:
 - Expansion of SRMC – Construction about to start.
 - Implementation of MORE (Managing Obstetrical Risk Effectively) tool:
- Provincial
 - Maternity Care Enhancement Project recommendations
 - BCRCP educational strategies
 - Provincial coordination and care pathway development
 - Aboriginal Health: Strategy development for maternity care access for Aboriginal Women (partnership with Ministry of Health Services).

Provincial Specialized Perinatal Network (Program) Implementation (FS1,3,6,7, SD3): Following the presentation to Leadership Council in April 2005, major activities for 2005/06 include working with other health authorities to:

- Develop detailed strategies to operationalize additional neonatal Level II beds, appropriately sited in each health region and using new levels of care as a framework for human and physical resource planning.
- Develop mechanisms to ensure care standardization through the perinatal care system, including both local and provincial projects
- Develop and implement a rigorous perinatal triage process to support repatriation of patients where possible.
- Introduce the new national Acute Care of At-Risk Newborns (ACoRN) program for Level I and II hospitals

BC Women’s Specialized Women’s Health Programs (FS2, FS7, SD3, SD4, ES2): This will include updating the strategic plan for Specialized Women’s Health Programs to enhance capacity to support Provincial Women’s Health Strategies, completing the ambulatory care program relocation from VGH as per the agreement made between PHSA and VCHA, and developing an updated organizational structure.

Women’s Health Research Institute (FS3, SD2, ES2): This will include completing infrastructure development; recruiting and confirming a director and launching effective NC Women’s Foundation Research campaign.

Integrated Breast Diagnostic Program (FS7, SD2, SD3, ES2): Continuing on the work with the BC Cancer Agency this program will be implemented in 2005/06. The consolidation and joint management will result in an increased capacity for the program, as well as the ability to develop an improved research program.

COMBINED C&W REVENUE/EXPENDITURES TABLE

Expenditures for the legal entity of Children’s & Women’s are provided in the table below. This includes Child & Youth Mental Health. Lab and Radiology are included in the table below but also presented separately later in the service plan.

	<u>2005/06</u>	<u>2006/07</u>	<u>2007/08</u>
\$ Millions			
Revenue	(287.99)	(291.32)	(294.18)
Less Lab	(24.69)	(24.69)	(24.69)
Less Diag Imag	(10.98)	(10.98)	(10.98)
Revised Revenue	<u>(252.33)</u>	<u>(255.66)</u>	<u>(258.52)</u>
Expenditures	287.74	291.07	293.93
Less Lab	24.69	24.69	24.69
Less Diag Imag	10.73	10.73	10.73
Total Expenditures	<u>252.33</u>	<u>255.66</u>	<u>258.52</u>
Net Expenditures	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

BC CANCER AGENCY PROGRAMS

The BC Cancer Agency provides a cancer control program for the people of BC, including prevention, screening and early detection programs, research and education and care and treatment. The agency's mission is to reduce the incidence of cancer; to reduce the mortality rate of people with cancer; and to improve the quality of life of people living with cancer. The agency provides the following services: population and preventive oncology, diagnostic services, surgical oncology, radiation therapy, systemic therapy, supportive care, clinical trials and research.

Service Drivers

The following table presents information on historical and projected service levels.

BC Cancer Agency Programs:

	2002/03 Actual	2003/04 Actual	2004/05 Actual *	2005/06 Plan	2006/07 Plan	2007/08 Plan
Patient Admissions	1,264	1,293	1,335	1,299	1,299	1,299
Patient Days	11,795	10,018	9,801	10,366	10,366	10,366
Surgical Cases	1,816	1,550	1,796	1,900	1,900	1,900
New Cancer Diagnosis *	18,072	17,418	18,201	18,661	19,057	19,513
Prevention:						
Pap smears interpreted	646,952	634,069	601,727	615,000	627,000	640,000
Screening mammography exams	232,951	222,550	234,678	257,000	282,000	302,000
Treatment:						
Radiation therapy treatments (fractions)	161,686	165,273	161,319	167,907	171,265	174,690
Prescriptions for cancer drugs (centres) *	137,869	138,963	136,108	156,606	167,569	179,299
Prescriptions for cancer drugs (communities) *	91,827	92,556	99,961	107,957	116,593	124,755
Chemotherapy visits (centres)	30,085	30,785	32,590	34,139	36,529	39,086
Chemotherapy visits (communities) *	30,467	30,182	31,624	34,154	36,886	39,468
Ambulatory visits	50,244	53,249	56,553	59,607	63,779	68,244
Supportive Care:						
Patient and Family Counselling (contacts) *	19,468	20,228	26,013	20,739	21,116	21,538
Nutrition (referrals) *	8,787	8,963	11,501	9,325	9,512	9,702
Physiotherapy (visits) *, **	1,937	2,227	2,246	2,269	2,291	2,337
Speech Therapy (visits) *, **	848	926	965	944	953	1,020
* 04/05 P13 Actuals contains accruals for some departments based on 03/04 P13 Actuals						
** Services provided by Vancouver Hospital						

The following estimates of new cancer diagnoses in British Columbia for 2005, 2010 and 2015 were obtained by projecting 1970-2001 BC sex, age, & cancer type incidence rates, multiplying by corresponding regional population projections and adjusting for regional differences.

Cancer Site	Estimated New Cancer Diagnoses		
	2005	2010	2015
Breast (female)	2906	3316	3752
Colorectal	2625	3001	3443
Lung	2588	2780	2947
Prostate	3254	3842	4564

2004/05 Strategic Initiatives

Physicist Recruitment & Retention: All but one of the vacant positions in Medical Physicists have now been filled thanks to concerted recruitment efforts by the Radiation Therapy Program.

Centre of Excellence for Functional Cancer Imaging: A capital grant from the Emerging Technology Fund was secured enabling purchase of a PET/CT scanner and renovations to facilities to house the equipment and related activities. Operating funds were also confirmed leading to the recruitment of the Medical Director, Technical Manager and other support staff.

Intensity Modulated Radiation Therapy: A study to evaluate the technology, establish protocols and assess cost impact is now complete and under evaluation for possible full implementation in 2005/06.

Screening Mammography: The program achieved target levels for 2004/05 (232,000 screens). Increased funding of \$2 million has been made available for 2005/06 with a target of increasing screens delivered to 257,000. These will be achieved primarily through increased volumes in existing centres with the addition of a new mobile service for the North. It is anticipated that further funding will be made available in 2006/07 to achieve an increased target of 282,000 screens.

Abbotsford Cancer Centre Delays: Patient volumes that would have been addressed by the Abbotsford Centre (opening delayed to 2007/08) were absorbed by the Fraser Valley and Vancouver Centres in 2004/05. A business plan related to the capacity requirements of the Lower Mainland to 2007/08 was completed and submitted for funding consideration. Incremental operating and startup funding has not yet been secured from the MoHS.

Linear Accelerator Capacity: Planning and construction of additional radiation treatment bunkers at the Vancouver Centre commenced and planning for the installation of 5 linear accelerators in 2005/06 was undertaken.

Translation Informatics, Health Outcomes and Evaluation (TIHOE) Unit: This Unit was established in 2004/05. Developments include appointment of a Knowledge Transfer/Informatics Facilitator, recruitment of a health economist funded through a Michael Smith Foundation Award and development of a business and operating plan for the unit.

Dental/Oral Oncology Network: A strategic and operational plan for the Dental/Oral Oncology Program was completed and recommendations initiated. These include formation of an Oral Oncology Network, implementation of province wide referral guidelines, enhancement of the existing translation research program and planning toward establishment of a tertiary/quaternary reference clinic at the Vancouver Centre.

Canadian Strategy for Cancer Control: A search for, and appointment of, the Executive Director for the Canadian Strategy for Cancer Control (BC/Yukon) was completed in 2004/05. In addition, a Leadership Council for the CSCC was put in place to guide the initiative including organization of the first International Cancer Control Congress scheduled for October, 2005 in Vancouver.

Communities Oncology Network: While there has been an eight per cent annual increase in chemotherapy visits since 2001/02, there was no corresponding increase seen in 2004/05 fiscal year as several standard therapies were replaced with more complex treatment protocols that require fewer patient visits.

Administrative Efficiencies: The Agency was able to meet the targeted savings of \$623,000 by eliminating unfilled administrative positions for 2004/05 and adjusting the travel entitlement policy.

Clinical Efficiencies - Travel Reductions and Oral Oncology Redesign: The operating budget reductions totaling \$374,000 were implemented.

Equipment and Supply Costs: The operating budget reductions totaling \$195,000 were achieved.

Cervical Cancer Screening Program: Pap smear utilization was maintained at the previous year's levels with reduced unnecessary repeats offsetting increases associated with population growth. Increased recruitment of cytotechnologists allowed the program to reduce overtime expenditures and come in under budget. The 2005/06 fiscal year will see separation of the existing operation into two components: programmatic remaining the responsibility of the BCCA and laboratory operations falling within PHSA Lab Enterprises.

2005/06 Service Plan Strategic Initiatives

The following table presents the income statement for BCCA:

\$ Millions	<u>2005/06</u>	<u>2006/07</u>	<u>2007/08</u>
	<u>Budget</u>	<u>Budget</u>	<u>Budget</u>
Revenues			
Operating Grant	(273.6)	(297.2)	(346.4)
Less Lab	(17.5)	(17.5)	(17.5)
Less Diag Imag	(9.9)	(10.4)	(10.6)
Revised Revenue	<u>(246.2)</u>	<u>(269.4)</u>	<u>(318.3)</u>
Expenditures			
Expenditures	273.6	297.2	346.4
Less Lab	17.5	17.5	17.5
Less Diagnostics	9.9	10.4	10.6
Total Expenditures	<u>246.2</u>	<u>269.4</u>	<u>318.3</u>
Net Expenditures	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>

Complete commissioning and occupancy of the Cancer Research Centre (FS3, FS6, SD2): In conjunction with PHSA Corporate Services, clarification of ongoing funding required for operations of the facility is being sought. Revenue and expenditures for BCCA Laboratory and Diagnostic Imaging are included in the table below but also presented separately in the separate sections for those two functions, later in the Service Plan.

Completion of Phase A of the Centre of Excellence for Functional Imaging (FS6): The first of a three phase initiative will include:

- Commissioning and clinical testing of the PET/CT unit and related systems implementation of radiotracer production services
- Implementation of the clinical program
- Development of clinical research initiatives

Continued planning of the Abbotsford Centre and implementation of additional capacity in the Lower Mainland (FS2, SD1, ES1): In response to delays in the opening of the cancer centre in the Eastern Fraser Valley and increasing cancer care service requirements in the Lower Mainland, BCCA will continue to be actively involved in planning of the Abbotsford Hospital and Cancer Centre development project and will operationalize the additional cancer diagnostic and treatment services with incremental funding secured for 2005/06.

Implementation of the Breast Cancer Chair Translational Research Initiative (FS3, SD2): The recently appointed Breast Cancer Chair, Dr. Sam Aparicio will commence his Program in July/August, 2005. The program will focus primarily on breast cancer but will also address other solid epithelial malignancies with initial activities to address detailed molecular analysis in relation to therapeutic and overall outcomes. Dr. Aparicio will build on existing relationships with Canadian organizations, including OvCare, the Prostate Centre of Excellence and the Genetic Pathology Evaluation Centre, and centres in the United Kingdom.

Implementation of recommendations from the Northern Cancer Strategy Report, including the following (FS7, SD3):

- Increasing nursing staff at northern community cancer clinics to support and coordinate access to cancer care.
- Providing specialized training to more northern family physicians and linking them more closely to northern and BC Cancer Agency-based specialists.
- Working to reduce travel costs for out of town treatment through a new rural travel program.
- Improving Telehealth links to reduce the need to travel for follow-up consultations/appointments.
- Supporting comprehensive tobacco use reduction efforts.
- Supporting increase in cancer screening rates.

Acquisition of 5 linear accelerators as a component of the BCCA/PHSA capital renewal program (FS1, FS2, ES1): In recognition of the need to maintain provincial radiation treatment delivery standards related to access, safety and clinical effectiveness, there is a need to replace linear accelerators approximately every ten years. In the 2005/06, replacements will occur at the Fraser Valley and Vancouver Centres.

Primary prevention programs within each health authority area (FS2, SD2, SD3): Prevention Community Action Coordinators, one in each HA, will work with other existing community structures, such as school boards, service clubs/organizations, NGO's, and HA's, to maximize the return on investment while minimizing overlap. As BCCA programs target major risk factors for all of the major chronic diseases - obesity, diet constituents, exercise, and tobacco use - these PCAC's will also act to implement prevention programs of other Agencies within PHSA that target these same risk factors

BRITISH COLUMBIA TRANSPLANT SOCIETY

The BC Transplant Society (BCTS) leads, directs and co-ordinates all activities relating to organ donation and transplantation throughout BC, ensuring high standards of quality and efficient management. It does so by managing resources for optimal patient outcomes. Specifically, the BCTS is involved in the following five overarching service areas:

- Coordinating organ and cell donation, procurement and transplant
- Delivering public and professional awareness and education programs
- Developing/implementing policies, national standards, and clinical guidelines for transplant-related activities
- Conducting and promoting research into organ and cell donation, transplantation (including new techniques), immunology, living anonymous donors, new pharmaceuticals and ethical issues
- Developing and updating a centralized information system to collect, monitor and analyze clinical and management information to enhance the decision making capacity of the BCTS

Service Drivers

There are currently more people waiting for transplants than the number of organs available. As the population ages and experiences more co-morbid diseases and as fewer deaths results in organ procurement, there is a greater demand on a decreasing supply of organs.

Transplan Patients on Waiting List at the End of Fiscal Year						
Program	2002/03 Actual	2003/04 Actual	2004/05 Actual	2005/06 Plan	2006/07 Plan	2007/08 Plan
Kidney	358	312	268	242	218	196
Pancreas-Kidney	17	13	8	8	7	7
Pancreas	1	4	6	5	5	4
Heart	7	14	10	10	9	8
Liver	31	24	29	27	24	22
Lung	11	15	12	11	10	9
Pancreas Islet	0	14	14	13	11	10
Total	425	396	347	316	284	256

	2002/03 Actual	2003/04 Actual	2004/05 Actual	2005/06 Plan	2006/07 Plan	2007/08 Plan
Transplants Funded:						
<u>At Vancouver Hospital:</u>						
Kidney - Cadaveric	15	23	19	20	20	20
Kidney - Living Donor	34	36	35	40	40	40
Pancreas	0	1	2	2	2	2
Pancreas-Kidney	5	5	4	4	4	4
Liver - Kidney	1	0	0	0	0	0
Liver	32	36	33	38	38	38
Heart	0	1	0	0	0	0
Double Lung	3	1	1	0	0	0
Single Lung	5	3	7	9	9	9
Liver - Living Donor	2	2	1	2	2	2
<u>At Providence:</u>						
Kidney - Cadaveric	24	40	29	36	36	36
Kidney - Living Donor	38	35	31	40	40	40
Heart	23	13	18	20	20	20
Heart and Kidney	1	1	0	0	0	0
<u>At C&W:</u>						
Kidney - Cadaveric	9	4	3	7	7	7
Kidney - Living Donor	5	2	4	4	4	4
Heart	1	0	0	0	0	0
Total Transplants Funded	198	203	187	222	222	222
Pancreas Islet Cell at Vancouver Hospital	1	8	8	0	0	0
Post Transplant Follow-ups:						
Kidney	1,458	1,530	1,607	1,672	1,757	1,842
Pancreas-Kidney	59	75	88	77	83	89
Liver	294	317	338	363	389	415
Heart	190	203	209	214	222	230
Lung	55	56	57	63	66	69
Bowel	1	1	1	1	1	1
* 04/05 Actual P13 contains accruals for some departments based on 03/04 Period 13 Actuals						

2004/05 Strategic Initiatives

BC Transplant Research Institute: a proposal for a research network was developed in 2004/05 and has been submitted to the Michael Smith Foundation. A response is anticipated after June 30, 2005.

Recoveries from Federal Health Programs: The target of \$164,000 was achieved. Future recoveries from NHIB will be identified, subject to on-line billing capability and cost sharing with HIV Centre of Excellence.

Billing Third Party Payors: PHSA is examining this at the corporate level to understand the feasibility of billing third party payors. This will be resolved in 2005/06.

New Canadian Standards Association (CSA) Standards: Health Canada is developing a regulatory framework for cells, tissues and organs for transplantation. The framework is being developed in two phases: Phase I consists of safety regulations (based on CSA national standards) which will become regulation in 2006. Phase II incorporates a monitoring strategy and surveillance/adverse event reporting system. BCTS has been selected by Health Canada to participate as the surveillance/adverse event pilot site for organs in Canada.

Tissue Bank: A business plan was developed in 2004/05 and submitted to the government. BCTS is awaiting direction and will develop plans and timelines on receipt of direction.

Centre for Excellence in Living Organ Donation: In 2004/05 expertise has been established in Laparoscopic Nephrectomy. Two Living Anonymous Donors (LAD) kidney transplant were performed under the LAD Pilot study.

2005/06 Service Plan Strategic Initiatives

The major thrust of BCTS's program budgetary initiatives for 2005/06 is to complete the initiatives undertaken in 2004/5 and to implement new initiatives that will allow the programs to maintain existing services within current funding for 2005/06.

	<u>2005/06</u>	<u>2006/07</u>	<u>2007/08</u>
\$ Millions			
Revenue	(32.93)	(33.93)	(34.93)
Expenditures	32.93	33.93	34.93
Net Expenditures	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

Below are BCTS's strategic directions and the initiatives planned for 2005/06 that will help it achieve their goals.

Maximize Organ Donation (FS1, FS7): the critical resource for transplant is the availability of donor organs. Currently in BC there are opportunities to bring donor levels to a higher number. During 2005/06 BCTS will work with partner health authorities to develop and implement plans to maximize donor organs and continue work on the **Living Anonymous Donor Pilot Study**.

In an effort to maximize organ donation from cadaveric donors, two principal areas of strategic focus have been identified. BCTS will participate in national initiatives to expand existing donation opportunities to include donation after determination of cardio-circulatory death. At the provincial level, BCTS will actively seek increased donor identification and support resources to include areas such as Spiritual Care Services within the hospital and pre-hospital emergency service providers.

BC PROVINCIAL RENAL AGENCY

The BCPRA is a virtual organization with a distributed service delivery model that plans and coordinates health care services for patients with kidney disease. It works with providers in the regional health authorities to deliver care based on funding, planning and performance outcome measurement undertaken and coordinated by the BCPRA. Services include: chronic kidney disease clinics, peritoneal dialysis, home hemodialysis, in-hospital dialysis and community dialysis.

Service Drivers

About 145,000 people in BC have some form of kidney disease, although most go undetected until dialysis is required. The incidence and prevalence of end-stage kidney disease is steadily progressing as a factor of our aging population and increases in chronic conditions. The proportion of patients with co-morbid conditions such as diabetes and heart disease is also increasing.

Capacity Growth

	2004/05	2005/06	2006/07	2007/08
	Approved	Approved	Submission	Submission
Expansion Projects				
Funding	\$1.7 M	\$1.7M	\$11M	\$25M
Growth	1 HD Station, expand CKD & PD Clinics	2 HD stations, upgrade of unit	Expansion of HD, PD, CKD	Expansion of HD, PD, CKD
Equipment				
Funding	\$2.8M	\$4.3M	\$3.5M	\$3.7M
Replacement	9 machines	14 machines	20 machines	28 machines
Growth	12 Stations	18 stations		1 station
Home machines	61 machines	86 machines	80 machines	80 machines

BC Renal Agency:

	2003/04 Actual	2004/05 Actual	2005/06 Plan	2006/07 Plan	2007/08 Plan
Patient Years					
Chronic Kidney Disease Clinic +	2,457	2,818	3,491	3,977	4,463
In-hospital Hemodialysis	1,015	940	1,050	1,055	1,059
Community Hemodialysis	565	569	647	684	725
Home Hemodialysis	21	24	110	180	256
Peritoneal Dialysis	271	226	277	293	310
Peritoneal Dialysis - Cyclor	304	331	401	429	455
Total Patient Years	4,633	4,909	5,976	6,619	7,267
Chronic Kidney Disease Clinic - visits +					
In-hospital Hemodialysis - runs/visits	19,654	22,545	27,925	31,815	35,705
Community Hemodialysis - runs/visits	158,299	146,584	163,727	164,641	165,149
Home Hemodialysis - runs	88,191	88,794	100,898	106,721	113,063
Home Hemodialysis - visits	193	218	993	1,623	2,307
Peritoneal Dialysis - visits	3,342	3,772	17,216	28,125	39,995
Peritoneal Dialysis - Cyclor - visits	2,713	2,262	2,770	2,933	3,099
Total Visits/Runs	275,430	267,487	317,541	340,143	363,865
+ The planned growth rate in CKD is due to early intervention initiative - earlier diagnosis at primary care level - GP testing for kidney dysfunction (GFR rates) hence more patients are caught earlier and more are being referred to Nephrologists					

2004/05 Strategic Initiatives

The BCPRA delivered on all 2004/05 budgeted service levels. Significant 2004/05 initiatives aimed to enhance service delivery included:

Innovative Approaches to Hemodialysis (IAMHD): The 2004/05 fiscal year had a 60 patient increase in home hemodialysis patients resulting in provincial savings of \$1.26 million.

Resource Management Model: A new funding model was developed that captures the flow of patients through the system, reflects direct and indirect costs and supports best practices. The new model is ready for implementation starting in April 2005 with the health authorities. The model will be evaluated during 2005/06 and any required adjustments will be made.

Vascular Access Services: Improving the process for Vascular Access Services has been a key focus for BCPRA. Changes to service access reduce complications and hospitalizations related to vascular access by ensuring timely and effective access creation. The 2004/05 year initiated three pilot projects for new processes with evaluation and rollout noted below.

Improving Relationships with Health Authorities: As renal service delivery takes place in each of the five Regional Health Authorities, it is critical that the BCPRA and HAs maintain a close and productive relationship. The past year focused on renewal of the Renal Network as well as planning for the June 2005 Kidney Summit. BCPRA will continue to further these relationships to enhance care delivery, standardize best practices and support research and application of new knowledge in renal care.

2005/06 Service Plan Strategic Initiatives

The income statement for the BCPRA is presented in the table below:

	<u>2005/06</u>	<u>2006/07</u>	<u>2007/08</u>
\$ Millions			
Revenue	(68.94)	(70.82)	(74.32)
Expenditures	68.94	70.82	74.32
Net Expenditures	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

While the BCPRA continues to work on multiple initiatives, the following three areas are considered the key strategic initiatives to be highlighted for the 2005/06 – 2007/08 Service Plan. Capital funding for increased access continues each year and will be reported on through the Capital Plan.

Innovative Approaches to Hemodialysis (IAMHD) (FS1, FS5, FS7, SD3): Building on the foundation work of implementation of a province-wide independent care model to ensure more choice for patients, better health outcomes and savings to system, targets for increases in home hemodialysis and savings to the province of :

- 80 additional patients in 2005/06 with savings of \$2.1 million;
- 60 additional patients in 2006/07 with savings of \$537,000; and
- 60 additional patients in 2007/08 with savings of \$537,000.

These savings will reduce the requirements for new funding for the BCPRA in those years.

Health Authority Renal Partnerships (FS7, SD3, ES2): Work continues with other health authorities to enhance renal care delivery and funding models and in the joint creation and dissemination of best practices and care delivery guidelines. The Health Authority Renal Program (HARP) is concentrating on continuing efforts to becoming more proactive in examination of processes, data and outcomes to guide innovation and standardization of renal care across the province. The following plans are key initiatives for the BCPRA:

- Evaluation and implementation of Vascular Access Services: With three pilot projects commenced in 2004/05, the evaluation of these programs will provide the necessary guidance to implement new vascular access services provincially. The 2005/06 fiscal year will focus on evaluation and planning for rollout with the 2006 – 2008 period seeing the implementation of standard processes for Vascular Access Services across the province.
- Education and Guidelines Development and Dissemination: The June 2005 Kidney Summit, as well as the renewed focus of the BC Renal Network, will enhance efforts to understand, communicate and use best practice guidelines for renal care throughout BC.

Drug Cost Efficiencies (FS5, SD1): The significant cost of drugs related to Renal Care provides an opportunity for decreased per-unit drug costs. Key areas for focus in 2005/06 – 2007/08 include:

- Drug Contract Negotiations: The contract negotiation process for approximately \$25 million in drug costs provides the opportunity to reduce the per-unit cost of drugs in the near future. More detailed estimates on the potential per-patient costs reductions will be forthcoming.
- Pharmacoeconomic Considerations: The use of drugs and other resources are being considered as alternate and innovative alternatives to current care protocols. In 2005/06 the BCPRA will be developing a process by which various models can be considered as well as identifying potential system impacts and savings. The 2006 – 2008 period will see the study of alternatives and potential development of implementation plans and benefits realization schedules.

PHSA CARDIAC SERVICES

PHSA Cardiac Services was created to improve the planning, co-ordination and evaluation of adult cardiac services in British Columbia. Currently, PHSA Cardiac Services is the funding body to the health authorities which provide cardiac catheterization/angioplasty, cardiovascular surgery, lead extractions, drug eluting stents, electrophysiology and implantable cardioverter defibrillators services. PHSA Cardiac Services provides leadership in the assessment of related health technology for use in planning of future services. PHSA Cardiac Services also supports the BC Cardiac Registry, the Provincial Advisory Panel on Cardiac Health, and four site-specific cardiac surgery co-ordinators.

Service Drivers

The following table provides the past performed and projected activity levels for cardiac services:

	01/02	02/03	03/04	04/05	05/06	06/07
Open heart surgeries	3004	3184	3341	3350	3253	3253
Percutaneous Coronary Interventions	4774	5219	5868	6897	7241	7603
Lead Extractions				54	75	90
Implantable Cardiac Defibrillators	221	202	265	309	370	450
Source- BC Cardiac Registry						

The increase in open heart surgery cases was to address both the number of patients waiting for open heart surgery and decrease the median wait time. The waitlist and median wait time have trended downward. The relationship between the number of open heart cases and PCI cases may change over the next 3-5 years, in favour of percutaneous coronary interventions (PCI), if the increased use of drug eluting stents continues to reduce the occurrence of restenosis. The next pressure is the provision of implantable cardioverter defibrillators, as recent guidelines have expanded from secondary prevention for sudden cardiac death to primary prevention.

2004/05 Strategic Initiatives

The PHSA Cardiac Services budget is an integral part of the PHSA's life support services. For fiscal 2004/05 through 2006/07 the program is operating on the assumption that life support will be funded by the MoHS for growth in each fiscal year commensurate with population growth, incidence of conditions and appropriate technological advances.

The following major strategic initiatives were completed in 2004/05:

Appropriate levels, rates, and standards for cardiac services: in 2004/05 Cardiac Services created four sub committees of the PAPCC to report on cardiac surgery, diagnostic/interventional catheterization, acute coronary syndromes and electrophysiology. The reports will contain incidence and prevalence in the population at risk, technological advances, and human/capital resource issues.

Inventory of cardiac services: An inventory of services, specifically echocardiography and nuclear stress tests, was conducted in order to assure quality and improve access across British Columbia by determining present sites of service across the spectrum and present cases/population.

Open-heart surgical wait list: The number of patients on the provincial wait list has dropped from 562 in march 2004 to 350 in November 2004. An optimized waitlist metric has been established and stabilization of wait times (demand) with resource requirements (supply) continues as a strategic initiative.

Cardiovascular disease database: In 2004/05 Cardiac Services updated the cardiac registry mandate, successfully recruited the Director of the Cardiac Registry and created appropriate linkages with MSP/Pharmacare etc in conjunction with the Ministry of Health and a similar initiative with CIHL. The annual cardiac surgery provincial peer review was completed in December 2004.

Funding levels to the health authorities: An historical analysis of tertiary funding from the MoHS was conducted in 2004/05. Cardiac Services participated with health authorities in the preparation of updated case costing for procedures to include- open-heart surgery, and diagnostic/inverventional catheterization.

Partnerships: The partnering process was started in 2004/05 by presenting the role of Cardiac Services to CEO Leadership Council/health authorities executive and stakeholders; engaging a committee of executive-level representatives from the health authorities for information and decision-making (Cardiac Liaison Committee), and engaging the Ministry of Health Services for data sharing initiatives.

Resource Utilization: a resource utilization analysis was done for those waiting for revascularization procedures (PCI and open heart) in facilities across the province.

2005/06 Service Plan and Strategic Initiatives

The Provincial Cardiac Program allocations to the health authorities is presented in the table below:

Base Funding Allocation	2004/05 Base	2004/05 one time	Total 2004/05	2005/06 Base
Fraser Health Authority	\$18,459,166	\$1,406,000	\$19,865,166	\$20,465,216
Interior Health Authority	\$4,968,451		\$4,968,451	\$4,968,451
VCHA	\$60,563,198	\$3,398,000	\$63,961,198	\$64,560,298
VIHA	\$26,332,041	\$1,478,000	\$27,810,041	\$28,143,091
Total Base Funding	\$110,322,856	\$6,282,000	\$116,604,856	\$118,137,056

Future Volume Planning (FS2, SD3): Using the appropriate rates/standards as well as the inventory of services completed in 2004/05, adjust planning volumes and initiatives to ensure adequate accessibility. This initiative includes completion of an options paper addressing the future sites for cardiac revascularization, as part of determining a methodology to examine need and availability of service in an equitable manner across the province. Initiate a similar review for the provision of electrophysiology services for the province.

Open-Heart Surgical Wait List (FS2, SD3): An optimized waitlist metric has been established and stabilization of wait times (demand) with resource requirements (supply) continues as a strategic initiative. Metrics will be used to identify fluctuations, understand underlying causes and adjust Future Volume Planning as above.

Cardiovascular Disease Database (FS2, FS7, SD4, ES1): With the newly linked database, begin addressing broad mandate requirements of Policy, Governance, Administration and Research. Using linked database, look at overall health system interactions (surgical, procedural, physician office visits, drug profiling) and begin to work upstream to influence interventions, clinical protocols, timing etc. Provide improved and timely data for stakeholders, such as Ministry of Health Services, clinicians and managers.

Cardiac Funding Levels (FS7): In 2005/06, Cardiac Services will work with the MoHS to stabilize funding going forward. Cardiac Services will also work with other Health Authorities on case costing and health economics of changes to service delivery processes including technology adoption.

Partnerships (FS7, SD3, ES2): The partnering process continues in 2005/06 by participating with the Cardiac Liaison Committee as well as engaging the health authorities in the potential for province-wide purchasing of devices such as drug-eluting stents and ICD's. Collaborate with the Guidelines and Protocols Committee, ED Protocol Working Group, BC Ambulance Service to pilot ST-elevation myocardial infarction guidelines.

MENTAL HEALTH AND ADDICTIONS SERVICES

Mental Health & Addictions Services (MHAS) within the PHSA includes the operation of the Forensic Psychiatric Services Commission, Riverview Hospital, and the Child, Adolescent Mental Health programs at BC Children's Hospital in Vancouver.

The Forensic Psychiatric Services (FPS) Commission: The FPSC provides specialized hospital and community case management services for adults with mental illness who are in conflict with the law.

Riverview Hospital: This facility provides specialized, tertiary care and treatment services in adult psychiatry, neuropsychiatry and geriatric psychiatry. The Riverview Redevelopment Project is well underway with facility development and patient transfers targeted for completion by 2007.

The Child, Adolescent Mental Health Programs: This includes provincial resources that provide specialized mental health assessment and treatment services for children, youth, and their families as well as secondary services to Vancouver Coastal region residents, including the Child & Adolescent Psychiatry Emergency (CAPE) Unit, Child Psychiatry Inpatient Unit, Adolescent Psychiatry Inpatient Unit and Outpatient Clinics.

Provincial specialized Eating Disorders Programs: These serve adolescents through in-patient and out-patient services at BC Children's Hospital and for adults at Providence Health Care.

Service Drivers

The following table presents historical and budgeted activity levels within Mental Health programs of the PHSA. Because of the MoHS requirement to report on a legal entity basis pediatric mental health workload volumes are in the section for Children's Hospital, but are also included here for the portfolio perspective.

Forensic Psych Services

	2002/03 Actual	2003/04 Actual	2004/05 Actual	2005/06 Plan	2006/07 Plan	2007/08 Plan
Admissions	457	408	456	450	450	450
Patient Days	70,848	70,646	71,346	70,378	70,378	70,378
Forsenics - Clients on Clinic Program:						
Vancouver	799	807	903	910	910	930
Victoria	394	406	362	360	360	370
Surrey	446	480	455	450	450	460
Prince George	195	179	248	240	240	250
Kamloops	329	312	287	260	260	270
Nanaimo	223	213	230	220	220	230
Total	2,386	2,397	2,485	2,440	2,440	2,510

Riverview

Year-to-Date	2002/03 Actual	2003/04 Actual	2004/05 Actual	2005/06 Plan	2006/07 Plan	2007/08 Plan
Admissions	582	615	534	446	---	---
Patient Days	228,368	185,860	157,034	134,605	---	---

* A significant decline in patient activity is expected related to the Redevelopment Plan and is discussed below.

Children and Youth Mental Health

	2002/03 Actual	2003/04 Actual	2004/05 Actual	2005/06 Plan	2006/07 Plan	2007/08 Plan
Mental Health Admissions *	373	383	331	350	380	400
Mental Health Patient Days *	7554	8044	7616	7700	7700	7700
Mental Health Ambulatory Visits	13429	12722	12153	12000	12000	12000

* 04/05 Actual P13 contains accruals for some departments based on 03/04 Period 13 Actuals
 ** Children and Youth Mental Health numbers include Eating Disorders program

2004/05 Strategic Initiatives

PHSA Mental Health & Addictions Services successfully implemented all of the redesign and service delivery initiatives identified within the 2004/05 Service Plan. Major strategic and re-design initiatives completed within the fiscal year are:

Riverview Hospital Redevelopment: The implementation targets are continuing to see significant adjustment as Regional Health Authorities address service and facility planning, approvals, construction and staff and physician recruitment. As of January 2005, 205 Redevelopment Project beds have been completed or have capital committed in four regional authorities. In addition:

- PHSA MHAS has actively supported health authorities in tertiary facility and program planning, and in the implementation of functional operating plans
- Acute tertiary neuropsychiatry services have been redesigned with a service plan completed in August 2004. These beds will be operated as a provincial service by PHSA MHAS, as part of a Neuropsychiatry service network operating in collaboration with the regional health authorities.
- The Neuropsychiatry Network was formalized and initiated in 2004 strengthening the current relationships between secondary and tertiary neuropsychiatry activity. This initiative will move forward in 2005/06.

Forensic Psychiatry Services: The 1998 provincial Mental Health Plan proposed the transfer of FPS Regional Clinics to the MHAS of the Regional Health Authorities resulting in a comprehensive review during 2004. Consultation with key stakeholders regarding issues and opportunities related to FPS Clinics services and operations was completed in Spring 2004. This was followed by a review and opportunity assessment for improving service integration with regional MHAS. The following initiatives were also undertaken within FPS:

- **Funded Program Expansion: Dangerous Offender Re-Hearings:** FPS expected to conduct 28 risk assessments in 04/05. Staff have completed and referred 34 assessments to the courts.
- **After-hours Admissions:** In 2004/05, reassignment of responsibilities within the FPH Complex Coordinator Service resulted in increasing coverage for after-hours admissions, clinical issues and incidents.
- **FPS Cottage Program:** The FPS Cottage Program was expanded from 12 to 24 beds in 2004/05.
- **Housing Strategy Redesign:** FPS established a central, coordinated approach to accessing, developing and monitoring housing resources ensuring funds are appropriately and consistently utilized to support community partnerships and provide maximum opportunity for community reintegration for the forensic client.
- **Regional Services Program Model for Forensics Services** was completed resulting in savings in contracted services.
- **Consolidation of Forensic Liaison Service in the North** was completed in 2004/05, providing service on an outreach basis through the Prince George Clinic.

Child & Youth Mental Health: A planning project to review the role of PHSA services in provision and coordination of regional secondary and provincial tertiary services was initiated in December 2004. An environmental scan was completed in February 2005, providing initial analysis of secondary and tertiary service activity for in-patient care by regional authorities and for out-patient care. Internal stakeholder consultation is in progress and external stakeholder consultations were initiated in March 2005. Linkages to key service partners - MCFD C&Y MH, VCHA MH&A Services were established.

A Child, Adolescent and Women's Psychiatry Building located on the Children's & Women's Health Centre site is scheduled to open in June 2006 to consolidate the Child and Adolescent Mental Health Program and Women's Reproductive Mental Health services.

Eating Disorders: A review of the adult and adolescent provincial tertiary eating disorders services was completed in late 2004 with recommendations forwarded and reviewed by the Ministry. Implementation is expected to proceed in 2005/06, with initial focus on improving service coordination and integration between the provincial adolescent and adult programs. An electronic "Community of Practice" has been established as of early 2005 for the PHSA MHAS adult and adolescent eating disorder services.

Developmentally Disabled Population and Mental Illness: PHSA MHAS has engaged in significant consultation with regional health authorities, MCFD Community Living Services and the Ministry of Health Services regarding service needs, standards and best practices for this population. Discussions regarding appropriate service models and funding responsibility have been underway through 2004/05 and are continuing.

Mental Health & Addictions Research: consultation with provincial service and academic partners took place in 2004/05 to further refine the vision for this initiative, including:

- Ongoing dialogue with key partners (UBC Department of Psychiatry, including MHECCU, health authorities) has continued through 2004/05.
- Existing infrastructure in PHSA MHAS was consolidated and enhanced in 2004/05.
- PHSA MHAS supported the provincial consultation on a Michael Smith Foundation MH&A Research Network initiative resulting in being confirmed as the host agency for the Network beginning early 2005.

Specialized Provincial Mental Health Networks: These are being designed and implemented with the aim of linking specialized Mental Health & Addictions Services across the province. Specialized service planning work in 2004/05 for Eating Disorders and Acute Neuropsychiatry has resulted in recommendations to establish provincial Networks for consultation and outreach.

Mental Health & Addictions Information Plan: Funding for the development of the plan was transferred to PHSA MHAS in 2004/05 for this initiative which involves a consortium of seven non-governmental organizations deploying \$1.78 million on a range of strategic initiatives to enhance early identification, self-management, stigma reduction and community capacity to support people with mental illness including:

- Development of strategies to reach elementary school through university audiences, partner with health and social services providers, as well as further development of previous web based and screening day initiatives.
- Support a language translation project for public and self-help information. A pilot project in autumn/winter 2004 used a community focus group model for quality assessment of translated materials. Beginning in Spring 2005, this approach will be used in an expanded project.

Improved Service Delivery initiatives include:

- Full integration of **concurrent substance use services** in FPS and RVH adult services model.
- As of spring 2005, a specialized pharmacist is on staff with the C&Y MH service, funded jointly by PHSA MHAS and MCFD C&Y MH, with a planned role in consultation to regional C&Y MH services and to the provincial specialized services.
- Recruit, retain and effectively support staff and physicians with specialized expertise including:
 - Succession planning for key areas.
 - Psychiatric nursing training initiative resulted in an initial class of 25.
 - Specialized recruitment office designed and implemented an international psychiatrist recruitment campaign with an expectation of seven to ten placements by late 2005.
- **Laboratory services review and toxicology lab planning:** PHSA MHAS has been actively involved in the PHSA lab enterprise initiative.

2005/06 Service Plan Strategic Initiatives

The detailed plan of how Riverview's operations will be phased down continues to be reviewed in relation to anticipated patient transfers in the next two years, with decisions expected to be made by June 30, 2005. Once the decisions have been made the budgets for those years will be revised. The tables below present: Revenue and expenditures for BCMHS (Riverview) and FPS. Laboratory and Diagnostic Imaging are included in the table below but also presented separately in the separate sections for those two functions, later in the Service Plan.

BC Mental Health Society

	<u>2005/06</u>	<u>2006/07</u>	<u>2007/08</u>
\$ Millions			
Revenue	(101.89)	(108.63)	(116.18)
Less Lab	(2.54)	(2.54)	(2.54)
Less Diagnostics	(0.23)	(0.23)	(0.23)
Revised Revenue	<u>(99.13)</u>	<u>(105.87)</u>	<u>(113.42)</u>
Expenditures	99.66	108.63	116.18
Less Lab	2.54	2.54	2.54
Less Diagnostics	0.23	0.23	0.23
Total Expenditures	<u>96.89</u>	<u>105.87</u>	<u>113.42</u>
Net Expenditures	<u>(2.24)</u>	<u>0.00</u>	<u>0.00</u>

FPSC

	<u>2005/06</u>	<u>2006/07</u>	<u>2007/08</u>
\$ Millions			
Revenue	(52.56)	(52.56)	(52.56)
Expenditures	52.56	52.56	52.56
Net Expenditures	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

Because of the MoHS requirement to report on a legal entity basis pediatric mental health revenue and expenditures are in the section for Children's Hospital, and presented here as well for the portfolio perspective.

Child & Youth Mental Health

	<u>2005/06</u>	<u>2006/07</u>	<u>2007/08</u>
\$ Millions			
Revenue	(7.94)	(8.02)	(8.09)
Expenditures			
Compensation	7.61	7.68	7.74
Other	0.33	0.34	0.35
Total Expenditures	<u>7.94</u>	<u>8.02</u>	<u>8.09</u>
Net Expenditures	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

PHSA Mental Health and Addictions Services has identified the following key strategic initiatives for 2005/06.

Accessible, high quality specialized mental health & addictions services through (FS1, SD1):

- **RVH Redevelopment Project:**
 - Continue to coordinate Project implementation, in collaboration with regional Health Authorities and the Ministry. Specifically, manage RVH clinical and site operations and coordinate these with redevelopment project implementation and patient transfers to enable funding transfers to health authorities for new program operations. In April 2005 the East Lawn building on the RVH site will be closed.
 - Redevelop and operate existing acute tertiary neuropsychiatry services as part of a Neuropsychiatry service network and provincial program operating in collaboration with the Regional Health Authorities.
- **Child & Adolescent Mental Health & Addictions Services:** Provide leadership and direction for child/youth mental health hospital care addressing PHSA's role in provision and coordination of secondary and tertiary services. Specifically, through completing a C&Y MH services planning and making recommendations related to secondary and tertiary service roles.
- **Tertiary Provincial Eating Disorder Programs:** Implement phase one of the 2004 review to improve accessibility and coordination with Providence Health Care and VCHA and activate the Community of Practice as an integrating tool across adolescent and adult programs.
- **Patient Safety:** Take action on patient safety improvement opportunities identified through the policy and practice review. Specifically:
 - Update and formalize policies related to disclosure of adverse events to patients, families and care/service providers.
 - Ensure that all program area Quality Teams review opportunities for patient safety improvements in specific processes and within MHAS.
 - Complete at least three process improvement initiatives related to patient safety in 2005-06.

A nationally recognized provincial Mental Health & Addictions Research & Knowledge Transfer Resource (FS3, SD2):

- Develop the strategic plan for the department, building on key research and education partnerships and the existing capacity and resources.
- Develop dissemination strategies for MH&A Information materials.
- Continue the development of materials and dissemination strategies for MH&A information for a broad range of audiences.

Provincial networks for specialized mental health & addictions services (FS7, SD3, ES2): Enhance provincial service networks for two tertiary service areas (Eating Disorders [adolescent and adult programs] and Acute Neuropsychiatry).

Build and maintain effective supports for the delivery of high quality services (ES1, ES2) Specifically:

- Work with MCFD Community Living Services and the Ministry of Health Services to ensure effective planning for the tertiary rehabilitation/specialized residential needs of the developmentally disabled (DD) population who have been in contact with the MH system.
- Complete construction of the new Child & Youth Mental Health building within target timeframe (June 2006).
- Participate in PHSA IM/IT Communities of Practice initiatives by supporting the provincial Eating Disorders COP.

BC CENTRE FOR DISEASE CONTROL

The BC Centre for Disease Control (BCCDC) provides provincial leadership in public health through surveillance, detection, treatment, prevention, consultation, innovation, action and partnerships for a healthier British Columbia. The Centre's day-to-day public health work is done by specialized, yet integrated, operating services organized with a communicable disease (CD) core (which includes epidemiology services, hepatitis services, laboratory services, pharmacy and vaccine services, STD/AIDS control, tuberculosis control) and an environmental health (EH) core (which includes drug and poison information services, food protection services, radiation protection services). Research at BCCDC reflects its commitment to innovation in public health services.

Service Drivers

The table below provides activity levels at the BCCDC.

	2002/03 Actual	2003/04 Actual	2004/05 Actual	2005/06 Plan	2006/07 Plan	2007/08 Plan
Laboratory:						
All Tests for Respiratory Infection+	n/a	13,149	12,787	12,000	12,000	12,000
Water tests	63,105	71,895	77,332	75,014	77,265	77,265
HCV Tests	104,520	126,730	112,142	115,522	123,608	123,608
Lab investigations of GI & Resp Outbreaks ++	265	319	467	500	500	500
STD/AIDS:						
Notifiable Disease Incidence	8,973	8,500	10,572	10,000	10,000	10,000
Clinic Visits	11,671	11,500	11,077	11,500	11,500	11,500
Pharmacy and Vaccine Services:						
Number of prescriptions +++	32,483	35,200	29,664	32,600	32,600	32,600
Number of biologicals transactions	11,587	12,400	11,966	12,500	12,500	12,500
TB Control:						
Active cases under treatment	300	301	294	330	330	330
Clinic Visits ++++	26,630	25,810	25,630	25,000	25,000	25,000
Drug & Poison Control:						
Drug & Poison Calls ++++	38,126	38,400	39,900	38,500	38,500	38,500
+ Test volumes have increased and data for 02/03 is comprised of only a subset of Test for Respiratory Infection. For 03/04 forward, the number is representative of all the tests performed for Respiratory Infection ++ Noro virus has increased reported cases significantly +++ 04/05 actuals are lower than planned figures because of the way orders are measured through Lynden vs the Pharmacy BCM's system ++++ 04/05 actuals include estimations for Pd13						

2004/05 Strategic Initiatives

Major initiatives in 2004/05 include:

Vaccine Programs: BCCDC introduced the Varicella Vaccine High Risk Program at an annual cost of \$1.5 million and an adolescent Pertussis vaccine at a cost of \$800,000. The Varicella program was recognized to be needed universally and was implemented more broadly at an annual cost of \$2.5 million in 2004/05 (future annual cost is \$2.0M in 2006/07. Ministry of Health Service grant funding is budgeted to cover these incremental vaccine costs. BCCDC also worked with health authorities to maximize cost-effectiveness of the vaccine program by improving cost recovery for unused vaccines and other biologicals. This produced a savings of \$208,000 in 2004/05 with further savings of \$37,000 are expected in 2005/06.

Drinking Water Testing: BCCDC is working with the Ministry of Health Services and health authorities to expand and enhance drinking water microbiological testing. Significantly increased drinking water test volumes were projected as a result of the Action Plan for Safe Drinking Water in BC. The implementation of this increased volume has occurred more slowly than expected. Costs were \$330,000 in 2004/05 and are estimated to be \$250,000 in 2005/06 with an additional \$275,000 in 2006/07. The plan assumes costs will continued to be funded/recovered by the Ministry. PHSA costs were reimbursed in 2004/05; reimbursement for 2005/06 requires confirmation.

Lab Enterprise: BCCDC has collaborated with PHSA partners to improve the efficiency and effectiveness of laboratory services, sustaining and strengthening the capacity of laboratories to support public health functions. Planning for initiatives with the Lab Enterprise, including the planning for Laboratory Information System replacement was a key focus in 2004/05.

STD Control: Treatment protocols for Chlamydia were amended in 2004/05 to use an effective, lower-cost drug as a first line of treatment with estimated savings of \$42,000 annually. Results were partially achieved with the biggest challenge being the change in clinical practice. Efforts continue to educate clinicians on the alternative drug protocol.

West Nile Virus: 2004/05 was the second year of monitoring for West Nile Virus and no human cases, infected birds or infected mosquitoes were identified. A comprehensive surveillance program has been established including testing of birds, dead bird web reporting and mapping, mosquito trapping, identification and testing of human samples. With anticipated arrival in 2005, preparations are in place. To date the MoHS has approved a base increase of \$500K for this initiative in 2005/06.

Avian Influenza A: The year 2004 saw the introduction of a new strain of influenza A virus (H7N3) into poultry farms in the Fraser Valley. BCCDC enhanced surveillance of lab confirmed cases of influenza (VIRAP, routine H typing of selected influenza isolates), and collaborated with the Animal Health Centre in Abbotsford. BCCDC, worked with Michael Smith Genome Sciences Centre to sequence influenza viral genomes, and collaborate with the National Microbiology Laboratory in Winnipeg to prepare a seed stock for an H7N3 influenza vaccine.

Population Health Information System (iPHIS): In 2004 a report was prepared providing a national gap analysis of iPHIS. A costing model was developed to allocate the funding from CHI. Additional funding of \$700,000 was received to improve data standards, system capabilities of immunization services delivery and tracking.

SARS Research: Three vaccine candidates were developed and preliminary trials took place in 2004/05. One of these candidates is being further evaluated in anticipation of further study in human phase I/II trials in late 2005. Research activities continue in this area.

Meat Inspection: New legislation passed will result in increased costs for meat inspection, as well as an anticipated increase in Canadian Food Inspection Agency (CFIA) fees. Funding of \$375,000 was received in 2004/05 and was used on preparations to accommodate increased inspections from new plants coming on-line in the next two years. The majority of the cost increases have not yet taken place and BCCDC expects to see costs increase to \$500,000 in each of the next two years, which will be reimbursed by the Ministry.

Knowledge Transfer: BCCDC will continue to synthesize the evidence base for public health policy and program development. BCCDC will also continue to provide training and education for public health professionals and other partners concerned with the control and elimination of communicable diseases and environmental hazards. Outreach and centre based training continues as a high strategic priority in all program areas.

School for Public Health: BCCDC is collaborating with UBC and SFU concerning the development of schools of public health. Through the expansion of medical education in BC, it is envisioned that the additional strengths of the University of Victoria and University of Northern BC could also be harnessed with BCCDC serving as a primary training site for students in a School of Population and Public Health. These discussions continue.

Core Public Health Programs: BCCDC is facilitating the development of evidence-based Communicable Disease Core Programs and will collaborate with the Ministry of Health Services in the development of a new Public Health Act.

International Public Health Initiative: BCCDC supports provincial efforts to build a Pacific Centre for Disease Control and thereby strengthen public health capacity in British Columbia. This will be done by funding collaborations with countries throughout the Pacific Rim region.

PHSA Prevention, Promotion and Protection: BCCDC supports PHSA activities to create an integrated prevention, protection and health promotion capacity based upon public health and population health programs and strategies including communicable disease control, chronic disease management and prevention, environmental health, cancer prevention, injury prevention, mental health promotion and addiction prevention. These efforts are reported under the Strategic Management portfolio.

Hepatitis Prevention and Care: BCCDC provides provincial and national leadership to develop and implement evidence-based best practices for integrated prevention, care and treatment of viral hepatitis. The program uses a model of interdisciplinary collaboration, inter and intra-sectoral partnerships with each health authority to support individuals and vulnerable populations infected or at-risk of becoming infected with viral hepatitis. In 2004/05 two new three-year grants for \$600,000 each were secured.

Administrative Efficiencies: Reducing overhead rent costs, various non-labour cost reductions and a time lag in recruitment of a director position resulted in savings of \$155,568.

2005/06 Service Plan Strategic Initiatives

The key focus of service delivery and initiatives for 2005/06 is continuing to support and develop the BCCDC mandate to serve the province and support national initiatives with state of the art public health surveillance, detection, treatment, prevention and consultation services. BCCDC is also focused on ensuring it can provide direct diagnostic and treatment services for people with diseases of public health importance. Many of the centre's key volumes are expected to increase next year for example, in the area of laboratory testing for hepatitis, chlamydia and drinking water. The centre will continue the development of new immunization programs begun in 2004/05 year and will introduce two new programs. Plans include preparation for effective response to emerging diseases and outbreaks and continuing to make important contributions through policy support, research and collaborations.

The budget for BCCDC programs has grown in the past few years, principally due to the addition of new vaccines through base funding increases, as well as one time funding for various other programs. Revenue and expenditures for BCCDC Laboratory and Diagnostic Imaging are included in the table below but also presented separately in the separate sections for those two functions, later in the Service Plan.

	<u>2005/06</u>	<u>2006/07</u>	<u>2007/08</u>
\$ Millions			
Revenue	(80.68)	(81.59)	(82.28)
Less Lab	(18.25)	(18.52)	(18.82)
Less Diag Imag	(0.13)	(0.13)	(0.13)
Revised Revenue	<u>(62.30)</u>	<u>(62.93)</u>	<u>(63.33)</u>
Expenditures	80.68	81.59	82.28
Less Lab	18.25	18.52	18.82
Less Diagnostics	0.13	0.13	0.13
Total Expenditures	<u>62.30</u>	<u>62.93</u>	<u>63.33</u>
Net Expenditures	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

Included within the growth in expenditures are the following program investments.

Program Investments \$ Millions	2005/06	2006/07	2007/08
Vaccines	2.4	0.2	
Meat Inspections	0.1		
Water Testing	0.3	0.3	0.3
Other	<u>0.4</u>	<u>0.3</u>	<u>0.3</u>
	4.1	1.3	1.2

In addition to continued work on many operational efforts and other strategic activities not yet to the formative stage, the BCCDC's strategic initiatives for 2005/06 include:

Vaccines (FS2, SD4): Vaccines continue to be a core business for the BCCDC. In addition to continuing delivery of the existing vaccination programs, the 2005/06 year will see the introduction/ expansion of the following:

- Meningococcal C conjugate vaccine for grade 9 students (until 2006); Infants starting June 1, 2005 at 2 and 12 months, grade 12 students starting in September 2005.
- Varicella vaccine for susceptible infants, and women of childbearing age. (Children 18 to 60 months on opportunistic model for one year only).
- Determination of reasons for slow uptake of some vaccines.

- Work with health authorities on improving cost recovery for unused vaccines and other biologicals. Estimated savings of \$37,000 in 2005/06.

Antibiotic Consumption Reduction (FS3, SD2): Pharmacare will fund the BCCDC \$1.3 million over a three-year period, starting in 2005/06, to initiate the "Do Bugs Need Drugs" program to reduce antibiotic consumption in the Province of BC.

West Nile Virus (FS1, FS2, SD4): Continued preparations for anticipated arrival of West Nile Virus including: testing and tracking.

Pandemic Preparedness (FS1, FS2, SD4): Liaise and participate in the updating of the BC Pandemic Influenza Preparedness Plan and continue anti-viral stockpiling of oseltamivir.

Needle Exchange Program: BCCDC is experiencing cost pressures in this new program. The PHSA has not budgeted for these cost pressures.

iPHIS Upgrades (FS6, ES1): During 2005/06 BCCDC will implement version 6.5 of the iPHIS product that will greatly enhance the tracking and delivery processes of vaccinations in BC (by Spring 2006).

BC Environmental Health Centre (FS2, FS7, SD3, SD4): A proposal has been developed to create the BC Environmental Health Centre to focus provincially on the Environmental Factors on Health. This proposal is currently seeking funding and will proceed in 2005/06 if the funding is made available.

National Collaboration Centre for Public Health (FS2, FS7, SD4): The Public Health Association of Canada has announced collaboration centres across the country. BCCDC has recently submitted a request for funding for 2005/06 to develop an overall strategy, plan and pilot deliverables. BCCDC feels this opportunity can be leveraged to support many of the provincial activities as well. Pending funding, BCCDC anticipates moving forward with this work in 2005/06.

Patient Safety – Infection Control (FS1, SD3): The MoHS has provided \$500K to support the development of the Provincial Infection Control Network. This network of infection control officers, clinicians and laboratory specialists is focused on monitoring and reduction of complications arising as a result of infection in the health care environment.

MEDICAL AFFAIRS, QUALITY, SAFETY & RISK MANAGEMENT

The Medical Affairs, Quality, Safety and Risk Management portfolio is responsible for coordinating the credentialing and privileging process for all medical staff appointments to the PHSA. The Medical Staff Office processes new and renewal medical staff applications in accordance with the Medical Staff Bylaws and Rules. Medical Affairs supports the departmental review process for the agencies and administers matters related to medical staff conduct and legal issues.

The Medical Affairs, Quality, Safety and Risk Management portfolio is accountable for clinical and related risk and safety management and quality improvement systems for the PHSA and its agencies. To achieve an environment that values accountability to the public, clinical review and improvement and safety for patients and staff, the department builds on the existing initiatives and expertise within the agencies. The department promotes patient care and clinical processes by fostering the development of a quality and safety culture. At other times, leadership and direction are provided to address specific issues, solve problems, mitigate risk, or manage legal issues. The vice-president communicates quality and safety issues, projects and performance to the PHSA Board of Directors.

The Medical Affairs, Quality, Safety and Risk Management portfolio is also responsible for physician compensation in addition to the long- and short-term strategic planning, policy development and evaluation of risk management and quality improvement strategies.

2004/05 Strategic Initiatives

The primary 2004/05 initiatives undertaken in Medical Affairs, Quality, Safety and Risk Management included:

Institutional Accreditation: C&W and BCCDC and Corporate Human Resources achieved three-year accreditations in 2004/05.

Patient Satisfaction Measurement Tools: PHSA participated in the Provincial Review of Emergency Services, which included the Emergency Department at Children's Hospital. Patient satisfaction tool development in both Maternity and Pediatrics continues.

Safety Blueprint: In 2004/05 safety initiatives were implemented in accordance with CCHSA Standards, BC Patient Safety Task Force goals and PHSA direction. The Patient Safety Internship Program was established and grant funding for a Healthy Workplace Initiative was secured. PHSA established the relationship with the western provinces, participated in the Canadian Medication Incident Reporting and Prevention System project and consulted on the development of the Canadian Patient Safety Institute. Quality Improvement Collaboratives were initiated for BC Women's Post-Partum Program and Children's ICU.

Incident Reporting Tools: Phase 1 of the Incident Reporting Information System (IRIS) Project completed a Provincial Feasibility Study in 2003/04. PHSA anticipated rapid implementation of incident reporting tools in conjunction with the Clinical Information Systems (CIS) project. As the CIS project was not moving in lock step with the objectives of the Incident Reporting Project, PHSA supported a provincial scope with the Phase II work on incident reporting in collaboration with other health authorities and the Health Care Protection Program.

Quality Indicators: Quality Indicators to monitor performance for BCPRA and Cardiac Services were developed in 2004/05.

Physician Manpower Plans: As per the plan, physician manpower plans were substantially completed in 2004/05. 2005/06 will focus on the Provincial Planning for Perinatology and Medical Genetics.

Medical Staff Bylaws/Code of Behaviour: Medical Staff Bylaws were completed in 2004/05 with Rules and Codes of Behaviour to be integrated and completed in 2005/06.

Pediatric Practice Plan: A proposal was completed in 2004/05 with implementation activities underway.

Physician Accountability Framework: With approximately 85 per cent of the work completed in 2004/05, the integration into the Rules as noted above will be the focus in 2005/06.

2005/06 Service Plan Strategic Initiatives

The following table includes Medical Affairs, Quality, Safety and Risk Management

	<u>2005/06</u>	<u>2006/07</u>	<u>2007/08</u>
\$ Millions			
Revenue	(17.26)	(17.26)	(17.26)
Expenditures			
Compensation	12.09	12.11	12.13
Other	7.82	7.80	7.78
Total Expenditures	<u>19.91</u>	<u>19.91</u>	<u>19.91</u>
Net Expenditures	<u>2.66</u>	<u>2.66</u>	<u>2.66</u>

Medical Affairs, Quality, Safety and Risk Management will engage in the following activities related to Key Strategic Initiatives in 2005/06:

Institutional Accreditation (FS1 to FS7, SD1 to SD4): 2005/06 will prepare BCCA, BCPRA and BCTS for the accreditation process. Ongoing efforts are required to support accreditation activities in all corporate areas of PHSA, with a focus on IM/IT this year.

Patient Satisfaction Measurement Tools (FS1, SD3): 2005/06 will focus on the development of patient satisfaction tools in Ambulatory Oncology.

PHSA Safety Program (FS1, FS6, SD1, SD3, ES1): The 2005/06 workplan includes working with CIHI on adverse event studies, continuing and expanding training efforts within the Patient Safety Internship Program, implementing the Healthy Workplace Initiative and participating in the Institute for Healthcare Improvement's 100,000 Lives Saved Campaign.

Incident Reporting Tools (FS1, FS3, FS6, SD3, SD4): Phase II of the IRIS Project will be completed, resulting in the definition of requirements and the selection of an Incident Reporting Information System. Implementation will follow the successful procurement of a system.

Quality Indicators (FS1, FS3, SD2, SD3): The Quality Indicators to monitor performance for BCPRA and Cardiac Services that were developed in 2004/05, as well as the development of quality indicators across the PHSA, will be reviewed in the context of a PHSA Balanced Scorecard.

Physician Accountability (FS4, FS5, FS7, SD1, ES1, ES2, ES3): This initiative now encompasses several efforts made over the last two years including manpower planning, Bylaws, Codes of Behaviour & Rules, accountability and service plans. The 2005/06 fiscal year will focus on completing the integrated Codes of Behaviour & Rules, Provincial Planning for Perinatology and Medical Genetics physician manpower and implementation of the Pediatric Practice Plan which will include augmenting, through the CHN, service delivery

capacity in those geographic regions with the highest pediatric populations, specifically – joint planning with Fraser Health and Surrey (service capacity transfer targets are included in the Pediatric Practice Plan proposal).

Terms and Conditions of Employment (FS4, ES1): The 2005/06 fiscal year will address the Terms and Conditions of Employment for the medical staff across the PHSA including benefits considerations and other contract terms.

British Columbia Patient Safety Task Force (FS1, SD3): The MoHS has provided \$1.0 million in new multi-year one time funding to address patient safety issues across the Province. The PHSA is leading the initiative, and in conjunction with the other health authorities, 2005/06 goals are being developed. The goals include BC's participation in the national "Safer Health Care Now" programme, the Canadian complement to the IHI 100K Lives Campaign.

PHSA LABORATORIES

PHSA Laboratories (formerly known as Lab Enterprise (LE) represents the integration of the four labs of PHSA agencies: Children's & Women's; BCCA; BCCDC and Riverview/ Forensic. PHSA Laboratories will strongly support the vision, strategy and driving imperatives of its owner-agencies and ensure its core focus is driven by the clinical needs of its owner-agencies. PHSA Laboratories will focus on the practice of academic laboratory medicine and emphasize the pursuit of academic and service excellence. It will innovate within its areas of specialization and show bias towards activities that provide education, research and service in combination. Finally, PHSA Laboratories will expand its reliance on demonstrated quality practice and ensure that its core knowledge and skills are widely clinically available.

Service Drivers

Because of the MoHS requirement to report on a legal entity basis each agency's revenue and expenditures related to Laboratory are reported in their individual sections but they are also included here to show the magnitude of this redesign initiative.

PHSA Laboratories:

	2002/03 Actual	2003/04 Actual	2004/05 Actual	2005/06 Plan	2006/07 Plan	2007/08 Plan
Laboratory Procedures:						
BCCA	4,163,797	4,220,958	2,928,474	1,768,879	631,481	675,891
C&W *	2,345,492	2,395,986	2,312,103	2,423,152	2,544,309	2,671,525
BCCDC	-	1,765,090	1,830,898	1,459,358	1,077,838	1,034,508
BCMHS	242,364	247,479	244,839	249,277	249,277	249,277
Lane Level Laboratory	-	-	-	1,519,429	3,133,641	3,232,361
Total Tests	6,751,653	8,629,513	7,316,314	7,420,094	7,636,546	7,863,561
* 04/05 Actual P13 contains accruals for some departments based on 03/04 Period 13 Actuals						
** LLL projections are based primarily on planned test (procedures) volumes for 05/06. Transfer of Virology, Serology, Non-Viral Serology, Tumor Markers, and CCSP. Start up part way through 05/06.						

2004/05 Strategic Initiatives

The primary initiative during 2004/05 was the formation and planning of PHSA Laboratories itself. Initiatives undertaken at the individual lab level are reported in each of the respective agencies. Beginning in 2005/06, all initiatives related to PHSA Laboratories are to be reported on a consolidated basis within the PHSA but for MoHS reporting purposes Lab costs will need to be allocated back to the legal entities.

2005/06 Service Plan Strategic Initiatives

The 2005/2006 Fiscal Year will be a period of intense activity for PHSA Laboratories as the groundwork laid in 04/05 is translated into action. PHSA Laboratories will transform the four separate agency laboratories into a coherent, united laboratory organization serving the needs of each agency and other customers. The premise behind PHSA Laboratories is that low value-adding activities will be de-emphasized to permit a focus on knowledge-generation, the creation of new tests and technologies, and a service approach that emphasizes exceptional responsiveness to clinicians and other stakeholders. This will require a considerable restructuring of

the current operations, enhanced by the implementation of a single laboratory information system to unite activities on all sites.

During the 2005/06 year, PHSA Laboratories will continue to work with the PLCO. The PLCO provision of \$2.7 million operating and capital funding in 2004/05 enabled PHSA Laboratories to make significant progress towards its goals in service transformation and the development of province-wide specialized laboratory services. The PHSA in partnership with the PLCO are undertaking seven new initiatives to develop innovative laboratory program approaches in the following areas:

- Improve approaches to newborn and cervical cancer screening
- Develop a provincial framework for molecular diagnostic microbiology
- Expand remote access to Haematopathology testing
- Create an Environmental Centre of Excellence to enhance BC's management of quality drinking water.
- Develop Canada's first centre for clinical genomics focussed on translational research in new areas of predictive testing.
- Support the establishment of a Centre of Excellence in Forensic Medicine to guide the future development and delivery of forensic toxicology and pathology.
- Investigate the potential for province-wide pathology reports that will support consultation services to remote communities.

Collaborations and partnerships between the PLCO and the PHSA will continue to be a significant part of the service plan in 2005/06 year.

Because of the MoHS requirement to report on a legal entity basis each agency's revenue and expenditures related to Laboratory are reported in their individual sections but the sum of the agencies' laboratory expenditures/revenue are also included here to show the magnitude of this redesign initiative.

	<u>2005/06</u>	<u>2006/07</u>	<u>2007/08</u>
\$ Millions			
Revenue			
from C&W	24.69	24.69	24.69
from BCCA	17.50	17.50	17.50
from BCMH	2.54	2.54	2.54
from BCCDC	18.25	18.52	18.82
Revised Revenue	<u>62.98</u>	<u>63.25</u>	<u>63.55</u>
Expenditures			
from C&W	(24.69)	(24.69)	(24.69)
from BCCA	(17.50)	(17.50)	(17.50)
from BCMH	(2.54)	(2.54)	(2.54)
from BCCDC	(18.25)	(18.52)	(18.82)
Total Expenditures	<u>(62.98)</u>	<u>(63.25)</u>	<u>(63.55)</u>
Net Expenditures	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

PHSA Laboratories will engage in the following key initiatives going forward:

LIS Implementation (FS6, ES1, ES3): The new PHSA Lab Information System will go live in November 2005. The go live date was driven largely by the delays in vendor selection and validation.

Process Redesign (FS5, SD1, ES1, ES3): Realignment of laboratories and reconfiguration of staffing resources across the PHSA will take significant effort. The 2005/06 fiscal year will see the opening of the Lane Level Lab that will realize \$1.5 million of these savings annually.

Materials Consolidation and Savings (FS5, SD1, ES1): PHSA Laboratories' current reagent costs are \$12.5 million per annum. These costs are considered excessive because of the wide array of analytical platforms and test approaches used across the four laboratories. This project will reduce the Laboratories' reagent costs by \$750,000 annually by the end of this fiscal year. Its success is dependent on a reduction in platforms and testing modalities across all sites.

Specialty Program Consolidation (FS5, SD1, ES1, ES3): This project will create single Microbiology, Anatomical Pathology, Chemistry and Hematology programs for PHSA Laboratories. For microbiology, testing will largely be consolidated to the BCCDC site with medical consultation to be provided on all PHSA Laboratories' sites as required.

DIAGNOSTIC IMAGING

PHSA Diagnostic Imaging (DI) provides a complete range of diagnostic, interventional treatment services at Children's and Women's Health Centre, Sunny Hill Centre for Children, BCCA (direct or through agreement with host hospitals), BCCDC and BCMHS. DI also provides imaging consultation services that reach outward to other acute and community facilities throughout British Columbia. The modalities provided in PHSA Imaging include general radiography, angiography, nuclear medicine, ultrasound, mammography, special procedures, CT and MRI.

In addition to the patient care service, PHSA Imaging provides an array of services to foster research and educational development including supporting post secondary educational programs for the clinical and technical training of personnel in conjunction with the University of British Columbia, the British Columbia Institute of Technology and supporting research programs for enhancing the development and application of imaging science and technology for diagnostic and treatment purposes.

Service Drivers

The long term future of diagnostic imaging services offered by the PHSA will be determined by two unknowns - the degree to which diagnostic imaging providers will integrate to deliver diagnostic imaging services, and by the range or mix of diagnostic imaging equipment available for use. To gain clarity on these, the PHSA Imaging services are undergoing redesign based upon four known drivers:

1. The need to screen, diagnose, treat and monitor conditions earlier to mitigate resource consumption.
2. Imaging technology continues to evolve faster than its useful life, but will need to produce improved benefits faster.
3. A more knowledgeable and demanding public continues to emerge.
4. Demands from the public, government and all health care providers for tangible outcomes and proof of benefit.

Diagnostic Imaging:

	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
Exams:	Actual	Actual	Actual *	Plan	Plan	Plan
BCCA	30,335	28,176	29,404	30,326	31,830	32,030
C&W *	80,524	82,498	83,797	87,878	92,850	96,700
BCMHS	1,353	1,295	1,306	1,300	1,300	1,300
Total	112,212	111,969	114,507	119,504	125,980	130,030

* 04/05 Actual P13 contains accruals for some departments based on 03/04 Period 13 Actuals

2004/05 Strategic Initiatives

The 2004/05 Fiscal Year saw the formation of the single Diagnostic Imaging service for PHSA. Highlights from DI initiatives across PHSA include:

- MRI Replacement at BCCH,
- PACS Implementation at BCCH, and
- Review of DI services completed for all of PHSA.

Detailed initiatives undertaken at the individual agency level are reported in each of the respective agencies for 2004/05. Beginning in 2005/06, all initiatives related to Diagnostic Imaging will be reported here.

2005/06 Service Plan Strategic Initiatives

The 2005/06 fiscal year will be a period of intense activity for PHSA Diagnostic Imaging. Because of the MoHS requirement to report on a legal entity basis each agency's revenue and expenditures related to Diagnostic Imaging are reported in their individual sections but the sum of the agencies' Diagnostic Imaging revenue/ expenditures are also included here to show the magnitude of this redesign initiative.

	<u>2005/06</u>	<u>2006/07</u>	<u>2007/08</u>
\$ Millions			
Revenue			
from C&W	10.73	10.73	10.73
from BCCA	9.86	10.37	10.64
from BCMH	0.23	0.23	0.23
from CDC	0.13	0.13	0.13
Revised Revenue	<u>20.95</u>	<u>21.46</u>	<u>21.73</u>
Expenditures			
from C&W	(10.73)	(10.73)	(10.73)
from BCCA	(9.86)	(10.37)	(10.64)
from BCMH	(0.23)	(0.23)	(0.23)
from BCCDC	(0.13)	(0.13)	(0.13)
Total Expenditures	<u>(20.95)</u>	<u>(21.46)</u>	<u>(21.73)</u>
Net Expenditures	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

Diagnostic Imaging will engage in the following key initiatives going forward:

Workflow Redesign (FS5, FS6, SD1, ES1): The creation of the single DI service for PHSA coupled with new technology implementation offers the opportunity to redesign workflow from a number of aspects. PHSA will focus efforts in redesign related to filmless workflow which is expected to generate future savings from film and film processing.

Future Vision/ Project Charter (FS5, ES3): The development of the vision for the future of consolidated DI at PHSA as well as a clear plan for how we will get there will be a key effort of this group in 2005/06.

Reporting and Performance Measurement (SD1, ES1): The year will see the development of a reporting template for PHSA DI with specific performance measurement identified and processes for collection and reporting of data.

PACS/RIS Deployment (FS6, SD1, ES3): PHSA Single PACS/RIS solution deployment continues at BCCA, BCCDC and BCMHS in 2005/06. The enormous efforts to implement new technology across three PHSA agencies will take much of the time and energy of DI team.

CT Replacement at BCCA (ES1, ES3): In accordance with the multiyear capital plan identified in DI, the CT replacement at BCCA will take place in mid 2005/06.

In 2006/07, PHSA DI expects to roll out staffing plans and address ongoing needs of the consolidated services in accordance with the project charter to be developed in 2005/06.

STRATEGIC HEALTH DEVELOPMENT

The Strategic Health Development (SHD) portfolio consists primarily of the following elements:

- Provincial strategic program development, which includes the coordination, planning, development, implementation, monitoring and evaluation of selected province-wide programs delivered by Regional Health Authorities, including emergency, surgical, trauma and thoracic surgery services.
- Provincial telehealth services coordination.
- Health services contract agreements with health authorities and third parties.
- Population health surveillance and disease control planning.
- Information management and information technology (detailed in next section).

2004/05 Strategic Initiatives

Strategic Health Development delivered all budgeted services within 2004/05.

The following Strategic initiatives were initiated or completed in 2004/05:

Emergency Services Review: The Chartering process for 2004/05 was completed in December 2004. The 2005/06 Charter has also been substantially completed.

Surgical & Procedural Services Review: Development of clinical assessment tools for all surgical specialist groups has been started and will be complete in Summer 2005. Pilot data collection has commenced in one specialty area. In Fall 2005, the Research and Evaluation Committee was formed to review and validate the clinical assessment tools. A plan has been completed for the renewal of the Provincial Surgical Patient Registry and the first phase will be completed by the end of April 2005.

Thoracic Surgery Program: In 2004/05 programs were initiated in both VIHA and FHA as planned.

Visudyne, Cochlear Implants: The planning process for Visudyne is complete. Decentralization of the Visudyne program into the health authorities will be addressed in 2005/06. Cochlear implant wait time targets have been set for both adult and pediatric populations. Thirty-three implants were completed in the adult population in 2004/05 and there are 35 patients currently waiting for the procedure and 55 waiting for an assessment.

Telehealth: The 2004/05 fiscal year saw completion of the reorganization and integration of telehealth services within the PHSA. A Provincial Telehealth Office within PHSA to support the Provincial Telehealth Steering Committee was established to continue to provide operational, policy and planning support to telehealth service providers and Regional Health Authority telehealth coordinators.

Trauma: A plan is currently being developed for provincial Trauma services.

Primary Care and Chronic Disease Management: A project was initiated in 2004/05. In 2005/06 the Shared Care Network Development Initiative will be testing communication mechanisms and applying patient navigation concepts in five proof-of-concept sites as a method to enhance continuity of care.

Primary Health Care Transition Project: All approved initiatives have been implemented. Currently, an evaluation framework is being developed for the projects under Health Canada guidelines to be applied in 2005/06.

Population Health Surveillance & Disease Control Planning: The BC Population Health Network was established. Prevention, Promotion and Protection business case for chronic disease surveillance, knowledge products beginning with Healthy Weights and Tobacco and PHSA agency primary prevention initiatives were approved.

Third Party Contracted Services: A preliminary plan for PHSA health service contracts was completed. Discussions have begun with health authorities and non-profit organizations to rationalize the PHSA role and to ensure accountability for those PHSA contracts that are retained.

2005/06 Service Plan Strategic Initiatives

Expenditures in SHD are provided in the table below. This portfolio includes IMIT and as part of it Clinical Information Services and Telecom. Generally, this portfolio’s operating budget remains stable with some budget mobility required to prioritize business and clinical system investments to support evolving redesign priorities. Base funding of \$885K has been approved to address specific cost pressures being experienced by the various health services contracts.

	<u>2005/06</u>	<u>2006/07</u>	<u>2007/08</u>
\$ Millions			
Revenue	(0.39)	(0.39)	(0.39)
Expenditures			
Compensation	23.46	23.75	24.05
Other Expenses	15.94	16.13	16.13
Total Expenditures	<u>39.39</u>	<u>39.89</u>	<u>40.18</u>
Net Expenditures	<u>39.00</u>	<u>39.49</u>	<u>39.79</u>

The following key initiatives will be undertaken by SHD:

Provincial Emergency Services Project (FS6, SD3): Deliverables for 2005/06 include:

- Three-year plan for Provincial Critical Services Committee.
- Supporting implementation of health authority Emergency Department outflow action plans through best practice guidelines and tool kits.
- Development of the Provincial Trauma Services Strategy.
- Classifications, Provincial formula for crash carts and core competencies for Rural Emergency Departments.
- Implementation of one high volume/high risk protocol within health authority Emergency Departments.

Provincial Surgical Services Project (FS6, SD3): Deliverables for 2005/06 include:

- Development of a three-year strategic plan including registry sustainment plan.
- Completion of clinical assessment tools and pilot.
- Completion of the Phase 2 plan for provincial rollout of assessment tools.

- Completion of Phase 2 plan for development of the new Surgical Patient Registry.
- Beginning of province-wide implementation of clinical assessment tools and the new Surgical Patient Registry.

Prevention, Promotion and Protection - Projects and Infrastructure (FS2, FS3, SD3, ES2): This initiative includes implementing 2005/06 plans of the BC Population Health Network, application of the evaluation framework for Primary Care Transition projects including the Shared Care Network Development Initiative and the implementation of the business case with a focus on developing a surveillance team, knowledge products and networking forums and implementing PHSA Agency plans for primary prevention.

INFORMATION MANAGEMENT & INFORMATION TECHNOLOGY (IMIT)

IMIT, part of the Strategic Health Development portfolio, provides services that plan, operate and maintain the technology infrastructure and data stores required to meet the communication and information needs of the PHSA. These services extend from the desktop workstation to the data Centre and from individual facilities to networks that link the PHSA with the rest of the health care community. More than 200 computer applications and 20,000 technology devices are supported. IMIT also provides the information management infrastructure and services required to support clinical decisions, knowledge development, and both the paper and electronic health record.

A key part of the IMIT portfolio is the coordination with provincial direction and responsibilities as determined at the Provincial CIO Council and E-Health Committee. Many of the initiatives undertaken in this portfolio have an impact outside of the PHSA as do projects undertaken in other health authorities. A close and productive relationship with all health authorities and the Ministry is critical the IMIT success at PHSA and within the province.

2004/05 Strategic Initiatives

The following initiatives and accomplishments were made in 2004/05.

Electronic Health Record (EHR): In 2004/05 PHSA implemented the initial functionality of the Electronic Health Record at Children's and Women's Health Centre. Major focus was also placed on infrastructure requirements for continued rollout including access management models, portal development and feeder system upgrade planning.

Information Technology Systems: The 2004/05 fiscal year saw creation of the PHSA-wide network including a single domain model enabling users to access resources from any location within PHSA (including common email and personal scheduling). PHSA is considering the initiation of a data-warehousing project to address data from business and clinical data sources. **IT-enabled collaboration and communications:** The year saw completion of the planning and piloting of the Communities of Practice tools and initial rollout. The PHSA intranet was implemented as well as internet infrastructure and sites upgraded. **Application Services:** PHSA completed the implementation of supply chain management modules in 2004/05 and created a stable PeopleSoft sustainment environment. Clinical applications engaged in planning and implementation of several major systems including transfusion medicine, PACS and the storage grid for diagnostic images. The VARIIS radiation oncology system was upgraded. PHSA-wide laboratory information system implementation is well underway. A contract was signed for a clinical information system and an integrated CIS/EHR proof of concept was developed. Pharmacy systems at BCCDC and C&W were consolidated. The infrastructure for Cerner was upgraded and system support for Cerner outsourced to VIHA. Public Health Information System (iPHIS) was insourced. **Privacy and Security:** During 2004/05 PHSA completed preliminary planning for addressing privacy and security concerns regarding personal information. This involved role-based access modeling, working with other health authorities in the development of standard approaches and PHSA corporate policy development.

Voice, Video and Data on Demand: In 2004/05 the videoconferencing bridge was implemented to enable communications with video across the province and enhance the ability to engage in telehealth activities.

In addition, PHSA upgraded the dictation system, consolidated transcription services and implemented a new transcription system at C&W. Report distribution services were provided for VIHA.

2005/06 Service Plan Strategic Initiatives

The following are the key strategic initiatives for IMIT for 2005/06. All of the strategic initiatives for PHSA are planned and undertaken with significant consideration and in some cases planning and coordination provincially through the CIO Council and the E-Health Committee.

Some reference to multiyear plans will be made here. More detailed initiatives for the next three years will be identified in the three-year IMIT plan to be submitted as requested by the Ministry.

Electronic Health Record (EHR) (FS6, ES1, ES3): In 2005/06 PHSA will complete the implementation of the EHR Viewer at C&W and will engage BCCDC in planning for implementation. Planning for Mental Health will begin as soon as possible. In addition, detailed planning for C&W and BCCA CIS implementation will occur. Provider Registry connectivity will be addressed in 2005/06 as well as EMPI Implementation for PHSA and connectivity with provincial Client Registry.

Feeder System Implementations (FS6, ES1, ES3): The PHSA-wide LIS is scheduled to go live in November 2005. Diagnostic Imaging will be rolling out RIS and PACs in 2005/06. Other individual systems will be supported in their implementations throughout the next three years.

PHSA Portal (FS6, ES1, ES3): Portal development continues to be a key thrust for PHSA. The infrastructure pieces are being developed in conjunction with the actual portal (e.g. identity management and authentication).

Computerized Physician Order Entry (FS1, FS6, SD2, ES1, ES3): During 2005/06, PHSA will engage clinicians in the planning of clinical information system components. The goal in 2005/06 will be to begin the implementation planning and delivery of Physician Computerized Order Entry and clinical decision support functionality.

Business Systems (FS6, SD1, ES1, ES3): In 2005/06, IMIT will continue to support the many Business Process Redesign efforts taking place within the business system areas. Continued implementation of additional modules and functionality will proceed in accordance with individual area timelines.

Federated Provider Identity Management and Authentication (FS6, SD3, ES1): The fiscal year will see completion of detailed planning for the single identify management and authentication processes. This will ensure ease of access to role appropriate information from anywhere, within a domain or entering via Internet Portal.

OTHER CORPORATE SERVICES

Other corporate services for PHSA including Finance, Human Resources, Business Development and Services Delivery, Facilities and Communications. Each of these areas was consolidated in prior years and they are jointly represented in this section.

2004/05 Strategic Initiatives

Following the restructuring and process redesign that occurred with consolidations in 2003/04, many areas continued processes of redesign and restructuring in 2004/05 in order to deliver PHSA's Performance Agreement commitment to reduce costs in administration and support by 7 per cent.

Finance and Human Resources met its targets to the end of 2004/05. An investment in building maintenance of \$450,000 in 2004/05 that annualizes to \$1.2M will support an aging infrastructure. Costs in food services and housekeeping service contracts with third parties increased approximately \$200,000 in fiscal year starting in 2004/05.

Significant 2004/05 initiatives include:

Consolidation of Corporate Services: The consolidation of Health Records produced savings of \$482,000 in 04/05.

Human Resources:

Labour negotiations in 2004/05 generated savings of 4% in the Facilities and Community Sectors for a cost savings of \$1,372,000 in 04/05.

HR Processes Redesign: Conducted business process review and redesign organization-wide HR processes and practices including the implementation of strategic HR, compensation/ recruitment/ retention, employee/employer relations, learning and development and wellness/safety and employee programs.

Services Delivery:

Outsourcing Support Services: Including the annualizing impacts of housekeeping and food services, and other initiatives, such as grounds keeping and process improvements, this produced approximately \$5.0 million in savings during 2004/05. Cost in food services and housekeeping service contracts with third parties are projected to increase approximately \$200,000 in fiscal year 2005/06.

MedBuy & Group Buying Power: MedBuy contract conversions, carried out in 04/05, produced significant net savings and cost avoidance in supply costs and life support.

Print Review: A comprehensive print review was carried out across the agencies for savings in service redesign, equipment purchase buying power through MedBuy vendors, and technology. The project is at the proposal stage now with some \$600K in identified savings.

Facilities:

C&W Research Expansion: Delays in approval processes put this project a couple of months behind schedule. Construction will begin in May 2005 with an estimated completion date in early 2007.

The **master plan for the Oak Street site** of Children's and Women's Hospital is completed in draft. This will be finalized in 2005/06 and will commence subject to funding availability.

The new **BC Cancer Research Centre** was completed and is now occupied. The old building will be demolished in 05/06.

Finance:

In 2004/05 progress was made in implementing technology enabled **workflow and self service solutions in finance** (e.g. e-procurement and electronic funds transfer) and to reduce duplication and streamline activities. At the same time Finance and Decision Support Services has been able to improve access to information. New business intelligence cubes were built for Lab Enterprise and Admin and Support in 2004/05. Agreement was also reached with IWK, CHEO and TSK to share financial and statistical data with C&W for benchmarking purposes.

2005/06 Service Plan and Strategic Initiatives

The following table includes Business Development and Services Delivery, Facilities, Human Resources, Finance and Communications.

	<u>2005/06</u>	<u>2006/07</u>	<u>2007/08</u>
\$ Millions			
Revenue	(7.67)	(7.67)	(7.67)
Expenditures			
Compensation	44.32	44.73	45.15
Other Expenses	51.46	51.80	51.85
Total Expenditures	<u>95.77</u>	<u>96.54</u>	<u>97.00</u>
Net Expenditures	<u>88.11</u>	<u>88.87</u>	<u>89.33</u>

Some of the key corporate service initiatives planned for 2005/06 to 2007/08 include:

Human Resources:

Implementation of **Wellness in the Workplace Program (FS4, SD4)**.

Labour negotiations (FS4) are expected to generate a savings \$1,219,000 in 2005/06.

Continued Technology Focus (FS6, SD1, ES3) on data clean up, access/security trees and People Soft Upgrade planning.

Strategic focus on **attraction and retention (FS4, ES1)** across the organization.

Services Delivery:

Print Review (FS5, SD1): The proposal developed in 2004/05 will be transformed into an action plan and implementation will take place (dependant on funding) in 2005/06 with expected savings of \$600K in all agencies for supply costs (toner, paper, maintenance) and cost avoidance in capital and operating equipment purchases.

Travel (SD1): by centralizing travel arrangements through one travel agent, a savings of \$300K is achievable for air/accommodation/car rental because of group buying power, volume discount and compliance to travel policies. Savings will be realized if agencies and staff cooperate in the central booking processes and internet ticketing functionality will improve delivery to staff.

Further Supply Savings (SD1): there is an additional \$600K in savings anticipated in 05/06 as more contracts are rolled into the MedBuy group buying initiative and benefits are achieved in supply cost reductions and rebate increases.

Facilities:

C&W Research Expansion (FS3, FS4, ES1): Continue planning for Phase 2, subject to receipt of necessary approvals, begin construction, with completion expected in 2006.

Finalize the **master plan for the Oak Street site (ES1, ES3)** of Children's and Women's Hospital and begin implementation (subject to funding confirmation).

Finance:

Continue to rollout **technology and process changes (FS5, SD1, ES1)** to reduce costs as well as optimize processes by implementing additional modules, and move to consolidated timekeeping.

Several new business intelligence cubes will be released: ICD-10 DAD cubes for CH and WH, a PHSA Consolidated Diagnostic Imaging Cube, and a combined Finance/Statistics cube. The benchmarking project for C&W will be implemented.

Communications:

Enterprise Portal Pilot Project (FS6, SD3, ES2): The development of pilots of Communities of Practice in 2004/05 as well as the launching of a PHSA wide intranet provides the foundation for greatly enhanced communications throughout the organization. 2005/06 will focus on harnessing the capabilities of these technologies and orientation and encouragement for new ways of communications to take place.

Strategic Planning (FS4, ES1, ES3): With the organization firmly entrenched in redesign and moving quickly to true innovation in health care, communications has never been more critical to supporting change. A strategic plan for PHSA Communications will focus on fundamentally shifting the communication approach within and throughout the organization.

SECTION 3

Executive Summary—2005/06 Capital Budget

2005/06 CAPITAL FUNDING

The total 2005/06 capital funding is expected to be \$29.3 million, a decrease of \$18 million compared to the 2004/05 fiscal year. During 2004/05, there were a number of one-time, extraordinary capital funding allocations which increased the 2004/05 capital funding level.

Over the next five years the PHSA is projecting relatively stable capital funding from the MoHS and the foundations, even though the total funding level will be lower (see table below). The confirmed federal capital funding is to the 2007/08 fiscal year only.

The reduction in capital funding in 2005/06 has been partially offset by a \$5.7 million cash donation, received by the BC Children's Foundation, for the re-development of the C&W Level 1 North. The donor will also contribute \$0.3 million of in-kind professional services.

Funding Source	2004/05 (\$M)	2005/06 (\$M)	2006/07 (\$M)	2007/08 (\$M)	2008/09 (\$M)	2009/00 (\$M)
Capital Funds Carried Forward	3.2	0.6				
Asset Re-classification to Operating	1.7					
PCA Loan	5.0					
2003/04 Operating Fund Transfer	10.0					
Ministry of Health Services						
Annual Capital Allocations	11.3	13.7	13.7	13.7	13.7	13.7
Others						
One-time PCA Allocation	5.7					
Federal Funding	6.8	5.7	3.9	3.9		
Sub-total	43.7	20.0	17.6	17.6	13.7	13.7
Level 1 North Cash Donation		5.7				
Foundations	3.6	3.6	3.6	3.6	3.6	3.6
Sub-total	3.6	9.3	3.6	3.6	3.6	3.6
Total	47.3	29.3	21.2	21.2	17.3	17.3

5 YEAR CAPITAL REQUESTS

Each agency/service has undergone a rigorous process and has submitted detailed and prioritized 2005/06 capital requests. Limited efforts have been made to prioritize or evaluate the subsequent four years' requests as of yet. The table below presents the submitted capital requests for the next five years.

	2005/06 (\$M)	2006/07 (\$M)	2007/08 (\$M)	2008/09 (\$M)	2009/10 (\$M)
Information Technology	12.0	19.5	16.0	16.0	16.0
Infrastructure / Major Construction	7.4	2.6	1.6	1.1	3.3
Laboratory	16.6	5.7	2.0	1.6	0.6
Diagnostic Services	19.3	22.9	3.5	5.8	8.5
Linear Accelerators & Bunkers	-	2.8	12.4	12.2	11.7
Equipment & Construction					
Corporate & Support Services	0.8	0.2	0.4	0.2	0.1
BCCA	8.3	2.0	1.2	1.9	3.0
Children's & Women's	25.9	5.5	1.2	4.2	0.5
Mental Health	0.4	0.5	0.6	0.1	0.0
Others (Corp. Office & Others)	1.4	2.1	0.6	0.6	0.6
Total	92.1	63.8	39.4	43.6	44.3

The capital requests for the 2005/06 fiscal year are significantly higher than the following years. This partly reflects the pent up demand on capital projects.

In the capital requests for 2005/06, there are a number of large requests submitted by the Agencies. The 2005/06 requests include the following capital equipment and construction items that have a value of greater than \$1 million each:

- C&W – 3T MRI (\$5 million)
- C&W – PET/CT (\$4.8 million)
- BCCA – Multi-detector CT (\$1.8 million)
- C&W – Nuclear Medicine Diacam (\$1.4 million)

2005/06 CAPITAL BUDGET

	2005/06 Budget (\$M)	2005/06 Budget (\$M)	2004/05 Budget (\$M)
Total Revenue		29.3	47.3
Information Technology		12.0	17.0
Infrastructure / Major Construction		1.3	5.2
Laboratories Re-design		1.3	2.5
Diagnostic Services (CT Scanner)		1.8	2.5
Linear Accelerators & Bunkers		0.0	7.1
Equipment & Capital Improvement Projects			
Corporate & Support Services	0.3		0.5
BCCA	0.9		2.2
Children's & Women's	2.1		4.5
Mental Health	0.2		0.8
Corporate Office & Others	0.3		0.5
Other	0.0	3.7	1.0
Sub-total Expenditures Funded by MoHS		20.0	43.8
Expenditures Funded by Foundations		9.3	3.5
Total Expenditures Funded by MoHS & Foundations		29.3	47.3
Proposed Expenditures Funded by PHSA		2.8	0
Total 2005/06 Capital Expenditures		32.1	47.3

The above proposed budget will fully expend the available 2005/06 capital funds. A brief description of the more significant 2005/06 capital projects is outlined in Appendix C, followed by Appendix D which summarizes the capital expenditure directly funded by the PHSA.

Appendix A: Code for Identification of all Initiatives

Future State

FS1: We are known as an organization focused on the needs of the people we serve. We live our value of patients first with patient safety and quality at the top of our agenda.

FS2: We use population health standards and outcomes to anticipate demand and plan proactively to meet the needs of at risk populations and patients.

FS3: We foster learning and innovation, integrate knowledge into practice and enhance patient outcomes.

FS4: Our clinicians and staff are excited to be part of the PHSA organization and the important work that we do.

FS5: We are recognized as a high performing organization that delivers the best possible value – the optimal quality of services at the optimal cost to taxpayers.

FS6: We have implemented technology that allows us to provide leading edge service to our providers and patients.

FS7: We have truly realized the benefits of collaboration and have established relationships that improve and enhance the quality of care that we provide.

Strategic Directions

SD1: Operational Excellence: Improving our ability to achieve the goals of the health system through redesign, evaluation and evidence-based decisions.

SD2: Knowledge and Innovation: Increasing research and education, and enabling the transfer of knowledge into practice improvements.

SD3: System-Wide Improvements: Using our provincial role and mandate to achieve system-wide changes and maintain access to specialized health services.

SD4: Prevention, Promotion and Protection: Collaborating with partners to shift the focus of the health system “upstream” to reduce the incidence and impact of disease.

Enabling Strategies

ES1 – Building Organizational Capacity – in our people, in information management/information technology, and in securing resources.

ES2 – Harnessing the Potential of Partnerships and Networks - Partnering with others to optimize service, value and impact.

ES3 – Demonstrating Disciplined and Focused Leadership in Implementation - Applying best practices from business and change management to support the success of our strategies.

Appendix B: PHSA Facilities & Planning – Operating Plan 2005/06

Project	04/05 status	05/06 plans	Future year plans
Centre for Translational Research (BCRI)	Majority of financing secured; design well advanced	Receive permits from City of Vancouver; secure full financing; begin construction	Complete construction and occupy in 06/07
C&W master plan	Draft master plan prepared	Finalize master plan; develop master program; secure funding; commence implementation	Implement master plan (subject to approvals and funding)
BCCA Lower Mainland master plan	Framework for plan developed	Develop master plan	
BC Cancer Research Centre	Building completed and occupied on time and under budget	Demolish old research center; develop initial plans for Phase 2	Subject to funding availability, design and construct Phase 2
Lab Enterprise	Design and construction of pre-analytical lab underway	Complete and occupy pre-analytical lab; design and construct other labs as required by LE plan	
Child Adolescent & Women's Mental Health Building	Design completed; interior demolition completed; main construction contract awarded	Ongoing construction	Complete and occupy building in 06/07
Level One North (BCCH)	Major funding from donor secured; design completed	Construct space in multiple phases	Complete construction and fully occupy in 06/07
Single Room Maternity (BCWH)	Design completed	Secure funding; construct and occupy space	
3A/3C Consolidation (BCCH)	Design completed; Phase 1 construction completed and occupied	Complete and occupy Phase 2 space	
Radiation Therapy Annex (BCCA)	Design completed; construction commenced	Complete construction and make space available for equipment installation	Equipment fully functional and available for patients in early 06/07
Centre for Functional Imaging (BCCA)	Design-build for Phase A construction and equipment installation awarded to Siemens	Complete construction and occupy Phase A; select location and design Phase B	Complete construction and occupy Phase B in 06/07.
Abbotsford Hospital & Cancer Centre	Proponent selected; legal agreement negotiated; detailed design commenced; site preparation commenced	Complete design; begin building construction	Completion and occupancy in 2008.

Appendix C: Projects funded by the MoHS and Foundations (\$29.3 million)

IMIT (Total \$12 million)

IMIT Server and Network Infrastructure – (\$1.5 million) – The allocation is for the replacement of computer servers, networking and telecommunications equipment.

Laboratory Information System – (\$2.0 million) – The funding is required to complete the installation of the core Misys Laboratory Information System.

Clinical Information Systems and Interfaces and the Electronic Health Record – (\$7.2 million) – The plan is to build the base clinical data repository, implement the first clinical sites and further implement various component of the electronic health record.

Diagnostic Imaging, PeopleSoft Business Systems and Other Projects – (\$1.3 million) – The funds will be used to enhance the diagnostic imaging system and the PeopleSoft business applications. A number of smaller system applications and database projects throughout the PHSA will also be completed.

Facility Infrastructure (Total \$1.3 million)

Supply and Install 2nd Emergency Power Generator (C&W) – (\$0.5 million)

The second out-dated emergency power generator will be replaced to meet operational and regulatory code requirements.

Other PHSA Projects – (\$0.8 million)

Planned projects include the upgrading or modification of the HVAC and building access security systems and a number of smaller plant services projects

Laboratories Re-Design (Total \$1.3 million)

The funds are for the construction and set-up of the Lane Level Laboratory & Consolidated Storage Facility. Additional capital funding is expected from the Provincial Laboratory Coordinating Office (PLCO) to complete the project.

Diagnostic Services (Total \$1.8 million)

Most of the funds are destined for the replacement of the CT scanner at the BCCA.

Agency & Corporate Services Equipment & Capital Projects (\$3.7 million)

These equipment and renovation expenditures are determined by the agencies and corporate services based on priorities and the PHSA capital allocations.

Corporate & Support Services will spend part of the \$0.25 million allocation to purchase two laminar flow hoods (\$32K) for C&W Pharmacy, security cameras (\$50K) for Forensic Psychiatry and an ultrasound cleaner (\$32K) for C&W sterile processing.

BCCA has allocated \$0.9 million for the purchase of clinical and medical equipment. The more significant dollar requests include the replacement of cobalt sources for radiation therapy treatment (\$280K), video

endoscopy system (\$171K) and a replacement water phantom system used in radiation therapy treatment planning (\$120K).

C&W has included in its priorities the replacement of an ultrasound machine (\$280K), upgrade of a digital image archival system (KinetDx) in the BC Children's Cardiac Program (\$185K), replacement of a pulmonary function testing system (\$124K) and a replacement anaesthesia machine (\$80K).

C&W will also begin the first phase of the Pediatric Intensive Care Unit (PICU) construction (\$400K). The total cost of the project will be approximately \$4.0 million with the balance of the funding to come from the 2006/07 capital allocation. 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.

Mental Health has identified the ultrasound diagnostic system (\$150K) and the mobile x-ray unit (\$75K) as its priority capital needs.

Foundation Funded Expenditures (\$9.3 million)

Of the \$9.3 million funding from the BC Children's Hospital Foundation, \$5.7 million will be spent on the Level 1 North renovations, as specified by the donor and the annual \$3.6 million Foundation contributions will be spent on priority patient care and clinical equipment at BC Children's Hospital.

Appendix D: Proposed Project Funded by the PHSA (Total \$2.8 million)

Single Room Maternity Care (SRMC) Project – (\$2.8 Million)

A proposal has been developed to reallocate \$2.8 million to address a patient care quality and efficiency enhancement project and BC Women's Hospital. This project will add ten to twelve SRMC bedrooms to provide improved inpatient and family accommodation for the low-risk maternity group. The two SRMC units will be consolidated to provide further operational and staffing efficiencies. The amortization expenses from the project will be spread over the expected life of the asset to minimize the impact on the operating budget and the consolidation will generate savings which will be used to offset the amortization expenses.

SECTION 4

Budget Management Plan - 2005/06 - 2008/09 - Working Papers

Health Authority: PHSA Organization

Template #1 - Comparison of Prior Year BMP

(\$ millions) Incremental

Service Redesign Strategies	2004/05		2005/06		Current BMP			
	Estimated		Per		2005/06			
	Planned	Impact	Variance	Explanation (Note 1)	2004/05 BMP	Ref #	Per 2005/06 BMP	Comment
Acute								
Strategy's Names - List Investments	0.000	0.000	0.000				0.000	
BCPRA Innovative Approaches to Management of Hemodialysis	(1.264)	(1.264)	0.000		(1.309)		(1.306)	
BCTS Change in Cellcept (MMF) Discontinuation Process	(0.280)	(0.050)	0.230	Operational decision to use existing drug	0.000		0.000	
CW BCCH programs administrative redesign	(0.080)	(0.080)	0.000				0.000	
CW Educational resources realignment	(0.012)	(0.012)	0.000				0.000	
CW Clinical and administrative efficiencies	(0.067)	(0.067)	0.000				0.000	
CW-BCW Nursery Redesign/SRMC	(0.494)	0.000	0.494	Increased volume	(0.500)		0.000	Construction delayed.
CW-BCW Clinical Efficiencies	(0.261)	(0.261)	0.000		(0.400)		0.000	Volumes still exceed plan.
CW-BCW Antepartum Bed Management	(0.175)	(0.175)	0.000		0.000		0.000	
CW-CH Closure of Dental Chair	(0.111)	(0.111)	0.000		0.000		0.000	
CW-CH Treatment Services Productivity & Service Redesign	(0.831)	(0.831)	0.000		(0.388)		0.000	Was ICU/TCU cut - achieved 04/05
CW-CH Nursing Productivity Initiatives	(0.076)	(0.076)	0.000		0.000		0.000	
CW-CH Administrative Efficiencies	(0.161)	(0.161)	0.000		0.000		0.000	
CW-CH Child Health Bed Consolidations	(0.091)	(0.091)	0.000		(0.502)		0.000	See 3rd floor redesign below (\$1.156)
CW-CH Child Development & Rehabilitation Initiatives	(0.200)	(0.200)	0.000		0.000		0.000	
CW Paediatric 3rd floor re-design							(1.156)	
CW Service Re-design Efficiencies							(0.750)	
BCCA Interprovincial BMT revenue	0.100	0.100	0.000					
BCCA Clinical Efficiencies	(0.374)	(0.090)	0.284	Delayed implementation. Redesign complete.				
BCCA Equipment & Supply Costs	(0.422)	(0.422)	0.000		(0.245)		0.000	Cost pressure managed in 04/05
BCCA Program redesign to support Cervical Cancer Screening	(0.607)	(0.607)	0.000				0.000	
	0.000	0.000	0.000				0.000	
	0.000	0.000	0.000				0.000	
	(5.406)	(4.398)	1.008		(3.344)		(3.212)	
Home & Community Care - Residential								
Strategy's Names - List Investments	0.000	0.000	0.000					
	0.000	0.000	0.000		0.000		0.000	
Home & Community Care - Community								
	0.000	0.000	0.000		0.000		0.000	
	0.000	0.000	0.000		0.000		0.000	
	0.000	0.000	0.000		0.000		0.000	
Mental Health & Addictions								
Strategy's Names - List Investments	0.000	0.000	0.000		0.000		0.000	
FPSC Administrative and support program efficiencies	(0.343)	(0.343)	0.000		0.000		0.000	
FPSC BCGEU agreement = timing delay on move - no schedule as this is an artifact of the delay in the move to the health sector that is offset by a budgeted reduction in revenue.	(1.055)	0.000	1.055	Relates to 03/04 move to health sector - r	0.000			
FPSC Clinical and Administrative Efficiencies	(0.576)	(0.576)	0.000					
FPSC Oak House (reference only)	0.000	0.000	0.000		(0.425)		(0.300)	
FPSC Standardize Forensic PSR Assessments	0.000	0.000	0.000		(0.334)		0.000	Initiative feasibility reviewed & cancelled.
FPSC Facilities Cost Containment	0.000	0.000	0.000				(0.162)	
FPSC Cost Containment - All Depts.	0.000	0.000	0.000				(0.163)	
FPSC Agency Vacancy Factor	0.000	0.000	0.000				(0.481)	
BCGEU agreement = timing delay on move - no schedule as this is an artifact of the delay in the move to the health sector that is offset by a budgeted reduction in revenue.	(4.280)	0.000	4.280	Relates to 03/04 move to health sector - removed.				
BCMHS Closure of East Lawn building	0.000	0.000	0.000				(1.900)	
BCMHS Ward Closures	(0.925)	(0.925)	0.000				(1.999)	
BCMHS FANS savings - ERIP	0.000	0.000	0.000				(0.728)	
	(7.179)	(1.844)	5.335		(0.759)		(5.733)	
Population Health & Wellness								
Strategy's Names - List Investments	0.000	0.000	0.000				0.000	
	0.000	0.000	0.000		0.000		0.000	

Budget Management Plan - 2005/06 - 2008/09 - Working Papers

Health Authority: PHSA Organization

Template 2a - Statement of Operations

(\$ millions) Absolute

		Budget				
		2004/05	2005/06	2006/07	2007/08	2008/09
REVENUE	MIS Codes (to be added)	(Note 1)				(Note 3)
Contributions						
From the Province - MOHS (Regional)		879.498	929.094	962.453	968.255	975.328
From the Province - other than MOHS		0.242	0.242	0.242	0.242	0.242
From Health Authorities and Gov't Orgs		78.511	78.511	78.511	78.511	78.511
Federal Government		0.000	0.000	0.000	0.000	0.000
Other Contributions		0.042	0.042	0.042	0.042	0.042
MSP - Fee for Service		32.851	32.851	32.851	32.851	32.851
MSP - Sessional		95.770	96.360	96.360	96.360	96.360
Pharmacare		0.000	0.000	0.000	0.000	0.000
Co-payment and Room Differential		2.042	2.042	2.042	2.042	2.042
Fees and Licences		0.404	0.404	0.404	0.404	0.404
Investments (non-sinking fund)		0.000	0.000	0.000	0.000	0.000
Amortized Revenue		0.527	0.000	0.000	0.000	0.000
Sales to Related Parties		0.253	0.253	0.253	0.253	0.253
All Other Revenue		32.228	34.854	35.129	32.964	32.964
Total Revenue		1122.368	1174.653	1208.288	1211.924	1219.000
EXPENSE						
Compensation						
Salaries and Wages		(372.445)	(375.084)	(380.594)	(395.711)	(397.441)
Employee Benefits		(76.964)	(79.032)	(81.495)	(72.581)	(73.820)
Purchased Services - Personnel		(14.225)	(15.480)	(15.287)	(12.590)	(12.590)
Purchased Services - Physicians		(89.108)	(87.888)	(87.888)	(80.379)	(80.379)
Sub-total		(552.741)	(557.483)	(565.263)	(561.261)	(564.230)
Supplies:						
Drugs		(163.903)	(186.802)	(203.117)	(201.195)	(202.729)
Medical & Surgical		(5.210)	(5.314)	(5.420)	(5.528)	(6.000)
Utilities		(31.000)	(31.620)	(32.252)	(32.897)	(34.000)
Other		(30.385)	(33.570)	(34.848)	(32.652)	(32.779)
Sundry:						
Contingency		(2.000)	(2.142)	(2.244)	(2.348)	(2.454)
Other		(47.330)	(47.113)	(48.614)	(46.761)	(46.762)
Equipment Expenses		(13.440)	(13.709)	(13.983)	(14.263)	(15.000)
Referred out Services		(262.361)	(275.752)	(281.005)	(299.579)	(299.533)
Restructuring Costs		(1.500)	(1.550)	(1.601)	(1.653)	(1.706)
Buildings and Grounds		(17.665)	(16.843)	(17.185)	(11.033)	(11.053)
Total Expense		(1127.535)	(1171.898)	(1205.533)	(1209.170)	(1216.245)
SURPLUS/(DEFICIT) BEFORE AMORTIZATION		(5.166)	2.755	2.756	2.755	2.755
Amortization of Deferred Capital Contributions		29.672	30.024	30.143	30.343	30.524
Write-Down of Capital Assets		0.000	0.000	0.000	0.000	0.000
Amortization of Capital Assets		(32.552)	(32.779)	(32.898)	(33.098)	(33.279)
Gain (Loss) on sale of Capital Assets		0.000	0.000	0.000	0.000	0.000
SURPLUS/(DEFICIT) AFTER AMORTIZATION		(8.047)	0.000	0.000	0.000	0.000
DENOM AFFILIATE #1 SURPLUS/(DEFICIT)			0.000	0.000	0.000	0.000
DENOM AFFILIATE #2 SURPLUS/(DEFICIT)			0.000	0.000	0.000	0.000
COMBINED SURPLUS/(DEFICIT)		(8.047)	0.000	0.000	0.000	0.000

Note 1: BMP budget for 2004/05 proposed to be the current budget at the time of development of the 2005/06 BMP (HA to indicate date)

Note 2: Health Authorities have the option of including their denominational affiliates in the body of the report or in the separate line at the bottom of the report. If listing on a separate line, each denominational affiliate should be labelled and shown on a separate line.

Note 3: 2008/09 for information purposes only, not Board approved

Budget Management Plan - 2005/06 - 2008/09 - Working Papers

Health Authority: PHSA Organization

Template 2b - Reconciliation to Funding Letter

(\$ millions) Absolute

	Budget				
	2004/05	2005/06	2006/07	2007/08	2008/09 <small>(Note 1)</small>
REVENUE	879.003	926.682	955.603	960.144	960.144
Regional Grant Per Preliminary Funding Letter ("Operating Allocation")					
Less:					
Amortized revenue BCMHS	0.000	0.000	0.000	0.000	0.000
MHP per diem transfers	-0.527	0.000	0.000	0.000	0.000
General Asset & Maintenance Funding	0.000	0.000	0.000	0.000	0.000
Federal Equipment Fund	0.000	-7.074	-7.103	-7.073	0.000
	0.000	-2.266	0.000	0.000	0.000
	0.000	0.000	0.000	0.000	0.000
Add:					
MH \$	0.000	0.000	0.000	0.000	0.000
Life Support	1.022	0.000	0.000	0.000	0.000
SMP	0.000	10.000	10.000	10.000	10.000
Total - equals Revenue from the Province - MOHS (Regional) per Template 2a	0.000	1.752	3.953	5.184	5.184
	879.498	929.094	962.453	968.255	975.328

**Please see notes on Template 9

Note 1: 2008/09 for information purposes only, not Board approved

Budget Management Plan - 2005/06 - 2008/09 - Working Papers

Service Redesign Strategies	2004/05				2005/06		Current BMP		
	Planned	Estimated		Explanation (Note 1)	Per 2004/05 BMP	2005/06		Comment	
		Impact	Variance			Per 2005/06 BMP	Ref #		
BCCDC Vaccine Management	(0.208)	(0.208)	0.000		(0.037)		(0.037)		
BCCDC Reduce Azithromycin usage by 50%	(0.147)	(0.042)	0.105	Operational implementation challenges.	0.000		0.000		
BCCDC Administrative Efficiencies	(0.156)	(0.156)	0.000		(0.060)		0.000		
	0.000	0.000	0.000		0.000		(0.037)		
Primary Care									
Strategy's Names - List Investments									
Other									
Strategy's Names - List Investments	0.000	0.000	0.000		0.000		0.000		
BCTS Cost Containment (All Departments)	0.000	0.000	0.000		0.000		0.000		
BCTS Other Strategies	(0.024)	(0.024)	0.000		(0.030)		(0.406)		
BCMHS Facilities cost containment	0.000	0.000	0.000		0.000		(0.156)		
BCCDC Delayed filling of vacancies & efficiencies	0.000	0.000	0.000				(0.107)		
BCCDC Billable services - drinking water	(1.200)	0.000	1.200	Partially replaced by funding.			(0.250)		
BCCDC Other Revenue Generation	0.000	0.000	0.000				(0.097)		
BCCDC Reduce Referred Out Services/contracted out	0.000	0.000	0.000				(0.139)		
BCCDC Other Non Labour Cost Containment	(0.063)	(0.063)	0.000				(0.329)		
BCCDC BCBC Rent Containment	0.000	0.000	0.000		0.000		(0.150)		
BCCDC Agency FTE Realignment	0.000	0.000	0.000		0.000		(0.174)		
BCCDC Pathology and Laboratory Enterprise	(0.068)	(0.068)	0.000		(0.595)		0.000	Mngd separately through Lab Enterprise	
PHSA Corp Implementation of corporate office	(1.003)	(1.003)	0.000						
PHSA Corp Outsourcing	(0.075)	0.000	0.075	HEU Contract			0.500		
PHSA Corp Wage Rollbacks	(1.372)	(1.372)	0.000		(1.219)		(1.219)		
PHSA Corp Corporate Office Savings	(0.482)	(0.482)	0.000		(0.536)		0.000	Segregated below by service	
PHSA Corp Creation of Corporate Offices	0.000	0.000	0.000				(0.017)	Combined with NL reductions below	
PHSA Corp Finance downsizing	0.000	0.000	0.000				(0.469)		
PHSA Corp Human Resources downsizing	0.000	0.000	0.000				(0.456)		
PHSA Corp LE	0.000	0.000	0.000				(1.900)		
PHSA Corp Support Systems & Projects	0.000	0.000	0.000				(1.500)		
PHSA Corp CIS - CAIS	0.000	0.000	0.000				(0.559)		
PHSA Corp Telephones - New System (1/2 year 05/06)	0.000	0.000	0.000				(0.150)		
PHSA Corp Non Labour Reductions	0.000	0.000	0.000				(0.429)		
BCCA Deferral of equipment maintenance	(0.195)	(0.195)	0.000				0.000		
BCCA Administrative efficiencies	(0.526)	(0.526)	0.000				0.000		
BCCA Secretarial staffing reduction	(0.097)	(0.097)	0.000				0.000		
BCCA Hiring freeze/delayed hirings	(0.006)	(0.006)	0.000				0.000		
BCCA Administrative Reductions	(0.623)	(0.623)	0.000				0.000		
BCCA Electronic Health Record (EHR)	(0.350)	(0.350)	0.000				0.000		
BCCA Pathology and Laboratory Enterprise	(0.390)	0.000	0.390	Delays in Lab Enterprise project			0.000		
BCCA Outsourcing	(1.108)	(1.044)	0.064				0.000		
BCCA Medbuy reductions and other savings	(0.225)	(0.225)	0.000				0.000		
BCCA Other Initiatives - Managing Vacancies	(0.075)	(0.075)	0.000				0.023	Net 04/05 & 05/06 173k	
BCCA Other Initiatives - Support Services	0.000	0.000	0.000				(0.063)		
BCCA Other Initiatives - Facilities	0.000	0.000	0.000				(0.257)		
CW Program Reviews - Radiology & Pharmacy	(0.857)	(0.857)	0.000		(0.871)		0.000	Mngd separately through Lab Enterprise	
CW Outsourcing	(2.173)	(2.173)	0.000		0.000		0.000		
CW Preceptor Budget Reduction	0.000	0.000	0.000		(0.100)		0.000	Achieved in 04/05	
CW Pharmacy/Lab Enterprises re-design efficiencies	0.000	0.000	0.000				(1.838)		
	(10.912)	(9.183)	1.729		0.000	(3.351)	(10.142)		
Total	(23.497)	(15.425)	8.072		(7.454)		(19.124)		

Note 1

Provide explanation for significant variances

If applicable, indicate whether an initiative is no longer on the plan: completed, discontinued, etc

Budget Management Plan - 2005/06 - 2008/09 - Working Papers

Health Authority: PHSA Organization

Template 3 - Base Run Rate Calculation

(\$ millions) Absolute

	2004/05 Projection	2005/06	2006/07	2007/08	2008/09 <small>(Note 2)</small>
Budgeted Surplus/(Deficit) - from template 2a	(8.047)				
Net Annualized Changes to Base Revenues/Expenses					
ADD: One Time Costs Included in 2004-05 Budgeted Surplus/(Deficit)	3.983	11.763			
LESS: One Time Savings Included in 2004/05 Budgeted Surplus/(Deficit)					
LESS: One Time Revenues Included in 2004/05 Budgeted Surplus/(Deficit)	(3.983)	(12.290)			
Base Run Rate/Annualized Surplus/(Deficit)	(8.047)	(0.527)	0.000	0.000	0.000
Add/Deduct: Net revenue/expense changes from Template 2	0.000	0.527			
Combined Surplus/(Deficit)	(8.047)	0.000			

(Note 3)

Note 1: please provide additional details, as appropriate, for each category.

Note 2: 2008/09 for information purposes only, not Board approved

Note 3: Combined Surplus/Deficit must match Template 2

Budget Management Plan - 2005/06 - 2008/09 - Working Papers

Health Authority: PHSA Organizer

Template 4a - Changes/Pressures and Redesign Strategies

(\$ millions - Note 1)

	2004/05	2005/06			2006/07			2007/08			2008/09 <i>Note 4</i>		
	Projection	Adjusted Base	Projected Change	Total	Adjusted Base	Projected Change	Total	Adjusted Base	Projected Change	Total	Adjusted Base	Projected Change	Total
Run Rate Issues not included in Budgeted Surplus/Deficit (note 2)		-	-	-	-	-	-	-	-	-	-	-	-
CHANGES/PRESSURES (PRIOR TO REDESIGN)													
Revenue													
Contributions													
From the Province - MOHS (Regional)	879.498	882.688	46.405	929.093	929.094	33.360	962.454	962.453	5.802	968.255	968.255	7.073	975.328
From the Province - other than MOHS	0.242	0.242	-	0.242	0.242	-	0.242	0.242	-	0.242	0.242	-	0.242
From Health Authorities and Gov't Orgs	78.511	78.511	-	78.511	78.511	-	78.511	78.511	-	78.511	78.511	-	78.511
Federal Government	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Contributions	0.042	0.042	-	0.042	0.042	-	0.042	0.042	-	0.042	0.042	-	0.042
MSP - Fee for Service	32.851	32.851	-	32.851	32.851	-	32.851	32.851	-	32.851	32.851	-	32.851
MSP - Sessional	95.770	95.770	0.590	96.360	96.360	-	96.360	96.360	-	96.360	96.360	-	96.360
Pharmacare	-	-	-	-	-	-	-	-	-	-	-	-	-
Co-payment and Room Differential	2.042	2.042	-	2.042	2.042	-	2.042	2.042	-	2.042	2.042	-	2.042
Fees and Licences	0.404	0.404	-	0.404	0.404	-	0.404	0.404	-	0.404	0.404	-	0.404
Investments (non-sinking fund)	-	-	-	-	-	-	-	-	-	-	-	-	-
Amortized Revenue	0.527	0.527	(0.527)	-	-	-	-	-	-	-	-	-	-
Sales to Related Parties	0.253	0.253	-	0.253	0.253	-	0.253	0.253	-	0.253	0.253	-	0.253
All Other Revenue	32.228	32.228	2.279	34.507	34.854	-	34.854	35.129	-	35.129	32.964	-	32.964
Total Revenue	1,122.369	1,125.559	48.747	1,174.306	1,174.654	33.360	1,208.014	1,208.288	5.802	1,214.090	1,211.925	7.073	1,218.998
Expense													
Wages:													
Unionized Staff	262.037	262.037	6.697	268.734	257.633	5.850	263.483	261.209	4.092	265.301	274.507	0.416	274.923
Excluded Staff	48.827	48.827	3.534	52.361	52.241	2.017	54.258	54.108	1.750	55.858	55.858	1.314	57.172
Physicians (Employees Only)	61.581	61.581	3.629	65.210	65.210	0.067	65.277	65.277	0.069	65.346	65.346	-	65.346
Benefits	76.964	76.964	2.742	79.706	79.032	2.463	81.495	81.495	2.887	84.382	72.581	1.239	73.820
Total Wages and Benefits	449.408	449.408	16.602	466.011	454.116	10.397	464.513	462.089	8.798	470.887	468.292	2.969	471.261
Other Compensation													
Purchased Services-Personnel	14.225	14.225	1.256	15.481	15.480	(0.193)	15.287	15.287	-	15.287	12.590	-	12.590
Physicians	16.790	16.790	-	16.790	16.790	-	16.790	16.790	-	16.790	16.790	-	16.790
Purchased Service - Physicians	72.318	72.318	(1.220)	71.098	71.098	-	71.098	71.098	-	71.098	63.589	-	63.589
Service Providers	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Compensation	552.741	552.741	16.638	569.379	557.483	10.204	567.687	565.263	8.798	574.062	561.261	2.969	564.230
Non-Wage Inflation:													
Drugs	163.903	163.903	23.265	187.168	186.802	16.927	203.728	203.117	1.156	204.273	201.195	1.534	202.729
Other Supplies	66.595	66.595	4.066	70.661	70.504	2.934	73.438	72.520	1.686	74.207	71.077	1.702	72.779
Sundry - Contingency	2.000	2.000	0.142	2.142	2.142	0.102	2.244	2.244	0.104	2.348	2.348	0.106	2.454
Sundry - Other	60.770	60.770	2.131	62.901	60.822	1.775	62.597	62.597	0.959	63.556	61.024	0.738	61.762
Referred-Out Services	262.361	262.361	14.695	277.056	275.752	6.610	282.362	281.005	(1.059)	279.946	299.579	0.973	300.552
Restructuring Costs	1.500	1.500	0.400	1.900	1.550	0.051	1.601	1.601	0.052	1.653	1.653	0.053	1.706
Buildings and Grounds	17.665	17.665	1.803	19.468	16.843	0.817	17.660	17.185	0.475	17.660	11.033	0.020	11.053
Sub-total Non-wage	574.794	574.794	46.502	621.295	614.415	29.216	643.630	640.269	3.373	643.643	647.909	5.125	653.034
Sub-Total Expenses (prior to Demand & Amort.)	1,127.535	1,127.535	63.140	1,190.675	1,171.898	39.420	1,211.318	1,205.533	12.172	1,217.704	1,209.170	8.095	1,217.264
Demand (note 3)	-	-	-	-	-	-	-	-	-	-	-	-	-
Amortization													
Amortization of Deferred Capital Contributions	(29.672)	(29.672)	(0.352)	(30.024)	(30.024)	(0.119)	(30.143)	(30.143)	(0.200)	(30.343)	(30.343)	(0.181)	(30.524)
Write-Down of Capital Assets	-	-	-	-	-	-	-	-	-	-	-	-	-
Amortization of Deferred Capital Assets	32.552	32.552	0.227	32.779	32.779	0.119	32.898	32.898	0.200	33.098	33.098	0.181	33.279
Gain (Loss) of Sale of Capital Assets	-	-	-	-	-	-	-	-	-	-	-	-	-
Sub Total Amortization	2.880	2.880	(0.125)	2.755	2.755	-	2.756	2.755	-	2.755	2.755	-	2.755
Total Expenses	1,130.416	1,130.415	63.015	1,193.430	1,174.653	39.420	1,214.074	1,208.288	12.172	1,220.460	1,211.925	8.095	1,220.020
SURPLUS/(DEFICIT) Before Redesign Strategies	(8.047)	(4.856)	(14.268)	(19.124)	(0.000)	(6.060)	(6.060)	(0.000)	(6.370)	(6.370)	(0.000)	(1.022)	(1.022)
REDESIGN STRATEGIES (from Template 4b)	-	-	19.124	19.124	-	6.060	6.060	-	6.370	6.370	-	1.022	1.022
Combined Surplus/Deficit (Note 5)	(8.047)	(4.856)	4.856	(0.000)	(0.000)	0.000	0.000	(0.000)	0.000	(0.000)	(0.000)	0.000	0.000

Note 1: See BMP Instructions for clarification of use of absolute and incremental number
 Note 2: Run rate issues should be included here if they are not detailed on the line items below
 Note 3: Demand calculations/compositions should be detailed on a separate attachment
 Note 4: 2008/09 for information purposes only, not Board approved
 Note 5: Combined Surplus/Deficit must equal Template 2

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Template 6 - Cash Flow

(\$ Millions) Absolute

	2004/05	2005/06	2006/07	2007/08	2008/09 (Note 1)
CASH PROVIDED FROM (USED IN):					
Operating Activities					
Deficiency of Revenue over Expense	(8.047)				
Items not involving cash:					
Amortization of capital assets (note 2)	38.086	48.797	50.175	47.456	43.878
Amortization of deferred capital funding	(35.833)	(46.993)	(49.316)	(46.810)	(43.484)
Other	(5.795)	1.804	0.859	0.647	0.394
Changes in non-cash working capital					
Sick & Severance	1.000	1.000	1.000	1.000	1.000
Other	27.000				
	22.205	2.804	1.859	1.647	1.394
Financing Activities					
Grants and other capital funding	245.848	67.937	32.155	30.880	25.510
Capital funding for land acquisition					
Proceeds from long term debt	0.827	0.467	0.241		
	246.675	68.404	32.396	30.880	25.510
Investing Activities					
Decrease (increase) in long-term investments	(30.000)				
Additions to capital assets	(245.848)	(86.842)	(41.952)	(31.135)	(26.584)
	(275.848)	(86.842)	(41.952)	(31.135)	(26.584)
Net increase (decrease) in cash and short term investments	(6.968)	(15.634)	(7.697)	1.392	0.320
Cash and short-term investments, beginning of year	127.245	120.277	104.643	96.946	98.338
Cash and short-term investments, end of year	120.277	104.643	96.946	98.338	98.658

Note 1: 2008/09 for information purposes only, not Board approved

Note 2: capital funding/spending should balance to Capital Spending Reports

Capital Grants (2004/05) include C&W Building Transfer, research and DPF; future years capital grants only

Assume no land acquisitions - C&W land excluded from the 2004/05 additions to capital assets; coded to equity

Assume no L-T Debt

Negative cash flow (\$22.8 M) largely explained by PCA funding received in advance - 2003/04 and prior (\$13 M) + unfunded assets (\$6 M)

Template #8 - Direct Staff Costs

	A	B	A + B = C	D	E	C + D + E = F
	Most Current 04/05 Budget	04/05 Annualizations	05/06 Starting Base	05/06 Incremental Adjustments	05/06 Increases / Decreases	05/06 Budget
Direct Staff Compensation Adjustments (Note #1)						
Community Sub-sector	\$1,426		\$1,426	\$0.048		\$1,474
Facilities Sub-sector	\$58,662		\$58,662	\$0.394		\$59,056
Nurses Sub-sector	\$69,415		\$72,613	\$0.442		\$73,055
Paramedical Sub-sector	\$66,298		\$66,298	\$0.264		\$66,562
Residents Sub-sector						\$0.000
Other Unionized Staff (Note #4)	\$66,236		\$66,236	\$0.489		\$66,725
Total Unionized Staff	\$262,037		\$262,037	\$1,637	\$ (6.09)	\$257,582
Excluded (Management & Confidential) Staff						
Physicians (Employees Only)	\$48,827		\$48,827	\$1,704	\$1,761	\$52,292
	\$61,581		\$61,581	\$0.092	\$3,537	\$65,210
"Step" Increases - Unionized Staff				0.50%	0.00%	
"Step" Increases - Excluded Staff				3.00%	0.00%	
"Step" Increases - Other Staff				0.00%	0.00%	
Total "Step" Increases						
Direct Staff Benefits Adjustments						
WCB	\$6,096		\$6,096	(\$0.640)		
CPP/EI	\$19,436		\$19,436	\$0.010	(Total only)	(Total only)
HBT	\$23,997		\$23,997	\$1,567	↓	↓
Superannuation	\$21,882		\$21,882	\$0.691		
Other	\$5,952		\$5,952	\$0.040		
Total Benefits Adjustments	\$77,363	\$0.000	\$77,363	\$ 1.67		\$79,031
Other Adjustments (Explain)						
Total Direct Staff Comp. and Benefits						\$454,115
Total 05/06 Direct Staff Compensation Budget (Note #5)						\$454,115

Add / (subtract):	
06/07 Incremental Compensation Adjustments for Direct Staff (Note #2)	\$5,475
06/07 Base Adjustments (Note #3)	\$2,498
06/07 Direct Staff Compensation Budget (Note #5)	\$462,088

Add / (subtract):	
07/08 Incremental Compensation Adjustments for Direct Staff (Note #2)	\$5,824
07/08 Base Adjustments (Note #3)	\$0,379
07/08 Direct Staff Compensation Budget (Note #5)	\$468,291

Add / (subtract):	
08/09 Incremental Compensation Adjustments for Direct Staff (Note #2)	\$2,969
08/09 Base Adjustments (Note #3)	\$0,000
08/09 Direct Staff Compensation Budget (Note #5)	\$471,260

Note #1 - Includes the impact of wage sensitive benefits

Note #2 - This includes only incremental pressures such as collective agreement increases and changes to benefits contributions. Do not include program service level changes. The amounts should agree to template #4.

Note #3 - Includes changes to service levels (eg--new programs or reduced services). Please include both base and one-time adjustments.

Note #4 - This item is included primarily for Riverview and Forensic staff. If including other amounts on this line, please explain.

Note #5 - Must equal Template #2 amounts

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Template 9 - Explanatory Notes

Please cross reference any templates that require further explanation, or attach appendices to this document

- 1) Life support funding levels are assumed to be \$36,370M base increase (05/06), \$22,440 (06/07) - all incremental
- 2) There is a life support funding methodology review currently underway (MOHS & PHSA), the funding will be reviewed upon project completion
- 3) SMP program funding is assumed received (levels per T2b)