

Provincial Health Services Authority

2010/11 – 2012/13 SERVICE PLAN

May 2010



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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 2010/11 – 2012/13. 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 strategic priorities and strategic plan, and the Ministry of Health Services' goals, objectives and strategies. The Board is accountable for its contents and for ensuring that PHSA achieves the specific performance targets and objectives identified in this plan.

PHSA's 2010/11 – 2012/13 Service Plan highlights priority initiatives that are underway and signals a shift towards new strategies that leverage our assets and expertise, while honouring the principles of the public health care system. It also reflects the three key strategic directions that underpin PHSA's own newly developed strategic plan:

- Improving Quality Outcomes and Better Value for Patients
- Promoting Healthier Populations
- Contributing to a Sustainable Health Care System

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 and to effectively promote health, prevent illness, manage chronic conditions and generally lessen the burden of disease.

At the same time, health care decision makers, providers and planners are faced with the daunting task of doing more with fixed resources. PHSA will continue to seek opportunities to meet new demands for health care services in the most efficient way possible. We are committed to looking for ways to keep health care sustainable through innovation and working together with the regional health authorities and our partners to achieve greater efficiency without compromising patient care.

British Columbians are fortunate to have a comprehensive network of highly specialized agencies providing the best possible tertiary and specialized care. We are also fortunate to benefit from PHSA's dedicated 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.)
Board Chair, Provincial Health Services Authority

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Organizational Overview

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

- Governing and managing agencies, programs and services 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, Emergency and Health Services Commission, Cardiac Services BC, and Perinatal 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/AboutPHSA/PHSA-Agencies-Services-Programs/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; and
- Leading and coordinating a number of priority system improvement initiatives, including setting standards for surgical services and the Riverview redevelopment project.

The PHSA model is unique in that it provides opportunities for innovative and integrated approaches to providing highly specialized services within a continuum of care. 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 BC Early Hearing Program, the HIV/AIDS Program, the Provincial Blood Coordinating Office, PHSA Laboratories, the Provincial Language Service, Surgical Services and Telehealth. Please visit our website for more information on each of these services: <http://www.phsa.ca/AboutPHSA/PHSA-Agencies-Services-Programs/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 research; and
- Education and training of more than 4,000 students per year in the specialized health and human 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. In order to accomplish this PHSA has an affiliation agreement with UBC and agreements with other educational facilities.

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 policies and practices of the PHSA are compliant with the *Governance and Disclosure Guidelines for Governing Boards of British Columbia Public Sector Organizations (Best Practice Guidelines)* issued by the Board Resourcing and Development Office (BRDO), Office of the Premier of British Columbia. These guidelines define how the Board carries out its duties of stewardship and accountability and are available on our website: <http://www.phsa.ca/AboutPHSA/PHSAboard/CorporateGovernance.htm>

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. The key challenge facing the health system is to deliver a high performing sustainable health system – prevention to end-of-life care – in the context of significant growth in demand.

The British Columbia health system continues to be challenged by an increasing demand for health services and the current delivery system is not on a sustainable course to meet and manage that demand. 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, mental illness and cancer, and advances in technology and pharmaceuticals driving new costly 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). In the current economic climate it is even more important for the health system to find new and creative ways to make sure the resources available for health care services are used effectively and in ways that most benefit the people of British Columbia.

Ensuring all parts of society and all populations can access health services and enjoy good health are priorities for BC and PHSA. 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 supports 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 the 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 including supporting the implementation of the Tripartite First Nations Health Plan for the specialized populations we serve. PHSA is also engaged in building the systems and capacity for Aboriginal health indicator surveillance.

The Aging Population

British Columbia's elderly population is the fastest growing in Canada, with the population over 65 expected to increase from about 14 per cent to 24 per cent of the B.C. population from 2006 to 2036.¹ 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 B.C. 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.² The population over age 85 is also growing and presents the health system with an

¹ PEOPLE 34 Population Data, BC STATS

² Health System Planning Division, Ministry of Health Services; using MSP Expenditures 2006/07; Acute Care: Inpatient and Day Surgery workload weighted cases, DAD 2006/07; HCC community services by age group 2005/06, summed

increased need to provide appropriate care for those with frailty or dementia, unable to live independently at home.

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 B.C. population and consume approximately 80 per cent of the combined physician payment, PharmaCare and acute (hospital) care budgets.³ Chronic diseases are more common in older populations and it is projected that the prevalence of chronic conditions could increase 58 per cent over the next 25 years⁴ and be a significant driver of demand for health services.

With increasing survivorship of individuals with chronic conditions, patients are living longer and are likely to develop additional conditions as they age, which has a potential impact on health care costs. Despite efforts to reduce the incidence of disease (new cases) through prevention and health promotion activities, overall cost reductions to the system may not be evident as costs of maintenance therapy remain constant or increase.

Advances in Technology and Pharmaceuticals

New treatment and technology development over the past ten years has included less invasive surgery, increased use of diagnostic imaging and the introduction of biological and tailored drug therapies that have made health care more efficient and effective, but also led to a significant increase in demand for products and services. Drugs were the fastest growing expenditures in health care, having increased by about 136 per cent since 1998. The number of cardiovascular drug prescriptions increased from 32 million in 1988 to 71 million in 2008 – up 118 per cent and prescriptions for statins, to control cholesterol, more than quadrupled from 6 million to 26 million in Canada.⁵ British Columbia's total spending on oral and intravenous oncology drugs, which includes both hospital and community spending, rose from \$17 million⁶ to \$114 million.⁷

Genomic medicine holds potential for great advancements in medical technology⁸. We know that humans differ in their responses to medication, in part due to the genetic make-up of the individual. We can leverage our strength in genomics and the Genome Sciences Centre⁹ to gain a better understanding of the role of genetic variation in disease and drug response which could lead to

based on average unit costs; Residential care days 2006/07.

³ Discharge Abstract Database (DAD), Medical Service Plan (MSP) and PharmaCare Data 2006/07

⁴ B.C. Ministry of Health, Medical Services Division, *Chronic Disease Projection Analysis*, March 2007, (2007-064); as cited in Primary Health Care Charter: a collaborative approach (2007), Ministry of Health

⁵ Canadian Institute of Health Information, *Health Care in Canada 2009: A Decade in Review* (Ottawa, Ont.: CIHI, 2009).

⁶ BC Cancer Agency, *2001 BC Cancer Agency— Annual Report* (Vancouver, B.C.: BC Cancer Agency, 2001), cited June 25, 2009, from www.bccancer.bc.ca/NR/rdonlyres/E1D56E3C-D645-4947-8CD7-5690347A4033/1590/bcca_annual_report_2001.pdf.

⁷ BC Cancer Agency, *BC Cancer Agency Fact Sheet* (2008), cited June 25, 2009, from www.bccancer.bc.ca/NR/rdonlyres/E1D56E3C-D645-4947-8CD7-5690347A4033/29391/BCCAFactSheet1.pdf.

⁸ Khoury, M. (2008). The Evidence Dilemma in Genomic Medicine. *Health Affairs*, 27(6), 1600 – 1611.

⁹ Canada's Michael Smith Genome Sciences Centre is located in Vancouver, BC and operates under the auspices of the BC Cancer Agency, an agency of PHSA. For more information please see: www.bcgsc.ca

improved safety, cost-effectiveness of treatment and contribute to the sustainability of our health care system.

Human Resources and Health System Infrastructure

Although education and training programs for health professionals and health workers in British Columbia have been significantly expanded since 2001, 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 added 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. Greater flexibility and collaboration will be essential to devising sustainable solutions that are also supportive of a healthy work/life balance in these professions.

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.

Goals, Objectives and Strategic Initiatives

The *Ministry of Health Services' 2010/11 – 2012/13 Service Plan*¹⁰ 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 Ministry of Health Services' Service Plan. PHSA operates in alignment with the Ministry's goals, objectives, strategic initiatives, and key result areas, and has developed a new strategic plan and framework consistent with the four broad goals for B.C.'s health care system:

1. Improved health and wellness for British Columbians;
2. British Columbians have the majority of their health needs met by high quality community based health care and support services;
3. British Columbians have access to high quality acute care services when they need them; and
4. Improved innovation, productivity and efficiency in the delivery of health services.

Alignment with these health system goals, as established by the Ministry of Health Services and the Ministry of Healthy Living and Sport, is part of every strategic effort made at PHSA as evidenced by the three key directions laid out in our newly developed strategic plan:

1. Improving Quality Outcomes and Better Value for Patients;
2. Promoting Healthier Populations; and
3. Contributing to a Sustainable Health Care System.

The *2010/11 – 2012/13 Service Plan* that follows describes PHSA's objectives and strategic initiatives for the planning period in the context of the Ministry of Health Services' goals for the health system, and in alignment with the Ministry of Healthy Living and Sports' strategies¹¹.

¹⁰ MoHS Service Plan link <http://www.bcbudget.gov.bc.ca/2010/sp/pdf/ministry/hserv.pdf>

¹¹ MHLS Service Plan link <http://www.bcbudget.gov.bc.ca/2010/sp/pdf/ministry/hls.pdf>

Goals, Objectives and Strategies

MoHS Goal 1: Improved health and wellness for British Columbians

Objective 1.1: Individuals are supported in their efforts to maintain and improve their health through health promotion and disease prevention.

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. Working together with the Ministries of Health Services and Healthy Living and Sport and the regional health authorities, we have a role in addressing the broad conditions and factors that affect the health of British Columbians and developing health promotion and prevention strategies to help people stay healthy and make healthy choices. Supporting British Columbians in maintaining and improving their health and well-being throughout their lives is also important for the long-term sustainability of the health care system.

PHSA is committed to improving the health of British Columbians by supporting the development of healthy communities, informing healthy public policy and providing information and tools that help individuals make healthier choices to prevent the onset of many chronic diseases and to assist those living with chronic disease to stay as healthy as possible. Essential to achieving this objective are PHSA's partnerships with the regional health authorities and key stakeholders who have a provincial focus.

PHSA Strategic Direction 1: Promoting Healthier Populations

PHSA Strategies

- Improve childhood development by promoting healthy choices in pregnancy and supporting breastfeeding together with regional health authorities.
- PHSA and Child Health BC, in collaboration with the Ministries of Health Services and Healthy Living and Sport and other partners, will develop and implement a childhood obesity prevention and management plan.
- Continue to improve participation in evidenced based provincial screening programs to promote early detection of diseases such as cancer and renal disease.
- In collaboration with the Ministry of Healthy Living and Sport, PHSA will support the continuous improvement of core public health programs by identifying performance gaps and implementing a performance improvement process to close those gaps based on standardized, best practice and evidence based prevention strategies.

MoHS Goal 2: British Columbians have the majority of their health needs met by high quality community based health care and support services.

Objective 2.1: Providing a system of community based health care and support services built around attachment to a family physician and an extended health care team with links to local community services.

BC's health system is committed to providing the best possible quality of care and service which lead to the best health outcomes. From the patient's perspective, a quality outcome means early and timely treatment that responds to their needs and is safe, evidence-based and results in a fast and complete recovery or minimal complications related to their condition. Health care in general is moving away from the delivery of episodic care to embrace a more holistic view of the patient and the full continuum of care. The health care system must work to prevent the fragmentation of care and be increasingly aware of the linkages and interdependencies across health care services, facilities and providers, and aim to optimize the information flow and the patient's journey through the system.

PHSA Strategic Direction 2: Improving Quality Outcomes & Better Value for Patients

PHSA Strategies

- Improve clinical services for patients with complex chronic conditions through the seamless integration of specialized services within our mandate into the provincial primary and community care model.
- Improve the delivery of, and access to, culturally appropriate health services tailored to meet the needs of First Nations communities, and enable First Nations to take a leadership role in improving their health status and providing input into health planning.
- 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 dialysis program at Vancouver General Hospital provide environments where patients manage every aspect of their own dialysis. The nocturnal program – the first 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.

In March 2010, the Ministry of Health Services announced that PHSA will assume leadership responsibility for the Emergency and Health Services Commission¹² and the BC Ambulance Service.

¹² The EHSC oversees the BC Ambulance Service, which provides emergency health services and ambulance services throughout the province of BC. Additionally, it operates HealthLinkBC, which will transition to the Ministry of Health Services. For more information, visit the EHSC website at <http://www.health.gov.bc.ca/ehsc/>.

PHSA recognizes the important role that pre-hospital emergency services play in the delivery of health care across our province and welcomes the opportunity to integrate them more closely with the health care system as a whole. PHSA is committed to working with existing management and staff to ensure a seamless transition and continuity of service throughout the province.

PHSA Strategies

- In collaboration with the regional health authorities and BC Ambulance Service, PHSA will work to improve pre-hospital emergency care services through better utilization of paramedic services in health services delivered by the health authorities.

MoHS Goal 3: British Columbians have access to high quality acute care services when they need them.

Objective 3.1: Acute care services are accessible, efficient and effective.

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 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.

PHSA Strategic Direction 2: Improving Quality Outcomes and Better Value for Patients

PHSA Strategies

- Develop and implement guidelines and processes to improve the quality, safety and reliability of our acute care services.
- Child Health BC, an initiative of BC Children’s Hospital, is partnering with regional health authorities to provide better access to specialized pediatric services for 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”.
- The BC Cancer Agency (BCCA) is enhancing cancer screening programs such as mammography and cervical screening, and is currently leading a 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 increasing access in Kelowna.

- A new state-of-the-art cancer centre in Prince George, scheduled to open in 2012, will make cancer care more accessible to residents in Northern BC. 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*¹³, 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 performance on cancer screening (screening mammography and cervical screening) and access to cancer treatment (radiotherapy). Through the BC Cancer Agency, over 90 percent of patients receive their first round of radiation therapy within four weeks of being ready to treat. While our performance in delivering timely access to radiotherapy is currently excellent, we monitor this indicator closely as the aging population and increase in the prevalence and incidence of cancer continue to drive the demand for radiotherapy treatment.

Perinatal Services BC, a new program led by PHSA in collaboration with the regional health authorities, has developed a provincial approach to specialized neonate and high risk maternity services. The new program was established to ensure we are better positioned to meet future demands and challenges through more effective planning and more efficient utilization of existing specialized resources. Building on the existing network of care, the program will realize this mandate through initiatives that improve quality of care and service coordination, and result in fewer out-of-country transfers for critically ill newborns. While the focus of this program is on the highly specialized neonate and high risk maternity care, it also considers the full continuum of services from community based care to specialized perinatal care to ensure women and newborns receive seamless, patient-centred care in the safest and most appropriate location.

BC Mental Health and Addiction Services (BCMHAS) will continue to work with the Ministry of Child & Family Development (MCFD) and the Ministry of Health Services to ensure timely access to child and adolescent inpatient beds. While BCMHAS has already made considerable strides towards reducing the wait to an appropriate length of time based on comparison to other facilities, the following initiatives are planned for 2010/11 – 2012/13 to continue to improve access:

- Implement a Tele-Mental Health & Professional Knowledge Exchange Initiative which will allow the inpatient program to complete assessments on remote referrals through tele-health facilities where appropriate and prevent the need for admission; and
- Explore the need for changes to the current waitlist management protocol and the regional allocation of beds in collaboration with the Child & Adolescent Mental Health & Addictions Program Community Advisory Committee and the Child and Youth Mental Health & Substance Use Care Advisory Network.

¹³ 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

MoHS Goal 4: Improved innovation, productivity and efficiency in the delivery of health services.

Objective 4.1: Optimize supply and mix of health human resources, information management, technology and infrastructure in service delivery.

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. To be effective, we must also ensure that our human resources are appropriately supported by information management systems, technology and the physical infrastructure to deliver high quality services as efficiently as possible.

PHSA is continuing to implement the foundational elements of a Clinical Information Solution (CIS) and will do so by collaborating with other regional health authorities to:

- Create shared information platforms;
- Allow for the seamless transfer of clinical information; and
- Improve patient safety, clinical decision making, and workflow.

With the foundation in place, the long-term goal of this clinical information solution is to integrate clinical decision support tools and care guidelines to drive the implementation and uptake of best practices and improve the quality and safety of care.

More broadly, PHSA and Vancouver Coastal Health (VCH)/Providence Health Care (PHC) formally announced in August 2009 that they were merging Information Management and Information Technology departments to maximize efficiencies and savings¹⁴. This is possible as the three organizations already operate many of the same technologies, systems and platforms and a single department will allow us to leverage our points of commonality even more. PHSA is leading the shared department which is now called Information Management Services (IMS). The integrated team has a dual mandate with provincial accountability for areas such as services to support provincial eHealth operations, and system accountability for registries & brokers, and regional accountability for clinical & ancillary systems and administrative solutions for PHSA, VCH and PHC.

PHSA Strategic Direction 3: Contributing to a Sustainable Healthcare System

PHSA Strategies

- Continue to support the education and training of more than 4,000 students and over 800 research trainees each year in the specialized health and human services provided by our agencies in collaboration with the Ministry of Advanced Education and our academic partners.

¹⁴ This consolidation is part of Lower Mainland Consolidation which denotes the initiative to consolidate selected corporate and clinical support functions among the lower mainland health authorities: PHSA, Vancouver Coastal Health (VCH), Providence Health Care (PHC) and Fraser Health (FH) to reduce costs and is described in more detail under objective 4.2.

- 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.
- Continue to lead the expansion of Telehealth¹⁵ to help improve access to specialized care, by enabling clinical consultation, continuing professional education, health promotion, and healthcare management and administration.
- Optimize care delivery models at BC Children’s Hospital to deliver safe, high quality care that is focused on patient needs to improve patient experiences & outcomes, and make the best use of staff time and expertise.

Objective 4.2 Drive efficiency and innovation to ensure sustainability of the publicly funded health system.

As stewards of taxpayers dollars we must prioritize our limited resources to ensure we are providing the best value to the populations we serve. To maintain the system given the needs of the population and available funding and expertise, health care organizations must be strategic in focusing on essential value-added services, while minimizing ineffective or redundant efforts. To this end, our limited resources will be utilized more efficiently, technology will be leveraged to a greater degree, and our processes will become more reflective of an integrated system.

PHSA Strategies

- Internally, we will continually look for opportunities to integrate our work across the agencies and corporate services through:
 - Enhance capacity to evaluate the effectiveness of PHSA programs and services and benchmark our performance against leading practices and other health care organizations;
 - Standardizing and/or centralizing clinical support functions as appropriate; and
 - Leverage PHSA clinical services and research capability to create economic benefits. For example, through the commercialization of discoveries, knowledge or health services delivery expertise.
- PHSA is leading the implementation of a system-wide approach to LEAN design across the health system to improve service to patients, reduce errors and eliminate waste in the system.

A priority of the Ministry of Health Services and all of the health authorities is to protect the quality and accessibility of our core clinical services. PHSA is committed to province-wide initiatives such as

¹⁵ Telehealth is the use of communications and information technology to deliver health and health care services, information and education where participants are separated.

the Shared Services Organization¹⁶ and Lower Mainland Consolidation¹⁷ that optimize efficiency with the goal of maximizing resources available for patient care.

In 2009, the BC Health Authority Shared Services Organization (SSO) was created by the health authorities to enhance value to the health system through effective and efficient delivery of specified support services. Over the last fourteen months, the SSO has matured and expanded as an organization. SSO's success to-date, is a measure of the collaborative approach and the quality of the relationships that developed as part of establishing this unique organization

In April 2010, BC's six Health Authorities decided to transfer operations of the BC Health Authority Shared Services Organization (SSO) into PHSA. SSO will maintain its vision, goals and structure and move intact into PHSA. SSO services to the HAs will, in future, be provided by a new division of PHSA called Health Shared Services BC (HSSBC). The decision to transfer the operations of SSO to PHSA means that the province will benefit from the infrastructure and systems that already exist within the PHSA. The decision also leverages PHSA's unique role in providing province-wide services. Moving forward there is strong commitment from all of the health authorities to build on the success SSO has already achieved.

Lower Mainland Consolidation (LMC) aims to leverage the geographic proximity of the three lower mainland health authorities by looking for efficiencies within departments that are common across the partner organizations (PHSA, Vancouver Coastal Health (VCH), Providence Health Care (PHC) and Fraser Health (FH)) as a way of reducing costs. Currently, fourteen select services and support areas are currently consolidating as part of the first phase of this initiative¹⁸. In each area, one of the four organizations (PHSA, VCH, FHA or PHC) assumes accountability to:

- Form a consolidated department that will provide quality service to all involved organizations based on a service level agreement; and
- Achieve significant cost savings from integration, standardization and consolidation.

PHSA is leading the consolidation of Information Management Services, Provincial Laboratory Services and Provincial Interpretation Services.

¹⁶ Shared Services Organization examines opportunities for the six BC health authorities to improve cost-effectiveness by working collaboratively on common services (e.g. supply chain management), and frees up resources that can be redirected to patient care.

¹⁷ Lower Mainland Consolidation denotes the initiative to consolidate selected corporate and clinical support functions among the lower mainland health authorities: PHSA, Vancouver Coastal Health (VCH), Providence Health Care (PHC) and Fraser Health (FH) to reduce costs.

¹⁸ Examples of departments included in Lower Mainland Consolidation are: Communications (VCH), Diagnostic Imaging Services (VCH), Facilities Management (FH), Parking and Protection Services (FH) and Payroll (SSO).

Performance Measures and Targets

Performance Measure: Independent Dialysis

Performance Measure	2009/10 Actual	2010/11 Target	2011/12 Target	2012/13 Target
Independent Dialysis: percentage of dialysis patients on independent dialysis modalities (peritoneal dialysis & home haemodialysis)	30%	Maintain or improve over previous year	Maintain or improve over previous year	Maintain or improve over previous year

Data Source: BC Renal Agency, Provincial Health Services Authority

Performance Measure: Cancer screening

Performance Measure	2009/10 Actual	2010/11 Target	2011/12 Target	2012/13 Target
Screening Mammography: rate of women aged 50-69 years participating in screening mammography every two years	51 %	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	77 %	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.

Performance Measure: Access to cancer treatment

Performance Measure	2008/09 Baseline	2009/10 Actual	2010/11 Target ¹	2011/12 Target	2012/13 Target
Radiotherapy: percentage of patients who receive radiotherapy within four weeks	94 %	94 %	Maintain at or above 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.

Performance Measure: Access to neonatal intensive care

Performance Measure	2009/10 Actual	2010/11 Target	2011/12 Target	2012/13 Target
Out-of-Country NICU Transfers: number of out-of-country transfers of newborns requiring Level 3 neonatal intensive care	4	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)	95%	Decrease over previous year	Decrease over previous year	Decrease over previous year

Data Source: bcbedline, Provincial Health Services Authority (BC Women's Hospital only).

Performance Measure: Access to inpatient adolescent psychiatric services

Performance Measure	2009/10 Actual	2010/11 Target	2011/12 Target	2012/13 Target
Wait Time for Inpatient Psychiatric Bed: length of wait for child and adolescent inpatient psychiatric bed.	Overall -30 days or less = 21 % -60 days or less = 46 % -90 days or less = 61% -More than 90 days =39 %	Improvement over previous year	Improvement over previous year	Improvement over previous year

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

Performance Measure: Health Human Resources

Performance Measure	2009/10 Actual	2010/11 Target	2011/12 Target	2012/13 Target
Sick Leave: sick leave hours as a percent of productive hours	6%	Improvement over previous year	Improvement over previous year	Improvement over previous year
Vacancy Rates: vacancies in "difficult to fill" positions, nurses and allied health professionals*	Nurses: 2 % AHP: 2 %	Nurses: maintain or below 2% AHP: maintain or below 2%	Nurses: maintain or below 2% AHP: maintain or below 2%	Nurses: maintain or below 2% AHP: maintain or below 2%
Overtime: overtime hours as a percent of productive hours, nurses and allied health professionals	Nurses: 4% AHP: 1%	Nurses: maintain or below 5% AHP: maintain or below 4%	Nurses: maintain or below 5% AHP: maintain or below 4%	Nurses: maintain or below 5% AHP: maintain or below 4%
<p>Data Source: Health Sector Compensations Information System (HSCIS), Health Employers Association of British Columbia (HEABC). Provided by Management Information Branch, Health System Planning Division, Ministry of Health Services.</p> <p>* A difficult to fill vacancy is a job that remains unfilled after three months of active recruitment.</p>				

Financial Summary

(\$ millions)	2009/10 Actual	2010/11 Budget	2011/12 Plan	2012/13 Plan
Provincial government sources	\$ 1,608.155	\$ 1,643.661	\$ 1,703.769	\$ 1,778.099
Non-provincial government sources	\$ 154.922	\$ 151.381	\$ 143.746	\$ 143.410
Total Revenue:	\$ 1,763.077	\$ 1,795.042	\$ 1,847.515	\$ 1,921.509
Acute Care	\$ 1,382.414	\$ 1,418.946	\$ 1,481.123	\$ 1,553.131
HCC – Residential				
HCC – Community				
Mental Health & Addictions	\$ 154.284	\$ 161.024	\$ 161.037	\$ 160.668
Population Health & Wellness	\$ 138.503 ¹⁹	\$ 134.264	\$ 123.876	\$ 125.227
Corporate	\$ 87.295	\$ 80.808	\$ 81.479	\$ 82.483
Total Expenditures:	\$ 1,762.496	\$ 1,795.042	\$ 1,847.515	\$ 1,921.509
Surplus (Deficit)	\$ 0.581	\$ -	\$ -	\$ -
Capital Spending				
Funded by Provincial Government	\$ 59.510	\$ 54.654	\$ 47.611	\$ 19.541
Funded by Foundations, Regional Hospital Districts, and other non-government sources	\$ 30.806	\$ 8.887	\$ 7.378	\$ 7.042
Total Capital Spending	\$ 90.316	\$ 63.541	\$ 54.989	\$ 26.583

¹⁹ Includes one-time costs associated with H1N1 response.

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			
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	Boiler Replacement	4.8
Information Management/Information Technology Projects			
Various Communities	Various Facilities	Clinical Information System	22.9

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 & Health Centre. The cost of this project remains to be determined subject to an approved business plan. In addition to the Ministry of Health Services, the BC Children's Hospital Foundation is a major funding partner for this project. 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 does not optimize patient centered care. Advanced design planning is underway to look at how our processes and spaces can be redesigned to be more efficient. To do this, the Redevelopment Project is incorporating LEAN principles into the design process. We are one of the first facilities in Canada to take this approach. By incorporating LEAN in our planning, we will be able to improve care for our patients based on the best evidence available.

Contact Information

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Hyperlinks to Additional Information (optional)

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/AgenciesAndServices/Agencies/Cardiac/default.htm