For more information on the Provincial Health Services Health Authority
see Contact Information on Page 23 or contact:

**Provincial Health Services Authority**
#700 – 1380 BURRARD STREET
VANCOUVER, B.C.
V6Z 2H3

or visit our website at

www.phsa.ca
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 2016/17 - 2018/19. 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.

Wynne Powell
Board Chair
October 20, 2016
# Table of Contents

Accountability Statement ................................................................. 3  
Organizational Overview .................................................................. 5  
Strategic Direction and Context ......................................................... 7  
Goals, Objectives, Strategies and Performance Measures ................. 8  
Resource Summary ........................................................................... 20  
   Resource Summary Table .............................................................. 20  
   Major Capital Projects .................................................................. 21  
Appendices ....................................................................................... 23  
   Appendix A: Health Authority Contact Information ...................... 23  
   Appendix B: Hyperlinks to Additional Information (optional) ........ 23
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 nine agencies that plan and/or provide specialized health services on a province-wide basis: BC Cancer Agency, BC Centre for Disease Control, BC Children's Hospital & Sunny Hill Health Centre for Children, BC Mental Health & Substance Use Services, BC Provincial Renal Agency, BC Transplant, BC Women's Hospital & Health Centre, Perinatal Services BC and Cardiac Services BC;
- Governing and managing 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, including waitlist management strategies to improve access and flow.

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.
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](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/about/leadership/corporate-governance](http://www.phsa.ca/about/leadership/corporate-governance)
Strategic Direction and Context

Strategic Direction

The Ministry of Health receives its strategic direction from clearly identified government priorities set forth in the government strategic plan and the Minister’s Mandate Letter from the Premier. Incorporating this direction, in February 2014, the Ministry released Setting Priorities for the B.C. Health System, followed by a series of policy papers in February 2015, which present the strategic and operational priorities for the delivery of health services across the province.

Successfully achieving the Ministry’s strategic vision requires close collaboration with partners, including health authorities, physicians and health care providers, unions, patients and other stakeholders. 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

British Columbians have thousands of successful interactions with the health care system every day, with multiple examples of excellent results: high quality maternity care; high quality acute care, critical and trauma care services; excellent cancer care and treatment; high quality elective surgeries; exceptional diagnostic services; and a highly trained health workforce. Citizens of B.C. enjoy some of the best health indicators in the world, pointing to the underlying strength of the province’s social determinants of health and the quality of its health care system.

B.C. has made meaningful progress in improving services across a range of areas over the past several years; however, there are several service areas that have remained problematic and resistant to successful resolution, despite significant effort. Challenges persist with respect to access to family physicians and primary care in many communities; providing access to child and youth mental health services and effectively treating some adult patients with moderate to severe mental illnesses and/or addictions; proactively responding to the needs of the frail elderly who may require complex medical supports and assistance with activities of daily living in order to remain living in the community; providing emergency response and emergency health care services in some rural and remote areas; emergency department congestion in some large hospitals; long wait times for some specialists, diagnostic imaging, and elective surgeries; stress on access to inpatient beds in some hospitals; and responding to the changing needs of patients in residential care in terms of dementia. These will remain key areas of focus over the coming two years.

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 and policy papers.
Goals, Objectives, Strategies and Performance Measures

The Provincial Health Services Authority 2016/17 – 2018/19 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 2016/17 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

- Public health emergency leadership to decrease the number of drug related overdoses and deaths in BC.
- Continue the establishment of Population and Public Health Observatory to improve health authority public health surveillance reporting including 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.
- Develop, implement and evaluate action plans for advancing falls and injury prevention provincially through promoting and supporting evidence based best practices at the regional and local level to reduce falls.
- 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., an initiative aimed to support mental health literacy across the lifespan through tailored information and resources for children, youth and families, as well as the individuals and professionals that support them.
- Improve patient experiences of pregnancy and birth through the development of integrated health literacy resources across the continuum of care.

Performance Measure 1: Breast Cancer Screening

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>2013/14 Baseline</th>
<th>2016/17 Target</th>
<th>2017/18 Target</th>
<th>2018/19 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of women aged 50-69 participating in screening mammography once every two years</td>
<td>52.8%</td>
<td>57.5%</td>
<td>59.5%</td>
<td>61.5%</td>
</tr>
</tbody>
</table>

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.
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.

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. The Screening Mammography Program is planning a number of promotional/educational activities targeting primary care providers and women for the coming year with a focus on patient retention, including engaging physicians to send letters to women who are overdue for screening. A new targeted mobile promotions campaign is underway in select areas around the province. Locations offer a wide selection of daytime and some weekend appointments, to make fitting a mammogram into busy family and work schedules convenient. The program has partnered once again with the Canadian Breast Cancer Foundation to run the successful GOHAVE1 promotional campaign. This campaign focuses on the benefits of early detection.

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 (including access and flow), and care to improve the patient experience across our systems and programs are key PHSA priorities.

Objective 2.1: A primary care model that provides comprehensive and coordinated team based care linked to specialized services.

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**

- In partnership with patients and families, further develop and implement the Patient and Workforce Experience Movement in PHSA by redesigning our provincial networks and systems of care to improve the patient and family journey and overall experience.

- Develop an implementation strategy to implement the recommendations from the Cancer Policy Paper including development of a 5 year cancer plan.

- In partnership with Ministry of Health, implement the BC Emergency Health Services 2020 Action Plan and Business Case, including the strategies, tactics and actions required to put into operation the identified targeted services over the next few years.

- Develop and implement Trans Care BC peer and community supports to increase equitable access to information, resources and support for gender creative children and trans youth and adults, their families and communities.

- Ensure equitable access to gender affirming and supportive primary health care for gender creative children, trans youth and adults.

- Develop a strategic plan for the Provincial Family Practice Oncology Network.

- Continue Child Health BC leadership on the development and implementation of a Provincial Tiers of Service model to plan safe and appropriate care for children across the province.

- Increase the number of kidney patients with advance care plan through the provincial Advance Care Planning (ACP) module and care pathways.

- Continued implementation of the Technology Enhanced Access to Care for Children (TEACC) initiative aimed to enhance opportunities for children, and their families, living outside of the lower mainland to have easier access to high quality pediatric sub-specialty services through use of two-way video conferencing (Telehealth).

- In partnership with the regional health authorities, expand the Milk Bank network to provide pasteurized donor human milk to premature and critically ill babies throughout the province.

- Complete data analysis and report production from the renal population Patient Reported Experience Longitudinal surveys to assess how well renal care providers across the province are promoting patient-centered care, and to inform key strategies to improve the patient experience, increase patient engagement in their chronic disease management and ultimately impact patient outcomes and quality of life.

- Develop and implement the Mother Baby Care initiative at BC Women’s Hospital to improve patient and family experience and patient outcomes.

- In partnership with the Ministry of Health and regional health authorities, primary care providers, researchers and other stakeholders, identify strategies to normalize birth and increase vaginal birth rates in BC.
• Improve access and continuity of care for Complex Chronic Disease Populations (Fibromyalgia, Myalgic Encephalomyelitis/Chronic Fatigue Syndrome or Chronic Lyme-Like Syndrome).

• Lead, coordinate and evaluate the SMART (Safe Methods At the Right Time) initiative, a provincial program designed to reduce recurrent unintended pregnancies by providing highly effective contraception at no cost to women at the time of termination of pregnancy.

• Establish a provincial integrated genomics services programs that include access to genome wide sequencing with informed genetic counselling to include pediatric, Neonatal Intensive Care Unit, adult and prenatal patients and stillbirths with suspected genetic disease.

### Performance Measure 2: Independent Dialysis

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>2010/11 Baseline</th>
<th>2016/17 Target</th>
<th>2017/18 Target</th>
<th>2018/19 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of dialysis patients on independent dialysis</td>
<td>31%</td>
<td>35%</td>
<td>36%</td>
<td>37%</td>
</tr>
</tbody>
</table>

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

**Discussion**

This indicator is based on prevalent numbers of independent patients and does not capture the substantial number of patients 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. The BC Renal Agency continues to pursue innovative strategies to address barriers - including the significant one posed by the complexity of the current home hemodialysis equipment. In 2016/17 the BC Renal Agency will continue to transition to a second home dialysis machine with a vendor new to the province. Being a transitional year, there are multiple challenges, and, meeting the growth projections pre-set multiple years ago will be difficult for the agency and the renal programs.

Of note, B.C. remains well above the national average for independent dialysis. A review of the Canadian Organ Replacement Registry Report for 2015 shows that B.C. leads the country on this measure, as the percentage of patients on independent dialysis in other provinces varies from ten to 25 percent, with a Canadian average of 21 percent.

**Objective 2.2:** Improved patient health outcomes and reduced hospitalizations for seniors through effective community services.

Seniors require a range of health supports to manage the challenges of increasing frailty, which is often
combined with chronic diseases such as dementia that can profoundly impact their ability to maintain independence. The development of a primary care home is intended to increase access for frail elderly to coordinated primary and specialist medical care, community outreach services, assisted living and residential services, enhanced medication management, and planned access to diagnostic and hospital services.

**Strategies**

- Lead a provincial collaborative process that establishes and optimizes the care pathway for patients with ischemic heart disease and ensures that patients who have an acute ischemic event are correctly identified and efficiently transferred to a cardiac centre where diagnostic catheterization and coronary revascularization services are available.

- Lead a provincial process to optimize the consistent and standardized use of remote monitoring for follow up/management of appropriate patients with cardiac implantable electronic devices.

- Lead a provincial process to improve the care of Pre/Peri/Post-Operative pacemaker patients across the continuum of care in BC.

- Lead a provincial learning collaborative focused on early stage rehabilitation post stroke and transform stroke rehabilitation through an integrated approach to best practice rehabilitation care and patient, care partner, and support network involvement.

**Objective 2.3: Improved patient health outcomes and reduced hospitalizations for those with mental health and substance use issues through effective community services.**

While a smaller driver of overall health care costs, mental health and substance use conditions represent a high burden of disease in the population due to the early age of onset for severe mental illness and need for ongoing treatment and support across the life span. The majority of children, youth and adults with mild to moderate mental health and/or substance use issues can be effectively supported or treated through low-intensity community-based services in order to reduce hospitalizations.

**Strategies**

- The BC Centre for Disease Control, in close collaboration with the regional health authorities and the First Nations Health Authority, will work to standardized/universal access in BC for the distribution of harm reduction supplies for people with substance use issues to improve the quality and consistency of services across the province.

- Implement the new Centre for Mental Health & Addiction (CMHA), a replacement and expansion of the Burnaby Centre for Mental Health and Addiction, to improve the continuum of care for patients with severe mental health and substance use issues.

- Establish a provincial Residential Substance Use Treatment Program for Youth and Young Adults ages 17 – 24 years in Keremeos, BC.
• Transition of Corrections Health Services from the Ministry of Public Safety and Solicitor General to the Ministry of Health with services delivered by the Provincial Health Services Authority.

• Establish Provincial Planning/Strategy Clinical Network capacity for Mental Health & Substance Use within PHSA

• Complete the Forensic Psychiatric Hospital Clinical Program Redesign.

• Redevelop and expand the Forensic Psychiatric Hospital and Community Transitional Care Program.

Objective 2.3: 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.

PHSA sees 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. PHSA also places an emphasis on waitlist management to improve access and flow across the surgical journey for patients and families.

Strategies

• BC Cancer Agency, in partnership with the regional health authorities and surgeons of the province, to develop a plan for provincial cancer surgery services (Surgical Oncology).

• Implementing enhanced post-discharge surveillance and early interventions for post-caesarean surgical site infections.

• Implement the Maintaining Access to Pediatric Surgeries (MAPS) initiative, an interdisciplinary, collaborative priority designed to support access and flow of BC Children’s Hospital surgical services. The initiative involves implementing multi-level strategies to recruit, hire, train and retain OR nursing for optimal staffing levels, and providing mitigating short and long term strategies to address existing nursing shortages and OR closures.

• Improve patient care pre- and post-transplant in order to improve patient outcomes and increase graft and patient survival.

• Continue to implement Trans Care BC’s provincial surgical access strategy to create a streamlined assessment process for hormone and surgery readiness that provides, improved access in home communities, improvements to wait times and increased transparency around the assessment process.
• Provide leadership in enhancing provincial and regional surgical capacity through translation of innovations, new service delivery models and development of standards/guidelines that support transfer of gynaecologic surgeries from operating room to outpatient procedure room settings.

**Performance Measure 3: Complex pediatric surgeries**

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>2010/11 Baseline</th>
<th>2016/17 Target</th>
<th>2017/18 Target</th>
<th>2018/19 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of complex, non-emergency pediatric hip surgeries completed within established benchmark time frames</td>
<td>42%</td>
<td>75%</td>
<td>80%</td>
<td>85%</td>
</tr>
</tbody>
</table>

**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 with a goal to continue a high standard of access for patients requiring complex hip surgery.

**Objective 2.5: Sustainable and effective health services in rural and remote areas of the province, including First Nations communities.**

Individuals who reside in rural communities tend to have 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. The Ministry and health authorities will continue to work with communities, including First Nations, to implement a renewed approach to providing quality health...
services across rural and remote areas.

**Strategies**

- Implement the PHSA Indigenous Cultural Safety Framework, including identifying and prioritizing key domains across the organization that can be transformed to create a climate of change towards cultural safety, and forefront the goal of improving Indigenous patients’ experiences into everyday work.

- Develop a BC Emergency Health Services clinical hub to work collaboratively with HealthLink BC (HLBC) to transfer more types of low acuity patient calls to HLBC rather than transporting them to an emergency department. The hub which will provide more clinical oversight to our triage process and provide an improved patient experience.

- In partnership with the Métis Nation BC, BC Association of Friendship Centres, and First Nations Health Authority, develop an Indigenous Cancer Control strategy for First Nations, Inuit and Métis people of BC.

- Work with the Fraser Health Authority to develop an initiative to reduce emergency department delays for ambulance crews.

- Complete a feasibility study of birthing options, with a focus on the potential of establishing low-risk birthing centres.

- Continue to lead a process to increase the range of patients who have access to independent dialysis through the introduction of new patient-focused options and standardized education programs.

- Expand the tools available for paramedics and first responders to provide patient care and improve the experience patients have in the pre-hospital setting; including strategies in support of tele-health and home monitoring utilizing community paramedicine and other PHSA staff and services.

- Work with the First Nations Health Authority, First Nations communities, primary care and specialty services in the implementation of TeleRenal services, a comprehensive renal care strategy to improve identification, prevention, and treatment of kidney disease in First Nations people.

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

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>2013/14 Baseline</th>
<th>2016/17 Target</th>
<th>2017/18 Target</th>
<th>2018/19 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of patients in active labour admitted within 45 minutes</td>
<td>26%</td>
<td>55%</td>
<td>60%</td>
<td>65%</td>
</tr>
</tbody>
</table>

**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 increased from 26 percent in 2013/14 to 47 percent in 2015/16. Continuous improvement initiatives will be applied to further improve patient flow.

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

To achieve value for money in health care, the Ministry 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\(^1\) 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**

- Establish a performance management framework for the BC Cancer Agency.
- Develop strategies to ensure the continued provincial scope and sustainability of donation and transplant operations.
- Continue to lead the Triple Aim Centralized Collaborative Complex Care (C4) initiative to create an enhanced integrated care model to increase system-wide efficiencies resulting in the best health outcome and experience for children with medically/developmentally/behaviourally complex needs. The

\(^1\) Institute for Healthcare Improvement. [http://www.ihi.org/Pages/default.aspx](http://www.ihi.org/Pages/default.aspx)
enhanced integrated care model aims to provide children and families with minimal wait times, streamlined assessment processes and an early diagnosis where possible.

- Implement Revised BC Autism Assessment Network (BCAAN) autism diagnostic guidelines.
- Implement a systems approach to deceased donation aimed at moving the critical care community to a culture that embraces organ donation as a part of quality end of life care and increases deceased organ donation.
- Expand BC Women’s Sexual Assault Services to the UBC Campus to improving access to best practices and care.
- In partnership with the transplant centres in BC, implement strategic approaches to increase transplantation rates through living donation.

Objective 3.2: 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 care and treatment.

Objective 3.3: Collaboration in the enabling areas of health human resource management, IM/IT and technology infrastructure, and approaches to funding.

Effective health human resource management and an integrated IM/IT approach are essential for an efficiently managed health system and ensuring resources are spent where they will have the best health outcomes. Equally as important are corporate service related priorities such as competent communication, governance, management, leadership, alignment and teamwork, innovation and knowledge management, organizational infrastructure and systems (including budget assignment and management).

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**

- Develop 10 year capital and infrastructure plan for the BC Cancer Agency.
- Re-organizing the BC cancer Agency’s leadership structure to better align the structure to improve organizational performance and accountabilities, with the overall goal of delivering a provincially planned, regionally delivered cancer system.

**Performance Measure 5: Nursing overtime**

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>2010 Baseline</th>
<th>2016 Target</th>
<th>2017 Target</th>
<th>2018 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing overtime hours as a percentage of productive nursing hours</td>
<td>2.24%</td>
<td>&lt;= 3.3%</td>
<td>&lt;= 3.3%</td>
<td>&lt;= 3.3%</td>
</tr>
</tbody>
</table>

**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.
# Resource Summary

<table>
<thead>
<tr>
<th>($ millions)</th>
<th>2015/16 Actual</th>
<th>2016/17 Budget</th>
<th>2017/18 Plan</th>
<th>2018/19 Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OPERATING SUMMARY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provincial Government Sources</td>
<td>$2,795.0</td>
<td>$2,537.5</td>
<td>$2,652.5</td>
<td>$2,744.7</td>
</tr>
<tr>
<td>Non-Provincial Government Sources</td>
<td>$166.1</td>
<td>$146.4</td>
<td>$152.0</td>
<td>$156.5</td>
</tr>
<tr>
<td><strong>Total Revenue:</strong></td>
<td>$2,961.1</td>
<td>$2,683.9</td>
<td>$2,804.5</td>
<td>$2,901.2</td>
</tr>
<tr>
<td>Acute Care</td>
<td>$1,929.0</td>
<td>$1,979.8</td>
<td>$2,109.7</td>
<td>$2,180.8</td>
</tr>
<tr>
<td>HCC – Residential</td>
<td>$1.8</td>
<td>$1.8</td>
<td>$1.8</td>
<td>$1.8</td>
</tr>
<tr>
<td>HCC – Community</td>
<td>$141.2</td>
<td>$149.3</td>
<td>$153.8</td>
<td>$159.0</td>
</tr>
<tr>
<td>Mental Health &amp; Substance Use</td>
<td>$130.4</td>
<td>$130.1</td>
<td>$132.1</td>
<td>$137.8</td>
</tr>
<tr>
<td>Population Health &amp; Wellness</td>
<td>$189.8</td>
<td>$218.0</td>
<td>$201.0</td>
<td>$202.8</td>
</tr>
<tr>
<td>Corporate</td>
<td>$568.1</td>
<td>$204.9 (^1)</td>
<td>$206.1</td>
<td>$219.0</td>
</tr>
<tr>
<td><strong>Total Expenditures:</strong></td>
<td>$2,960.3</td>
<td>$2,683.9</td>
<td>$2,804.5</td>
<td>$2,901.2</td>
</tr>
<tr>
<td><strong>Surplus (Deficit)</strong></td>
<td>$0.8</td>
<td>-</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CAPITAL SUMMARY**

<table>
<thead>
<tr>
<th></th>
<th>2015/16 Actual</th>
<th>2016/17 Budget</th>
<th>2017/18 Plan</th>
<th>2018/19 Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funded by Provincial Government</td>
<td>168.1</td>
<td>184.6</td>
<td>87.0</td>
<td>102.3</td>
</tr>
<tr>
<td>Funded by Foundations, Regional Hospital Districts, and Other Non-Government Sources</td>
<td>45.9</td>
<td>107.5</td>
<td>53.9</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>Total Capital Spending</strong></td>
<td>214.0</td>
<td>292.1</td>
<td>140.9</td>
<td>104.3</td>
</tr>
</tbody>
</table>

\(^1\) Effective April 1, 2016 Health Shared Services BC (HSSBC) transferred to the BC Clinical and Support Services (BCCSS) Society. As a result, PHSA’s operating budget no longer includes HSSBC starting fiscal 2016/17.
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.

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Targeted Completion Date (Year)</th>
<th>Approved Anticipated Total Cost of Project ($ millions)</th>
<th>Project Cost to Mar 31, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s &amp; Women’s Redevelopment – Phase 2</td>
<td>2017/18</td>
<td>529.1</td>
<td>228.1</td>
</tr>
<tr>
<td>The redevelopment of BC Children’s Hospital and BC Women’s Hospital will be completed in three phases. The second phase of the project consists of construction of a new 59,400 square metre (640,000 square foot) Teck Acute Care Centre (TACC) and renovations to the BC Women’s Assessment Room in the 1982 Building.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Centre for Mental Health and Addictions</td>
<td>2019/20</td>
<td>97.5</td>
<td>0.1</td>
</tr>
<tr>
<td>A new 105 bed facility to provide a secure therapeutic environment to enable evidence-informed care for those living with complex mental health and substance use issues.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical &amp; Systems Transformation</td>
<td>2016/17</td>
<td>50.8</td>
<td>43.7</td>
</tr>
<tr>
<td>To establish a common standardized, integrated, end-to-end clinical information system and environment for the Provincial Health Services Authority, Vancouver Coastal Health Authority and Providence Health Care.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children’s &amp; Women’s Energy Centre</td>
<td>2019/20</td>
<td>29.7</td>
<td>0.4</td>
</tr>
<tr>
<td>To replace and renew the existing steam plant on the Children’s and Women’s Hospital campus, and supply low carbon energy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulances</td>
<td>2016/17</td>
<td>16.0</td>
<td>8.0</td>
</tr>
<tr>
<td>To purchase 60-70 ambulances annually to maintain the BC Emergency Health Services ambulance fleet.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation Therapy Linear Accelerator Replacement</td>
<td>2016/17</td>
<td>11.0</td>
<td>8.8</td>
</tr>
<tr>
<td>To replace 3 linear accelerators at the BC Cancer Agency Vancouver Centre.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BC Cancer Agency Pharmacy Upgrades</td>
<td>2017/18</td>
<td>9.9</td>
<td>4.1</td>
</tr>
<tr>
<td>Project Description</td>
<td>Targeted Completion Date (Year)</td>
<td>Approved Anticipated Total Cost of Project ($ millions)</td>
<td>Project Cost to Mar 31, 2016</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>---------------------------------</td>
<td>--------------------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>To upgrade the BC Cancer Agency’s Centre for the Southern Interior, Fraser Valley Centre, and Vancouver Centre pharmacies.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Forensic Psychiatric Hospital (FPH) Flood Mitigation</strong> To provide flood protection for the Forensic Psychiatric Hospital.</td>
<td>2016/17</td>
<td>8.7</td>
<td>8.7</td>
</tr>
<tr>
<td><strong>BC Cancer Agency Fraser Valley Centre Ambulatory Care Unit Chemotherapy Expansion</strong> To optimize the delivery of integrated interdisciplinary patient care by providing capacity for increasing clinic and chemotherapy patient volumes and improve the ratios of support space to exam space at the Fraser Valley Centre.</td>
<td>2017/18</td>
<td>7.4</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Radiation Therapy VERO</strong> To acquire and install new image-guided radiation equipment at the BC Cancer Agency Vancouver Centre.</td>
<td>2016/17</td>
<td>6.6</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>Provincial Practitioner Credentialing and Privileging</strong> To implement a single standard provincial web-based Practitioner Credentialing and Privileging Solution and related common business processes across all of the Health Authorities to ensure that members of Health Authorities medical staff have the requisite credentials and privileges to provide appropriate and safe care to patients, clients and their families.</td>
<td>2016/17</td>
<td>4.3</td>
<td>3.3</td>
</tr>
<tr>
<td><strong>MRI Replacement</strong> To replace an existing 2001 vintage, 1.5T Siemens MRI unit with a new 1.5T Siemens MRI unit.</td>
<td>2016/17</td>
<td>3.1</td>
<td>2.2</td>
</tr>
<tr>
<td><strong>ParaCARE</strong> To capture the Patient Care Record data electronically and transfer it to the existing billing and reporting system, with the ability to print the resulting form to use where there is no automated transfer of information.</td>
<td>2016/17</td>
<td>2.1</td>
<td>0.0</td>
</tr>
</tbody>
</table>
Appendices

Appendix A: Health Authority Contact Information

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

E-mail: phsacomm@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
BC Children’s Hospital and Sunny Hill Health Centre for Children http://www.bcchildrens.ca
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
Cardiac Services BC http://www.phsa.ca/our-services/agencies/cardiac-services-bc
Perinatal Services BC www.perinataleservicesbc.ca
BC Emergency Health Services (including BC Ambulance Service, Patient Transfer Network & Trauma Services BC) http://www.bcehs.ca