
The Provincial Health Services (PHSA) Board Brief summarizes the board meetings of the PHSA. It is sent to PHSA agencies, government, media and other stake-holders to keep them informed about the activities of the PHSA.

Summary of June 12, 2008 Board Meeting

Public Presentations and Question and Answer Period

In the spirit of its commitment to public accessibility, the board of the Provincial Health Services Authority (PHSA) provides opportunities for the public to schedule presentations and to ask questions of the board prior to the beginning of every open board meeting.

There were no public presentations or public questions at the June 12 meeting.

PHSA Presentations

Dr. Andy Coldman, Vice President of Population Oncology, **BC Cancer Agency** presented **Screening Mammography Participation in British Columbia**, an overview of the Screening Mammography Program of BC (SMPBC) and the national benchmarks that have been established for participation in breast screening.

In 2004, the First Ministers Health Accord established evidenced-based benchmarks in a number of key areas, including screening mammography for women aged 50-69, the population most at risk to develop breast cancer. Federal funding was allocated to help the provinces achieve the new targets and BC chose a target of 70 percent based on data from the World Health Organization. PHSA/SMPBC was then asked by the Ministry of Health to develop and lead a 10 year plan to achieve that goal.

The SMPBC currently offers screening mammography services in key communities across the province, providing 278,000 screens in 2007. Although increasing numbers of women are accessing the SMPBC, participation rates for the province remain steady at 50 percent in the last few years due to factors such as population growth (18,000 more women in the 50-69 age category every year) and an increasingly diverse ethnicity. SMPBC is developing strategies to increase participation through physician education and activities geared to specific minority groups. SMPBC is also developing strategies to increase capacity, including: expanding existing screening centres, opening new centres in underserved areas, and increasing and redirecting mobile services.

Dr. Peter von Dadelszen, Consultant in Maternal-Fetal Medicine at **BC Women's Hospital** and Investigator, **Child & Family Research Institute**, presented **Pre-eclampsia – biomarkers, clinical research, quality improvement guidelines**.

Pre-eclampsia is the most common complication of pregnancy, affecting about five percent of all pregnancies in the last trimester. Globally, at least one woman dies every

seven minutes as a result. In Canada, pre-eclampsia is one of the two leading causes of direct maternal mortality, usually caused by lung or liver failure.

The PIERS model (Pre-eclampsia Integrated Estimate of Risk) is being trialed by Dr. von Dadelszen and his colleagues in Vancouver at BC Women's Hospital and simultaneously in a number of global jurisdictions. PIERS calls for standing medical orders that outline a plan of care to help stabilize and monitor the mother, to allow her to carry the baby for up to an additional 14 days. The PIERS model has been proven to improve the fetus' chance of survival, without undue harm to the mother. A "mini" PIERS model has also been introduced to healthcare settings that are less well resourced, including Uganda and Fiji, with promising results to date.

Board Committee Reports

The Quality and Access Committee reported on a presentation they received from PHSA's Information Technology & Management Department regarding disaster recovery processes. A detailed emergency response plan is in place with robust back up procedures for data in the event of fire or other untoward event.

The Governance and Human Resources Committee has recently conducted its annual review of PHSA's workforce strategy. Improvement was noted in a number of key areas. Thanks to an active recruiting program, the average length of time it takes to fill a vacancy has decreased from 60 days to 44 days. Retention strategies are also being strengthened by publicizing the Employee Family Assistance Program and conducting exit interviews with staff when they leave the organization to obtain their perspective.

The Audit committee reported that external auditor KPMG has completed draft financial statements for the fiscal year 2007/08 in preparation for the annual general meeting in August.

The Finance committee reported that PHSA's financial forecast is for a balanced budget for the fiscal year-end. PHSA's overall budget for 2008/09 exceeds \$1.5 billion.

The Research Committee reported that it is continuing to work toward improving infrastructure support for research. It is also exploring options to standardize data collection across health research entities through a common electronic management system, which would result in a system-wide improvement.

Adjournment

The next meeting of the board in public is scheduled for August 21, 2008 in Vancouver

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