

Provincial Health  
Services Authority

**2013/14 – 2015/16  
SERVICE PLAN**

2013



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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 2013/14 – 2015/16. 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 2013/14 – 2015/16 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 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-informed 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.

A handwritten signature in black ink, appearing to read "G.W. Powell". The signature is fluid and cursive, written in a professional style.

G.W. (Wynne) Powell, CPA, FCGA, D.Tech (Hon.)  
Board Chair, Provincial Health Services Authority  
October 24, 2013

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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 in BC. The first organization of its kind in the country, PHSA works with the five regional health authorities and the Ministry of Health to meet local and provincial health needs. PHSA does this by:

- Governing and managing nine agencies that plan and/or provide specialized health services on a province-wide basis: BC Cancer Agency, BC Centre for Disease Control, BC Children's Hospital & Sunny Hill Health Centre for Children, BC Mental Health & Addiction Services, BC Provincial Renal Agency, BC Transplant, BC Women's Hospital & Health Centre, Perinatal Services BC and Cardiac Services. PHSA also supports major health system collaboratives through its two divisions, BC Emergency Health Services and Health Shared Services BC;
- Working with the five regional health authorities and the Ministry of Health to plan, coordinate and, in some cases, fund the delivery of highly specialized provincial services; and
- Leading and coordinating a number of priority system improvement initiatives.

PHSA plays 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 Childhood Screening and Hearing Program, the Thoracic Surgery Program, the Surgical Patient Registry, the Provincial Blood Coordinating Office, PHSA Laboratories, the Provincial Language Service, Stroke Services BC, Trauma Services and Telehealth. Additionally, PHSA has responsibility for its Lower Mainland Consolidation (LMC) components.

PHSA is also 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 science; 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 that represent the best value.

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 16 percent of the total population and is expected to double within the next 25 years, making it one of the fastest growing seniors populations in Canada.<sup>1</sup> The aging population is a significant driver of demand because the need for health services rises dramatically with age. In 2009/10 people over age 65 made up 15 percent of the BC population, but used 34 percent of physician services, 49 percent of acute care services, 47 percent of PharmaCare expenditures, 76 percent of home and community care services and 93 percent of residential care services.<sup>2</sup> 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 38 percent of the BC population and consume approximately 80 percent of the combined physician payment, PharmaCare and acute (hospital) care budgets.<sup>3</sup> 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 years<sup>4</sup> 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.

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<sup>1</sup> P.E.O.P.L.E. 37, BC Stats, Ministry of Labour, Citizens' Services and Open Government, 2013

<sup>2</sup> Planning and Innovation Division, Ministry of Health; using MSP Expenditures 2009/10; Acute Care: Inpatient and Day Surgery workload weighted cases, DAD 2009/10; HCC community and Residential Care services by age group 2009/10, summed based on average unit costs

<sup>3</sup> Discharge Abstract Database (DAD), Medical Services Plan and PharmaCare data 2006/07

<sup>4</sup> 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

Prevention efforts have substantially improved health extending average lifespan by 3 months year over year<sup>5</sup>. Morbidity due to chronic disease is increasingly compressed into a shorter time span at end-of-life. Prevention efforts effect positive impacts on health throughout the life course but are most pronounced when focussed on the early years of life.

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.

### **Advances in Technology and Pharmaceuticals**

New treatment, prevention 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 120 percent and the number of MRI exams increased by almost 249 percent in the province between 2001/02 and 2011/12.<sup>6</sup>

The Government has introduced a new drug pricing regulation to 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 technology<sup>7</sup>. 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 Centre<sup>8</sup> 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. Genomic technologies have similarly advanced the development of new generation vaccines such as group B meningococcus. We can continue to exploit our advances in genomic vaccinology to develop vaccines for tuberculosis and sexually transmitted infections such as chlamydia.

### **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

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<sup>5</sup> Meza, R (2010) Birth cohort patterns suggest that infant survival predicts adult mortality rates, *Journal of Developmental Origins of Health and Disease*, 1-10

<sup>6</sup> HAMIS/OASIS, Management Information Branch, Planning & Innovation Branch, MoH as of May 29, 2012

<sup>7</sup> Khoury, M. (2008). The Evidence Dilemma in Genomic Medicine. *Health Affairs*, 27(6), 1600 – 1611.

<sup>8</sup> 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](http://www.bcgsc.ca)

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.<sup>9</sup>

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<sup>9</sup> Ministry of Health 2013/14 – 2015/16 Service Plan. February 2013, p 8

# Goals, Objectives, Strategies and Performance Measures

The *Ministry of Health's 2013/14 – 2015/16 Service Plan* aligns with the priorities of the Government of BC, and outlines the 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 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 BC'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 cross-cutting themes 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 *2013/14 – 2015/16 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.

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

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

British Columbians are among the healthiest people in the world. Providing choices and supports for people to invest in their health will protect the excellent health status of the majority of British Columbians 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, physical inactivity, injuries, tobacco use and problematic substance use. In collaboration with its health sector partners, the Ministry will promote health as a valued outcome of policies and programs in order to make long term sustainable changes for improved health across British Columbia.<sup>10</sup>

#### **PHSA Alignment:**

PHSA embraces a broad definition of health, and in addition to providing specialized treatments for illness when it occurs, PHSA develops strategies to promote wellbeing 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 illness prevention strategies<sup>11</sup>. 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:**

- Develop and implement an information campaign to support women's decision-making about breast cancer screening, with attention to primary care provider's role in information dissemination.
- Lead the implementation of a provincial colorectal cancer screening program developed in partnership with the Ministry of Health.
- Provide leadership and coordination to facilitate program monitoring, evaluation, program level surveillance, and implementation of the priority action areas of the Healthy Eating Strategic Action Plan.
- With the Ministry of Health, co-lead the development of a plan for a renewed Provincial Women's Health Strategy
- Lead the provincial roll out of new childhood and adolescent vaccines.
- Support the STOP AIDS initiative and launch a provincial hepatitis initiative.

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<sup>10</sup> Ministry of Health 2013/14 – 2015/16 Service Plan. February 2013, p 10.

<sup>11</sup> PHSA Strategic Direction #2: Promoting Healthier Populations

- Provide leadership and coordination to facilitate program monitoring, evaluation and provincial-level surveillance for Healthy Communities initiative.
- Test the model of a gender-sensitive heart health promotion program for women at BC Women’s Hospital by engaging with different population groups and settings.
- Implement strategies to improve Aboriginal health care services in cancer, heart failure, perinatal services, maternity and mental health & substance use services.
- Through Child Health BC, collaborate with partners in the ministries, HAs, the community and our academic partners to inform a child and youth service delivery plan based on an overarching child health service delivery framework.
- Lead the implementation across PHSA of Health Compass: Transformative Practices Embracing Mental Wellbeing, an innovative, collaborative multi-phased cross agency project led by BC Mental Health & Addiction Services to enhance the capacity of PHSA’s health care providers to further promote the positive mental wellbeing of patients, clients, and families that access PHSA’s health care services.
- Continue to lead the operations of Panorama, a Pan-Canadian public health e-Health system, to improve population health by supporting service delivery and enabling secure access to integrated public health data to support policy changes and measure the impact of public health interventions.

## Performance Measure 1: Cancer Screening

Performance Measure	2009/10 – 2011-12	2013/14 Target	2014/15 Target	2015/16 Target
Percent of women aged 50-69 years participating in screening mammography once every 2 years	53.8% (BC rate)	60%	62%	64%

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

### Discussion

This performance measure tracks the proportion of women between 50 and 69 years of age, screened in the last two years. Real-time changes in screening attendance would not be readily appreciated by this two-year rolling average measure. The staged targets for 2013/14 through to 2015/16 reflect the aspiring goal 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.

In the last 3 fiscal years, the mammography participation rate has not seen improvement, despite availability and reasonable access to screening services. As of June 2013, 90% of screening centers reported wait times less than 8 weeks, which is the MOH Guidelines and Protocols Advisory Committee defined reasonable access wait time. The participation rate had remained around 54% in 2010/11 and 2011/12.

PHSA will continue to maintain easy access to screening services, and initiate an information campaign to support women's decision-making about breast cancer screening. Patients will be encouraged to discuss screening information with their primary care provider. Thus, there will be attention to primary care provider's role in information dissemination.

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

**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.**

As British Columbia's population ages and the incidence of chronic disease increases, the demand for health services is increasing and changing. An integrated system of primary and community based health care will improve care for all patients, but particularly for those with more complex needs such as people with chronic diseases, mental illnesses and substance use, women during pregnancy and childbirth and the frail senior population. Evidence suggests that primary and community based health care are best suited to provide care to these populations and can play a critical role in improving health and reducing the need for emergency department visits and hospitalizations. Increasing access to family doctors and coordinating and linking family doctors to other community services such as home health care and community mental health care will improve the quality and experience of care for patients and better support their families and caregivers.<sup>12</sup>

### **PHSA Alignment:**

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. Optimizing flow of information, services, and care to improve the patient experience across our systems and programs are key PHSA priorities<sup>13</sup>.

### **PHSA Strategies:**

- Continue to promote innovative dialysis options and supportive strategies for chronic kidney disease patients to enhance quality of life and promote improved outcomes while maximizing scarce resources.
- Develop provincial guidelines and best practices around prevention and management of communicable diseases such as tuberculosis and sexually transmitted infections.
- Develop in partnership with the Ministry of Health and regional health authorities, provincial level strategies for pandemic influenza, tuberculosis control and hepatitis treatment and prevention.
- In partnership, support, develop and fund seven pre/post transplant clinics in the province to bring care for pre and post transplant patients closer to home.

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<sup>12</sup> Ministry of Health 2013/14 – 2015/16 Service Plan. February 2013, p 11.

<sup>13</sup> PHSA Strategic Direction #1: Improving Quality Outcomes and Better Value to Patients

- Provide provincial leadership and coordination in the translation and adoption of best practice guidelines for stroke, atrial fibrillation and heart failure into all parts of the care continuum including primary care, community, and residential care.
- In collaboration with Canadian Blood Services implement a national approach to organ donation and transplantation to ensure the supply of organs for donation are maximized and that no British Columbian will be disadvantaged.
- 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.
- Evaluation of a provincial hip surveillance program in support of a holistic approach to the care of children with cerebral palsy (in partnership with Ministry of Health, Child Health BC and Child Development Centres)
- Enhance services, outreach and provincial education and training at BC Women’s Hospital to develop an HIV/AIDS Centre of Excellence for women, children and families.
- Through BC Mental Health & Addiction Services and the BC Ambulance Service Co-lead the implementation of the Provincial Emergency Medical Services Transportation of Psychiatric Clients requiring Sedation Project and engage in research, province-wide planning, information sharing, standard setting, performance evaluation and system-wide improvements.

## Performance Measure 2: Independent Dialysis

Performance Measure	2010/11 Baseline	2013/14 Target	2014/15 Target	2015/16 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.

### Discussion

This indicator is based on prevalent numbers of independent patients and does not capture those who started the year on independent therapies and left the program for a variety of reasons: death, moving out of province, return to dependent care, or transplantation. Thus a substantial amount of activity is required to move this indicator, as we have been doing. We will also examine incident patients over time to demonstrate the impact of initiatives aimed at improving initial uptake of independent therapy. As well, inclusion of transplantation (another form of successful independent therapy within the continuum) would serve to demonstrate the ongoing uptake of independent therapies, and permit the retention of those starting independent dialysis therapies and moving to transplant.

Within the context of the BC Provincial Renal Agency & BC Transplant strategic interagency partnership – aimed at creating a truly integrated and seamless continuum of care for kidney patients – the current indicator may not ideally capture the full spectrum of “independent” renal replacement therapies.

Kidney transplant is an alternate (independent) renal replacement therapy and many registries do in fact include transplantation, and develop metrics related to the entire population. A more appropriate indicator may include pre-emptive transplants, home-based and independent therapies within facilities, as well as transplants in the numerator (as a function of all end stage renal patients). This metric, which would align with Canadian Organ Replacement Register (CORR) reporting, may serve as a better indicator of best practice care and integration of the kidney care continuum. BCPRA is in the early stages of consultation with the renal network and BC Transplant to discuss such a joint indicator.

### Performance Measure 3: Child Mental Health

Performance Measure	2010/11 Baseline	2013/14 Target	2014/15 Target	2015/16 Target
Percent of children admitted to an inpatient psychiatric unit bed within 42 days	49%	65%	70%	75%

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

#### Discussion

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 operated by BC Mental Health & Addiction Services (BCMHAS) located at the BC Children’s Hospital (BCCH) site 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.

## **Goal 3: British Columbians have access to high quality hospital services when needed.**

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

While the majority of health needs can be met through primary and community based health care, the citizens of British Columbia also require timely access to safe and appropriate hospital services that support the needs of patients and their families.<sup>14</sup>

#### **PHSA Alignment:**

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<sup>15</sup>.

#### **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, and access and speed the patient's journey.
- Work in partnership with the regional health authorities to improve access to diagnostic imaging services provincially, with an initial focus on MRI and CT. This is in addition to our partnership work in this area as part of the Lower Mainland Consolidation Initiative.<sup>16</sup>
- Continue to decrease wait times for complex pediatric hip surgery at BC Children's Hospital.
- Implement the provincial heart surgery service delivery plan for the new Interior Heart and Surgical Centre in Kelowna and optimize capacity within the system.
- Enhance the Neonatal Intensive Care Unit infrastructure and model of care at BC Women's Hospital to create a neonatal centre of excellence.
- Provide provincial leadership through Stroke Services BC (SSBC) for coordination, communication and project support for the implementation of the provincial stroke strategy. Regional Health Authorities are represented on the SSBC Steering Committee and are accountable for providing appropriate funding for and implementing local stroke strategies in response to provincial priorities.
- Lead the collaborative development of updated Provincial Reproductive Mental Health Guidelines, including updated recommendations for pharmaceutical interventions / medication management for women with mental health issues during their perinatal period.

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<sup>14</sup> Ministry of Health 2013/14 – 2015/16 Service Plan. February 2013, p 13.

<sup>15</sup> PHSA Strategic Direction #1: Improving Quality Outcomes and Better Value for Patients

<sup>16</sup> Lower Mainland Consolidation denotes the initiative to consolidate selected corporate and clinical support functions among the lower mainland health authorities: PHSA, Vancouver Coastal Health Authority (VCHA), Providence Health Care (PHC) and Fraser Health Authority (FHA) to reduce costs and is described in more detail under objective 4.2.

- Collaborate with the regional health authorities on opportunities to integrate paramedics (particularly those in rural/remote areas) into additional roles in the health sector.
- Implement a quality, safety and training and education program at BC Women’s Hospital to improve clinical and leadership skill development and reduce the number of adverse events related to team communication and enhance the delivery of quality, safe and effective patient care.
- Lead the continued implementation of the BC Patient Transfer Network Plan in collaboration with regional health authorities.
- Lead the collaborative development of updated provincial maternal/newborn transfer guidelines including implementation in partnership with the Provincial Transfer Network.

#### Performance Measure 4: Paediatric Surgery

Performance Measure	2010/11 Baseline	2013/14 Target	2014/15 Target	2015/16 Target
Percent of non-emergency complex paediatric hip surgery completed within established benchmarks	42%	50%	60%	70%

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

#### Discussion

This performance measure tracks the percentage of non-emergency paediatric complex hip surgeries completed within established benchmarks. The benchmark is based on urgency of care required in the paediatric care setting and is not comparable to adult hip surgery cases. Through expanded surgical activity and focused funding, combined with continuous efforts to foster innovation and efficiency, BC Children’s Hospital has reduced wait times for all paediatric surgeries, including complex hip. Because BC Children’s Hospital has prioritized completion of cases outside established wait-time benchmarks (those that have been waiting the longest), the proportion of completed cases within benchmark timeframes for complex hip procedures does not demonstrate the gains made in overall waitlist reduction. Number of children waiting for complex hip surgery has reduced by approximately 40% in the last year, from 47 cases at the end of 2011/12 to 29 cases at the end of 2012/13.

Over the next three years BC Children’s Hospital plans to maintain achieved levels for surgical specialties. For complex hip procedures, we will continue to focus on completing cases exceeding established wait-time benchmarks. As we continue to work to eliminate the backlog of hip cases waiting beyond benchmark, our percent of complex hip surgeries completed within benchmark will remain lower than usual and not reflective of the reduction of actual number of children on the waitlist.

## Performance Measure 5: Maternity Care

Performance Measure	2010/11 Baseline	2013/14 Target	2014/15 Target	2015/16 Target
Percent of women with previous C-section births who plan to have a vaginal delivery	25.7%	28%	29%	30%

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

### Discussion

Many women who have previously given birth through Caesarean section (C-section) can safely give birth through a normal vaginal delivery. Planning for and attempting Vaginal Birth After Caesarean (VBAC), a safe option for the majority of women, has a high success rate, and many benefits. Benefits include reduced blood loss, reduced injury and risk of infection, elimination of complications associated with surgery, a shorter hospital stay, and more rapid recovery. Attempted or Planned VBAC is a measure of access to VBAC. Resources are required to support women in making the decision to plan a VBAC. Increasing the opportunity for women to deliver vaginally after a prior C-section will have a positive impact on lowering the overall C-section rate.

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

### **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 improve health outcomes for patients. Ensuring that the health system has sufficient numbers and the right mix of health professionals is key to providing the services that will meet British Columbians' needs now and in the future. Health care providers must also be appropriately supported by information management systems, technologies and the physical infrastructure to deliver high quality services as efficiently as possible.<sup>17</sup>

#### **PHSA Alignment:**

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<sup>18</sup>. Furthermore PHSA strives to create an environment that fosters health care innovation and discovery research that is translated into improved patient outcomes and population health.

#### **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 using the provincial leadership development programs and other strategies.
- Continue to lead the implementation of various Provincial eHealth systems, including Panorama, to improve patient care and population health 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.

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<sup>17</sup> Ministry of Health 2013/14 – 2015/16 Service Plan. February 2013, p 15

<sup>18</sup> PHSA Strategic Direction #3: Contributing to a Sustainable Health Care System

- 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.
- Expand the use of Telehealth, leveraging the Telehealth Scheduler (an automated scheduling system for videoconferencing), 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.
- Continue to 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 Baseline	2013/14 Target	2014/15 Target	2015/16 Target
Nursing overtime hours as a percent of productive nursing hours	2.24% (2010 calendar year)	Maintain at or below 3.3%	Maintain at or below 3.3%	Maintain at or below 3.3%

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

#### Discussion

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

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

An efficiently managed health system ensures resources are spent where they will have the best health outcome. Improvements in innovation, productivity and efficiency must be continually pursued to make sure our publicly funded health system is both effective and affordable for the citizens of British Columbia.<sup>19</sup>

**PHSA Alignment:**

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<sup>20</sup>. One of the most effective value propositions in health care involves health promotion and disease prevention. PHSA is the provincial leader for population and public health.

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 services<sup>21</sup>. Currently, fourteen select services and support areas are consolidating as part of the first phase of this initiative<sup>22</sup>.

**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 Shared Services BC, 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 and standardization, service quality and service integration across the health authorities.
- Continue to invest in high yield prevention programs.
- Implement the BC Health Authority Leadership Development Collaborative to develop physician and health care providers' leadership skills and capacity.

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<sup>19</sup> Ministry of Health 2013/14 – 2015/16 Service Plan. February 2013, p 16

<sup>20</sup> PHSA Strategic Direction #3: Contributing to a Sustainable Health Care System

<sup>21</sup> Lower Mainland Consolidation denotes the initiative to consolidate selected corporate and clinical support functions among the lower mainland health authorities: PHSA, Vancouver Coastal Health Authority (VCHA), Providence Health Care (PHC) and Fraser Health Authority (FHA) to reduce costs and is described in more detail under objective 4.2.

<sup>22</sup> Examples of departments included in Lower Mainland Consolidation are: Pharmacy, Diagnostic Imaging Services, Facilities Management, Parking and Protection Services and Payroll (HSSBC).

# Financial Summary

(\$ millions)	2012/13 Actual	2013/14 Budget	2014/15 Plan	2015/16 Plan
<b>OPERATING SUMMARY</b>				
<b>Provincial government sources</b>	\$ 2,373.1	\$ 2,340.0	\$ 2,407.8	\$ 2,473.8
<b>Non-provincial government sources</b>	\$ 151.4	\$ 151.4	\$ 150.9	\$ 149.6
<b>Total Revenue:</b>	\$ 2,524.5	\$ 2,491.4	\$ 2,558.7	\$ 2,623.4
<b>Acute Care</b>	\$ 1,744.8	\$ 1,810.8	\$ 1,869.9	\$ 1,929.4
<b>HCC – Residential</b>	\$ 1.7	\$ 1.7	\$ 1.7	\$ 1.7
<b>HCC – Community</b>	\$ 118.4	\$ 123.4	\$ 124.5	\$ 125.3
<b>Mental Health &amp; Substance Use</b>	\$ 161.2	\$ 108.1	\$ 109.1	\$ 109.8
<b>Population Health &amp; Wellness</b>	\$ 208.3	\$ 195.6	\$ 197.3	\$ 198.6
<b>Corporate</b>	\$ 289.3	\$ 251.8	\$ 256.2	\$ 258.6
<b>Total Expenditures:</b>	\$ 2,523.7	\$ 2,491.4	\$ 2,558.7	\$ 2,623.4
<b>Surplus (Deficit)</b>	\$ 0.8	-	-	-
<b>CAPITAL SUMMARY</b>				
<b>Funded by Provincial Government</b>	\$ 85.784	\$ 89.675	\$ 116.536	\$ 98.216
<b>Funded by Foundations, Regional Hospital Districts, and other non-government sources</b>	\$ 18.935	\$ 7.425	\$ 39.864	\$ 82.409
<b>Total Capital Spending</b>	\$ 104.719	\$ 97.100	\$ 156.400	\$ 180.625

Note:

Health authorities were required to implement Public Sector Accounting Standards for fiscal 2012/13 which included expenditure reporting by sector. Refinements to sector expenditure reporting have been made since then to improve consistency, transparency and comparability.

# 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	Facility Location	Project Name	Total Project Cost (\$ million)
<b>Facility Projects</b>			
Vancouver	Children's & Women's	Children's & Women's Redevelopment – Phase 2 (Planning, Construction and Equipment)	529.1
Prince George	BC Cancer Agency	BCCA Centre for the North	90.3
Vancouver	Children's & Women's	Children's & Women's Redevelopment – Phase 1	79.2
Various Communities	BC Cancer Agency	Radiation Therapy and Diagnostic Equipment	47.9
Victoria	BC Cancer Agency	Radiation Therapy and Diagnostic Equipment	24.8
Victoria	BC Cancer Agency	Vancouver Island Centre Expansion	6.9
Vancouver	Children's & Women's	Boiler Replacement	4.8
Surrey	BC Cancer Agency	Radiation Therapy and Diagnostic Equipment	3.7
Vancouver	Children's & Women's	3T MRI Facility	3.0
<b>Information Management/Information Technology Projects</b>			
Various Communities	Various Facilities	Clinical & Systems Transformation	33.5
Kamloops	Health Shared Services BC	Provincial Data Centre	21.3
Various Communities	Various Facilities	Provincial Practitioner Credentialing and Privileging	3.5
Various Communities	Various Facilities	Lab Information System Integration	2.3
<b>Equipment Projects</b>			
Various Communities	BC Ambulance Service	Ambulance Replacements	32.0
Vancouver	Children's & Women's	Digital Mammography Equipment	3.6
Vancouver	Children's & Women's	CT Scanner Replacement	2.7
Vancouver	Children's & Women's	Neonatal Intensive Care Unit Monitoring System	2.7

## Contact Information

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## Hyperlinks to Additional Information (optional)

BC Ministry of Health [www.gov.bc.ca/health](http://www.gov.bc.ca/health)

BC Cancer Agency [www.bccancer.bc.ca](http://www.bccancer.bc.ca)

BC Centre for Disease Control [www.bccdc.ca](http://www.bccdc.ca)

BC Children's Hospital and Sunny Hill Health Centre for Children [www.bcchildrens.ca](http://www.bcchildrens.ca)

BC Mental Health & Addiction Services (Forensic Psychiatric Services Commission, Children and Women's Mental Health & Substance Use Program located at BC Children's Hospital, & the Provincial Specialized Eating Disorders Program) [www.bcmhas.ca](http://www.bcmhas.ca)

BC Provincial Renal Agency [www.bcrenalagency.ca](http://www.bcrenalagency.ca)

BC Transplant Society [www.transplant.bc.ca](http://www.transplant.bc.ca)

BC Women's Hospital and Health Centre [www.bcwomens.ca](http://www.bcwomens.ca)

Cardiac Services BC [www.phsa.ca/AgenciesAndServices/Agencies/Cardiac/default.htm](http://www.phsa.ca/AgenciesAndServices/Agencies/Cardiac/default.htm)

Perinatal Services BC [www.perinatalervicesbc.ca/default.htm](http://www.perinatalervicesbc.ca/default.htm)

BC Emergency Health Services (including BC Ambulance Service, Patient Transfer Network & Trauma Services BC) [www.health.gov.bc.ca/ehsc/](http://www.health.gov.bc.ca/ehsc/)

Health Shared Services BC (HSSBC) [www.hssbc.ca/default.htm](http://www.hssbc.ca/default.htm)