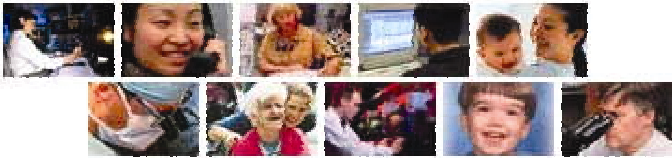




*PHSA
Health Services
Design Plan*



FROM VISION TO REALITY – APRIL 2003



PROVINCIAL
Health Services
AUTHORITY

Province-wide solutions. Better health.

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PHSA Overview

Rationale

The Provincial Health Services Authority (PHSA), created in December 2001, is responsible for ensuring the delivery of quality, specialty and province-wide services to all British Columbians in an equitable and sustainable manner.

Equity in Access: Specialized health services by virtue of their need for robust networks and province-wide coordination, high use of technology, high cost, and specialized nature, require resources that cannot be supported by the province in each regional health authority. These services require a critical mass to ensure clinicians remain skilled and practiced, and that the necessary sophisticated diagnostic and other support services are in place.

Sustainability: Specialized services are often the only solution to life-threatening conditions, and offer the best chance for recovery or improving the quality of life but by their very nature, are extremely costly. The influence of external forces, such as population growth and aging trends, human resource shortages, rapid advancements in technology and science, and changes to government and economic policy, affect our need for, and ability to provide, specialized health services and will make it more and more challenging to manage and allocate the use of these critical resources.

Stewardship: The PHSA was established to develop, in collaboration with the regional health authorities, academic institutions, and the Ministry of Health, a transparent and accountable means to manage selected provincial resources and the projected increase in demand effectively. The PHSA's role is to determine, through evidence-based decisions, plans, policies, to manage appropriate improvements to Province-wide services and the associated costs, and through that, improve our population's health.

Mandate

The PHSA has two areas of formally mandated responsibility:

1. Directly manage and govern selected provincial agencies and the programs they offer. These are:
 - BC Cancer Agency (BCCA)
 - Children's and Women's Health Centre of BC (C&W – including BC's Children's Hospital, BC Women's Hospital & Health Centre and Sunny Hill Health Centre for Children)
 - Riverview Hospital & Forensic Psychiatric Services Commission (RVH & FPSC)
 - BC Provincial Renal Agency (BCPRA)
 - BC Transplant Society (BCTS)
 - BC Centre for Disease Control (BCCDC)
 - Cardiac Services
2. Plan, coordinate, monitor and evaluate selected services as determined through a process with the regional health authorities and the Ministry of Health.

In addition, the PHSA has the lead role in a number of priority system-wide performance improvement projects, including:

Emergency Care

Surgical Services

Public & Population Health

PHSA is also working on a framework for planning provincial health services, setting standards of performance and measuring results.

Vision, Mission and Values

In the fall of 2002, the PHSA and its Board of Directors embarked on a visioning exercise to draft the vision, mission and values of the organization. The Board approved the vision, mission and values on February 13, 2003.

Vision

Province-wide solutions. Better health.

These five words paint a clear picture of the world the PHSA seeks to create. Our vision captures the notion that by helping to create better systems that function province-wide, we will positively influence the health of the populations we serve.

Mission

PHSA's mission statement flows naturally from this vision, articulating our purpose and role.

To promote and deliver accessible quality health services for all British Columbians through an integrated health system. The PHSA:

- Ensures the delivery of quality specialty and province-wide services.
- Sets directions and develops province-wide standards.
- Allocates resources to support optimal health outcomes.
- Measures, monitors, and reports on performance.
- Fosters the creation of knowledge and innovation through research and teaching.

Values

Our values are taken as a whole, and they guide our actions as an organization. They serve to provide a focus for how we approach our work. They collectively inspire behaviour that creates a dynamic and performance-oriented organization.

Patients first

We believe that all of our endeavours should be directed to improving the care and the outcomes of the people who need and use our services across the province.

We measure our success by the way we deliver on our commitment of better health and satisfaction for patients and their families.

Values, continued...

Best value

The PHSA is driven to deliver the best possible value – the optimal quality of services at the optimal cost to taxpayers.

We ask ourselves these important questions: How well does any service, procedure or drug work compared to the possible alternatives and at what costs? How can we help to ensure the sustainability of our health system?

We recognize that a balance must be struck between what the public expects the health system should offer, and what the health care system and available funding can deliver. On the basis of this balance, we believe that quality specialty and province-wide services can be provided on equitable terms for all citizens of BC.

Results matter

The phrase “results matter” can be interpreted several different ways, and that is our intention.

Results matter very much to the patients who require province-wide services, and it matters to us how people are treated in our provincial agencies.

Results matter in our ability to influence better measurable outcomes for health in BC, and in the delivery of our mandate and commitments found in our performance agreement.

Results matter, as we are held accountable for doing what we’ve said we will do and for delivering the best possible care. Financial, clinical and scientific accountability are important to us.

Improvements through knowledge

We are committed to advancing research. Research holds answers.

We want to ensure that new knowledge is generated and incorporated into our practice and the standards we promote.

We are committed to ensuring that the challenges and issues we face in our day-to-day practice drives new research that leads to innovation.

We are a learning organization – we encourage everyone to seek the best information and knowledge from all sources and to act on it.

We stay current and up-to-date in order to provide better health care solutions.

Open to possibilities

We approach each task with objectivity and flexibility. No one has a monopoly on good ideas, or the best way to get a job done.

We will seek new ways of doing things, explore new approaches, and be open to learning from others.

We encourage innovative thinking.

We believe that optimism is moral courage.

From Vision to Reality

Emerging Goals and Objectives

With the mission, vision and values now drafted, the PHSA is ready to embark on a strategic planning exercise this spring and establish the strategic direction for the PHSA for the next several years. Through an inclusive process, the strategic planning exercise will conduct an external scan of the environmental factors that may have an impact on the PHSA and an internal assessment of the agencies' explicit strategies and their alignment with the PHSA vision, mission and values. Priority strategies will be developed that demonstrate, at a high level, how the PHSA will move forward to achieve the vision, mission, and values and align the vision and strategy in a way that drives transformation of key processes, policies and technologies at an operational level.

The PHSA, in its Performance & Accountability Framework, drafted preliminary corporate goals and objectives that, through the strategic planning process, will be refined and aligned with the strategic directions. In the interim, these goals serve to bridge the mission, vision and values and the operating plans for the PHSA and its agencies.

Goal #1: To administer and deliver high quality specialized health services that produce the expected results.

This goal embodies all of our corporate values particularly "Patients First" and "Results Matter". Our commitment to deliver high quality specialized province-wide services to British Columbians is entrenched in the objectives, which reiterate the dimensions of quality: appropriateness, access, equity, availability, effectiveness and safety. Furthermore, it emphasises that care is results-driven and founded on evidence-based care models to obtain optimal results and avoid any unintended results.

Key Objectives:

- Develop evidence-based policies, best practices and standards of care to determine the appropriate level, timeliness and distribution of services in the agencies.
- Provide equitable and timely access to health care services.
- Provide service interventions or actions that produce the optimal results.
- Deliver high quality care that minimizes or avoids any potential risks or unintended results.
- Improve patient satisfaction and confidence in the system.

Strategic Initiatives:

A number of initiatives are underway throughout the PHSA to develop evidence-based policies and best practice standards to ensure that optimal results are realized, for example the Specialized Perinatal Program, the Autism Access Network (pg. 18) and BCPRA's standards and guidelines project.

Equitable and timely access to specialized programs will be enhanced through the following initiatives planned for FY03/04: services for marginalized women, aboriginal health plan and BCTS's initiatives to increase organ donation and OR time.

Initiatives to increase the effectiveness of care by providing care in the most appropriate environment, either closer to home or at home, are exemplified in Antepartum Care and the provincial mental health plan.

Initiatives directed at increasing the safety of patient care include the MRSA QI projects at Women's and the review of Tissue Banking throughout the province under BCTS's responsibility.

The Quality and Risk Management portfolio has the overarching responsibility to ensure optimal results are achieved and unintended results are avoided throughout all agencies in the PHSA. Important initiatives underway in this portfolio include the development of a safety culture and a quality indicator and risk management framework.

Goal #2: To administer and support province-wide health care programs & services in collaboration with the health authorities (HA)s.

A large percentage of province-wide services are, by their very nature, delivered by or through the regional health authorities. PHSA adds value to these services by facilitating evidence-based practice, coordinating care among health authorities and throughout the province and monitoring and evaluating program performance.

Key Objectives:

- Facilitate the planning and delivery of selected high quality services delivered by the Health Authorities according to evidence based &/or best-practice standards.
- Provide uninterrupted, coordinated specialized care/service across programs, practitioners, organizations and levels of care/service over time.
- Monitor and evaluate the quality, effectiveness and efficiency of PHSA-funded services and programs provided through the HAs.

Strategic Initiatives:

The strategic health and development portfolio has primary responsibility for planning and coordinating province-wide health care services that are funded and delivered by the regional health authorities. The PHSA's role is to ensure consistent standards are developed and applied throughout the province and to ensure equitable and timely access to specialized services for all British Columbians regardless of where they live. Examples of major planning initiatives are: the emergency services review, the surgical services review and thoracic surgery planning.

In addition, some of the PHSA agencies, such as BCPRA, and BCTS, rely quite heavily on the regional health authorities to deliver the services they plan and administer and therefore must monitor and evaluate the performance of their service delivered through the regional health authorities to ensure the standards they have developed are met and ensure consistency and equity in services throughout the province. Examples of strategic initiatives in this area are: the BCPRA will be implementing a performance management system this fiscal year as one of its Strategic Initiatives and BCTS is negotiating and hoping to conclude an agreement with one of the regional health authorities for more OR time for transplantation.

Goal #3: To foster and develop health promotion and prevention in the province.

Our commitment to better health for British Columbians - "Patients First" - starts with preventing disease, illness and disability and maintaining the highest level of health status possible in the population. This goal also links with "Best Value" in that the old adage holds true "an ounce of prevention is worth a pound of cure". Nowhere is this more profound than in immunizations which, for pennies-a-dose, have saved millions of dollars in health care costs and of course, millions of precious lives.

Key Objectives:

- Reduce occurrence and impact of preventable disease, illness and disability.
- Provide people with the information needed to stay healthy.
- Monitor and evaluate trends and discrepancies in health care services and outcomes within the province and, with MoH, monitor discrepancies in health status within the province.

Strategic Initiatives:

The primary agency responsible for optimizing public health in BC is the BC Centre for Disease Control, which is responsible for the control of communicable diseases such as TB and HIV/AIDS and environmental health such as food regulation and poison control.

The PSHA agencies also play a large role in health promotion, prevention and surveillance as part of their mandate to manage the entire disease process. For example, the BC Cancer Agency has a Cancer Control Strategy and number of initiatives planned for this year to address prevention and population oncology, such as testing for gene expression for certain cancers.

The PSHA will also be providing support to the agencies in the area of health surveillance, which is ramping up in FY03/04 with the expected recruitment of an Executive Director of Population Health and Surveillance.

Goal #4: To integrate and co-ordinate efforts within the PSHA and with provincial & community partners to develop appropriate research methodologies & systems, knowledge and innovation.

Consistent with one of its key values, "Improvement through knowledge", the PSHA is committed to advancing research, generating and applying knowledge, encouraging innovation, and fostering a learning organization.

Key Objectives:

- Foster development of capacity required to fill research gaps within the PSHA and its academic partners.
- Foster the development of methods required to evaluate PSHA's ability to meet its mandate for high quality service delivery, health promotion and prevention and the dissemination of standards.

- Create networks across partners for the dissemination and transfer of knowledge and innovation.
- Leverage common infrastructure to develop, promote and exchange innovation and knowledge.
- Develop capacity to manage PHSA's academic mandate.

Strategic Initiatives:

With the recent recruitment of a Vice President of Academic Development for the PHSA, planning in this area is underway with the overall goal of integrating and coordinating efforts within the PHSA and with provincial and community partners to develop appropriate research methods and systems and to foster the development of knowledge and innovation relevant to health services. The main objectives are: to define current BC research capacity and identify gaps, partner internally or with external partners to develop needed capacity in research and education, contribute to the development of methods required to evaluate PHSA's ability to meet its mandate for high quality service delivery and establishment and dissemination of standards, to create networks across the PHSA and with academic partners for the dissemination and transfer of knowledge and innovation, and to leverage PHSA's common infrastructure to develop and exchange knowledge and innovation.

Goal #5: To integrate and co-ordinate efforts within the PHSA and with provincial & community partners to improve efficiency & service.

With the consolidation of numerous agencies under one umbrella organization, opportunities are created to share and learn from one another, leverage common processes and pool scarce resources to create efficiency and improve effectiveness. This illustrates the value we place on being 'Open to possibilities' and new ways of doing things as well as obtaining 'Best Value' for the taxpayers dollar by leveraging our collective economies of scale or partnering with external partners to draw on their expertise.

Key Objectives:

- Consolidate or leverage common processes to improve service quality or effectiveness and create efficiencies.
- Pool scarce resources to exploit technology and improve program effectiveness.

Strategic Initiatives:

Some examples of intra-authority collaboration within the PHSA to improve program effectiveness are the breast diagnostic services project jointly developed by Women's Health Program and the BC Cancer Agency and the Provincial Plan for Women and Children with HIV developed by BC Women's Hospital and Health Centre and the Centre for Disease Control.

Strategic initiatives that pool resources and achieve economies of scale include the lab system design project, pharmacy restructuring, the implementation of a common IT infrastructure and the telehealth initiative. Each of these creates the opportunity to reengineer business

processes and link internally and externally with partners throughout the province in a way that the individual organizations wouldn't have been able to accomplish on their own.

Goal #6: To create a sustainable, affordable public health care system through sound financial stewardship

With the increasing demand for health care services and the rising costs of care, the government and the public is demanding that every dollar be stretched and prudently managed to obtain maximum or 'best value'. The PHSA is also committed to being accountable for both clinical and fiscal outcomes as 'results matter'.

Key Objectives:

- Manage future demand while maximizing future efficiency for health care services by improving population health.
- Reduce the burden of cost on the public system by containing costs and diversifying the revenue stream while maintaining high quality care.
- Allocate resources to effect change in areas of greatest need in the population.
- Allocate existing resources (capital and human) to maximize health care and productivity.
- Be fiscally responsive and accountable for the activities of the PHSA.

Strategic Initiatives:

The PHSA is deploying a number of strategies to achieve 'best value'. These include:

- mitigating demand for services through prevention and promotion programs and by prudent management of costly drugs and therapies such as the drug management program
- diversifying the revenue stream by marketing services to out-of-country residents and marketing uninsured services, retail or IP/research opportunities
- containing costs by seeking new and more efficient delivery models for support services such as housekeeping and food services
- maximizing productivity as demonstrated in the child health program re-design and the labour and delivery room redesign

Accountability is being instituted through the PHSA via performance agreements with the MoH and within the PHSA and its agencies via an accountability framework

Goal #7: To respect and value our employees (as a vital component of the health care system) through recognition and support.

The ability to achieve our mission and goals vests within our staff and employees, who are the cornerstone of excellence and leadership in patient care, research and teaching not only provincially but also nationally and internationally. The delivery of highly specialized services requires very specialized, highly skilled and dedicated human resources - resources that are scarce and in high demand throughout the world.

Key Objectives:

- Identify, attract and retain skilled human resources.
- Ensure that the right people with the right skills are staffed in the right positions.
- Demonstrate that we value our employees through support and recognition.

Strategic Initiatives:

The PHSA human resources function is deploying numerous strategies including developing a staff and physician resource plan, introducing best practice human resource practices and the transfer of mental health employees to the health care sector.

Medical Affairs & Physician Compensation links with the university, the MoH and the College of Physicians and Surgeons to ensure that medical staff is available, credentialed and remunerated appropriately. Major initiatives in this area include the alignment of physician incentives to clinical and financial imperatives, finalizing medical by-laws and code of behaviour and the development of an interim transition plan for salaried and contract physicians.

Goal #8: To commit to health reform and system performance improvements.

This encompasses all of the PHSA's values in that in order to achieve a system that puts patients first, is driven by results, value and improvement through knowledge, the system and those within it must be open to new possibilities and committed to health reform.

Key Objectives:

- Develop, refine and communicate PHSA role and mandate.
- Act as a vehicle for health reform throughout the province.

Strategic Initiatives:

No other health authority exists in Canada with a mandate like the PHSA. This brings opportunity and excitement to develop new ideas and do things differently but it also brings ambiguity. The PHSA, with the MoH, has spent substantial effort refining its role and is dedicated to conveying its role to the community and its colleagues. Initiatives planned for this include a communication plan.

In this unique role, the PHSA is responsible for assisting in provincial and national reform and change processes. The PHSA will develop and hone this role with the MoH as opportunities arise.

BC Cancer Agency

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

Service Drivers

The services delivered by the BC Cancer Agency are affected by the rising incidence and prevalence of cancer in the province. The estimates below were obtained by projecting sex, age, & cancer type incidence rates in BC between 1970 and 2001 and multiplying by corresponding regional population projections, adjusting for regional differences.

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

Major Accomplishments FY02/03

Research

Grant Funding: A total of \$27.6M in grant funding was received supporting 281 active grants. Major new funding acquired includes: \$3.0M for Stem Cell Centre, \$4.6M for Atlas of Mammalian Gene Expression, \$3.4M for Bioinformatics of Mammalian Gene Expression, \$4.5M (USD) for Phase II Trial of ACAPHA in former smokers, \$1.8M for Training Program in Bioinformatics for Health Research, \$0.9M for Training Program in Molecular Oncologic Pathology, \$2.7M for the CRBN Research and Technology Initiative.

Knowledge generation and innovation: 15 invention disclosures, 6 provisional patent applications, 2 patents filed, and 68 material transfer agreements.

Prevention and Population Oncology

Hereditary cancer HMPCC program: establishment of technology and process for testing for genes predicting susceptibility for hereditary colorectal cancer in preparation for high risk screening program.

Fast track program: facilitated work-up of abnormal screening mammograms to reduce waiting times by 70%.

Systemic Therapy

Protocol Information Database, the only Web-based resource of its type in Canada displaying more than 180 evidence-based drug therapy programs, facilitates consistent access to safe

treatment anywhere in BC and is routinely used by physicians, pharmacists and chemotherapy nurses to check doses and schedules of treatment.

Drug Management The \$57.3 M oncology drug budget for 02/03 has permitted the launch of essential new drug programs, such as Gleevec (approximately \$2M of resources in 03/04 budget), Oxaliplatin (\$320,000) and a variety of smaller programs in breast cancer, head & neck and brain cancer and lymphoma (\$600,000).

Population-based outcomes research, a pharmacy database for cancer drugs and information from the population program at the BCCA, enables survival outcomes to be reported for a number of therapeutic programs. BC will be the first to report that the last several years of investment in a new drug therapy for metastatic breast cancer is significantly prolonging life for women with advanced disease.

Surgical Oncology

Increased utilisation of surgical suites from 61 percent to 84 percent

Development of Tumour Site Groups to facilitate the dissemination and implementation of surgical oncology clinical practice guidelines, reduce variation in treatment and improve access and outcomes.

Radiation Therapy

Maintained core-staffing levels in radiation oncology, physics and radiation therapy in the face of a national shortage of professionals, while improving access and maintaining waiting times within the target standard.

Supportive Care

Building capacity in Palliative Care with the consolidation of the Palliative Networks in Vancouver Island, the Fraser Health Authority and Interior Health Authority and the recruitment of Medical Directors for Palliative Care in the FHA and VIHA centres.

Cancer Pathology Program

Successful proposal for a BC Cancer Agency Tumour Tissue Repository (TTR) with initial funding of \$1.9 million from the BC Cancer Foundation, \$1.8M from the Western Economic Diversification Fund and \$1.5M from Genyous Life Sciences; Renewal of NIH grant (US \$2.5M over 5 years) on the Molecular Classification of Lymphoma; first phase of repatriation of lab services from Vancouver Hospital.

Imaging

Implementation of digital imaging technology (bicast) in the clinical environment.

The BC Cancer Agency is on target as outlined in the 2002/03 – 2004/05 - 3-Year Budget Management Plan.

Strategic Initiatives FY03/04

Incremental Cost Pressures

BRCA I & II Screening: Resumption of screening of the BRCA I and II gene expression. One-time cost to clear the backlog, \$200,000.

Provincial Pediatric Oncology Program: Preliminary work on initiative for program co-sponsored by BCCA and C&W. Currently awaiting presentation to the PHSA and expression of commitment to create essential infrastructure for Provincial Council and Network. One-time cost, \$110,000.

Primary Prevention Program Ramp Up: This population health awareness program focuses on the dissemination of knowledge regarding known preventable cancers. Annual cost \$329,000.

Laboratory Volume Growth Addressed: Increased procurement costs resulting from volume increases, partial repatriation of immunohistochemistry services from Vancouver Hospital, and purchased services cost pressures for chemistry services purchased from Kelowna General necessitated allocating additional resources to this area. Annual cost \$871,000.

Systemic Therapy Volume Growth Addressed: The growth rate for the Fraser Valley was 16 % for 2002/03. Additional resources were allocated for 2003/04. Annual cost \$205,000.

Screening Mammography Program: SMPBC cost pressures arise from 3 sources: increases in population in screening age-group (extra 10,000 screens per year cumulating annually), provincial targets of a 2% increase screening population coverage in 50-69 age-group (extra 10,000 screens per year cumulating annually), and the increasing cost of screens. Annual cost \$1.090 M. for 20,000 additional screens, plus an additional \$680,000 to cover the cost of maintaining the 02/03 volume which includes 7,000 screens in addition to the 225,000 screens budgeted for in 01/02.

PET Scans: PET-CT will be implemented through a public system in 2004/05. This special case fund is to perform those investigations essential for patient management prior to implementation of a public funded service. One-time cost of \$100,000 to conduct an investigational new drug study for registration of FDG for clinical PET scanning.

Life Support Drugs: The oncology drug budget continues to increase due to growth of existing programs and new programs approved for 2003/04. Annual cost \$4.798 M.

Redesign Strategies

Inter-provincial BMT Revenue (Budget Management Strategy #7): Based on the trend over the past couple of years it is anticipated that revenues from bone marrow transplants will increase. Annual revenue \$100,000.

Support Services Efficiencies (Budget Management Strategy #31): Hotel services eliminated 5.6 FTEs from housekeeping by reviewing and adjusting the frequency of services. Food services eliminated an additional 1.3 FTEs by introducing some frozen products and Security achieved a .5 FTE reduction by restructuring the maintenance crew. Annual savings \$355,000.

Screening Mammography Program One-time funding of \$680,000 has been provided by BCCA to maintain program at 02/03 level, which exceeded the budgeted number of screens (225,000) by 7,000 screens. There will be no reduction in the number of screening mammographies in 2003/04. A strategy is being developed to accommodate both the increase required to respond to population growth and the goal of increasing the percentage of women who have screening mammographies. All women who request a screen are currently receiving one and will continue to receive one. The unfunded cost associated with meeting the performance targets is \$1.070 M.

Reductions in Equipment Maintenance Contracts (Budget Management Strategy #33): Savings were achieved, as a result of favourable negotiations with suppliers and contracts no longer required due to equipment changes. Annual savings \$200,000.

Patient Information Management Efficiencies (Budget Management Strategy #34): Radical process redesign involving role and function review, scheduling changes, and working with physicians to streamline processes has resulted in substantial cost savings. Annual savings \$299,000.

Administrative Efficiencies (Budget Management Strategy #35): The lower mainland model of leadership that shares leadership between the Fraser Valley Cancer Centre and the Vancouver Cancer Centre resulted in administrative efficiencies. Vacant positions were also eliminated to achieve the targeted savings. Annual savings \$385,000.

Secretarial Staffing Reduction (Budget Management Strategy #36): An agency wide review was undertaken to assess secretarial support for medical and non-contract personnel resulting in a reduction of 3.5 FTEs. Annual savings \$226,000.

Hiring Freeze, Delayed Hires (Budget Management Strategy #37): The agency will achieve savings by managing their vacancies. Positions that become vacant will be scrutinised and a decision will be made when to fill the position. Annual savings \$579,000.

Strategic Initiatives (Budget Management Strategy #38): Annual savings of \$377,000 will be achieved through strategic purchase initiatives.

Generating New Knowledge

Molecular Pathology: including: expression profiling (CDNA microarrays) of clinical materials, in-vitro chemosensitivity assays, genetic pathology evaluation centre, molecular localisation with antibody production/assays and functional proteomics. Implementation costing and planning underway.

Tumour Tissue Repository: complete implementation with a goal of collections at one hospital with processing at Genome Sciences Centre by 04/05 and electronic linkage of pathology reports to bioinformatics database to enable translational research and molecular profile correlations to outcome by 05/06. Funding to be obtained from external granting agencies.

TIHOE: establish an interdisciplinary Translational Informatics, Health Outcomes and Evaluation team to integrate data analysis efforts of clinical and scientific groups to provide economic modelling and decision-tree support to evaluate the effectiveness of current treatments starting with the cervical cancer screening program in 04/05. Funding to be obtained from external granting agencies and internal reallocation of resources.

An **intensity modulated radiation therapy (IMRT)** will be introduced as a provincial research initiative in head and neck cancer. A feasibility study, with costs absorbed within the program at this time, will be conducted during 2003/04. Should this therapy become public funded, a significant funding increase would be required.

Program Enhancement Planning

These initiatives are in the planning stage and are subject to BCCA executive prioritisation, approval, and available funding.

A **breast cancer surgical centre** will be developed to improve access to diagnostic and treatment services. Tissue collection will enhance research in this field. Additional 800 surgical

assessments would be handled within BCCA including pre and postoperative follow-up each year. Budget impact: estimated to be \$300,000.

Surgical oncology database will be developed to enhance quality of care through feedback with respect to outcomes and access. Primarily one-time infrastructure costs to ensure security of data collection: \$175,000 (estimated). This initiative would require funding from PHSA Corporate Information Technology.

A **rapid response laboratory** will be established at Vancouver Centre to provide timely hematology and chemistry tests for patients who attend ambulatory care clinics and day chemotherapy clinics to eliminate waiting times and improve efficiency of ACU Clinics. Reallocating existing resources will fund this initiative.

Implementation of **on-line order entry for chemotherapy drugs** for the BCCA Centres and planning for the implementation in the Communities Oncology Centres. This initiative would require funding from PHSA Corporate Information Technology.

Collaborate with regions and communities to implement the **Canadian Cancer Control Strategy** in BC and the Yukon.

Real-time/on-line adjudication access to cancer drugs by community cancer centres for continuous improvement of care, equity or access to care and optimal fiscal management. This is being done within existing resources.

Centralise tumour marker testing at Vancouver Centre for the whole province to improve consistency of results, turnaround time and to save more than \$4M per annum.

Centralise immunohistochemistry and F.I.S.H. tests for predictive and prognostic biomarkers. This will eliminate inter-laboratory variation, improve quality control, and save the province up to \$400,000 per year in reagent savings.

Testing for gene expression of breast, ovary, and colon cancer and melanoma.

Recruitment and retention of key personnel in radiation oncology, physics and radiation therapy and the recruitment of the Breast Cancer Chair.

Strategic Initiatives FY04/05

Incremental Cost Pressures

Screening Mammography Program: The cumulating growth in the target population, and the cumulative effect of increasing the target group participation by 2 % annually, results in additional cost pressures. Annual cost \$1.170 M. for 20,000 additional screens.

Life Support Drugs: The Agency anticipates funding new therapies that improve survival in early stage lung and breast cancer, expanding access to rituximab in control of lymphomas, supporting new drug combinations with herceptin to prolong life in advanced breast cancer. There will also be significant growth in utilisation of long-term new therapies, such as Gleevec for chronic leukemia and stromal tumours, as well as oxaliplatin to prolong symptom control and survival in advanced colon cancer. The numbers of patients receiving cancer drugs continues to increase steadily, principally as a result of the improvements in longevity and the reductions in toxicity related to treatment. Annual cost \$12m.

Redesign Strategies

Screening Mammography Program A strategy is being developed to accommodate both the increase required to respond to population growth (20,000 screens) and the goal of increasing the percentage of women in the target population who have screening mammographies (20,000 screens). All women who request a screen are currently receiving one and will continue to receive one. All women who request a screening mammogram will receive one. Women who can not get an appointment with SMPBC within 2 months are entitled to have a screening mammogram performed at a diagnostic centre paid under MSP. SMPBC reports directly to women resulting in reduced GP office visits. SMPBC has also organized fast track, a program of direct referral to diagnostic centers for women requiring further assessment. This has also resulted in fewer office visits.

Reductions in Equipment Maintenance Contracts (Budget Management Strategy #33): Savings are anticipated as a result of favourable negotiations with suppliers and contracts no longer required due to equipment changes. Annual savings \$195,000.

Patient Information Management Efficiencies (Budget Management Strategy #34): Continued process redesign involving role and function review, scheduling changes, and working with physicians to streamline processes will result in further cost savings. Annual savings \$350,000.

Administrative Efficiencies (Budget Management Strategy #35): Further review of administrative and vacant positions and other administrative costs will result in further cost savings. Annual savings \$526,000.

Secretarial Staffing Reduction (Budget Management Strategy #36): The agency will continue to review secretarial support. Annual savings \$230,000.

Hiring Freeze, Delayed Hires (Budget Management Strategy #37): The agency will achieve savings by managing their vacancies. Positions that become vacant will be scrutinised and a decision will be made when to fill the position. Annual savings \$458,000.

Clinical Efficiencies (Budget Management Strategy #58): It is anticipated that the cost of chemistry services purchased from Kelowna General will come into line following investigation (utilisation and cost per test are higher than expected.) Annual savings: \$150,000.

Cervical Cancer Screening (Budget Management Strategy #59): Cervical Screening, through a process of utilisation management, has successfully reduced the number of inappropriate incoming slides over the past 3 years. The turnaround time for providing pap smear results is within national standards. Continued reductions cannot be assumed. The attraction of trained cytotechnologists to work in the program continues to be challenging given a national shortage of these primary screeners. Annual savings resulting from this shortage is \$428,000.

Lab Redesign (Budget Management Strategy #62): Efficiencies obtained through the PHSA laboratory redesign strategy will generate estimated savings of \$700,000.

Generating New Knowledge

These initiatives are in the planning stage and are subject to BCCA executive prioritisation, approval, and available funding.

Population Surveillance: Undertake two studies for gene-environment interaction.

Experimental Therapeutics: Add two new Phase I/II clinical trials.

Development of a **Population-based Outcomes Research Laboratory** for Systemic Therapy.

Implementation of **functional imaging program**, PET and functional MRI, including the recruitment of director/leadership position, plus associated program resources.

Program Enhancement Planning

These initiatives are in the planning stage and are subject to BCCA executive prioritisation, approval, and available funding.

Breast Centre of Excellence: Implementation. Cost: TBD

Implementation of PET/CT requires operating funds of approximately \$1.5M

Enhanced **integration of surgical oncology** services between VGH and BCCA, Vancouver Cancer Centre. One time costs to integrate information flow.

Recruitment of key personnel including: Director/Leadership position for functional imaging program, key personnel in radiation oncology, physics and radiation therapy, medical oncology specialist.

School of Cytopathology: Implementation of report recommendations (relocation of school). Possible cost savings: to be determined.

Strategic Initiatives FY05/06

Incremental Cost Pressures

Laboratory Volume Growth Addressed: Anticipated volume increases necessitated allocating additional resources to this area. Annual cost \$188,000.

Screening Mammography Program: The cumulating growth in the target population, and the cumulative effect of increasing the target group participation by 2 % annually, results in additional cost pressures. Annual cost \$1.170 M. for 20,000 additional screens.

Cervical Cancer Screening Program: It is unlikely that the shortage of technologists and the demand will change over the next 5 years. If the demand increases, a possible solution would be to institute automated interpretation. Annual cost \$967,000.

Life Support Drugs: The gradual change to continuous, rather than intermittent, therapy for several cancers will significantly influence the growth in numbers of patients accessing cancer drug, in addition to the growth in incidence of cancer and the expectation of several costly new drugs entering the market. Estimated annual cost \$12.0 M.

Redesign Strategies

Screening Mammography Program A strategy is being developed to accommodate both the increase required to respond to population growth (30,000 screens) and the goal of increasing the percentage of women in the target population who have screening mammographies (30,000 screens). Annual unfunded cost of \$1.354 M)

Lab Redesign (Budget Management Strategy #62): Incremental savings in 2005/06 are estimated to be \$100,000

Generating New Knowledge

Genomics: First large-scale projects using genotyping platform. Funding from external sources.

Program Enhancement Planning

These initiatives are in the planning stage and are subject to BCCA executive prioritisation, approval, and available funding.

Abbotsford Centre: Continued planning & development.

Colorectal screening provincial roll-out.

Cancer pathology reporting: Complete province-wide electronic cancer pathology reporting and complete national cancer pathology electronic reporting initiatives across Canada through CAPCA and CAP.

Program Profile

	FY00/01 Actual	FY01/02 Actual	FY02/03 Budgeted	FY03/04 Budgeted	FY04/05 Estimated	FY05/06 Estimated
New Cancer Diagnosis (calendar year)	17,162	18,113	18,591	19,094	19,610	20,140
All cancers			(estimated)	(estimated)	(estimated)	(estimated)
Prevention						
Pap smears interpreted	716,350	636,630	635,000	647,700	660,650	673,870
Screening mammography exams	223,624	224,585	225,000	232,627	*	*
Treatment:						
Radiation therapy treatments (fractions)	157,797	157,398	163,719	167,812	172,846	178,031
Chemotherapy visits	27,498	29,249	32,152	35,367	38,904	42,794
Community cancer services & consultative clinics	41	41	41	41	41	41
Inpatient Days (midnight census)	10,377	9,535	9,726	9,800	9,900	10,000
Supportive Care:						
Patient & Family Counselling (contacts)	24,308	16,523	17,618	17,969	18,326	18,691
Nutrition (referrals)	2,528*	4,207*	8,478	8,546	8,732	8,819
Physiotherapy (visits)	1,711	1,319	1,987			
Speech Therapy (visits)	901	587	803			
Research:						
Clinical trial patients	N/a	490	450	485	525	570

* A strategy is being developed to accommodate both the increase required to respond to population growth (30,000 screens) and the goal of increasing the percentage of women in the target population who have screening mammographies (30,000 screens).

Child Health & Rehabilitation Program

The Child Health and Rehabilitation Programs (CH&R) mandate is derived from the performance agreement between PHSA and the MoH Services and comprises British Columbia's Children's Hospital (BCCH) and Sunny Hill Health Centre for Children (SHHC).

BCCH is the province's major treatment, teaching and research facility for child health. It also provides primary and secondary services to Vancouver residents.

SHHC offers specialized services to children with disabilities, their families and communities throughout British Columbia.

Clinical/Service Programs:

The Child Health Programs (delivered at BCCH) include: cardiac sciences, critical care, mental health, neurosciences, oncology/hematology/bone marrow transplant, paediatrics, surgery and surgical suite services. The Children's Centre at Mount Saint Joseph Hospital is a partnership program between BCCH and Providence Health Care, which provides primary and secondary care for the Vancouver Coastal Health Authority. It is being closed on April 15/03 and repatriated to BCCH.

The Child Development and Rehabilitation (CD&R) Programs operate at SHHC. Services include: development and behaviour, neuro-motor disabilities, sensory impairment and transition planning and respite.

Service Drivers

Population Trends: BC's 0-10 age group population increased by 2.1 percent between 1995/96 and 2000/01. In 2000/01, the 0-19 age group population in BC was 1,006,609. BC's population of children is not expected to increase over the next three years, with the exception of the Fraser region where the growth has been more than 10%.

Three major areas have had significant impact on admissions to BCCH and Sunny Hill:

1. Prenatal Genetic Screening

Through more precise prenatal diagnosis, the rate of congenital abnormalities in children has dropped by 80 percent over last 15 years.

Improved prenatal diagnosis has also reduced the number of children needing open-heart surgery. Three years ago there were more than 200 open heart cases; this year the number is expected to be 140.

2. New Technologies

Laparoscopic surgery, combined with enhanced anesthetic agents, has changed the nature and type of surgeries for children. Sixty six percent of surgery for children is now day surgery.

Cochlear implants have made a significant difference for children who are profoundly deaf or become deaf through medication or meningitis. The implant allows children to hear and if the child is implanted within 6 months of meeting criteria the results are very good, e.g., child implanted at 12 months may be age appropriate in speech and reading by 4 years of age.

Extracorporeal Life Support (ECLS) describes different forms of mechanical life support systems used to treat severe cardiopulmonary failure.

- Neonatal respiratory failure patients average 80 percent survival with minimal morbidity, through the help of ECLS.
- Pediatric respiratory failure and cardiac patients have less favorable outcomes, but survival without ECLS is much worse.

3. **Advances in Neonatology/Chronic Disease Management/Oncology**

Neonatologists can now save infants born at 23 weeks, although these infants may have disabilities and/or special needs. About 44 percent of children admitted to BCCH have chronic conditions. Children with cystic fibrosis, for example, now have a much longer life span than 10 years ago. Thirty years ago, oncology children had a 30 percent chance of long-term survival (over 5 years). Today they have a 70 percent chance. Contributing factors include the ability to give more intensive chemotherapy and to support children through therapeutic interventions.

Major Accomplishments FY02/03

Paediatric Bed Consolidation: Closure of the Adolescent Care inpatient unit in specialized paediatrics, eliminated seven beds from the system. Activity in the two remaining paediatric inpatient units has resulted in a 10.0 percent reduction of paediatric inpatient days and a 4.0 percent increase in admissions. An annual budget reduction target of \$888,000 was implemented, with approximately \$600,000 achieved.

Model of Care Delivery redesign for the Cardiac Sciences Program was completed and the Oncology Program review is underway. These initiatives address the role of various care team members, staff mix ratios and models of care management and have resulted in no change to service level and a savings of \$100,000 in Cardiac Sciences.

Stabilization of the Nursing Workforce has reduced overtime expenses by 33 percent year-over-year (\$539,280) and overtime hours by 37 percent (7.55 FTEs). Additionally, there is a 40 percent reduction in RN intake costs for training/orientation (\$234,521) and a 46.5 percent reduction in hours (6.5 FTEs).

SHHC Redesign: A review of the Acute Rehabilitation and Chronic Populations on the inpatient unit was completed. The inpatient populations of substance-exposed infants, along with resources (\$530,000), were transferred to Women's Hospital, Fir Square, January 2003. Redesign of teams and realignment of resources resulted in projected surplus of \$700,000.

Audiology Booth Consolidation from Sunny Hill to C&W in July 2002 resulted in enhanced access to service, and generated revenue of \$27,000 YTD, period 12/03.

Emergency Room Cost Containment initiatives were developed, including: staffing rotation changes (reduced baseline), enhanced unpaid leave approval, vacancies reduced by attrition and exploration of cost recovery for supplies, e.g., specialized casting materials. Implementation of the new rotation started February 28/03.

The **Children's Centre at Mount St. Joseph Hospital**, Providence Health Care, served one-year notice in April 2002 of the lease agreement cancellation. The interim plan is to accommodate inpatients, surgical day care patients (800), and clinics at C&W. Planning with Vancouver Coastal Health Authority for the delivery of primary and secondary services in Vancouver is ongoing. The budget transfer is \$1.6M.

British Columbia Autism Assessment Network Assessment and Diagnostic Services was established by Sunny Hill Health Centre for Children in partnership with Child & Adolescent Mental Health, with \$728,700 in start-up funding from MoH and annual operating funding of \$876,000. This program will reduce the time children under age six wait to be evaluated for autism from as long as 14 months to less than three months.

Strategic Initiatives FY03/04

Expansion of British Columbia Autism Assessment Network (BCCAN) for children and youth six years and older. The network has been in development for children under the age of six.

The **Provincial Child Dental Plan** is a new program to provide non-cosmetic restorative dentistry under general anaesthesia for Ministry of Human Resources (MHR) clients. Starting April 1/03 C&W, on behalf of the PHSA, will manage service agreements with seven private surgical centres to provide dental services to approximately 2,000 patients. This activity will be funded by a \$1M transfer from MHR.

Expand the **Child Health Network** into a provincial network. The Network will develop standards and protocols for the delivery of secondary and tertiary pediatric care, for selected areas of practice and for outreach services. Funding of \$124,000 is currently available for this initiative.

Dental Chair Reduction (Budget Management Strategy #16) Closure of one of the two dental chairs not expected to take place until 2004/05 resulting in an impact of \$88,000 in 2003/04.

Child Health Bed Consolidations (Budget Management Strategy #21) (combining four small units into two larger units) will increase efficiencies for a total savings expected from this strategy: \$2M. This includes, for example, transferring the cardiac 3G9 step-down unit to ICU, and the repatriation of MSJ patients. A savings of \$388,125 is expected from 3G and there will be a \$125,392 investment of MSJ resources into the emergency department to manage the expected workload increase.

Treatment Services Productivity & Service Redesign: (Budget Management Strategy #19) Includes redesign of Treatment Services (Allied Health) to increase productivity and reduce administrative costs for a budget reduction of \$393,654.

Educational Resource Realignment (Budget Management Strategy #27) to streamline & standardize C&W's use of educational activities. The estimated saving is \$300,000, with additional savings of \$87,667 from the reduction in number of BCIT ICU employer-paid education programs offered due to reduced need.

Child Development and Rehabilitation Initiatives (Budget Management Strategies #5 & 14): Ongoing redesign of teams to reduce program budgets at Sunny Hill in audiology, child life, outpatient nursing and management and operating support: \$413,000 in savings.

Nursing Productivity Initiatives (Budget Management Strategy #15) to bring nursing care hours in line with industry benchmarks will result in the reduction of \$1.125M in current budget over runs and enable a further actual budget reduction of \$227,000.

Uninsured Per Diem Charges (Budget Management Strategy #2) increase of five percent in the charges in rates for uninsured patients as directed by the Ministry of Health will result in

increase of \$300,000 across both Children's and Women's.

Other Initiatives include the redesign of Child Health Administration and Nursing infrastructure for a savings of \$79,780 and \$161,753 respectively (Budget Management Strategy 13), a revenue adjustment for preferred accommodation of \$200,000 (Budget Management Strategy #1), and a \$100,000 budget reduction in the ECLS program with no impact on service (Budget Management Strategy #20).

Strategic Initiatives FY04/05

Dental Chair Closure (Budget Management Strategy #16) Originally planned for 2003/04, this is expected to achieve savings of \$111,000 in 2004/05.

Treatment Services Productivity & Service Redesign (Budget Management Strategy #19) will achieve savings of \$831,000 through annualization, and by redesign of service delivery.

Educational Resource Realignment (Budget Management Strategy #27) will reduce costs by \$12,000.

Nursing Productivity Initiatives (Budget Management Strategy #15) will result in a reduction of \$1,014,375 in current budget overruns and enable an additional budget reduction of \$75,810.

Other Initiatives, including the redesign of Child Health Administration and Nursing infrastructure will save \$26,593 and \$53,918 respectively (Budget Management Strategy #13)

Program Profile

	FY00/01 Actual	FY01/02 Actual	FY02/03 Actual	FY03/04 Budgeted	FY04/05 Estimated	FY05/06 Estimated
Children's Hospital						
Inpatient Admission	7,610	7,092	5,999	6,546	6,546	6,546
Inpatient Days	39,690	35,266	36,363	37,090	37,090	37,090
Average Length of Stay	6.4	6.4	6.3	6.3	6.3	6.3
Emergency Visits	34,452	32,355	34,816	33,818	33,818	33,818
Admissions from Emerg as % IP Admissions	43%	48%	37%	37%	37%	37%
Outpatient Visits	104,368	103,582	114,847	107,599	108,675	109,762
Surgical Cases	8,838	8,318	8,330	8,355	8,355	8,355
Surgical day Care visits	8,706	8,219	8,142	8,121	8,121	8,121
Surgical Day Care Cases as % Total Cases	67.1%	67.6%	66.9%	67.7%	67.7%	67.7%
Sunny Hill Health Centre						
Inpatient Admission	146	185	142	110	110	110
Inpatient Days	6,386	5,039	4,924	4,088	4,088	4,088
Average Length of Stay	47	30	28	28	28	28
Outreach Visit	1,054	1,038	1,149	1,067	1,067	1,067
Ambulatory Visits	3,045	2,907	3,079	3,003	3,003	3,003
Intake Assessment	2,685	2,309	2,735	2,517	2,517	2,517

BC Women's Hospital and Health Centre

B.C. Women's is the only facility in the province devoted primarily to the health of women and their families. As an academic health centre, it provides a combination of tertiary services for women throughout the province (through outreach and on-site services in Vancouver) and primary and secondary services for Vancouver area women. It also provides extensive training and research support for health care professionals.

Clinical/Service Programs: There are two main program streams:

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

Specialized Women's Health programs: includes Aboriginal Health, Asian Clinic, Aurora Centre (for women with addiction problems), the Breast Assessment and Diagnosis, CARE (Comprehensive Abortion and Reproductive Education), Continence, Oak Tree Clinic (women and family HIV care), Osteoporosis, Reproductive Medicine, Reproductive Mental Health, Sexual Assault Service, Relationship Violence, Provincial Violence and Health, Women with Disabilities, and Youth Health.

Service Drivers

Numerous population trends affect the services delivered by BC Women's Hospital. Recent trends include the following:

- For 02/03 BC Women's performed 6931 births. This increased volume means BC Women's will be unable to implement a planned staffing reduction and must revise budget plans and estimates for 03/04.
- A study commissioned by BC Women's suggests that up to 1300 infants born during a single year in the Lower Mainland have had prenatal exposures to alcohol or illicit drugs. At any one time, 10 women who have had medically significant substance use issues during pregnancy are on the waiting list for antepartum admission to BC Women's.
- In British Columbia approximately 2600 women will be diagnosed with breast cancer this year. This number is expected to increase by approximately 15 percent over the next five years, with 3000 new diagnoses per year by 2005, rising to 4000 per year by 2015.
- In the past, women made up only a small proportion of people in BC infected with HIV, e.g. four percent in 1987 and eight percent in 1990. Today, women represent 20 percent of all new cases. From 1987 to 2001, there was a 270 percent increase in the number of newly reported cases among women compared to a decrease of 40 percent among men.

Major Accomplishments FY02/03

Provincial Specialized Perinatal Services Program: In 2002/3, BC Women's helped develop a proposal to establish a Provincial Specialized Perinatal Services Program. We expect to implement significant parts of this program in 2003/4.

Fir-Square: In January 2003, the "Fir Square Combined Care Unit" for substance-using women and their substance-exposed newborns was opened. The new unit provides improved care for addicted mothers and newborns and is part of a larger nursery consolidation initiative that will reduce costs by \$570,000 a year.

Delivery Suite Reconfiguration: Phase 1 of a major renovation of the Labour and Delivery areas was completed in the 02/03 fiscal year. Phase 2, an upgrading of the surgical and recovery areas, will be completed by May 2003. Annual operating savings will be \$200,000 (Budget Management Strategy #18).

Gynecology Day Surgery Service: BC Women's has closed the elective Gynecology Day Surgery Service in our LDR surgical areas.

Perinatal Inpatient Programs: In March 2003, we completed an external review of our inpatient services. The reviewers found potential efficiencies, mostly in the area of allied health services, and we will work with these support programs to implement the identified efficiencies.

Breast Implant Service: In April 2002, we closed the BC Women's Breast Implant Service, resulting in annual savings of \$80,000. Breast implant services are now provided by the Breast Assessment and Diagnosis Program.

The **Encompass Patient Scheduling System** was implemented in all BC Women's Ambulatory areas during the year and has allowed reductions in administrative support staff, which will result in estimated savings beginning in 2003/4 of \$50,000 to \$100,000 annually.

Provincial Plan for Fetal Alcohol Spectrum Disorder: BC Women's and BC Children's are working with the Ministry of Child and Family Development on a plan to address the issue of Fetal Alcohol Spectrum Disorder. Major support has been provided by the Aurora Centre Evaluation consultant.

Women's Health Strategy for BC: BC Women's, in partnership with (MoH) Planning and the BC Centre of Excellence for Women's Health, has completed a Women's Health Strategy for British Columbia.

Review of Caesarian Sections: In September 2002, BC Women's began a review of issues related to providing caesarian section on demand. Caesarian section rates are increasing, which raises the cost of maternity care. The review is expected to offer a framework for deciding how to respond to the demand for caesarians from both ethical and financial perspectives.

Women's Health Research Development Project: In 2002/3 BC Women's, with support from the BC Women's Foundation, C&W, and the BC Research Institute for Children and Women's Health, implemented the Women's Health Research Development project to strengthen its research capacity and provide a platform for growth through both private and government sources.

Preferred Accommodation Program: Early in the year, BC Women's implemented a "Preferred Accommodation" program. Current revenues are annualized at \$500,000, and we plan to increase this to \$1.1M in 03/04.

Strategic Initiatives FY03/04

Specialized Perinatal Program: The Provincial Specialized Perinatal Program will be implemented with a clearly articulated service delivery model, an integrated quality management system, and an articulated costing formula.

Breast Diagnostic Service: BC Women's and the BC Cancer Control Agency are reviewing the Breast Diagnostic Service (expected completion June, 2003) to ensure best management of

current resources, optimal access for women to these resources, and a clear delineation of roles for delivery of the service.

LDR and Nursery Redesign project (Budget Management Strategies #28 & 29): The majority of savings related to the LDR renovation will be realized in 2003/4. The nursery redesign project, including consolidation of the newborn care and special care nurseries, will be completed in October, 2003, resulting in annualized savings of \$570,000 beginning January 2004.

Antepartum Care (Budget Management Strategy #26): BC Women's closed four antepartum beds in 2002/3 and will close an additional four beds in 2003/4, facilitated by the success of the Antepartum Home Care program. Closing eight beds reduces staffing by 10 FTE's, for an annualized savings of about \$700,000 to be realized in 2004/05.

Continuous Quality Improvement Project: Methicillin Resistant Staphylococcus (MRSA) colonizations in the Special Care Nursery pose a significant challenge. In 2003/4 we will modify our management plan and begin a Continuous Quality Improvement Project to reduce the risks and the costs associated with MRSA.

Provincial Service Plan for Women and Children with HIV: BC Women's, is developing this plan in partnership with the BC Centre for Disease Control and the Centre of Excellence for HIV/AIDS. The plan will complement the Provincial HIV Strategy, being announced in May 2003.

Health Services for Marginalized Women: BC Women's will continue to work with VCHA and our PHSA partners to develop health services for marginalized women in Vancouver.

Aboriginal Health Plans: The PHSA's role in implementing Aboriginal Health Plans across the province will be clarified in 2003/4.

Primary Health Care Transition: The PHSA (especially BC Women's and the BC Renal Agency) are involved in several projects funded under the Primary Health Care Transition Fund. The purpose of these projects is to enhance primary care capacity to reduce acute care utilization and cost.

BC Women's Ambulatory Services Plan and Review: BC Women's provides a variety of ambulatory and reproductive health services for pregnant women. A recent review recommended increasing ambulatory and day surgery services at BC Women's and in 2003/4 we will develop a comprehensive plan for this array of services.

Growth and Development Plan: BC Women's will develop a plan for growth and development to ensure a coordinated and focused approach to program development and to look for revenue-generating opportunities. We will also complete the business plan for the Women's Preventive Medicine Centre.

Uninsured Per Diem Charges (Budget Management Strategy #2) increase of five percent in the charges in rates for uninsured patients as directed by the Ministry of Health will result in increase of \$300,000 across both Children's and Women's.

Strategic Initiatives FY04/05

Single Room Maternity Suite (Budget Management Strategy #60): BC Women's is planning a second single room maternity suite based on the Cedar Square SRMC. Planning has commenced in 2003/04 with estimated construction costs of \$1.7 million, and annual savings estimated at \$500,000 in 2004/05 when the project has been completed.

Ambulatory Services Plan: We will begin implementing the Ambulatory Services plan. Potential benefits will be a business plan for changing physical space to realize efficiencies in both process and costs and to enable the development of gynecology services for women.

Growth Strategies: We will begin implementation of growth strategies.

Strategic Initiatives FY05/06

Complete the initiatives implemented in 04/05.

Program Profile

	FY00/01 Actual	FY01/02 Actual	FY02/03 Actual	FY03/04 Budgeted	FY04/05 Estimated	FY05/06 Estimated
Mothers Delivered	7,002	6,716	6,931	7,000	7,000	7,000
Adult Inpatient Days	27,558	26,926	26,338	25,700	23,400	23,400
Surgical Procedures	3,107	3,185	2,973	2,930	2,950	3,000
Clinic Visits – OB	23,501	22,496	23,028	23,000	23,000	23,000
Clinic Visits –SWH	22,638	23,892	25,309	25,900	25,900	25,900

B.C. Transplant Society

The B.C. Transplant Society (BCTS) is responsible for directing, delivering and contracting for all aspects of organ donation and transplantation in British Columbia. It is the only integrated delivery system for organ transplantation in North America and performed a record 219 transplants in 2000.

Clinical/Service Programs include: Organ Retrieval, Liver Transplant Program, Living-Liver Transplant Program, Kidney Transplant Program, Living-Donor Kidney Transplant Program, Kidney/Pancreas Transplant Program, Heart and Lung Transplant Programs, Paediatric Transplant Program, Pharmacy Program and the Donor Family Recognition Program.

Service Drivers:

Patients on waiting list for	FY00/01	FY01/02	FY02/03	FY03/04	FY04/05	FY05/06
Kidney transplant	533	397	361	363	387	428
Pancreas-Kidney	17	15	13	13	13	13
Heart	9	25	13	13	13	13
Lung	7	7	9	11	13	15
Liver	19	41	46	53	58	63

Major Accomplishments FY02/03

Tissue Banking: The BCTS has assumed responsibility for ensuring all tissue banks in B.C. are operated according to best practices and in regulatory compliance with all relevant statutes. An inventory of all tissue activities in BC is currently underway and until this inventory is complete, the impact for the 2002/03 budget is not known.

Living-Anonymous Kidney Donor Study: The third year of a three-year research project on the feasibility of living-anonymous kidney donation was completed with no impact on the budget.

Promoting Improvement of Organ Donor Rate at Major Trauma Hospital: BCTS is working to improve its process of managing potential organ donors toward increasing the number of organs available and decreasing waiting times for transplants. Increasing the number of transplants will increase total perioperative fees paid to transplant centres and immunosuppressive drug costs.

Pharmacy Task Force: BCTS participated in a PHSA-implemented Pharmacy Task Force to review drug management processes and identify opportunities for improved financial management processes with respect to pharmacy services.

Strategic Initiatives FY03/04

Recoveries from Federal Health Programs (Budget Management Strategy #49)– pursue cost-recovery for immunosuppressive medications for patients covered under Federal health care programs. Expected recovery of \$444,000 (74 patients at an average cost of \$6,000 per patient per year).

Change in Cellcept (MMF) discontinuation process (Budget Management Strategy #50) – Implement the reminder process earlier that re-evaluates patients receiving Cellcept as part of their immunosuppression therapy at their 12-month visit. Patient who do not meet the criteria for continuing Cellcept will be switched to Azathioprine at a greatly reduced cost. Anticipated savings: \$280,000.

Increase Operating Room Time Available for Transplant: Eliminate avoidable delays in living donor transplants by increasing operating room resources. Impact on the budget will be dependent operating time made available and the number of living donors on waiting list.

Pancreatic Islet Cell Transplant Program: BCTS has been asked to support a pancreatic islet cell transplant program at Vancouver General Hospital. Financial support for this program will be provided by the PHSA through BCTS.

Living Anonymous Kidney Donation – Pilot: A clinical trial of the effects of living anonymous kidney donation will be conducted. The trial is funded by a grant from a private source.

Strategic Initiatives FY04/05

Dependent on outcomes of Strategic Initiatives of 2003/04 and availability of funding.

Strategic Initiatives FY05/06

Dependent on outcomes of Strategic Initiatives of 2003/04 and availability of funding.

Program Profile

	FY00/01 Actual	FY01/02 Actual	FY02/03 Forecasted	FY03/04 Budgeted	FY04/05 Estimated	FY05/06 Estimated
Residents who received transplants:						
Kidney	148	138	188	148	148	148
Pancreas/kidney	9	6	6	6	6	6
Liver	39	37	35	33	35	35
Heart	13	12	12	12	12	12
Lung	10	12	6	6	6	6
Recipients receiving post transplant follow-up:						
Kidney	1326	1400	1482	1491	1517	1526
Pancreas/kidney	51	55	67	61	65	69
Liver	233	257	83	317	346	375
Heart	160	167	177	199	208	217
Lung	44	51	46	51	50	48
Bowel	3	2	2	1	1	1

Mental Health Services

Mental Health Services (MHS) is comprised of:

Riverview Hospital provides care and treatment for those suffering from severe and persistent mental illness. The role of Riverview Hospital is evolving. Current services are focused in three main program areas: Adult Tertiary, Neuropsychiatry and Geriatric Psychiatry. As the role of Riverview Hospital changes, patients will have better access to the specialized services they require in smaller psychiatric facilities being constructed in communities across the province. This process is unfolding over several years and will be completed by 2007. Clinical/Services Programs include: Adult Assessment and Short-term Treatment, Adult Community Preparation, Neuropsychiatry, General Psychiatry and ECT.

The Forensic Psychiatric Services Commission provides specialized hospital and community-based assessment, treatment, and clinical case management services for adults with mental illness who are in conflict with the law.

The Child and Adolescent Mental Health Program, located at BC Children's Hospital, is a provincial resource for providing a full range of mental health assessment and treatment services for children, youth and their families. Inpatient services include the Child/Adolescent Psychiatry Emergency (CAPE) Unit, Child Psychiatry Inpatient Unit, Adolescent Psychiatry Inpatient Unit, Outpatient Clinics, and the Eating Disorders Program.

Service Drivers

Numerous population trends affect the services delivered by Mental Health Services including:

Riverview Hospital	FY00/01	FY01/02	FY02/03	FY03/04	FY04/05	FY05/06
Schizophrenia						
Prevalence (0.4% of population)	15,600	15,760	15,920	16,080	16,240	16,756
# Patients admitted with Schizophrenia	303	248	225	209	195	184
Mood Disorder						
Prevalence (1% of total population)	39,000	39,400	39,800	40,200	40,600	41,890
# of pts. admitted with Mood Disorder	122	114	110	101	102	105
Dementia						
Prevalence (7.5% of total population)	292,500	295,500	298,500	301,500	304,500	314,175
# of patients admitted with Dementia	87	78	89	90	92	94
Forensic Psychiatric Services Commission						
Review Board	406	399	412	393	365	331
Pre-sentence Reports	345	362	319	327	323	320
Probation/Bail/Parole Clients	NA	893	1044	1195	1346	1497
FPH Waitlist	318	360	390	408	421	433
FPH Involuntary Clients ²	31	43	84	106	132	159

¹Actual numbers are presently unavailable.

² Involuntary clients are persons that have no outstanding criminal charges and are detained at the Forensic Psychiatric Hospital under the Mental Health Act. These persons are referred to the Hospital by the courts for an assessment, and at the point of referral are subject to criminal charges.

Major Accomplishments FY02/03

Riverview Hospital

Provincial Mental Health Plan: Riverview Hospital transferred \$4M (annualized) from the operating budget to fund 34 inpatient beds opened in community-based facilities in other Health Authorities. Once these new facilities were opened and the patients transferred,

remaining services at Riverview were consolidated to improve efficiency and maintain quality care. This resulted in the closure of approximately 50 beds. When the Provincial Mental Health Plan is fully implemented in 2007, there will be approximately 916 specialized mental health beds in British Columbia, which is an increase of more than 100 beds.

Access Project: This enhanced funding program enabled the discharge of 69 patients into community placements with additional services and supports in place. These patients were ready for discharge, but remained in hospital until appropriate placements were confirmed.

Implementation of the Geriatric Psychiatry Outpatient Service: This program was developed to address increasing referrals and provides specialized psychiatric support to elderly clients on an outpatient basis. The result is decreased referrals to the Geriatric Program and a 10 percent reduction in admissions as patients were able to access the services they required without coming to Riverview.

Integration of Administrative Services: Administrative, financial, communication, human resource and information services for Forensic Psychiatric Services (FPSC) and Riverview Hospital (RVH) were integrated for cost efficiency. The two finance departments moved into the Riverview Administration building, saving \$300,000.

Skeleem Village closed: Patients and the corresponding budget were transferred from Skeleem to community placements and Riverview Hospital for a net savings of \$1.1M. The decision to close Skeleem was made by the Cedar Lodge Society, which operated the facility. PHSA assumed responsibility for the neuropsychiatry patients at Skeleem.

Forensic Psychiatric Services

Bed Re-Alignment at the Forensic Psychiatric Hospital (FPH): A re-alignment of beds resulted in 20 additional secure beds made available for the increased number of referrals from the courts and from corrections.

Program Review at the Forensic Psychiatric Hospital: An extensive program review at FPH provided recommendations for enhancing patient programs based on best practices and current research, which will be phased in over the next three years, using resources within the existing budget.

Transfer of Inpatient Cottage Beds to Outpatient Access Clients: A redesign of inpatient cottage beds at RVH to 12 outpatient beds enables the discharge of difficult-to-place FPH patients. The \$394,000 cost for these beds was provided through Access funding.

Telehealth Initiatives: Pre-sentence report assessments are being conducted via telehealth in the North resulting in a cost savings of \$1,000 per assessment.

Regional Programs Reorganization: Service delivery was shifted to a program management model to become more client-centred, evidence-based, and outcomes focused. This eliminated two clinic administrator positions for 2002/03 and one position for 2003/04 (at \$80,414 each).

Sex Offender Service Redesign: FPSC redesigned the sex offender program (SOP) to provide assessment and treatment of sexual offenders using both psychiatric and cognitive-behavioural treatment. Within its existing budget, the SOP now serves more individuals at more locations throughout the province.

Regional Programs Contract Terminations and Reductions: New program models established a more coordinated and consistent service delivery system. As a result, several contracts were reduced or terminated, for a combined savings of \$500,000.

Child and Adolescent Mental Health Program

Consolidation of the Eating Disorders Program: The program was consolidated into the Oak Street site, and Hudson House patients were absorbed into the vacated ACU 10-bed space, resulting in a budget reduction of \$278,000. Activity volumes have increased from 2001/02 by 73 percent for admissions and 38 percent for inpatient days.

Closure of HCPP Child Day Program (Mental Health): This off-site regional program for 10 Vancouver children aged 6-9 years closed on June 30/02 and the children shifted into the community Children's Foundation programs for a savings of \$43,000.

Strategic Initiatives FY03/04

Riverview Hospital

Provincial Mental Health Plan: A further 188 inpatient beds will be transferred to new specialized mental health facilities opening around the province. Fifty beds will be transferred early in the fiscal year, with the remainder to be transferred March 31, 2004. Some transfers will be empty beds, resulting in a reduction of 12,000 patient days and a base budget transfer of \$7.3M. The budget for 2003/04 reflects a net reduction of \$3.6M due to bed closures and a \$7.2M reduction in support services at Riverview, as new services are opened throughout the province.

Access Project: Completion of the Access Project will result in the enhanced discharge of 58 patients. Closing beds behind these discharges will produce a budget saving of \$2.7M and a reduction of 10,000 patient days. These closures coincide with the opening of new specialized mental health facilities throughout the province.

Provincial Mental Health Acute Tertiary Care Facility: Initiation of a planning process for a new 125-bed Provincial Mental Health Acute Tertiary Care facility with anticipated opening in 2006/07.

Forensic Psychiatric Services

Closure of the Inter-Ministerial Program (Budget Management Strategy #40): This case management program serves a transient, multi-problem, and vulnerable population; however, the high staff to client ratio was not cost-effective. The program was closed in December 2002 and the patients were transferred to outpatient programs within the Vancouver Coastal Health Authority. The reduction of 4.5 FTEs resulted in a saving of \$292,000.

Withdrawal of Services at Correctional Centres and Courts (Budget Management Strategy #40): Eliminating/reducing staff positions at the Surrey Pre-trial Services Centre, Victoria, Burnaby Correctional Centre for Women and the Vancouver Clinic provided a cost saving of \$225,000.

Addictions Strategy for Regional Program: An analysis of current addictions strategies/models for the treatment of co-occurring disorders within a forensic population will be conducted. The cost is \$150,000 reallocated from existing budgets.

Housing Initiative for FPSC: An assessment of housing requirements for high risk/high need, mentally disordered offenders will be conducted. There are no costs associated with this initiative.

Strategic Initiatives FY04/05

Riverview Hospital

Provincial Mental Health Plan: It is expected that 187 beds will be transferred to the Health Authorities, with all but 44 going at the end of the fiscal year (March, 2005). \$15M will be transferred from the Riverview budget to fund these new beds in the Health Authorities.

Forensic Psychiatric Services

Sex Offender Program: Expand use of PPG equipment to remaining five regional clinics. No costs are involved with this initiative.

Housing Initiative for FPSC: Explore partnerships with the community in the development of specialized housing for severely mentally disordered offenders.

Child and Adolescent Mental Health

Waiting final review of Children's Hospital services.

Strategic Initiatives FY05/06

Riverview Hospital

Provincial Mental Health Plan: Final transfer of 274 beds under the Provincial Mental Health Plan to the Health Authorities. All but 32 of these beds are for the Lower Mainland and are not expected to be transferred until fiscal year-end. The impact will be on those beds transferred at the end of 2004/05 \$10.7M will be transferred from the RVH budget to the Health Authorities to fund these new beds.

Mental Health Research Institute: Finalize planning for the Mental Health Research Institute and prepare for opening in 2006/07.

Forensic Psychiatric Services

Contract Services Reductions: Contracted services will be reduced for regional clinics by \$212,000.

Program Profile

	FY00/01 Actual	FY01/02 Actual	FY02/03 Forecasted	FY03/04 Budgeted	FY04/05 Estimated	FY05/06 Estimated
BC Mental Health Society						
Referrals to Riverview	999	1277	840	800	600	480
Admitted to RH programs	662**	583	580	570	400	320
Admitted to RH intensive care unit	193	193	192	190	180	160
Discharges	631	603	660	620	690	500
Inpatient Days	268,571	263,630	211,342	207,320	170,870	TBD
Forensic Psychiatric Services Commission						
FPH Admissions	372	401	423	450	473	497
Clinic Admissions	2485	2200	2251	2420	2434	2447
Child & Adolescent Mental Health						

Admissions:						
Child Psychiatry	95	85	76	76	76	76
Adolescent Psychiatry*	68	52	69	69	69	69
CAPE	188	147	172	172	172	172
Eating Disorders	35	30	45	45	45	45
Outpatient visits:						
HCPP Day Treatment	1731	1919	496	Nil	Nil	Nil
Psychiatry Clinics	10552	11771	10290	10290	10290	10290
Eating Disorders	2057	2043	2752	2752	2752	2752

*Note; does not include patients transferred from CAPE

The following assumptions have been made in the activity projections at RVH:

- Health Authority bed transfer targets will not be met for 2003/04. Subsequent targets identified in the Mental Health Plan will be delayed as currently experienced.
- Only 44 beds for the IHA are designated as acute tertiary therefore admissions to RVH for adult acute tertiary will remain at the same levels.
- Admissions to Geriatric Psychiatry will decrease due to implementation of the Geriatric Outpatient Clinic.
- Referrals and subsequent admissions to RVH will reflect the same Health Authority referral patterns as experienced over the previous 5 years.
- A number of the transfers will be empty beds.

BC Mental Health Society Notations: (See table following for projected bed transfers 2003/04 to 2005/06)

2003/04 – 50 beds will be transferred by September 2003 and an additional 138 beds in March 2004. Some of these beds are currently closed behind the Access Program. None of these beds are acute tertiary. There will be minimal impact on admission and discharge activity until the end of fiscal year 2003/04.

2004/05 – 44 acute tertiary care beds will be transferred to the Interior Health Authority by June 2004. The remaining 143 beds are not likely to be transferred until the end of the fiscal year. In 2004/05 the full impact will be felt from the 188 beds transferred at the previous year-end. This explains the expected reduction in activity.

2005/06 – The impact of 143 beds transferred at the end of the previous fiscal plus a further 274 beds transferred at some point during this fiscal year will further reduce patient activity. Estimates reflect that Vancouver Coastal Health Authority and Fraser Health Authority are high users of the Riverview beds and have still not had any tertiary acute beds transferred to their regions. As capacity increases in the other Health Authorities, which represents 20% of admissions, demand for services from these areas will decrease.

Riverview Hospital - Projected Bed Transfers 03/04 to 05/06

Fiscal Year	Beds Transferred Out	Remaining Rated Beds at RVH
2001/02 (March 31/02)	0	808
2002/03 (March 31/02)	34	774
2003/04 (April 30/03)	50	724
2003/04 (March 31/04)	138	586
2004/05 (September 30/04)	44	542
2004/05 (March 31/05)	143	399
2005/06 (March 31/06)	274	125

BC Centre for Disease Control

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

Service Drivers

Numerous population trends affect the services delivered by BCCDC. These trends include the following:

	FY00/01	FY01/02	FY02/03	FY03/04	FY04/05	FY05/06
AIDS cases	77	27	25	25	25	25
HIV cases	425	415	430	415	400	390
TB cases	290	391	390	390	390	390
Hep B	98	91	75	70	65	60
Hep C	4,406	4,391	4,500	4,500	4,500	4,500

Major Accomplishments FY02/03

Strengthened management of vaccines and pharmaceuticals to generate savings and cost recovery.

Water Quality: Cost recovery of water testing to develop quality assurance program for drinking water laboratories.

Re-directed savings to respond to unanticipated disease outbreaks in the areas of Cryptococcus, rabies, and Norovirus.

Hepatitis B Control: Implemented Hepatitis B immunization programs resulting in a significant reduction of acute cases.

Lab & Support Functions: Administrative efficiencies in operational areas achieved through restructuring of laboratory and support functions. Introduced new molecular techniques to improve laboratory test turnaround time for faster treatment and lower costs.

Standards & Guidelines: Developed province-wide antidote stocking guidelines and optimized the distribution of emergency antidotes throughout the province. Budget impact: inventoried treatment facilities using evidence-based information to ensure optimized use of resources.

Published new edition of the Drug Information Reference (DIR) in hard copy and electronic versions, which will provide a future source of revenue for DPIC operations.

TB Control: Developed TB information system resulting in staff savings, better records and program management and improved outcome tracking.

Reformulated street nurse program to focus on provincial issues, research and outbreaks, resulting in FTE savings.

Strategic Initiatives FY03/04

BCCDC will utilize the following six key strategies to manage expenditures in relation to budget next year. The projected results of BCCDC's 2003/04-resource budget strategy is a savings of \$2,230,000.

Clinical Efficiencies (Budget Management Strategy #63): Through more disciplined management of processes and resources, BCCDC anticipates a saving of \$874,100. This includes one-time savings of \$200,000.

Administrative Efficiencies (Budget Management Strategy #64): By managing capacity within the existing budget, a cost saving of \$456,200 is projected.

Delayed Hiring/Hiring Freeze (Budget Management Strategy #65): Better management of staff to contain overtime costs, along with reduced recruitment costs and other staff savings will reduce costs by \$344,000.

Develop Short-Term Revenue (Budget Management Strategy #66): Opportunities for short-term revenue generation through such services as water testing and services provided for immigration, Health Canada and others, could provide \$556,000 in new revenue.

Service Re-alignment: This long-term strategy includes Hepatitis realignment, PHSA laboratory design and core public health laboratory, and offers budget savings in future years.

Develop Long-Term Revenue and Business Strategies: Longer-term business opportunities, such as small system water testing, meat inspection, and developing an environmental health centre could generate significant new, recurring revenues.

Strategic Initiatives FY04/05

Clinical Efficiencies (Budget Management Strategy #63): The effect of the one-time savings included in 2003/04 will result in a cost pressure of \$200,000. **Administrative Efficiencies** (Budget Management Strategy #64): By managing capacity within the existing budget, a cost saving of \$502,000 is projected.

Delayed Hiring/Hiring Freeze (Budget Management Strategy #65): Better management of staff to contain overtime costs, along with reduced recruitment costs and other staff savings will reduce costs by \$70,000.

Develop Short-Term Revenue (Budget Management Strategy #66): Opportunities for short-term revenue generation through such services as water testing and services provided for immigration, Health Canada and others, could provide \$296,000 in new revenue.

Develop Environmental Health capacity at BCCDC to improve revenue capacity and consider other revenue generation opportunities in line with the Canada Health Act.

Potential to advance FY 05/06 initiatives to occur in 04/05.

DPIC: Establishment of a product-related surveillance program to generate signals for possible product-related disease/toxicity and create a revenue generation possibility.

Initiation of PACS System to streamline Radiological Services within TB Control. Possible staff savings.

Strategic Initiatives FY05/06

Clinical Efficiencies (Budget Management Strategy #63): Continuation of this strategy will generate savings of \$160,000.

Administrative Efficiencies (Budget Management Strategy #64): By managing capacity within the existing budget, a cost saving of \$567,000 is projected.

Develop Short-Term Revenue (Budget Management Strategy #66): Opportunities for short-term revenue generation through such services as water testing and services provided for immigration, Health Canada and others, could provide \$250,000 in new revenue.

Public Health Core Programs review will result in focusing expenditures on essential public health functions and provide lowered costs by targeting services, improving health and reducing disease burden.

PACS Radiological System: Full integration of PACS radiological system with information management system (IPHIS) to create complete electronic clinical system leading to full electronic storage of records and x-rays with resulting savings.

Establishment of a product-related surveillance program as a business opportunity. See FY04/05 above.

Program Profile

	FY00/01 Actual	FY01/02 Actual	FY02/03 Forecast	FY03/04 Estimated	FY04/05 Estimated	FY05/06 Estimated
Notifiable Disease Incidence:						
Hepatitis A	96	81	70	65	60	55
Hepatitis B	98	91	75	70	65	60
Hepatitis C	4,406	4,391	4,500	4,500	4,500	4,500
Salmonellosis	678	734	650	650	650	650
Pertussis	643	598	600	550	500	450
Influenza Vaccine Coverage:						
Health care workers	51-64%	28-71%**	75	80	80	80
65 years and older	60-70%	35-75%**	75	75	75	75
Immunization rates in kindergarten:						
DPT vaccine. Measles, Mumps & Rubella	87-95%	NA	90	92	92	92
Laboratory Reports:						
	693,372	846,968	937,101	918,359	945,910	974,287
STD/AIDS:						
Notifiable Disease Incidence	7,535	7,172	8,973	8,500	8,500	8,000
Clinic Visits	11,200	10,126	11,695	11,500	12,000	12,500
Outreach Encounters	53,698	58,172	41,450	41,000	40,000	39,000
Pharmacy and Vaccine Services:						
Number of prescriptions		32,297	32,483	32,500	32,600	32,600
Number of biological transactions		11,070	12,397	12,400	12,500	12,500
Calls for biologicals			3,031	3,050	3,060	3,060
TB Control:						
Active cases under treatment	290	391	390	390	390	390
Clients on preventative therapy	1,218	1,140	1,151	1,163	1,175	1,187
Clinic visits	27,396	28,045	28,325	28,608	28,894	29,183
X-rays received	6,137	5,743	5,800	5,858	5,917	5,976
X-rays taken	7,710	7,405	7,749	7,554	7,630	7,706
Proposed immigration screening program- Visits/x-rays				1,000	1,010	1,020
Drug & Poison Control:						
Drug and Poison Calls	39,153	38,386	38,000	38,400	38,500	38,500

BC Renal Agency

To improve the health of British Columbians through the development, ongoing monitoring, and dissemination of comprehensive investigative and treatment programs for patients with established kidney disease.

The BC Renal Agency (BCPRA) plans and coordinates the care of patients with kidney disease throughout the province.

Clinical/Service Programs: Predialysis clinics (Chronic Kidney Disease), Peritoneal Dialysis, Home Haemodialysis, In-hospital Haemodialysis, Community Haemodialysis.

The Renal Agency delivers its services through 11 hospitals and 22 Community dialysis centres throughout the province.

Service Drivers

Renal replacement therapy is a life-support program and the demand for services must be met when the need arises. The growth trends in the table below are based on patient years in the program profile located elsewhere in this document.

Growth Trends:	FY00/01	FY01/02	FY02/03	FY03/04	FY04/05	FY05/06
Predialysis clinics/ CKD Clinics	30%	58%	-3%	62%	15%	14%
Haemodialysis clinics in hospitals	10%	6%	3%	8%	10%	8%
Haemodialysis clinics in community dialysis units	18%	7%	15%	20%	7%	9%
Home dialysis	8%	10%	49%	48%	7%	8%
Peritoneal dialysis	0%	4%	11%	5%	5%	6%

Major Accomplishments FY02/03

New Renal Unit: Facilitated the opening of the new renal unit with a capacity to expand to 60 stations at the Royal Jubilee Hospital at a cost of \$7.8M.

New Community Dialysis Centres: Opened three new community dialysis centres in the Vancouver Coastal Health Authority, which serves 38 percent of BC's renal patient population. Capital funding of \$4,568,433 and operating funding of \$1,343,328 was provided to increase dialysis capacity.

Improved Patient Care and Reduced Costs: The expansion of community dialysis capacity has improved patient care and reduced costs. The movement of patients from in-hospital to community units produced direct savings of \$240,000 in 2002/03.

Pre-dialysis Clinics/ Chronic Kidney Disease Clinics: Expanded capacity in these clinics enabled service to 130 new patients. Early identification of kidney disease affords opportunities to delay or avoid the need for dialysis. Reduced dialysis rates offered a one-year saving of \$390,000, covering the cost of the clinics.

Innovative Approaches to Haemodialysis: A proposal for innovative approaches to haemodialysis (IAMHD) was submitted to PHSA offering projected savings of \$1.0M over a two-year period.

Nocturnal Dialysis: Twelve patients were trained to perform nocturnal home haemodialysis. Annual savings are projected at \$6,000 per patient after the first year.

Home-Based Therapy: Continued emphasis on home-based therapy has led to maintenance of PD:HD ratios better than the national average.

Baxter Partnership: PHSA and the Fraser Health Authority contracted with Baxter to initiate a chronic disease management model for renal services in the Fraser Health Authority. This pilot project is expected to achieve efficiencies as the Baxter disease management model is incorporated in the renal care services at the Fraser Health Authority over the next five years.

Pharmacy Services Closer to Home: A process to increase the number of pharmacies dispensing renal medications resulted in 30 pharmacies around the province and an estimated saving of \$200,000 in distribution and courier costs.

Assessment Tool: A tool for accurate, reproducible assessment of illness/ health profiles (and ACUITY scale) of patients was developed, and is being tested using PROMIS. This will improve accuracy of assessment and help to enrich the costing model under development.

Strategic Initiatives FY03/04

The major initiative for 2003/04 is the implementation of a seamless, integrated, cost-effective chronic disease management model.

New and expansion of Dialysis capacity:

	Capital funding	Operating Funding
Creston Valley Hospital	\$283,977	\$85,469
Kelowna general Hospital	\$756,419	\$199,820
Terrace dialysis Unit (new)	\$1,480,278	\$221,030
Penticton Regional Hospital	\$1,156,959	\$329,055
Surrey Memorial Hospital	\$1,500,000	\$306,891
Surrey Community Unit	\$1,253,500	\$479,268
Nanaimo Community Unit	\$268,155	\$43,933
Vernon Clinic	\$304,860	\$81,476

Information Systems: Alignment of funding, performance, accountability and information systems so that clinical care, accountability and innovation are rewarded.

IAMHD Proposal: Implementation of the initiatives described in the IAMHD proposal (innovative approaches to haemodialysis). This will include the introduction of a Home Haemodialysis patients training centre in the Lower Mainland.

Performance Management: Evaluate trends/demand for specialized services and modify service delivery. As part of the costing/-funding project, within the next 2 years, standard unit costs will be included in the PROMIS to link activity and clinical outcome indicators to financial impacts.

Standards & Guidelines: A major initiative in tandem with the costing/ funding project is to redesign renal care in the province and to set standards and guidelines. Benchmarking and target setting in the context of quality improvement will use financial and clinical indicators.

Chronic Kidney Disease Clinics: Increase capacity and integration of Chronic Kidney Disease clinics to accommodate an estimated 15 percent growth in patients with end-stage kidney disease.

Drug management: BCPRA will explore existing expertise in drug management at all the branch members under PHSA.

Contract Management: Current provincial contracts will be reviewed and tender processes will be implemented using the expertise and resources available from PHSA.

Strategic Initiatives FY04/05

Identify and enhance key process and performance indicators.

Evaluate the new services delivery model for Kidney services.

Benchmark efficiencies and best practices.

Implement/ Modify IAM HD across the province.

Plan and implement early diagnosis and intervention including proposal to include creatinine clearance test as a standard test for medical check-ups at GP offices.

Develop a plan to ensure the merging of operating and capital funding so that the implementation of novel therapeutic approaches can be evaluated.

Maintain strong academic and research presence in BC and Canada, with ongoing clinical, financial and scientific evaluation of implemented processes and practices.

Strategic Initiatives FY05/06

Continuation of all the above.

Program Profile

	FY00/01 Actual	FY01/02 Actual	FY02/03 Actual	FY03/04 Budgeted	FY04/05 Estimated	FY05/06 Estimated
Number of patients receiving *:						
Predialysis clinics/ CKD Clinics	1,200	1,871	1,817	2,939	3,392	3,863
Haemodialysis clinics in hospitals	887	944	969	1,042	1,149	1,246
Haemodialysis clinics in community dialysis units	400	426	489	587	630	688
Home dialysis	13	15	22	32	35	38
Peritoneal dialysis	458	479	531	556	582	617

Note* The above patient numbers are in terms of patient years defined as:

Haemodialysis is funded per patient year with an average of 156 runs per year

Predialysis/ CKD is funded per patient year with an average of 8 follow-up clinic visits including patient education sessions

Peritoneal Dialysis is funded per patient year with an average of 10 follow-up clinic visits including patient training sessions

Cardiac Services

Cardiac services for the province, include Cardiac Surgery at four sites: Victoria (VIHA), Vancouver (VGH and St. Paul's) (VCHA), New Westminster (FHA). These sites also carry out coronary catheterization procedures for both diagnosis and therapy. As well, there is diagnostic catheterization available at Lion's Gate (VCHA) and Kelowna (IHA). The funding for these procedures comes from PHSA on a per case basis with a funding cap. This model of funding was initiated by the Ministry of Health and has been in place for numerous years, with recommendations for appropriate utilization coming from the Cardiac Panel and data from the Cardiac Registry. PHSA has recognized the need for improved coordination, assessment and planning for the full spectrum of heart disease to serve the province, and has recently begun the formation of the "Provincial Cardiac Service."

Service Drivers

Acute Myocardial Infarctions are the leading cause of death in Canada and in BC. The advances in research in cardiac care have been astounding over the past ten years yet it is anticipated that the burden of disease will continue to rise with an aging population, increasing obesity, increasing incidence of diabetes, as well as factors such as smoking, hypertension and lipid disorders. The challenge will be to develop a provincial program to address: primary prevention of heart disease, effective and efficient treatment of patients with compromised coronary circulation and those with heart attacks, and secondary prevention for those who have heart disease.

Major Accomplishments FY02/03

An assessment of the preliminary structure that will improve access and service delivery was completed. It was recommended that provincial coordination be strengthened.

A Provincial Executive Director of Cardiac Services has been hired to take on the task of developing a model for a cardiac services.

An arrangement is being established that will allow one patient a week from the Interior Health Authority to be transferred to the Royal Jubilee Hospital in Victoria for open-heart surgery. This will greatly enhance the accessibility for patients in the Interior to receive surgery and also increase the utilization of a very good open-heart program in Victoria.

All major cardiac programs within the province agreed to a common rating system for patients requiring open-heart surgery. Moving to a common system is a major step towards a provincial system that ranks patients by need and prioritizes them for surgery.

A strategic review of the cardiac registry was initiated to determine the information available and steps required to develop proper information support for collecting patient information and measuring outcomes.

Strategic Initiatives FY03/04

Provincial Cardiac Structure & System: In consultation with the regional health authorities, coordinate a provincial cardiac structure and system to develop, implement and monitor best practice standards in cardiac sciences.

Performance Standards: Implement performance standards for decentralized cardiac clinics, services and procedures operated by the RHAs with agreed upon performance measures, activity tracking/reporting systems in place. This includes: implementing management and monitoring of performance standards; achieving agreement on the clinical protocols where required; and achieving agreement upon the key measures of performance, a plan for coordination and dissemination of information, and an appropriate means for determining response to performance.

Quality Indicators: Benchmark and set targets for access/availability quality indicators such as targets for relative survival rates for heart attack.

Partnerships: Explore partnership within the province to establish a provincial system too manage patient with chronic heart failure.

Strategic Initiatives FY04/05 & FY05/06

To be determined.

Strategic Health Development & Performance Management

The Strategic Health Development and Performance Management (SHD&PM) portfolio consists primarily of the following elements:

- Provincial Strategic Program Development – the planning, coordination, development, monitoring and evaluation by the PHSA of selected province-wide programs delivered by regional health authorities, including emergency, surgical, and thoracic surgery services.
- Provincial Telehealth Services coordination
- Contract and performance agreements
- Population health surveillance and disease control planning
- Inter-provincial initiatives
- Performance and access management
- Information management and information technology (see separate document, attached)

Major Accomplishments FY02/03

Provincial Strategic Program Development

Emergency Services Review: A Provincial Emergency Services Short-Term Task Group, led by PHSA, has completed a progress report with short-term recommendations for improvement, including a review of provincial best practices in emergency departments.

Surgical Services Review: A Health Authority-wide steering committee was formed to undertake a provincial review of Surgical and Procedural Services. The steering committee has established 10 prioritized project goals for the initiative. .

Thoracic Surgery: With the Health Authorities, PHSA helped develop a provincial program of thoracic surgery creating four Regional Thoracic Surgery Centres and establishing clinical contract service agreements for seven surgical positions. Increased operating costs are covered through existing health authority resources.

Trauma, Critical Care and Tertiary Rehabilitation Services: PHSA made contact with provincial and regional leaders to discuss opportunities for better provincial coordination and standards for Trauma, Critical Care and Tertiary Rehabilitation Services.

Telehealth: PHSA assumed responsibility for the provincial telehealth program, and worked with the Health Authorities on a two-year development program as well as plans for the future of the program.

Contracts and Performance Agreements

Contract Management: PHSA assumed responsibility for the administration of a number of health service contracts with third party providers from MoH. Templates were developed for service contracts, business cases, and future requests for new provincial programs or enhancements to existing programs. Key programs were reviewed and three-year budgets developed.

Visudyne and Flolan: With the Health Authorities, PHSA assumed responsibility for rolling out several new drug programs at the request of MoH.

Population Health Surveillance and Disease Control Planning

PHSA completed a concept plan for a population health surveillance and disease control planning capability to create an enhanced information capability for its agencies and the province.

Strategic Planning Support

SHD&PM provided significant support in 2002/2003 to MoH Planning by helping develop the province's 10-year Health Services Directional Plan.

Strategic Initiatives FY03/04

Provincial Strategic Program Development

Emergency Services Review: Approved recommendations of the Short-Term Task Group Progress Report and will be implemented and a plan developed for the longer-term reform of emergency services in the province.

Surgical & Procedural Services Review: SHD&PM will plan and develop the 10 project goals of the review of Surgical and Procedural Services to support implementation of provincial strategies within the regions, and create a performance monitoring program for implementation in 2004/2005.

Thoracic Surgery Program: SHD&PM will support implementation of a third regional thoracic surgery program, finalize plans for the fourth and final centre, and work with a provincial team to establish goals, standards and performance indicators for the program.

Visudyne, Flolan, Cochlear Implants and others: SHD&PM will develop long-term continuity plans for the evaluation and deployment of provincial drug and device programs initiated in 2002/2003. PHSA may also assume a role in planning the implementation of new technologies in the province.

Telehealth: SHD&PM will complete evaluation of the two-year BC Telehealth Program and address the recommendations of the evaluation report. PHSA will support the growth and continuity of telehealth services consistent with the recommendation of the Premier's Technology Council.

Other Provincial Program Initiatives: SHD&PM will work with the Health Authorities and MoH on additional provincial program development initiatives, including programs identified by MoH, such as Trauma, Provincial Rehabilitation and Critical Care Services.

PHSA Web Site: In cooperation with the PHSA Communications, SHD&PM will redevelop PHSA's Web site, to offer a single point of access for provincial programs and services providing special reports and standards information of province-wide interest.

Contracts and Performance Agreements

SHD&PM will recruit a contract management support position and develop service agreements and performance objectives between the Health Authorities and all third parties within its jurisdiction as required.

Population Health Surveillance and Disease Control Planning

SHD&PM will recruit an Executive Director for Population Health Surveillance and Disease Control Planning, and support the enhanced use of provincial linked data bases, surveillance and other population information within its jurisdiction and provincially as requested. SHD&PM will establish a framework for reporting on population trends for enhanced planning and development of services.

SHD&PM will work toward better identifying PHSA's role and strategic direction in the area of **primary health care** and **chronic disease management** and will leverage federal resources for home care and primary care.

Inter-Provincial Initiatives

SHD&PM will take a leadership role in selected **inter-provincial and international health care** education, research or planning processes and initiatives as identified.

Performance and Access Management

SHD&PM will create a framework for **health systems performance management** for PHSA and for other provincial programs for which it is responsible. This initiative will be linked to PHSA's Quality Management Program.

Strategic Initiatives FY04/05

To continue the implementation, and/or measurement, monitoring and evaluation of programs initiated in 2002/2003 and 2003/2004.

Other Provincial Program Initiatives: To work with the Health Authorities and MoH to prioritize and undertake additional provincial program development initiatives.

Strategic Initiatives FY05/06

To continue the implementation, or measurement, monitoring and evaluation of programs initiated in 2002/2003 to 2004/2005.

Other Provincial Program Initiatives: To work with the Health Authorities and MoH to prioritize and undertake additional provincial program development initiatives.

Program Profile

No specific metrics at this time.

Academic Development

The overall goal within the Academic Development portfolio is to integrate and coordinate the efforts of PHSA and provincial and community partners to develop appropriate research methods and systems and to foster the development of knowledge and innovation relevant to health services.

Major Accomplishments FY02/03

Dr. Stuart MacLeod was appointed to the newly created position of VP academic development. In this role he will help to facilitate greater collaboration amongst PHSA academic leaders and ensure PHSA capitalizes on opportunities to advance its academic mandate.

To date, Academic Development activities include initiating discussions with partner academic institutions, other health authorities, PHSA agencies, and government ministries concerned with academic affairs.

Academic Development has established communication paths between PHSA and provincial/federal research agencies and relevant bodies in Health Canada, including CIHR. The capacity for health services, research and program evaluation within PHSA agencies was also assessed.

Strategic Initiatives FY03/04

Work with its academic partners to **expand academic programs** and associated infrastructure requirements.

Examine **funding mechanisms** for academic activities within PHSA agencies and will develop PHSA's role within a provincially distributed model of health professional education.

Complete an **inventory of all PHSA research** activities and will identify any internal and/or external partners needed for developing research capacity within PHSA.

Develop a PHSA-wide **teaching & research consortium** with academic, industry and research foundation partners to seek funding and revenue generation opportunities.

Seek out **technology transfer and revenue-generating opportunities** within PHSA, identify funding sources and apply for funding in a coordinated and integrated fashion.

Sponsor a **research symposium** across PHSA and with academic partners for the dissemination and transfer of knowledge and innovation.

Refine the research role of PHSA and its agencies through evaluation and feedback and develop a comprehensive research plan that supports the development of new methods for outcome evaluation.

Strategic Initiatives FY04/05

Expand telehealth capacity for use in diagnostics and health professional education.

Expand PHSA's role in **electronic dissemination of patient decision aids**.

Create at least one **provincial research network** in an area of interest relevant to PHSA or its agencies.

Partner with at least one **national research network**.

Strategic Initiatives FY05/06

Initiate pilot projects employing electronic medical records in clinical areas within PHSA mandate.

Service Profile

Metrics not available at this time.

Quality & Risk Management

Quality and Risk Management portfolio is accountable for corporate and clinical risk management and quality improvement (RM&QI) systems. It is responsible for the long- and short-term strategic planning, policy development and evaluation of RM&QI strategies and for investigating and rectifying personnel and systems issues arising from the monitoring of risk events, critical incidents, legal actions, and the reports of the coroner, government commissions, and external agencies. The group acts through PHSA Agency quality and risk departments and their presidents

Major Accomplishments FY02/03

A **quality indicator and risk management framework** was developed for the quality and access committee of the board.

The **organizational structure** for the RM& Q portfolio has evolved in response to the changing relationships amongst PHSA and its agencies and the RM&Q portfolio and consulting was minimized.

An **inventory of agency quality projects** is underway.

RM&Q is developing a “**safety culture**” for PHSA.

Strategic Initiatives FY03/04

RM&Q will establish a **working and accountability framework** with agency departments and presidents

RM&Q will implement the **quality indicators and risk management** framework by June 2003.

Quality measurement and improvement presentations from the agencies are scheduled for the quality and access committee of the board

In conjunction with IM/IT, RM&Q will implement a **physician order entry** system at BCCH, Riverview and BCCA – a fundamental underpinning of PHSA’s safety culture.

With CCHSA, RM&Q will establish a timeline for **institutional accreditation** for PHSA agencies and develop a “**code of conduct**” for providers in PHSA agencies.

Strategic Initiatives FY04/05

Completion of **clinical documentation and order entry** at all PHSA providers’ sites.

Establishment **indicator measurement and analysis**, through the CIS implementation.

Continuing support for **optimal communication** with patients, parents and partners.

Strategic Initiatives FY05/06 To be developed.

Service Profile Reported to the quality and access committee on a bimonthly basis

Medical Affairs & Physician Compensation

In accordance with the PHSA Medical Staff Bylaws and Rules, Medical Affairs is responsible for coordinating the credentialing and privileging process for all medical, dental, midwifery, scientific and research, and house staff appointments to PHSA, and plays a significant role by providing administrative assistance and secretarial support to a number of agency and health authority committees. MA supports the departmental review process for the agencies.

Physician Compensation is responsible for the development, negotiation and administration of alternate compensation contracts and sessional payments for PHSA medical staff. Activities include contract negotiation with physicians and the MoH, administering and tracking new and renewed contracts, strategic and operations planning relating to physician recruitment, retention, compensation and funding, budget management, and the coordination of new initiatives. This links programs, divisions, and departments at the University of British Columbia's (UBC) Faculty of Medicine, and the PHSA and MoH.

Major Accomplishments FY02/03

Medical Affairs:

Developed a **consolidation plan** for medical affairs across PHSA while respecting the agency independence established in the current organizational structure and required by the Hospital Act.

Assessed technology solutions that provide operational efficiencies for managing medical staff and the mandated Medical Advisory Committees.

Reviewed medical staff bylaws for the agencies and worked with the provincial medical affairs working group to define **new bylaws** and a code of behaviour.

Let a contract for the development of a "**code of behaviour**" for physicians in PHSA.

Physician Compensation: (Contract or salaried physicians supported: approximately 400)

Member of the **MoH negotiating team**, presenter to the MacEachern arbitration and at the table during all phases of the BCMA-MoH negotiations 2002-2003.

Achieved agreements with physician groups to provide **on-call services** for PHSA agencies.

Negotiated with the MoH for PHSA **call groups and their reimbursement**.

2002-2003 **retroactive on-call payments** made to providers.

Established the PHSA position for **salary and contract provision** of the BCMA-MoH agreement.

Established the format for the "**placement on the grid**" for HEABC that will finalize implementation of the agreement.

Organized start-up and **transitional funding** for physician recruitment to C&W.

Strategic Initiatives FY03/04

Medical Affairs:

Once relationships with the agencies are clarified, medical affairs will be amalgamated if this is deemed appropriate.

Implement technological solution for **physician annual review and reappointment**.

Finalize provincial **medical staff bylaws** with the medical affairs working group.

Finalize **code of behaviour** and take to agency medical advisory committees.

Establish a consistent **review process** and schedule for agency departments/programmes.

Physician Compensation:

Physician Support (Budget Management Strategy #9): It is anticipated that, through the BCMA-MoH negotiations, \$1.2M will be received for physician funding at C&W. A further \$677,000 is anticipated through BCMA-MoH negotiations related to Radiology and Pathology pay increase.

In conjunction with VCHA, develop principles and a template for academic health centre funding in BC.

Complete first phase of the **transition plan for salaried and contract physicians** in the PHSA agencies.

Develop a PHSA **“lump sum” strategy for interim physician funding** while the MoH transition process evolves. This will impact the PHSA budget as PHSA is underwriting the MoH process until it is completed.

Contract with all groups providing **on-call services** to PHSA agencies. This will have no impact on the PHSA budget.

Develop operation plans with C&W to incorporate and **align physician incentives** with organizational, clinical and fiscal imperatives.

Develop negotiating strategies for the second phase of the **MoH transition plan** (renegotiation of the APP contracts).

Renegotiate the **terms and conditions of employment** for PHSA physicians.

Strategic Initiatives FY04/05

Medical Affairs:

Continue with **medical staff bylaws**.

Physician Compensation:

Define an **accountability framework** for PHSA contracted and salaried physicians for the evaluation of services and definition of payment.

Strategic Initiatives FY05/06

Unable to forecast/ determined by the MoH

Communications

The PHSA Communications portfolio is an integrated corporate service that supports the communications and public affairs needs of PHSA and its agencies. Communications is responsible for issues and good news management, media relations, internal communications, identity/branding, stakeholder communications and non-clinical FOI requests.

Major Accomplishments FY02/03

Organizational structure: Created and implemented an integrated communications structure (from existing PHSA resources) that balances the communication needs of PHSA agencies with the needs of the corporate office and addresses emerging priorities.

Issues management: Implemented an improved issues management protocol that ensures issues are identified, managed, and responded to efficiently and accurately with involvement of key stakeholders.

Board Communications: Communications strategies implemented to increase openness and transparency of the PHSA board, including Board Brief, provincial media conference calls and support for open board meetings.

Branding/Visual Identity: Articulated a high-level branding strategy and created and implemented visual identity materials for PHSA, including logo, letterhead and business cards.

Internal Communications: Developed and implemented communication vehicles (CEO Update, PHSA bulletin) and communication plans to support major PHSA change processes and reform.

Proactive communications: Implemented strategies to increase awareness of positive PHSA initiatives amongst key audiences, including publication and distribution of Steps Forward, a progress report to the Health Minister's Forum, enhanced use of Web site, provision of materials to government, and proactive media announcements.

Non-clinical FOI Requests: Improved coordination and issues management for non-clinical FOI requests.

Strategic Initiatives FY03/04

Proactive Communications: Implement improved measurement tools, such as a media activity database.

Communication Plan: Develop and implement a communication plan to increase awareness and understanding of the PHSA role and mandate amongst key audiences, including government (elected and non-elected), other health authorities, PHSA agencies and the general public.

Branding/Visual Identity: Implement PHSA's branding/visual identity strategy, including full implementation of visual identity, development of style manual to ensure consistent application of identity, and evolution of PHSA position in relationship to other health authorities and its agencies, and creation of PHSA brochure.

Communication Plan: Develop and implement communication plans and tactics to support achievement of PHSA operating plan commitments such as major provincial reviews, lab system design, etc.

Corporate Website: Redevelop the PHSA corporate Web site to improve support for PHSA's strategic objectives, role and mandate.

Integrated Web Sites: Establish an integrated Web site strategy for all PHSA agencies that supports clinical and information needs, and improves efficiency and effectiveness. Project plan will identify potential budget impact.

PHSA Intranet: Develop an Intranet for PHSA to support PHSA internal communications and improved business processes and efficiencies. Project plan will identify potential budget impact.

PHSA advocacy: Develop a plan to advance PHSA advocacy priorities and increase awareness and understanding of PHSA role and accomplishments amongst key external stakeholders.

FOI: Establish PHSA-wide processes and procedures to improve coordination of non-clinical FOI requests, improve ability to manage such requests, and increase efficiency of legal resources required.

Strategic Initiatives FY04/05 & FY05/06

Major communications initiatives for FY04/05 and 05/06 cannot be identified at this time, as they will be driven by the future strategic goals and objectives of PHSA

Alternative Service Delivery

Support Services

To assist the health sector in focusing resources on core health service and getting the most service out of every dollar, the government enacted legislation to allow the outsourcing of support services. This will encourage a market rate for these services and promote competition in the marketplace.

Support services across PHSA have been reviewed and evaluated to determine if alternative methods of service delivery would offer additional value. The strategy was to identify the top priorities and quickly move forward to achieve results. These priorities were chosen based on such factors as: return on investment, feasibility and timeliness, management capability and capacity, and service effectiveness improvement. As these top priorities advance, other priorities will be added as capacity allows. This "cascading" approach will initially focus limited resources on achievable priorities offering the greatest potential for cost savings and improved patient care.

Clinical & Diagnostic Services

Corporate clinical and diagnostic services (including academic and research support) are responsible for delivering quality health and patient services that enhance PHSA's ability to provide integrated health systems aligned with its vision, mission and core values.

In order to enhance services and improve efficiencies, a shared services strategy will be implemented across PHSA. Improving efficiencies through technology enhancement, shared service, and innovative partnerships is required partly due to a worldwide shortage of diagnostic professional and technical staff.

Major Accomplishments FY02/03

Support Services:

Completed **strategic plan** for alternative delivery of support services for C&W and BCCA.

Completed **business plan** for alternative service delivery for housekeeping (environmental) and food (patient & retail) for C&W and BCCA – Vancouver site. Released a comprehensive RFP (request for proposal) for both services.

Housekeeping service contract was awarded for the new Children’s Ambulatory Care Building. Cleaning costs were roughly cut in half by contracting with an external company with resultant savings of \$250,000 in the first year of operation.

Implemented various **cost savings initiatives** that reduced costs in Environmental, Food, Logistics, Plant and Protection services by \$1.3M.

Clinical & Diagnostic Services:

A **strategic plan** of pathology and laboratory services and restructuring of the laboratories within the BC Cancer Agency, BC Centre for Disease Control, the toxicology laboratory at Riverview, and Children’s and Women’s Hospitals was completed. Savings of \$2M over three years are expected. Significant investments will be required to achieve long-term targets.

Implemented **revenue generating and cost savings initiatives** in clinical support services resulting in net savings of \$716,000.

Strategic Initiatives FY03/04

Support Services:

Alternative methods of delivering **housekeeping and foods services** (Budget Management Strategy #12) will be implemented in fiscal 2003/04. Savings targets for both C&W and BCCA Vancouver Site will annualize to a total of \$5.055 million by 2004/05 with future cost avoidance projected at a further \$2.0 million beyond current budgets by 2006/07.

Outsourcing strategies (Budget Management Strategy #12) will be pursued beyond Housekeeping and Food Services should the opportunities make business sense and savings be material. We believe these opportunities will generate savings of \$1,675,000 in fiscal 2004/05 and \$500,000 further in 2005/06.

Various support services (Budget Management Strategy #30) have been examined for cost efficiencies and reengineering opportunities for a total reduction of \$852,000. Decisions will be made on a case-by-case basis where opportunities are substantiated.

Other strategies that impact upon services that at this time are not fully quantifiable include:

- Complete **value and cost benefit review** of services provided by B.C. Building Corporation (BCBC).
- **Consolidate purchasing functions** across PHSA to improve service and reduce costs.
- Transfer responsibility for majority of **support services** for Brock Farni extended care facility to VCHA.

Clinical & Diagnostic Services:

A number of strategies are being pursued in pathology, radiology and pharmacy:

- Implement **pathology and laboratory medicine redesign** (Budget Management Strategy #67) with the installation of a laboratory information system (LIS) system across the PHSA. Review Pathology (lab) services for efficiencies from restructuring.
- **Redesign of the Radiology (imaging) department** to improve the effectiveness of the services and provide staff and physicians with the tools required. Select and replace the MRI unit at C&W.
- Analyze **pharmaceutical purchasing practices** for improved PHSA buying power. .
- Volume increase in **clinical support services** (C&W) (Budget Management Strategy #10) combined with efficiencies in pharmacy will result in revenue/savings totalling \$830,000.

Strategic Initiatives FY04/05

Support Services:

Further review of support services efficiencies and value added activities.

Restructure the delivery of logistics by consolidation and systems integration.

Review contract management processes to maximize value and service delivery.

Pursue potential synergies with other Health Authorities.

Clinical & Diagnostic Services:

Implement further efficiencies in clinical support service areas across the PHSA sites.

Ongoing program evaluations in clinical support services areas to determine program needs and effectiveness.

Completion of laboratory redesign and pathology (lab) information system to further increase efficiencies in patient care and billing procedures.

Initiate analysis of innovative financing of imaging and lab capital equipment.

Strategic Initiatives FY05/06

Initiate feasibility study for stand-alone building for pathology and laboratory molecular medicine services.

Business Development

The goal of business development is to contribute to the sustainability of PHSA by leveraging its diverse asset base to generate revenue, maximize value added opportunities and effect cost-savings.

The objective is to seek strategic business alliances and relationships that help PHSA successfully implement approved business, clinical and research initiatives aligned with PHSA's vision, mission and core values.

Major Accomplishments FY02/03

Preferred Accommodation: Implemented Preferred Accommodation (PA) programs at both BC Children's and BC Women's Hospitals. Implemented a TV rental service at BC Children's and upgraded the existing service at BC Women's. (Excluding critical care areas, every child now has access to bedside TV with two free channels.) Increased revenues by \$700,000.

Parking: Completed a new parking strategy to increase both capacity and revenue by \$1.0 million.

Real Estate: Obtained title to the Oak Street property.

Clinical and Educational Products: Coordinated the development, marketing and sales of clinical and educational products (revenues of \$50,000 annually).

Research and Clinical Trial Contracts: Negotiated research and clinical trial contracts worth approximately \$5 million.

Intrathecal Syringe System: Obtained a patent for this C&W invention (trademarked Edu-Quicks) and identified and protected other intellectual property.

Retail: Developed three new contracts with major retailers, renegotiated contracts agreements with three retailers, and assisted in the development of business plans for a special products store, obesity clinics, women's preventative medical centre, thrift shop, interpretation/translation service, and physiotherapy/rehabilitative outpatient clinic

Beverage Alliance: Negotiated an improved corporate alliance with Pepsi Bottling Company /Lewis Vending resulting in annual revenues of \$100,000.

Strategic Initiatives FY03/04

Business Development Business Plan: Develop a PHSA-wide strategy for business development.

Non-Residents: Where capacity permits, market (non-emergent) clinical services to non-residents of Canada to protect services for British Columbians and generate revenue. **Uninsured Services** (Budget Management Strategy #4): Implement patient charges for non-medically necessary services. (Projected revenue of \$39,000 in 2003/04 and \$77,000 in 2004/05.

Retail (Budget Management Strategy #3): Implement C&W's retail strategy, including four new specialty food and beverage operations. Finalize negotiations for a retail pharmacy, convenience store, specialized gift store, health food store and a wellness centre at C&W.

Intellectual Property: Identify and facilitate the protection, development and commercialization of PHSA-wide intellectual property, both nationally and internationally.

Generate revenue through **in-sourcing of products and services** such as laboratory testing, diagnostic imaging services, and medical engineering services.

Market PHSA's diverse knowledge base to the research and business communities; increase clinical trial revenues; and obtain funding for PHSA research programs/networks.

Strategic Initiatives FY04/05

Partner with VCHA in a shared steam plant initiative to reduce operating and capital costs.

Establish an International Patient Program to coordinate and market clinical services to non-residents in conjunction with other interested Health Authorities.

Implement public-private financing strategies for revenue generation through infrastructure development and re-development.

Implement franchise opportunities for PHSA-based, branded initiatives e.g. Women's Preventative Medical Centres, Healthy Home and Specialty Product Stores).

Strategic Initiatives FY05/06

Develop a regional strategy for revenue generation using hospital-based products and services as appropriate.

Facilities

Major Accomplishments FY02/03

C&W Site:

Land Transfer: Transfer of title for the Oak Street property is currently being negotiated.

Pathology: A \$1.7M multi-phased renovation project was completed in the pathology department and the potential loss of accreditation for the laboratories was averted.

Renovation of Neonatology: This \$2.5M project was successfully tendered. When construction is complete the space will provide additional isolation capacity for newborns.

New Ambulatory Care Building: Over thirty clinics have moved into the building. Work continues on Foundation funded enhancements such as the Millennium Donor Recognition and the family Resource library.

Several projects are under design and/or construction, including the laboratory for Functional Genomics, nutritional research facilities, a bioinformatics unit, the Fir Square unit combined care unit for substance using women and their substance exposed newborns, the installation of new radiology equipment and a redevelopment plan for Level 1 North at C&W

A complete reconciliation of the Academic Space Inventory.

Riverview Site

Riverview replacement project

BC Cancer Agency

Cancer Agency: A comprehensive review of the facilities management practices of the five buildings was completed. The many improvement opportunities identified, will be incorporated into a new facilities management strategy.

Abbotsford Hospital and Cancer Centre Project: This is a major capital project with its own certificate of approval (procured through a public/private partnership. In 2002-3 the clinical and non-clinical output specifications were developed, the client's consulting team was engaged and the request for expressions of interest was issued. The project is being managed through a Project Advisory Committee, chaired by MoH Services with membership from PHSA, FHA and the Regional Hospital district.

BC Cancer Research Centre: A major capital project funded through KDF and CFI grants as well as private donations. In 2002-3 the project was successfully tendered and the building is under construction.

Cancer Centre for the Southern Interior: A new video-conferencing room and capability (seating for 80). This facility will save on staff travel time and enhances both clinical and administrative communication.

Vancouver Cancer Centre: Renovation and upgrade of the gynepathology slide staining area, renovation and installation of a new fluoroscopic unit with associated patient support space and development of a new MRI suite.

Fraser Valley Cancer Centre: Redesign and construction of four radiation therapy control areas to accommodate the new technology.

Strategic Initiatives FY03/04

Corporate

The creation of the **executive offices of the PHSA** (Budget Management Strategy #54) and its related corporate services will result in significant centralization and consolidation. Savings from restructuring in areas such as Financial Services, Human Resources, and Information Services have been targeted and net savings associated with the creation of the Strategic Health Development and Performance Services portfolio and the Cardiac Program. Net savings for each fiscal year are \$46,000, \$2,302,000 and \$17,000 to the end of 2005/06.

C&W Site

Complete the Master Plan for the Oak Street site.

Start construction of the new Child and Adolescent Mental Health building.

Develop detailed plans and confirm funding for a new research facility.

Multiple design and construct projects: Single Room Maternity Care, Nursing Unit consolidations, A4 and Level One North

Nutrition Research Laboratory: A \$1.4M renovation, which will include an electron microscope suite.

BC Cancer Agency

VCC: Development of a new chemo mixing suite and the consolidation of all pharmacy services to the 6th floor of the centre.

VCC: Development of new administrative and resident areas (required for expanded programs and accreditation).

Vancouver Cancer Centre: To have planning and construction approval to shell in four underground linear accelerator vaults (to be developed in conjunction with the Vancouver Coastal development of an adjacent steam plant).

Fraser Valley Cancer Centre: Redesign and construction of radiation therapy treatment planning area to accommodate additional staff and new technology.

PHSA

To have in place a comprehensive facilities planning, development and maintenance program for all the authorities facilities, owned and leased.

Strategic Initiatives FY04/05

C&W

Planning for Phase 2 of the research expansion.

BC Cancer Agency

BC Cancer Research Centre: To complete the building and demolish the old research centre.

Abbotsford Hospital and Cancer Centre: To have reached financial close and to have started construction.

Vancouver Cancer Centre: To have planning and (private) funding for relocation of the parking to underground at the Vancouver Hospital Heritage Park.

Vancouver Cancer Centre: To install at least one new linear accelerator.

Fraser Valley Cancer Centre: To replace at least one linear accelerator.

Strategic Initiatives FY05/06

C&W

To continue development of research space on the site.

BC Cancer Agency

Vancouver Cancer Centre: To have parking requirements met through the underground facility and to demolish the existing parkade in anticipation of clinical expansion.

BC Cancer Research Centre: To have plans and funding for Phase II of the research centre.

Human Resources

The Human Resources (HR) division at PHSA is responsible for managing the HR activities of more than 9600 employees within PHSA proper and its agencies. These activities include labour relations, occupational health and safety, learning and people development, and organizational development. The division is also responsible for the Legal Affairs portfolio.

Major Accomplishments FY 02/03

HR Service Delivery Model: Developed a revised HR service delivery model. This resulted in: economies of scale that will achieve a 20 percent reduction in operating costs, consistency of HR service across PHSA, legal compliance, and compliance with collective agreements.

Terms and Conditions of Employment: Developed standardized terms and conditions of employment for all non-contract staff; the objective being equity and consistency among staff, legal compliance and a cost savings.

Compensation Framework: Developed a compensation framework to govern all wage and salary matters for non-contract staff. This has resulted in equity and consistency among staff and an investment in people.

Learning and People Development: Developed a coordinated Learning and People Development service delivery model to add value through people investment, consistency, expanded product/program and revenue generation.

IMIT Systems: In conjunction with the Finance division, initiated a project to upgrade HR/Payroll. This will facilitate legal compliance, ensure timely and accurate management information, compliance with collective agreements and economies of scale

Interpreters Program: Expanded the C&W-based interpreters program, resulting in a marketable product for the external market. In addition to the revenue generating capabilities, the program will increase quality of care, and facilitate risk management and legal compliance.

Legal Services: Developed an RFI governing legal services. This initiative provided an inventory of current providers and experience with them. The objective will be to improve services, reduce costs and develop new strategic partners.

HR Plan: Provided HR support for outsourcing initiative.

Strategic Initiatives FY 03/04

Physician Resource Plan: Develop a staff and physician resource plan to facilitate succession planning, attraction and retention of physicians and cost savings.

Performance Enhancement Plan: Develop a Performance Enhancement Plan for non-contract employees to assist in people investment and succession planning

Corporate Policies and Procedures: Develop and implement a Web-based Corporate Policies and Procedures program. This ensures that expectations are known, develops consistency, promotes legal compliance and manages risk.

Best of Breed HR Practices: Introduce “best of breed” Human Resources practices, governing: employee recruitment and retention, employee value and recognition, employee and family assistance, employee wellness, occupational health and safety and change management.

Career Transition Program: Develop and implement of a Career Transition program to assist employees affected by change initiatives as well as acknowledgement of employee value and contributions, ensure legal compliance and promote consistency in HR approach.

Management Studies: Developing skills of staff who have a supervisory role. **Project Management Template:** Develop and implement a Project Management Template to ensure a consistent approach to project management and mitigate risk.

Transfer of Mental Health employees to the Health Care Sector to increase flexibility in managing the workforce and realize cost savings.

Review of Employee Benefit Plans with the view to reducing costs, and introducing a Web-enabled cafeteria-style benefits program.

HR/Payroll Project: Conclude the implementation of the HR/Payroll project to ensure timely and accurate management information and legal compliance, achieve economies of scale and allow for enhanced web capabilities.

Human Resources Practice Manual: Develop and implement a Web-based Human Resources Practice Manual to ensure consistency of practice, currency of information, legal and collective agreements compliance, and achieve expanded resources and cost savings.

Strategic Initiatives FY 04/05 and beyond

Further refine the HR Services Delivery Model through the outsourcing of transactional HR activities, implementation of employee self-service opportunities, business and process redesign.

Expand the revenue generation opportunities of the Corporate Learning and Development portfolio.

Establish a subsidiary company of the PSHA to manage translation activities and generate revenue.

Information Management & Information Technology (IMIT)

IM/IT, part of the strategic health development & performance management portfolio, provides services that plan, operate and maintain the technology infrastructure and data structures required to meet the communication and information needs of the PHSA. These services extend from the desktop workstation to the data centre and individual facilities to networks that link the PHSA with the rest of the health care community. Over 200 computer applications and 20,000 technology devices are supported. IM/IT also provides the information management infrastructure and services required to support clinical decisions, knowledge development, and both the paper and electronic health record.

Major Accomplishments FY02/03

Network Infrastructure - The C&W campus and the BCCA/BCCDC campus were linked with a private-fibre infrastructure, eliminating duplicate external connectivity and duplicate data centre equipment. This also facilitates information exchange, communications and the implementation of disaster recovery processes between the two campuses.

Active Directory Project – Consolidates computer services such as e-mail, personal scheduling, authentication and file and print services across all PHSA. This will reduce activity and costs, particularly in IM/IT, due to improved access and more efficient processes.

Recruitment of Corporate Positions – Successful candidates have been selected for all four of the posted Corporate Director positions.

Diagnostic Image Management – Diagnostic images are now being stored on, and retrieved from, the Bycast Computer Grid at the BC Cancer Agency. This storage infrastructure is being extended into C&W. Ingest points are also being installed in facilities throughout the province, providing an infrastructure for the inter-facility transfer of clinical images, potentially for all Health Authorities.

Telehealth – A telehealth bridge was purchased and will be installed at the C&W facility. This bridge is capable of supporting 48 connections spread across multiple telehealth and videoconferencing sessions. The service will be available to the health care system throughout the province.

Business Systems - PeopleSoft – PHSA went live on PeopleSoft General Ledger and Accounts Payable – on time and under budget. The Human Resources / Payroll project is also on time and on budget with facilities scheduled to go live over the next six months. Supply Chain Management, 'Self-service' and e-commerce modules have been purchased and implementation plans are being developed.

Business System Cooperation with VCHA – VCHA has executed a Memorandum of Understanding with PHSA that defines a working relationship for the acquisition and implementation of PeopleSoft software products. This relationship will allow the VCHA to leverage the PHSA work product for HR and GL. The financial benefit to PHSA exceeds \$1M.

Document Management - Work is continuing on the conversion of transcription services at C&W to CAIS and on the implementation of CAIS in Pediatric Oncology. Priorities are being established for sequencing CAIS into other outpatient clinics.

Provider Registry - Work is underway to standardize and consolidate the Physician databases across PHSA. Physician information will be electronically transferred from the College of Physicians and

Surgeons of BC to the PHSA physician database via the Provincial Provider Registry. The PHSA physician database will be used for a PHSA-wide report delivery process.

Strategic Initiatives FY03/04

Develop an **IM/IT Strategic Plan**.

PeopleSoft Business Systems (Budget Management Strategy #55): Complete the implementation of the PeopleSoft business systems across PHSA. Business information and processes within PHSA will be a health care best practice. Significant savings will be realized in finance, human resources and logistics.

Laboratory Information System: Implement a common laboratory information system as part of the redesign of laboratory services for PHSA. Integrate this laboratory system with other clinical systems in PHSA.

IM/IT Structure: Complete the recruitment of IM/IT leadership positions and consolidate IM/IT operations where feasible.

IT Infrastructure: Complete the implementation of a common IT infrastructure across PHSA, to include e-mail, personal scheduling, authentication, remote access and file and print services.

Clinical Information Systems: Develop and implement an integrated approach to clinical information systems across PHSA that leverages the skills and systems currently in place.

'Clinical Broker': Build and implement a 'Clinical Broker' for the exchange of clinical information and messages between health care providers throughout the province. Obtain significant funding from Infoway to scale up development and implementation of the Clinical Broker. Savings to the health care system in BC could exceed \$50M per year in addition to offering greatly improved service delivery.

Paperless Clinical Environment: Eliminate the paper health record in the BC Cancer Agency, and begin evolution to a paperless clinical environment in the other agencies of PHSA. Savings to exceed \$1M per year in the early stages.

Electronic Clinical Record: Implement an electronic clinical record in the most critical areas of C&W, greatly improving quality of care.

Clinical-Image Storage Grid: Complete the implementation of a clinical-image storage grid throughout PHSA with links to other systems throughout the province through the Clinical Broker. Annual savings will exceed \$1M, compared to using conventional technologies.

Strategic Relationships: Develop strategic relationships with key technology partners such as Microsoft, PeopleSoft, Bycast Media Systems, Hewlett Packard, Varian and a to-be-selected Clinical Information System vendor.

Implement a **PHSA Intranet and Extranet** to facilitate communications and the sharing of information internally and with our partners. Greatly expand the PHSA Internet site.

Upgrade telecommunication systems in strategic locations throughout PHSA. Savings to exceed \$200,000 annually.

Strategic Initiatives FY04/05

Complete, and further evolve as appropriate, the previous-year's initiatives.

Clinical Broker: Convert the Clinical Broker into a commercial product.

Integrate or interface the data gathering systems of PHSA into those of the other Health Authorities to minimize the re-entry of clinical data derived within the other authorities.

Integrate the **Pharmacy Information Systems** across PHSA.

Complete the implementation of **Clinical Information Systems** at C&W.

Strategic Initiatives FY05/06

Further evolve the previous year's initiatives.

Finance

The Finance division provides all financial transaction processing, financial reporting and fiduciary control to the PHSA and all its Agencies. Finance is responsible for providing the financial information and insight into issues, integrating that information with clinical, administrative and operational data to enhance management decision-making.

Major Accomplishments FY 02/03

Integrated Financial Organisation Structure – Developed a hybrid centralized/de-centralized model to deliver the most cost effective financial services while providing value added consulting and analytical support to operational executive and management. All transaction processing will be conducted in a central location, with analytical support being located with each functional and Agency operation. Over the next two years this model will reduce operating costs by approximately 20%.

Financial Systems – Commenced the implementation of PeopleSoft General Ledger and Accounts Payable in November of 2002 with a go-live date of April 1, 2003. At that date all financial activity of the PHSA will be on a single system and chart of accounts. In the short term staff will continue to be located at each agency.

HR/Payroll Systems. - In conjunction with the Human Resources division, initiated a project to upgrade HR/Payroll with go-live for existing PeopleSoft sites of June 30, 2003 and current plans are for other sites to implemented by December 2003.

Policy Development – Initiated financial policy development for PHSA.

Financial Reporting - Implemented an electronic reporting tool while transitioning PHSA from multiple systems to a single financial system.

Strategic Initiatives FY 03/04

Financial Organisation – Appoint staff through competitive processes into new organisational positions and physically consolidate transactional operations in the summer of 2003.

Financial and Payroll Systems - Complete phase II of PeopleSoft financials implementation by December 2003 with Accounts Receivable, Asset Management, Cash Management, Grant and Contract modules.

Logistics Systems – Participate in and support the implementation of the PeopleSoft Logistics application and integrate with Accounts Payable.

The end point of these initiatives is to create a single PHSA purchasing, paying, billing, collecting and reporting organisation.

Optimise Electronic Workflow Opportunities – Adopt PeopleSoft best practices to optimise benefits through electronic workflow to address the challenges of a centralised paying agency and decentralised client operations.

Capital Asset Management – Initiate capital equipment inventory counts or update existing inventories to establish a reliable record of capital assets held. Create capital asset management

processes and policies to support a longer term planning horizon and capitalise on the functionality offered through the PeopleSoft application.

Capital Planning – Develop multi-year approaches to capital asset acquisition and funding, incorporating multi-year, multi-sourced financing and funding alternatives.

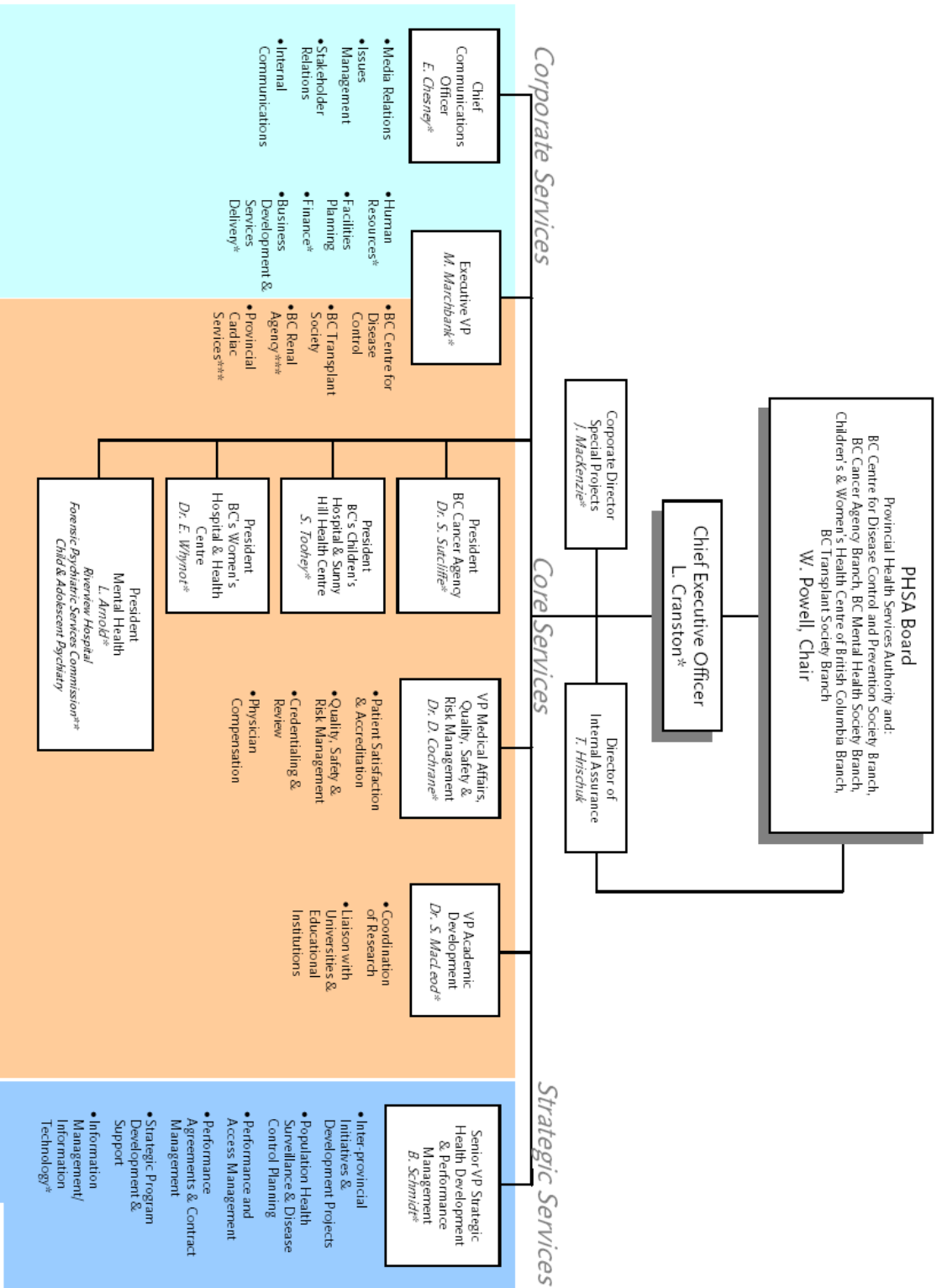
Policy Development – Complete financial policy development for the PHSA.

Budget Management – Deploying existing technology and expertise, create a comprehensive and functional budget modelling system for all PHSA activity.

Case Costing – Complete the case costing project at C&W and investigate application of this technology/process in other Agencies.

Business Intelligence – Deploy the existing Business Intelligence Tool throughout the PHSA Agencies and enhance financial reporting by integrating more and more non-financial data into the views provided to users.

Education – many of the strategies and plans noted above require the education of people both within and external to the Finance Department. These educational strategies are built into each plan and are designed to maximize the use of the technologies.



* Denotes – Membership in Executive Management Committee
 ** Denotes – This PHSA agency/ is a statutory crown corporation
 *** Denotes – A PHSA agency which is a program, not a branch society

March 2003