

Provincial Health Services Authority

2009/10 – 2011/12 SERVICE PLAN

September 2009



For more information on the
Provincial Health Services Authority,
see Contact Information on Page 21 or contact:

Provincial Health Services Authority
#700 – 1380 BARRARD STREET
VANCOUVER, BC
V6Z 2H3

or visit our website at
www.phsa.ca

Message from the Board Chair and Accountability Statement

On behalf of the Board of Directors and the staff of PHSA and its agencies, I am pleased to present PHSA's Service Plan for fiscal years 2009/10 – 2011/12. 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, as well as the Ministry of Health Services' goals, objectives, strategies and 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.

PHSA reviews our strategic plan, vision, mission and values annually to ensure they are still relevant given changes in the environment. Over the last few months, we have undertaken significant revisions and updates to our strategic plan. The most recent version of our strategic plan is viewable at <http://www.phsa.ca/WhoWeAre/StrategicPlans/default.htm>.

As the provincial health authority and an academic health sciences organization, our mandate requires us to improve the health of the population by:

- Delivering quality health services.
- Coordinating and setting standards for selected specialized services province-wide.
- Leading system-wide improvements and creating province-wide partnerships.
- Advancing research and practically applying it to enhance patient care.
- Implementing population and public health initiatives.
- Promoting the development of health care professionals through a commitment to excellence in education and training, and by creating a learning culture.

In order to achieve this mandate, we must continually evaluate and balance the allocation of our resources. We need to meet current and future clinical requirements while contributing to the overall effectiveness and sustainability of our system. Recently, PHSA launched imPROVE, a program focusing on patients and empowering staff to reduce waste and improve patient safety, quality and outcomes. Based on the Toyota Production System, it's about making the kind of long-term cultural change that will result in all of our dedicated people contributing to, seeking out and implementing better processes.

Our resource allocation model is another example of how we are not just satisfied with managing and delivering health services, we challenge ourselves every day to improve them for the benefit of patients. Part of our job is to not only look at whether new programs benefit patients, but whether they also contribute to system sustainability by helping us avoid future costs. By applying rigorous analysis to how we allocate funding, we ensure alignment of our resources to priority areas. New programs are only initiated after in-depth analysis of health outcomes and costs.

Evidence shows that the types of screening and early diagnosis programs that PHSA funds or delivers make important contributions to both improving patient outcomes and reducing demand on the health care system. In the last year, we have implemented HPV vaccination for grade six and nine girls to prevent cervical cancer, the first phase of a provincial colorectal screening pilot, enhanced pre-natal genetic screening that reduces the use of amniocentesis and its associated risk, a province-wide

program that tests newborn hearing, and expanded newborn screening that has more than tripled the number of metabolic diseases routinely screened in babies, including cystic fibrosis.

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.

PHSA has always been committed to streamlining and consolidating as a way of using our available funding in the best possible way. We must continually seek opportunities to meet new demands for health care services in the most efficient way possible. We will continue to look for ways of keeping health care sustainable through innovation and working together with the regional health authorities and our partners to achieve greater efficiency without compromising patient care.

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



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

Table of Contents

Message from the Board Chair and Accountability Statement	3
Organizational Overview	6
Strategic Context	8
Goals, Strategies and Measures and Targets	10
Summary Financial Outlook	21
Resource Summary Table	21
Capital Projects Summary.....	22
Contact Information	23
Hyperlinks to Additional Information	24

Organizational Overview

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

- Governing and managing agencies such as the **BC Cancer Agency, BC Centre for Disease Control, BC Children's Hospital & Sunny Hill Health Centre for Children, BC Mental Health & Addiction Services, BC Provincial Renal Agency, BC Transplant, BC Women's Hospital & Health Centre** and **Cardiac Services BC** that plan and/or provide specialized health services on a province-wide basis. Please visit PHSA's website for more information on each of the agencies listed above: <http://www.phsa.ca/AgenciesServices/Agencies/default.htm>
- Working with the five regional health authorities and the Ministry of Health Services to plan, coordinate and in some cases fund the delivery of highly specialized provincial services.
- Leading and coordinating a number of priority system improvement initiatives, including surgical services and the Riverview redevelopment project.

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. Please visit our website for more information on each of these services: <http://www.phsa.ca/AgenciesServices/Services/default.htm>

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

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

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. Research is also key to the sustainability of the system, providing the best possible evidence to inform decision-making and directing our scarce resources to those that represent the best value.

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 geographically representative of the population of British Columbia, with board members living in all regions of the province. As a public sector organization, the PHSA is mandated to meet the needs of the people we serve. The governance 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* developed by the Board Resourcing and Development Office of Government and available on the PHSA intranet for easy reference by the Board.

Strategic Context

The health system in British Columbia is a complex network of skilled professionals, organizations and groups that work together to provide value for patients, the public and taxpayers. A key focus is continuing to improve the quality of services provided to citizens while also attending to the cost of the system.

Our health system continues to be challenged by an increasing demand for health services. The most significant drivers of rising demand are the aging population, the increasing need to provide care to the frail elderly, a rising burden of illness from chronic diseases and advances in technology and pharmaceuticals that are enabling new procedures and treatments. The pressure is compounded by worldwide competition for health professionals and health care workers, and the need to maintain and improve the health system's physical infrastructure (i.e. buildings and equipment).

British Columbia also faces a challenge to ensure that all parts of society and all populations can access health services and enjoy good health. Reducing inequities in health will have significant benefits. There is robust evidence that suggests ongoing positive investments in the healthy development of infants, children and youth lead them to grow into competent, participating adult members of society. PHSA recognizes the importance of investing in early childhood development as a determinant of health and as part of a long-term strategy to ensure the sustainability of our health care system.

While the health status of Aboriginal people has improved significantly in several respects over the past few decades, the Aboriginal population in BC continues to experience poorer health and a disproportionate rate of chronic diseases and injuries compared to other BC residents. PHSA and its agencies are actively working with the other health authorities and community partners to close this gap in Aboriginal people's health status. PHSA supports the implementation of the Tripartite First Nations Health Plan for the specialized populations we serve and also through building the systems and capacity for aboriginal health indicator surveillance.

The Aging Population

British Columbia's elderly population is the fastest growing in Canada. Within the next 10 years there will be fewer school age children than people over 65, and more people retiring than entering the workforce. The aging population is a significant driver of demand because the need for health services rises dramatically with age. In 2006/07 people over 65 made up 14 per cent of the BC population, but used 33 per cent of physician services, 48 per cent of acute care services, 49 per cent of PharmaCare expenditures, 74 per cent of home and community care services and 93 per cent of residential care services.¹ The population over age 85 is also growing and presents the health system with a growing need to provide appropriate care for those with frailty associated with advanced age and multiple conditions.

¹ Health System Planning Division, Ministry of Health Services.

A Rising Burden of Chronic Disease

Chronic diseases are prolonged conditions such as diabetes, depression, hypertension, congestive heart failure, chronic obstructive pulmonary disease, arthritis and asthma. People with chronic conditions represent approximately 34 per cent of the BC population and consume approximately 80 per cent of the combined physician payment, PharmaCare and acute (hospital) care budgets.² As most chronic diseases are more common in older populations, it is expected their prevalence will continue to increase and the resulting burden of illness will be a significant driver of demand for health services, particularly for many of the highly specialized programs and services that PHSA provides.

Advances in Technology and Pharmaceuticals

New treatments and technologies are improving health care, making it more efficient and effective, but they are also creating increased demand by expanding the number of patients treated and how and where services can be delivered. For example, thanks to advances in technology, cataract removal is recommended for a wider range of patients and is now a day procedure. Between 2000/01 and 2007/08 angioplasties and hip replacements increased by more than 50 per cent and knee replacements by approximately 118 per cent. New diagnostic procedures, such as magnetic resonance imaging (MRI), computed tomography (CT) scans, and non-invasive cardiology tests have emerged, as well as new and more expensive drug therapies. Biotechnology and genetic testing promise further advances in health care. Diagnostic tests for conditions are becoming available that will provide quicker access to results so that treatment can begin sooner and be more effective.

Human Resources and Health System Infrastructure

Although education and training programs for health professionals and health workers in British Columbia have been significantly expanded in recent years, ensuring the availability of human resources remains a challenge for the health system. As the population ages so too does the health care workforce. Looming retirements in the health workforce combined with the rising demand for services and increased national and international competition for health professionals impact the province's ability to maintain an adequate supply and mix of health professionals and workers for British Columbia's health system. PHSA agencies and programs face additional challenges to recruit and retain the highly skilled health professionals and technicians needed to deliver the very specialized care that is the core of our provincial services.

Another challenge in delivering health services is the need to maintain and improve the health system's physical infrastructure. The health system is faced with the continuous need to update or expand health facilities, medical equipment and information technology to ensure it provides high quality and safe health care to British Columbians.

² Discharge Abstract Database (DAD), Medical Service Plan (MSP) and PharmaCare Data 2006/07

Goals, Objectives and Strategic Initiatives

The Ministry of Health Services' Service Plan 2009/10 – 2011/12 aligns with the priorities of the Government of BC, and outlines their strategic focus and direction for the health authorities. Specific deliverables and performance measures for the health system are identified in the 2009/10 Ministry of Health Services' Service Plan and the Government Letter of Expectations between the Ministry of Health Services and the health authorities. PHSA operates in alignment with the Ministry's goals, objectives and priorities, and is in the process of developing a new strategic plan and framework consistent with three broad goals for the health system. Two goals are the primary responsibility of the Ministry of Health Services:

1. High quality patient care
2. A sustainable, affordable, publicly funded health system

The Ministry of Healthy Living and Sport has responsibility for an additional health system goal:

3. Improved health for British Columbians

Alignment with these three health system goals is part of every strategic effort made at PHSA.

Goal 1: High Quality Patient Care.

Patients receive appropriate, effective, quality care at the right time in the right setting. Health services are planned, managed and delivered in concert with patient needs.

Objective 1.1: Timely access to appropriate health services by the appropriate provider in the appropriate setting.

All British Columbians should be able to access appropriate health services when they need them, whether that is a visit to a family doctor, prescription drug therapy, emergency treatment, elective surgery or ongoing care. PHSA and its agencies are committed to ensuring that our hospitals, services and health professionals are used in the most efficient and effective way possible so people receive the right type of care in the right setting that is most likely to lead to the best health outcome.

Strategies

- Child Health BC, an initiative of BC Children's Hospital, is partnering with regional health authorities to provide better access to specialized pediatric services to children across BC. Through traveling clinics, telehealth, and videoconferencing, specialists from BC Children's are able to consult and care for patients "closer to home". For example, Child Health BC supported the delivery of assessment and education services for children with complex developmental behavioural conditions in Vernon, a new comprehensive audiology clinic for children in Prince Rupert and surrounding communities, and a pediatric ambulatory clinic in Nanaimo which will provide diagnostic and treatment programs for children and youth, such as gastrointestinal, endocrinology (diabetes), and neurology services.

- The BC Cancer Agency (BCCA) is enhancing cancer screening programs such as mammography and cervical screening, and is currently leading a new colorectal cancer screening pilot program.
- BCCA is expanding access to prostate brachytherapy. There is accumulating evidence on the safety, effectiveness, and superior outcomes of prostate brachytherapy for early stage prostate cancer relative to alternative treatments (e.g. surgery, radiation therapy). This initiative will expand the indications for prostate brachytherapy in BC, and improve timeliness and geographic access by initiating prostate brachytherapy in the Fraser Valley, Victoria and increase access in Kelowna.
- A new state-of-the-art cancer centre in Prince George will make cancer care more accessible to residents in Northern BC. Construction of the new facility is targeted to start in late 2009, with a completion goal of 2012. As part of the Northern Cancer Control Strategy, the center is one initiative to improve cancer outcomes in the North and has been a collaborative partnership with PHSA/BCCA, the Northern Health Authority and other stakeholders (Ministry of Health Services, Canadian Cancer Society, municipalities and community groups).

In the 2004 *Ten-Year Plan to Strengthen Health Care*³, First Ministers committed to establish national benchmarks for accessibility and wait times in priority areas and to set multi-year targets against these benchmarks. PHSA tracks our performance on cancer screening, access to cancer treatment (radiotherapy) and access to coronary artery bypass graft.

Performance Measure 1: Cancer screening

Performance Measure	2008/09 Actual	2009/10 Target	2010/11 Target	2011/12 Target
Screening Mammography: rate of women aged 50-69 years participating in screening mammography every two years	50%	Improvement toward long-term target of 70% by 2017	Improvement toward long-term target of 70% by 2017	Improvement toward long-term target of 70% by 2017
Cervical Screening: rate of women aged 18-69 participating in cervical screening every three years	76%	Maintain or exceed 70%	Maintain or exceed 70%	Maintain or exceed 70%

Data Source: Mammography: Screening Mammography Program of BC, Provincial Health Services Authority; Cervical Screening: Cervical Cancer Screening Program, BC Cancer Agency, Provincial Health Services Authority.

³ First Minister's Meeting on the Future of Health Care 2004: A 10-Year Plan to Strengthen Health Care: Health Canada Website: www.hc-sc.gc.ca/hcs-sss/delivery-prestation/fptcollab/2004-fmm-rpm/index-eng.php

Radiotherapy is the use of a focused radiation beam to destroy malignant cancer cells. This service is provided in five regional cancer centres operated by the BC Cancer Agency. Along with chemotherapy, which is frequently provided closer to home at community hospitals, early treatment with radiotherapy is important to achieving the best health outcomes for patients.

British Columbia's performance in delivering timely access to cancer care is excellent. Through the BCCA, over 90 per cent of patients receive their first round of radiation therapy within four weeks of being ready to treat. PHSA is committed to maintaining this important target, despite growing demand for radiotherapy, driven by the aging population and increases in the prevalence and incidence of cancer.

Performance Measure 2: Access to cancer treatment

Performance Measure	2007/08 Baseline	2008/09 Actual	2009/10 Target ¹	2010/11 Target	2011/12 Target
Radiotherapy: percentage of patients who receive radiotherapy within four weeks	97%	94%	90%	Maintain at or above 90%	Maintain at or above 90%

Data Source: Provincial Radiation Therapy Program, BC Cancer Agency.

¹ The radiotherapy benchmark of 90% was developed in accordance with the First Ministers' *Ten-year Plan to Strengthen Health Care*, September 2004.

To ensure the First Ministers benchmark for coronary artery bypass graft (CABG) is met, PHSA and Cardiac Services BC is implementing a new Provincial Cardiac Registry to provide clinicians and health authorities with more comprehensive wait time data and give patients better information on their surgical options. The new cardiac registry system will facilitate active management of wait lists which is required to meet the First Ministers benchmark.

Performance Measure 3: Access to cardiac bypass surgery

Performance Measure	2007/08 Baseline	2008/09 Actual	2009/10 Target ¹	2010/11 Target	2011/12 Target
Cardiac surgery*: percent of cardiac bypass surgeries waiting longer than the established time frame: - 2 weeks for priority one - 6 weeks for priority two -26 weeks for priority three	N/A	0%(0/0)** 67%(2/3) 0%(0/22)	10%	Maintain at or below 10% for each level	Maintain at or below 10% for each level

Data Source: Cardiac Service BC Registry database, Provincial Health Services Authority.

* Starting from April 1, 2008, percent of CABGs waiting longer than the established time frame are evaluated based on the FMM priority category. The priority categories prior to 2008/2009 are based on BC definitions and do not compare to the FMM priority categories.

** In brackets, the numerator represents the number of cases waiting longer than the established time frame while the denominator represents the total cases waiting for the specific priority level.

Objective 1.2: Patient-centred care to meet the specific health needs of patients and specific patient groups

BC’s health system is committed to providing the best possible quality of care and service which means the care people receive responds to their needs and is safe, evidence-based and will lead to the best health outcomes.

As an organization that is known for putting ‘Patients First’⁴, PHSA demonstrates commitment to patient-centred care by delivering highly specialized care that addresses the unique needs of individuals or groups (such as children, women, and patients with chronic disease).

Strategies

- PHSA is improving delivery of, and access to, culturally appropriate health services tailored to meet the needs of First Nations communities, and enabling First Nations to take a leadership role in improving their health status and providing input into health planning.
- Through BC Women’s Hospital & Health Centre (BCWHHC), an expanded newborn screening program will test newborn babies for more than three times as many disorders at birth which can be treated to avoid lifelong health issues (such as cystic fibrosis and sickle cell disease).
- Pregnant women across BC will benefit from a new enhanced prenatal genetic screening program, which will improve upon current tests and lower the necessity for invasive procedures.
- The BC Provincial Renal Agency (BCPRA) will continue to promote independent dialysis options for chronic kidney disease patients to enhance quality of life, and promote improved health outcomes while maximizing scarce resources. An independent dialysis unit in Prince George and the nocturnal pilot program at Vancouver General Hospital provide environments where patients manage every aspect of their own dialysis. The nocturnal pilot – the first independent program of its kind in Canada – provides an environment where patients can sleep in the safety of the hospital three nights per week while they manage their dialysis.

Performance Measure 4: Independent Dialysis

Performance Measure	2008/09 Actual	2009/10 Target	2010/11 Target	2011/12 Target
Independent Dialysis: percentage of dialysis patients on independent dialysis modalities (peritoneal dialysis & home haemodialysis)	31%	32%	Maintain or Improve over previous year	Maintain or Improve over previous year

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

⁴ Patients First is one of PHSA’s organizational values. Accreditation Canada has recognized PHSA as an organization that lives its values and has high individual and organizational accountability.

- PHSА, under the leadership of BC Women’s Hospital & Health Centre and the BC Perinatal Health Program (BCPHP), is committed to improvements in maternity care and perinatal health across BC. The BC Women’s Hospital Caesarean Task Force is working to ensure the optimal use of caesarean section birth in BC. Work continues with the Ministry of Health Services, health authorities, and other partners to develop a provincial approach to maternity and perinatal services through initiatives that improve quality of care, service coordination and reduce the number of out-of-country transfers for critically ill newborns.

Performance Measure 5: Access to neonatal intensive care

Performance Measure	2008/09 Actual	2009/10 Target	2010/11 Target	2011/12 Target
Out-of-Country NICU Transfers: number of out-of-country transfers of newborns requiring Level 3 neonatal intensive care	18	Maintain or improve over previous year	Maintain or improve over previous year	Maintain or improve over previous year
NICU Utilization: average bed utilization/occupancy rate of level 2 and level 3 perinatal beds (of staffed/available beds)	94%	Decrease over previous year	Decrease over previous year	Decrease over previous year

Data Source: BCbedline, Provincial Health Services Authority.

- BC Mental Health and Addiction Services (BCMHAS) will undertake the redevelopment of the Child & Youth Provincial Specialized Eating Disorders Program including redesign of clinical space and services to improve access and align services with best or promising practices for children and adolescents with eating disorders.
- In 2008, the Child and Adolescent Psychiatry Emergency (CAPE) unit at BC Children’s Hospital (operated by BCMHAS) doubled its capacity from three beds to six. This expansion, funded by the provincial government, improves access to emergency psychiatric care for children and youth in BC. With these new beds now in full operation, the child & adolescent program’s overall capacity to meet the needs of children and adolescents with mental health and addiction issues is improved.

Performance Measure 6: Access to inpatient adolescent psychiatric services

Performance Measure	2008/09 Actual	2009/10 Target	2010/11 Target	2011/12 Target
Wait Time for Inpatient Psychiatric Bed: length of wait for child and adolescent inpatient psychiatric bed.	30 days or less 7.5% 60 days or less 21.5% 90 days or less 32.3% greater than 90 days 67.7%	Improvement over previous year	Improvement over previous year	Improvement over previous year

Data Source: Provincial Health Services Authority. Child and Youth Mental Health Database.

Objective 1.3: Improved integration of health service providers, processes and systems to allow patients to move seamlessly through the system

People’s health care needs frequently require services from a number of providers in a variety of locations across a span of time. A seamless, coordinated and efficient service experience supports both quality of care and best use of health system resources, which contribute to the best possible health outcomes.

This is particularly important in mental health and addictions services. People with mental illness or substance use disorders have complex needs and often must access various providers to receive care and support services. PHSA and BC Mental Health and Addiction Services is committed to equitable access to specialized child & youth and adult mental health and addiction services, and works with the Ministry of Health Services and other partners to ensure services are integrated to provide seamless, appropriate care and support to facilitate recovery and maintain quality of life.

Strategies

- PHSA and regional health authorities are developing a new master plan to ensure the timely and predictable completion of the entire provincial mental health bed plan and the redevelopment of

Riverview Hospital. The master plan will ensure patients with severe mental disorders who require sustained, complex medical treatment receive appropriate care.

- Through the leadership of BC Mental Health & Addictions Services, PHSA continues to collaborate with the Ministry of Health Services, Vancouver Coastal Health and Fraser Health on the development of the Burnaby Centre for Mental Health and Addictions. This centre is established to address the needs of individuals dealing with severe addiction and concurrent mental illness who also have behavioural and physical health issues. BC Mental Health and Addiction Services is leading a process to develop and implement an evaluation framework for the Burnaby Centre.
- Provide seamless care for the patient populations within our mandate by creating integrated care plans for chronic disease patient groups with the most common co-morbidities.
- Develop interprofessional care pathways, focusing on key transition points in our highest volume services, and create patient navigation vehicles to link care along the continuum.

Goal 2: A Sustainable, Affordable, Publicly Funded Health System

The public health system is affordable, efficient and accountable, with governors, providers and patients taking responsibility for the provision and use of services.

Objective 2.1: Optimum human resource development to ensure there are enough, and the right mix of, health professionals

Skilled and caring health professionals are the cornerstone of our health system. Thousands of British Columbians seek medical attention every day, confident they are in the care of competent professionals who hold themselves to the highest standards. To be sustainable the system must ensure it has enough, and the right mix of, health professionals to provide the services that will meet British Columbian's needs now and in the future. Significant progress has been made in addressing our health human resource needs but there is more work to be done. The Nurse Vancouver campaign, a partnership between PHSA and the Lower Mainland health authorities to recruit experienced nurses from the United Kingdom, has been very successful in helping to address the on-going shortage of skilled nursing professionals by recruiting experienced nurses from the United Kingdom.

Strategies

- Implement PHSA's comprehensive Workforce Strategy focusing on employee engagement, specialized recruitment and retention initiatives, and support the development of leaders across the organization.
- Continue the recruitment and retention of nurses including: Aboriginal nursing strategies, international recruitment, and responsive shift scheduling for nurses.

- Facilitate health providers to utilize their full scope of training and expertise under the amended *Health Professions Act*.
- Continue to integrate nurse practitioners into appropriate PHSA programs and services.
- Optimize the use of scarce human resources through process improvement.

Performance Measure 7: Health Human Resources

Performance Measure	2008/09* Actual	2009/10 Target	2010/11 Target	2011/12 Target
Sick Leave: sick leave hours as a percent of productive hours	4.5%	Reduce by 5%	To be determined	To be determined
Vacancy Rates: vacancies in "difficult to fill*" positions, nurses and allied health professionals (AHP)	Nurses: 3.9% AHP: 0.8%	Nurses: improvement towards the long- term target of 2% AHP: maintain or below 2%	Nurses: improvement towards the long- term target of 2% AHP: maintain or below 2%	Nurses: improvement towards the long- term target of 2% AHP: maintain or below 2%
Overtime: overtime hours as a percent of productive hours, nurses and allied health professionals	Nurses: 3.8% AHP: 1.2%	Nurses: maintain or below 5% AHP: maintain or below 3.5%	Nurses: maintain or below 5% AHP: maintain or below 3.5%	Nurses: maintain or below 5% AHP: maintain or below 3.5%

Data Source: Health Sector Compensations Information System (HSCIS). Provided by Management Information Branch, Health System Planning Division, Ministry of Health Services.

Data reported by 2008 Calendar year. Vacancy rates data as reported at quarter 4 (January 1 to December 31).

* A difficult to fill vacancy is a job that remains unfilled after three months of active recruitment.

Objective 2.2: Strategic investments in information management and technology to improve patient care and system integration

Making the right investments in information management systems and new technologies will support the health system in meeting the goals and objectives set out in this service plan. Innovations in information technology can improve system integration and efficiency, support access to services across the province, assist managers and health care practitioners in making evidence-based decisions, and provide the public with access to valuable health information in a timely and convenient manner.

Strategies

- Work with our partners in the Vancouver Island Health Authority to implement a Clinical Information System (CIS). A CIS will enable us to achieve our vision of capturing patient information once and sharing it within and between PHSA services/programs throughout the province, to help fulfill our province-wide mandate. Our partnership with VIHA will lead to increased efficiencies and better care for patients.

- Develop a web-based educational resource that gives primary and specialty care providers access to trusted information and protocols on chronic disease management.
- Expand use of Telehealth to improve rural and Aboriginal communities' access to health services and specialists.
- Improve the availability of quality data and analysis to assist clinical and management decision-making, and optimize health expenditures, through the implementation of a business intelligence tool across PHSA and its agencies.

Objective 2.3 Sound business practices to ensure sustainability of the publicly funded health system

PHSA is dedicated to improving health services for the benefit of patients and the long term sustainability of the health care system. Ensuring the most effective use of scarce resources by directing them where they will have the best outcomes according to evidence will improve quality and avoid future costs.

Strategies

- Leverage our experience with imPROVE, PHSA's program to empower employees to redesign their work processes to reduce waste and improve patient safety, quality and outcomes (based upon lean principles from the Toyota Production System). Employees contribute to and implement better processes and sustain continued improvements within their own work environments to improve service for our patients and staff.
- Continue to implement our comprehensive healthy workplace strategy to support the physical and mental health of PHSA employees through active living programs, prevention and disease management workshops, and healthy workplace policies and practices. PHSA closely monitors the effectiveness of our workshops, programs, and policies.
- Support the *BC Energy Plan - A Vision for Clean Energy Leadership* by implementing green health care initiatives to make hospital and health authority operations carbon neutral by 2010. All new PHSA buildings, including the redevelopment of the Children's and Women's Hospital site will be designed to meet LEED (Leadership in Energy and Environmental Design) gold standard.
- Continue to use the Balanced Scorecard as a tool to monitor PHSA's progress towards achieving goals, objectives and performance targets.
- Participate in provincial initiatives such as the new Health Authority Shared Services Organization to ensure overall health system costs remain affordable and within budget.
- Participate in the consolidation of targeted corporate and support service areas across the Lower Mainland health authorities to reduce duplication of effort, structures, systems.

Performance Measure 8: Balanced Budget

Performance Measure	2008/09 Actual	2009/10 Target	2010/11 Target	2011/12 Target
Balanced Budget	Surplus of \$0.56 million	The health authority will have a balanced budget for the fiscal year	The health authority will have a balanced budget for the fiscal year	The health authority will have a balanced budget for the fiscal year

Data Source: Ministry of Health Services.

PHSA has a sustained track record for balancing its healthcare budget through innovative strategies and aggressively directing management accountabilities. PHSA will continue to be resolute in pursuing a healthy bottom line.

Goal 3: Improved Health for British Columbians

PHSA works in collaboration with the Ministry of Healthy Living and Sport to improve the health of British Columbians. This Ministry has developed health promotion strategies to assist people to be healthy and make healthier choices. PHSA embraces a broad definition of health, and in addition to providing specialized treatments for illness when it occurs, PHSA develops strategies to promote wellness and the highest quality of life. PHSA agencies and services also focus effort towards addressing upstream risk factors for the chronic diseases within our mandate.

Strategies

- Improve childhood development through better prenatal, natal, and postnatal care and services by mapping regional differences in birth weight and taking the necessary measures to improve prenatal care, birthing and infant care in those health service delivery areas (HSDAs) with the poorest outcomes.
- Develop and implement a childhood obesity prevention and management plan.
- Contribute to the implementation of a community partnership model to improve access to education, health, nutrition and social services for socially vulnerable children, youth and their families throughout the province.
- Continue to advance the health of women through a comprehensive heart health program for women at risk of developing health problems. The program at BC Women’s Hospital & Health Centre is the first of its kind in Western Canada to work with women before they have a heart attack to help them make important lifestyle changes to stay healthy and active.
- Promote healthy behavioural choices and encourage people to take responsibility for their own health by creating a core knowledge base and supporting resources on primary prevention that can be customized for targeted populations and inform provincial policy.

The rise of infectious diseases (e.g., HIV/AIDS, SARS and West Nile Virus) and the need to respond quickly to pandemic events requires health care providers across BC and Canada 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 to contribute due to its provincial role, linkages to providers across BC and the country, as well as the BC Centre for Disease Control's (BCCDC) mandate for communicable disease control.

PHSA has a leadership role in ensuring BC's preparedness for epidemic and pandemic disease by working with the Ministry of Health Services and Ministry of Healthy Living and Sport on pandemic planning and business continuity for both PHSA and the province.

Strategies

- BC Centre for Disease Control will continue to work with the Provincial Health Officer, with national and regional health authority coordination, to develop pandemic care guidelines.
- Continue to provide on-going comprehensive provincial surveillance of influenza and prevalence within the population.
- Ensure adequate diagnostic capacity at PHSA Laboratories to meet the increased demand for testing related to influenza-like illness.

Financial Summary

(\$ millions)	2008/09 Actual	2009/10 Budget	2010/11 Budget	2011/12 Budget
Provincial government sources	1,490.320	1,567.459	1,636.365	1,718.827
Non-provincial government sources	140.188	143.158	143.158	143.158
Total Revenue:	1,630.508	1,710.617	1,779.523	1,861.985
Acute Care	1,264.530	1,327.984	1,392.753	1,466.815
Mental Health & Addictions	158.124	166.314	168.814	171.814
Population Health & Wellness	114.588	130.269	132.136	137.036
Corporate	92.707	86.050	85.820	86.320
Total Expenditures:	1,629.949	1,710.617	1,779.523	1,861.985
Surplus (Deficit)	0.559			
Funded by Provincial Government	73.746	74.168	49.383	30.520
Funded by Foundations, Regional Hospital Districts, and other non-government sources	34.269	26.376	6.667	6.667
Total Capital Spending	108.015	100.544	56.050	37.187

Capital Project Summary

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

Community Name (as applicable)	Facility location (as applicable)	Project Name	Total Project Cost (\$ million)
Facility Projects			
Vancouver	Children's & Women's	Women's Diagnostic and Ambulatory Program Renovation	4.4
Prince George	BC Cancer Agency	BCCA Centre for the North	92.7
Various Communities	BC Cancer Agency	Radiation Therapy and Diagnostic Equipment	47.9
Vancouver	Children's & Women's	Operating Room Suite and Dental Operating Room Renovation	5.1
Vancouver	Vancouver Cancer Centre	Building System Upgrades	3.9
Vancouver	Children's & Women's	Boiler Replacement	4.8
Vancouver	Vancouver Cancer Centre	Cyclotron & Radiopharmaceutical Facility	16.4
Vancouver	Children's & Women's	Child and Family Research Institute	53.7
Medical & Diagnostic Equipment Projects			
Vancouver	Various Facilities	Equipment for Clinical Programs	4.5
Information Management/Information Technology Projects			
Various Communities	Various Facilities	Clinical Information System	22.9
Various Communities	Various Facilities	IMIT Infrastructure Project	6.0

Note: 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 acute care hospital building, 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 facilities planned in this phase of work will replace and/or enhance 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 BC Children's Hospital Foundation is a major funding partner for this project.

Contact Information

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

E-mail: webmaster@phsa.ca

Phone: 604.675.7400

Facsimile: 604.708-2700

Web site: www.phsa.ca

Hyperlinks to Additional Information

BC Ministry of Health Services www.gov.bc.ca/healthservices/

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