

# Provincial Health Services Authority

## 2020/21 – 2022/23 SERVICE PLAN

September 2020



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## Board Chair Accountability Statement



The 2020/21 – 2022/23 *PHSA Service Plan* was prepared under the board’s direction in accordance with the *Societies Act*. The plan is consistent with the Government’s strategic priorities and fiscal plan. The board is accountable for the content of the plan, as well as what has been included in the plan and how it has been reported. The board is responsible for the validity and reliability of the information in the plan.

All significant assumptions, policy decisions, events and identified risks, as of August 13, 2020, have been considered in preparing the plan. The performance measures presented are consistent with the Ministry’s mandate and goals, and focus on aspects critical to the organization’s performance. The targets in this plan have been determined based on an assessment of PHSA’s operating environment, forecast conditions, risk assessment and past performance.

As the organization carries out the important work of the *2020/21 PHSA Service Plan*, the Board of Directors shares a deep commitment to addressing inequity in health care. We seek to act on the guidance and support offered to us by Indigenous Peoples to eradicate interpersonal, organizational and systemic racism, and in doing so, be a humble partner in creating meaningful change.

*Board Chair’s Signature*

A handwritten signature in black ink that reads "Tim Manning". The signature is written in a cursive, slightly stylized font.

Tim Manning, OBC, ICD.D  
Board Chair  
September 17, 2020

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## Organizational Overview

As the first organization of its kind in the country, PHSA dates back to December 2001. Historically, our focus has been on providing select specialized and province-wide health care services. However, in recent years, our role in British Columbia’s health sector has continued to grow and evolve.

In June 2018, the Ministry of Health (the ministry) provided us with an exciting [Foundational Mandate](#) with the intent of helping to enable *One System of Care* for British Columbians. Our Foundational Mandate includes province-wide responsibility for:

- Provincial clinical policy
- Provincial clinical service delivery
- Provincial commercial services
- Provincial digital and information technology

PHSA is accountable to ensure adequate planning and operational management supports the delivery of services and the meeting of expectations for these areas. The province has responsibility for providing all aspects of health services to residents of B.C., including First Nations (on and off reserve), Métis and Inuit.

As these new responsibilities shift from concepts, coordination and planning into tangible and real operational changes, we will continue to work collaboratively with the Ministry of Health, Ministry of Mental Health and Addictions and our regional and First Nations Health Authority (FNHA) partners to meet local and provincial health needs and ensure all employees and stakeholders are supported through these changes. Together, we will be guided by our mutually shared goal of better serving patients with a more integrated and accessible system of care. We will also engage our broad, diverse group of stakeholders to advise and help us implement these changes in a thoughtfully paced way that ensures continued partnerships, innovation and excellence in patient-centred care.

PHSA will continue to collaborate with the regional authorities and our key service partners who play a critical role in the health system including health profession regulatory colleges, Doctors of BC, health profession associations, health sector unions, and physicians. In addition, PHSA will continue to work with government ministries and agencies as necessary, notably the Ministry of Health, Ministry of Mental Health and Addictions, Ministry of Children and Family Development, Ministry of Education, Ministry of Social Development and Poverty Reduction and BC Housing, to deliver accessible and quality services.

Supplementing our Foundational Mandate, PHSA’s [2020/2021 Mandate Letter](#) from the Minister of Health outlines our specific directions for the fiscal year ahead. Our goals align with the health sector strategic priorities, including the implementation of the provincial team-based primary care strategy, team-based care for mental health and addiction patients, continued response to the ongoing opioid overdose public health emergency, care for seniors, and improving timely access and reducing wait times for scheduled surgeries and magnetic resonance imaging (MRIs).

We are working hard to continue to strengthen policy, planning and services as well as address issues that span all areas of the province, including:

- Developing and applying, as assigned by the ministry, a clinical policy framework and the associated processes
- Providing services that are acceptable to the patient and the population
- Furthering population health, health promotion and prevention and protection
- Providing community specialized services, such as cancer care and end-of-life care
- Commencing integrated planning, service coordination and service consolidation of pathology and laboratory medicine services under an integrated and coordinated operating model
- In collaboration with the Pharmaceutical, Laboratory and Blood Services Division, increase integrated planning and coordination of pharmacy services across our health system to best position this key clinical service for the future
- Providing high-quality paramedic services, hospital and treatment services and maternity services strategy work through BC Children’s Hospital, BC Women’s Hospital + Health Centre, mental health and treatment facilities and the public laboratory and diagnostic imaging and pharmacy services across the Lower Mainland of British Columbia
- Strengthening relationships between health authorities and physicians
- Supporting the ministry in the advancement of a provincial digital health and information management/information technology (IMIT) strategy
- Planning and assessing consolidation and cost-effective delivery of commercial services and business solutions
- Ensuring effective operational governance and policies, including regular reporting
- Providing services that are safe – this includes physical, emotional, psychological and cultural safety

Throughout our work, we are guided by our core values:

- Respect people
- Be compassionate
- Dare to innovate
- Cultivate partnerships
- Serve with purpose

We operate under the [Societies Act](#) and are accountable to the Minister of Health through a Board of Directors, which is 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, we are deeply committed to meeting the needs of the people we serve. The governance policies and practices of PHSA are compliant with the Governance and Disclosure Guidelines for Governing Boards of British Columbia Public Sector Organizations (Best Practice Guidelines) issued by the Crown Agencies and Board Resourcing Office, Ministry of Finance. These guidelines define how the board carries out its duties of stewardship and accountability and are available on [PHSA’s website](#).

Our commitment to meeting the needs of our residents and our patients also extends to our own people. With more than 23,000 team members, we are dedicated to maintaining high standards of employment and continuing to foster a culture of respect, teamwork and professionalism.

Our continued gratitude goes out to PHSA's dedicated physicians, nurses, paramedics, clinical and allied health professionals, administrative and support staff, students, researchers, volunteers and Board of Directors. Our work would not be possible without the support of these individuals who work tirelessly every day to put patients at the heart of everything we do.

## **Strategic Direction and Alignment with Government Priorities**

The Government of British Columbia remains focused on its three strategic priorities: making life more affordable, delivering better services and investing in a sustainable economy. Health authorities such as PHSA are essential to achieving these priorities by providing quality, cost-effective services to British Columbia families and businesses.

Additionally, where appropriate, the operations of PHSA will contribute to:

- Implementation of the *Declaration on the Rights of Indigenous Peoples Act* and the Truth and Reconciliation Commission Calls to Action, demonstrating support for true and lasting reconciliation
- Putting B.C. on the path to a cleaner, better future – with a low carbon economy that creates opportunities while protecting our clean air, land and water as described in the CleanBC plan

By adopting the Gender-Based Analysis Plus (GBA+) lens, PHSA will ensure that equity is reflected in their budgets, policies and programs.

Achieving energy and environmental sustainability is a priority for PHSA. To achieve this, in its environmental sustainability policy, PHSA is mindful of the importance of developing a triple-bottom-line approach to sustainability – one that balances ecological, societal, and economic imperatives, and recognizes the link between a healthy environment and a healthy population. PHSA is also part of the Green Care Energy and Environmental Sustainability team.

Overall, PHSA will support a strong, publicly-funded health care system that provides timely, responsive and stable care to meet the needs of the diverse patient population in B.C. This will be accomplished by working with clinicians and service programs to ensure patients are treated with respect, compassion, cultural safety and humility. In addition, PHSA will seek to foster an environment where patients can voice their experience regarding the quality of care, they are receiving and are full partners in their own health care.

PHSA is aligned with Government’s key priorities:

Government Priorities	Provincial Health Services Authority Aligns with These Priorities By:
Making life more affordable	<ul style="list-style-type: none"> <li>• Objective 1.1: A primary care model that provides comprehensive, coordinated and integrated team-based care</li> <li>• Objective 1.2: Improved health outcomes and reduced hospitalizations for seniors</li> <li>• Objective 1.3: Timely access to appropriate surgical and diagnostic procedures</li> <li>• Objective 1.4: Effective provincial clinical policy development, implementation and evaluation</li> </ul>
Delivering the services people count on	<ul style="list-style-type: none"> <li>• Objective 1.5: Coordination of medical imaging and advancement of provincial consolidation of pathology and laboratory medicine and pharmacy services</li> <li>• Objective 1.6: High-quality, culturally safe care for Indigenous populations</li> <li>• Objective 2.1: Effective population health, health promotion and illness and injury prevention services</li> <li>• Objective 2.2: Improved health outcomes and reduced hospitalizations for those with mental health and substance use issues</li> <li>• Objective 2.3: Continued improvement of hospital services and health centres</li> <li>• Objective 2.4: Enhancement of specialty and sub-specialty services across the continuum of care</li> </ul>
A strong, sustainable economy	<ul style="list-style-type: none"> <li>• Objective 3.1: Effective governance, use of health sector resources and approaches to funding</li> <li>• Objective 3.2: Effective use of technology, data and analytics to make better decisions</li> <li>• Objective 3.3: Optimized delivery of business operations</li> <li>• Objective 3.4: Heightened provincial emergency preparedness including COVID-19 management and oversight</li> <li>• Objective 3.5: An engaged, skilled and healthy workforce that provides and supports team-based, patient-centred care</li> <li>• Objective 3.6: Commitment to the central position of science, evidence and education in wellness, care and policy</li> </ul>

## Strategic Context

PHSA has an exciting future. Our service plan is a culmination of our collective organizational strengths and diversity, which will enable us to make big, exciting and critical changes to the health care system.

We received our new [Foundational Mandate](#) from the ministry in June 2018, broadening our responsibilities to include province-wide clinical policy, clinical service delivery, commercial services



and digital and information technology. PHSA's priorities also align with the priorities outlined in the [2020/21 Ministry of Health Service Plan](#).

Our executive leadership team is focused on bringing together PHSA as a collective, helping to drive integration and coordination across PHSA as well as the health care system. Our attention is turning to ways we can truly think, act and be an integrated, multi-service organization that is specialized, systems-focused, provincially-focused, and committed to clinical excellence, business solutions and value-based partnerships. Transforming and uniting as a collective will enable PHSA to rise to the challenge of providing an even higher standard of care to British Columbians. Our role will become not only one of provincial programs and care, but also one of a valued service provider to our partners. We will ensure effective planning, resource allocation, action and reporting focused on achieving our health sector strategic priority goals and targets, and representing our commitment to living our values.

PHSA is working collaboratively with the ministry and regional and FNHA partners to implement changes in relation to our [Foundational Mandate](#), with the shared goal of better serving patients with a more integrated system of care. Our engagement processes start from a place of appreciating that there are benefits to patients and partners in having a provincial approach to some aspects of health care service delivery, but that local considerations must be factored into all service delivery models. These local considerations should inform the depth and extent of provincial service delivery and one system of care.

As assigned by the ministry, PHSA has accountability to collaboratively develop, implement, monitor, evaluate and report on provincial clinical policy. Provincial clinical policy is to be applied across the health sector to ensure a consistent level of safe, high-quality clinical care across the B.C. health system. The clinical policy framework serves as the basis for the development of new or changing clinical policies in B.C. and a high-level strategy for how PHSA, working with the ministry, health authority partners and other key stakeholders, can begin to establish a purpose-built digital and information technology division for the health sector.

As work on these areas progresses, PHSA's 2020/21 Service Plan provides for an equitable and inclusive approach towards strategic priority setting and provides key opportunities for constructive stakeholder engagement grounded in evidence and value-based decisions. Our approach is people-centred, equity-based and performance-driven.

Our work continues to take place amidst a backdrop of growing societal pressures and challenges. As an organization, PHSA continues to face capacity issues, rising costs, recruitment challenges and changing societal expectations. We will rise to these challenges sustainably by embracing digital health solutions that bring care closer to home for our patients, leveraging the power of data and analytics and focusing on the expectations of our citizens when it comes to convenience and to better enabling wellness and prevention. There is a recognized need to seize unexpected opportunities and continue to adapt as we move forward and navigate new challenges.

PHSA continues to develop and maintain effective working relationships with the FNHA, Métis Nation BC (MNBC), the BC Association of Aboriginal Friendship Centres (BCAAFC) and directly with First Nations and communities to ensure a high-quality, culturally-safe, integrated and well-coordinated system of care for Indigenous peoples in B.C.

Through all of this work, we will continue to collaborate with our health authority partners, community stakeholders and health care professionals to improve access to evidence-informed

practice closer to where people live and to effectively promote health, manage chronic conditions and reduce the burden of illness. From conducting ground-breaking research to training tomorrow's professionals, setting province-wide standards, providing top-notch, compassionate patient care, our leaders, health professionals and staff consistently seek system-wide improvements with an emphasis on prevention, health promotion and protection and an exceptional standard of care for those we serve. We will strive to be a partner of choice.

The COVID-19 pandemic gave rise to an unprecedented challenge – for our organization, for our province, for our nation. Leaders and teams had to be agile and adaptive as the situation evolved rapidly. As a team of extraordinary people – including physicians, nurses, laboratory technicians, paramedics, administrative, technical and allied health professionals – we are proud of the passion and commitment of our employees in serving patients, families and communities as we chart a path forward through something that few have ever experienced before.

Our organization quickly rallied and rose up to become an integral part of B.C.'s response to COVID-19. This work took us through the last quarter of 2019/20 and continues into 2020/21, as we maintain our vigilance in planning for continued impacts of this virus. The analytical load alone was significant, as the creation of real-time, customized information feeds and dashboards for PHSA, the Ministry and other stakeholders was realized. PHSA played a pivotal role in the COVID-19 response with support from the BC Centre for Disease Control (BCCDC), Supply Chain, Health Emergency Management British Columbia (HEMBC), Provincial Infection Control Network (PICNet), Provincial Laboratory Medicine Services, and British Columbia Emergency Health Services (BCEHS) paramedics in rural areas. COVID-19 has had many devastating effects, but it has also shown us new potential for the years ahead. It has demonstrated how we can work across boundaries, and how we can creatively shift the way we work in partnership with others and find ways to soar forward with new innovations and improvements.

As we navigate the new path for both our broadened accountabilities and our continued role as a specialized health care provider within B.C.'s health care system, we will leverage the great work that is already underway, our valued partnerships and the amazing people and talent that we have within PHSA. By continuing to discover, tap into and leverage these strengths, we will be able to make exciting, ambitious and critical changes systemically through collaborative excellence.

The following performance plan outlines how PHSA will continue to track progress on key mandate commitments and other emerging ministry priorities.

## Goals, Objectives, Strategies and Performance Measures

### Goal 1: Ensure a focus on service delivery areas requiring strategic repositioning

In collaboration with the ministry, PHSA will play a key role in effectively linking provincial clinical policy, provincial health services and digital/IMIT services to the implementation of team-based primary care strategies and improved care for seniors. PHSA will ensure effective referral pathways and service linkages for patients between regional health services and provincial specialized services and programs.

We have identified strategies to ensure effective referral pathways and service linkages for patients between regional health services and provincial specialized services and programs. In primary and community care, this means enabling a comprehensive, coordinated, integrated and team-based approach – one that brings together and coordinates local primary and community care providers, services and programs to make it easier for people to access care, planning and services.

This work also supports the ministry’s commitment to delivering services people count on, particularly when it comes to improving and strengthening health services for seniors and people with complex care needs.

Additionally, we will continue to improve timely access to scheduled surgeries and MRIs, building on successes to date and furthering a surgical and medical imaging program that supports operational and administrative efficiencies. We will focus our efforts to improve patient wait times, making the best use of our resources, ensuring effective information management solutions and enabling more surgeries in areas with longer wait times. PHSA will participate in the Surgical Renewal Plan - [A Commitment to Surgical Renewal in B.C.](#) - and work to expedite capacity and service enhancements to address priority surgeries postponed during the initial COVID-19 response.

#### Objective 1.1: A primary care model that provides comprehensive, coordinated and integrated team-based care

PHSA is undertaking a number of key strategies to ensure a strong health care system that provides timely, responsive, culturally-safe, sustainable and quality care, meeting the needs of a diverse patient population. This includes continuing to optimize the community paramedicine program to more communities based on need.

##### Key Strategies:

- Complete the development of the collaborative, provincial maternity services strategy
- Develop a framework to enhance knowledge transfer and adoption of infection prevention practices in support of the pandemic response with a focus in primary care and community settings across B.C.
- Support the process to refresh B.C.’s Lifetime Prevention Schedule

Performance Measure	2018/19 Baseline	2018/19 Actuals	2019/20 Actuals	2020/21 Target	2021/22 Target	2022/23 Target
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1.1	Number of unique community paramedic patients' visits <sup>1</sup>	14,889	14,889	18,661	18,000	24,000	30,000
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<sup>1</sup> Data Source: BC Emergency Health Services, PHSA

**Linking Performance Measures to Objectives:**

- 1.1 This performance measure tracks the patient care activities of community paramedics across the province.

**Discussion:**

The optimization of the community paramedicine program continues to support the transformation of paramedicine in B.C., shifting from an emphasis on pre-hospital care to a model that includes prevention, health promotion and primary health care. The program has also stabilized staffing levels in rural and remote areas and mitigated the gaps in health service delivery, which the local health team identified in collaboration with BCEHS.

This performance measure tracks the number of unique community paramedic patient visits but does so from a more reliable reporting source than used previously. The data source, iScheduler, is more reliable at capturing patient care visits and replaces the old source, CAD. The iScheduler system was implemented in September 2019, and therefore monthly data is only available from October 1, 2019 onwards.

Over the next two years, BCEHS plans to increase the number of community paramedicine patient visits by increasing the range of patients that can be seen through the program and the range of patient referrals that can be managed through supporting deliverables such as home health monitoring.

**Objective 1.2: Improved health outcomes and reduced hospitalizations for seniors**

Appropriately and effectively linking provincial clinical policy, provincial health services and digital/IMIT services to support improved specialized care for seniors is a key strategy for PHSA.

As one of many clinical examples across PHSA, BC Renal’s mandate is to plan and coordinate the care of patients with kidney disease throughout the province. BC Renal is unique in Canada and in North America, as a model for integrated health care planning, policy and implementation within a regionalized structure. Consensus guidelines for patient care, identification of key elements regarding patient outcomes and the establishment of provincial contracts all contribute to the delivery of seamless care for kidney patients in British Columbia, including seniors.

As well, the BCCDC, in collaboration with the ministry and the regional health authorities, will continue to support the refresh and implementation of [\*Promote, Protect, Prevent: Our Health Begins Here, BC’s Guiding Framework for Public Health\*](#), the provincial framework for supporting the overall health and well-being of British Columbians.

**Key Strategies:**

- Develop a structured educational program for acute dialysis patients to support increased uptake of independent dialysis therapies and reduce patient morbidity and mortality

Performance Measure	2016/17 Baseline	2018/19 Actuals	2019/20 Actuals	2020/21 Target	2021/22 Target	2022/23 Target
1.2 % of dialysis patients on independent dialysis <sup>1</sup>	31.2%	30.5%	29.8%	32.5%	32.5%	31.5%

<sup>1</sup> Data Source: BC Renal, PHSA

### Linking Performance Measures to Objectives:

1.2 This measure tracks the percentage of total dialysis patients on independent dialysis; the options include peritoneal dialysis, home-based hemodialysis or self-care hemodialysis.

### Discussion:

Seniors are disproportionately affected by end-stage kidney failure. This indicator, measured by BC Renal, represents the effectiveness of renal programs in identifying, training and retaining patients on home-based, life support therapies, which have proven benefits with respect to health outcomes, patient quality of life and system sustainability. The independent dialysis prevalence rate is impacted by transplant rates (which increased substantially in recent years) and overall dialysis growth (as low as 1 per cent, leaving little room for independent dialysis growth). Results vary across health authorities, in part driven by geography and travel considerations, though we have seen a small increased uptake in a few regions during the course of the COVID-19 pandemic.

BC Renal continues to explore and address local and provincial barriers to care, including: a simpler home hemodialysis machine; a peritoneal dialysis (PD)ycler with remote monitoring capabilities; a PD assist program to reduce preventable attrition to hemodialysis; a structured educational program for acute dialysis patients; promotion of virtual health and training where feasible; leveraging increased patient interest in at-home therapies due to COVID-19; and ongoing advocacy to establish timely dialysis access surgical procedures as a surgical priority population across health authorities.

A small reduction for the 2022/23 target is proposed. Staffing issues and the high level of attrition of this patient population will make it difficult to maintain target. Of note, B.C. remains well above the national average (the percent of patients in other provinces varies from 11-27 per cent, with a Canadian average of 24 per cent).

### Objective 1.3: Timely access to appropriate surgical and diagnostic procedures

Preparing British Columbia’s health care system for COVID-19 meant making the difficult decision to postpone all non-urgent scheduled surgeries on March 16, 2020. This action was a necessary step to prepare for the potential surge of patients requiring critical care due to the virus, and to ensure health-care capacity if needed. On May 19, 2020 PHSA resumed these surgeries.

These postponements resulted in a significant setback in the previous gains made in increasing patients’ access to surgery and reducing the time they had to wait. To keep up with new demands for

surgery and complete the surgeries lost to COVID-19, the ministry launched its commitment to surgical renewal.

### **Key Strategies:**

PHSA is committed to achieve the goals of surgical renewal and will work with the ministry to develop plans to achieve the following five strategies of renewal:

1. Focus on patients by calling all patients who had their surgery postponed due to COVID-19 or were waitlisted prior to the resumption of surgeries to confirm they are still willing and able to come for surgery, and by prioritizing patients whose surgeries must occur in less than four weeks; patients who have had their surgery postponed; patients who have waited more than twice their targeted wait time; and patients whose surgeries can safely be conducted as day procedures or outside of the main operating room.
2. Increase surgeries through generating efficiencies, extending hours, operating on weekends, optimizing operations over traditional slowdown periods and opening new or unused operating rooms.
3. Increase essential personnel through focused recruitment, additional training, and evaluation and implementation of new models of care.
4. Add more resources.
5. Report on the progress of these efforts. PHSA will work with the ministry to monitor and report regularly on the progress made as strategies are implemented.

PHSA recognizes this is challenging work, requiring us to adapt to learnings from COVID-19 and to implement new ways of delivering our surgical services. This work is also highly vulnerable to future resurgences of COVID-19 expected in the fall/winter, which could again impact our hospitals and the ability to perform surgical procedures.

In addition, PHSA will continue to focus on ensuring patients have timely access to high quality, appropriate and culturally-safe medical imaging and gastrointestinal endoscopy services by committing to:

- Expedite capacity and service enhancements to address postponed services during the initial COVID-19 response; and,
- Reduce wait times by optimizing existing resources, streamlining business processes, reducing inappropriate/unnecessary procedures, and actively monitoring and managing waitlists.

### **Objective 1.4: Effective provincial clinical policy development, implementation and evaluation**

As outlined by the ministry, we have the accountability to develop, implement, monitor, evaluate and report on specific areas designated as requiring provincial clinical policies are consistently applied across the health sector to ensure system quality. This will include engagement and, as appropriate, collaboration with the BC Patient Safety and Quality Council, BC Academic Health Sciences Network, Women's Health Research Institute, the Medical Quality Initiative and the Guidelines and Protocols Advisory Committee. Collaboration will identify opportunities to harmonize and rationalize

respective accountabilities, optimizing value to the health system and fully aligning with PHSA’s provincial clinical policy mandate. PHSA will work collaboratively with the ministry and regional health authorities to efficiently and effectively enable the identification and development of needed provincial clinical policies. Following identification, the policies might then be successfully introduced, implemented, monitored, sustained and evaluated to improve the quality of clinical care and outcomes for patients. PHSA will continue to advance the stroke recommendations identified in the stroke review by collaborating with provincial partners.

**Key Strategies:**

- Complete a review using the provincial clinical policy framework for pain and diabetes
- Establish a health improvement network for cystic fibrosis
- Establish and promote the use of a web-based site to ensure ease of access to provincial clinical guidance and policy
- Establish the provincial clinical advisory group for trans care, scheduled surgeries and chronic disease management
- Review provincial clinical policy needs for cancer care, eating disorders and arthritis

Performance Measure	2017/18 Baseline	2018/19 Forecast	2019/20 Actuals	2020/21 Target	2021/22 Target	2022/23 Target
1.4 % of ischemic stroke patients who receive tissue Plasminogen Activator (tPA) <sup>1</sup>	13.6%	13.4%	TBD (data available Spring 2021)	14.5%	15.0%	15.5%

<sup>1</sup> Data Source: Discharge Abstract Database (DAD)

**Linking Performance Measures to Objectives:**

1.4 This indicator represents the proportion of all patients admitted in B.C. with ischemic stroke that received the recommended therapy of tissue Plasminogen Activator (tPA), which follows best practice. This measure is important as it is a measure of access, appropriateness and process. The target is derived based on a review of evidence and published performance in other high-performing jurisdictions.

**Discussion:**

tPA is a medication given in the first hours after stroke symptoms appear to treat eligible patients who experience an ischemic stroke. These types of strokes are caused by a blockage or clot in the blood vessel and tPA is used to dissolve the blockage in order to restore blood flow and reduce damage to the brain. Administration of tPA must occur as soon as possible after stroke symptoms appear (i.e., within 4.5 hours after the onset of symptoms), and has been demonstrated to reduce the severity of the stroke and improve patient outcomes. It is important to note that not everyone who has an ischemic stroke is eligible to receive tPA.

This indicator not only measures access to tPA, but also measures the efficiency and appropriateness of system performance. Effective delivery of tPA requires coordination of multiple pre-hospital and

hospital-based systems, including public awareness, emergency health services, emergency department care, diagnostic imaging and specialized stroke services.

During the 2018/19 data update, a data quality and capture issue was identified. Stroke Services BC worked with the health authorities to understand the scope of the issue and to resolve it in order to report this indicator with confidence. The data provided here for 2017/18 and 2018/19 has been corrected. The updated data shows continued high performance, in keeping with the improvement efforts made across the province to optimize access to this treatment. Provincial targets have been revised to support continuous improvement.

Provincially the overall rate for 2018/19 for the province was 13.4 per cent. There is no statistically significant change between 2017/18 and 2018/19. This compares to a rate of 14 per cent in Ontario for 2018/19<sup>1</sup>, 12 per cent in the United Kingdom for 2018/19<sup>2</sup>, and 10 per cent in Australia for 2019<sup>3</sup>.

By health authority, the rates of tPA administration across health authorities in 2018/19 ranged from 9.8 per cent (Vancouver Island Health Authority) to 17.8 per cent (Northern Health). There is no statistically significant change for tPA administration for any health authority in the last year.

In 2019, a provincial review of stroke care was completed resulting in the development of the multi-year “Provincial Stroke Strategy and Roadmap” to optimize stroke care in B.C. PHSA, in partnership with the regional health authorities, FNHA and other key partners, is aligning efforts to implement the strategy and improve outcomes for people experiencing strokes across the province.

### **Objective 1.5: Coordination of medical imaging and advancement of provincial consolidation of pathology and laboratory medicine and pharmacy services**

PHSA leads a patient-centred and integrated laboratory system that is accountable for high-quality, affordable, equitable and accessible services with continued consideration of sustainability. The provincial laboratory medicine service aims to drive quality to improve health outcomes, improve experience for patients and providers and enhance system capacity and cost-effectiveness in the delivery of laboratory services. In response to the pandemic, PHSA is aiming to maximize the capacity for COVID-19 testing by supporting innovative solutions such as the development and implementation of test pooling methodology as well as the implementation of a specimen collection method using a saline gargle.

PHSA currently leads and coordinates the lower mainland medical imaging function. PHSA will work to identify value of improved integrated planning and coordination in the lower mainland and across the province.

For pharmacy services, PHSA will focus on increasing provincial integrated planning and coordination of services developed in collaboration with the Ministry of Health’s Pharmaceutical, Laboratory, and Blood Services Division with an emphasis on developing practical recommendations on how to best position this key clinical service over the next five to ten years in the context of rapidly evolving pharmaceutical therapies.

#### **Key Strategies:**

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<sup>1</sup> <https://www.corhealthontario.ca/data-&-reporting/ontario-stroke-reports>

<sup>2</sup> <https://www.strokeaudit.org/Documents/National/Clinical/Apr2018Mar2019/Apr2018Mar2019-AnnualReport.aspx>

<sup>3</sup> <https://informme.org.au/en/stroke-data/Acute-audits>



- Develop practical recommendations on how to best position pharmacy services as a key clinical service and other areas as outlined in the Provincial Pharmacy Services Plan which supports the implementation of the health sector’s endorsed Pharmaceutical Care Management Strategy
- Implement year one of the proposed three-year service and budget plan for Provincial Laboratory Medicine Services including an analysis of the pros and cons of full-service provincial consolidation
- Provide recommendations and an assessment of the value of provincial coordination and integrated planning of medical imaging services including the development of a provincial global budget model

**Objective 1.6: High-quality, culturally safe care for Indigenous populations**

We will work collaboratively with the FNHA, First Nations communities through regional partnership accords, MNBC and the BCAAFC to support the needs of Indigenous peoples within their regions.

**Key Strategies:**

- Ensure health workers provide culturally-safe care, service and support confidently and skillfully to Indigenous peoples
- Increase the proportion of the workforce that come from Indigenous communities
- Partner in a way that is an example to others in the planning and delivery of health services for Indigenous people and families

Performance Measure	2017/18 Baseline	2018/19 Actuals	2019/20 Actuals	2020/21 Target	2021/22 Target	2022/23 Target
1.6 Formalized agreements with each of MNBC, BCAAFC and FNHA signed off by all signatories including PHSA’s Board of Directors <sup>1</sup>	0	0	0	1	2	1

<sup>1</sup> Data Source: Indigenous Health, PHSA, MNBC, BCAAFC, FNHA

**Linking Performance Measures to Objectives:**

1.6 This indicator measures the number of formal agreements signed off by all signatories including MNBC, BCAAFC, FNHA and the PHSA Board of Directors.

**Discussion:**

The development of Letters of Commitment in partnership with MNBC/BCAAFC/FNHA are currently on hold at PHSA. The PHSA Executive Leadership Team placed this on hold pending the Mary Ellen Turpel-Lafond investigations and report recommendations. Discussions will be reintiated

by Indigenous Health, on behalf of PHSA, with MNBC, BCAAFC & FNHA once next steps have been outlined. Targets for this measure have been amended to 2 for 2021/22 and have been set to 1 for 2022/23 based on the above.

## **Goal 2: Support the health and well-being of British Columbians through the delivery of high-quality health services**

By continuing to improve and strengthen a range of important health services, our priorities align with the ministry's emphasis on its commitment to delivering services people count on. We will invest in public health, health protection, promotion and illness and injury prevention services to promote population health and wellness and reduce long-term health system costs. PHSA will ensure that their broader range of mental health and substance use services are effectively linked to the broader regional mental health and addiction services and specifically to the evolving specialized community service programs for patients with moderate to complex mental health and addiction conditions.

In conjunction with the Ministry of Health, we will continue to support the Ministry of Mental Health and Addictions in implementing [A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia](#) strategy, as it continues to roll out in 2020/21. Additionally, we will work in partnership with both ministries to support the continued response to the ongoing opioid overdose public health emergency. Through BC Mental Health and Substance Use Services (BCMHSUS), PHSA will also support the development of specialized community service programs related to mental health, ensuring smooth transitions for clients to and from sub-specialized provincial services. A total of 13 strategies are included as part of this goal.

### **Objective 2.1: Effective population health, health promotion and illness and injury prevention services**

To further our commitment to effective population health, health promotion/prevention and illness and injury prevention services, PHSA in consultation with partners across the province and the ministry, will develop a process to efficiently and effectively enable the identification and development of needed provincial clinical policies to improve the quality of clinical care and outcomes for patients.

Our approach to provincial policy will focus on the delivery of care across the continuum of health services offered in B.C., including public health and health promotion through to clinical services and emergency response and emergency care, dependent on and aligned with the particular focus of the policy and based on data, variation and trends.

To support preparing the province for COVID-19 immunization, the BCCDC is playing a central role in vaccination logistics. The BCCDC plans, monitors and implements support for provincial immunization programs, to promote immunization across the province and contribute to provincial immunization initiatives, and as such, has an integral role in COVID-19 immunization, in partnership with several other PHSA programs and services, regional health authorities, the FNHA, the Ministry of Health and national partners.

Additionally, the BCCDC will continue to provide both direct diagnostic and treatment services for people with diseases of public health importance and analytical and policy support to all levels of government and health authorities. In collaboration with the ministry and the regional health

authorities, BCCDC will continue to support the refresh and implementation and report on *Promote, Protect, Prevent: Our Health Begins Here, BC’s Guiding Framework for Public Health*.

PHSA will sustain and continue to strengthen the delivery of public health, health promotion and illness and injury prevention services to promote population health and wellness and reduce long-term health system costs. The CleanBC plan puts our province on the path to a cleaner, better future – with a low-carbon economy that creates opportunities while protecting our clean air, land and water. As part of the new accountability framework established in CleanBC and consistent with the [Climate Change Accountability Act](#), PHSA is aligning its operations and deliverables to manage climate change risks. Within this objective, there are two strategies, which include a significant focus on work related to COVID-19 and BCCDC’s provincial role, including vaccine development and monitoring.

**Key Strategies:**

- Address climate change through the human health vulnerability assessment and adaptation strategy in collaboration with the ministry
- Develop a systematic drinking water facility framework to support municipalities in enhancing drinking water safety

Performance Measure	2017 Baseline	2019 Actuals	2020 Target	2021 Target	2022 Target
2.1 % of children with complete vaccination by seven years of age <sup>1,2</sup>	68%	69%	75%	77%	79%

<sup>1</sup> Data Source: BC Centre for Disease Control, PHSA; Vancouver Coastal Health; B.C. Ministry of Education

<sup>2</sup> This measure is based on calendar year.

**Linking Performance Measures to Objectives:**

2.1 Vaccinations against diseases are necessary for disease prevention. This indicator measures the proportion of children in B.C. who, by their seventh birthday, are fully up to date on their immunizations against diphtheria, tetanus, pertussis (whooping cough), polio, measles, mumps, rubella, varicella (chickenpox), meningococcal C disease and hepatitis B.

**Discussion:**

On an annual basis, the BCCDC sets a measure to record the proportion of children in B.C. who, by their seventh birthday, are fully up to date on their immunizations against diphtheria, tetanus, pertussis (whooping cough), polio, measles, mumps, rubella, varicella (chickenpox) and hepatitis B. Each year, the target is set based on improving performance beyond the B.C. average.

The notional target for 2022 has been set at 2 higher than the prior notional target. School based immunization services, including year 2 of implementation of the Vaccination Status Reporting Regulation, are largely on hold or delayed due to the COVID-19 response and resource implications for public health. This includes production of reports, which have been delayed for the school year ending June 2020.

Prior to the COVID-19 pandemic, regions had been working to improve the quality of data by reconciling registry records with school enrolment data from the Ministry of Education. An additional improvement to the processes in 2020 was the electronic integration of immunization record data from Vancouver Coastal Health (VCH) into the provincial immunization registry. All regional immunization registries, including those using software other than the provincial public health information system, now provide immunization data to the Provincial Immunization Registry. However, supplemental data is not yet being provided by these three regions and requires dual data entry (VCH, Fraser Health and Northern Health). Interface target for Fraser Health had been February 2021 and March 2021 for Northern Health, and TBD for Vancouver Coastal Health. This data provides information about the reason for non-immunization, including refusal, which is a requirement under the Vaccination Status Reporting Regulation.

**Objective 2.2: Improved health outcomes and reduced hospitalizations for those with mental health and substance use issues**

We will work in collaboration with regional health authorities and the ministries to continue to improve team-based care for patients who utilize mental health and addiction services through both primary care and specialized services, ensuring improved access and care coordination through interdisciplinary teams, to better meet the needs of patients and their families.

**Key Strategies:**

- Accelerate opioid agonist therapy initiatives (OAT) in Correctional Health Services and Forensic Psychiatric Regional Clinics
- Assess crisis lines and provide recommendations for a future practice model and consolidation of services
- Augment access to evidence-based services for perinatal populations with substance use
- Optimize and expand the Compass Program<sup>4</sup> to support community care providers to deliver timely and appropriate mental health care to children and youth

Performance Measure	2019/20 Baselines	2020/21 Target	2021/22 Target	2022/23 Target
2.2 Number of OAT initiations by Correctional Health Services <sup>1</sup>	1,578 <sup>2</sup>	950	1,000	700

<sup>1</sup> Data Source: Correctional Health Services - Primary Assessment and Care, PHSA. Note: OAT data for Regional Forensic Psychiatric Clinics is currently not available

<sup>2</sup> Baseline data capture started in fiscal year 2019/20.

**Linking Performance Measures to Objectives:**

2.2 This indicator measures the number of clients for whom OAT was initiated while under Correctional Health Services’ care at B.C. provincial correctional centres.

<sup>4</sup> The Compass Program is a province-wide service that supports evidenced based care to all B.C. children and youth living with mental health and substance use concerns, by supporting community care providers with information, advice, and resources needed to deliver appropriate and timely care close to home to children and youth.

### **Discussion:**

OAT uses medication-assisted treatments to treat opioid use disorders. Research indicates that the provision of OAT in therapeutic and supported settings significantly mitigates opioid use related risk and harm including overdose, facilitates addiction management and can contribute to recovery from substance use disorders.

Guidelines strongly endorse the use of OAT as the preferred first-line treatment for opioid use disorder. Correctional Health Services has introduced a number of new policies and procedures to ensure that clients in correctional centres have rapid access to OAT initiation and maintenance when they require it. PHSA is partnering with FNHA to strengthen supportive transitions to First Nations' communities.

Since PHSA assumed operational responsibility for health services in B.C.'s correctional centres on October 1, 2017, a growing number of inmates are on OAT despite a decreasing trend in average census. However, as the COVID-19 pandemic continues, the total number of clients in correctional centres has decreased by approximately 30 per cent, and therefore reducing the number of OAT initiations that can begin. As such, the 2022/23 target has been reduced by 30 per cent to 700 initiations. Going forward, rather than evaluating the absolute number of inmates who have initiated OAT, the percentage of total clients would clarify the result of this measure. BCMHSUS has also established a number of community transition teams whose role is to support clients with substance use challenges who are transitioning from the correctional centre environment to the community to minimize the risk of relapse or overdose.

### **Objective 2.3: Continued improvement of hospital services and health centres**

We will enhance the work of BCEHS to ensure we are delivering quality, cost-effective services, working in partnership with the regional health authorities to ensure appropriate supply and distribution of paramedic services. PHSA remains focused on ensuring high-quality hospital and health centre services throughout all of the clinical programs including specialty care services for children; the health of women, newborns and families; cancer care; and care for people with the most complex mental illness and substance use disorders, and supporting their care transitions.

#### **Key Strategies:**

- Apply a GBA+ in planning and delivering services
- Develop a strategy and plan to empower infection prevention across all PHSA programs, services and facilities through collaboration and providing support for best practices to prevent and control infections
- Develop an organization-wide Quality and Safety Strategy and initiate the creation of Quality and Safety Action Plans for each clinical program
- Engage physicians, nursing and allied health professionals to collaborate, lead quality improvement initiatives that deliver quality services, with appropriate focus and support
- Implement the Mental Health and Addictions Strategy Pathway to Hope in collaboration with the Ministry of Health and the Ministry of Mental Health and Addictions
- Strengthen the collaboration between BCEHS, regional health authorities and FNHA in the emergency transport of patients to higher levels of care with a particular emphasis on rural sites

Performance Measure	2017/18 Baseline	2018/19 Actual	2019/20 Forecast	2020/21 Target	2021/22 Target	2022/23 Target
2.3 % of patients with improved mental health status between admit and discharge <sup>1</sup>	72%	78%	N/A <sup>2</sup>	≥77%	≥79%	≥79%

<sup>1</sup> Data Source: Burnaby Centre for Mental Health and Addiction, HoNOS Instrument

<sup>2</sup> Q4 2019/20 data is not available due to disruption in data capture during the transition to CST Cerner and shifting priority to the COVID-19 response

### Linking Performance Measures to Objectives:

2.3 This indicator measures the percentage of patients who have shown improvement on the Health of the Nation Outcome Scale (HoNOS), an outcomes measurement scale that provides information on the effectiveness of inpatient treatment in aiding mental health recovery, from admission to discharge.

### Discussion:

The Burnaby Centre for Mental Health and Addiction (BCMHA) provides tertiary care for clients with complex mental health and concurrent substance use disorders. Available literature on treatment outcomes for severely mentally ill clients shows varied results, with no change and deterioration being quite common. BCMHA’s mental health outcomes (as measured by the HoNOS standardized assessment tool) benchmark of 75 per cent improvement is higher than the available data for similar populations.

As BCMHA expects the complexity of this population to increase and due to some limitations of the HoNOS assessment tool, the target for 2022/23 will remain at 79 per cent. Further exploration into whether the effectiveness of this tool would be greater if used alongside other assessment tools is underway.

Additionally, a refreshed model of care and clinical service delivery plan are currently under development. The model of care provides a conceptual framework which will guide program development and delivery in a purposeful and evidence-informed manner. Both will be implemented in the new Red Fish Healing Centre for Mental Health & Addiction - ʈəqɪ? ʈəwʈənəq ʈələm that is currently under construction in Coquitlam. This new centre will be an innovative, provincial treatment facility that will serve some of the most vulnerable people in British Columbia – those with complex, concurrent mental health and substance use challenges.

### Objective 2.4: Enhancement of specialty and sub-specialty services across the continuum of care

PHSA has provincial accountability for a number of specialty and sub-specialty services with a focus on ensuring a high standard of care across all sites and improving outcomes by leveraging a system-

wide approach and evidence-informed health care. Services follow best-in-class guidelines, recognizing the dimensions of quality. PHSA will continue to improve cancer care services across the continuum of cancer care, including prevention, diagnosis, treatment, rehabilitation and end-of-life care, and a focus on Indigenous Peoples.

**Key Strategies:**

- Develop and approve the refreshed BC Cancer Care Strategy including Indigenous cancer care in collaboration with the regional health authorities and FNHA

Performance Measure	2017/18 Baseline	2018/19 Actuals	2019/20 Actuals	2020/21 Target	2021/22 Target	2022/23 Target
2.4 % of patients treated with radiation therapy within four weeks of “Ready To Treat” status <sup>1</sup>	90%	89%	89%	>90% <sup>2</sup>	>90% <sup>2</sup>	>90% <sup>2</sup>

<sup>1</sup> Data Source: BC Cancer, PHSA

**Linking Performance Measures to Objectives:**

2.4 This measure captures the wait time between when a patient is ready to be treated to the date the patient commences radiation therapy treatment.

**Discussion:**

This measure captures the wait time between when a patient is ready to be treated to the date the patient commences radiation therapy treatment. Ready to treat is defined as the date when the patient is ready to begin treatment from both a social/personal and medical perspective and any planned delays are over (e.g., due to illness, vacations). This indicator is important as delays in radiation therapy may negatively impact cancer outcomes as well as patient experience. The target of four weeks (28 days), set nationally by the First Ministers Meeting, is 90 per cent of patients being seen within four weeks.

Given the COVID-19 pandemic, data will continue to be monitored in 2020/21 to determine the net impact of the pandemic on wait times. Concurrently, regional cancer centre leaders continue to monitor wait times. Various strategies have been initiated in order to mitigate wait times, including extending hours of operation during Linac replacements, implementing extended hours of operation and increased clinical hours to better utilize Linacs, reducing vacancies (including casual relief pools) through enhanced recruitment strategies and ensuring plans are in place to fill all vacancies, and lastly optimizing utilization of specialized radiation therapy, including utilization of hypofractionation protocols and clinical trials.

**Goal 3: Deliver an innovative and sustainable public health care system**

Our priorities are linked with the ministry’s commitment to ensuring available and sustainable services through the effective use of human resources, digital and information technology, budget

controls, meaningful and productive inter-jurisdictional partnerships, research and innovation – all of which can enable and improve the delivery of services across the health system.

PHSA is accountable for providing provincial quality services to meet the needs of the population, in alignment with the Ministry of Health's *Health Sector Performance Management Framework to Drive Continuous Improvement and Innovation*. Our focus will be on evidence-informed, data-driven decision-making, allowing for improved performance monitoring and producing meaningful outcomes for patients and care providers alike. Open and transparent sharing of clinical and business information across the continuum will ensure capital planning is aligned to demands. The *Framework* illustrates how an understanding of health needs at an individual and population level can inform service delivery design, enabled by effective supports (including Health Human Resources, IMIT, governance, funding) to achieve meaningful health outcomes for patients and populations. The *Framework* provides the parameters for data collection needs and is the basis for monitoring, analysis, evaluation and reporting of how the system is performing.

We are committed to managing within our budget allocation while continuously improving productivity and maintaining a strong focus on quality service attributes. We will strengthen our budgetary and cost management systems and reporting by ensuring data collection and reporting on service delivery is in compliance with provincial reporting requirements and is accurate, thorough and complete. We will also support provincial efforts to integrate data through a consolidated analytics approach.

This year, PHSA has created a dedicated COVID-19 pandemic planning and response team to focus on managing the COVID-19 response through the balance of 2020/21. This team will be part of a health sector virtual Pandemic Working Group chaired by the ministry and supported by a full-time, dedicated ministry team. The Pandemic Working Group will receive monitoring, analytics and modelling support from dedicated PHSA resources. A total of 25 strategies are included in this goal.

### **Objective 3.1: Effective governance, use of health sector resources and approaches to funding**

As a public entity, PHSA is committed to being good stewards of public dollars. When considering finite resources in conjunction with the overwhelming multitude of opportunities we have to improve our health care system, it is critical that we concentrate our efforts by judiciously managing cost pressures. We are focused on ensuring efficient and effective budget allocation and cost management. In order to meet organizational objectives, we will shift resources that are realized through focused efficiency improvements. PHSA will continuously improve productivity and efficiency while maintaining a strong focus on quality service attributes and health outcomes.

#### **Key Strategies:**

- Ensure an effective review and a continuous improvement process for health authority governance in collaboration with the Board Chair and its members
- Establish an organizational strategic plan in alignment with the ministry Service Plan, Mandate Letters, Budget Letters and Ministry-FNHA Letter of Mutual Accountability to shape strategic and operating expectations for the fiscal year
- Implement monitoring and controls on program budgets, including expanding on initiatives with a focus on committed targets towards improving productivity and efficiency while achieving quality service attributes and health outcomes



- Provide regular performance reports on the performance of the organization as well as assess ongoing progress on addressing emerging issues as requested by the ministry

Performance Measure	2017/18 Baseline	2018/19 Actuals	2019/20 Actuals	2020/21 Target	2021/22 Target	2022/23 Target
3.1 Financial surplus/deficit – variance from budget at fiscal year-end <sup>1</sup>	Balanced budget	Target met	Target met	Balanced budget	Balanced budget	Balanced budget

<sup>1</sup> Data Source: PHSA

### Linking Performance Measures to Objectives:

3.1 This indicator measures the surplus or deficit of PHSA revenues relative to expenses at fiscal year-end.

#### Discussion:

A balanced budget is a budget that has no financial deficit but could possibly have a small surplus. PHSA is focused on strengthening accountability and promoting cost control while meeting the public policy objectives established by the ministry. Fluctuations in budgets, workload volumes, mix of services provided, current costs and management practices all affect finances. While in-year projections tend to fluctuate between surplus and deficit, PHSA takes steps to ensure a fiscally sound, balanced budget position at the end of each fiscal year. COVID-19 has presented certain financial challenges in the 2020/21 fiscal year and PHSA has been working closely with the ministry on addressing the impact while managing on-going service delivery to its patient population.

### Objective 3.2: Effective use of technology, data and analytics to make better decisions

We are supporting the ministry in the advancement of the Provincial Digital and Information Management Information Technology Health Strategy. The health care environment is one that relies heavily on the flow of and access to information. Technology services enable the digital workplace that is required to support the effective provision of health care to British Columbians.

Using the 2019/20 inventory report of current and proposed digital IMIT projects, PHSA, working collaboratively with the ministry and the regional health authorities, will ensure a provincially coordinated approach for the approval of projects moving forward and that these projects align with the approved provincial priorities and strategic plan. Within this objective, PHSA is undertaking two strategies this fiscal. These strategies reflect the importance, need and dependency on data, analytics and technology and the provincial role we hold. The Clinical & Systems Transformation (CST)

project continues to be a key activity across our organization with a number of go-lives scheduled for implementation.

**Key Strategies:**

- Develop a Health Sector Digital and IMIT Investment Strategy and Roadmap for 2021/2022 – 2030/2031 in partnership with the ministry and regional health authorities
- Ensure cybersecurity preparedness by collaborating with key partners and stakeholders to identify high priority areas for collective action across the health sector

Performance Measure	2017/18 Baseline <sup>2</sup>	2018/19 Actuals	2019/20 Forecast	2020/21 Target	2021/22 Target	2022/23 Target
3.2 Cumulative % of total scheduled CST deployments <sup>1,2</sup>	0%	0%	12%	69%	100%	100%

<sup>1</sup> Data Source: Information Management/Information Technology Services (IMITS), PHSA

<sup>2</sup> Deployment schedules are subject to modification based on a planned roadmap review scheduled for 2020. Note: Site deployments vary in complexity based on the breadth and scope of implementation (including physician and nursing training, hospital and clinic programs and number of staff); this indicator does not factor in this complexity and considers straight deployment counts instead.

**Linking Performance Measures to Objectives:**

3.2 This indicator assesses the progress of the multi-year CST deployment initiative toward completion. It measures the cumulative per cent of total deployments scheduled per fiscal year.

**Discussion:**

The CST project is designed to improve the safety, quality and consistency of patient care across PHSA, Vancouver Coastal Health and Providence Health Care. Benefits for patients include enhanced medication safety, an integrated approach with increased consistency of care, faster access to results and medication therapies and less time spent by patients repeating themselves during consultations or having to undergo duplicate tests.

It is important to note that site deployments vary in complexity based on the breadth and scope of data being migrated to CST Cerner; this indicator does not factor in this complexity and considers straight deployment counts instead. A detailed clinical roadmap review has been completed, which resulted in several updates and changes. The roadmap was approved at Project Board and PHSA is actively following activities that now see CST being largely completed by the end of 2022 or early 2023. Part of this work has been related to COVID-19 impacts on staff and working conditions related to travel, clinical priorities and other circumstances.

The organization does not anticipate reaching the target for this measure in 2020/21. The go forward plan includes delivering on BC Cancer, BC Children’s and BC Women’s and Forensics Psychiatric Hospital this fiscal year, followed by the remaining BC Cancer and Forensic clinics as well as Vancouver General Hospital in 2022. In 2023, plans are to commence delivery at UBC and Richmond Hospitals.

### Objective 3.3: Optimized delivery of business operations

In 2018, PHSA assumed responsibility for the former BC Clinical and Support Services, which promotes health in the province by coordinating, managing and/or providing non-clinical support services to British Columbia’s health care system. There are opportunities to improve cost effectiveness and enhance service quality by working collaboratively and in a standardized manner across the system.

PHSA, in conjunction with the regional health authorities, in alignment with the passing of Bill 47, the *Health Sector Statutes Repeal Act* and working closely with the ministry, will ensure health authority service changes and practices provide stability and respect for workers and continuity of care for patients. In addition, through a continued partnership, PHSA will follow through on the implementation of the consolidation of a range of commercial services, based on an approved, paced and detailed plan.

#### Key Strategies:

- Assess and implement approved short term go forward improvements of Revenue Services, Accounts Payable, Payroll, Employee Records and Benefits, Interpreter Services and Supply Chain Services across B.C.
- Develop a model of service delivery for the fully consolidated delivery of support and commercial services for approval, followed by a paced and detailed sequencing plan
- Ensure health authority service changes and practices are aligned with the passing of Bill 47 (*Health Sector Statutes Repeal Act*) and in collaboration with the ministry
- Establish a fully developed plan on a system-wide model for Payroll and Employee Records and Benefits and a proposed roadmap for a paced and well-managed onboarding process of the remaining health authorities onto the platform
- Implement opportunities for a common provincial platform for timekeeping and scheduling
- Present a fully developed plan for service improvement and service deliverables and prepare for all health authorities to onboard Supply Chain Services for a fully consolidated service delivery model
- Review and refresh Business Initiatives and Support Services based on changing, emerging provincial policy context and direction

Performance Measure	2017/18 Baseline	2018/19 Actual <sup>2</sup>	2019/20 Actual	2020/21 Target	2021/22 Target	2022/23 Target
3.3 % order fulfillment rate by PHSA Supply Chain Services for clinical orders <sup>1,2</sup>	96.6%	96.1%	97.2%	≥95%	≥95%	≥96%

<sup>1</sup> Data Source: Supply Chain Services, PHSA

<sup>2</sup> Data represents the unadjusted rate based on complete line fill and no substitutions; when clinically approved substitutions are included, the fill rate increases further.

### **Linking Performance Measures to Objectives:**

3.3 This indicator calculates the number of warehouse order lines shipped by PHSA Supply Chain Services divided by the number of warehouse order lines requested by all B.C. health authorities.

#### **Discussion:**

Supply Chain Services manages all contracts and purchase orders for B.C. health authorities' goods, supplies, equipment and services. Service level agreements with health authorities state a fill rate target of 95 per cent. Historically, this target has been regularly exceeded at each of B.C.'s four regional warehouses. As the COVID-19 pandemic continues into 2020/21, Supply Chain will continue to focus on securing personal protective equipment (PPE) from domestic and international suppliers. By securing new vendors, Supply Chain will mitigate the risk of known challenges including global shortages and increased competition.

### **Objective 3.4: Heightened provincial emergency preparedness including COVID-19 management and oversight**

PHSA provides expertise, education, tools and support for the FNHA and regional health authorities to effectively mitigate, prepare for, respond to and recover from the impacts of emergency events, helping to ensure the continuity of health services. This is possible through HEMBC, a PHSA provincial program that provides emergency management leadership and support to B.C. health authorities and the ministry. PHSA has instituted a dedicated Pandemic Response Team as part of the ongoing COVID-19 pandemic. This team will be reporting on virtual health visits moving forward given the significant increase in adoption and need since COVID-19. There is ongoing coordination and management of supply chain issues including actively sourcing alternate vendors and supplies, and systematically allocating, with medical input where appropriate, scarce supplies needed for COVID-19 testing. To support testing needs, a new workforce mode continues to be implemented, as PHSA works with regulatory partners and the Health Employers Association of BC (HEABC), as well as education partners to expand up-skilling options. Additionally, PHSA is collecting a number of COVID-19 related measures that are tracked and reported daily through a dashboard [here](#).

#### **Key Strategies:**

- Advance the COVID-19 analytic response by enabling health services intelligence in order to facilitate evidence-based decisions and create a legacy of intelligence to support emerging health policy priorities<sup>5</sup>
- Facilitate the transformation of chronic disease care delivery model provincially through the use of virtual health technology, with a focus of keeping B.C. citizens healthy and safe at home
- Increase COVID-19 testing capacity by strengthening the provincial public health laboratory services and increasing value chain coordination
- Prepare for COVID-19 vaccine inventory management

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<sup>5</sup> Advance the COVID-19 analytic response by using rich data (from hospitals, patients, lab results, infection rates, vaccination rates, medical supplies, etc.) to inform evidence-based decisions around COVID-19 policies and health service planning. This newly augmented data effort will continue to strengthen the information to support emerging health policy priorities and planning into the future, including post-COVID-19.

Performance Measure(s)	2019/20 Forecast	2020/21 Target	2021/22 Target	2022/23 Target
3.4 Number of virtual health visits for PHSA programs <sup>1,2</sup>	13,750	16,500	116,631 <sup>3</sup>	122,185

<sup>1</sup> Data Source: Office of Virtual Health, PHSA

<sup>2</sup> Virtual health visits are estimated

<sup>3</sup> Based on projected impact of COVID-19, virtual health use is forecasted to increase

### Linking Performance Measures to Objectives:

3.4 The Office of Virtual Health (OVH) monitors this measure and reports to the ministry on a monthly basis. It is a provincial measure collating the total number of virtual health visits using virtual health solutions for PHSA clinical programs and health improvement networks. OVH continues to work with clinical programs to design workflows that integrate virtual health and transform care delivery.

### Discussion:

Virtual health has recently expanded its service offerings due to the impact of COVID-19. This surge in uptake is being monitored and reported on a monthly basis to the ministry. This measure shows the increase or decrease in access to services without geographic or physical barriers and is also an indicator of decreased exposure to COVID-19, due to reduced travel and person-to-person contact for both provider and patients.

The virtual health visit measure is important to monitor because it provides insight into virtual health adoption and integration provincially and can demonstrate that, where appropriate, in-person visits are being replaced by virtual visits, and models of care delivery are being transformed to offer virtual health services.

### Objective 3.5: An engaged, skilled and healthy workforce that provides and supports team-based, patient-centred care

We are committed to ensuring that health human resource management supports effective and efficient service delivery. Our focus is on ensuring that health service teams are accessible, engaged, skilled, efficient, safe and healthy, supported and well-led in delivering health services and working as part of the health system. PHSA will ensure effective recruitment and health human resource management systems to meet patient and population health service needs and to ensure that staffing models, including any contracted services, provide stable, consistent high-quality care for patients. Within this objective, PHSA is undertaking seven strategies that are focused on culture, people, our workforce and the care we provide to our patients.

### Key Strategies:

- Advance a comprehensive workforce planning framework for all key positions across PHSA with a link to a targeted attraction and retention strategy for key roles
- Complete a fulsome review of human resource management and development including a review of human resource capacity, adequacy of clinical management resources and healthy workplace and healthy management practices to ensure availability of a sufficient human resource reporting system

- Ensure action, consistent with the Workplace Violence Prevention Framework and Policy, to protect the health and safety of health care workers and implement the National Standard for Psychological Health and Safety
- Establish a leadership development framework that embraces all levels – from executives to frontline managers in all PHSA programs – along with a thorough assessment of curriculum development, instructional design, content development and delivery, standards of performance and measurement and supporting technologies
- Refresh the collective understanding of roles and responsibilities and ensure adequate human resource and labor relations support is available in respect of HealthLink BC nursing services
- Strengthen relationships between PHSA and physicians participating in health authority facilities and programs through the Specialist Services Committee and various initiatives

Performance Measure	2016 Baseline	2018 Actuals	2019 Actuals	2020 Target	2021 Target	2022 Target
3.5 Nursing and allied professionals overtime hours as a % of productive hours <sup>1,2</sup>	2.5%	2.8%	3.0%	2.8%	2.8%	2.8%

<sup>1</sup> Data Source: Health Sector Compensation Information System and HEABC

<sup>2</sup> This measure is based on calendar year.

**Linking Performance Measures to Objectives:**

3.5 This indicator measures the per cent of total nursing and allied health professional productive hours that are performed as overtime.

**Discussion:**

High rates of overtime may reflect inadequate staffing or high levels of absenteeism. By addressing underlying causes of overtime, efficiencies can be gained that help promote both patient and caregiver safety while also reducing unnecessary costs to the health care system.

Strengthened recruitment strategies are underway in difficult to fill areas. For example, PHSA is hosting nursing open houses, developing in-house education/training programs such as perioperative nursing at BC Children’s, targeting students who are completing placements within PHSA specialty nursing areas, promoting the PHSA employee referral program and mobilizing global digital strategies. The organization continues to focus on proactive health and wellness, including psychological health and safety programs, to reduce the amount of sick time leading to backfill overtime. Targeted investment into the Disability Management team and programs is underway in order to return employees to work more efficient and effectively.

Additional strategies include increasing nursing relief staff and specialty training intakes and introducing new models of care which review skill mix to optimize staff roles and support sustainable staffing models. PHSA will strive to meet or be lower than the overtime target rate of 2.8 per cent for upcoming fiscal years.

### Objective 3.6: Commitment to the central position of science, evidence and education in wellness, care and policy

We will continue to lead research that improves health outcomes and strengthens the sustainability of our health care system. Our progress relies on researchers, staff and trainees, academic partnerships and participation from volunteers across B.C. Our research activities reflect an ongoing partnership between PHSA, our programs and services and our academic partners. We will support initiatives underway to increase the use of research evidence in our operational policy, planning and practices including the Strategy for Patient-Oriented Research Support Unit, the Academic Health Sciences Network and the Ministry's Putting Our Minds Together: Research and Knowledge Management Strategy.

#### Key Strategies:

- Strengthen research-service integration by establishing legal and privacy governance, operational processes and streamlined tools to expedite data access for prioritized research questions

Performance Measure	2017/18 Baseline	2018/19 Actuals	2019/20 Forecast	2020/21 Target	2021/22 Target	2022/23 Target
3.6 % of selected PHSA data holdings with processes in place for expedited data access <sup>1,2</sup>	0%	0%	12.5%	50%	100%	N/A <sup>3</sup>

<sup>1</sup> Data Source: Research, PHSA. Data holdings include Cardiac Services BC Registry, BC Perinatal Data Registry, BC Cancer Registry, PROMIS - Renal, PROMIS - Transplant, Surgical Patient Registry, PHSA Enterprise Data Warehouse and Provincial Laboratory Medicine Services

<sup>2</sup> This performance measure has been updated from the 2019/20 Service Plan published by PHSA. Previously “data and holdings” was used but this is incorrect in referring to the data holdings.

<sup>3</sup> By the end of 2021/22, the target per cent of key PHSA data holdings with processes in place for expedited data access is projected to be complete, therefore a target for 2022/23 is indicated as not applicable.

#### Linking Performance Measures to Objectives:

3.6 This indicator measures the per cent of eight key PHSA data holdings with processes in place for expedited data access.

#### Discussion:

The overarching challenge with data access is to concurrently meet two fundamental goals: to enable timely access to health-related data for analysis and research in the public interest, and to respect British Columbians’ privacy and maintain confidentiality of their information when it is used for research. B.C. researchers regularly cite barriers to data as a key obstacle in their work, with examples where privacy and legal requirements constrain access to data and completion of research projects.

Expedited data access is a strategic priority of both the ministry and PHSA that has been strongly reinforced as a result of the COVID-19 pandemic. PHSA will continue to work towards improving legal and privacy data access. One proposed initiative is to establish a privacy and legal governance framework to expedite data access for both internal and external researchers while continuing to safeguard privacy.

## Resource Summary

(\$ millions; to the first decimal)	2019/20 Actual	2020/21 Budget	2021/22 Plan	2022/23 Plan
<b>OPERATING SUMMARY</b>				
Provincial Government Sources	3,637.9	3,679.4	3,866.0	3,976.9
Non-Provincial Government Sources	226.0	184	184.7	185.7
<b>Total Revenue</b>	<b>3,863.9</b>	<b>3,863.4</b>	<b>4,050.7</b>	<b>4,162.6</b>
Acute Care	2,510.2	2,568.0	2,704.2	2,777.3
Residential Care <sup>6</sup>	6.8	7.1	7.1	7.1
Community Care	205.5	199.1	209.5	216.1
Mental Health & Substance Use	192.1	194.7	206.4	209.2
Population Health and Wellness	213.5	210.9	217.7	219.0
Corporate <sup>7</sup>	735.4	683.6	705.8	733.9
<b>Total Expenditures</b>	<b>3,863.5</b>	<b>3,863.4</b>	<b>4,050.7</b>	<b>4,162.6</b>
<b>Surplus (Deficit)</b>	<b>0.4</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>CAPITAL SUMMARY</b>				
Funded by Provincial Government	155.2	108.9	78.8	71.4

<sup>6</sup> PHSA has expenditures under residential care, not long-term care.

<sup>7</sup> The Corporate sector consists of expenditures under Commercial Services (e.g., revenue services, accounts payable, payroll, supply chain, employee records and benefits, health information management, etc.), as well as expenditures under Digital Information Services & Innovation (IM/ITS) including Clinical Systems Transformation (CST). The Corporate sector also consists of expenditures under Corporate Services including administrative and support activities; examples include executive, planning, organizational strategy, legal and risk management, data analytics, finance, communications, human resources, quality & safety, research administration, scheduling, emergency management, etc.



(\$ millions; to the first decimal)	2019/20 Actual	2020/21 Budget	2021/22 Plan	2022/23 Plan
Funded by Regional Hospital Districts, Third Parties, Foundations, Internal Funds and all other sources	52.9	40.0	2.8	2.0
<b>Total Capital Expenditures</b>	<b>208.1</b>	<b>148.9</b>	<b>81.6</b>	<b>73.4</b>

\* Further information on program funding and vote recoveries is available in the [Estimates and Supplement to the Estimates](#).

## Major Capital Projects

Major Capital Projects (over \$20 million)	Targeted Completion Date (Year)	Costs Incurred to Mar 31, 2020 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<b>#1 Children's &amp; Women's Redevelopment</b>	2020	649	27	676
<p>The redevelopment of BC Children's and BC Women's 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.</p> <p>The second phase of the project is complete and consisted 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 open for patients.</p> <p>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-centred care by creating optimal patient access and patient flow, improve operational 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 \$676.3 million, including a \$150 million contribution from the BC Children's Hospital Foundation.</p>				
<b>#2 Red Fish Healing Centre for Mental Health and Addictions - 0əqi? ɬəw?ənoq leləm</b>	2021	59	72	131
<p>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 \$131.387 million with funding provided by the Province.</p>				

## Significant IT Projects

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)	Costs Incurred to Mar 31, 2020 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
#1 Clinical and Systems Transformation	2021	115	1	116
<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 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>Automated medication dispensing cabinets at health care facilities have been installed, automating the packaging and distribution of prescription medicine in dose format to facilitate the “closed loop medication management” process, a foundational component of CST implementation. On April 28, 2018, Lions Gate Hospital and Squamish General Hospital were the first acute care sites to start using the new system. St. Paul’s Hospital, Mount Saint Joseph Hospital and Holy Family Hospital, as well as their affiliated care homes and select clinics went live November 16, 2019. This was followed by Burnaby Center for Mental Health and Addition going live December 8, 2019 and Heartwood Centre for Women going live September 13, 2020. The number of CST users is now well over 11,000. Over the next few years, this number will increase to more than 35,000 users from VCH, PHSA and PHC to improve the safety, quality and consistency of patient care. PHSA will be implementing BC Cancer Vancouver Centre, BC Children and Women’s Hospital and BCMHSUS Forensic site in 2021.</p>				

## Appendix: Hyperlinks to Additional Information

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