

Service Plan
2008/09-2010/11



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Wynne Powell

Letter from the Chair

On behalf of the Board of Directors and the staff of the Provincial Health Services Authority (PHSA) and its agencies, I am pleased to present PHSA's Service Plan for fiscal years 2008/9 – 2010/11. This plan was prepared under my direction and in accordance with the Society Act and BC Reporting Principles. The development of the plan was guided by the government's priorities for health and their fiscal and strategic plan, the Ministry of Health Services' goals, objectives and strategies, as well as the expectations set out in the Government's Letter of Expectation (GLE). The Board is accountable for its contents and for ensuring that PHSA achieves the specific performance targets and objectives identified in this plan.

We are strongly committed to our strategic framework and our strategic plan has been a motivational and practical guide for our work. We review our strategic plan, vision, mission and values annually to ensure they are still relevant given changes in the environment. Our strategic plan is viewable at <http://www.phsa.ca/WhoWeAre/StrategicPlans/default.htm>.

All significant assumptions, policy decisions and identified risks as of March, 2008 were considered in preparing this plan. The performance measures presented in this plan are consistent with PHSA's mandate and goals, and focus on aspects critical to PHSA's performance. They have been determined based on an assessment of our operating environment, forecast conditions, risk assessment and past performance.

Like other health authorities, we are facing significant challenges related to population growth and aging, particularly as it impacts the workload of our agencies and services that deal with chronic disease. We are implementing the Northern Cancer Control Strategy, and expanding both Telehealth and home dialysis for chronic renal disorders in an effort to address and meet service demands. PHSA also faces significant challenges in sustaining its highly specialized workforce in the face of growing world-wide competition.

With these challenges in mind, this year PHSA begins implementing imPROVE, PHSA's program focusing on patients and empowering staff, across our organization. imPROVE is based on the principles of Lean thinking which seeks out and implements better processes and continually drives out the waste in those processes. We have decided to pursue this approach in order to:

- Improve patient safety and quality of care and, ultimately, outcomes and patient satisfaction.
- Empower staff and physicians to redesign their work environment, enabling them to better deal with continually increasing demands and HR shortages.
- Create more effective and efficient processes so as to build a sustainable system of care.
- Develop a culture of continuous improvement that aligns all of our agencies and services and is a means to achieving our vision of 'Province-wide solutions. Better health.'

This process also continues PHSA's commitment to celebrating our accomplishments and acknowledging the important contributions that our staff make to achieving our ultimate goal of *better health for the people we serve*.

Over the past year, PHSA and our agencies continued to make significant progress towards the goals of our strategic plans. The nature of the care we provide means that many of our patients have complex, chronic conditions requiring highly specialized assessment and care. Given our province-wide mandate, it also means that many of them live outside the Lower Mainland. We continue to evolve our network

and knowledge exchange strategies, working in partnership with the geographic health regions to improve access to evidence-based practice closer to where people live. This goal of helping to build more capacity in regions to support clinicians to manage the needs of their residents is shared across all of our agencies and is supported by the PHSA's information management and information technology plan.

This service plan supports the directions and priorities set out in the PHSA strategic plan and will play an important role in ensuring we make maximum use of our strengths and resources while aligning our planning, operations and service delivery activities with government direction and priorities. While this plan highlights our key activities in 2008/9, we are forward-looking and our desire is that this service plan will focus and guide behaviour that creates a dynamic and performance-oriented organization.



G.W. (Wynne) Powell, FCGA, D. Tech (Hon.)

Chair

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Overview of the PHSA

The Provincial Health Services Authority (PHSA), established in December 2001, is governed by the Society Act and is responsible for a number of agencies, tertiary programs and province-wide services. The first organization of its kind in Canada, the PHSA works with the five geographic health authorities and the Ministry of Health Services to meet local and provincial needs. We are an organization dedicated to living our values as they guide our actions and provide a focus for how we approach our work. As a provincial authority, PHSA and its eight provincial agencies are mandated to support the effective and high-quality delivery of selected specialized, one of a kind, or province-wide services to the estimated 4.3 million British Columbians. We do this by:

- Governing and managing agencies and organizations that plan and/or provide health services on a province-wide basis.
- Working with the five regional health authorities and the Ministry of Health Services to plan, coordinate and may fund the delivery of highly specialized provincial services, including resource-intensive services such as thoracic surgery and trauma services.
- Leading and coordinating a number of priority system improvement initiatives, including emergency services, surgical services, public and population health and the Riverview redevelopment project.

While our annual budget is approximately \$1.4 billion, our ability to influence how health resources are used is even greater, in that provincial programs and highly specialized services account for about one third of the province's spending on healthcare. In addition, our influence will be felt well into the future through the positive impact of our research activities and academic mandate. PHSA is a research-intensive academic healthcare organization with developed capacity for:

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

The diversity, number and scope of the major provincial programs we plan and/or fund highlight the opportunities we have to improve health services, and access to health care, in British Columbia.

Our role in governing and managing agencies and organizations that plan and/or provide health services on a province-wide basis

PHSA plans, delivers, manages and evaluates specialty and province-wide health services across British Columbia. PHSA achieves this by governing and managing eight provincial agencies:

- BC Cancer Agency www.bccancer.bc.ca
- BC Centre for Disease Control www.bccdc.org
- BC Children's Hospital and Sunny Hill Health Centre for Children www.bcchildrens.ca
- BC Mental Health and Addiction Services (Forensic Psychiatric Services, Riverview Hospital,

Child and Youth Mental Health and Addiction Services provided at BC Children's Hospital, Provincial Specialized Eating Disorders Program) www.bcmhas.ca

- BC Provincial Renal Agency www.bcrenalagency.ca
- BC Transplant Society www.transplant.bc.ca
- BC Women's Hospital & Health Centre www.bcwomens.ca
- Cardiac Services BC www.phsa.ca/AgenciesServices/Agencies/cardiac.htm

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

Our role in working with the five regional health authorities and the Ministry of Health Services to plan, coordinate and fund the delivery of highly specialized provincial services

The province of British Columbia is organized into five geographically-defined regions or health authorities and one provincial authority. The five geographic health authorities are responsible for the health of individuals who live in their geographic region. This includes everything from public health and community health to acute and long term care.

PHSA's primary role is to ensure that BC residents have access to a coordinated network of high-quality specialized health care services. Our 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 health care providers once specialized services are no longer required. We also partner with the regional health authorities to deliver the specialized services that we coordinate and we work closely with them to achieve integrated and coordinated care across the continuum. In our provincial coordination role, we work together to bring about system-wide change and health care reform using evidence and best practices to ensure a consistent standard of care across the province. In each of the health regions across BC, PHSA is achieving our vision "Province-wide solutions. Better health." through a range of activities such as coordinating population-based screening programs, leading public health initiatives and working collaboratively with the other health authorities to improve access to specialized care closer to home. For more information on our province-wide solutions, please see our website for our *Steps Forward* at: www.phsa.ca/News/phsaatwork/steps-forward.htm.

Our role in leading and coordinating priority system improvement initiatives

Each year we work with the Ministry of Health Services and the regional health authorities to determine the high priority programs and services that need to be considered on a provincial basis. In this role, PHSA takes on the leadership coordination of specific improvement initiatives. We work in collaboration with the regional health authorities and medical practitioners to promote the sharing and application of standards, guidelines and protocols and to facilitate consensus-building and shared decision-making within and between these partners. For example, we are involved in the Provincial Surgical Services Project, which is building a surgical system that meets patients' needs with consistency and fairness and draws upon evidence-based standards and best practices for assessing a patient's need and urgency for

surgery.

PHSA and the Ministry of Health Services have identified a number of strategic initiatives that will improve access to services in our health care system and ultimately lead to better health outcomes for our population. This year PHSA will focus on a number of these initiatives including: expansion of vaccine programs by introducing a new HPV vaccine for young women to prevent cervical cancer; increasing the number of Child and Adolescent Psychiatric Emergency beds to improve access to child and youth psychiatry services; enhancing the Provincial Eating Disorders Program; broadening the Provincial Newborn Screening Program; and improving access to best practices in prenatal genetic screening.

PHSA takes on additional roles related to province-wide, inter-provincial and/or international processes and planning initiatives either at the request of the Ministry of Health Services or through initiatives identified by PHSA and agreed to by the Ministry as important for system improvement. For example, BC Mental Health & Addiction Services is supporting the development of a 10 year Provincial Mental Health and Addiction Plan in collaboration with key stakeholders. In addition, BC Mental Health & Addiction Services is co-leading the development of a National Addiction Treatment Strategy with national and provincial stakeholders, and providing advice to the National Mental Health Commission on priority areas such as workplace mental health and addiction, children's mental health, and knowledge exchange.

Our Many Roles		GOVERNANCE & MANAGEMENT	PLANNING & STANDARD-SETTING	FUNDING	SERVICE DELIVERY
OUR AGENCIES/PROGRAMS	BC Cancer Agency*	PHSA Responsibility/Lead	PHSA Responsibility/Lead	PHSA Responsibility/Lead	PHSA Responsibility/Lead
	BC Centre for Disease Control*	PHSA Responsibility/Lead	PHSA Responsibility/Lead	PHSA Responsibility/Lead	PHSA Responsibility/Lead
	BC Children's Hospital & Sunny Hill Health Centre for Children*+	PHSA Responsibility/Lead	PHSA Responsibility/Lead	PHSA Responsibility/Lead	PHSA Responsibility/Lead
	BC Provincial Renal Agency	PHSA Responsibility/Lead	PHSA Responsibility/Lead	PHSA Responsibility/Lead	Shared Responsibility
	BC Transplant Society*	PHSA Responsibility/Lead	PHSA Responsibility/Lead	PHSA Responsibility/Lead	Shared Responsibility
	BC Mental Health & Addiction Services*	PHSA Responsibility/Lead	PHSA Responsibility/Lead	PHSA Responsibility/Lead	PHSA Responsibility/Lead
	BC Women's Hospital & Health Centre*+	PHSA Responsibility/Lead	PHSA Responsibility/Lead	PHSA Responsibility/Lead	PHSA Responsibility/Lead
	Cardiac Services BC	PHSA Responsibility/Lead	PHSA Responsibility/Lead	PHSA Responsibility/Lead	Shared Responsibility
PROVINCIAL COORDINATION	Thoracic Surgery		PHSA Responsibility/Lead		
	Trauma Services	Shared Responsibility	PHSA Responsibility/Lead	Shared Responsibility	
	Emergency Services		PHSA Responsibility/Lead		
	Surgical Services		PHSA Responsibility/Lead		
	Visudyne	Shared Responsibility	PHSA Responsibility/Lead	PHSA Responsibility/Lead	
	Other provincial contracts		Shared Responsibility	PHSA Responsibility/Lead	



PHSA Responsibility/Lead



Shared Responsibility

* THESE AGENCIES ARE BRANCH SOCIETIES OF THE PHSA + BRANCH SOCIETY IS CHILDREN'S AND WOMEN'S HEALTH CENTRE OF BC

The above chart, which summarizes our key roles, is not an exhaustive list. In addition, we also connect with many other partners and community agencies as we strive to meet our strategic goals and objectives.

These key partners include, but are not limited to:

- **BC universities, colleges and technical institutes**
- **Michael Smith Foundation for Health Research**
- **Canadian Institutes for Health Research**
- **Health Canada**
- **Canadian Cancer Society/National Cancer Institute of Canada**
- **Heart & Stroke Foundation of British Columbia/Canada**
- **Organ specific foundations and patient associations (lung, diabetes, liver, kidney)**
- **First Nations/Aboriginal organizations**

Corporate Governance

The PHSA operates under the Society Act and is accountable to the Ministry of Health Services through a twelve member Board of Directors appointed by the Minister of Health Services. The composition of the board is intended to be 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 and must evolve governance practices to fulfill this purpose.

The PHSA Board Chair and Directors have a primary responsibility to foster PHSA's short and long-term success consistent with the Board's responsibility to the Government and patients, employees, the medical staff, and the public. A key role of the health authorities, and hence the Board, is to understand the health needs of our population and establish service delivery models for meeting these needs. They must make resource allocation decisions within our fiscal realities and Ministry of Health Services performance expectations to optimize service delivery and enhance the sustainability of the system. More specifically, the members support the PHSA's role in the governance, management and funding of services provided by our agencies and the planning, coordination and funding of other specialized provincial services provided by the regional health authorities.

PHSA Board Governance Best Practice Guidelines

- Board Composition & Succession (Guideline 1)
 - Board Responsibilities (Guideline 2)
 - Board Committees (Guideline 3)
 - Audit Committee (Guideline 4)
 - The Board Chair (Guideline 5)
 - Individual Directors (Guideline 6)
 - The Chief Executive Officer or President (Guideline 7)
 - Corporate Secretary (Guideline 8)
 - Code of Conduct and Ethics (Guideline 9)
 - Board Orientation and Professional Development (Guideline 10)
 - Board, Committee and Director Assessment (Guideline 11)
 - Communications Strategy (Guideline 12)
- www.phsa.ca/WhoWeAre/PublicAccountability/Bestpractices.htm

The Board is a fiduciary body that guides the PHSA in fulfilling its mandate. The governance processes and guidelines outlining how the Board carries out its duties of stewardship and accountability are set out

in the *Board Reference Manual* developed by the Governance & Human Resources Committee of the Board and are based upon the *Best Practice Guidelines*¹ developed by the Board Resourcing and Development Office of the government and available on the PHSa intranet for easy reference by the Board.

The PHSa Board is also the governance body for its branch societies which include the BC Cancer Agency, BC Centre for Disease Control and Prevention Society, BC Mental Health Society, BC Transplant Society, and Children's and Women's Health Centre of British Columbia. A unique provincial service is British Columbia's Forensic Psychiatric Services Commission (FPSC). It is a multi-site health organization providing specialized hospital and community-based assessment, treatment and clinical case management services for adults with mental illness who are in conflict with the law. The Commission takes its authority from the Forensic Psychiatry Act, the Criminal Code of Canada and the BC Mental Health Act. More information is available at: <http://www.phsa.ca/AgenciesServices/Agencies/BCMHAS.htm>.

Committees of the Board

The Board is supported by five committees. Their role is to enable the Board to carry out its responsibilities. The committees undertake deeper examination of key policies, issues and decisions and make recommendations to the Board for discussion. Each committee has a specific purpose:

Quality & Access

Assists the Board in enacting its role to ensure the quality of patient-centered care and equitable access to provincial health services by establishing and monitoring performance targets, standards of care and service, guidelines and policies for the population we serve.

Governance & Human Resources

Assesses and makes recommendations regarding Board effectiveness and ensures a focus on governance that will enhance PHSa's performance. Also assists the Board in fulfilling its obligations relating to human resource planning and compensation matters, and receives regular reports on key human resource indicators.

Research

Supports the Board's ability to respond to the opportunities and provincial implications of research activities across PHSa and makes recommendations to assist the Board in fulfilling its oversight responsibilities related to research.

Audit

Assists the Board in fulfilling its oversight responsibilities related to the audit and audited financial statements.

Finance

While the primary responsibility for financial planning, reporting, information systems, risk management,

¹ The health authorities are requested to meet the disclosure standards set out by the BC Governance and Disclosure Guidelines for Governing Boards of Public Sector Organizations.

internal controls and investment management of the PHSA is vested in management, it is overseen by the Board. In their role, this committee reviews and approves financial information that will be provided to the Government and other stakeholders.

PHSA Board of Directors Committee Membership

	Research	Audit	Finance	Governance & HR	Quality & Access
Wynne Powell (Richmond) - Chair	E	E	E	E	E
Jim Armitage (Vancouver)	✓				✓
Helen Burt (Vancouver)	✓			✓	✓
Surinder Ghog (Surrey)		✓	✓		
Betsy Gibbons (Vancouver)				C	✓
Allan Ritchie (Fort St. John)	✓				C
Don Rowlatt (Victoria)		✓	C		
W. Murray Sadler (Prince George)				✓	✓
Doug Stanley (Trail)	✓		✓		
Shelley Tratch (Vancouver)		C	E	✓	
Denise Turner (Vancouver)	C	✓	✓		
Vacant					
Total	5	4	5	4	5

E = Ex-Officio member C= Chair ✓ member

Organizational Structure

Under the leadership of President and Chief Executive Officer, Mrs. Lynda Cranston, PHSA and its agencies are organized into four streams that reflect our commitment to quality and innovation, operational excellence, system-wide improvements and population and public health. Our agencies are organized according to a program management model that allows us to deliver and coordinate services along the entire continuum of care for patients with similar diseases or conditions. This model is patient-focused and encourages collaboration across clinical specialties. A detailed organization chart is available at <http://www.phsa.ca/WhoWeAre/Management/OrgChart.htm>.

Executive Leaders Council

The Executive Leaders Council (ELC) is a committee comprised of PHSA senior management and the Presidents/Provincial Executive Directors of the agencies. The role of this committee is to implement the strategies and directions mandated by the Board, the Ministry of Health Services and government, and to oversee the operations of the organization. This includes looking for opportunities to leverage resources

across the PHSA, share knowledge about particularly effective strategies and build communities of practice. The committee also leads service planning activities and carries out on-going monitoring and decision-making in the areas of financial planning and performance and quality and risk management strategies. The CEO reports to the Board, who in turn reports to the Ministry of Health Services and government. Information on our ELC and can be found at www.phsa.ca/WhoWeAre/Management/default.htm.

Strategic Context

Planning Context and Key Strategic Issues for PHSA

This section highlights key challenges and opportunities PHSA faces in our internal and external environment that are expected to have a significant effect on PHSA's planning and ability to achieve the long term goals and targets outlined in this plan. These are discussed more fully in our Strategic Plan found at www.phsa.ca. An assessment of opportunities, risks and sustainment strategies as they impact this Service Plan is included in the Risk and Sensitivity Analysis section later in this document.

Population Growth and Aging

PHSA will be challenged within the next few years by growth and aging of the population which will significantly increase demand for many PHSA's programs – particularly those that serve people with chronic conditions. Over one million people in B.C. have one or more chronic diseases². As most chronic conditions are more common in older populations, it is expected their prevalence will continue to rise as the population ages.

To address these and other service pressures, PHSA is expanding its focus on population and public health, particularly in the areas of prevention, early detection and outreach services, to minimize the consequences of chronic disease as well as mental health and substance use problems. For people living with chronic disease, providing integrated care substantially improves quality of life and reduces complications, thereby reducing the use of acute care services. PHSA supports the prevention and management of renal and other chronic disease by integrating the care provided by various components of the health care system and facilitating self-management by people with chronic kidney disease.

PHSA and its agencies are well-positioned to leverage their mandate, resources and skills to move this agenda forward with the development of PHSA's virtual Centres for Population and Public Health. This initiative will strengthen the infrastructure required to support academic learning, research and service in the area of Population and Public Health.

Quality and Patient Safety

There is heightened provincial, federal and public attention on the quality and safety of the health care system. This trend represents challenges and opportunities for PHSA as it also signifies a movement towards greater accountability for the quality of care we provide. We welcome this. Quality and patient safety are priorities across all of PHSA. This means that PHSA is well positioned to participate in the creation of the government's new BC Patient Safety Council to enhance patient safety and promote transparency and establish a new Patient Care Quality Review Board across PHSA.

² BC Ministry of Health Services 2007/08 – 2009/10 Service Plan
<http://www.bcbudget.gov.bc.ca/2007/sp/hlth/default.html#3>

Our organization's commitment to the quality and safety of the services we plan, coordinate and provide is reflected in our values, our strategic plan and our internal performance monitoring systems. As outlined in the Letter from the Chair that opens this plan, we have made a significant organizational commitment to implement *imPROVE – PHSA's program focusing on patients and empowering staff*. We believe that our imPROVE initiative, along with our continued focus on implementing integrated clinical information systems and an electronic health record, will help us achieve our goals related to quality and patient safety.

Public Health and Infectious Diseases

The health system faces a number of challenges in the public health and infectious diseases area. It also provides unique opportunities for PHSA.

- The rise of infectious diseases (e.g., HIV/AIDS, SARS and West Nile Virus) and the need to respond quickly to pandemic events means that health care providers across BC and Canada must be able to quickly share information and collectively respond to emerging needs. Pandemic planning and readiness continues to be emphasized at the provincial and federal levels. PHSA has a significant opportunity in this arena because of its provincial role, linkages to providers across the province and the country as well as the BC Centre for Disease Control's (BCCDC's) mandate of communicable disease control.
- The Public Health Agency of Canada has funded a network of six centres to promote knowledge translation and evidence based public health practice. Two of these centres are located in BC, with the National Collaborating Centre for Environmental Health being hosted by BCCDC.
- BCCDC's critical role in communicable disease control and environmental health provide a solid platform upon which to support national and provincial interests in improving public health capacity. E-Health combined with "Panorama"³, a public health surveillance system, provide an opportunity to substantially improve disease surveillance, outbreak control and response coordination.

New Drugs and Technology

In health care, new drugs, technology and treatments continually become available. Biotechnology and gene testing promise huge changes in health care (drugs, equipment and services). There are also new vaccines for which PHSA will incur an upfront cost while expected savings to the health care system will not occur for many years into the future. Diagnostic tests are becoming available that will provide quicker access to results so that treatment can begin sooner and be more effective. PHSA's new Centre for Translational and Applied Genomics (CTAG) is developing novel laboratory tests (assays) to improve the management of a diverse spectrum of disorders including cancer, infectious diseases and inherited syndromes. New imaging technologies will increase the sophistication and accuracy with which physicians can diagnose diseases and conditions. These advancements have wide-spread implications for PHSA.

PHSA is working in collaboration with the Pharmaceutical Services Division of the Government to align pharmaceutical formularies and the drug policies with the Provincial Pharmacare Program to promote the sustainability of our provincial drug program.

³ Panorama is the name of a public health surveillance initiative and information system funded by Canada Health InfoWay. When implemented, Panorama will provide authorized Canadian health care professionals with the real-time ability to collect, share and analyze health information that is critical for managing health problems such as SARS and other communicable diseases at the regional, provincial/territorial and federal levels throughout Canada.

Health Human Resources

Agencies and programs across the PHSA are facing significant challenges in recruiting and retaining the highly skilled health professionals and technicians needed to deliver the very specialized care that is the core of our provincial services. Recruitment challenges in other health authorities also create gaps in local services, placing additional demands on the PHSA. PHSA programs are arguably more vulnerable to human resource scarcities due to the skill sets required to deliver specialized services.

While national supply trends are increasing slightly, BC is observing a decrease in both the number of registrations submitted for nursing practice and the number of regulated nurses employed in their discipline. Projections predict this situation will worsen over the next decade as the workforce ages.

- A national comparison showed that the average age of all BC regulated nurses (includes RN, LPNs and RPNs) remains the highest in the country at 45.9 years in 2006, exceeding the national average of 44.84.
- Looking at our population of registered nurses, over 43% of BC's 28,840 registered nurses are aged 50 years or older, and approximately 10% of those exceed 60.

These figures represent a serious challenge for the PHSA and all BC health authorities as many of these nurses are set to retire in the next 5 to 10 years. Addressing the health resource challenge is a priority for the BC government and PHSA also recognizes this issue as critical to our success. We have implemented a number of innovative recruitment strategies, both in Canada and abroad.

PHSA welcomes the government's move towards authorizing and training nurses to deliver a broader range of health services. We support this opportunity to improve access to care and will continue to partner with academic institutions to develop and deliver high quality education and training for health professionals in the specialized areas of health care services provided by the PHSA.

Various employee engagement strategies are also in place to improve work life, promote retention and reduce sick, overtime and vacancy rates. For example, PHSA's Engagement Matters! initiative intends to establish the right conditions for the organization and its staff to work together to improve, achieve and deliver excellent care. We are also seeing great success and high participation rates with our Workplace Wellness & Active Living program which aims to improve the physical and mental health of all PHSA employees through activities such as health fairs, on-site fitness classes and massage.

Capital Infrastructure

Building refurbishment and equipment needs will escalate dramatically within the next 5 to 10 years due to deferred capital spending, technological changes and the aging patient population. Annually, the PHSA undergoes a multi-year capital planning process. All of the current year's capital equipment and infrastructure requests are justified, reviewed and ranked. Equipment replacement, new technologies and infrastructure upgrades are approved based on the highest needs and the availability of capital funds.

The facilities operated by the PHSA are of various ages, however many larger buildings are reaching points in their lives where large scale infrastructure renewal is required. Failure to increase investment in facility infrastructure will ultimately result in loss of functionality of building systems or specific areas, directly impacting patient care activities. PHSA engages in regular reviews of its physical assets to ensure that facility renewal strategies match with short and long term plans for other investments in facilities that accommodate growth or changes in service delivery. In addition, in accordance with the recently announced provincial climate change initiatives, PHSA is increasing its focus on renewal

⁴ Canadian Institute for Health Information; *Highlights from the Regulated Nursing Workforce in Canada, 2006.*

projects that result in benefits to the environment.

More detailed discussion of the challenges related to capital infrastructure and the priority areas for investment, including planned redevelopment of BC Children's Hospital and BC Women's Hospital Oak Street campus, is found in the Capital Asset Management section of this plan.

Impact of Regional Service Delivery

PHSA plays a unique role in the province. Many of the programs and services that PHSA funds and provides provincial stewardship for are planned and funded by PHSA but delivered by the geographically based Health Authorities. Renal, transplant and cardiac services are examples. While PHSA and the regions work in a collaborative fashion to plan and deliver these services, their ability to meet provincial targets can be dependent upon factors such as the availability of staff in their health authority.

Service volumes for some of the PHSA agencies, such as BC Children's Hospital and BC Women's Hospital and Health Centre, are also dependent upon the ability of other health authorities to meet their regional population's needs.

Child Health BC is a collaborative network of PHSA's BC Children's Hospital involving all of the province's regional health authorities. It was established to facilitate a province-wide and consistently high standard of care for children and youth in British Columbia. By bringing together partners from around the province who share a commitment to excellence in paediatric care, Child Health BC will help increase the province's overall capacity for treating children no matter where they live.

BC Women's maternity and newborn care programs have documented an increase in the proportion of low-risk births. In order to have capacity to fulfill their unique provincial role in the provision of tertiary and quaternary newborn care and high risk pregnancies, as well as maternity care for much of Vancouver Coastal Health Authority, BC Women's is working with the other regional health authorities to develop short and longer term strategies to ensure that access to appropriate maternity services are available as close to patients' homes as possible. We are also working with the Ministry on the redevelopment of the Children's and Women's Hospital site to ensure that the proper capacity and systems are in place to meet the needs of our population now and in the future.

New Government Directions and Initiatives

As the federal and provincial governments along with the Ministry of Health Services continue to plan for the sustainability of our health system, they develop new priorities and initiatives. This requires that the health authorities also review their priorities in order to ensure services are delivered in the best way possible within available resources. Examples include:

- Government's commitment to taking action on climate change. The health authorities are expected to play a key role in supporting government's climate change agenda including achieving carbon neutrality by 2010.
- The First Ministers established national benchmarks for accessibility and wait times for specific procedures (FMM). It is expected that health authorities will participate in government initiatives and that regional health authorities will collaborate with the PHSA to achieve these targets for services such as mammography, cardiac services and cancer care. PHSA's ability to achieve these benchmarks is contingent upon successful collaboration with the regional health authorities.
- The government is committed to improving Aboriginal health and wellness by ensuring that Aboriginal people have meaningful input into service planning and delivery activities that support the goals and objectives articulated in the Transformative Change Accord: First Nations *Health Plan* and the *Tripartite First Nations Health Plan*. Implementation of the initiatives outlined in the PHSA Aboriginal Health Plan may have short term cost pressures for PHSA.

- BC's success in awarded research grants has increased over the past five years, necessitating new research infrastructure in the health authorities. While support for research infrastructure in health care systems is provided at the federal level through the Canadian Foundation for Innovation's Research Hospital Fund and at the provincial level through the BC Knowledge Development Fund, there is often a gap in funding for research infrastructure which places additional pressures on health authorities to provide the required space and equipment.

PHSA's Vision, Mission & Values

Vision

Province-wide solutions. Better health.

These five words paint a clear picture of the world the PHSA seeks to create.

Our vision captures the notion that by helping to create better systems that function province-wide, we will positively influence the health of the populations we serve.

Mission

PHSA, as the provincial health authority, has a mission to improve the health of the population by:

- Delivering quality health services in a safe, effective and efficient manner to the specialized populations we serve.
- Coordinating selected specialized services province-wide and setting standards to improve health outcomes for British Columbians.
- Leading province-wide initiatives to promote system-wide improvement.
- Creating and translating knowledge. Leading innovation in health service delivery.
- Contributing to the improved health and well being of the population through focused efforts on public and population health.
- Contributing to the sustainable development of health care professionals through our commitment to excellence in teaching and training.

Values

Our values are taken as a whole, and they guide our actions as an organization. They serve to provide a focus for how we approach our work. They collectively inspire behaviour that creates a dynamic and performance-oriented organization.

Patients first

- We believe that all of our endeavors should be directed to improving the care and the outcomes of the people who need and use our services across the province.
- We measure our success by the way we deliver on our commitment of better health and satisfaction for patients and their families.
- We also believe that our success depends on the contribution of each and every employee and physician and our commitment is to build an engaged workforce who are supported in their work at PHSA.

Best value

The PHSA is driven to deliver the best possible value – the optimal quality of services at the optimal cost to taxpayers.

- We ask ourselves these important questions: How well does any service, procedure or drug work compared to the possible alternatives and at what costs? How can we help to ensure the sustainability of our health system?
- We recognize that a balance must be struck between what the public expects the health system should offer, and what the health care system and available funding can deliver. On the basis of this balance, we believe that quality specialty and province-wide services can be provided on equitable terms for all citizens of BC.

Results matter

The phrase “results matter” can be interpreted several different ways, and that is our intention.

- Results matter very much to the patients who require province-wide services, and it matters to us how people are treated in our provincial agencies.
- Results matter in our ability to influence better measurable outcomes for health in BC, and in the delivery of our mandate and commitments found in our performance agreement.
- Results matter, as we are held accountable for doing what we’ve said we will do and for delivering the best possible care. Financial, clinical and scientific accountability are important to us.

Improvements through knowledge

- We are committed to advancing research. Research holds answers.
- We want to ensure that new knowledge is generated and incorporated into our practice and the standards we promote.

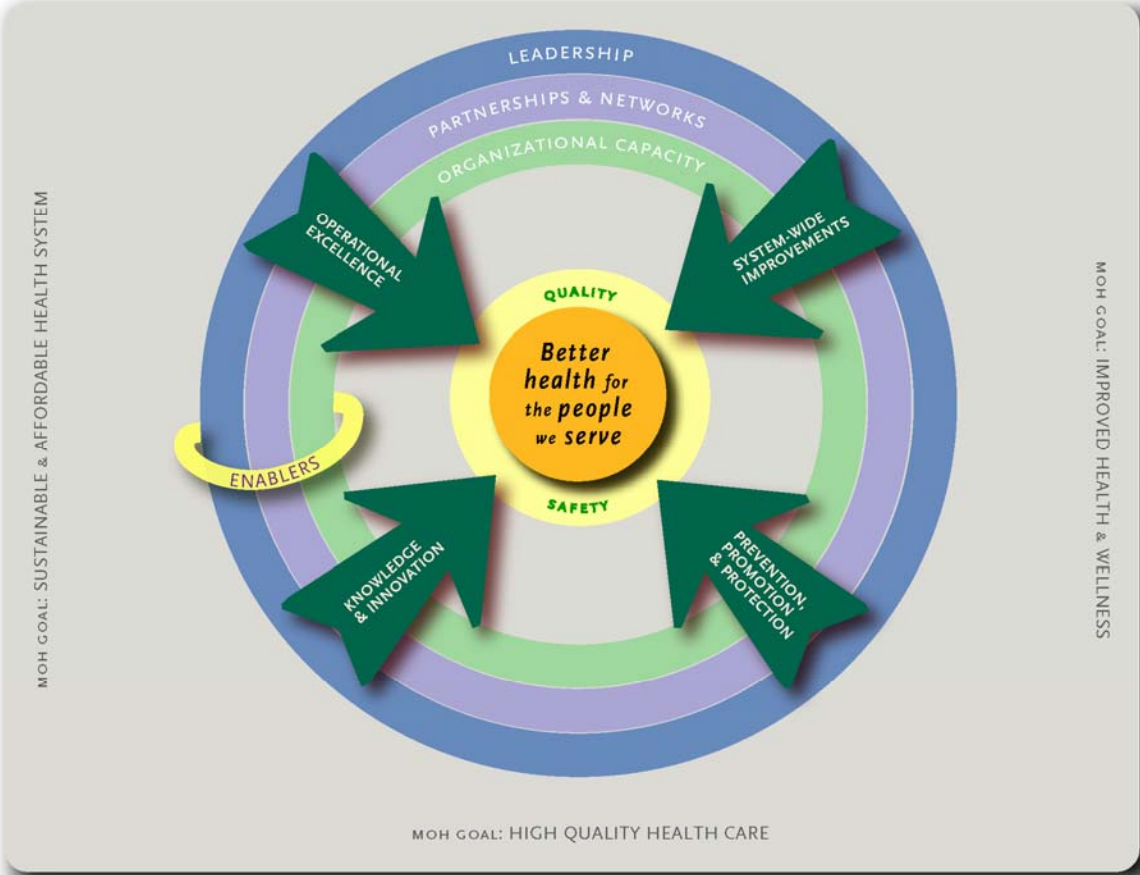
- We are committed to ensuring that the challenges and issues we face in our day-to-day practice drive new research that leads to innovation.
- We are a learning organization – we encourage everyone to seek the best information and knowledge from all sources and to act on it.
- We stay current and up-to-date in order to provide better health care solutions.

Open to possibilities

- We approach each task with objectivity and flexibility. No one has a monopoly on good ideas, or the best way to get a job done.
- We will seek new ways of doing things, explore new approaches, and be open to learning from others.
- We encourage innovative thinking.
- We believe that optimism is moral courage.

PHSA’s Strategic Directions & Priorities

PHSA’s first strategic plan, *Leveraging Strengths...Transforming Health Care*, was developed in April 2004 and is updated annually. Each year, PHSA’s agencies and programs also complete their strategic plans in a parallel process, with the PHSA plan “shaping and being shaped by” the agency plans. Throughout the plan, we use the schematic below to show the close relationship between Ministry of Health Services goals, our mission imperatives, PHSA strategic directions and our enabling strategies. It reinforces that our overall goal of *better health for the people we serve* is central to everything we do. While we provide a high-level summary of our strategic plan below, please refer to the full PHSA strategic plan available at www.phsa.ca for more information.



The Ministry of Health Services’ *Service Plan 2008/9 – 2010/11* outlines their strategic focus and direction for the health authorities with respect to management of health service delivery and is aligned with the priorities of the Government of BC. Specific deliverables and performance measures for the health system are identified in the 2008/9 Ministry of Health Services’ Service Plan and the Government Letter of Expectations between the Ministry of Health Services and the health authorities. PHSA’s strategic plan is carried out in the context of the policies, strategic directions and priorities established by the Ministry and the government. PHSA’s strategic directions uniquely contribute to the three broad goals

for health system reform that have been developed by the Ministry of Health Services⁵:

1. Improved health and wellness for British Columbians
2. High quality patient care
3. A sustainable, affordable publicly funded health system.

These three ministry goals create the backdrop for our strategic framework. The alignment with overall health system goals is therefore part of every strategic effort made at PHSA. A more detailed discussion of the alignment of PHSA's plan with the Ministry's goals is found as Appendix 1

We began with the end in mind....

In developing our strategic plan, we started with the end in mind. Our ultimate goal of *better health for the people we serve* is at the centre of all we do. That means a commitment not only to the detection, management and cure of illness, but also to shifting our focus towards strategies that will improve the health of the population.

Quality and safety... an objective of all our strategic directions.

Improving quality and safety is an objective of all of our strategic directions and is at the centre of all that we do. Our dedication to quality and safety ensures that we maintain the highest standards and sets the direction for our planning and decision making processes. The PHSA's organizational focus on evaluating and improving quality takes into consideration many dimensions of 'quality': acceptability, accessibility, appropriateness, availability, effectiveness, safety and efficiency. These dimensions are threaded throughout our strategic plan and reflect our organizational commitment to quality of care. Safety is vital for better health. We must implement systems and processes that ensure safe clinical and work environments. We must also work to create a blameless culture to remove the stigma of errors and encourage reporting, thus allowing us to learn from mistakes.

Our Four Strategic Directions

To reach our goal of *better health for the people we serve* through a high quality and safe health care system, we focus on four interdependent strategic directions, represented by the four arrows in the previous diagram. Below, we describe the PHSA's commitment to progress towards each strategic direction by identifying measures and service targets for our key priorities over the next one to three years. We have also highlighted key planned initiatives and actions that are designed to help us achieve these goals.

Operational Excellence

Improve our ability to achieve our vision and the Ministry's goal of an affordable, sustainable health system through redesign, evaluation and evidence-based decisions.

With our mandate, the PHSA can play a key role in achieving the Ministry goal of an affordable, sustainable health system. PHSA is driven to deliver the "Best Value" – the optimal quality of services at the optimal cost to taxpayers - and lives by this statement as one of our values. To be effective in that role, we need to exhibit operational excellence. The aim of our strategic direction "Operational Excellence" is to ensure that we are performance driven – achieving the best outcomes and the most value with the resources available to us. As a result, efficiency and effectiveness are

⁵ Source: Ministry of Health Services 2008/09 – 2010/11 Service Plan, www.gov.bc.ca/health.

common key targets for each of the four priority strategies.

Strategic Direction: Operational Excellence		
Priority Strategies		
<ol style="list-style-type: none"> 1. Promote and develop a safety culture to ensure that organizational systems, processes and policies are designed to optimize health outcomes for the people we serve. 2. Implement imPROVE, PHSA’s system focusing on patients and empowering staff. By engaging staff in the elimination of waste, the effectiveness and efficiency of care can be increased, thereby improving the quality, safety and sustainability of the health care system. 3. Pool and leverage resources and the collective strength of the PHSA and its agencies/programs to achieve economies of scale, maximize scarce expertise and influence policy and practices that impact health care and services. 4. Implement an electronic health record strategy integrated with clinical decision support as a means of improving quality of care, reducing errors and increasing efficiencies. 		
Performance Measures	Long Term Targets	2008/9 Targets
Reporting of adverse events (i.e. drug and medication errors, falls, injuries)	100%	100%
Percentage of emergency department patients reporting satisfaction with emergency department experience*	90%	Improve toward long-term target
Administrative and support costs as a percentage of total expenses	Reduce/maintain from baseline of 14.4%	Reduce/maintain
# times electronic health record viewer is accessed for clinical care across PHSA acute sites	40,000 per day	24,000 per day

*GLE performance measure

Key Initiatives for 2008/09: Operational Excellence

1. Promoting a Safety Culture

This plan highlights our commitment to quality outcomes and safe health care. Through our understanding of PHSA systems of care and management, by knowing and anticipating risk, and measuring performance and responding to limitations in system design and implementation, we are committed to providing the patients we serve with optimal care and services without harm.

We remain focused on ensuring a safe and healthy work environment as a principle determinant in our ability to provide safe care. This year, a separate strategic plan for “Quality, Safety, Risk Management and Infection Control” has been developed which outlines in some detail the strategic directions and priority strategies for this organization-wide initiative. Examples of initiatives include:

- Implementation of the BC Patient Safety Learning System across PHSA to help us analyze and learn from adverse events and create a safety culture.
- Continued participation in Safer Healthcare Now!, a national patient safety initiative focusing on

six targeted interventions and their implementation in the hospital setting. BC Women's Hospital, BC Children's Hospital and BC Mental Health and Addiction Services are participants in this initiative.

- Establishment of an organizational culture committed to safety by implementing risk recognition, evaluation and mitigation strategies, expanding safety rounds in patient care settings, and through participation on provincial forums such as the BC Patient Safety Task Force (BC PSTF).
- Continued piloting and implementation of medication reconciliation protocols and procedures to improve consistency and patient safety across PHSA.
- Ensured compliance with national standards for the safety of cells, tissues and organs for all transplants in BC and enhanced information systems to improve reporting and patient safety.
- Continued implementation and evaluation of a comprehensive workplace mental health and addiction strategy to improve employee health and patient safety, and support-system wide improvements in this area.
- Reduce workplace injuries through initiatives such as the introduction of new, specially designed needles and other safety devices across PHSA.

2. Implementing 'imPROVE': Engaging Staff in the Elimination of Waste

Accountability to the public, and understanding a patient's needs from their perspective, are very important. This includes reducing unnecessary time spent in the system and eliminating duplicate or redundant processes. This year, we continue the patient-centred focus that has been at the core of our strategic plan since it was first developed in 2004. "Patients First" is a core value of the PHSA and reminds us that all of our endeavours should be directed to improving the care and the outcomes of the people who need and use our services across the province.

Just as it is front-line staff and physicians who often see and experience the problems and inefficiencies within the health care system, it is these same individuals who hold the solutions. Empowering the people within the system today with the time, skills, knowledge and support to examine and redesign their own work, eliminate waste and improve quality will create a high-quality and sustainable system for tomorrow. This is what imPROVE – PHSA's program focusing on patients and empowering staff - is about.

Agencies and services across PHSA will implement imPROVE. Based on the principles of Lean thinking, PHSA's imPROVE initiative will map value streams or operational processes from the patient's perspective. This program is intended to improve patient safety and quality of care; empower staff and physicians to redesign their work environment, enable them to better deal with continually increasing demands and HR shortages; create more effective and efficient processes to help us build a sustainable system of care; and develop a culture of continuous improvement. PHSA is applying the principles of imPROVE to the design of the Children's and Women's site redevelopment.

- Identify key patient flow streams (i.e. 'value streams') in each agency. Engage staff in mapping the patient journey through these streams and redesigning the process to eliminate bottlenecks and waste and improve efficiency.

- Develop a Certification Program and complete lean training for the imPROVE team, Executive Leadership team and senior leaders of the selected value streams.
- Begin '5S'⁶ campaign to organize and manage the workspace and work flow with the intent to improve workplace morale and efficiency.
- Work with BC Children's Hospital and BC Women's Hospital & Health Centre Site Redevelopment team to optimize patient flow in the design of the new hospital.

3. Pooling and Leveraging our Collective Strength

In its early years, a key focus for the PHSA was achieving greater levels of efficiency and effectiveness through the consolidation of our support services. As we continue with the implementation of our strategic plan, we are now increasing our emphasis on maximizing the collective strength of the PHSA for the benefit of the people we serve. PHSA will:

- Participate in the new BC Health Authority Shared Services Organization, which will examine opportunities for health authorities to improve cost effectiveness by working collaboratively on common services, with the goal of maximizing resources that go to direct patient care.
- Integrate cancer prevention and treatment programs between PHSA agencies (BC Women's Hospital and BC Cancer Agency) to improve the pathway of care.
- Develop a PHSA-wide Aboriginal health plan to improve services and increase involvement in decision making.

PHSA's administrative and support costs as a percentage of total expenses have decreased over the past three fiscal years and we will continue to monitor our performance in this area to ensure that we are maintaining or achieving further cost savings which can then be redirected to protecting and enhancing clinical care.

4. Maximizing & Implementing Information Technology in Support of Patient Care

PHSA has invested heavily in IMIT to enable communications to providers and patients throughout the province, and to deliver efficient clinical services. Telemedicine will have a significant role in delivering cancer care across the province, as well as in the redevelopment of the Children's and Women's Hospital site. The creation of the electronic health record (EHR) to align with the provincial eHealth strategy was rated as the highest-priority strategic initiative by the PHSA executive.

Electronic health record and clinical information system (CIS) strategies will help the EHR become a reality within BC over the next three to five years. The EHR will enable efficient and timely exchange of health care information, and will support increased patient safety and access to information and decision-making tools. Our CIS will enable us to achieve our vision of capturing

⁶ 5S is a mnemonic for a process used to organize a work space. 5S finds unnecessary things in the system. Then it will sort (Seiri) and sorted items will be kept in order (Seiton). Then there will be a regular cleaning process (Seiso). Then the system will be standardized (Seiketsu). Last the system will become the way of life (Sitsuke).

patient information once and sharing it within and between services/programs throughout the province. PHSA will be at the forefront of this implementation due to its need to share patient-specific clinical information with providers across the province, and its province-wide mandate. The PHSA has partnered with VIHA to implement a single instance of the Cerner CIS across the two authorities. This will result in increased efficiencies and improved patient care, especially for those patients that receive care from both authorities.

- Significant investments are being made in EHR feeder systems, such as laboratory, diagnostic imaging and pharmacy and in repositories to store this domain data, making it available to providers throughout the province.
- Support for core EHR infrastructure such as registries, an integration broker and the EHR index.
- Investment in EHR viewers and in the integration of EHR information into our clinical information systems.
- Continued implementation of integrated Clinical Information System applications across BC Children's Hospital (including Child and Youth mental health programs), Sunny Hill Health Centre for Children and BC Women's Hospital & Health Centre.
- Implementation of business information tools to improve operational management and decision-making.

Knowledge and Innovation

Increase research and education and enable the transfer of knowledge into practice improvements.

Knowledge development and innovation are critical activities and values of the PHSA and are necessary throughout the BC health care environment. Research and development creates many benefits for patients, the health care system and society. It provides British Columbians with access to new discoveries and technologies, offers opportunities to deliver better and more effective health care services, attracts the best and the brightest scientists and health care professionals to BC and produces economic benefits for British Columbia.

In addition, PHSA has an important role along with the universities and Ministries in training health professionals. Knowledgeable health professionals and other service providers are pivotal to the work of PHSA. For health care system sustainability, it is essential that PHSA take a leadership role and collaborate with current and new academic partners to prepare the next generation of our health care workforce. This involves not only ensuring that a sufficient number of service providers are educated, but also ensuring that they have the skills required to work in an evolving health care environment with implementation of best practices, new service delivery models, inter-professional practice and new technologies for more effective and efficient health service delivery.

Outlined below are the priority strategies, initiatives and measures we are pursuing in the area of knowledge and innovation.

Strategic Direction: Knowledge and Innovation

Priority Strategies

1. Obtain the resources needed to improve PHSA's health research capability to create new knowledge, enhance the scientific basis for health services and apply evidence to improve health and care delivery.
2. Partner with academic institutions to develop and deliver practice education for health professionals and other service providers that emphasizes the knowledge and skills required for the specialized health services provided by PHSA.

Performance Measures	Long Term Targets	2008/9 Targets
Total annual research funding (Baseline = \$84.29 M)	Establish long-term targets this year.	↑ over previous year
# of research trainees (Baseline = Approx. 400 PHSA-wide)	Establish long-term targets this year.	↑ over previous year

Key Initiatives in 2008/09: Knowledge and Innovation

1. Strengthening PHSA's Health Research Capability

- Seek \$60 M in federal hospital research grant funding to advance evidence-based care and support PHSA's successful research enterprises. As well pursue additional research grants from other national and international granting agencies.
- Consolidate existing research infrastructure at Riverview Hospital, Forensic Psychiatric Services and Child and Youth Mental Health and Addiction Services into a Provincial Mental Health and Addictions Research and Knowledge Exchange Institute to ensure research findings are more effectively used to improve mental health and addiction programs and services across BC.

2. Developing and Delivering Practice Education

PHSA has played a strong leadership role within the BC Academic Health Council. Opportunities for the PHSA to continue to build capacity for education include working with the Ministries of Health, Advanced Education and Children and Family Development, the regional health authorities, the BC Academic Health Council and other academic partners to:

- Anticipate human resource needs and participate in the development of a human resource strategy for PHSA aligned with province-wide initiatives.
- Establish practice education infrastructure and systems within PHSA and province-wide by developing and implementing:
 - A networked approach to academic planning and delivery
 - A practice education quality improvement framework and tools
 - Consistent practice education policy and guidelines

- Technologies (e.g. HSPnet⁷, e-learning, simulation) to support practice education excellence and effective placement management
- Support the distributed model of education by working with regional partners to provide education programs, where possible, in locations throughout the province.

System-Wide Improvements

Use our provincial role and mandate to achieve provincial system-wide changes and maintain access to specialized health services.

A priority for PHSA is to make sure that all British Columbians have equitable access to high quality, specialized services and province-wide programs, despite trends that will significantly accelerate demand and cost. The most important changes we can make to improve value require system-wide rather than site-specific or local changes. Through our provincial mandate, PHSA can provide leadership, facilitation and support to identify opportunities for system-wide improvement in the health system. We look forward to working collaboratively with the Ministry of Health Services to implement key recommendations from the Conversation on Health. Improvement will mean a more seamless, integrated system that provides continuity for our patients and providers, quality care and better health outcomes.

Our priority strategies for this strategic direction focus on implementing changes to improve the services directly operated and/or funded by PHSA through our agencies and influencing how services are provided through PHSA-led provincial collaborative initiatives with the regional health authorities. Earlier in this service plan, the challenge of PHSA achieving targets that are dependent on the actions of the regional health authorities was discussed and the importance of building strong collaborative relationships emphasized.

⁷ HSPnet, or the Health Sciences Placement Network, is an on-line system that aims to increase the availability and quality of practice education placements for health sciences students. HSPnet has been used in BC since 2003. HSPnet has grown to serve over 1,200 users in six Canadian provinces, and is used by more than 20 different disciplines.

Strategic Direction: System Wide Improvement		
Priority Strategies		
<ol style="list-style-type: none"> 1. Develop standards, identify and disseminate leading practices and influence the adoption of outcomes-based practice for specialized services and province-wide programs. 2. Implement provincial systems and processes to ensure equitable and timely access, based on need, to specialized health services delivered by PHSA. 		
Performance Measures	Long Term Targets	2008/9 Targets
Wait time for child and adolescent inpatient psychiatric bed (at BCCH).*	Under development ⁸	Improvement over previous year
Percentage of cardiac bypass surgery cases waiting longer than the established time frame:** Priority 1: 2 weeks Priority 2: 6 weeks Priority 3: 26 weeks	Not to exceed 10% by March 2010	Improvement over previous year
Percentage of cancer patients receiving radiotherapy within 4 weeks of being ready to treat**	90%	Maintain or exceed benchmark
Percentage of (BC) patients admitted from an emergency department to an inpatient bed within 4 hours of the decision to admit*	80% admitted within 4 hours	Maintain at or above long-term target
Time from emergency department triage to physician assessment, according to level of urgency ⁹ *	90% of patients assessed within CTAS guidelines	Establish baseline
Average bed utilisation/occupancy rate of (provincial) level 2 and level 3 perinatal beds (of staffed/available beds)*	75%-80%	Decrease over previous year
Number of out-of-country transfers of newborns requiring Level 3 neonatal intensive care*	20 or fewer per year	Reduce by at least 30%
Number of people on the donor registry	818,589***	713,589

*GLE performance measure ** FMM benchmark & GLE ***2010/11

⁸ This long-term target is still to be determined by the Ministry of Health Services.

⁹ Level of urgency is determined through the use of the Canadian Triage Acuity Scale (CTAS), which is a set of guidelines currently used in approximately 80% of Canadian emergency departments. Patients requesting service in an emergency department are assigned a triage level on initial contact according to the urgency of their presenting complaint. Level I is “Resuscitation”, Level II is “Emergent”, Level III is “Urgent”, Level IV is “Less Urgent” and Level V is “Non-urgent.”.

Key Initiatives in 2008/09: System Wide Improvements

1. Developing Standards and Sharing Best Practices

PHSA has the ability and opportunity to facilitate the development of standards, identify and disseminate leading practices and influence the adoption of evidence-based practice for specialized services as well as our province-wide programs. The PHSA is committed to ensuring that best practice information is readily available throughout the province, including remote areas, and that, within our mandate, we work with health providers, health authorities and educators to ensure that this knowledge is translated into better practice and outcomes.

Unique opportunities for the PHSA to collaborate with partners, enhance standards and share knowledge include:

- Linking databases across PHSA and then with the Ministry of Health Services to allow PHSA agencies to do more specific health service delivery research in relation to their populations of interest.
- Acting as a catalyst for the creation of a health service delivery research network for the identification and dissemination of best practices by providing the required methodology and tools and implementing an appropriate technology platform.
- Developing a pilot program to model the transfer of knowledge from research to practice (e.g. a health services delivery network) to improve patient outcomes.
- Building capacity within PHSA's decision support area to help clinical and administrative leaders source leading practice information, move that information forward to practitioners and assess how well PHSA itself is adopting protocols, guidelines and leading practice.

Mental Health and Addictions

- Continue to offer support to regional health authorities to review their mental health and addictions services and support them in planning, workforce development, training, education and knowledge exchange.
- Lead the development of best practices to treat "crystal meth" addictions in BC. This work, which focuses on adolescents, is a collaboration between PHSA and all of BC's regional health authorities to enhance services across the province.

Cardiac Services BC

- Improve care for acute myocardial infarction (heart attack) by ensuring reliable delivery of evidence-based care.

Cancer Control

- Explore opportunities to implement evidence-based approaches to cancer screening to improve outcomes.

Children's Health

- Expand Child Health BC, whose mandate is to improve links between regional health authorities, child/youth agencies and the specialists' teams at BC Children's Hospital. Partnership will result in better access to speciality pediatric services and consistent standards of care for BC's sickest children, regardless of which region they call home. BC Children's Hospital Foundation is contributing \$50 million to support the implementation of Child Health BC. These funds will be

used to make physical improvements to facilities throughout the province.

Maternity Care and Perinatal Care

- Continue implementation of the Maternity Care Enhancement Project recommendations and other strategies to improve maternal and neonatal care including:
 - Development and evaluation of collaborative models of care
 - Articulation and implementation of best practices for maternity and postpartum care
 - Development of a best practice document for primary care clinicians and a maternity and post-partum care pathway for women
 - Articulation for the Ministry of Health Services and health authorities on optimal use of caesarian section birth in BC, building on the results of an expert task force and consensus conference

Emergency Services / Trauma Services

- PHSA will continue to support the BC Trauma Advisory Council including chairing the council and providing consultation on specific projects.
- PHSA will also provide support to the regional health authorities in their efforts to gain accreditation through the Trauma Association of Canada.

2. Ensuring Equitable and Timely Access

Outlined below are a few examples of other key initiatives aimed at system-wide improvement grouped by population served.

Mental Health and Addictions

- Continue with the Riverview Hospital Redevelopment Plan working with the health authorities to replace the provincial tertiary services with new facilities, including the coordination of a variety of networks (e.g. psychosis, addictions, cognitive behavioural therapy) to provide a platform for research and knowledge exchange, develop standards and link specialists with physicians and clinicians across the province to improve the quality and accessibility of services.
- Expand the emergency inpatient psychiatric facility (Child and Adolescent Psychiatric Emergency) which treats the most acutely ill children who are experiencing severe psychiatric symptoms, to address issues relating to wait times.
- Expand the eating disorders program to address serious wait time issues and prevent the transfer of patients out of province.
- Work with the regional health authorities to ensure provincial access for the Burnaby Centre for Mental Health & Addictions Services. PHSA will develop the model of care, facilitate the flow of available funding to Vancouver Coastal Health and establish a provincial network to evaluate and monitor the Centre's development and implementation.

Cardiac Services BC

In 2007, Cardiac Services BC worked with all of the health authorities to develop the revascularization report. The result of this collaboration is the provincial government's announcement that BC's fifth cardiac critical care centre to be located at Kelowna General Hospital. The centre will provide inpatient care, diagnostics and complete revascularization. This year we will:

- Work with Interior Health to plan the Cardiac Centre in Kelowna.
- Redevelop the cardiac registry to actively manage, monitor and reduce waitlists.

Based on the 07/08 review of Electrophysiology Services, Cardiac Services BC will:

- Manage the wait lists for Electrophysiology as well as all cardiac procedures including a central process for reporting this information, and
- Develop a provincial Electrophysiology Services plan to expand services and cover the period up to 2015.

Cancer Care

Cancer facilities in the Lower Mainland are presently operating at full capacity. PHSA, in partnership with Fraser Health, Northern Health and the Ministry of Health Services, will open the new Abbotsford Cancer Centre in 2008 and the Prince George Centre in 2012. These centres will offer cancer control services allowing the BCCA to meet the growing needs of the province. In addition the BC Cancer Agency will:

- Implement the Northern Cancer Strategy. The Northern Cancer Control Strategy is a population-based strategy to improve cancer outcomes in the North, and has been tailored to specifically address relevant issues and challenges within this population. PHSA/BCCA/NH will be responsible for implementing the strategy and will partner with other stakeholders (Ministry of Health Services, Canadian Cancer Society, municipalities and community groups as appropriate). The strategy will establish new cancer control activities in the North, related to the development of a comprehensive cancer centre in Prince George, and enhance existing prevention, screening, systemic therapy and related clinical support services across the northern region, which are currently being delivered by BCCA or NH. The new BCCA Prince George Cancer Centre will be attached to the Prince George Regional Hospital and will provide comprehensive cancer services including radiation therapy treatments. When the centre is completed in 2012, it will be managed and operated by the BC Cancer Agency.
- Commencing in 08/09, program development and integration between BCCA and NH will occur in order to improve cancer control services prior to the opening of the BCCA Cancer Centre. Some of these initiatives will include extensive development and use of telemedicine, integration of prevention and screening strategies and continued enhancement of the Communities Oncology Network.
- Certain diagnostic equipment throughout the province will be replaced or upgraded to ensure we continue treatment to maintain timely access to radiotherapy.

Children's Health

- Implement a provincial plan for subspecialty clinics in each health authority. This includes establishing a Provincial Pediatric Consulting Support Service so that children and youth have equal access to specialty paediatric services.
- Continue emergency department strategies to sustain timely access to care, and increase patient satisfaction.

Maternity Care and Perinatal Care

PHSA, under the leadership of BC Women's Hospital & Health Centre and BC Perinatal Health Program (BCPHP), is committed to ensuring improvements in maternity care and perinatal health across BC. During 2008/9, PHSA, BC Women's and the BCPHP will:

- Work with Ministry of Health Services, health authorities, BCAS and BC Bedline to strengthen provincial neonatal intensive care capacity, improve service coordination and reduce out of province/country transfers by (among other initiatives):
 - Expanding fetal fibronectin testing for confirmation of labour status to reduce unnecessary maternal transport.
 - Increasing capacity by funding 3 Level III beds in Victoria and increased level III capacity at BCW.
 - Improving existing bed utilization through provincial coordination and transport services.

Emergency Services / Trauma Services

PHSA in its provincial coordination role will also:

- Continue implementation of action plans to address emergency department congestion and improve patient flow, including but not limited to services that better meet the needs of children and youth with mental health and substance use disorders.

Surgical Wait Time

- Lead the implementation of the Provincial Surgical Patient Registry to standardize and better manage surgical wait lists as part of Provincial Surgical Services Project and the overall Provincial Wait Times Strategy.

Population and Public Health

Collaborate with partners to shift the focus of the health system "upstream" to reduce the incidence and impact of disease.

PHSA supports the view that more effort needs to be focused on a life cycle rather than an episodic view of health care and on keeping people well, preventing illness and managing the needs of people with chronic conditions more effectively. There is also clear and actionable evidence that the determinants of health such as income and education have a much greater impact on the overall health of the population than do the interventions of the health care system.

At a time when health care decision makers, providers and planners are faced with the daunting task of doing more with fixed resources, we are coming to the collective understanding that spending more on health care does not necessarily make for a healthier society.

For these reasons, the PHSA is committed to partnering with the Ministry of Healthy Living and Sport, regional health authorities and other organizations to champion initiatives that will more effectively promote health, prevent illness, manage chronic conditions and generally lessen the burden of disease.

Strategic Direction: Population and Public Health		
Priority Strategies <ol style="list-style-type: none"> 1. Use knowledge and evidence arising from research and provide information to expand Population and Public Health capacity throughout the province to reduce the burden of chronic disease and support the development of health policies and programs. 2. Support the development and sustainability of BC's Population and Public Health system through enhanced capacity for research coordination and training for public health professionals. 3. Develop and implement virtual Centres of Population and Public Health to provide a more effective infrastructure for the above functions. 		
Performance Measures	Long Term Targets	2008/9 Targets
Rate of (BC) women aged 50-69 years participating in screening mammography every two years**	70% by March 2017	BC overall: 53%
Rate of (BC) women aged 18-69 participating in cervical screening every three years**	70%	Maintain or exceed benchmark
Percentage of dialysis patients on independent dialysis modalities (perinatal dialysis and home haemodialysis)*	35%	At least 30%

*GLE performance measure ** FMM benchmark & GLE

Key Initiatives in 2008/09: Population and Public Health

1. Expanding Population and Public Health Capacity

The PHSA is committed to partnering with the regional health authorities and other organizations to champion initiatives, including the Government's ActNow BC, which will more effectively promote and protect the health of our population and decrease the overall burden of disease now and in the future. Reducing smoking and promoting healthy weight through proper nutrition and adequate exercise are crucial to the overall health and well-being of BC residents.

Based upon research, PHSA has implemented a new HPV vaccine program to prevent cervical cancer, as well as expanding existing programs for mammography and cervical cancer screening.

Cancer Control

- Continue to improve access to screening mammography and cervical cancer screening via existing service providers and in underserved areas of the province.

Screening Mammography - Increase active recruitment program through collaboration with Ministry of Health Services for personal invitations and health authorities for targeting of under serviced populations. Expand existing screening centres and add new ones to create increased capacity. Replace IT systems to provide enhanced functionality including cross-program capacity.

Cervical Cancer Screening - Integrate recruitment procedures with the Screening Mammography Program to exploit opportunities and reduce redundancy. Create common screening program IT system to aid recruitment. Initiate family physician based patient

participation initiative.

- Partner with the Canadian Breast Cancer Foundation to increase public awareness about the importance of screening mammography.
- Evaluate new technologies for cervical cancer screening. Technological advances in the form of liquid based cytological preparation and computer-based image analysis will increase productivity by up to 50% in pap tests permitting a possible extension to the frequency of cervical cancer screening from every year to every 3 years.
- Lead the implementation and coordination of a new HPV vaccine for young women to prevent cervical cancer.

Renal Care

- Increasing independent dialysis to improve outcomes and quality of life for people suffering from kidney disease and to better manage costs.

Mental Health and Addictions

- Lead the implementation, in collaboration with Ministry of Health Services, Ministry of Children and Family Development, regional health authorities, and NGOs, of the integrated provincial strategy to Promote Health Literacy in Mental Health and Addiction in BC. PHSA is also supporting the development of a 10 year provincial Mental Health and Addiction Plan in collaboration with stakeholders.

Maternity Care and Perinatal Care

- Work with the Ministry of Health Services, regional health authorities, communities and families to develop and implement strategies to improve maternal and neonatal outcomes through the following educational, health promotion and health screening initiatives:
 - ActNow BC: Healthy Choices in Pregnancy to reduce risk from alcohol and tobacco exposures
 - Provincial “Baby Friendly” Breast feeding support training program
 - the Ideal Weights project for pregnant women
 - Provincial Prenatal Genetics Screening Program implementation
 - Broadening of Provincial Newborn Screening Program
 - Postpartum Depression Strategy

Women’s Health

- Work with the Provincial Women’s Health Network to improve community capacity across BC to respond to Women’s Health Issues such as violence, mental health and substance use.
- Develop a provincial Women’s Heart Health Strategy which will include a nurse practitioner-led ambulatory clinic at BC Women’s Hospital & Health Centre and bring together provincial leaders to identify women’s heart health research and academic priorities.

Population Health

- Continue to implement the Ministry of Health Services’ Core Public Health Functions initiative in consultation with the Ministry and regional health authorities.

- Maintain preparedness for epidemic and pandemic disease by working with the Ministry of Health Services on pandemic planning and business continuity for both PHSA and the province, including maintenance of the existing anti-viral drug stockpile.
- Expand BC's capacity for focused population health surveillance and related analysis initiatives including building capacity to link and use databases for chronic disease surveillance to better identify and manage chronic diseases. By identifying early stages of chronic diseases such as renal disease and diabetes, progression can be prevented or slowed. Outcomes are improved where self management is possible and effective.
- Continue development of public and population health evidence papers in collaboration with Ministry of Health Services and the regional health authorities.
- Work in collaboration with the Ministry of Healthy Living and Sport to support the implementation of evidence-based prevention, promotion and protection initiatives including programs that address childhood obesity, tobacco misuse, active seniors, and healthy choices in pregnancy including alcohol reduction.
- Continue to provide leadership for and implementation of a provincial Community Food Action Initiative to improve access to healthy foods, particularly among people with low income.
- Develop a child/youth chronic disease plan that supports continuity of care, accessibility and quality within the spectrum of primary to tertiary care.
- Implement the PHSA Smoke-Free policy that prohibits smoking in or on all PHSA owned, operated or leased vehicles, facilities, buildings, grounds and parking areas.

Population Health

- Continue to implement the Ministry of Health Services' Core Public Health Functions initiative in consultation with the Ministry and other regional health authorities.

Aboriginal Health

PHSA supports BC's goals for improving aboriginal health as articulated in the Transformative Change Accord of 2005, the First Nations Health Plan of 2006 and the Tri-partite Health Plan of 2007. PHSA will work in partnership with the First Nations, Aboriginal and Métis communities to reduce health disparities for First Nations, Aboriginal and Métis people in BC. PHSA has established an Executive Aboriginal Health Subcommittee comprising representatives from the First Nations Health Council and all PHSA Agencies who will work together on the following initiatives:

- Completion of an updated PHSA Aboriginal Health Strategic Plan.
- Development of a cultural competency strategy for staff and increasing the number of people from aboriginal communities employed by PHSA.
- Completion and implementation of the Aboriginal Maternity Access Project work plan to increase access to culturally specific perinatal care services.
- Further development of the Provincial Aboriginal and First Nations Health Liaison Network.
- Expansion of community health survey capacity to include aboriginal communities.
- Participation in mental health strategies to address substance abuse and youth suicide in Aboriginal and First Nations communities.
- Implementation of "Renewing our Response", an initiative aimed at improving and coordinating health system and community responses to HIV/AIDS affecting aboriginal communities.
- Strengthening of public health and communicable disease response capacity within communities.
- Further enhancement of culturally specific cancer screening programs to increase the participation rates.

2. Supporting the Development and Sustainability of BC's Population and Public Health System

The province faces a serious shortage of public health human resources in the next 10 to 20 years. Significant funding is flowing to the area of population and public health as funders at a national, provincial, regional and municipal level recognize the importance of investing in health promotion, disease prevention and health protection. The demand for public health professionals is rising at the same time that many in the "old" public health system are nearing retirement. The school of Population and Public Health at UBC and the Faculty of Health Sciences at SFU are developing programs aimed at bridging this gap, but need comprehensive industry support for their teaching and research activity. PHSA can and will play a key role in supporting the training, research, and service delivery needs for these schools by enhancing our capacity for training public health professionals.

PHSA will support the development and sustainability of the population and public health system through:

- Support for SFU and UBC in the development of increased public and population health academic capacity through the coordination of placements for training and the involvement of PHSA staff in teaching, population and public health professionals.
- Work with the universities and health authorities to develop a human resource plan for the province's population and public health workforce.

3. Creating PHSA Centres for Population and Public Health

The existing Community of Practice (CoP) for Population and Public Health has made considerable progress towards creating a vision for utilizing the considerable expertise that exists within PHSA agencies and programs. Universities and the Ministry of Health Services have expressed interest and support for broadening the role of the CoP to be a resource in academic training, research and service activities. This year PHSA is committed to strengthening the infrastructure to support population and public health provincially. It will:

- Implement a change management process to enable the Prevention Promotion Protection CoP to evolve into PHSA's virtual Centres for Population and Public Health. These centres will act as provincial resources in academic training, research and service.

Our Enabling Strategies

The success of our strategic directions depends on our ability to implement. We have assessed the tools required and the risks related to implementation and have established three key enabling strategies.

Building Organizational Capacity

Strengthen and build the capacity of our people, technology and financial resources.

Our Enabling Strategies: Building Organizational Capacity		
Performance Measures	Long Term Targets	2008/9 Targets
Sick leave as a percentage of productive hours*	10% reduction by Dec. 2008 from December 2004**	Reduce by 5%
Vacancy Rates for difficult to fill positions: nurses, allied health professionals*	Nurses: 2% or less Allied Professionals 2% or less	Improve over previous year
Overtime as a % of productive hours (nursing, allied health professionals)*	Nurses: 5% or less. Allied Professionals: 3.5% or less	Improve over previous year
Employee engagement (based on Gallop Survey)	Top quartile in health care	Improve over previous year
Greenhouse gas emissions*	Carbon neutrality by 2010	Establish baseline

*GLE performance measure; ** i.e. over 2004 baseline

Our People

An important component of building our internal capacity is addressing the human resource challenges that PHSA faces. Aggressive, targeted recruitment and retention strategies will be developed along with data driven forecasting models to inform our workforce planning. As a learning organization, we want to ensure that new knowledge is generated and incorporated into our practice and the standards we promote.

Key Initiatives in 2008/09:

To maintain the leading-edge knowledge and skills required within our agencies and programs, we must:

- Develop, in collaboration with the other health authorities and partners across BC, a comprehensive management/leadership development strategy to ensure our organization is sustainable in the long term. This involves defining leadership competencies for the PHSA and ingraining these in all positions.
- Increase our focus on employee engagement as a basic building block of our workforce strategy by responding to the results of our employee engagement survey from October/November 2007. Enhanced employee engagement strategies will improve work life, promote retention and reduce sick, overtime and vacancy rates.
- Respond to the results of the Employee Health Survey to improve the health and well-being of our employees.
- Leverage technology to expand access to education through web-enabled e-learning programs and on-line access to library databases.

Our Financial Resources

The strategic plan will be resourced by implementing strategies to increase the value we get for the resources we spend in health care – discussed in our strategic direction “Operational Excellence” – and through generating alternative sources of revenue.

We will diversify our revenue stream and generate new revenue through innovative strategies to lever the asset base of skills, clinical expertise and knowledge of our agencies and programs.

A PHSA business development strategy, supported by our agencies and programs, will harness the size, critical mass and intellectual capital of the PHSA, as well as existing relationships with strategic partners.

We will secure the resources to realize our strategy by:

- Implementing imPROVE throughout PHSA as a way of building more capacity to manage growing demand.
- Investing in a PHSA business development office with the expertise and infrastructure to support business development activities across the organization.
- Identifying the scope of business development activities and investigating new opportunities for revenue generation such as through uninsured services, working with our foundations, retail and commercial initiatives and intellectual property development
- Seeking alternate financing arrangements, where appropriate, with private, academic and research partners or in-kind funding.

- Expanding strategic partnership and alliance opportunities to meet infrastructure requirements, reduce operating and capital costs and/or increase research opportunities.
- Implementing alternative service delivery and shared service options where appropriate.
- Implementing consistent and appropriate funding models for specialized services that are evidence-based, and aligning incentives and patient outcomes.
- Implementing an asset management strategy as part of our 10-year capital plan.
- Building organizational capacity to further develop our discipline in financial planning and management. For example, support in budget development, building business cases and conducting post-project implementation reviews.

This plan's success depends on our ability to be innovative and creative in developing new revenue sources, achieving significant operational efficiencies and reallocating existing resources according to our strategic priorities. We need to resource strategies that will lead to long-term sustainability of the system while at the same time managing the real and significant pressures we face due in part to the growth and aging of the population.

Our Facilities/Infrastructure

PHSA has a long history of commitment to reducing energy consumption and has implemented a number of programs / initiatives aimed at reducing energy costs. We, along with government, are expanding our focus to broader initiatives aimed at taking action on climate change. PHSA is expected to play a key role in supporting this initiative and achieving carbon neutral status by 2010. This will require health authorities to accurately measure and report all greenhouse gas (GHG) emissions from their operations, implement aggressive measures to reduce emissions and offset any remaining emissions through investments in emission reduction projects outside of government.

- In 2008/9 PHSA will work with other health authorities and industry (e.g. BC Hydro) to develop a Green Health Care Plan to reduce GHG emissions and other significant impacts of providing health care on the environment. The plan will describe initiatives in support of the Province's goal of making energy consumption for the public sector carbon neutral by 2010. A key step in this will be determining the most appropriate process for accurately measuring and reporting GHG emissions.
- PHSA has also developed a preliminary list of projects that will provide meaningful improvement in energy consumption. In 2008/9, PHSA will prioritize this list to determine which of these projects we will pursue given available resources.

Strategies related to building organizational capacity with PHSA's Information Management and Information Technology are discussed under the Operational Excellence Strategic Direction. Capital requirements related to facilities and infrastructure are included in the Capital Asset Management Plan later in this document.

Harnessing the Potential of Partnerships and Networks

Partner with others to optimize service, value and impact.

We recognize patients receive better care when a full continuum of services is available and when those services are well connected to each other. We also know there is expertise held across the province and opportunities to share knowledge and successes. Partnerships and networks link services and providers to

leverage expertise and resources and improve integration, quality and efficiency of care. Partnerships and networks are particularly important to providers of specialized services because not only are they highly dependent on being able to effectively transfer patients, but they are also highly reliant on other providers for the pre- and post-care of patients who receive specialized services. Through supporting the creation and development of partnerships and networks we aim to provide equitable access to our services and offer consistent standards of care for the people we serve.

Many of the strategies outlined in this plan can only be achieved through partnering with other organizations in a collaborative fashion to achieve common goals. Opportunities for partnerships and networks are numerous and include:

- Partnerships with research and academic organizations provincially, nationally and internationally.
- Alliances and partnerships with private organizations (leveraging our assets, harnessing the potential related to economies of scale, revenue generation).
- Partnerships/networks with the Ministry of Health Services and the regional health authorities to address common issues, share information, co-ordinate care and services and build public confidence through effective communications – e.g. the perinatal network to co-ordinate care/services.
- Province-wide cross agency/program research in partnership with the health authorities.
- Partnerships with other provinces to work on issues of common concern e.g. control drug costs through measures such as a common drug review process.

Demonstrating disciplined and focused leadership in implementation

Apply best practices from business and management to support the success of our strategies.

We have set out an ambitious agenda to renew our health care services. Given the significant amount of change proposed, PHSA aims to balance our focus between the demands of the day-to-day issues and strategies that will foster system sustainability. For this shift to be successful, we recognize the need for disciplined leadership. To this end, the PHSA will:

- Focus the time and attention of the PHSA community of leaders on priority strategies. Develop a priority action plan that carefully stages and spaces our action items over time, with clearly assigned accountability and balances our organizational capacity with health care reform needs.
- Implement rigorous and transparent processes which demonstrate our commitment to strong financial stewardship and to PHSA meeting its performance targets.
- Develop a strong communication strategy to engage our staff and clinicians and build networks and engage partners throughout the province.
- Develop change management approaches within PHSA to support staff and health professionals through the implementation of process and system improvements throughout the PHSA and its agencies.
- Use the discipline of project management methodology to manage large initiatives.
- Identify key competencies required for our leaders and support the attainment of these skills. This includes determining the leadership needs for PHSA, developing a succession plan and building leadership capacity.

Performance Management

The government letter of expectations between the Government of BC and PHSA is an agreement of the accountabilities, roles and responsibilities of both parties in a given year. The letter articulates the high-level performance expectations and strategic priorities, and forms the basis for the PHSA's service planning and reporting to the government.

In addition to our government letter of expectations with the Ministry of Health Services, PHSA has three internal reporting mechanisms at the strategic, operational and employee level that allow us to track the performance of our organization and our employees over time and make adjustments as opportunities and needs emerge. These reporting structures are aligned with one another and draw a common thread through our strategy, operations and people processes.

As stewards of taxpayers' dollars we are also accountable to the public for the efficient and effective delivery of services we provide. Public participation and engagement is an essential characteristic of an effective and responsible health care system and key to its sustainability.

Service Volumes

Planning to provide the right amount of health care services to meet the current and future needs of the people we serve is an important activity at PHSA. Each year, PHSA estimates service volumes based on past experience, future population needs and demographic trends, changes in service delivery models, our strategic directions and government priorities. In alignment with specific measures and targets listed in the previous section, service volume projections inform our operational and financial decision making and guide us in the process of planning for the best use of resources over time. On the next page, we have detailed current and projected agency specific service volumes (as measured by the number of patient days, visits, calls, cases, etc.) for a number of the major, high volume services that we provide. Please note that these service volumes are preliminary and subject to change in accordance with health system priorities and available funding.

PHSA Service Volumes

April 25, 2008 revision

The information in this table is collected at the Department and Agency level using a variety of different computer systems and data collection methods throughout PHSA. Projections are preliminary and subject to change in accordance with health system priorities, available funding, and final budget agreements.

	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
	Total	Total	Total	Total	Plan	Plan	Plan
BC Children's Hospital							
Child Health Patient Days	30,979	33,295	33,595	34,536	34,500	34,500	34,500
Total Surgical Cases	7,982	8,046	8,515	8,442	8,200	8,200	8,200
Child Health Ambulatory Visits (excl ER) [1]	98,440	103,979	102,247	104,600	103,500	103,500	103,500
Emergency Visits	38,405	38,426	37,659	40,529	38,000	38,000	38,000
C&W Diagnostic Imaging Exams	86,878	91,683	88,145	90,710	99,493	104,168	107,364
Child Development and Rehab							
Patient Days	4,355	4,351	3,263	4,414	4,345	4,345	4,345
Ambulatory/Outreach/SIN visits [2]	7,431	7,960	7,520	8,011	8,400	8,600	8,600
BC Women's Hospital							
NICU Beds Staffed and Operated [3]	57	57	57	57	57	57	57
Patient Days (Adult) [4]	28,006	28,640	28,263	27,362	26,900	26,900	26,900
Patient Days (L2 and L3 Newborns)	16,996	17,338	16,627	17,294	17,650	17,650	17,650
Surgical Visits - TOTAL	5,447	5,960	6,698	6,674	6,950	6,950	6,950
Total Deliveries [4]	7,139	7,550	7,522	7,345	7,300	7,300	7,300
Ambulatory Visits (BCW + SWH)	47,084	48,219	44,635	45,647	48,500	49,900	49,950
Child and Youth Mental Health							
Patient Days [5]	7,694	7,333	7,794	10,322	11,443	11,443	11,443
Ambulatory Visits	12,153	11,754	12,154	14,695	13,100	13,100	13,100
Riverview							
Patient Days [6]	157,034	141,867	120,494	92,374	90,155	TBD	TBD
Forensic Psych Services							
Patient Days	71,346	69,755	68,553	66,699	69,350	69,350	69,350
Ambulatory Visits	2,534	2,495	2,563	2,778	2,680	2,680	2,680
BC Cancer Agency							
Patient Days	9,747	9,000	7,767	7,646	7,620	7,620	7,620
Chemotherapy Visits (centres)	32,817	34,113	33,468	31,664	32,398	33,393	33,727
Radiation Therapy Treatments	162,889	174,420	167,861	178,008	185,265	190,823	196,548
Systemic Ambulatory Visits	57,365	63,557	64,880	67,119	68,564	71,035	73,521
Pap Smears Interpreted	622,506	603,866	614,087	573,425	619,000	634,000	649,000
Screening Mammography Exams	234,678	262,297	268,931	277,937	292,312	305,812	319,312
Diagnostic Imaging Exams	29,030	29,938	31,043	30,164	29,625	30,217	31,021
BC Provincial Renal Agency							
Total Patient Years [7]	5,505	6,522	7,429	8,517	9,482	10,416	11,341
Total Visits/Runs [7]	287,752	319,896	361,435	381,416	425,783	466,040	503,909
BC Centre for Disease Control							
Vaccine Doses Distributed	2,397,242	2,460,946	2,584,812	2,499,492	2,510,930	2,621,985	2,766,985
TB Clinic Visits	24,824	27,887	29,598	31,617	29,000	29,500	30,000
STI/HIV Clinic Visits [8]	10,061	10,123	10,948	10,154	10,500	10,500	10,500
Drug and Poison Calls [9]	39,900	38,502	37,251	35,000	35,000	32,000	30,000
BC Transplant Society							
Solid Organ Transplants [10]	187	184	254	255	248	248	248
Post Transplant Follow-ups	2,300	2,427	2,594	2,729	2,962	3,130	3,296
Patients on Waiting List	347	346	317	299	360	352	345
Organ Donor Registration List	508,006	551,693	608,589	656,670	713,589	768,589	818,589
Cardiac Services BC [11]							
Open Heart Surgery	3,400	3,359	3,308	3,467	3,521	3,627	3,732
PCI	6,792	7,281	7,150	6,995	7,059	7,113	7,166
Diagnostic Catheterization (IHA)	2,034	2,217	2,341	2,290	2,883	2,884	2,884
PHSA Lab [12]							
BCCA Procedures	3,964,416	3,918,530	3,748,743	3,661,282	4,284,900	4,434,872	4,590,092
C&W Procedures	2,344,341	2,358,383	2,440,926	2,587,500	2,678,063	2,771,795	2,868,808
BCMHS Procedures	265,487	258,240	224,186	155,881	272,091	281,614	291,471
Total Procedures	6,574,244	6,535,153	6,413,855	6,404,663	7,235,054	7,488,281	7,750,370
CDC Tests	1,839,052	1,973,925	2,043,012	2,070,000	2,142,450	2,217,436	2,295,046

December 14, 2007. NOTES:

- [1] BCCH Ambulatory Visits - Anticipated repatriation and therefore reduction in ambulatory visit volumes for 0708 have not been realized to date.
- [2] CDR Amb Visits - The ambulatory, outreach and intake assessments for 2008/09 have been adjusted to 8,400 from the 2007/08 plan, to reflect current trends in the intake assessments. The CDCC program is moving towards 100% operational capability, which means that the number of assessments will increase over the next two fiscal years.
- [3] BCW NICU Beds Staffed and In Operation - Reduced staffed bed numbers planned for 0708 have been increased back to 57 beds for 0809 forward.
- [4] BCW Adult Patient Days and Deliveries - Planned reduction in volumes due to repatriation of low risk and uncomplicated deliveries to health authorities.
- [5] C&YMH Patient Days - The increase in patient days is due to the addition of one (Eating Disorders) bed, a change in practice which reduces seasonal bed closures and efforts to maximize occupancy in order to address wait times.
- [6] Riverview - 09/10 and 10/11 patient days still to be determined. The Ministry of Health is reviewing the bed plan as a result of the recent Clinical Review
- [7] BCPRA Total Patient Years - Increasing volumes due to expected continued trend in increasing incidence of disease.
- [8] BC CDC STI/HIV Clinic Visits - Fewer in future years as in 2007/08 and increase was put in place based on the Chlamydia outbreaks in 2006/07.
- [9] BC CDC Drug and Poison Calls - 2009/10 Plan and 2010/11 Plan decreased by 10% based on trend analysis as clients are switching from phone calls to using the website to obtain information. Because of problems with data availability related to this indicator, and the move to use of the website, this measure may be replaced with one that reports website volumes.
- [10] BCTS Solid Organ Transplants - Increase in solid organ transplant volume due to changes in clinical practice: the introduction of organ donation after cardio-circulatory death (DCD) in last quarter F2007/08. Since 1970s, deceased donation was possible only after neurological death ("brain death" or NDD). DCD in BC follows introduction of this practice in Ontario and Quebec. BC volume projects are based on the experience in these
- [11] Cardiac Services BC - 2004/05 to 2007/08 totals are actual total volumes in BC (including non BC patients); 2008/09 to 2010/11 plans are projected volume excluded cases from out of provinces.
- [12] PHSA Lab - The C&W and CDC 06/07 and 07/08 actuals are currently not available due to implementation of new lab information system. The C&W and CDC 06/07 and 07/08 actuals in this table are estimates based on the ongoing trend over the years for overall labs in PHSA and across the sector. C&W is staying reasonably flat, Cancer has dropped a bit with change to pap smear testing, Riverview is closing, and CDC has significant increases in virology testing. This was estimated to be an overall average of approximately 3.5% increase per year.

Financial Outlook Summary

\$ millions	2006/07 Actual	2007/08 Forecast	2008/09 Forecast	2009/10 Forecast	2010/11 Forecast
Revenue					
Provincial Gov't Sources	1,273.711	1,347.678	1,430.436	1,523.319	1,593.289
Non-Provincial Gov't Sources	133.472	138.766	129.844	129.248	127.405
Total Revenue	1,407.183	1,486.444	1,560.280	1,652.567	1,720.695
Expenditures by Sector					
Acute Care	1,080.823	1,154.804	1,217.184	1,287.340	1,357.575
Mental Health & Addictions	155.708	154.666	149.706	152.300	153.201
Population Health & Wellness	95.977	97.376	108.927	127.612	124.604
Corporate	74.030	79.598	84.463	85.315	85.315
Total Expenditures	1,406.538	1,486.444	1,560.280	1,652.567	1,720.695
Surplus (Deficit)	0.645	0.000	0.000	0.000	0.000

\$ millions	2006/07 Actual	2007/08 Actual/ Forecast	2008/09 Forecast	2009/10 Forecast	2010/11 Forecast
Capital Spending					
Provincial Government sources	43.893	54.445	59.786	47.547	43.297
Funded by Foundations and other non-government sources	42.634	35.589	1.200	1.200	1.200
Total Capital Spending	86.527	90.034	60.986	48.747	44.497

Key Assumptions

PHSA's service plan incorporates only those program enhancements that have received approval and funding from the Ministry of Health Services or other sources.

Revenues

- Provincial government sources include: Ministry of Health Services, other ministries, MSP, funding from other health authorities, Pharmacare revenue and non-resident revenues.
- Non-provincial government sources include: other contributions/revenues, investment income, fees and licenses and contributions for designated purposes.
- Foundations and their donors provide core infrastructure funding for PHSA's agencies and research endeavours.

Expenditures by Sector

- Acute sector includes BC Children's Hospital, BC Women's Hospital & Health Centre BC Cancer Agency, BC Provincial Renal Agency, BC Transplant and funding to be referred out to the other health authorities excluding mental health bed funding.

- Mental Health & Addictions sector includes: BC Mental Health and Addiction Services which is comprised of Riverview Hospital, Forensic Psychiatric Services, Child and Adolescent Mental Health and Addictions Services (offered at BC Children's Hospital), mental health bed funding to be referred out to other health authorities and referred-out health contracts related to mental health.
- Population Health & Wellness sector includes: BC Centre for Disease Control and referred-out health contracts related to Population Health & Wellness.
- Corporate sector includes corporate services departments.
- Compensation increases for union contract agreements for 2008/09 are based on estimates provided by Ministry of Health Services.

Risks and Sensitivity Analysis

This section represents a number of the key risks underlying our summary financial outlook and their financial implications for PHSA's 2008/09 and forecasted budgets. There are also a number of high-level trends described in the Strategic Context section such as chronic kidney disease management, vaccine and special drug costs and birthing volumes at BC Women's Hospital and Health Centre that we are working on with the Ministry of Health Services to maintain the quality of services we provide and to ensure the sustainability of our health care system.

Meat Inspection - Increased Number of Meat Plants and Rate Increase:

New regulations from the Ministry of Health Services took effect in September 2007. Subsequently, the Minister of Agriculture suggested a target of 50 licensed meat plants, a 60% increase over PHSA's current budget. Compounding this is a fee increase that the Canadian Food Inspection Agency (CFIA) will be passing on to all of the provinces. This amount is not yet determined but there are indications that the increase could be as high as 50%. As this is a legislated requirement and there are no alternative vendors to CFIA that can provide the inspection services, there is no viable risk mitigation strategy. PHSA is working with the Ministry of Health Services to manage the impact of these changes on our budget and ensure that we do not compromise on our commitments to other areas as a result.

Neonatal Intensive Care Unit (NICU)

The demand on NICU for level II and level III care continues to be higher than planned and increasing year over year which is a trend which presents a challenge greater than expected at BC Women's Hospital (BCW). The patient complexity in the NICU is increasing. PHSA, BC Women's Hospital and Health Centre and the Ministry of Health Services are currently working together to determine the best way to meet the service demands and continue to provide high-quality, safe care.

Solid Organ Transplants

BC Transplant operates on a fixed budget, yet is required to pay activity based fees to Transplant Hospitals under existing peri-operative agreements. In 2006/07, BC Transplant performed a record number of solid organ transplants (n=254). BC Transplant anticipates that this increasing trend will continue due to changes in clinical practice with the introduction of organ donation after cardio-circulatory death (DCD) in 2008/09 and implementation of best practices of organ donation specialists, both of which will increase the availability of organs for transplant. Increases in solid organ transplant volumes will pose a cost pressure to PHSA, but may reduce costs in other areas of the health care system (e.g. renal patients who no longer requiring dialysis post-transplant). To resolve this on-going risk PHSA will engage in discussions with the health authorities and Ministry of Health Services so that we can

continue to provide the best possible care to the greatest number of people within available resources.

BCCA

The approval of new and enhanced evidence-based cancer drug programs and growing complexity in the delivery of chemotherapy treatment across the province will require operational funding to maintain patient safety and comply with provincial performance standards. These life-preserving treatments are increasingly complex, take longer to administer, require more intense supervision and may cause more immediate and long term complications for some patients. In addition, patients now remain on some treatment programs for years (instead of months). New therapies are also available for patients who previously were not indicated. These factors, in addition to the growth in incidence of cancer, are driving growth in patient numbers 3-5% per annum. To address these concerns PHSA and the BC Cancer Agency, in collaboration with the Ministry of Health Services, will continue to strengthen our cancer control strategies that promote the prevention and early detection of cancer and explore opportunities for operational efficiency that will allow us to continue to deliver effective care according to best practices.

Capital Asset Management Plan Summary

This section provides a summary of the PHSA's Capital Asset Management Plan. This summary includes the key drivers of the planned capital expenditures, the infrastructure investment strategy, examples of key projects and a financial summary of capital funding and capital asset additions.

Drivers

Investment in capital assets has a strategic role for the PHSA. Given our provincial mandate to ensure that BC residents have access to a coordinated network of high-specialized health care services, the key drivers of our capital expenditures are aligned with this goal. These drivers provide the context for the process by which capital needs are assessed and prioritized within each agency. The clinical focus of these four drivers ensures that our attention is centred on those critical investments that are required to ensure timely access to quality health care services for the people we serve. Whenever possible, we aim to link our investments to improvements in patient care and outcomes.

- **Population/Demographics/Utilization Growth:**
Future health care needs will be impacted by population growth and aging and we must be prepared.
- **Emergency Room Decongestion:**
Initiatives to improve efficiencies and increase capacity in order to reduce emergency wait times.
- **Strategic Infrastructure Investments:**
Capital renovations and equipment replacement which are essential to renewing and preserving infrastructure capacity to provide clinical and support services.
- **Green Health Care Initiatives:**
Capital renovations and equipment replacement which are essential to reducing energy consumption and energy costs.
- **eHealth and Strategic Investments in IM/IT:**
Support the effective use of information technology to facilitate care delivery and ensure improved quality.
- **New Technologies and Translational Research:**
Advancing research and scientific discoveries into practical diagnostic and patient care applications.

Strategies for Sustainability

PHSA and its agencies are challenged by budget constraints in the face of increasing cost pressures and demand for services. It is imperative that we manage our business within our resources and we remain committed to our goal of achieving a balanced budget. In awareness of this situation, our capital investment strategies are designed to meet both the drivers of capital expenditures and the government's health sector priority initiatives. As a result, the PHSA is increasing our reliance on funding from other sources to finance capital projects that are aligned with population and program needs and our strategic priorities.

Due to the provincial nature of the PHSA, including our focus on province-wide population and public health, the PHSA IMIT strategy is aligned with the Ministry of Health Services' eHealth Strategic Framework. The PHSA has supported strong governance and leadership in this initiative through active participation on many eHealth projects, including bulk purchasing, consolidated IMIT plans and partnerships. An electronic health record integrated with clinical decision support, one of the key priorities of the provincial and PHSA eHealth strategies, will present a tremendous benefit to the operational efficiencies and the quality of care delivered throughout PHSA.

Key Capital Projects

The following list of projects represents the PHSA's key capital investments that are either in progress or planned for fiscal years 2008/9 – 2010/11. These projects have committed capital funding from the Ministry of Health Services, PHSA, our agency foundations, private donors and other sources. The longer term nature of capital investments means that some of these projects span a period greater than one year and are subject to change in accordance with health system priorities and available funding.

Population / Demographics / Utilization Growth

BC Children's Hospital and BC Women's Hospital & Health Centre Site Redevelopment

The highest priority project in PHSA's 10-year capital plan is a major redevelopment of the Oak Street campus to provide new and enhanced facilities for BC Children's Hospital and BC Women's Hospital. The cost of this project remains to be determined subject to an approved business plan. Highlights of the project include the construction of a new integrated acute care building to house both hospitals, the relocation of services currently provided at Sunny Hill Health Centre to the Oak Street campus, and the articulation of a 25-year master plan for future development on the campus. The new building planned in this phase of work will replace some of the most intensively-used areas of the existing hospitals, which are operating in space that is undersized, inefficient, and no longer meets current standards of care.

The redevelopment project is a critical step in the continued success of the hospitals as part of a campus of excellence and innovation in patient-centred care. Other project objectives include providing integrated and coherent delivery of clinical and support services, improving operational efficiencies, designing modern and flexible spaces, meeting the needs of both hospitals' academic mandates and incorporating requirements for a safe, healthy and environmentally-sustainable workplace.

Women's Ambulatory Renovation

This renovation to the existing diagnostic and ambulatory clinics of Women's Hospital will expand services and improve patient and work flow. The clinics are located in an area which was originally developed in 1984.

Northern Cancer Centre

The government will fully fund the construction of a new cancer centre in Prince George. It is part of the northern cancer strategy to further improve care and access for the northern communities. The new cancer centre will be attached to the Prince George Regional Hospital and will provide radiation therapy treatments in addition to other cancer prevention, screening and treatment activities. When the centre is completed in 2012, it will be managed and operated by the BC Cancer Agency.

Radiation Therapy and Diagnostic Equipment

At the Cancer Centre for the Southern Interior in Kelowna one new linear accelerator bunker, a new linear accelerator, a simulator and a brachytherapy suite will be added to address the growing demand for radiation therapy treatment. In addition, a simulator will be replaced in the Vancouver Cancer Centre. To contribute to our ability to meet wait time targets, PHSA is planning to replace four linear accelerators that have approached the end of their useful lives at the Cancer Centre for the Southern Interior in Kelowna. One linear accelerator and an additional two simulators will need to be replaced in the Vancouver Cancer Centre. Certain diagnostic equipment throughout the province will be replaced or upgraded to help reduce the RT wait lists. Replacement of the existing four linear accelerators at the Kelowna site will need occur expeditiously to ensure continuity of patient services.

Emergency Department Decongestion

Paediatric Intensive Care Unit (ICU) Expansion

To expand and renovate the 25 year old Pediatric ICU at the BC Children's Hospital. This is a critical patient safety and risk mitigation project and will add two new strict PICU isolation rooms, expand the respiratory therapy equipment room and improve the functionality of the surrounding space and clinical areas. The expansion of the Pediatric ICU will help to alleviate the patient workload pressure in the Emergency Department. This project is in progress and is expected to be completed in 2008.

PHSA Strategic Infrastructure Investments

Operating Room Suite and Dental Operating Room Renovation

This renovation is the redesign of the operating room suite (minimally invasive suite and the navigation suite) and the dental operating room at Children's & Women's. Some of the expected benefits from the state of the art surgical suite will include improved patient care, operational efficiencies and reduced infection risks. BC Children's Hospital Foundation provided \$4.5 million (\$3.0 million from Mining for Miracles) of funding for this project. This project is expected to be completed in 2008.

Building System Upgrades

The Vancouver Cancer Centre building system upgrades include an elevator upgrade/overhaul, replacement of the existing generator to ensure sufficient emergency power to the site and to support new projects such as the cyclotron, replacement of three air handling units in the mechanical room, an HVAC chiller, an electrical transformer and an upgrade of the fire alarm system to comply with current safety standards. This project is underway and will be completed in 2008.

Green Health Care Initiatives

Energy Savings Project

This is for replacement of various building components such as lighting systems, HVAC controls and boilers with new high-efficiency components. This will result in on-going operating savings and have positive environmental impacts by reducing power consumption and greenhouse gas emissions.

eHealth and Strategic Investments in Information Management and Information Technology

Staffing and Scheduling System (SASS)

Currently the PHSA uses a combination of manual and two outdated staff and scheduling systems. This new staff scheduling and timekeeping system will provide integrated, self-serve systems and processes to decrease costs and improve workforce productivity and efficiency. This project is underway and expected to be completed by March 2009.

Clinical Information System

This allocation is for the continued implementation of the Cerner Clinical Information System (CIS) across the PHSA in partnership with the Vancouver Island Health Authority. In addition to patient registration and staff scheduling going live at Children's and Women's hospitals, there will be a radiology information system implementation at the Vancouver Cancer Centre. Planning is currently underway to determine the implementation sequence of these projects. Included in this funding are minor upgrades for the laboratory, pharmacy and radiology. CIS will improve patient care, improve patient safety and result in more efficient operations through better access to information, automated workflow and a reduced dependency on paper-based information.

Telecommunications Upgrade

This allocation is for the continuation of network and phone system upgrade projects at BC Transplant, BC Centre of Disease Control, Forensic Psychiatry and the Cancer Centres in Vancouver, Kelowna and Surrey. Failing and obsolete systems are being replaced at each of these locations with IP-based phone systems running on an enhanced network. The telecommunications upgrade will result in a significant reduction in direct operating costs and operational efficiencies through a more reliable and functionally rich telecommunications infrastructure.

BC Cardiac Registry

The existing cardiac registry system is being replaced as it is obsolete and does not meet the current needs. The new cardiac registry system will facilitate active management of wait lists which is required to meet benchmarks for Coronary Artery Bypass Graft (CABG).

eHealth Connectivity

This allocation is to provide the preparation and connectivity for provincial eHealth projects as they go

into production over the next three years. PHSA is scheduled to be an early adopter of the provincial laboratory information solution in the fall of 2008. This project will result in direct operational savings through electronic report distribution and improved patient care through more timely access to externally created clinical information.

Early Childhood Hearing Program Database

The Ministry of Health Services has directed the PHSA to contribute \$1.1 million from its capital allocation to develop the British Columbia Early Hearing Surveillance Tool (BEST). The BEST system, a web-based information system on the Provincial Network Gateway (PNG), enables professionals who provide services to families as part of the BC Early Hearing Program (BCEHP) to record screening outcomes, diagnostic assessment and intervention information. This system can be used to monitor each child's use of and access to services during screening, diagnostic assessment, audiological follow-up, and intervention phases of the program and to implement BCEHP processes for quality assurance and program evaluation. This project is underway and will be completed in 2008.

Laboratory Information Systems Upgrade

An upgrade of the Laboratory Information Systems (LIS) (Misys and CoPath) is necessary. The respective vendors of these LISs are discontinuing support of our current application versions. In addition, the Riverview Hospital's LIS (LabVISION) is outdated and must be replaced. Standardizing on one LIS will improve system support, reduce maintenance costs and ultimately improve patient care. This project is underway and will be completed in 2008.

New Technologies and Translational Research

Cyclotron & Radiopharmaceutical Facility

The project includes the acquisition of a cyclotron and the construction of a radiopharmaceutical lab to support the clinical PET program and translational research. The project includes the cyclotron, a production/distribution lab for clinical fluorodeoxyglucose (FDG), and a research radiopharmaceutical laboratory for preparing and testing isotopes.

Summary of Estimated Sources & Applications

The summary of estimated sources and applications of capital funding are included in the table below.

Estimated Sources of Capital Spending

\$ millions	2006/07 Actual	2007/08 Actual/ Forecast	2008/09 Forecast	2009/10 Forecast	2010/11 Forecast
Capital Spending					
Provincial Government sources	43.893	54.445	59.786	47.547	43.297
Funded by Foundations and other non-government sources	42.634	35.589	1.200	1.200	1.200
Total Capital Spending	86.527	90.034	60.986	48.747	44.497

Capital Asset Applications

\$ millions	2006/07 Actual	2007/08 Actual/ Forecast	2008/09 Forecast	2009/10 Forecast	2010/11 Forecast
Capital Asset Applications					
Facilities	53.611	40.648	22.421	26.704	22.800
Equipment	11.357	18.842	14.358	7.713	14.667
IMIT	21.559	30.544	24.207	14.330	7.030
Total	86.527	90.034	60.986	48.747	44.497

Appendix #1

The government and Ministry of Health Services' mission is to guide and enhance the province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health. The goals and objectives as described in the Ministry of Health Services' Service Plan are as listed below. For further information see: <http://www.corporate.gov.bc.ca>.

Goal 1: Improved Health and Wellness

- 1.1 Individuals are supported in their efforts to stay healthy and make health lifestyle choices
- 1.2 Protection of the public from preventable disease, illness and injury
- 1.3 Close the gap in health status among the BC population, with particular focus on improving health status for the Aboriginal population

Goal 2: High Quality Patient Care

- 2.1 Timely access to appropriate services by the appropriate provider in the appropriate setting
- 2.2 Patient-centred care tailored to meet specific health needs of patients and specific patient groups
- 2.3 Improved integration of health care providers, processes and systems to allow patients to move seamlessly through the system

Goal 3: Sustainable, affordable publicly-funded health care

- 3.1 British Columbians provide input to the development of strategic direction of province's health system
- 3.2 Strategic investments in information management and technology to improve patient care and system integration
- 3.3 Optimum human resource development to ensure there are enough, and the right mix of, health professionals
- 3.4 Sound business practices to manage within the available budget while meeting the priority needs of population

The table below shows how PHSA's strategic directions align with the Ministry of Health Services goals.

PHSA Strategic Direction & Priority Strategies	MoH Goal 1 Improved Health & Wellness			MoH Goal 2 High Quality Patient Care			MoH Goal 3 Sustainable, affordable publicly funded health care			
	MoH Objectives			MoH Objectives			MoH Objectives			
	1.1	1.2	1.3	2.1	2.2	2.3	3.1	3.2	3.3	3.4
1.0 Operational Excellence is improving our ability to achieve the goals of the health system through redesign, evaluation and evidence-based decisions										
Promote and develop a safety culture to ensure that organizational systems, processes and policies are designed to optimize health outcomes for the people we serve.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Implement imPROVE, PHSA's system focusing on patients and empowering staff. By engaging staff in the elimination of waste, the effectiveness and efficiency of care can be increased, thereby improving the quality, safety and sustainability of the health care system.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pool and leverage resources and the collective strength of PHSA and its agencies/programs to achieve economies of scale, maximize scarce expertise and influence policy and practices that impact health care and services.		✓	✓	✓	✓		✓		✓	✓
Implement an electronic health record strategy integrated with clinical decision support as a means of improving quality of care, reducing errors, and increasing efficiencies.		✓	✓	✓	✓		✓	✓	✓	✓
2. System Wide Improvements is using our provincial role and mandate to achieve system-wide changes and maintain access to specialized health care										
Develop standards, identify and disseminate leading practices and influence the adoption of outcomes-based practice for specialized services and province-wide programs.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Implement provincial systems and processes to ensure equitable and timely access, based on need, to specialized health services delivered by PHSA.	✓	✓	✓	✓	✓	✓		✓	✓	✓
3.0 Knowledge & Innovation is to increase research & education and enabling the transfer of knowledge into practice improvements										
Obtain the resources needed to improve PHSA's health research capability to create new knowledge, enhance the scientific basis for health services and apply evidence to improve health and care delivery.			✓	✓	✓	✓	✓	✓	✓	✓
Partner with academic institutions to develop and deliver practice education for health professionals and other service providers that emphasizes the knowledge and skills required for the specialized health services provided by PHSA.			✓	✓	✓		✓		✓	✓
4.0 Population and Public Health is collaborating with partners to shift the focus of the health system "upstream" to reduce the incidence and impact of disease.										
Use knowledge and evidence arising from research and provide information to expand Population and Public Health capacity throughout the province to reduce the burden of chronic disease and support the development of health policies and programs.	✓	✓	✓		✓		✓	✓	✓	✓
Support the development and sustainability of BC's Population and Public Health system through enhanced capacity for research	✓	✓	✓	✓		✓	✓		✓	✓

coordination and training for public health professionals.										
Develop and implement a virtual Centres of Population and Public Health to provide a more effective infrastructure for the above functions.			✓		✓	✓	✓	✓	✓	