

PROVINCIAL HEALTH SERVICES AUTHORITY

2011/12 – 2013/14 SERVICE PLAN

October 2011



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Message from the Board Chair and Accountability Statement

On behalf of the Board of Directors and the staff of PHSA and its agencies, I am pleased to present PHSA's Service Plan for fiscal years 2011/12 – 2013/14. This plan was prepared under my direction and in accordance with the Society Act and BC Reporting Principles. The development of the plan was guided by the Government's strategic priorities and strategic plan, and the Ministry of Health's goals, objectives and strategies. The Board is accountable for its contents and for ensuring that PHSA achieves the specific performance targets and objectives identified in this plan.

PHSA's 2011/12 – 2013/14 Service Plan highlights priority initiatives that are underway and signals a shift towards new strategies that leverage our assets and expertise, while honouring the principles of the public health care system. It also reflects the three key strategic directions that underpin PHSA's own newly developed strategic plan:

- Improving Quality Outcomes and Better Value for Patients
- Promoting Healthier Populations
- Contributing to a Sustainable Health Care System

The nature of the care we provide means that many of our patients have complex, chronic conditions requiring highly specialized assessment and care. Given our province-wide mandate, it also means that many of them live outside the Lower Mainland. We continue to evolve our network and knowledge exchange strategies, working in partnership with the Regional Health Authorities to improve access to evidence-based practice closer to where people live and to effectively promote health, prevent illness, manage chronic conditions and generally lessen the burden of disease.

At the same time, health care decision makers, providers and planners are faced with the task of doing more with finite resources. PHSA will continue to seek opportunities to meet new demands for health care services in the most efficient way possible. We are committed to looking for ways to keep health care sustainable through innovation and working together with the regional health authorities and our partners to achieve greater efficiency without compromising patient care.

British Columbians are fortunate to have a comprehensive network of highly specialized agencies providing the best possible tertiary and specialized care. We are also fortunate to benefit from PHSA's dedicated people – its physicians, nurses, allied health professionals, administrative and support staff, students, volunteers and board of directors – who work hard to deliver the very best. Through the commitment of these people we are able to deliver on our promise to the people we serve: Province-wide solutions. Better health.



G.W. (Wynne) Powell, FCGA, D. Tech (Hon.)
Board Chair, Provincial Health Services Authority

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Organizational Overview

Provincial Health Services Authority (PHSA), established in December 2001, is responsible for select specialized and province-wide health care services across BC. The PHSA model is unique in that it provides opportunities for innovative and integrated approaches to providing highly specialized services within a continuum of care.

PHSA is a research-intensive, academic health sciences organization with a mandate for:

- Basic and clinical research to inform health care and health service decision making;
- Multidisciplinary, integrated research programs supporting translational research; and
- Education and training of more than 4,000 students per year in the specialized health and human services provided by our agencies.

Research and development creates many benefits for patients, the health care system and society. It provides British Columbians with access to new discoveries and technologies, offers opportunities to deliver better and more effective health care services, attracts the best and the brightest scientists and health care professionals to BC and produces economic benefits for British Columbia. Research is also key to the sustainability of the system, providing the best possible evidence to inform decision-making and directing our scarce resources to those services and programs that represent the best value.

PHSA works with the five regional health authorities and the Ministry of Health to meet local and provincial health needs by:

- Governing and managing agencies such as the BC Cancer Agency, BC Centre for Disease Control, BC Children's Hospital and Sunny Hill Health Centre for Children, BC Mental Health & Addiction Services, BC Provincial Renal Agency, BC Transplant, BC Women's Hospital and Health Centre, Perinatal Services BC and Cardiac Services BC that plan and/or provide province wide specialized health services.
- Performing a significant role in planning and ensuring accessibility, quality, efficiency and effectiveness of province-wide programs and services such as the BC Autism Network, the BC Early Hearing Program, the HIV/AIDS Program, the Provincial Blood Coordinating Office, PHSA Laboratories, the Provincial Language Service, Surgical Services and Telehealth.
- Planning, coordinating and in some cases funding the delivery of highly specialized provincial services.
- Leading and coordinating a number of priority system improvement initiatives, including the Riverview Redevelopment project.

PHSA has recently assumed responsibility for the Emergency Health Services Commission, Health Shared Services BC and its Lower Mainland Consolidation (LMC) components.

Please visit our website for more information on PHSA services:

<http://www.phsa.ca/AboutPHSA/PHSA-Agencies-Services-Programs/default.htm>

PHSA operates under the Society Act and is accountable to the Ministry of Health through a twelve member Board of Directors appointed by the Minister of Health. The composition of the board is intended to be geographically representative of the population of British Columbia, with board members living in all regions of the province. As a public sector organization, the PHSA is mandated to meet the needs of the people we serve. The Governance policies and practices of the PHSA are compliant with the *Governance and Disclosure Guidelines for Governing Boards of British Columbia Public Sector Organizations (Best Practice Guidelines)* issued by the Board Resourcing and Development Office (BRDO), Office of the Premier of British Columbia. These guidelines define how the Board carries out its duties of stewardship and accountability and are available on our website: <http://www.phsa.ca/AboutPHSA/PHSAboard/CorporateGovernance.htm>

Strategic Context

The health system in BC is a complex network of skilled professionals, organizations and groups that work together to provide value for patients, the public and taxpayers. The key challenge facing the health system is to deliver a high performing sustainable health system (from prevention to end-of-life care) in the context of significant growth in demand.

Although the BC health system effectively meets the majority of the population health needs, it continues to be challenged by an increasing demand for health services. The most significant drivers of rising demand are the aging population, the increasing need to provide care to frail seniors, a rising burden of illness from chronic diseases, mental illness and cancer, and advances in technology and pharmaceuticals driving new costly procedures and treatments. The pressure is compounded by the need for new care delivery models by health professionals and health care workers, and the need to maintain and improve the health system's physical infrastructure (i.e. buildings and equipment). In the current economic climate it is even more important for the health system to find new and creative ways to ensure the resources available for health care services are used effectively and in ways that most benefit the people of BC.

The Aging Population

BC's senior population currently makes up 15 percent of the total population and is expected to double within the next 20 years, making it one of the fastest growing seniors populations in Canada.¹ The aging population is a significant driver of demand because the need for health services rises dramatically with age. In 2006/07 people over age 65 made up 14 percent of the BC population, but used 33 percent of physician services, 48 percent of acute care services, 49 percent of PharmaCare expenditures, 74 percent of home and community care services and 93 percent of residential care services.² There is also an increasing need to provide appropriate care for those with frailty or dementia and to help seniors stay healthy, independent and in the community for as long as possible.

A Rising Burden of Chronic Disease

Chronic diseases are prolonged conditions such as diabetes, depression, hypertension, congestive heart failure, chronic obstructive pulmonary disease, arthritis and asthma. People with chronic conditions represent approximately 37 percent of the BC population and consume approximately 80 percent of the combined physician payment, PharmaCare and acute (hospital) care budgets.¹ Chronic diseases are more common in older populations and it is projected that the prevalence of chronic conditions could increase 58 percent over the next 25 years² and be a significant driver of demand for health services. Chronic diseases can be prevented or delayed by addressing key risk factors, including physical inactivity, unhealthy eating, obesity, alcohol consumption and tobacco use.

With increasing survivorship of individuals with chronic conditions, patients are living longer and are likely to develop additional conditions as they age, which has a potential impact on health care costs. Despite efforts to reduce the incidence of disease (new cases) through prevention and health promotion activities, overall cost reductions to the system may not be evident as costs of maintenance therapy remain constant or increase.

¹ Discharge Abstract Database (DAD), Medical Service Plan (MSP) and PharmaCare Data 2006/07

² BC Ministry of Health, Medical Services Division, *Chronic Disease Projection Analysis*, march 2007, (2007-064); as cited in Primary Health Care Charter: a collaborative approach (2007), Ministry of Health

Advances in Technology and Pharmaceuticals

New treatment and technology development over the past 10 years has included less invasive surgery, increased use of diagnostic imaging and the introduction of biological and tailored drug therapies that have made health care more efficient and effective, but has also led to a significant increase in demand for products and services. For example, the expansion of technology has seen the number of CT exams increase by approximately 90 percent and the number of MRI exams increased by almost 170 percent in the province since 2001.³

In July 2010, the Government announced that BC residents will now benefit from lower generic drug prices. These savings and other improvements to our drug system will benefit all British Columbians by keeping drug costs sustainable and redirecting the money to cover new drugs and provide better services, including those highly specialized services provided by PHSA.

Genomic medicine holds potential for great advancements in medical technology⁴. We know that humans differ in their responses to medication, in part due to the genetic make-up of the individual. We can leverage our strength in genomics and the Genome Sciences Centre⁵ to gain a better understanding of the role of genetic variation in disease and drug response which could lead to improved safety, cost-effectiveness of treatment and contribute to the sustainability of our health care system.

Human Resources and Health System Infrastructure

Although education and training programs for health professionals and health workers in British Columbia have been significantly expanded since 2001, ensuring the availability of human resources remains a challenge for the health system. As the population ages, so too does the health care workforce. Although attrition rates have recently decreased, looming retirements in the health workforce, combined with the rising demand for services, are still key challenges that will impact the Province's ability to maintain an adequate supply and mix of health professionals and workers. Planning for, and ensuring we have the required number of qualified healthcare providers entering the workforce is still important. However, we also need to continue focusing on optimizing care delivery models to ensure we leverage the skill sets of our professionals, including creating and supporting interprofessional care teams.

PHSA agencies and programs face added challenges to recruit and retain the highly skilled health professionals needed to deliver the very specialized care that is the core of our provincial services. Flexibility and collaboration will be essential to devise sustainable attraction and retention solutions that support continued learning, healthy workplaces, and promote work/life balance in these professions.

Another challenge in delivering health services is the need to maintain and improve the health system's physical infrastructure. The health system is faced with the continuous need to update or expand health facilities, medical equipment and information technology to ensure it provides high quality and safe health care to British Columbians.⁶

³ HAMIS/OASIS, Management Information Branch, HSPD, Ministry of Health Services as of October 12, 2010

⁴ Khoury, M. (2008). The Evidence Dilemma in Genomic Medicine. *Health Affairs*, 27(6), 1600 – 1611.

⁵ Canada's Michael Smith Genome Sciences Centre is located in Vancouver, BC and operates under the auspices of the BC Cancer Agency, an agency of PHSA. For more information please see: www.bcgsc.ca

⁶ Ministry of Health: 2011/12 – 2013/14 SERVICE PLAN. February 2011, p 8

Goals, Objectives, Strategies and Performance Measures

The *Ministry of Health's Revised 2011/12 – 2013/14 Service Plan*⁷ aligns with the priorities of the Government of BC, and outlines their strategic focus and direction for the health authorities. Specific deliverables and performance measures for the health system are identified in the Ministry of Health's Revised Service Plan. PHSA operates in alignment with the Ministry's goals, objectives, strategic initiatives, and key result areas, and developed its strategic plan and framework to be consistent with the four broad goals for B.C.'s health care system:

1. Effective health promotion, prevention and self-management to improve the health and wellness of British Columbians.
2. British Columbians have the majority of their health needs met by high quality primary and community based health care and support services.
3. British Columbians have access to high quality hospital services when needed.
4. Improved innovation, productivity and efficiency in the delivery of health services.

Alignment with these health system goals, as established by the Ministry of Health, is part of every strategic effort made at PHSA as evidenced by the three key directions laid out in our strategic plan:

1. Improving Quality Outcomes and Better Value for Patients;
2. Promoting Healthier Populations; and
3. Contributing to a Sustainable Health Care System.

As a provincial health authority and an Academic Health Sciences Organization, we aim to provide safe, high-quality clinical services, conduct world-class research, and deliver excellence in education and training. Integral in the achievement of this aim is the belief that there are three cross-cutting themes that are relevant to all that we do. These themes cut across and are implicitly embedded within the strategic plan and are critical to the successful implementation of our plan and realization of our vision and goals.

1. Quality and Safety
2. Research
3. Learning

The *2011/12 – 2013/14 Service Plan* that follows describes PHSA's objectives and strategic initiatives for the planning period in the context of the Ministry of Health's goals for the health system.

⁷ MoH Service Plan link <http://www.bcbudget.gov.bc.ca/2011/sp/pdf/ministry/hlth.pdf>

MoH Goal 1: Effective health promotion, prevention and self management to improve the health and wellness of British Columbians.

MoH Objective 1.1: Individuals are supported in their efforts to maintain and improve their health through health promotion and disease prevention.

British Columbians are in general among the healthiest people in the world. One of Government's top priorities is to support the excellent health status of the majority of our citizens while also helping those who do not enjoy good health, or who are at risk of diminishing health from factors such as poor diet, obesity, inactivity, injuries, tobacco use and problematic substance use.

PHSA Strategic Direction 2: Promoting Healthier Populations

PHSA embraces a broad definition of health, and in addition to providing specialized treatments for illness when it occurs, PHSA develops strategies to promote wellness and the highest quality of life, in alignment with Ministry goals. Working together with the Ministry of Health and the regional health authorities, PHSA has a role in developing health promotion and prevention strategies.

PHSA is committed to improving the health of British Columbians by supporting the development of healthy communities, informing healthy public policy and providing information and tools that help individuals make healthier choices to prevent the onset of many chronic diseases and to assist those living with chronic disease to stay as healthy as possible.

PHSA Strategies

- Lead a comprehensive provincial Breast Health Strategy to improve the pathway of care and increase participation rates in screening mammography.
- Develop an action plan for a provincial colorectal cancer screening program.
- Develop a detailed business case for a specialized clinic that will help patients with a variety of complex chronic diseases, such as chronic Lyme disease, fibromyalgia, and chronic fatigue syndrome. The clinic will also support a comprehensive research program led by BCCDC to study these diseases and their underlying causes in depth.
- Disseminate educational materials, guidelines, and protocols to primary care providers, in partnership with the Regional Health Authorities, to promote and increase participation in prevention and screening initiatives for the patients they serve.
- Implement strategies to improve Aboriginal health care services in cancer, perinatal services, maternity and mental health and substance use services.
- Support healthy eating initiatives that encourage healthy eating choices and reduce sodium consumption by British Columbians through industry engagement, public education and a new Provincial Restaurant Recognition Program.

- Support initiatives that encourage individuals to lead healthier lives where they live, work, learn and play and work with the regional health authorities to coordinate physical activity and healthy eating programs in BC Schools and healthy workplaces.

Performance Measure 1: Cancer screening

Performance Measure	2010/11 Actual	2011/12 Target	2012/13 Target	2013/14 Target
Percent of women aged 50-69 years participating in biennial screening mammography	53.8 %	54.5 %	56.0 %	60.0 %

Data Source: Mammography: Screening Mammography Program of BC, Provincial Health Services Authority.

This performance measure tracks how many women between 50 and 69 years of age, the age when women are most at risk for breast cancer, are screened at least every two years as recommended. The targets for 2011/12 through to 2013/14 reflect PHSA’s commitment to reaching the long-term target of 70%, which is the national benchmark developed in accordance with the provincial and federal First Ministers’ *10-year Plan to Strengthen Health Care* in September 2001.

MoH Goal 2: British Columbians have the majority of their health needs met by high quality primary and community based health care and support services.

MoH Objective 2.1: Providing a system of community based health care and support services built around attachment to a family physician and an extended health care team with links to local community services.

BC’s health system is committed to providing the best possible quality of care and service which means the care people receive responds to their needs and will lead to the best health outcomes. We must proactively address the increasing needs of the population due to aging, a rising burden of illness from chronic disease and an increased prevalence of frailty by providing integrated care in the community that best meets the needs of patients⁸

PHSA Strategic Direction 1: Improving Quality Outcomes and Better Value for Patients

From the patient’s perspective, a quality outcome means early and timely treatment that responds to their needs and is safe, evidence-based and results in a fast and complete recovery or minimal complications related to their condition. Health care in general is moving away from the delivery of episodic care to embrace a more holistic view of the individual and the full continuum of care.

⁸ Ministry of Health: 2011/12 – 2013/14 SERVICE PLAN. February 2011, p 10.

Optimizing flow of information, services, and care to improve the patient experience across our systems and programs are key PHSA priorities.

PHSA Strategies

- Collaborate and lead initiatives that prevent disease progression and hospitalization through identification and appropriate referral of high risk patients
- Continue to promote independent dialysis options for chronic kidney disease patients to enhance quality of life, and promote improved health outcomes while maximizing scarce resources.
- Continue to increase timely access to autism assessment and diagnosis services within reasonable distance of children's homes.
- Develop and implement the provincial heart surgery service delivery plan for new Interior Heart and Surgical Centre in Kelowna.
- Begin implementing an Action Plan based on the plan developed by the Heart and Stroke Foundation of BC and Yukon, in consultation with health authorities, to guide improvements in Stroke Care in BC.
- Complete the evidence-based redesign of the Aurora Centre program at BC Mental Health & Addiction Services, a provincial, women's-only substance use treatment facility, to ensure women are benefitting from advances in treatment that will promote their long-term recovery. This project is being done in collaboration with the regional health authorities and community partners.
- Develop and implement the Provincial Child and Youth Healthy Living initiative for children, youth & their families who deal with mental health and substance use issues.
- Explore the need for changes to the current waitlist management protocol and the regional allocation of beds in collaboration with the Child & Adolescent Mental Health & Addictions Program Community Advisory Committee and the Child and Youth Mental Health & Substance Use Care Advisory Network to ensure timely access to child and adolescent inpatient psychiatry beds.
- Develop a Primary Maternity Health Care Action Plan to ensure a consistent standard of primary care for maternity health across the province through Perinatal Services BC.
- Develop integrated advanced care plans for cancer patients that will ensure terminally ill patients and their family receive appropriate care and improved access to support tools.
- Create an integrated reproductive medicine program for women experiencing chronic pelvic pain and endocrine disorders that improves the coordination of care in the community.
- Develop a business case for a provincial bariatric surgery strategy focused on improving access to bariatric surgery across the province, including a follow-up program that links to patients' primary care physicians.

Performance Measure 2: Independent Dialysis

Performance Measure	2010/11 Actual	2011/12 Target	2012/13 Target	2013/14 Target
Percent of dialysis patients on independent dialysis modalities (peritoneal dialysis & home haemodialysis)	31%	32%	33%	34%

Data Source: BC Renal Agency, Provincial Health Services Authority.

This performance measure focuses on independent dialysis. For people with kidney failure dialysis is a fact of life. Independent dialysis (for example, at home) enables most patients to create their own schedule and to dialyse more often or for longer periods of time, which better supports the function of the kidneys and may result in better health. This innovative program also is less costly than traditional dialysis.

Performance Measure 3: Child Mental Health

Performance Measure	2010/11 Actual	2011/12 Target	2012/13 Target	2013/14 Target
Percent of children admitted to an inpatient psychiatric unit bed within 42 days	49%	55%	60%	70%

Data Source: Child and Youth Mental Health Database, Provincial Health Services Authority.

This performance measure tracks access for children with mental health or substance use concerns to inpatient care. Community-based child and youth mental health and substance use services are provided across the province by the Ministry of Children and Family Development. Some of the children, youth and their families served in the community need the specialized psychiatric services located at BC Children’s Hospital (BCCH) in Vancouver. Although treatment is increasingly provided on an outpatient basis to enable the children and youth served to remain at home with their families, inpatient services are available for those who need them .

MoH Goal 3: British Columbians have access to high quality acute care services when they need them.

MoH Objective 3.1: Acute care services are accessible, efficient and effective.

While the majority of health needs can be met through community based care, British Columbians also require timely access to high quality hospital care for advanced health conditions⁹

PHSA Strategic Direction 1: Improving Quality Outcomes and Better Value for Patients

All British Columbians should be able to access appropriate health services when they need them. PHSA and its agencies are committed to ensuring that hospitals, services and health professionals are utilized in the most efficient and effective way possible so people receive the right type of care in the right setting that is most likely to lead to the best health outcome.

PHSA Strategies

- Expand protocol-driven clinical care management and develop and improve pathways and related standard operating procedures for treatment services within PHSA's mandate to improve quality, access and speed the patient's journey.
- Implement Surgical Database (NSQIP) at BC Children's Hospital to improve clinical decisions by linking data from various sources.
- Work in partnership with the regional health authorities to improve access to diagnostic imaging services, with an initial focus on MRI and CT.
- Continue to decrease wait times for complex pediatric hip and spine surgery at BC Children's Hospital.
- Standardize intake and referral processes to improve quality and streamline care for patients.
- Ensure cancer care is more accessible to residents in northern BC by continuing towards the opening of a new full service cancer centre in Prince George in 2012, in collaboration with the BC Cancer Agency, Northern Health, Ministry of Health and other partners, as part of the Northern Cancer Control Strategy.
- Collaborate with the regional health authorities and the BC Ambulance Service, to provide appropriate pre-hospital emergency care services through better utilization of paramedic services.

⁹ Ministry of Health: 2011/12 – 2013/14 SERVICE PLAN. February 2011, p 12.

Performance Measure 4: Pediatric Surgery

Performance Measure	2010/11 Actual	2011/12 Target	2012/13 Target	2013/14 Target
Percent of non-emergency complex paediatric hip and spine surgery completed within established benchmarks				
Complex hip surgeries	39%	20%*	50%	75%
Complex spine surgeries	16%	25%	40%	50%

Data Source: BC Children's Hospital Database, Provincial Health Services Authority.

*The 2011/12 target is lower than 2010/11. This is due to PHSA's intention of prioritizing and performing the surgeries that are beyond the benchmark in order to address waitlists in 2011/12. So while the *number* of surgeries performed within the benchmark will not decrease in 2011/12, a greater proportion of total surgeries performed will be cases that are outside the desired timeframe. In 2012/13, the proportion of surgeries within the benchmark time bounces back up because many of these waitlist surgeries will have been addressed.

This performance measure will track the wait time for non-emergent complex spine and hip surgeries. These complex cases are not comparable to adult hip and spine surgeries. In the last several years, the BC Children's Hospital has reduced wait times for general, ENT and plastic surgeries. Expanded surgical activity and focused funding combined with continuous efforts to foster innovation and efficiency in BC Children's Hospital, will improve timely access to a range of surgical procedures. The focus for the next three years is to reduce the wait time for complex hip and spine surgeries specifically so that more children receive surgery within the recommended time frame.

Performance Measure 5: Maternity

Performance Measure	2010/11 Actual	2011/12 Target	2012/13 Target	2013/14 Target
Rate of planned vaginal births after caesareans	25.7%	26%	28%	30%

Data Source: BC Women's Hospital and Health Centre Database, Provincial Health Services Authority.

This performance measure monitors the proportion of mothers who have a natural vaginal delivery rather than another caesarean. In years past it was believed that giving birth vaginally after a previous caesarean risked a uterine rupture. However, it is now known, particularly given improved surgical and obstetric practices, that most women are able to have a safe vaginal delivery after a previous caesarean and that the outcomes for both the baby and the mother are generally better than with a surgical delivery.

MoH Goal 4: Improved innovation, productivity and efficiency in the delivery of health services.

MoH Objective 4.1: Optimize supply and mix of health human resources, information management, technology and infrastructure in service delivery.

A high performing health system is one that uses its resources in the best way possible to achieve quality clinical and health outcomes for patients and the broader population. To be sustainable the system must ensure it has enough, and the right mix of, health professionals to provide the services that will meet British Columbians' needs now and in the future. We must also ensure those human resources are appropriately supported by information management systems, technologies and the physical infrastructure to deliver high quality services as efficiently as possible¹⁰

PHSA Strategic Direction 3: Contributing to a Sustainable Healthcare System

Skilled and caring health professionals are the cornerstone of our health system. Thousands of British Columbians seek medical attention every day, confident they are in the care of competent professionals who hold themselves to the highest standards. To be effective, we must also ensure that our human resources are appropriately supported by information management systems, technology and the physical infrastructure to deliver high quality services as efficiently as possible.

PHSA Strategies

- Continue to support the education and training of more than 4,000 students and over 800 research trainees each year in the specialized health and human services provided by our agencies in collaboration with the Ministry of Advanced Education and our academic partners.
- Continue PHSA's comprehensive workforce strategy focusing on employee engagement, specialized recruitment and retention initiatives, and supporting the development of leaders across the organization.
- Continue to lead the implementation of various Provincial eHealth systems to improve patient care by providing health care providers with secure access to clinical information. Better access to information results in faster, more informed clinical decisions, fewer duplicated tests, and a reduction in unnecessary patient transfers.
- Continue the implementation of Clinical Information Solution systems to improve the quality and accessibility of patient information by creating an integrated health record for each patient based on a single identifier and using standardized processes.
- Implement, improve and leverage PHSA's registries and databases in services such as Cancer, Perinatal, Cardiac, Renal and Transplant to provide information to highly specialized practitioners that will inform and improve quality, safety, and efficiency.

¹⁰ Ministry of Health: 2011/12 – 2013/14 SERVICE PLAN. February 2011, p 13

- Expand the use of Telehealth, leveraging the Telehealth Scheduler, to promote and improve access to diagnostic programs and specialized care, by enabling clinical consultation, continuing professional education, health promotion, and healthcare management and administration.
- Explore the application of emerging social media technologies to involve patients in the management of their care.
- Optimize care delivery models to deliver safe, high quality care that is focused on patient needs to improve patient experiences and outcomes, and make the best use of staff time and expertise.

Performance Measure 6: Health Human Resources

Performance Measure	2010 Actual	2011 Target	2012 Target	2013 Target
Nursing overtime hours as a percent of productive nursing hours	2.24%	Maintain or below 2.5%	Maintain or below 2.5%	Maintain or below 2.5%

Data Source: Ministry of Health. Based on calendar year. Health Sector Compensation Information System (HSCIS). Health Employers Association of British Columbia (HEABC).

This performance measure tracks how much of nursing hours in hospital are overtime hours. The core of health care is the people who provide the service - the nurses and other health professionals such as occupational therapists, physiotherapists, medical technologists, social workers, pharmacists and medical radiation technologists. When a staff member is sick or there are long-time vacancies in one of these positions, other staff must provide the care to meet patient needs. Reducing sick time and filling vacancies quickly should reduce overtime and also help to manage health care costs.

MoH Objective 4.2: Drive efficiency and innovation to ensure sustainability of the publicly funded health system.

The Ministry is committed to managing the health system efficiently to ensure resources are spent where they will have the best outcome. The public health system must continually drive improvement in innovation, productivity and efficiency to ensure the health system is affordable and effective for British Columbians¹¹

¹¹ Ministry of Health: 2011/12 – 2013/14 SERVICE PLAN. February 2011, p 15

PHSA Strategic Direction 3: Contributing to a Sustainable Healthcare System

As stewards of taxpayers' dollars PHSA must prioritize limited resources to ensure we are providing the best value to the populations we serve. PHSA has implemented imPROVE, a LEAN-based process improvement system. PHSA agencies and services look for essential value-added services, while minimizing ineffective or redundant efforts. Our limited resources will be utilized more efficiently, technology will be leveraged to a greater degree, and our processes will become more reflective of an integrated system that is focused on improving the patients' experience while in our care.

PHSA also continues to lead, participate and support designated services involved in the Lower Mainland Consolidation (LMC) initiative, to redirect savings to the provision of health care services¹². Currently, fourteen select services and support areas are consolidating as part of the first phase of this initiative¹³.

PHSA Strategies

- Continue to implement imPROVE, PHSA's LEAN management program for achieving excellence in quality, safety and efficient patient care through the redesign of processes.
- Continue to lead the Lower Mainland Consolidation of Information Management Services, Provincial Laboratory Services and Provincial Interpretation Services that will generate savings and improve efficiency through cross-health authority consolidation of services.
- Through Health Authority Shared Services Organization, a division of the PHSA, continue to create enhanced value to the health system through effective and efficient delivery of agreed upon support services focused on service efficiency & standardization, service quality and service integration across the health authorities.
- Implement the BC Health Authority Leadership Development Collaborative to develop physician and health care providers' leadership skills and capacity.

¹² Lower Mainland Consolidation denotes the initiative to consolidate selected corporate and clinical support functions among the lower mainland health authorities: PHSA, Vancouver Coastal Health (VCH), Providence Health Care (PHC) and Fraser Health (FH) to reduce costs and is described in more detail under objective 4.2.

¹³ Examples of departments included in Lower Mainland Consolidation are: Pharmacy, Diagnostic Imaging Services, Facilities Management, Parking and Protection Services and Payroll (HSSBC).

Financial Summary

Resource Summary Table

(\$ millions)	2010/11 Actual	2011/12 Budget	2012/13 Plan	2013/14 Plan
Operating Summary:				
Provincial government sources	\$ 1,723.8	\$ 2,126.4	\$ 2,185.5	\$ 2,260.9
Non-provincial government sources	\$ 158.4	\$ 149.2	\$ 149.4	\$ 148.5
Total Revenue:	\$ 1,882.2	\$ 2,275.6	\$ 2,334.9	\$ 2,409.4
Acute Care	\$ 1,452.9	\$ 1,771.7	\$ 1,856.7	\$ 1,928.3
HCC – Residential				
HCC – Community				
Mental Health & Substance Use	\$ 162.6	\$ 164.1	\$ 136.5	\$ 137.5
Population Health and Wellness	\$ 127.4	\$ 115.4	\$ 116.2	\$ 115.9
¹⁴ Corporate	\$ 138.7	\$ 224.4	\$ 225.5	\$ 227.7
Total Expenditures:	\$ 1,881.6	\$ 2,275.6	\$ 2,334.9	\$ 2,409.4
Surplus (Deficit)	\$ 0.6	\$ 0.0	\$ 0.0	\$ 0.0
Capital Summary:				
Funded by Provincial Government	\$ 59.4	\$ 105.1	\$ 54.8	\$ 40.7
Funded by Foundations, Regional Hospital Districts, and other non-government sources	\$ 16.0	\$ 20.3	\$ 7.1	\$ 6.8
Total Capital Spending	\$ 75.4	\$ 125.4	\$ 61.9	\$ 47.5

¹⁴ Increase in revenue in 2011/12 budget for Corporate Services is directly related to integration of Health Shared Services BC into PHSA as a division.

Capital Project Summary

The following is a list of PHSA projects approved by the Ministry of Health with funding greater than \$2 million:

Community Name (as applicable)	Facility location (as applicable)	Project Name	Total Project Cost (\$ million)
Facility Projects			
Vancouver	Children's & Women's	Children's & Women's Redevelopment – Phase 1 & Phase 2 (Planning)	94.9
Prince George	BC Cancer Agency	BCCA Centre for the North	92.7
Various Communities	BC Cancer Agency	Radiation Therapy and Diagnostic Equipment	47.9
Vancouver	Children's & Women's	Boiler Replacement	4.8
Vancouver	Children's & Women's	3T MRI Facility	3.5
Information Management/Information Technology Projects			
Various Communities	Various Facilities	Clinical Information System	8.0
Kamloops	Health Shared Services BC	Data Centre	3.8
Equipment Projects			
Various Communities	BC Ambulance Service	Ambulance Replacements	24.4
Vancouver	Children's & Women's	Digital Mammography Equipment	3.4
Vancouver	BC Cancer Agency	PET CT Scanners	3.2

Contact Information

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Facsimile: 604.708-2700

Web site: www.phsa.ca

Hyperlinks to Additional Information

BC Ministry of Health www.gov.bc.ca/health

BC Cancer Agency www.bccancer.bc.ca

BC Centre for Disease Control www.bccdc.ca

BC Children's Hospital and Sunny Hill Health Centre for Children www.bcchildrens.ca

BC Mental Health & Addiction Services (Forensic Psychiatric Services, Riverview Hospital, Child and Youth Mental Health & Substance Use Services provided at BC Children's Hospital, Provincial Specialized Eating Disorders Program) www.bcmhas.ca

BC Provincial Renal Agency www.bcrenalagency.ca

BC Transplant Society www.transplant.bc.ca

BC Women's Hospital and Health Centre www.bcwomens.ca

Cardiac Services BC www.phsa.ca/AgenciesAndServices/Agencies/Cardiac/default.htm