

Provincial Health Services Authority

2017/18 – 2019/20 SERVICE PLAN



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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 2017/18 – 2019/20.

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 and with a patient-centred service delivery philosophy. We are working to address issues that span all areas of the province, including:

- Delivering cross health sector priority areas that are critical to both the quality and sustainability of the health system
- Ensuring the delivery of other key government priorities for high quality and appropriate health services
- Pursuing innovative approaches to service delivery and managing the performance of our organization through continuous improvement across service and operational accountabilities, reporting quarterly to the Ministry.

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 on our promise to the people we serve.

Tim Manning
Board Chair
October 2017

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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:

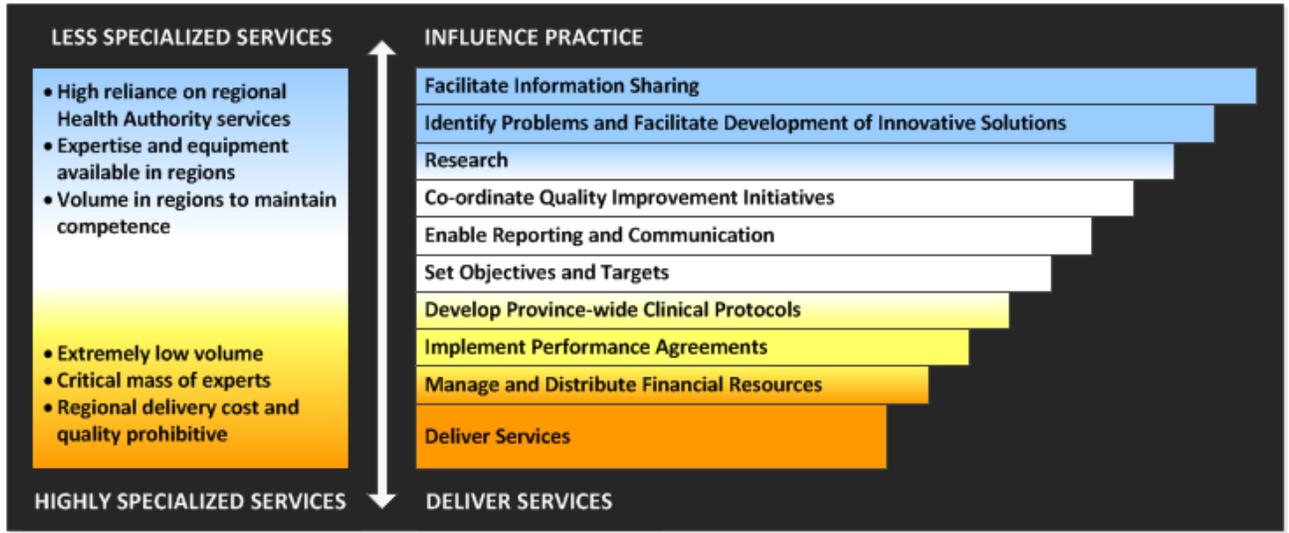
- Governing and managing nine agencies that plan and/or provide specialized health services on a province-wide basis: BC Cancer Agency, BC Centre for Disease Control, BC Children's Hospital & Sunny Hill Health Centre for Children, BC Mental Health & Substance Use Services, BC Provincial Renal Agency, 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, BC Early Hearing Program, the BC Surgical Patient Registry, Health Emergency Management BC, Indigenous Health, Lower Mainland Pathology & Laboratory Medicine, Mobile Medical Unit, Population & Public Health, Provincial Infection Control Network (PICNet), the Provincial Language Service, Services Francophones, Stroke Services BC, Trans Care BC, Trauma Services BC and Virtual Care. 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/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 enjoy some of the best health indicators in the world, pointing to the underlying strength of the province's social and economic factors that influence their health and the quality of the health care system. Every day, the health care system balances financial sustainability with quality, enabling thousands of successful interactions that demonstrate excellent results in a number of areas such as maternity care, acute care, critical and trauma care, cancer care, elective surgeries and diagnostic services. While progress in improving services across a range of areas over the past several years has been made, challenges do persist.

A growing subset of British Columbians is living with illness, disability and frailty, highlighting the need for appropriate care models for high need populations (including frail elderly and those with complex chronic conditions). Emergency rooms remain over-congested and most medium and large hospitals operate consistently at capacity levels close to and over 100 per cent. Wait times for many procedures have not declined despite increases in volumes of completed elective surgeries. Gaps remain in the continuum of mental health services for children and youth, as well as for some adult patients with moderate to severe mental illnesses and/or addictions. Improved access to coordinated, comprehensive and quality health care services across rural and remote communities is required. Addressing service areas that have remained problematic and resistant to successful resolution, despite significant effort, in addition to building on what is working well, will remain key areas of focus over the coming years.

Goals, Objectives, Strategies and Performance Measures

The *Provincial Health Services Authority 2017/18 – 2019/20 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 2017/18 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, First Nations Health Authority 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

- Provide collaborative leadership in the continued development of the BC Observatory for Population and Public Health, increasing provincial and regional surveillance capacity with respect to non-communicable diseases and injuries, risk and protective factors, and environmental health.
- Lead the development and implementation of a 3year PHSA Injury Prevention Strategy.
- Lead a provincial initiative to increase understanding of attitudes toward boating safety and develop an awareness campaign to promote better practices and reduce the incidence of preventable drowning/near drowning in BC waters.
- Lead the initial planning of actions related to quality improvement and knowledge translation in support of the Normalizing Birth Framework for a province-wide initiative to normalize birth and reduce use of caesarean sections.
- Plan and implement an Aboriginal Administrative Data Standard so that Indigenous people can self-identify when receiving health care services to enhance access to services and support Indigenous specific approaches to health service care and delivery and honour Indigenous cultural beliefs and practices.
- Continue development and implementation of PHSA's Indigenous Cultural Safety Strategy, an organizational-wide framework that identifies and prioritizes key domains across the organization that can be transformed to create a climate of change towards cultural safety, and

puts the goal of improving Indigenous patients’ experiences at the forefront of everyday work.

Performance Measure 1: Breast Cancer Screening

Performance Measure	2016/17 Baseline	2017/18 Target	2018/19 Target	2019/20 Target
Percentage of women aged 50-69 participating in screening mammography once every two years	52.8%	53.5%	54.0%	54.5%

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.

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. Numerous practice and service delivery innovations and initiatives have been introduced at the practice, health authority, and provincial levels, with the intent of meeting the expanding demand for services due to 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 administrators will facilitate better care for all British Columbians, and particularly for those who are more vulnerable, with a key objective of reducing preventable hospitalization.

Strategies

- Lead the implementation of the Provincial Heart Failure Initiative including improved integration with primary care, improving access to heart failure diagnostics and specialist care and facilitating shared care across the health care continuum.
- Assume responsibility and plan and implement the delivery of medical, mental health and substance use service to inmates in ten BC Provincial Correctional Facilities to improve the quality and continuity of health care for inmates in provincial corrections and facilitate a seamless transition to the community.
- Implement the Trans Care BC Primary Care Model focused on the delivery of services to older youth and adults within primary care practices in BC with the goal of improving access to services and supports across the province.

Objective 2.2: Improved 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

- Continue provincial implementation of the Peritoneal Dialysis Assist Program to support patients in maintaining their independence. The program, which includes both respite and long-term assistance options, is focused on patients who need help to maintain their PD care, generally elderly or disabled patients, by permitting them to continue dialysis at home and remain as independent as possible.

Performance Measure 2: Independent Dialysis

Performance Measure	2016/17 Baseline	2017/18 Target	2018/19 Target	2019/20 Target
Percentage of dialysis patients on independent dialysis	30.8%	31.5%	32.0%	32.5%

Data Sources: BC Renal Agency, and 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 2017/18 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 2016 shows that B.C. leads the country on this measure, as the percentage of patients on independent dialysis in other provinces varies from 11 to 27 percent, with a Canadian average of 24 percent.

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

- Implement 52 new provincial substance use treatment beds across the province to provide the treatment surge capacity required to address substance use issues for both youth/young adults and adults.
- Develop a new 105-bed purpose bed facility to provide specialized treatment to the people of BC with severe mental health and substance use issues. The facility will replace the current Burnaby Centre for Mental Health and Addiction and provide higher intensity services as well as 9 additional beds.
- In partnership with the regional health authorities and MOH, lead provincial planning to improve access to adult Tertiary Mental Health and Substance Use Services across BC
- Collaborate with regional health authorities and MOH in planning the provincial Opioid Emergency Response and implementing service changes and innovative interventions that are required to decrease deaths due to overdose of opioids.

Objective 2.4: Improved access to timely and appropriate surgical treatments and procedures

Acute care is the largest and most expensive sector in the health care system. Within this sector, the use of hospitals is changing. Perioperative care (the period extending from the time of hospitalization for surgery to the time of discharge) has changed, given advances in technology and techniques that have led to less use of inpatient beds and increased use of outpatient day surgery. 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

- Lead the development and implementation of PHSA’s Surgical Services 3 year plan, a comprehensive strategy to address wait times, communication challenges with patients and between systems, IT solutions, and establish common reporting across health authorities in the province.
- In partnership with health authorities and MOH, lead the development of the Rural Surgical and Obstetric Network Project to expand surgical services throughout rural and remote areas.
- In partnership with St. Paul’s Hospital lead the development of the Gynecological Surgery collaborative optimization strategy.

Performance Measure 3: Complex pediatric surgeries

Performance Measure	2010/11 Baseline	2017/18 Target	2018/19 Target	2019/20 Target
Percentage of complex, non-emergency pediatric hip surgeries completed within established benchmark time frames	42%	80%	85%	90%

Data Sources: BC Children’s Hospital Database and 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.

Performance Measure 4: Access to Maternity Care

Performance Measure	2013/14 Baseline	2017/18 Target	2018/19 Target	2019/20 Target
Percentage of patients in active labour admitted within 45 minutes	26%	60%	65%	70%

Data Sources: BC Women’s Hospital Database and 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 53 percent in 2016/17. Continuous improvement initiatives will be applied to further improve patient flow.

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

- Design and implement a patient-centred PHSA Virtual Care Provincial Program with provincial partners, leveraging evidence-informed practice to enable and/or contribute to: equitable access to best practices and standards of care across the province; provision of patient care at home and in their communities; prevention of unnecessary travel for services; improved patient self-management; improved continuity of care; enhancement of clinical skills, relationships and networks of care; and improved rural and remote recruitment and retention.
- Improve BC Ambulance Services Service Delivery in rural and remote communities to reduce emergency response times and improve ambulance availability for urgent patients.

Goal 3: Ensure value for money.

An efficiently managed health system ensures resources are spent where they will have the best health outcomes. Such an approach meets the Triple Aim 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.

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 Aim¹ 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

- Implement the PHSA Medical Resonance Imaging (MRI) Strategy to increase capacity and volumes.
- Develop a Public Health Labs Operational Blueprint for the future state design and modernization of the BC Centre for Disease Control public health laboratories.

- Continue to engage and participate in the BC Agency for Pathology and Laboratory Medicine’s development of a laboratory medicine strategy, including serving on various committees and working groups with representation from Lower Mainland Laboratories and Pathology and BC Centre for Disease Control Public Health Labs.
- Implement BC Emergency Health Services three year Action Plan and business case to transform emergency services in BC. The plan includes initiatives to reduce emergency response times and improve ambulance availability for urgent patients, strategically invest in resources across the province and develop alternative care options for patients other than transporting them to hospital.
- Lead collaborative planning and implementation of the Provincial Cancer Plan based on the *An Integrated Cancer Control Program for British Columbia Policy Paper*, laying the framework for the delivery of cancer services across the entire continuum of care in BC.
- Continue implementation of a BC Children’s Hospital Clinical Decision Unit (CDU), a short stay unit within the Emergency Department (ED) in the new Teck Acute Care Centre (TACC), to increase patient satisfaction, safety and efficiency.
- Implement a new Neonatal Intensive Care Unit (NICU) model of care – Mother Baby Care – in preparation for the 10 Mother Baby Care Unit in the new Teck Acute Care Centre (TACC). This is the only NICU in North America to adopt this model of care in which a mother and her premature newborn are not separated after birth.
- Continue implementation of the Children’s Virtual Care: Tele-PICU (Pediatric Intensive Care Unit) an initiative that allows children who are seriously ill or injured to receive subspecialty care right from the time they arrive at their community hospital in an emergency department through a virtual connection with a pediatric intensive care team. Parents can virtually “meet” the children’s hospital team and be part of the important assessment – a very important part of family centred care.

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.

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 a PHSA Patient , Family & Community Inclusion Policy and Playbook to guide our commitment to building, fostering and deepening our relationships with patients, families and the communities we serve.
- Continue to engage and participate in the development of the Strategy for Patient-Oriented Research Support Unit, Academic Health Services Network and the BC Tech Strategy, including serving on various committees and working groups.
- Continue implementation of the Clinical System Transformation (CST) initiative 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	2010 Baseline	2017/18 Target	2018/19 Target	2019/20 Target
Nursing overtime hours as a percent of productive nursing hours	2.24%	<=3.3%	<=3.3%	<=3.3%

Data Sources: This measure is based on calendar year. Health Sector Compensation Information System (HSCIS) and 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

(\$ millions)	2016/17 Actual	2017/18 Budget	2018/19 Plan	2019/20 Plan
OPERATING SUMMARY				
Provincial Government Sources	2,602.936	2,719.962	2,904.881	2,987.286
Non-Provincial Government Sources	174.837	166.314	176.126	175.839
Total Revenue:	2,777.773	2,886.276	3,081.007	3,163.125
Acute Care	2,024.445	2,123.639	2,243.744	2,308.494
Residential Care	1.755	2.027	2.027	2.027
Community Care	152.100	170.846	192.067	199.550
Mental Health & Substance Use	140.534	138.120	156.341	163.043
Population Health & Wellness	192.850	216.409	203.311	205.696
Corporate	265.444	235.235	283.517	284.315
Total Expenditures:	2,777.128	2,886.276	3,081.007	3,163.125
Surplus (Deficit)	0.645	-	-	-
CAPITAL SUMMARY				
Funded by Provincial Government	175.882	133.615	148.811	86.505
Funded by Foundations, Regional Hospital Districts, and Other Non-Government Sources	94.494	82.035	3.000	6.000
Total Capital Spending	270.376	215.650	151.811	92.505

Major Capital Projects

In this section health authorities will list approved capital projects in their region that are over \$20 million in total capital cost regardless of funding source. Projects should be organized by approved anticipated total cost, from the highest to lowest cost. **Please note that only projects that have received final funding approval should be included.**

Major Capital Project	Targeted Completion Date (Year)	Project Cost to Dec 31, 2016	Estimated Cost to Complete	Approved Anticipated Total Capital Cost of Project (\$ millions)
<p>Children's & Women's Redevelopment</p> <p><i>The redevelopment of BC Children's Hospital and BC Women's Hospital will be completed in three phases. The first phase is complete and included expansion of the neonatal intensive care unit (NICU) by three beds, expansion space for the UBC Faculty of Medicine, and construction of a new 2,400 square metre Clinical Support Building.</i></p> <p><i>The second phase of the project is currently underway and consists of the demolition of A-Wing, L-Wing and Medical Education and Research Unit building, construction of a new 49,880 square metre Teck Acute Care Centre (TACC), and renovations to the BC Women's Urgent Assessment Room in the 1982 Building. The TACC is planned to open for patients in November 2017.</i></p> <p><i>The third phase includes a 10-bed expansion of single room maternity care, and relocation of the Sunny Hill Health Centre for Children into renovated space in the 1982 building at the Oak Street campus. Government approved the Phase 3 business plan in spring 2016. The project will improve delivery of patient-centered care by creating optimal patient access and patient flow, improve operational</i></p>	2019/20	406.7	665.9	665.9

Major Capital Project	Targeted Completion Date (Year)	Project Cost to Dec 31, 2016	Estimated Cost to Complete	Approved Anticipated Total Capital Cost of Project (\$ millions)
<p><i>efficiency/capacity for inpatient services by consolidation and developing space designed to current pediatric care standards, and provide flexible spaces to support changes in health care models. The capital cost of the project is estimated at \$678 million, including a \$150 million contribution from the BC Children's Hospital Foundation.</i></p>				
<p>Centre for Mental Health and Addictions</p> <p><i>Planned to open in 2019, the new 105 bed facility will be located on the Riverview lands in Coquitlam and will replace the current Burnaby Centre for Mental Health and Addictions. The new facility will be a more therapeutic space for those living with complex mental-health challenges and substance-use issues. The capital cost of the project is estimated at \$97.5 million with funding provided by the Province.</i></p>	2019/20	0.9	97.5	97.5

Significant IT Projects

To be consistent with the 2017/18 Mandate Letter reporting requirement, any significant IT projects identified in the letter should be included in the service plan. In addition, any significant IT projects that have not been identified in the 2017/18 Mandate Letter but are considered significant to the business operation should be included in the service plan. As a general guideline, a significant IT project is one where the capital investment on a single project exceeds \$20 million in total or \$10 million in one fiscal year.

IMIT Project (exceeds \$20 million in total or \$10 million in one fiscal year)	Targeted Completion Date (Year)	Project Cost to Dec 31, 2016	Estimated Cost to Complete	Approved Anticipated Total Capital Cost of Project (\$ millions)
<p>Clinical and Systems Transformation</p> <p>The primary purpose of the Clinical and Systems Transformation (CST) Project is to establish a common standardized, integrated, end-to-end clinical information system and environment for Provincial Health Services Authority, Vancouver Coastal Health Services Authority and Providence Health Care. The vision of the project is to create a single health record for the patient.</p> <p>The goal of this initiative is to deliver streamlined care, with clinical design teams creating standardized, evidence-informed clinical practices. An integrated clinical information system will allow users access to more complete health records as well as access to clinical decision support tools to increase safety, effectiveness and efficiency.</p>	<p>2019</p>	<p>55.362</p>	<p>38.638</p>	<p>94.000</p>

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
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.bccchildrens.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

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