



# PHSA Strategic Plan 2010 - 2013



June 2010

In 2009, the Provincial Health Services Authority embarked on the development of a new strategic plan. Our previous five-year plan was approved in 2004 and at that time, the PHSA agencies completed separate strategic plans in a parallel process. Today, we are pleased to introduce a single PHSA-wide strategic plan.

Over the course of the next three years, we will build on our collective strengths by leveraging common goals across PHSA's agencies, programs and services. The successful execution of our strategic plan requires the best efforts of people all across the organization. The PHSA agencies and services are working together to develop action plans that support the PHSA-wide strategic plan and we will regularly measure and monitor our progress.

The new 2010 plan reflects our evolution as a learning organization, ready to pursue greater integration across PHSA as well as stronger alignment with the Ministries of Health Services, Healthy Living and Sport and the regional health authorities. It keeps us on the path to make maximum use of our strengths and resources, while it furthers our mission, both as the provincial health authority and, as an academic health sciences organization, mandated to improve the health of the population. The plan is predicated on three key strategic directions that leverage our assets and expertise, while honouring the principles of the public health care system:

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

Our desire is that this strategic plan, with the framework set out by our values, will inspire and guide behaviour that creates a dynamic, performance-oriented organization. This strategic plan is not an end in itself, but rather a shared foundation that provides direction to the organization and moves us and the people of British Columbia towards...**Province Wide Solutions. Better Health.**



Wynne Powell

Board Chair



Lynda Cranston

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## INTRODUCTION

The development of this strategic plan has represented an opportunity for us to reflect on our evolution since our inception in 2001, to recognize our successes, and reflect on areas where we can improve.

We believe that moving forward we have an opportunity to build on our strengths and successes by: focusing our energies to be more effective; identifying and addressing common goals; continuing to recognize the unique mandates of our agencies and services, while at the same time leveraging similarities in the opportunities and challenges faced by them; and strengthening our national reputation as a academic health sciences organization.

An organization's effectiveness first depends on having a roadmap for organizational leaders. Successful development and implementation of strategy should not be about developing an exhaustive list of tasks to complete, but rather a focused list of valid, necessary and measurable actions that advance the organization. The strategic plan development process challenged us to prioritize and choose our specific areas of focus for the next three years. Informed by the environmental scan, and in keeping with our mission, we identified the following three key strategic directions to focus our efforts and actions.

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

This strategic plan is a 'blueprint' for all of us: a meaningful and realistic plan geared toward achieving results, and the creation of the environment necessary to encourage and support stakeholder commitment and sustain long-lasting change. This strategic plan is not an end to itself, but rather a fluid and flexible framework that provides direction to the organization and moves us and the people of British Columbia towards...**Province-wide solutions. Better health.**

Our plan was developed in alignment with the Ministry of Health Services' (MoHS) plan and their key areas of focus for the health care system. We support the MoHS' goal of a common, iterative planning process and timeline between the MoHS and the Health Authorities, working towards shared priorities.

<b>Strategic Direction #1: Improving Quality Outcomes and Better Value for Patients</b>
1.1 Provide seamless patient-centered care for populations within our mandate.
1.2 Continue to implement the foundational elements of a Clinical Information Solution (CIS).
1.3 Increase the application of evidence and leading practices.
1.4 Enhance service delivery to provide safe, reliable and efficient care for patients and families.
<b>Strategic Direction #2: Promoting Healthier Populations</b>
2.1 Improve childhood development.
2.2 Promote health in high risk populations.
2.3 Help people living with chronic disease maintain independence and stay as healthy as possible.
<b>Strategic Direction #3: Contributing to a Sustainable Health Care System</b>
3.1 Achieve economies of scale and greater integration within PHSA and with our partners.
3.2 Optimize the use of our scarce resources and align them with the programs / services that provide best value to the people we serve.
3.3 Leverage our clinical services and research expertise to generate revenue or added value.

## **ORGANIZATIONAL OVERVIEW**

Provincial Health Services Authority (PHSA), established in December 2001, is responsible for select specialized and province-wide health care services across BC. The first organization of its kind in the country, PHSA works with the five regional health authorities and the Ministry of Health Services to meet local and provincial health needs. PHSA does this by:

- Governing and managing agencies such as the **BC Cancer Agency, BC Centre for Disease Control, BC Children's Hospital & Sunny Hill Health Centre for Children, BC Mental Health & Addiction Services, BC Provincial Renal Agency, BC Transplant, BC Women's Hospital & Health Centre** and **Cardiac Services BC** that plan and/or provide specialized health services on a province-wide basis. Please visit PHSA's website for more information on each of the agencies listed above: <http://www.phsa.ca/AgenciesServices/Agencies/default.htm>
- Working with the five regional health authorities and the Ministry of Health Services to plan, coordinate and in some cases fund the delivery of highly specialized provincial services.
- Leading and coordinating a number of priority system improvement initiatives, including the Riverview Redevelopment project.

PHSA also plays a significant role in planning and ensuring accessibility, quality, efficiency and effectiveness of province-wide programs and services such as the BC Autism Network, the Childhood Screening and Hearing Program, the Thoracic Surgery Program, Trauma Care, the Surgical Patient Registry, and the Provincial Blood Coordinating Office. Please visit our website for more information on each of these services: <http://www.phsa.ca/AgenciesServices/Services/default.htm>

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

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

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

## **TRENDS – CHALLENGES – OPPORTUNITIES**

In determining what our strategy should be, we first had to consider where the most valuable opportunities and most significant challenges lay. To this end we carried out a detailed environmental scan to refresh our outlook and analysis of key trends in healthcare that may affect us and our strategy going forward. The environmental scan brought together both factual and subjective information in a Population Health and Health Care Needs Report, a literature review, and a summary of consultations involving key internal and external stakeholders.

The Population Health and Health Care Needs Report served as a foundation for our planning process. The report provided an evidence-informed understanding of the health status of the populations we serve,

variability in health status across the province and within specific patient populations, as well as a starting point for identifying the gaps between our current performance and the short, mid, and long-term population health and patient health care needs. In other words, to set our direction for the next three years and beyond, we set out to understand the needs of the population – in terms of keeping people healthy and understanding the specific health care needs of different segments of the population – and what are we going to do to meet these needs.

As a whole, the environmental scan confirmed that British Columbia's health system faces many of the challenges experienced by jurisdictions around the world: an aging population, increasing chronic disease, competition for health care workers, variation in timely and equitable access to health care services, inconsistent quality, rising costs, and new, expensive technologies and treatments.

Our analysis of the information and data collected through this process built a compelling case for action, informing the prioritization of our scarce resources to ensure we are providing the best value to the population we serve. This means leveraging the strengths of our agencies, programs and services to improve outcomes for patients and contribute to the sustainability of our health care system.

We have identified ten key areas that are most relevant to the development of our strategic plan. All ten, collectively describe the **case for action** that informed the development of our strategic plan. We have reflected on the impacts these trends will have on our programs and services and developed specific Strategic Directions, Objectives and Actions to address them.

Categorizing these trends, we've identified three categories: demographic and population; economic; or health system.

## DEMOGRAPHIC AND POPULATION TRENDS

1. **Population Growth** – The British Columbia population is steadily increasing. The total population reached 4.3 million in 2007 and is projected to increase 27% to almost 5.5 million by 2025. The BC populations in the three youngest age groups, 0 – 19, 20 – 44, and 45 – 64 will have moderate increases at 12.0%, 18.7% and 18.8% respectively. In contrast, populations in the senior age groups, 65 – 74 and 75+ will experience dramatic increased of 94.7% and 83.4% respectively. Continuous improvements in medicine, nutrition, living and working conditions, as well as public health promotion have shifted the causes of mortality over the past several decades and contributed to longer life expectancy.

**Aboriginal Population Growth** - The aboriginal population is growing almost twice as fast as the Canadian population and this trend is expected to continue over the next two decades. The aboriginal population in BC is projected to grow by 29% over the period 2001 – 2026<sup>1</sup>. In comparison to the Canadian population, the 2001 age structure of the Aboriginal population is quite youthful with half of the Aboriginal population aged less than 25 years. In BC there are approximately 196,000 Aboriginals<sup>2</sup>. Almost 45% of BC's Aboriginal population is under the age of 25 and over 50% of the population live in urban settings. There is also evidence that the BC's Aboriginal population, compared to the general population in BC, experiences inequities in health status<sup>3</sup>:

- i. Life expectancy is on average seven years less;
- ii. Infant mortality rate is between two to four times higher;
- iii. Rate of diabetes is triple;
- iv. AIDS/HIV deaths are double;

<sup>1</sup> Statistics Canada. Population Projections for Canada, Provinces and Territories, detailed tables. 2005. Catalogue # 91-520 SCB

<sup>2</sup> Statistics Canada. Aboriginal People in Canada, 2006 Census.

<sup>3</sup> BC Provincial Health Officer. The Health and Well-being of the Aboriginal People in British Columbia. 2002

- v. Hospitalization rates are higher, 39% for Aboriginal men and 77% for Aboriginal women; and
- vi. Psychiatric hospitalization rates are 50 – 100% higher.

While many statistics about the Aboriginal population are worrying, the data show that over the past few decades there has been an encouraging recovery of the health status of Aboriginal people<sup>4</sup>. As we continue to make progress towards reducing health inequities in the Aboriginal population, we will recognize that improvements in health status of Aboriginal people depends on improvements in the social determinants of health, such as employment and housing, and not just improvements to health services.

2. **Chronic Disease** - The prevalence of chronic disease is expected to increase over the next decade and is considered one of the most severe threats to Canadian public health. In particular, the prevalence of conditions for which our agencies and programs are responsible, such as cancer, cardiac disease and renal disease, are projected to increase at annual rates from 2% - 5%. Individuals with chronic conditions are frequent users of the health care system and are estimated to consume 80% of all health care services. As the number of individuals with multiple chronic conditions increases the coordination of their care will become more complex and our programs and services will need to evolve accordingly.
3. **Survivorship** - With increasing survivorship of individuals with acute and chronic conditions, patients will survive longer with the likely result being the development of additional conditions. Related to this issue of survivorship is the potential impact on costs. Despite our efforts to reduce the incidence of disease (new cases) through prevention and health promotion activities, we may not see an overall reduction in costs to the system if prevalence remains the same and if the costs of maintenance therapy remain constant or increase.

## ECONOMIC TRENDS

4. **Health Care Expenditures** - In B.C. the Ministry of Health Services projects that by 2011 total provincial spending on health care will increase to \$17.5 billion, which is an 87% increase since 2001. Most people believe this continued growth in health expenditure is unsustainable. Health care systems are challenged to continue to provide the same high quality care to a growing population within limited resources. To maintain the system given the needs of the greater public and available funding and expertise, health care organizations must implement strategies that focus on essential value-added services, while minimizing ineffective or redundant efforts.
5. **Focus on Value** – Closely linked to the sustainability of B.C.'s health care system is the concept of value. Value represents the ratio of some measure of valued health system outputs to the dollars spent. The renewed focus on value in Canadian healthcare systems is a factor of the desire to provide increased accountability for the dramatic increases in health care expenditures that have taken place over the last decade. For us, the allocation and potential reallocation of funds will be driven by a focus on value.

## HEALTH SYSTEM TRENDS

6. **Role of an Academic Health Sciences Organization** - Academic Health Science Centres (AHSCs) are partnerships between universities and healthcare providers. Their aim is to conduct world-class research, and deliver safe, high-quality clinical services and excellence in education and training. With our network of agencies and services distributed throughout the province, we must continue to enhance our capacity to fulfill our mandate as an Academic Health Sciences Organization.

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<sup>4</sup> *ibid*

7. **Information Technology in Health Care**– Health care information technology is critical to the development of the health care industry. Through the use of computers and other electronic systems, health care information technology can:<sup>5</sup>
  - a. Enhance monitoring and surveillance activities;
  - b. Increase quality of care and reduce medication errors; and
  - c. Decrease rates of utilization for redundant or inappropriate care.
8. **Genomics and Bioinformatics** – With the completion of the Human Genome Project, genomic medicine holds potential for great advancements in medical technology<sup>6</sup>. We know that humans differ in their responses to medication, in part due to the genetic make-up of the individual. We can leverage our strength in genomics and the Genome Sciences Centre<sup>7</sup> gain a better understanding the role of genetic variation in disease and drug response which could lead to improved safety, cost-effectiveness of treatment and contribute to the sustainability of our health care system.
9. **Partnerships and Networks** - Harnessing the potential of partnerships and networks will be a critical determinant of our success. Given the complexity of the patients and populations we serve and our responsibility as a provider of highly specialized services, we have a role in coordinating services to ensure seamless patient-centred care. Partnerships and networks are particularly important to providers of specialized services like us because of the high degree of interaction our patients have with other health authorities and providers across the continuum of care.
10. **Patient-Centred Care** – There have been a number of studies in Canada that highlight the relevance of a health care system that is patient-centred. The Canadian Interprofessional Health Collaborative<sup>8</sup> believes that patient-centred care:
  - a. Ensures the patient is listened to, valued, and engaged in conversation and decision making about their own health care needs;
  - b. Requires a balance between the professional knowledge of care providers and the personal knowledge of the patient and their family;
  - c. Focuses on the patient's goals and the professional expertise of the team; and
  - d. Adds the knowledge of all team members to the patient's self knowledge and self awareness.

Impact BC's *Patients and Partners*<sup>9</sup> initiative has been designed to enhance the collaborative relationship for individual health care between patients, and their families and caregivers, and health care professionals.

The premise that care should be patient centred has been a part of our strategy since its inception. The current patient-centred environment provides an opportunity for us to leverage our current strengths in this area to an even greater degree: setting strategy that continues to put the patient first.

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<sup>5</sup> Chaudhry et al. (2006) Systematic Review: Impact of Health Information Technology on Quality, Efficiency, and Costs of Medical Care. *Annals of Internal Medicine*, 144(10) 12 – 22.

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

<sup>7</sup> Canada's Michael Smith Genome Sciences Centre is located in Vancouver, BC and operates under the auspices of the BC Cancer Agency, an agency of PHSA. For more information please see: [www.bcgsc.ca](http://www.bcgsc.ca)

<sup>8</sup> Canadian Interprofessional Health Collaborative. What is Patient-Centred Care? February 2009. <https://www.cihc.ca/library/handle/10296/322>

<sup>9</sup> Impact BC is a not-for-profit organization specifically established to work across BC's health system to support service improvement. See [www.impactbc.ca](http://www.impactbc.ca) for more information.

## OUR STRATEGIC PLAN

### VISION, MISSION AND VALUES

#### Vision

***Our vision answers the question...what are we trying to achieve?***

It 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. Our goal is to ensure that everyone in the province has equitable and timely access, based on need, to specialized services and a consistent standard of care – no matter where one lives.

***Province-wide solutions. Better health.***

#### Mission

***Our mission answers the question....how we are going to achieve our vision?***

As the provincial health authority and an academic health sciences organization affiliated with the universities of British Columbia<sup>10</sup>,

PHSA aims to improve the health of the population by:

- Delivering quality health services.
- Coordinating and setting standards for selected province-wide specialized services.
- Leading system-wide improvements and creating province-wide partnerships.
- Implementing population and public health initiatives.
- Advancing research and practically applying it to improve patient care, decision-making and planning.
- Creating a learning culture by promoting the development of health care professionals through a commitment to excellence in education and training.

#### Values

***Our values answer the question....'what is going to guide our actions?'***

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 endeavors should be directed to improving care, access to care, and health outcomes of those who need and use our services across the province.

We believe that deliberate prevention and promotion initiatives can contribute to the better health of British Columbians.

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<sup>10</sup> While PHSA's primary affiliation is with the UBC medical school and the UBC health and human science programs, PHSA also works in association with the BC Institute of Technology, Simon Fraser University, the University of Northern BC, and the University of Victoria, among others.

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

Our success depends on the contribution and commitment of each and every employee and partner, and this will be achieved through building and supporting an engaged workforce.

### **Results matter**

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

Results matter in our ability to conduct research that can be used for practical, evidence-based decision making.

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 agreements with government.

Our success requires that we be clinically, environmentally, financially, scientifically and socially accountable.

### **Best value**

We believe it is critically important to ensure that the delivery of any service, business process or research activity balances effectiveness with cost.

We strive to optimize services and research activities to meet population health and health care needs within available resources.

We strive to provide value from the patient's perspective which means timely and equitable access to specialty and province-wide services and better health outcomes for all citizens of BC.

### **Excellence through knowledge**

We are committed to advancing knowledge through research, and ensuring that new knowledge is translated and incorporated into practice, the development of standards, and organization of the health services.

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

We are a learning organization that incorporates evaluation into all that we do, and encourage everyone to seek and act on the best information and knowledge from all sources.

Our success requires that we stay current through challenging conventional wisdom in order to provide better health care solutions.

### **Open to possibilities**

We will have the moral courage to continually challenge and re-examine the status quo.

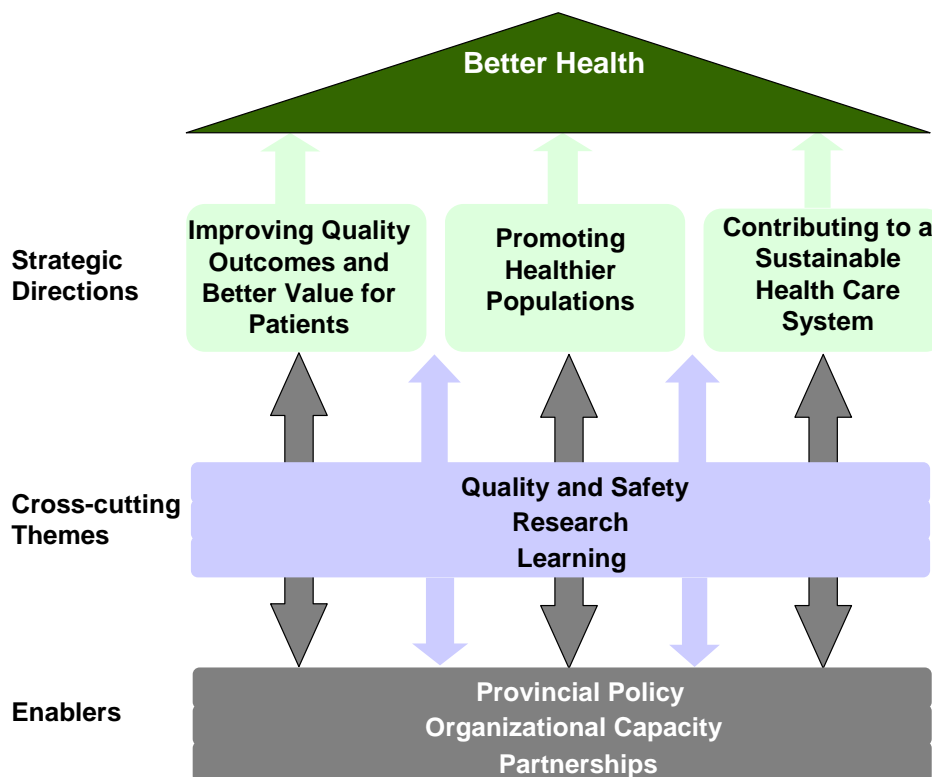
We will approach each task with an open mind, objectivity and flexibility. No one has a monopoly on good ideas, or the best way to get a job done.

Our success requires that we are innovative and creative, seek new ways of doing things, explore new approaches, and are open to learning from others.

## STRATEGIC PLAN FRAMEWORK

There are three critical elements that together, provide the framework of our plan: our enablers, our cross-cutting themes, and our strategic directions. The graphic below illustrates the interdependent relationships between the three elements and how they are driving us towards our vision

At the bottom, our enablers form the foundation upon which we launch our strategic directions and achieve our goals. They can both limit us and help us, in determining what and how we accomplish our objectives. Our cross-cutting themes of quality and safety, research and learning are inextricably linked to our enablers and strategic directions and, as an academic health sciences organization, are relevant to all that we do. Finally, our strategic directions represent our strategy of how we will address the needs of the population we serve and ultimately realize our vision of **Better Health**.



Our strategic directions and objectives are in alignment with the Ministry of Health Services' three strategic themes of prevention, high quality clinical care and improving efficiencies and we are committed to working together towards these common goals. Please refer to Appendix A for a more detailed depiction of the alignment between the Ministry of Health Services' and PHSA plans. Our strategic direction of Promoting Health Populations is also closely aligned with the Ministry of Healthy Living and Sport's goals and objectives for the improved health of all British Columbians.

### Cross-Cutting Themes

As a provincial health authority and an Academic Health Sciences Organization, we aim to provide safe, high-quality clinical services, conduct world-class research, and deliver excellence in education and

training. Integral in the achievement of this aim is the belief that there are three cross-cutting themes that are relevant to all that we do. These themes cut across and are implicitly embedded within the strategic plan and are critical to the successful implementation of our plan and realization of our vision and goals.

1. **Quality and Safety**
2. **Research**
3. **Learning**

## **Enablers**

Implementing a strategic plan requires enablers or key inputs which allow an organization to advance its level of maturity and agility in order to implement change, and advance towards its goals. The following three enablers are instrumental to our strategic plan.

- **Provincial Policy** – that influences and “sets the tone” for initiatives and direction.
- **Organizational Capacity**
  - **Organizational:** the capacity governance and structure, systems, leadership and management, and culture have to support the research, clinical service, education, and training activities of the organization.
  - **Health Human Resources** – the capacity that staff members have for learning.
  - **Information Management**– the capacity of information systems to support the research, clinical service, education and training activities of the organization.
  - **Infrastructure Capacity** – the capacity that the facilities and capital equipment have to support the research, clinical service, education and training activities of the organization.
  - **Financial Capacity** – the financial resources available to support its research, clinical service, education and training activities of the organization.
- **Partnerships** - that allow for collaboration and the achievement of common goals with:
  - patients and families as partners in their care, and
  - the Ministry of Health Services, the Ministry of Healthy Living and Sport, other ministries, the regional health authorities, other provinces as partners in the health care planning and delivery
  - research and academic organizations, as partners in knowledge creation, translation and learning
  - private organizations as partners in providing equipment, supplies and services.

## **Strategic Directions**

Successful development and implementation of strategy requires focus. It is not about developing an exhaustive list of tasks to complete, but rather a focused list of valid, necessary and measurable actions. Informed by the environmental scan, and advancing towards our vision of... 'Province-wide solutions. Better health', and to fulfill our mission, we developed three key strategic directions to focus our efforts and actions over the next three year period.

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

The strategic directions and their corresponding objectives and actions have been articulated on the pages that follow.

## STRATEGIC DIRECTIONS, OBJECTIVES AND ACTIONS

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

Quality outcomes for our patients can mean many things. A quality outcome can mean early and timely treatment and/or receiving the right treatment through the least invasive method. It is a rapid care delivery process with few delays. It results in no mistakes or repeats in treatment required and a fast and complete recovery with minimal complications. Accreditation Canada<sup>11</sup> has defined quality on the following dimensions: client-centered with a population focus; accessibility; continuity; effectiveness; safety; efficiency and worklife. Each of the objectives within this strategic direction aims to make improvements in one or more of these dimensions.

Also embedded within our first strategic direction is the notion of 'value'. In his book *Redesigning Healthcare*<sup>12</sup>, well known strategist Michael Porter sets forth a new vision for health care system in which the focus is on improving value for patients; value defined as patient health outcomes per dollar spent. Our first strategic direction reflects the importance of not only improving quality outcomes, but also creating better value for our patients.

Inherently, better health is less expensive than poor health and therefore the best way to improve value and contain cost is to improve quality. Maximizing value also requires that health care delivery is organized around medical conditions over the full cycle of care and that care is integrated across facilities and across regions. This requires the seamless transfer of patient care information enabled by information technology.

#### ***Objective # 1.1 Provide seamless patient-centered care for populations within our mandate.***

*What do we mean by seamless care and why is it important to us?* Health care delivery today is centered on acute and episodic care with physicians providing treatment related to their specialty expertise and skill set. Many clinical specialities, for example, have developed care pathways mapping the patient's typical journey through the system however these are for targeted conditions or illnesses at a particular point in time. Often times the missing link is putting the pathway in the context of the patient as a whole person, which may involve one or more co-morbidities and multiple specialty providers and services. The result is a system that is focused on diseases/illnesses treated by specialty providers and care that is siloed and fragmented.

The fragmentation of care is particularly evident in patient handoffs—whether they occur within the walls of the hospital, or during a transfer to another department or facility—making them prone to errors. Indeed, communication breakdowns between providers are a leading cause of medical errors. In 2005, a Joint Commission analysis<sup>13</sup> found that 70 percent of sentinel events were caused by communication breakdowns; half of those occurred during handoffs. Another consequence is that patients and their families often feel "lost" in the system. Moving from provider to provider, hospital to hospital, and program to program without the continuity in care plans and information can cause stress and anxiety for individuals already dealing with an illness.

The health care system as a whole must focus on the full cycle of care and be aware of the linkages and interdependencies across care delivery activities or organizations and aim to optimize the information flow between providers and experience for patients and their families to ensure seamless care.

<sup>11</sup> Accreditation Canada's Qmentum Program [www.accreditation.ca](http://www.accreditation.ca)

<sup>12</sup> Porter, Michael & Olmstead Teisberg, Elizabeth, *Redefining Health Care: Creating Value-Based Competition on Results*. Harvard Business School Press 2006

<sup>13</sup> JCAHO. *Improving Handoff Communications: Meeting National Patient Safety Goal 2E*. *Joint Perspectives on Patient Safety*. 2006;6(8):9-15.

*What do we mean by patient-centred care?* Patient-centered care is about partnering with patients and families to ensure that their preferences and priorities drive the delivery of health care. It's about working with patients and families rather than doing "to" or "for" them. The Institute of Medicine's rules for health echo this sentiment:

- Care is customized according to the patients needs and values
- The patient is the source of control
- Knowledge is shared and information flows freely
- Transparency is necessary
- Needs are anticipated

The Institute for Healthcare Improvement describes patient-centred care as care that, "considers patients' cultural traditions, their personal preferences and values, their family situations, and their lifestyles. It makes the patient and their loved ones an integral part of the care team who collaborate with health care professionals in making clinical decisions. Patient-centered care puts responsibility for important aspects of self-care and monitoring in patients' hands — along with the tools and support they need to carry out that responsibility. Patient-centered care ensures that transitions between providers, departments, and health care settings are respectful, coordinated, and efficient. When care is patient centered, unneeded and unwanted services can be reduced."<sup>14</sup>

Shifting an organization's culture to be more patient-centered requires a significant change in thinking – from an expert model to a partnership model; from control to collaboration, from information gatekeeping to information sharing. A recent initiative being undertaken by IMPACT BC highlights the need to put patients and their families first. It encourages partnerships with patients and families in quality improvement, policy and program development, healthcare redesign, health professional education, and research.

As our first value of "Patients First" suggests, we recognize the need to put patients and their families at the centre of care. Over the next three years, we are committed to taking a closer look at the specialized services we provide and understanding how we can ensure that the people we serve experience seamless, patient-centred care. Integrating care plans, developing inter-professional care pathways, and establishing standard referral, intake and discharge information for our patients and family members are all tangible actions that we believe will result in an increasingly seamless and patient-centred care experience for the people we serve.

<b>Strategic Direction # 1 - Improving Quality Outcomes and Better Value for Patients</b>	
<b>Objective # 1.1</b>	<b>Actions</b>
<b>Provide seamless patient-centred care for the populations within our mandate.</b>	<ul style="list-style-type: none"> <li>a. Create integrated care plans for patient groups with the most common co-morbidities.</li> <li>b. Establish standard referral, intake and discharge information sets for patients who use our services.</li> <li>c. Develop inter-professional care pathways, focusing on key transition points in our highest volume services, and create patient navigation vehicles to</li> </ul>

<sup>14</sup> Institute for Health Care Improvement. Patient-Centred Care. 2009  
<http://www.ihl.org/IHI/Topics/PatientCenteredCare/PatientCenteredCareGeneral/> (visited November 20, 2009)

	<p>link care along the continuum.</p> <p>d. Strengthen linkages between mental health, home and community care, and other community based programs for integration into care plans at the policy level.</p>
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**Objective # 1.2 Continue to implement the foundational elements of a Clinical Information Solution (CIS).**

The Electronic Health Record (EHR) is the ultimate goal in the development of an effective, patient-focused, interoperable clinical information solution for the British Columbia health care system. Investing in an electronic health record will reap benefits for patients, providers, the health system and society:

- Patient safety and quality of care are improved with access to better information and support for clinical decision-making.
- Providers have more complete patient information, and a wide range of resources and practice management tools which facilitate the sharing of information across providers to better serve the patient.
- The health system benefits because staff are more efficient and productive and there is better information with which to plan and manage.
- Society receives better value for its tax dollars through more cost-effective business processes and systems thus reducing duplication of information collected.

We are participating in a province-wide approach to the development of an EHR that will allow for direct improvements to patient care and have assumed oversight for Information Management Services for the Lower Mainland health authorities. We are continuing to implement the foundational elements of a Clinical Information Solution (CIS) and will do so by collaborating with other regional health authorities to:

- Create shared information platforms;
- Allow for the seamless transfer of clinical information; and
- Improve patient safety, clinical decision making, and workflow

Creating a foundational infrastructure requires a common language and data definitions, “interoperability” – or the capability of systems to speak to one another and transfer information, and a system that is secure, yet accessible to all parties involved. With the foundation in place, the long-term goal of this clinical information solution is to integrate clinical decision support tools and care guidelines to drive the implementation and uptake of best practices and improve the quality and safety of care.

It is important to recognize that the technology itself is not the solution, but an enabler that will allow us to integrate technology with workflow improvements and decision support systems to ensure safe and efficient patient care.

<b>Strategic Direction # 1 - Improving Quality Outcomes and Better Value for Patients</b>	
<b>Objective # 1.2</b>	<b>Actions</b>
<b>Continue to implement the foundational elements of a Clinical Information Solution (CIS).</b>	<ul style="list-style-type: none"> <li>a. Develop an integrated plan that combines technology and workflow improvements to support clinical decision making and patient safety</li> <li>b. Create a shared information platform with partner health authorities.</li> <li>c. Enhance the transfer of clinical information between PHSA and the regional health authorities.</li> </ul>

**Objective # 1.3 Increase the application of evidence and leading practices.**

Ultimately, our success will be measured by the outcomes we achieve for patients and families. To ensure the best outcomes we need to ensure we are providing appropriate and effective care. An essential part of our mandate is to improve the health of the population by advancing research and using research findings to inform clinical decision-making. This means finding effective ways to keep up with the scientific literature and leading practices, and building on our capacity to assess evidence and health technologies for their applicability and value to the populations we serve.

PHSA is one of Canada's foremost academic health science organizations and, in collaboration with our research partners, is a leader in health research in BC. Research funding supports the activities of a network of about 1,200 researchers and staff involved in lab-based, clinical and community health research. In keeping with our mandate as an academic health sciences organization we are committed to building bridges from the research bench to the patient's bedside, and mobilizing this knowledge to health professionals throughout all levels of the health care system. In partnership with our academic partners we also play an important role in educating the future generation of health care professionals. All of these activities are vital to our role as the provincial health authority and should be aligned to ensure that our efforts are focused and effective at achieving improvements to the health of the population and value for our health care system.

Strategic Direction # 1 - Improving Quality Outcomes and Better Value for Patients	
Objective # 1.3	Actions
<b>Increase the application of evidence and leading practices.</b>	<ul style="list-style-type: none"> <li>a. Evaluate the appropriateness of our current clinical practices and, where the greatest opportunities for improvement exist, implement new protocols and care guidelines.</li> <li>b. Ensure our research and teaching activities align with our care priorities in collaboration with our academic partners.</li> <li>c. Initiate personalized medicine programs for cancer care and drug safety in children by leveraging our research expertise in genomics.</li> </ul>

**Objective # 1.4 Improve service delivery to provide safe, reliable and efficient care for patients and families.**

There continues to be growing evidence that the health care system needs to increase patient safety and the reliability of care we provide. Current research validates the need for health care organizations in general to heighten their focus on errors, adverse events and near misses, and to link this to on-going quality improvement work and system change.

The first report in the Institute of Medicine's Quality Chasm series, *To Err Is Human*<sup>15</sup>, defines five principles for the design of safe health care systems:

1. *The commitment of senior level managers and leaders of health care institutions is essential to moving a quality and safety agenda forward in care settings.*

Our leaders have a role in ensuring that patient safety is a priority and a responsibility shared by everyone.

2. *Human limits in care processes need to be explicitly identified and strategies put in place to minimize the likelihood that these limitations are expressed in the work environment.*

Health care professionals should work in an environment that provides them with the systems, processes and tools they need to identify and address sources of potential error. Protocols and checklists that help guide practice should be readily available and used. Determining ways to simplify processes, such as reducing the number of handoffs and standardizing actions, devices, or doses to minimize the likelihood of error, should involve the entire health care team.

3. *Effective team functioning, promoted and fostered by the institution, is an essential component of health care systems that are quality and patient safety driven.*

This includes implementing team-based approaches to improve communication and reduce errors, as well as involving patients in safety design and care processes.

4. *The redesign of systems for safe care involves anticipating the unexpected and adopting proactive approaches to ensuring safe care.*

This principle covers such important attributes as improving access to accurate and timely information and designing care for optimal recovery. For example, preventing drug-related interactions and early, effective treatment for sepsis/septic shock are two opportunities for system-wide improvement. In recent years, the deployment of rapid response teams in health care environments have been effective at prevent serious adverse events such as cardiac or respiratory arrest.

5. *Creating a learning environment addresses the extremely complex work of changing organizational and academic cultures so that error is viewed as an opportunity to learn.*

A learning environment does not seek to fix blame, but ensures that reporting systems have well-developed approaches for communicating how identified problems will be addressed. Shifting the education of the next generation of health care professionals so they are capable of maximizing their contributions in these environments is a necessary component.

In 2008 the Province of BC responded to mounting consensus and established the BC Patient Safety and Quality Council<sup>16</sup> to bring health system stakeholders together in a collaborative partnership to promote and inform a provincially coordinated, innovative, and patient-centered approach to patient safety and quality improvement in British Columbia.

<sup>15</sup> Kohn LT, Corrigan JM, Donaldson MS., editors. A report of the Committee on Quality of Health Care in America. *To err is human: building a safer health system*. Institute of Medicine. Washington, DC: National Academy Press; 2000.

<sup>16</sup> For more information on the BC Patient Safety and Quality Council, please visit [www.bcpsqc.ca](http://www.bcpsqc.ca).

We believe that quality and safety is inherent in all that we do. We must continue to implement systems and processes that ensure safe clinical work environments, and work towards a culture where we can learn from mistakes. Further, we recognize that our ability to provide safe, reliable and efficient care for our patients requires taking a systemic approach, rather than focusing on episodic performance. Literature from around the world points to a variety of factors that appear to be essential in improving quality<sup>17</sup>. Among the most important are:

- A shared culture of teamwork, disclosure of near-misses and errors, and process improvement;
- The development of performance indicators and accountability criteria built around quality and safety; and
- Continued investment in safety, and quality improvement.

The actions articulated below reflects this knowledge and will be undertaken to effect measurable change in the areas of safe, reliable, efficient, and effective care.

Strategic Direction # 1 - Improving Quality Outcomes and Better Value for Patients	
Objective # 1.4	Actions
<p><b>Improve service delivery to provide safe, reliable and efficient care for patients and families.</b></p>	<ul style="list-style-type: none"> <li>a. Create a unified quality and performance improvement program that links strategic goals, execution and outcomes across all levels of the organization.</li> <li>b. Promote lean management by incorporating lean principles into management practices and performance systems and processes leveraging our experience with imPROVE<sup>18</sup>.</li> <li>c. Standardize processes and facilitate team work and communication through standard operating procedures.</li> </ul>

<sup>17</sup> S.M. Asch et al., "Comparison of Quality of Care for Patients in the Veterans Health Administration and Patients in a National Sample," *Annals of Internal Medicine* 141, 12 (2004): pp. 938-945.

<sup>18</sup> Based on the lean principles of the Toyota Production System, PHSA's imPROVE program empowers employees to redesign their work processes to reduce waste and improve patient safety, quality and outcomes.

## ***Strategic Direction #2: Promoting Healthier Populations***

This strategic direction signals a fundamental shift that is happening in health care delivery: from focusing solely on episodic acute care to also embracing prevention, early detection and chronic disease management. British Columbia is recognized as having the healthiest population in Canada. While the majority of British Columbians are living longer, healthier lives, there is a disproportionate number of disadvantaged people – children and families living in poverty, people with addictions and/or mental illness, Aboriginal people, new immigrants, and others – living in this province, all of whom experience significantly lower levels of health than the average British Columbian<sup>19</sup>.

We recognize these individuals and communities require more support to maintain their health or more specialized assistance in managing existing health condition. For this reason, we will look closely at inequities in health status across the province and focus our efforts on the greatest opportunities to close gaps in health status where inequities exist.

In cooperation with the Ministry of Health Services and the Ministry of Health Living and Sport we are committed to helping British Columbians live healthier by supporting the development of healthy communities, informing policy and providing information and tools that help individuals make healthier choices to prevent the onset of many chronic diseases and to help those living with chronic disease to stay as healthy as possible.

### ***Objective # 2.1 Improve childhood development.***

Early childhood development refers to the growth that takes place from pre-conception until age six. The early years are the most critical for neurological development, as the most significant brain growth occurs in the first six years of life. The experiences of early childhood have a profound impact on the overall health and well being of individuals throughout their lifetime<sup>20</sup>.

In the U.S., the Centres for Disease Control and Prevention state that the potential costs to society of less than optimal childhood development are enormous and far reaching. “Children who grow up in environments where their development needs are not met are at an increased risk for compromised health and safety, and learning and developmental delays”. Failure to invest time and resources during children’s early years may have long – term effects on the health care and education systems.

Here in Canada the work of Dr. Fraser Mustard in his seminal report, “Reversing the Real Brain Drain: Early Years Study<sup>21</sup>,” identified the need for improvements in the early years environments for Canadian children if we are to have each child meet his or her potential, and improve the human capital at a population level to face the challenges of this millennium.

Recognizing that early childhood development is based on a series of experiences, we believe that efforts to improve development will necessarily need to be a cross ministerial effort. Enhancing existing partnerships with provincial collaborators in education, healthy living, and social services will result in more effective planning and service provision.

With these factors in mind, we will focus our efforts to improve childhood development on the three actions articulated in the table below.

<sup>19</sup> Health Officers Council of BC. Health Inequities in British Columbia: Discussion Paper. 2008.

<sup>20</sup> Irwin, L. Preliminary Review of the Evidence Base for Health Infant and Early Childhood Development in BC. Working Paper: Healthy Child BC Forum. November 2004

<sup>21</sup> McCain M, Mustard JF. Reversing the Real Brain Drain: Early Years Study – Final Report. Toronto, ON: Canadian Institute for Advanced Research; 1999 Apr.p.31.

<b>Strategic Direction # 2- Promoting Healthier Populations</b>	
<b>Objective # 2.1</b>	<b>Actions</b>
<b>Improve childhood development.</b>	<ul style="list-style-type: none"> <li>a. Map regional differences in birth weight and target improvements in prenatal care, birthing and infant care in those areas with the poorest outcomes, with a focus on aboriginal populations.</li> <li>b. Develop and implement a childhood obesity prevention and management plan.</li> <li>c. Participate in a community partnership model to improve access to education, health, nutrition and social services for socially vulnerable children, youth and their families throughout the province.</li> </ul>

**Objective # 2.2 Promote health in high risk populations.**

Health is a state of complete physical, psychological, and social well-being and not simply the absence of disease or infirmity. According to the World Health Organization, “Many factors combine together to affect the health of individuals and communities. Whether people are healthy or not, is determined by their circumstances and environment. To a large extent, factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health, whereas the more commonly considered factors such as access and use of health care services often have less of an impact.”<sup>22</sup>

While there is strong evidence for the structural and socio-economic determinants of health, an individual’s health is also influenced by the behavioural choices that they make each day. Working together with the Ministry of Health Services and the Ministry of Healthy Living and Sport, we have a role in addressing the broad conditions and factors that affect the health of British Columbians and developing health promotion and prevention strategies to help people be healthy and make healthier choices. We want to help make the healthy choice, the easier choice. Supporting British Columbians in maintaining and improving their health and well-being throughout their lives is also important for the long-term sustainability of the health care system.

In cancer screening, for example, a relatively simple, inexpensive test is applied to a large number of people in order to identify those with risk factors for cancer or who are in its early stages. Screens are used for the types of cancers that when detected early can lead to more effective, and often less costly treatment, and a greater chance for survival.

We will continue to set our sights upstream to promoting health and preventing illness by providing the people of BC with greater opportunities to make healthy choices. We will do so by creating educational resources that are customized for target populations within our specialized service mandate; and continuing to implement and improve evidenced based provincial screening programs, for colorectal cancer, for example.

At a time when health care decision makers, providers and planners are faced with the daunting task of doing more with fixed resources, we are coming to the collective understanding that spending more on health care does not necessarily make for a healthier society. For these reasons, we are committed to applying evidence and sharing our expertise and knowledge to effectively promote health, prevent illness, manage chronic conditions and generally lessen the burden of disease, specifically in high risk populations.

**Strategic Direction # 2 - Promoting Healthier Populations**

<b>Objective # 2.2</b>	<b>Actions</b>
<b>Promote health in high risk populations.</b>	<ul style="list-style-type: none"> <li>a. Inform primary prevention strategies for targeted populations by creating and sharing our core knowledge base.</li> <li>b. Enhance early detection by increasing participation in screening programs and developing new screening programs based on evidence.</li> <li>c. Continue to engage the aboriginal population in the development of health promotion and chronic disease prevention strategies or programs.</li> </ul>

<sup>22</sup> World Health Organization. The Use of Evidence: The Determinants of Health. 2009  
<http://www.who.int/hia/evidence/doh/en> (visited 20 November 2009).

**Objective # 2.3 Help people living with chronic disease maintain independence and stay as healthy as possible.**

The Canadian Institute for Health Information (CIHI) report, *Health Care in Canada 2009: A Decade in Review*, reports that as the Canadian population ages, more Canadians are developing chronic diseases such as diabetes, heart disease and cancer; and that this growth is largely inevitable. In our environmental scan we set out to understand the health and health care needs of the people of BC and two of the ten trends identified are related to the growing burden of chronic disease.

**Chronic Disease Impacts** - Considered one of the most severe threats to Canadian public health, the prevalence of chronic disease is expected to further increase over the next decades.

**Survivorship** - With increasing survivorship of acute and chronic conditions, patients will survive longer with the likely result being their development of additional conditions.

While we want to work with our partners to prevent disease, we are also committed to helping people living with chronic disease maintain their independence by providing them, their families and their health care providers with tools and resources that help them maintain their independence and stay as healthy as possible.

Accordingly, there is a need to increase chronic disease management efforts, particularly with regard to better clinical services for patients with multiple chronic conditions. We will do this by supporting the integration of specialized services into the provincial primary health care strategy and focusing on the development of provider web-based protocols on chronic disease management.

**Strategic Direction # 2 - Promoting Healthier Populations**

Objective # 2.3	Actions
<p><b>Help people living with chronic disease maintain independence and stay as healthy as possible.</b></p>	<ul style="list-style-type: none"> <li>a. Promote the integration of specialized services into the community and into the Primary Health Care Strategy for BC.</li> <li>b. Provide patients and primary and specialty care providers with access to trusted information and protocols on chronic disease management by developing a web-based educational resource.</li> </ul>

***Strategic Direction #3: Contributing to a Sustainable Health Care System***

As stewards of BC’s health care system, our strategy is guided by the belief that balancing quality and cost considerations is critical to all that we do. The third strategic direction is closely aligned with our value, ‘Best Value’.

***Objective # 3.1 Achieve economies of scale and greater integration within PHSA and with our partners.***

Our role in BC’s health care system is unique. Our provincial mandate provides us an opportunity to:

- Lead system-wide integration;
- Partner with other health authorities, provincial ministries and service providers; and
- Play a leading role in realizing system-wide economies of scale.

By focusing internally on integration within PHSA and externally on collaboration with our partners we will take the necessary steps to develop a more sustainable health care system. Scarce resources will be utilized more efficiently, technology will be leveraged to a greater degree, and our processes will become more reflective of an integrated system. Internally, we will continually look for opportunities to integrate our work across the agencies and corporate services through, for example, the standardization and/or centralization of clinical support functions. Externally, our continued participation in strategic provincial initiatives such as Shared Services Organization and Lower Mainland Consolidation will demonstrate our commitment to sustainability.

With our unique mandate, PHSA houses many of the academic health centres in BC. Of PHSA’s 10,000 employees, at least 2,000 of them are involved in research activities, and include researchers, trainees, support staff, technicians and research assistants. On the strength of our research, PHSA is attracting an increasing share of the national funding for health research. Today, PHSA researchers attract about \$180 million a year in research grants and other funding, representing approximately 35 per cent of all health research money that comes into BC. PHSA in collaboration with the University of British Columbia and academic institutions<sup>23</sup> and partners across the province, is a leader in the area of health research in Canada. We recognize a growing need to share the knowledge and expertise inherent in our highly specialized role, particularly with partners outside of the clinical realm. To this end PHSA is committed to creating an environment where research can flourish and new knowledge can be integrated into planning and design, ultimately improving the health and wellness of the population of BC and beyond.

<b>Strategic Direction # 3- Contributing to a Sustainable Health Care System</b>	
<b>Objective # 3.1</b>	<b>Actions</b>
<b>Achieve economies of scale and greater integration within PHSA and with our partners.</b>	<ul style="list-style-type: none"> <li>a. Identify and implement opportunities to standardize and/or centralize clinical and support functions within PHSA (e.g. telehealth, genetics).</li> <li>b. Shorten the time from discovery to implementation through collaborations between researchers,</li> </ul>

<sup>23</sup> Academic institutions include Simon Fraser University, the BC Institute of Technology, the University of Victoria, the University of Northern British Columbia and Royal Roads University.

<sup>24</sup> Shared Services Organization examines opportunities for the six BC health authorities to improve cost-effectiveness by working collaboratively on common services (e.g. supply chain management), with the goal of maximizing resources available for patient care.

<sup>25</sup> Lower Mainland Consolidation denotes the initiative to consolidate selected corporate and clinical support functions among the lower mainland health authorities: PHSA, Vancouver Coastal Health (VCH), Providence Health Care (PHC) and Fraser Health (FH) to reduce costs.

	<p>clinicians, policy makers and other non-traditional partners (e.g. architects) which enhance care and knowledge translation.</p> <p>c. Achieve operational efficiencies in corporate services through participation in provincial initiatives such as Shared Services Organization<sup>24</sup> and Lower Mainland consolidation<sup>25</sup>.</p>
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**Objective # 3.2 Optimize the use of our scarce resources and align them with the programs / services that provide best value to the people we serve.**

Health care is big business – it accounts for over 10% of the Gross Domestic Product; about \$172 billion a year in Canada, or \$5,170 per person<sup>26</sup>. Health expenditure has steadily increased over the last decade. In BC the Ministry of Health Services projects that by 2011 total provincial spending on health care will rise to \$17.5 billion, which is an 87% increase since 2001. Most people believe this continued growth in health expenditure is unsustainable.

We must prioritize our scarce resources to ensure we are providing the best value to the populations we serve. To maintain the system given the needs of the population and available funding and expertise, health care organizations must be strategic in focusing on essential value-added services, while minimizing ineffective or redundant efforts. Literature supports that strategies to focus on should include: prioritization of services<sup>27</sup>; interagency collaboration<sup>28</sup>; service integration<sup>29</sup>; and health human resources<sup>30</sup>.

On this last point about health human resources, CIHI reports that "...meeting the health care needs of Canadians means having the right number of health care providers, with the right set of skills, in the right settings. Both supply and demand factors affect Canada's ability to achieve these goals. On the demand side, for example, the number of Canadians living with chronic diseases is on the rise and with it the need for complex collaborative care. On the supply side, aging providers in some health care professions and changing health practices call for ongoing planning to manage future supply."

To address this objective, we will undertake three specific actions as articulated in the table below.

Strategic Direction # 3- Contributing to a Sustainable Health Care System	
Objective # 3.2	Actions
<p><b>Optimize the use of our scarce resources and align them with the programs / services that provide best value to the people we serve.</b></p>	<ul style="list-style-type: none"> <li>a. Enhance our capacity to evaluate the effectiveness of our programs and services and benchmark performance against leading practices and other like organizations.</li> <li>b. Identify, prioritize and reallocate resources to those programs and services that have the potential to add the most value to the health care system.</li> <li>c. Ensure the right mix and appropriate use of our human resources and continue to implement our comprehensive healthy workplace strategy.</li> </ul>

<sup>26</sup> Canadian Institute for Health Information, National Health Expenditure Trends, 1975 – 2008 (Ottawa, Ont.: CIHI 2008).

<sup>27</sup> Klein, R. (2005). A middle way for rationing health care resources (June 11) <http://ukpmc.ac.uk/articlerender.cgi?artid=1545574>.

<sup>28</sup> Van Eyk, H., & Baum, F. (2002) Learning about interagency collaboration: Trialling collaborative projects between hospitals and community health services. *Health and Social Care in the Community*.

<sup>29</sup> Allen, C., Stevens, S. (2007) Health service integration: A case study in change management. *Australian Health Review*.

<sup>30</sup> Canadian Institute for Health Information (2008). Spending on health care to reach \$5,170 per Canadian in 2008. [http://secure.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=media\\_13nov2008\\_e](http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=media_13nov2008_e).

**Objective # 3.3 Leverage our clinical and research expertise to generate revenue or added value.**

The citizens of BC want clinical innovation. They want to know they are receiving the very best treatment possible. At the same time, we find ourselves in a challenging financial period where the BC health care budget has brought to the forefront the need for system innovation. For PHSA this is stimulating a shift towards new strategies that leverage our assets and expertise, while honouring the principles of the public health care system.

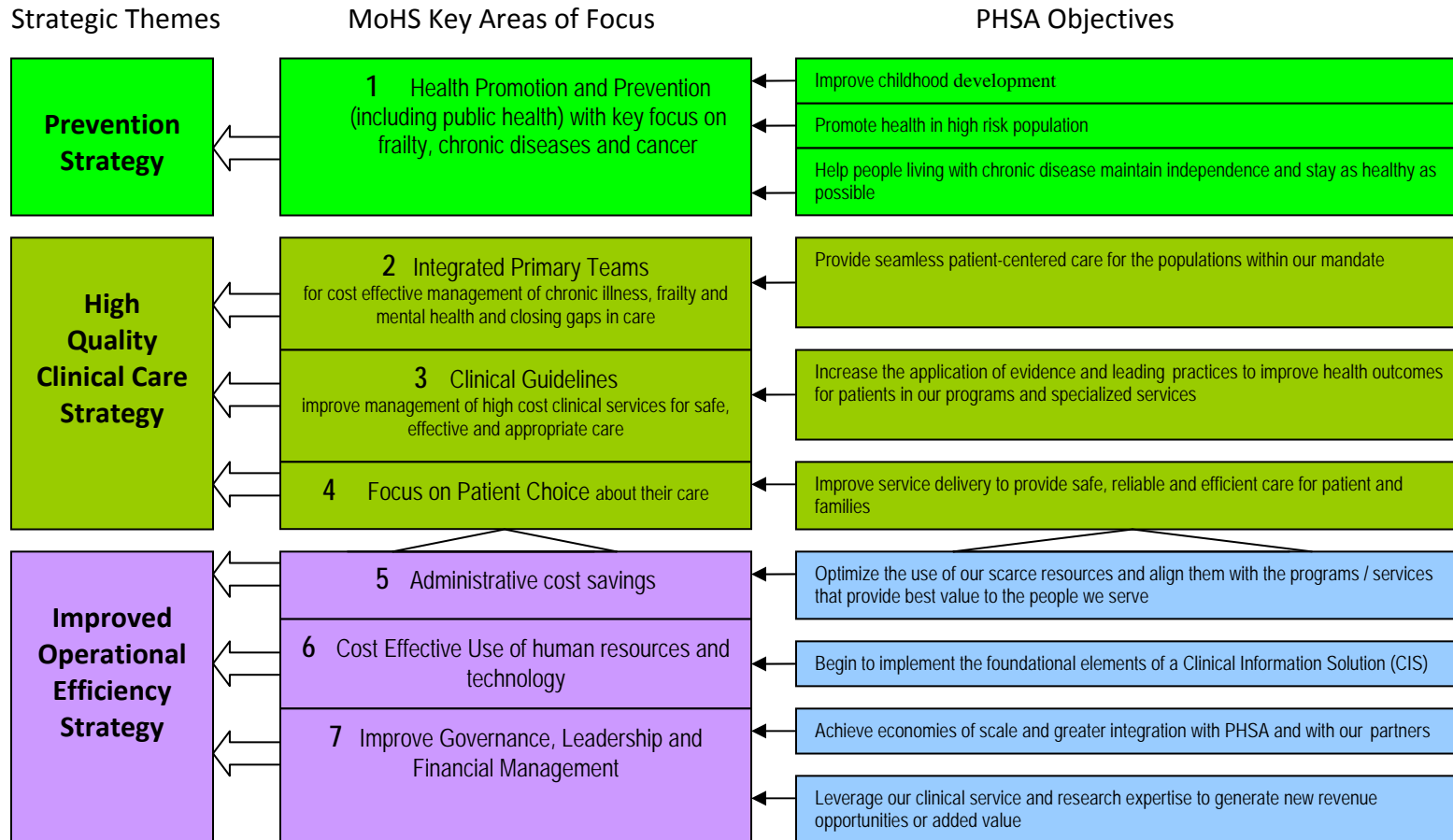
There is increasing recognition on the part of the BC government that to build on our strengths and ensure future economic sustainability we need to continue to invest in the development of BC's knowledge economy. As described in objective 3.1, PHSA recognizes that research and development offers opportunities to deliver better, safer health care and as well as provide economic benefits to British Columbians. Indeed it is the role of academic health science organizations like PHSA to conduct research, translate that research into innovations in patient care and teach tomorrow's providers.

Research continues to be a growing priority at PHSA and it is through our research efforts that we are able to deliver advances in care and improve access to the specialized services we provide. In addition, the secondary, economic benefits of research can be further leveraged to enhance the efficiency and long-term sustainability of the system. We recognize that our strength is in our people and the wealth of knowledge and expertise they represent. By continuing to recruit world class leaders in care and research, we are not only creating new jobs across the province, but also ensuring we continue to increase our capacity to generate and apply knowledge and create focused solutions to health system issues. We also have the opportunity to leverage our clinical knowledge and health service delivery expertise to contribute to the efficiency of the health system through initiatives and partnerships that generate revenue or added value.

Strategic Direction # 3- Contributing to a Sustainable Health Care System	
Objective # 3.3	Actions
<b>Leverage our clinical and research expertise to generate revenue or added value.</b>	<ul style="list-style-type: none"> <li>a. Create economic benefits through the commercialization of discoveries, knowledge and health service delivery expertise.</li> <li>b. Provide supplemental and added value services to augment the health care experience and off-set cost pressures.</li> </ul>

**APPENDIX A. ALIGNMENT OF MINISTRY OF HEALTH SERVICES' AND PHSA'S STRATEGIC DIRECTIONS<sup>i</sup>**

*Health Authority Strategy Mapped to MoHS Key Areas of Focus: PHSA*



<sup>i</sup> Please note that this graphic is adapted from the Ministry of Health Services to reflect the most current PHSA strategic objectives.