

# Provincial Health Services Authority

## 2015/16 – 2017/18 SERVICE PLAN

June 2015



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## Accountability Statement



On behalf of the Board of Directors and the staff of PHSA and its agencies, I am pleased to present PHSA's Service Plan for fiscal years 2015/16 - 2017/18. This plan was prepared under my direction and in accordance with the *Society Act* and BC Reporting Principles. Our planning was guided by the Government's strategic priorities, particularly those noted in *Setting Priorities for the B.C. Health System* – the foundation for health authority planning and in the *Taxpayer Accountability Principles*. The Board is accountable for its contents and for ensuring that PHSA achieves the specific performance targets and objectives identified in this plan.

The performance measures presented are consistent with the Ministry of Health's mandate and goals, and the focus on aspects critical to the organization's performance. The targets in this plan have been determined based on an assessment of Provincial Health Services Authority operating environment, forecast conditions, risk assessment and past performance.

This Service Plan highlights significant initiatives that are underway, in accordance with our mandate. As stated in our Mandate Letter, we are working to address issues that span all areas of the province, including:

- Delivering patient-centred services and care to shift the culture of health care from being disease-centred and provider-focused to being patient centred
- Ensuring we deliver high quality and appropriate health services that best meet the assessed needs of our population in a fiscally sustainable manner
- Managing the performance of our organization through continuous improvement across our service and operational accountabilities
- Improving care for key patient populations and service delivery in cross-sector priority areas

Our provincial mandate and the focus of the care we provide means that the majority of our patients have complex, chronic conditions requiring highly specialized assessment and care, and that many of them live outside the Lower Mainland. PHSA embraces a broad definition of health, and in addition to providing specialized treatments for illness when it occurs, PHSA develops strategies to promote wellbeing and the highest quality of life, in alignment with Ministry goals.

At the same time, health care decision makers and providers are faced with the task of doing more with finite resources. We will continue to evolve our networks and knowledge exchange strategies. We are committed to looking for ways to keep health care sustainable through innovation and working together with the regional health authorities and our partners to achieve greater efficiency without compromising patient care.

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

A handwritten signature in black ink that reads "Wynne Powell".

Wynne Powell  
Board Chair  
June 29, 2015

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# Organizational Overview

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

- Governing and managing ten agencies that plan and/or provide specialized health services on a province-wide basis: BC Cancer Agency, BC Centre for Disease Control, BC Children's Hospital & Sunny Hill Health Centre for Children, BC Mental Health & Substance Use Services, BC Provincial Renal Agency, BC Transplant, BC Women's Hospital & Health Centre, Perinatal Services BC, Cardiac Services and BC Emergency Health Services;
- Working in partnership with the First Nations Health Authority to ensure coordinated planning and service delivery efforts in support of the BC First Nations health and wellness objectives;
- Working with the five regional health authorities and the Ministry of Health to plan, coordinate and, in some cases, fund the delivery of highly specialized provincial services; and
- Leading and coordinating a number of priority provincial system improvement initiatives.

PHSA plays a significant role in planning and ensuring accessibility, quality, efficiency and effectiveness of province-wide programs and services such as the BC Autism Network, the Childhood Screening and Hearing Program, the Thoracic Surgery Program, the Surgical Patient Registry, the Provincial Blood Coordinating Office, PHSA Laboratories, Provincial Infection Control Network (PICNet), the Provincial Language Service, Stroke Services BC, Trauma Services and Telehealth. Additionally, PHSA has responsibility for its Lower Mainland Consolidation (LMC) components.

In collaboration with the Ministry of Health and the regional health authorities, PHSA also assumes a funded change leadership role and facilitates the development and enhancement of selected provincial programs to ensure that the changes required to achieve improved outcomes are effectively initiated, planned, implemented, monitored and evaluated.

PHSA's relationship with the regional health authorities is a collaborative one. In some cases, we directly provide specialized care to their residents, often transferring responsibility back to local providers once specialized services are no longer required. We rely on the regional health authorities to deliver the specialized services we co-ordinate and we need to work closely with them to achieve integrated and coordinated care across the continuum. In our provincial coordination role, we work together to collaborate on system-wide change and health care reform using evidence and best practice research.

### The Continuum of PHSA Roles in Delivery of Province-wide Services



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

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

PHSA currently has the largest health research enterprise in B.C. 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 B.C. and produces economic benefits for British Columbia. Research is also key to system sustainability, providing the best possible evidence to inform decision-making and directing our scarce resources to those that represent the best value.

Please visit our website for more information on PHSA services: <http://www.phsa.ca/our-services>

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

# Strategic Direction and Context

## Strategic Direction

In February 2014, the Ministry of Health released its priorities and strategic direction for B.C.: *Setting Priorities for the B.C. Health System*, the foundation for health authority planning. The Ministry of Health has subsequently developed a series of policy papers that explicitly detail next steps towards implementation of health system strategic and operational priorities.

Successfully achieving the Ministry's strategic vision will require close collaboration with partners, including health authorities, physicians and health care providers, unions, patients and other stakeholders, in shaping and implementing key areas of focus. This collaborative approach aligns with the [Taxpayer Accountability Principles](#), which strengthen two-way communication between government and provincial public sector entities, promotes cost control and helps create a strong, accountable relationship between government and agencies. Recognizing that public sector organizations have both an ethical and fiduciary accountability to the taxpayer, enhanced performance management will ensure the delivery of patient-centred health services while promoting quality and containing costs.

## Strategic Context

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

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

For more detailed information on the B.C. health system, priority populations and key service areas, please see [Setting Priorities for the B.C. Health System](#).

# Goals, Objectives, Strategies and Performance Measures

The *Provincial Health Services Authority 2015/16 – 2017/18 Service Plan* reflects the strategic priorities contained in *Setting Priorities for the B.C. Health System* and alignment with the *Taxpayer Accountability Principles*, and outlines the strategic focus and direction for the B.C. health authorities. Underlying these priorities is the principle of patient-centred care: a sustained focus on shifting the culture of health care in B.C. to put patients at the centre, which will drive policy, accountability, service design and delivery in the coming years.

PHSA operates in alignment with the Ministry's goals, objectives, strategic initiatives, priority areas, and developed its service plan for 2015/16 to be consistent with the three broad goals articulated for B.C.'s health care system:

1. Support the health and wellbeing of British Columbians.
2. Deliver a system of responsive and effective health care services across British Columbia.
3. Ensure value for money.

Alignment with these health system goals, as established by the Ministry of Health, is part of every strategic effort made at PHSA. 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.

The information that follows describes PHSA's objectives and strategic initiatives for the planning period in the context of the Ministry of Health's goals for the health system.

## **Goal 1: Support the health and wellbeing of British Columbians.**

PHSA embraces a broad definition of health, and in addition to providing specialized treatments for illness when it occurs, PHSA develops strategies to promote wellbeing and the highest quality of life, in alignment with Ministry goals. Working together with the Ministry of Health and the regional health authorities, PHSA has a role in developing health promotion and illness prevention strategies. PHSA is committed to improving the health of British Columbians by supporting the development of healthy communities, informing healthy public policy and providing information and tools that help individuals make healthier choices to prevent the onset of many chronic diseases and to assist those living with chronic disease to stay as healthy as possible.

### **Objective 1.1: Targeted and effective primary disease prevention and health promotion.**

Chronic disease is the largest cause of death and disability, represents the largest proportion of the burden of disease, and drives a significant part of downstream health costs in B.C. Evidence suggests that, over time, a primary disease prevention and health promotion agenda can make progress in improving the overall health of the population.

#### **Strategies**

- Improve Public Health surveillance reporting of health authorities including for the health status of communities by the Medical Health Officers as per requirement under the *Public Health Act*, and for informing policy and practice decision making by BC Centre for Disease Control establishing a Public Health Observatory.
- To improve the quality and consistency of services across the province, BC Centre for Disease Control will work in close collaboration with regional health authorities and the First Nations Health Authority to standardize universal access for the distribution of harm reduction supplies for people with substance use issues.
- Continue to lead the BC Children's Hospital Health Literacy Team's implementation of the Integrated Provincial Strategy to Promote Health Literacy in Mental Health and Addiction in B.C.. Implementation will build on existing mental health literacy initiatives (Kelty Mental Health Resource Centre & HeretoHelp) and explore new opportunities to support an integrated approach to addressing both physical and mental health literacy in order to promote overall wellbeing and encourage healthy living. Also included will be targeted initiatives that support health literacy among hard to reach populations, rural and remote communities and families from diverse backgrounds.

## Performance Measure 1: Breast Cancer Screening

Performance Measure	2013/14 Baseline	2015/2016 Target	2016/17 Target	2017/18 Target
Percent of women aged 50-69 participating in screening mammography once every two years	51.4%	55.5%	57.5%	59.5%

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

### Discussion

This performance measure tracks the proportion of women between 50 and 69 years of age, screened in the last two years. Real-time changes in screening attendance would not be readily appreciated by this two-year rolling average measure. In the last three fiscal years, the mammography participation rate has declined slightly as public debate about the value of screening mammography continues with the new publication of articles on both sides of the debate. Participation has remained just above 50 per cent for the last 15 years in B.C. PHSA continues to maintain easy access to screening services. As of April 2014, 95 per cent of screening centers reported wait times less than eight weeks (Ministry of Health Guidelines and Protocols Advisory Committee definition of reasonable access wait time for screening mammography).

The international perspective on screening has moved towards supporting patient's informed decision-making about screening. The emphasis in education has now shifted to a more realistic description of the benefits and harms, rather than the paternalistic approach previously. The impact of this approach on the decision to screen (i.e. participation rate) is unknown. Further monitoring is needed before establishing new targets.

The new provincial breast cancer screening policy was announced in February 2014. Updated policy information packages have been sent to primary care providers. A media campaign to promote screening mammography to women age 50 or over was launched in mid-February and continued to the end of March 2014. PHSA continues to support women's decision-making by including information about risks and benefits of screening in the ongoing recall reminders to women, and providing access to online decision-support tool. Since the February 2014 policy update there has been a corresponding 8% increase in the number of screens provided to 50-69 year old women over the same period last year, due in part to higher risk women (who have a first degree relative with breast cancer) now being recalled annually. The Screening Mammography Program is planning a number of promotion/educational activities targeting primary care providers and women for the coming year.

## **Goal 2: Deliver a system of responsive and effective health care services across British Columbia.**

In order to deliver responsive and effective health care services, the Ministry and its partners aim to shift the culture of health care from being disease-centred and provider-focused to being patient-centred. This shift requires understanding of and responsiveness to patient needs, values and preferences as the primary drivers of daily practice at all levels, in a respectful and accountable manner in alignment with the *Taxpayer Accountability Principles*.

All British Columbians should be able to access appropriate health services when they need them. From the patient's perspective, a quality outcome means early and timely treatment that responds to their needs and is safe, evidence-informed and results in a fast and complete recovery or minimal complications related to their condition. Health care in general is moving away from the delivery of episodic care to embrace a more holistic view of the individual and the full continuum of care. Optimizing flow of information, services, and care to improve the patient experience across our systems and programs are key PHSA priorities.

### **Objective 2.1: A provincial system of primary and community care built around inter-professional teams and functions.**

British Columbia's health care system has been engaged in a collaborative process to look for ways to improve primary and community care at a community level. Numerous practice and service delivery innovations and initiatives have been introduced at all levels - practice, health authorities, and provincial level - with the intent of meeting the expanding demand for services due to the population demographics. The roles of family physicians, primary and community care professionals and support staff are central to the effort of supporting patients suffering from frailty, chronic diseases, mental health and substance use conditions. A focus on effective team-based practices and healthy partnerships between care providers and health care administrators will facilitate better care for all British Columbians, and particularly those who are more vulnerable, with a key objective of reducing preventable hospitalization.

### **Strategies**

- To improve the birthing experience of women with low risk pregnancies, Perinatal Services BC and BC Women's Hospital will collaborate to review birthing options including the feasibility of birthing centers with an aim to improve health outcomes at a cost that the health system can afford.
- To improve the quality of health care services for inmates in provincial correctional centres in British Columbia by transferring the responsibility from the Ministry of Justice to the Ministry of Health. PHSA will be responsible for the delivery of the services and ensure that they are integrated with health services delivered in Regional Health Authorities and the community.

- PHSA to endorse and implement *Embedding Cultural Safety and Humility within First Nations Health Services: A Framework for Action*. PHSA will leverage the framework to also achieve the same goals for other diverse populations in B.C.
- Lead a process through the BC Renal Agency to increase the range of patients who have access to independent dialysis through the introduction of new patient-focused options and standardized education programs.
- Lead the implementation of a new clinical model of care at the Forensic Psychiatric Hospital, delivered through a unit based, specialized program design to ensure high quality, empirically informed, and patient centered forensic mental health. The specialized program design will promote collaboration between staff and patients, and fully engages all clinical disciplines in the provision of more specialized high quality care.
- Improve the donation-transplantation continuum by BC Transplant working with health care partners and stakeholders, province-wide, to embed donation into standardized quality end of life care.
- BC Mental Health & Substance Use Services to continue to lead the development of a full continuum of care for the severely addicted and mentally ill population living in B.C. The continuum will ensure that these patients are not lost in transition between levels of acute/residential care to community care leading to improved outcomes for patients maintained over time.
- Lead the provincial implementation of the revised BC Autism Assessment Network (BCAAN) Standards and Guidelines through BC Children's Hospital & Sunny Hill Health Centre with the goals of providing a quality assessment service based on best practices, developing an individualized assessment plan for each child based on their presenting needs and increasing efficiency in the assessment process.
- Lead a provincial strategy to standardize the management of patients with coronary artery disease through Cardiac Services BC.
- BC Cancer Agency to develop an Aboriginal Cancer Control Strategy for B.C. in partnership with the First Nations Health Authority.
- In partnership with regional health authorities, communities and non-governmental organizations, PHSA will develop a new program called Trans Care BC to deliver a coordinated system of care for the transgender population in B.C. at the provincial, regional and local service delivery levels.

## Performance Measure 2: Independent Dialysis

Performance Measure	2010/11 Baseline	2015/16 Target	2016/17 Target	2017/18 Target
Percent of dialysis patients on independent dialysis	31%	34%	35%	36%

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

### Discussion

This indicator is based on prevalent numbers of independent patients and does not capture those who started the year on independent therapies and left the program for a variety of reasons: death, moving out of province, return to dependent care, or transplantation. Hence, a substantial amount of activity is required to increase the percentage of independent dialysis patients. Recent advances in the metric indicate the multipronged approach taken by renal programs across the province is gaining traction and resulting in both increased uptake and reduced attrition. Of note, B.C. remains well above the national average for independent dialysis. A review of the Canadian Organ Replacement Registry Report for 2014 shows that B.C. leads the country on this measure, as the percentage of patients on independent dialysis in other provinces varies from eight to 25 per cent, with a Canadian average of 22 per cent.

The Transplant Program is focused on activities that improve the sustainability of increasing uptake, based on, innovation and education. New technologies available now, as well as changes in education methods for patients, nurses and physicians will continue to be the collective goal and focus as we work towards sustained incremental increases in our target.

### **Objective 2.2: A renewed role of hospitals in the regional health care continuum with a starting focus on improved surgical services.**

Acute care is the largest and most expensive sector in the health care system. Within this sector, the use of hospitals is changing. Advances in technology and techniques have led to less use of inpatient beds for surgical recovery as outpatient day surgery has increased. A majority of the inpatient bed capacity in many hospitals is now used for our growing population of frail seniors, and we must ensure those services are delivered appropriately for those patients. This requires improved coordination between hospitals, primary care and other care providers in communities to develop patient pathways for frail seniors that avoid hospitalization.

There is a need and opportunity to improve provincial coordination, and ultimately improve the quality of acute hospital care services delivered to B.C. patients with respect to services offered across hospitals.

## Strategies

- BC Cancer Agency, in partnership with the regional health authorities and surgeons of the province, to develop initial surgical oncology process metrics to better understand the patient continuum. These metrics will help inform a provincial plan for Surgical Oncology including timely diagnostic services.
- Cardiac Services BC to lead a provincial approach for the delivery of cardiovascular perfusion services.
- BC Transplant to increase organ utilization rates and outcomes through the use of emerging IT and medical technologies.
- To improve quality outcomes, population health and hospital length of stay, Perinatal Services BC (PSBC) in collaboration with the members of the PSBC Steering Committee will determine performance targets for vaginal birth rates for low risk women and will monitor and report rates at a site wide level.
- BC Children’s Hospital to lead a process to improve and maintain non-emergency paediatric hip surgeries completion rates within established benchmark timeframes.
- To improve the health outcomes of the maternity population within the lower mainland and reduce avoidable emergency department (ED) and physician visits and hospitalizations, BC Women’s Hospital will launch a program of prevention, surveillance and early intervention of surgical site infections in post-partum women.
- To improve outcomes, the patient experience and patient value, BC Transplant to focus on improving access to integrated pre and post transplantation care and expanding the services provided to patients closer to home.

## Performance Measure 3: Complex paediatric surgeries

Performance Measure	2010/11 Baseline	2015/16 Target	2016/17 Target	2017/18 Target
Percent of complex, non-emergency paediatric hip surgeries completed within established benchmark time frames	42%	70%	75%	80%

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

## Discussion

This performance measure tracks the percentage of non-emergency paediatric complex hip surgeries completed within established benchmarks. The benchmark is based on urgency of care required in the paediatric care setting and is not comparable to adult hip surgery cases. Through expanded surgical activity and focused funding, combined with continuous efforts to foster innovation and efficiency, BC Children’s Hospital has reduced wait times for all paediatric surgeries, including complex hip. Because BC Children’s Hospital has

prioritized completion of cases outside established wait-time benchmarks (those that have been waiting the longest), the proportion of completed cases within benchmark timeframes for complex hip procedures does not demonstrate the gains made in overall waitlist reduction.

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

**Performance Measure 4: Access to Maternity Care**

Performance Measure	2013/14 Baseline	2015/16 Target	2016/17 Target	2017/18 Target
Percent of patients in active labour admitted within 45 minutes	26%	45%	55%	60%

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

**Discussion**

The Assessment Room at BC Women’s Hospital receives women with a variety of maternity-related conditions. Better patient outcomes and improved patient experience are achieved when a woman in active labour is moved to the most appropriate location to deliver her baby in the most timely and efficient way.

When a woman in labour arrives at the Assessment Room she is triaged by a nurse, registered, undergoes a detailed assessment by the nurse, and seen by her doctor or midwife. Once assessments are complete and it is determined the woman is in active labour, she is transferred to the labour and delivery suite or the single room maternity unit. The goal is to improve the efficiency of each of these activities so that a woman in active labour spends less than 45 minutes in the Assessment Room.

The percentage of admission within 45 minutes for active labouring patients was 20 per cent in 2012/13 and 26 percent in 2013/14. Continuous improvement initiatives will be applied to further improve patient flow.

**Objective 2.3: Sustainable and effective health services in rural and remote areas of the province, including First Nations communities.**

Individuals who reside in predominantly rural communities tend to have comparatively poorer health outcomes and socioeconomic status compared to their urban counterparts. The populations of rural British Columbia are often small, dispersed, and fluctuating. Rural British Columbia is home to many First Nations communities and Aboriginal peoples, and a large percentage of the rural population identifies as Aboriginal. Against this health status backdrop, three specific service challenges stand out in the context of rural and remote communities: ensuring access to quality primary care services; ensuring pathways to accessing specialized perinatal, medical, and surgical services when they are

required; and how best to support aging in place. Access to specialized acute care services and access to ancillary health services is especially challenging, so residents are often required to travel for care. Through the Rural Health Strategy outlined in the Rural Health in B.C. Policy Paper, the Ministry and health authorities will work with communities, including First Nations, to implement a renewed approach to providing quality health services across rural and remote areas.

## **Strategies**

- BC Emergency Health Services in collaboration with the Ministry of Health will pursue changes to the regulatory framework and expand roles for paramedics to enable effective use of Advanced Care Paramedics in rural and small urban communities. The continued implementation of Community Paramedicine, beginning in 2015, will enable appropriately trained and certified paramedics to use their knowledge and skills to contribute to prevention, health promotion and primary health care in rural and small urban communities where there may be a shortage of health care providers.
- BC Emergency Health Services in partnership with the Regional Health Authorities, to support the introduction of paramedics into an interprofessional team of primary care providers in each of the regional health authorities and participating communities. The successful introduction and sustainment of this initiative is predicated on a clear shared understanding of the role and scope of practice of the community paramedicine paramedics and practice accountability through BCEHS.
- BC Children's Hospital & Sunny Hill Health Centre, in conjunction with Child Health BC, will enhance opportunities for children living outside of the lower mainland to receive clinical services through use of two-way video conferencing (Telehealth).
- BC Renal Agency to increase screening and outreach activities for high risk patients including First Nations and rural/remote communities (Telehealth).
- Cardiac Service BC to lead a provincial process to optimize the consistent and standardized use of remote monitoring for follow up/management of appropriate patients (including high risk and geographically remote) with implantable cardiac devices.
- BC Emergency Health Services to conduct a comprehensive strategic & operational review of inter-facility ground patient transfers to improve emergency response capacity & ensure timely, quality pre-hospital care in rural and remote communities to ensure that when patients need to be transferred from one facility to another to access specialized care, transport occurs by the most appropriate method (for example, air or ground ambulance), considering patient acuity, distance and geography, while maintaining emergency response capacity.

## **Goal 3: Ensure value for money.**

To achieve value for money in health care, PHSA must ensure health system resources are used in the most efficient and effective way possible. On a strategic level, this includes not only what services and initiatives are focused on, but also how they are implemented and managed.

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

### **Objective 3.1: A performance management and accountability framework that drives continuous improvement in the health system.**

An efficiently managed health system ensures resources are spent where they will have the best health outcomes. Such an approach meets the Triple Aim<sup>1</sup> goals of providing more effective care for key populations, better experience of care for patients and providers, and improved per capita cost. A focus on performance and budget management and efficiency, along with collaboration and quality improvement, must be continually pursued in partnership with health authorities and other stakeholders to ensure our publicly funded health system is effective and affordable.

### **Strategies**

- Continue to lead an Institute for Healthcare Improvement based Triple Aim project at BC Children's Hospital and Sunny Hill Health Centre focusing on the best health outcomes and experiences for children with behavioural complex needs and their families today and in the future through the creation of an integrated care model. The model will increase system-wide efficiencies for children with behavioural complexities who require some aspect of tertiary/quaternary investigation or treatment focused on behaviour and/or development from Neurology, Child & Youth Mental Health and Substance Use and Complex Behavior/Developmental Conditions.
- PHSA to continue to provide leadership for Lower Mainland Laboratory Services and achieving efficiencies while assisting in the development of a Provincial Laboratory Agency.
- PHSA to lead a collaborative provincial process to develop a common framework to plan services across B.C. by establishing an overarching tiers of service framework to define responsibilities (capabilities) and requirements (what is needed to meet the identified responsibilities) at each level/tier. Based on international evidence and the experience of other jurisdictions, the framework

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<sup>1</sup> Institute for Healthcare Improvement. [www.IHI.org](http://www.IHI.org).

will provide a common language to streamline planning, coordination and integration of health services across population groups and geographic boundaries.

- PHSA to reorganize and leverage its structure and services to achieve Ministry of Health priorities, support improvement and innovation and emphasize and enable a greater patient and provider experience.
- BC Cancer Agency, including the BC Cancer Research Centre, will provincially plan, develop implement and evaluate how cancer care is delivered in B.C. to promote standardized, consistent patient-centered care and the utilization of all health care team members to their full scope of practice.
- To optimize the health outcomes and health system experience of patients with complex chronic diseases, BC Women's Hospital will work with regional health authority partners to build capacity across the system as well as expand access to team-based and specialist care at the Complex Chronic Diseases Program towards the aim of reducing the lengthy waitlist for patients.
- BC Renal Agency will increase the number of kidney patients with an advance care plan (ACP) through a provincial ACP module and education program.
- PHSA to lead development of a plan to improve services for patients with Multiple Sclerosis in partnership with Vancouver Coastal Health Authority and the other regional health authorities.

**Objective 3.2: Focus on cross-system work and collaboration in the enabling areas of health human resource management, IM/IT and technology infrastructure, and approaches to funding.**

Skilled and caring health professionals are the cornerstone of our health system. Thousands of British Columbians seek medical attention every day, confident they are in the care of competent professionals who hold themselves to the highest standards. To be effective, we must also ensure that our human resources are appropriately supported by information management systems, technology and the physical infrastructure to deliver high quality services as efficiently as possible. Furthermore PHSA strives to create an environment that fosters health care innovation and discovery research that is translated into improved patient outcomes and population health.

**Strategies**

- PHSA to assess its organizational change management capacity and develop strategies to build our competencies and capabilities to lead and manage change both within PHSA and province-wide.
- PHSA to complete an Health Human Resources Management assessment of PHSA's capacity , approach and infrastructure in support of an engaged, skilled, well-led and healthy workforce that can provide the best patient-centred care for British Columbians.
- Develop a PHSA-wide plan for research that leverages physical assets, foundation partnerships, data, provincial registries and our clinical services strengths to achieve our goals to be a world class

academic health science organization. Provide leadership into the evolution of an Academic Health Science Network in B.C..

- PHSA to continue implementation of the Clinical & System Transformation (CST) Project to improve the quality and accessibility of patient information by creating an integrated health record for each patient based on a single identifier and using standardized processes.

### Performance Measure 5: Nursing overtime

Performance Measure	2009/10 Baseline	2015/16 Target	2016/17 Target	2017/18 Target
Nursing overtime hours as a percent of productive nursing hours	2.24% (2010 calendar year)	<= 3.3%	<= 3.3%	<= 3.3%

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

### Discussion

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

### Objective 3.3: Evidence-informed access to clinically effective and cost-effective pharmaceuticals.

Pharmaceuticals play an important role in B.C.'s health care system. They treat and prevent the spread of disease, control pain, and can improve quality of life for many people. Through Fair PharmaCare, government maintains continued focus on ensuring timely and evidence-informed access to pharmaceuticals that are safe, therapeutically beneficial and cost-effective. This will improve both patient care and value for money in the health system.

### Strategies

- In partnership with the Ministry of Health, deliver a responsive evidence-informed, and sustainable drug program.
- PHSA to partner with Ministry to develop evidence-informed policy and decision-making in support of Hepatitis Treatment.
- PHSA to assume a more robust role in central coordination and oversight of the Expensive Drugs for Rare Diseases Program.

# Resource Summary

(\$ millions)	2014/15 Actual	2015/16 Budget	2016/17 Plan	2017/18 Plan
<b>OPERATING SUMMARY</b>				
Provincial Government Sources	\$ 2,691.7	\$ 2,686.6	\$ 2,758.0	\$ 2,844.1
Non-Provincial Government Sources	\$ 153.2	\$ 163.3	\$ 163.1	\$ 174.9
<b>Total Revenue:</b>	\$ 2,844.9	\$ 2,849.9	\$ 2,921.1	\$ 3,019.0
Acute Care	\$ 1,865.7	\$ 1,881.4	\$ 1,936.4	\$ 2,016.2
Residential Care	\$ 1.8	\$ 1.8	\$ 1.8	\$ 1.8
Community Care	\$ 107.9	\$ 149.4	\$ 154.6	\$ 158.4
Mental Health & Substance Use	\$ 130.1	\$ 127.7	\$ 129.6	\$ 130.4
Population Health & Wellness	\$ 184.8	\$ 197.3	\$ 199.1	\$ 200.1
Corporate	\$ 554.0	\$ 492.3	\$ 499.6	\$ 512.1
<b>Total Expenditures:</b>	\$ 2,844.3	\$ 2,849.9	\$ 2,921.1	\$ 3,019.0
<b>Surplus (Deficit)</b>	\$ 0.6	-	-	-
<b>CAPITAL SUMMARY</b>				
Funded by Provincial Government	\$ 133.7	\$ 173.6	\$ 199.5	\$ 62.6
Funded by Foundations, Regional Hospital Districts, and Other Non-Government Sources	\$ 43.1	\$ 26.4	\$ 76.1	\$ 48.5
<b>Total Capital Spending</b>	\$ 176.8	\$ 200.0	\$ 275.6	\$ 111.1

**Note 1 – Sales and Cost of Sales from inventory transfers to other Health Authorities from the shared warehouse are included in the revenues (under Provincial Government Sources) and expenditures (under Corporate) of PHSA. For the year ended March 31, 2015, this amounted to \$189.1 million. The Sales and Cost of Sales figures for the 2015/16 Budget, the 2016/17 Plan, and the 2017/18 Plan are \$189.0 million, \$192.6 million, and \$196.1 million, respectively.**

## Major Capital Projects

In this section health authorities will list approved capital projects in their region that are over \$2 million in total capital cost regardless of funding source.

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

Community Name (as applicable)	Facility location (as applicable)	Project Name	Total Project Cost (\$ million)
<b>Facility Projects</b>			
Vancouver	Children's & Women's	Children's & Women's Redevelopment – Phase 2 (Planning, Construction and Equipment)	529.1
Vancouver	Children's & Women's	Children's & Women's Redevelopment – Phase 1	68.7
Vancouver	Children's & Women's	Children's & Women's Energy Centre	29.7
Victoria	BC Cancer Agency	Radiation Therapy and Diagnostic Equipment	24.1
Various Communities	BC Cancer Agency	Pharmacy Upgrades	13.5
Vancouver	BC Cancer Agency	Radiation Therapy and Diagnostic Equipment	11.0
Coquitlam	Forensic Psychiatric Services Commission	Forensic Psychiatric Hospital Flood Mitigation	9.0
Vancouver	Children's & Women's	Children's & Women's Daycare Centre	6.7
Vancouver	BC Cancer Agency	Radiation Therapy and Diagnostic Equipment (VERO)	5.7
<b>Information Management/Information Technology Projects</b>			
Various Communities	Various Facilities	Clinical & Systems Transformation	50.8
Kamloops	Health Shared Services BC	Provincial Data Centre	29.5
Kamloops	Health Shared Services BC	Provincial Data Centre Expansion	5.0
Various Communities	Various Facilities	Provincial Practitioner Credentialing and Privileging	3.5
Various Communities	PHSA Labs	Synoptic Reporting Lab System	2.2
<b>Equipment Projects</b>			
Various Communities	BC Ambulance Service	Ambulance Replacements	24.0
Various Communities	BC Provincial Renal Agency	Home Hemodialysis Machines	3.8
Various Communities	BC Cancer Agency	Screening Mammography Mobile Units	3.1

# Appendices

## Appendix A: Health Authority Contact Information

Provincial Health Services Authority (PHSA):  
700 - 1380 Burrard Street  
Vancouver, B.C. V6Z 2H3

E-mail: [webmaster@phsa.ca](mailto:webmaster@phsa.ca)  
Phone: 604.675.7400  
Facsimile: 604.708-2700  
Web site: <http://www.phsa.ca/>

## Appendix B: Hyperlinks to Additional Information

BC Ministry of Health <http://www.gov.bc.ca/health>

BC Cancer Agency <http://www.bccancer.bc.ca/>

BC Centre for Disease Control <http://www.bccdc.ca/default.htm>

BC Children's Hospital and Sunny Hill Health Centre for Children  
<http://www.bcchildrens.ca/default.htm>

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

BC Provincial Renal Agency <http://www.bcrenalagency.ca/>

BC Transplant Society <http://www.transplant.bc.ca/>

BC Women's Hospital and Health Centre <http://www.bcwomens.ca/default.htm>

Cardiac Services BC <http://www.phsa.ca/our-services/agencies/cardiac-services-bc>

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

BC Emergency Health Services (including BC Ambulance Service, Patient Transfer Network & Trauma Services BC) <http://www.bcehs.ca/>