

**PROVINCIAL HEALTH SERVICES AUTHORITY**

**2019/20**  
**Annual Service Plan Report**

**September 2020**



## **Appendix A**

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## Board Chair's Accountability Statement



The PHSA *2019/20 Annual Service Plan Report* compares the health authority's actual results to the expected results identified in the *2019/20 – 2021/22 Service Plan*. We, the Board of Directors, are accountable for the content of the plan, including what has been included in the plan and how it has been reported. The board is responsible for the validity and reliability of the information included in the plan.

A handwritten signature in black ink that reads "Tim Manning". The signature is written in a cursive style with a horizontal line under the name.

Tim Manning, OBC, ICD.D  
Board Chair  
February 18, 2021

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## Letter from the Board Chair and CEO

The Provincial Health Services Authority (PHSA) is pleased to present the *2019/20 Annual Service Plan Report*. This report compares our actual results to the expected results identified in [\*PHSA's 2019/20 – 2021/22 Service Plan\*](#).

2019/20 was a year filled with change, unique challenges and new partnerships. Delivering on our 2019/20 strategic plan required collaboration and coordination across many different programs and services, true partnership with our fellow health authorities and health sector stakeholders, new rigour around the planning and processes that we follow and, most notably, incredibly hard work and dedication from the many team members of PHSA.

Throughout 2019/20, we made great advancements in our clinical service delivery areas, which include BC Cancer, BC Children's and BC Women's, BC Mental Health and Substance Use Services (BCMHSUS) and BC Emergency Health Services (BCEHS). We also strengthened the capacity and coordination of our service functions that add systemic value for our regional health authority partners and the overall sector, such as B.C.'s laboratory system and supply chain, and we continued to make strides in improving services that benefit the health and wellness of British Columbians through the BC Centre for Disease Control (BCCDC) and our provincial clinical programs and health information networks.

Toward the end of the 2019/20 fiscal year, our organization quickly rallied and rose up to become an integral part of B.C.'s response to COVID-19. The BCCDC – supported by groups like our data, analytics, research and evaluation team and provincial laboratory medicine services – led the charge, in support of B.C.'s Office of the Provincial Health Officer, on a science-and-evidence-based, public health response to the virus. This work took us through the last quarter of 2019/20 and continues into 2020/21, as we maintain our vigilance in planning for continued impacts of the pandemic and the provincial vaccination program.

In providing our services and delivering care, we remain mindful of our accountability to the taxpayers of British Columbia, who trust us to ensure high-quality, cost-effective, reliable and accessible care. As you read through this document, you will observe the progress PHSA has made in achieving our organizational objectives through key strategies in alignment with the Ministry of Health's goals.

PHSA offers a unique range of services to diverse populations around the province of British Columbia, as well as services to our provincial and health authority partners. It is incredibly important that we, as an organization, reflect this diversity and remain committed to open, transparent communication, cultural sensitivity, and to supporting the journey of truth and reconciliation with Indigenous people.

Following a significant year of progress for PHSA, we would like to extend our sincere appreciation to our staff, leaders and partners for embracing this new path forward, and supporting each other through the Service Plan journey.

Tim Manning, OBC, ICD.D



Board Chair, PHSA  
[Month] [##], 2020

Dr. David Byres



Interim President and CEO, PHSA  
[Month] [##], 2020

## **Purpose of the Annual Service Plan Report**

The Annual Service Plan Report is designed to publicly report on the actual results of PHSA's performance related to the forecasted targets documented in the *2019/20 PHSA Service Plan*.

This Annual Service Plan Report provides a high-level summary of the activities conducted under each ministry goal as well as key highlights of accomplishments and performance measure results achieved in the fiscal year 2019/20.

## **Purpose of the Organization**

PHSA has a unique role in B.C.'s health system: to ensure that B.C. residents have access to a coordinated, provincial network of high-quality, specialized health care services.

Governed by the Board of Directors with its set of constitution and policies, the organization partners with the province's regional health authorities and health care professionals to improve access to evidence-informed practice closer to where people live and to effectively promote health, manage chronic conditions and reduce the burden of illness. PHSA is legislated under the Government of B.C.'s [\*Societies Act\*](#). The organization's constitution and bylaws can be found [on its website](#).

Collaboration with health authority partners, community stakeholders and health care professionals to improve access to evidence-informed practice closer to where people live and to effectively promote health, manage chronic conditions and reduce the burden of illness remain key to success. Through conducting ground-breaking research, training tomorrow's professionals, setting province-wide standards and providing the highest quality, compassionate patient care, our leaders, health professionals and staff consistently seek system-wide improvements with an emphasis on prevention, health promotion and protection of an exceptional standard of care for those we serve. This work is carried out through our provincial programs and services. A comprehensive list of these programs and services can be found [on the PHSA website](#).

One of PHSA's accountabilities includes province-wide clinical policy setting, planning, oversight and coordination, delivery, monitoring, evaluation, reporting and, in some cases, funding. PHSA works to develop and maintain effective and efficient working relationships with the regional health authorities and the First Nations Health Authority (FNHA). Through these relationships, the organization supports Indigenous Health and other key service partners in their approach, services and wellness objectives, to ensure an effective, equitable, integrated and well-coordinated system of health care for the residents of B.C.



## Strategic Direction

The strategic direction set by the Government of B.C. in 2019/20 and expanded upon in the Board Chair’s [Mandate Letter](#) from the Minister of Health in 2019 shaped the [2019/20 PHS A Service Plan](#) and the results reported in this annual report. Our [Foundational Mandate](#) includes province-wide responsibility for the following key areas:

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

PHSA is accountable for ensuring there is adequate planning and operational management to support the delivery of services and meet expectations for these areas. The organization is also accountable for providing provincial, quality services to meet the needs of the population. PHSA continues to enable a continuum of provincial health services that result in:

- Providing services that are centred on the patient we are serving and what is best for that person and their family
- Providing reasonable access focused on need
- Providing appropriate services: best-in-class guidelines and evidence-informed health care
- Providing services that are acceptable to the patient or population
- Providing services that are safe
- Providing services efficiently and effectively

PHSA’s organizational objectives are aligned with government’s key priorities of making life more affordable, improving the services people count on, and good jobs and a sustainable economy. Over the previous fiscal year, we have made progress on these priorities by continuing to innovate and lead in improving the health and well-being of British Columbians.

PHSA is aligned with the B.C. Government’s key priorities:

Government Priorities	PHSA aligns with these priorities by:
Making life more affordable	<ul style="list-style-type: none"> <li>• Objective 1.1: A primary care model that provides comprehensive, coordinated and integrated team-based care</li> <li>• Objective 1.2: Improved health outcomes and reduced hospitalizations for seniors</li> <li>• Objective 1.3: Timely access to appropriate surgical and diagnostic procedures</li> <li>• Objective 1.4: Effective provincial clinical policy development, implementation and evaluation</li> </ul>

<p>Delivering the services people count on</p>	<ul style="list-style-type: none"> <li>• Objective 1.5: Coordination and advancement of provincial consolidation of pathology and laboratory medicine, medical imaging and pharmacy services</li> <li>• Objective 1.6: High-quality, culturally safe care for Indigenous populations</li> <li>• Objective 2.1: Effective population health, health promotion and illness and injury prevention services</li> <li>• Objective 2.2: Improved health outcomes and reduced hospitalizations for those with mental health and substance use issues</li> <li>• Objective 2.3: Continued improvement of hospital services and health centres</li> <li>• Objective 2.4: Enhancement of specialty and sub-specialty services across the continuum of care</li> </ul>
<p>A strong, sustainable economy</p>	<p><b>Goal 3:</b> Deliver an innovative and sustainable public health care system</p> <ul style="list-style-type: none"> <li>• Objective 3.1: Effective health sector resources and approaches to funding</li> <li>• Objective 3.2: Effective use of technology, data and/or analytics to make better decisions</li> <li>• Objective 3.3: Optimized delivery of commercial services</li> <li>• Objective 3.4: Heightened provincial emergency preparedness</li> <li>• Objective 3.5: An engaged, skilled and healthy workforce that provides and supports team-based, patient-centred care</li> <li>• Objective 3.6: Commitment to the central position of science, evidence and education in wellness, care and policy</li> </ul>

## Operating Environment

Our executive leadership team’s (ELT) structure supports organizational accountabilities, and the team works collaboratively with the Ministry of Health, the Ministry of Mental Health and Addictions and our regional and FNHA partners to coordinate and plan strategic intentions into tangible, operational outcomes.

Focused on the whole province, PHSA provides leadership in engaging a broad and diverse group of stakeholders to collaborate on the path forward to ‘one system of care’ and to support implementation of systemic change in a thoughtfully paced way that ensures continued partnership, innovation and excellence in patient-centred care.

PHSA also continues to be guided by the core goal of better serving patients through a more integrated and accessible system of care, and our foundational, organizational values.

The timing of this Service Plan Report is pivotal and represents much more than originally anticipated when we embarked on our journey to successfully fulfill our strategies for this fiscal year.

Our intent and plan for completion was on track and gaining strong momentum. The pivot, however, came a few weeks after Jan. 31, 2020 when the World Health Organization declared the outbreak of COVID-19 a public health emergency of international concern and on March 11, 2020, the global spread of COVID-19 a pandemic. In response to this, British Columbia established a health system emergency structure to ensure a well-coordinated response to COVID-19, significantly shifting the priorities for our organization, health care system, and province. Our focus shifted to the crisis and the safety of our patients and our staff. As we resolved issues and implemented provincial solutions swiftly, we enacted our mandate in its truest sense – we responded as one system of care and safely leapfrogged beyond the end state we had imagined, within a very short period.

Through the implementation of the Service Plan strategies and our collective response to the COVID-19 pandemic, the last year has shown us how capable, resilient and innovative we really are at PHSA and across our provincial health care system. We feel these challenges highlight how bright our future is sure to be through collaborative, strategic leadership and the commitment of our skilled and valuable staff.

## **Report on Performance: Goals, Objectives, Measures and Targets**

As part of our 2019/20 Service Plan, PHSA took on 76 related strategies, reflecting 16 organizational objectives that were in alignment with the three Ministry of Health goals as outlined in their [2019/20 Service Plan](#). The three goals are:

- Ensure a focus on service delivery areas requiring strategic repositioning
- Support the health and well-being of British Columbians through the delivery of high-quality health services
- Deliver an innovative and sustainable public health care system

The following section reports on the operational results accomplished by PHSA compared to the goals, objectives, strategies, and performance measures established in its 2019/20 Service Plan.

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

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

PHSA undertook a number of key strategies in order to ensure a strong public health care system that provides timely, responsive, culturally safe, sustainable and quality care; thus, meeting the needs of a diverse patient population.

PHSA continued to pursue the vision of ‘one system of care’ through initiatives such as scaling of CareConnect<sup>1</sup> across the province, optimizing Correctional Health Services and developing community health service area profiles to support the data needs of primary care networks and regional health authorities.

### **Key Highlights:**

The following is a selection of the highlights and accomplishments that PHSA achieved through the delivery of Objective 1.1 of the 2019/20 Service Plan:

- Optimized the community paramedicine program which continues to transform the practice of paramedicine in B.C. with the expansion of the prevention, health promotion and primary health care-based program to five communities in B.C. BCEHS worked closely with program partners including the B.C. Ministry of Health, regional health authorities, and FNHA to develop a rural and remote service design centred around team-based care.
- Identified, prioritized and implemented virtual health initiatives in rural B.C. through collaboration between the Office of Virtual Health and the Rural Coordination Centre of BC including physician engagement with rural and remote physicians.
- Increased physician enrollment across the province to CareConnect, which provided access to an integrated, provincial repository of patient information, available 24/7 to improve the delivery of consistent and quality patient care.
- Optimized the services to improve primary care access for the incarcerated population including increased transparency and staff participation in quality improvement projects, improved infection control practices and medication reconciliation and expanded use of virtual health and identified opportunities to address the unique issues and challenges associated with family-centred care in Correctional Health Services.
- Presented a prototype of the community health service area (CHSA) profile to the CHSA Health Profiles Collaborative Group in early 2020, with representation from the Ministry of Health, health organizations, FNHA, local government representatives, non-governmental organizational partners, and primary care networks, to provide need-based input and endorse the community health service areas profiles.

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<sup>1</sup> CareConnect is a secure, view-only Electronic Health Record that delivers patient information required to support healthcare providers in their delivery of patient care.

Performance Measure	2018/19 Baseline	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
[1.1] Number of unique community paramedic patients' visits	14,889	16,000	18,661	17,000	18,000

Data source: BCEHS, PHSA

## Discussion of Results

PHSA is pleased to report that our target was met for fiscal year 2019/20.

BCEHS implemented the community paramedicine initiative, which successfully stabilized paramedic staffing levels in rural and remote areas and mitigated the gaps in health service delivery. BCEHS originally set conservative 2019/20 targets for the community paramedicine program, as it was still in the process of ramping up. Nonetheless, as the program became fully integrated with operations, projections indicated that targets were likely going to be met. As fiscal year 2019/20 closed, the target number of community paramedic patient visits was surpassed, totalling 18,661 visits and BCEHS is confident it will continue to reach targets into the next fiscal year. During the COVID-19 crisis, the community paramedics incorporated virtual health visits to continue service and support patient care.

One area of focus was improving service delivery in rural communities. BCEHS implemented the community paramedicine initiative which successfully stabilized paramedic staffing levels in rural and remote areas and mitigated the gaps in health service delivery. Through another key strategy, the Office of Virtual Health strengthened the relationship with the Rural Coordination Centre of BC and increased provincial alignment by collaborating on virtual health initiatives.

The optimization of the community paramedicine program has transformed the practice of paramedicine in B.C. shifting from an emphasis on pre-hospital care to a model that includes prevention, health promotion and primary health care. The program has also stabilized staffing levels in rural and remote areas and mitigated the gaps in health service delivery, which the local health team identified in collaboration with BCEHS. The goal for 2020/21 is to continue the implementation of the community paramedicine program, including further expansion and program optimization.

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

### Key Highlights

The following is a selection of the highlights and accomplishments that PHSA achieved through the delivery of Objective 1.2 of the 2019/20 Service Plan:

- The BC Injury Prevention Committee Seniors Falls Prevention Working Group developed a provincial plan for falls prevention in collaboration with PHSA and the

Ministry of Health approved the activities for fiscal years 2019/20 and 2020/21. PHSA provided leadership to support an innovative plan with province-wide solutions for excellence in health, where all contributors to the plan have equal ownership and commitment to activities.

- BC Patient Safety & Quality Council provided guidance and direction to finalize and implement the BC Renal patient engagement framework, to support person-centred care. In 2019, there were 38 patients and/or family members engaged in the network, 20 active patient partners, 17 completed orientation sessions and over 20 completed engagement opportunities.
- The BC Renal program operationalized the home dialysis project which sought to establish timely dialysis access, which is directly correlated to decreased hospitalizations in a vulnerable, elderly population.
- BCEHS established CliniCall, a team of advanced care paramedics and nurses that are based in dispatch centres to assist with 911 triage and where appropriate, patient follow-up for less urgent calls. Clinical secondary triage nurses can conduct a more detailed assessment using the Manchester Triage System over the phone with a patient that meets clinically defined criteria. This allows BCEHS to expedite patients who may need a more urgent response and to investigate alternative clinical pathways for patients.
- BCCDC established a system for providing monthly norovirus reports to regional health authorities. This new service has empowered the regional health authorities to use the data to better understand and reduce the transmission of gastrointestinal virus in seniors.

Performance Measure	2016/17 Baseline	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
[1.2] % of dialysis patients on independent dialysis	30.8% <sup>1</sup>	32.5%	29.8%	32.5%	32.5%

Data source: BC Renal, PHSA

<sup>1</sup>There is a discrepancy between the baseline value in the 19/20 and 20/21 Service Plans. This report has now been updated to the accurate value.

## Discussion of Results

The BC Renal program measures this indicator, which represents the effectiveness of renal programs in identifying, training and retaining patients on home-based, life-support therapies that have proven benefits with respect to health outcomes, patient quality of life and system sustainability.

The target per cent of dialysis patients on independent dialysis was set based on Ministry of Health direction and informed by national benchmarks. The per cent of patients participating in independent dialysis (peritoneal dialysis and home-based hemodialysis) by the fourth quarter of 2019/20 reported was 29.8 per cent, 2.7 per cent below the target of 32.5 per cent. Of note, B.C.

remains well above the national average of 24 per cent, with other provinces varying from 11 per cent to 27 per cent.

- The independent dialysis prevalence rate continues to be impacted by a number of factors, including the substantial increase in transplant rates, the overall reduction in dialysis growth (as low as 1 per cent per year in recent years, leading to a corresponding reduction in independent dialysis uptake) and challenges related to timely dialysis access surgical procedures.
- There is some variability across health authorities, in part driven by geography and travel considerations.
- BC Renal continues to explore and address local and provincial barriers to increasing these numbers.

PHSA did not meet its target for fiscal year 2019/20 due to several factors including: a high level of attrition in this patient population, difficulties maintaining adequate staffing levels and the impacts from COVID-19. Mitigation strategies are in place for fiscal year 2020/21. Looking ahead, COVID-19 may inadvertently result in an increase in independent dialysis uptake in 2020/21, given the slowing of transplantation, pause on non-urgent surgeries and the desire from patients to avoid facility-based treatment and hospitals.

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

PHSA continued to make substantive progress towards improving timely access and reducing wait times to scheduled surgeries, through dedicated resources and by implementing more efficient and better coordinated, patient-centred surgical processes and systems.

PHSA's Data Analytics Reporting and Evaluation (DARE) team collaborated with Child Health BC to develop a report which informed the development of policy related to planning of pediatric surgeries across British Columbia. This work demonstrated the value of combining collaborative stakeholder engagement with the use of robust data and analytics to inform provincial clinical policy, service planning and outcome improvement.

#### **Key Highlights:**

The following is a selection of the highlights and accomplishments that PHSA achieved through the delivery of Objective 1.3 of the 2019/20 Service Plan:

- Achieved surgical and magnetic resonance imaging (MRI) volume targets for 2019/20.
- Implemented several surgical and MRI access and wait time projects including a central intake system for MRI programs and process improvement initiatives to improve

operating room utilization. These initiatives had positive impacts on patient, staff and system outcomes.

- The PHSA Surgical Patient Registry team worked with Trans Care BC and Vancouver Coastal Health to add procedure-specific codes for the new gender-affirming lower surgeries to enhance reporting to the PHSA Surgical Program. This is the first publicly funded program of this nature in Canada. This program has provided patients in B.C. with safe and timely care.
- Produced a draft provincial pediatric surgical analytical report to provide a general overview of pediatric surgical volumes and wait times across B.C., describing access to care from a patient perspective within the context of provincial surgical services.
- Increased surgical capacity by increasing BC Women’s procedural sedation service to four days a week and opening a ninth operating room, followed by a tenth operating room at BC Children’s Hospital.
- Improved operating room utilization by implementing process improvement initiatives to analyze and identify rapid improvement opportunities to enhance operating room efficiencies across PHSA’s surgical programs.
- Implemented patient notification and single point of contact through BC Children’s Operating Room Booking Redesign Project and BC Cancer’s Pre-Admission Clinic.

Performance Measure	2017/18 Baseline	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
[1.3] Surgeries completed (priority wait times reporting) <sup>1</sup>	7,339	10,858	10,996 <sup>2</sup>	10,880	10,910

<sup>1</sup>Data source: MOH Surgical Wait Times database

<sup>2</sup>The 2019/20 actuals are cases performed for 2019/2020 and are inclusive of dental and all other surgeries.

## Discussion of Results

PHSA is pleased to report that we met our target for 2019/20.

PHSA’s surgical programs aimed to improve timely access to appropriate surgical procedures and improve the patient experience by:

- Keeping up with the demand for all surgeries.
- Catching up by eliminating the backlog of waitlisted patients for dental surgeries.
- Implementing plans to optimize existing resources.
- Managing waitlists optimally, consistently and proactively by implementing patient notification and single point of contact.

In 2019/20, PHSA completed 10,996 surgical cases. This includes 1,260 dental and 9,736 all other surgeries which is 138 cases (1 per cent) above the Ministry of Health volume target of 10,858 cases (1,235 dental and 9,623 all other surgeries).



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

As assigned by the ministry, one of PHSA's accountabilities includes developing, implementing, monitoring, evaluating and reporting on specific areas designated as requiring provincial clinical policies and ensuring those policies are consistently applied across the health sector. This includes engagement and, as appropriate, collaboration with BC Patient Safety and Quality Council, BC Academic Health Sciences Network, BC Women's Health Research Institute, the Medical Quality Initiative and the Guidelines and Protocols Advisory Committee, to identify opportunities to harmonize and rationalize respective accountabilities, optimizing value to the health system and full alignment with PHSA's provincial clinical policy mandate.

### **Key Highlights:**

The following is a selection of the highlights and accomplishments that PHSA achieved through the delivery of Objective 1.4 of the 2019/20 Service Plan:

- Developed the stroke three-year roadmap and identified 10 initiatives to address recommendations and advance optimal stroke care in B.C. This work supported provincial alignment and Stroke Services BC (SSBC) will continue to drive the work forward to improve stroke care and outcomes in B.C.
- Initiated clinical policy reviews using the Clinical Policy Framework, in the following areas of work: cancer care, eating disorders, transgender care, pain management, diabetes, virtual health, cystic fibrosis and arthritis.
- Developed a decision-making and priority-setting framework which enables the identification and development of needed provincial clinical policies to improve the quality of clinical care and outcomes for patients. Using this framework, PHSA has begun to establish a Surgical Benefits Council that aims to deliver quality specialized services with a focus on setting criteria and prioritization. This will provide better alignment, prioritization, coordination, and streamlining of surgical services.
- Began the development of a maternity services strategy by confirming the scope, governance and engagement approach as well as findings from the jurisdictional scan through stakeholder engagement. The strategy aimed to provide a more systematic approach to perinatal health services in the province. Though it was delayed due to COVID-19, it is currently in the final stages of completion. The work of this strategy included jurisdictional scans, identifying new partnership opportunities and created new Tiers of Service modules.

Performance Measure	2018/19 Baseline	2019/20 Target	2019/20 Actuals <sup>1</sup>	2020/21 Target	2021/22 Target
[1.4] % of ischemic stroke patients who receive Plasminogen Activator (tPA)	14.0%	14.0%	14.1%	14.2%	14.5%

Data source: Discharge Abstract Database (DAD)

<sup>1</sup> The data provided is as of 2019/20 as per the most recent release of DAD including Stroke Special Project Fields.

## Discussion of Results

Effective delivery of thrombolytics such as tissue Plasminogen Activator (tPA) requires coordination of multiple pre-hospital and hospital-based systems including public awareness, emergency health services, emergency department care, diagnostic imaging, and specialized stroke services. The overall rate for 2019/20 for the province was 14.1%; this demonstrates a high performance in keeping with the improvement efforts made across the province to optimize access to this treatment.

SSBC completed an Institute of Healthcare Improvement Collaborative (October 2019), with a key aim of increasing the proportion of patients treated with thrombolytics. As detailed in the Provincial Stroke Strategy & Roadmap to advance the stroke care recommendations, the scalable learnings from the collaborative have been identified and integrated into the strategy initiatives to continue to improve this indicator performance. In addition, SSBC, in partnership with BC EHS, created a Provincial Stroke Triage and Transport Guideline to support consistent and comprehensive transport pathways designed to expedite patient arrival to the hospital best suited to their needs. The time-sensitive nature of stroke treatments mean that this is a critical step in improving access to thrombolysis, including tPA. The health authorities are currently working through the regionalization of these guidelines; target for completion is the end of FY 2020/21.

During the 2018/19 data update, a data quality and capture issue was identified. SSBC worked with the health authorities to understand the scope of the issue and to resolve it in order to be able to report this indicator with confidence. The data provided here for 2018/19 and 2019/20 has been corrected (as has 2017/18). Data for years prior to 2019/18 cannot be validated and confirmed and therefore should be considered with caution.

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

PHSA leads a patient-centred and integrated laboratory system that is accountable for high-quality, affordable, equitable and accessible services with continued consideration of sustainability. The Provincial Laboratory Medicine Service aims to drive quality to improve

health outcomes, improve experience for patients and providers, and enhance system capacity and cost-effectiveness in the delivery of laboratory services.

For pharmacy services, the focus was on increasing provincial integrated planning and coordination of services developed in collaboration with the ministry. This work aimed to set the foundation for a sustainable and evidence-based approach to increased provincial coordination and integrated planning of pharmacy services. In future, this will support the vision of one system of care to reduce duplication and redundancy across the system, resulting in a responsive and high-performing health system that provides the highest quality of patient care and services.

### **Key Highlights:**

The following is a selection of the highlights and accomplishments that PHSA achieved through the delivery of Objective 1.5 of the 2019/20 Service Plan:

- A working group with representation that included PHSA, the health authorities, the ministry, physicians, and other stakeholders such as the BC Radiologist Society and BC Patient Safety & Quality Council conducted an analysis of the current medical imaging physician engagement processes and considerations for improvement were identified.
- Conducted research, jurisdictional scans, and current state assessments of medical imaging in B.C. This has set the foundation for a sustainable and evidence-based approach to increased provincial coordination and integrated planning of medical imaging services. This supports the vision of one system of care by reducing duplication and redundancy, resulting in a responsive and high performing system that provides quality patient care.
- PHSA's Provincial Laboratory Medicine Services, in partnership with Fraser Health, Vancouver Coastal Health, and Providence Health Care, committed to working together on four demonstration projects. By establishing the new Provincial Laboratory Medicine Services, PHSA was able to demonstrate the value of provincially integrated planning and services for pathology and laboratory medicine. Through integration, the vision was to allow the laboratory system to embrace innovation, drive positive change and create systemic value.
- Established a province-wide clinical laboratory genomics/genetics testing framework and roadmap that enables informed, cohesive and systematic approaches to service delivery. Alignment of genomic testing within a comprehensive provincial service delivery plan allows for the development of the test delivery capabilities at pace with the emergence of the use of genomics in ever-broadening clinical settings and in line with provincial precision medicine strategies.
- In partnership with PHSA, key stakeholders developed draft evaluation criteria for publicly funded genomic tests, including tests to be performed out-of-province/out-of-country based on established acceptance criteria and will be validated through an engagement process with additional stakeholders.

- A working group including representatives from PHSA (Lower Mainland Pharmacy Services, BC Cancer, BC Renal, BC Transplant and BCCDC, the health authorities, and the ministry conducted a current state assessment of medicine review, listing, planning and budgeting processes across Pharmacare, Life Support Drugs, and health organization pharmacies.

Performance Measure	2017/18 Baseline	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
[1.5] Medical imaging exams in targeted priority areas completed <sup>1</sup>	9,753	12,986	13,321	13,634	13,634

Data source: MOH Priority Wait Times reporting.

## Discussion of Results

PHSA is pleased to report that our target was met for fiscal year 2019/20.

PHSA’s MRI programs aimed to ensure timely access to high-quality, appropriate and culturally safe diagnostic services. In addition, the programs are focused on reducing wait times and implementing province-wide coordination to manage waitlists by providing faster and easier access to medical imaging services, improving appropriateness and standardization in the delivery of medical imaging services and improving accountability and monitoring of medical imaging services.

In 2019/20, PHSA performed 13,321 MRI exams which is 335 exams (three per cent) above the Ministry of Health volume target of 12,986 exams. Key activities accomplished include:

- All Lower Mainland referrals are distributed through the MRI Central Intake Office to BC Children’s Hospital for review and screening by radiologists ahead of scheduling.
- Improved communication channels for referring providers to access a radiologist.
- Expanded access to exams requiring sedation to reduce 90<sup>th</sup> percentile wait times.
- Expanded use of the MRI simulator to reduce the number of patients requiring sedation.

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

PHSA worked collaboratively with the FNHA, First Nations communities (through regional partnership accords), Métis Nation BC (MNBC), and the BC Association of Aboriginal Friendship Centres (BCAAFC) to support the needs of Indigenous peoples within their regions.

The work completed contributed to improving the health and well-being of Indigenous people, improving health equity for Indigenous people and building partnerships with Indigenous communities. Specifically:

- The creation of a B.C. Health Authority Indigenous Health Leaders Council facilitated the ongoing provincial partnership, collaboration, alignment and knowledge exchange between Indigenous Health leaders in the province of B.C.
- The inaugural collaboration to outline service deliverables and outcome measures supported the establishment of better coordination and delivery of health services for Indigenous Peoples.
- The production and distribution of podcasts by the Indigenous Health youth wellness team engaged Indigenous leaders and community partners in supporting Indigenous youth.
- The development of a toolkit provides improved access to resources and capacity for appropriate use of language and terminology, guidelines for land acknowledgements, and engagement guidelines to involve Indigenous Peoples in designing culturally safe and equitable programs, services and facilities across PHSA.
- The Indigenous Cultural Safety Collaborative Learning webinar series promotes advocacy and empowerment, addresses issues non-Indigenous service providers face related to ways Indigenous Peoples experience and intersect with systems, and navigates the complex nature of Indigenous specific racism and discrimination.
- The Anti-Indigenous Racism Training (ARRT) enables staff and providers to identify and respond to discrimination and improve patient and employee incident reporting processes.

### **Key Highlights:**

The following is a selection of the highlights and accomplishments that PHSA achieved through the delivery of Objective 1.6 of the 2019/20 Service Plan:

- PHSA Indigenous Health, supported by Human Resources, the Patient Care Quality Office & Risk Management, began the design and development of the ARRT curriculum for employees of PHSA designed to address Indigenous-specific racism, discrimination and stereotyping.
- The San'yas Indigenous Cultural Safety Training Program trained participants across Canada, this includes 7,078 in BC, 8,398 in Ontario Health, 13,574 in Ontario Government, and 1,012 in Manitoba. The PHSA Indigenous Health Youth Wellness Program produced season three of “Teachings In The Air” podcast series, including full-length podcasts and resources with collaboration from three Indigenous community partners.
- PHSA Indigenous Health delivered the National Indigenous Cultural Safety Learning Series, an interactive webinar series designed to provide a provincial, national and international platform to address issues impacting Indigenous Peoples. The learning

series has an international audience, with the majority of participants coming from across Canada.

- The MNBC, the BCAAFC and PHSA Indigenous Health worked collaboratively to establish partnership agreements (signing ceremony for agreements were paused due to COVID-19).
- Continued to provide ongoing support to the “Cultural Safety and Humility Change Leadership Strategy” which aligns with mandates outlined by the Ministry of Health, the Declaration on the Rights of Indigenous Peoples Act (voted into law in 2019), the Truth and Reconciliation Commission’s 94 Calls to Action and other key reports and recommendations.

Performance Measure	2017/18 Baseline	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
1.6] Formalized agreements with each of MNBC, BCAAFC and FNHA signed off by all signatories including PHSA’s board of directors <sup>1</sup>	0	1	0	1	1

Data source: Indigenous Health, PHSA

<sup>1</sup>MNBC = Métis Nation BC; BCAAFC = BC Association of Aboriginal Friendship Centre

## Discussion of Results

The Letters of Commitment with the BCAAFC and MNBC have been finalized, and have been vetted and approved by BCAAFC, MNBC, PHSA Indigenous Health, PHSA senior legal counsel and the PHSA ELT.

- Letter of Commitment in-person signing dates were discussed for BCAAFC and MNBC at their respective annual general meetings. However, this target was not achieved due to delays in scheduling signing events as a result of COVID-19.
- Given COVID-19, parties are exploring signing dates in the fall either in-person with social distancing or through virtual events with both BCAAFC and MNBC.

PHSA did not meet its target for fiscal year 2019/20 due to impacts from COVID-19. Discussions will be reinitiated by Indigenous Health, on behalf of PHSA, with MNBC, BCAAFC and FNHA once internal next steps have been outlined by PHSA’s senior leadership. Completing both signing events in fiscal year 2020/21 will reconcile the performance measure for Objective 1.6 to have two signed Letter of Commitments with Indigenous partners by the end of March 2021.

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

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

To further the organizational commitment to effective population health, health promotion/prevention and illness and injury prevention services, PHSA developed a process to efficiently and effectively enable the identification and development of needed provincial clinical policies to improve the quality of clinical care and outcomes for patients.

The approach to provincial policy focuses on the delivery of care across the continuum of health services offered in B.C., including public health and health promotion through to emergency response and emergency care, dependent on and aligned with the particular clinical area in which the policy is focused.

### **Key Highlights:**

The following is a selection of the highlights and accomplishments that PHSA achieved through the delivery of Objective 2.1 of the 2019/20 Service Plan:

- Conducted a review of its population health functions and responsibilities and collected input from stakeholders to identify six public health priorities. The public health priorities identified were climate change, prevention of substance use harms, positive mental health, emerging infectious diseases, chronic disease prevention, and vaccine history and immunization coverage. Based on these priorities, the BCCDC completed a three-year (2019-2022) BCCDC Population and Public Health Directional Review: *Building a New Future*. The directions contribute to the organization's annual objectives for delivering health services in the province by building capacity and resources in population and public health to respond to emerging issues and the evolving health system.
- Established a provincial immunization registry for core public health immunization information. This allows for the establishment of a comprehensive, province-wide childhood record and improves the ability for surveillance and coverage reporting across targeted ages.
- The syphilis action plan working group developed and implemented a consultation plan to inform the syphilis action plan refresh process (scope, goals, and activities). The plan supports equitable access to syphilis treatment and continuity of care. By establishing a centrally coordinated system for the diagnostics, testing and management of syphilis, PHSA helped ensure that patients in B.C. are diagnosed and treated appropriately for syphilis and that transmission can be prevented.
- BCCDC and Health Emergency Management BC (HEMBC) collaborated to improve population preparedness for wildfire smoke through a series of more than 20 webinars and workshops during 2019/20. This work supported the BCCDC mandate to work

together to protect health, prevent harm, and prepare for threats through province-wide consultation, public health surveillance, disease detection, and knowledge translation.

Performance Measure	2017 Baseline	2019 Target	2019 Actuals	2020 Target	2021 Target
[2.1] % of children with complete vaccination by seven years of age	68%	75%	69%	75%	77%

Data source: BCCDC, PHSA; VCH; B.C. Ministry of Education

## Discussion of Results

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

In 2019, the up-to-date immunization rate for children at the seventh birthday increased in two of five regions in British Columbia. Children are counted as up to date if their record indicates receipt of all routinely recommended vaccines by the seventh birthday. The 2019 result is based on the school year 2018/19 (as of June 30, 2019). This indicator is updated once per year, shortly after the calendar year ends. While the 2019 target of 75 per cent of children with complete vaccination by seven years of age was not met, one possible explanation could be due to the changes in data sources used for the denominator in this measure.

Between 2018 and 2019, Fraser Health and Island Health changed their data sources to count children in the birth cohort of interest with active records in Panorama whose records indicated they were enrolled in school during the previous school year. It is anticipated that this source will more accurately reflect the population in these regions, but this could explain the differences in coverage rates.

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

PHSA collaborated with the regional health authorities to continue to improve team-based care for patients who utilize mental health and addiction services through both primary care and specialized services, ensuring improved access and coordinated care across services through interdisciplinary teams to better meet the needs of patients and their families.

### Key Highlights:



The following is a selection of the highlights and accomplishments that PHSA achieved through the delivery of Objective 2.2 of the 2019/20 Service Plan:

- Established key education and training outputs, which support staff by providing content and practice perspective when caring for pregnant and newly parenting women using substances and their families. Training outputs established include motivational interviewing (through demonstration projects and provincial offering), rooming-in guideline draft, perinatal substance use content with the BC Centre on Substance Use addiction care and online treatment certificate and Eat Sleep Console online training. Through this project, PHSA continued to support practices at BC Women's Hospital and align its perinatal substance use services with current best-practice standards.
- Completed outreach to increase Compass awareness, uptake and provide support throughout the North and Interior regions (Fort Nelson, Smithers, Vanderhoof, Prince George, and Kelowna), the Kootenay's Bountiful community, Nechako Treatment Centre (Northern Health) and Nengayni Treatment Centre (Williams Lake/Quesnel region). Further, the Compass program provided training to 300 FNHA nurses during their two-week conference in November 2019. Fundamentally, the Compass Program embraces the PHSA's Foundational Mandate and has improved equity and access to care for the most vulnerable children and youth in our rural and remote areas of the province, while simultaneously it has increased capacity, influenced the service delivery system and promoted the uptake of evidence-based care for children and youth with mental health and substance use concerns.
- Completed the child and youth mental health Tiers of Service self-assessment including surveying sites/services, analyzing results, communicating results, developing and distributing site and health organization reports and determining next steps. The results of this assessment will be utilized to facilitate the development of a provincial plan for child and youth mental health services that supports a safe, sustainable and rational system.
- Increased the percentage of inmates on evidence-based opioid agonist therapy (OAT) treatment and access to the Correctional Health Services community transition team for clients with substance use challenges who are transitioning from the correctional centre environment to the community. This initiative has improved the quality of substance use and concurrent disorder services, increased connection and outreach to community health services, up-skilled staff to better support patients across the system and increased access to a variety of treatment options.
- Initiated the planning phases for the development of an enhanced, efficient crisis and mental health and substance use information and support line system in B.C. The crisis line centre enhancements resulted in improved workflow and improved efficiency of services offered.
- Developed an online education module to increase capacity for training of existing crisis line centre staff.
- Supported regional health authorities in managing the opioid crisis by providing them with timely access to data. As such, the work of the BCCDC overdose surveillance and

Provincial Overdose Cohort teams is effectively informing and addressing the overdose crisis and using resources efficiently to build strategic health systems.

- Collaboration between the Canadian Institute for Substance Use Research and people with lived and living experience with substance use, improved the understanding of, and responses to, the evolving overdose crisis, through modelling and advanced analytics.

Performance Measure	2018/2019 Baseline	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
[2.2] Number of opioid agonist therapy (OAT) initiations by Correctional Health services	Not Available <sup>1</sup>	900	1,578	950	1000

Data source: Correctional Health Services – Primary Assessment and Care, PHSA. Note. OAT data for regional Forensic Psychiatric Clinics is currently not available

<sup>1</sup>Baseline data capture started in fiscal year 2019/20.

## Discussion of Results

PHSA is pleased to report that we met our target for 2019/20.

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

By the end of 2019/20, Correctional Health Services exceeded the projected number of OAT initiations with higher volumes seen after the first quarter of 2019/20 despite a continued decreasing trend in average census for the past several quarters. Approximately 40 per cent of Correctional Health Services clients are on OAT at any given time. Since PHSA assumed operational responsibility for health services in B.C. correctional centres in 2017, clients have not had to wait for OAT access. Some initiatives that were implemented to support OAT in the correctional centres include:

- Establishment of community transition teams whose role is to support clients with substance use challenges who are transitioning from the correctional centre environment to the community to minimize the risk of relapse or overdose
- Training of General Practitioners on prescribing OAT
- Addition of dedicated OAT clinics and telehealth visits
- Planned pilot to expand the range of OAT options
- Training in evidence-based addiction and concurrent disorders treatment for clinical providers

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

### Key Highlights:

The following is a selection of the highlights and accomplishments that PHSA achieved through the delivery of Objective 2.3 of the 2019/20 Service Plan:

- Undertook extensive collective agreement work with the Health Employers Association of BC (HEABC) members and the Ambulance Paramedics & Ambulance Dispatchers Bargaining Association including:
  - Established plans to modify paramedic and dispatch alpha shifts for Employment Standards Act compliance
  - Established plans to eliminate standby shifts
  - Increased organizational readiness for strategic change through regional staff engagement, joint planning and implementation and delivering orientation sessions to excluded management on changes
- Initiated a system redesign initiative to improve clinical and transport pathways for British Columbia’s maternal, neonatal and pediatric (MNP) patients. Improvement of the transport system will in future, lead to overall improvement in the care provided to B.C.’s critically ill or injured MNP population.
- Developed the carbapenemase-producing organisms (CPO) provincial action plan. The CPO action plan aimed at reducing the increase in antimicrobial resistant infections by way of reducing acquisition and transmission of CPOs in B.C. health care facilities, which in turn could reduce health care costs, as well as patient morbidity and mortality.

Performance Measure	2017/2018 Baseline	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
[2.3] % of patients with improved mental health status between admit and discharge	72%	≥75%	75% <sup>1</sup>	≥77%	≥79%

Data source: Burnaby Centre for Mental Health and Addiction, Health of the Nation Outcome Scales (HoNOS) Instrument

<sup>1</sup>Q4 2019/20 data is not available due to disruption in data capture during the transition to Clinical & Systems Transformation (CST) Cerner and shifting priority to the COVID-19 response

### Discussion of Results

PHSA can report that we are projected to meet our target for fiscal year 2019/20.

In coordination with BCEHS, PHSA worked to ensure the delivery of quality, cost-effective services, delivered in partnership with the regional health authorities to ensure appropriate

supply and distribution of paramedic services. A focus of the organization was ensuring high-quality hospital and health centre services throughout all of the clinical programs including specialty care services for children; the health of women, newborns and families; cancer care; and care for people with the most complex mental illness and substance use disorders<sup>2</sup>.

BCEHS began planning for significant service delivery changes over the next three years based on the new collective agreement with paramedics. The agreement provides for a major transformation of the ambulance service model with new, permanent paramedic jobs in smaller communities and other changes, which support service delivery improvements for BCEHS to ensure appropriate supply and distribution of paramedic services.

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

PHSA set a target of  $\geq 75$  per cent in fiscal year 2019/20 and BCMHSUS met this target. Exceeding the 2019/20 performance may not be feasible as BCMHA continues to admit increasingly complex concurrent disorder clients. BCMHA is expected to achieve 75 per cent in the coming year and will strive to increase this to 77 per cent.

Moving forward, in preparation for the move to a new, expanded mental health and substance use facility, BCMHSUS has developed an updated model of care and clinical service delivery plan for BCMHA based on the current evidence of effective therapeutic approaches and interventions. This model of care will guide program development and delivery as the BCMHA prepares to move into a new, purpose-built Red Fish Healing Centre for Mental Health and Addictions located in Coquitlam.

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

PHSA has provincial accountability for a number of specialty and sub-specialty services with a focus on reducing unwarranted variation and improving outcomes by leveraging a system-wide approach and evidence-informed health care. Services follow best-in-class guidelines, recognizing the dimensions of quality.

### **Key Highlights:**

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<sup>2</sup> "Complex" is used to describe the nature of the mental health and substance use disorders people live with. Their illnesses are very severe, there are significant challenges with treating them, and several other factors often further complicate their illnesses. For additional definition, visit PHSA's site [here](#).

The following is a selection of the highlights and accomplishments that PHSA achieved through the delivery of Objective 2.4 of the 2019/20 Service Plan:

- Added chairs and pharmacy equipment and the number of nursing and support staff increased capacity in medical oncology at BC Cancer - Surrey to help reduce the burden on medical oncologists.
- Provided input, through the Provincial Retinal Disease Treatment Program (PRDTP) quality working group, analytics sub-group, the joint accountability committee and the external expert panel, to complete the Phase IV Quality Review report, a component of the PRDTP quality improvement program, including analyses and findings with input from the PRDTP quality working group, analytics sub-group, the joint accountability committee and the external expert panel.
- Increased clinical capacity by training eight additional clinicians to provide Autism Spectrum Disorder assessments through the BC Autism Assessment Network.
- Undertook a review of new clinical evidence for the use of Transcatheter Aortic Valve Implants in patients with low surgical mortality risk and developed an implementation plan to incorporate this evidence into practice through Cardiac Services BC. This work supported the organizational mandate to develop clinical policy utilizing emerging evidence, local experience and collaborative and respectful decision-making to significantly change practice across the province.
- Completed the draft Tiers of Service for major trauma (adult) module. The module will provide a foundational framework and collaborative design to optimize the delivery of services within an inclusive ‘one system of care’ framework.
- Collaborated among multiple PHSA programs, including BC Children’s Hospital, BC Women’s Hospital, BC Cancer, BCMHSUS and BCCDC, to develop, test, validate and refine the patient needs assessment tool. The patient needs assessment tool will help support the identification of a clear understanding of the required staffing complement at the beginning of and during any given nursing shift to meet identified patient care needs.
- Implemented a new BC Cancer positron emission tomography (PET) / computed tomography (CT) scanner in Victoria, B.C. in July 2019, and completed the design and planning for the opening of the new BC Cancer PET/CT Program in Kelowna, B.C.
- Implemented a new medication, which was rolled out to transplant patients in late 2019. A total of 136 patients started on the approved and cost-effective medication, and 2,954 of the 3,490 (87 per cent) patients eligible for the conversion have been educated. This transition will support the delivery of sustainable, high-quality care and the anticipated cost efficiencies generated will be re-invested in other health programs.

Performance Measure	2017/18 Baseline	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
[2.4] % of patients treated with radiation therapy within four weeks of “Ready To Treat” status	90%	90%	89%	>90%	>90%

Data source: BC Cancer, PHSA

## Discussion of Results

BC Cancer began work on a three-year initiative to improve cancer care across the province. The initiative covers the full spectrum of cancer care from prevention, screening, diagnosis and treatment, to research and education, as well as supportive and palliative care. In addition, BC Cancer deployed various strategic initiatives to increase PET/CT access across the system which will increase access for British Columbians to high-quality, specialized treatment.

Wait time targets for BC Cancer patients to receive radiation therapy within four weeks of “Ready to Treat” status were variably met throughout B.C. during 2019/20:

- Wait time targets were met in Abbotsford, Prince George and Victoria.
- Wait time targets were within one per cent of being met in Vancouver and Kelowna.
- Wait times improved in 2019/20 compared to 2018/19 in Surrey, due to extending hours of operations and increasing clinical hours.

PHSA did not meet its target for 2019/20. As regional cancer centre leaders continue to monitor wait times, various mitigation strategies are in place for 2020/21 and have been initiated in order to mitigate potential increases to wait times, including:

1. Extending hours of operation during linear accelerator replacements
2. Implementing extended hours of operation and increased clinical hours to better utilize linear accelerators
3. Reducing vacancies through enhanced recruitment strategies and ensuring plans are in place to fill all vacancies
4. Actively considering new evidence to allow for potentially shorter treatment cycles, while maintaining effective treatment for specific disease sites at BC Cancer – Surrey

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

### Objective 3.1: Effective health sector resources and approaches to funding

As a public entity, PHSA is committed to being a good steward of public dollars. When considering finite resources in conjunction with the overwhelming multitude of opportunities to

improve our health care system, it is critical that efforts are concentrated by judiciously managing cost pressures. The organization remains focused on ensuring efficient and effective budget allocation and cost management. In order to meet organizational objectives, PHSA shifted resources that were realized through focused efficiency improvements.

PHSA remains attentive on strengthening accountability and promoting cost control while meeting the public policy objectives established by the Ministry of Health. The organization undertook several initiatives which ultimately resulted in an organization wide undertaking of effective resource management and heightened awareness of budget management and accountability. Initiatives include:

- Reviewing PHSA's core business to enable the right strategic priorities across our programs and services, with ongoing collaboration and involvement among the organization's cross-functional leaders
- Transforming care delivery models by incorporating virtual health solutions to bring health care to patients
- Enhancing monitoring and controls on program budgets, including the introduction of new or expanding initiatives/programs with a focus on committed deliverables/targets
- Identifying savings through leveraging provincially negotiated and managed contracts and procurements as appropriate

### **Key Highlights:**

The following is a selection of the highlights and accomplishments that PHSA achieved through the delivery of Objective 3.1 of the 2019/20 Service Plan:

- Supported PHSA programs to focus on core services and patient care by conducting a review of the structure and organization of those services
- Engaged health authority partners in an assessment of a common provincial platform for timekeeping and scheduling and identified a common desire for standardization and automation, allowing for integration with HR/financial systems, and analytics. Through consultation with health authority partners, PHSA presented options for implementation and preferences. Leveraging a common platform that has been built for the B.C. health care system will help to enable delivery of an innovative and sustainable public health care system.
- Enhanced monitoring and controls by implementing mitigation strategies to achieve a balanced budget
- Engaged various PHSA programs, including Legal, Risk, Facilities and BC Emergency Health Services, to discuss current state of contract management systems/processes and to identify where gaps exist. The recommendation from the review is to move to a single contract management system which will result in improved control, compliance, efficiency and risk management related to contract management.

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

Data source: PHSA

<sup>1</sup> Content in this section has been updated and differs from the 2019/20 Service Plan published by PHSA.

## Discussion of Results

PHSA is pleased to report that we met our target for 2019/20.

For 2019/20, PHSA set a financial target to achieve a balanced budget. By implementing a process to monitor, track and report savings achieved, PHSA created a consistent and up-to-date financial communication channel to the Board, executive and senior leadership team.

Furthermore, to follow up and assess progress throughout 2019/20, PHSA conducted review meetings at each period end with executive leaders in major program areas and where required mitigation strategies were identified and implemented. As such, the target balanced budget for 2019/20 was met.

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

The health care environment is one that relies heavily on the flow of and access to information. Technology services enable the digital workplace that is required to support the effective provision of health care to British Columbians. As such, PHSA continued to support the ministry in the development of the Provincial Digital and IMIT Health Strategy.

#### Key Highlights:

The following is a selection of the highlights and accomplishments that PHSA achieved through the delivery of Objective 3.2 of the 2019/20 Service Plan:

- Launched virtual health visits in May 2019. By mid-February 2020, they were used in 15 specialty clinical areas across PHSA. There were 171 patients registered with the platform and more than 300 visits have been completed with a 97 per cent success rate for video connection. Over 1,100 chat messages have been exchanged between providers and patients. These numbers increased significantly during COVID-19. The result has been increased knowledge and understanding of virtual health technology across the programs and services.



- Accomplished the following in collaboration with BCMHSUS, Vancouver Coastal Health and Providence Health Care, through the clinical & systems transformation (CST) project governance structure:
  - Deployed CST successfully to Providence Health Care and the BCMHA
  - Completed a three-year project roadmap, implementation plan, and bottom-up cost model to ensure on-schedule deployment at clinical sites across PHSA, Providence Health Care and Vancouver Coastal Health
- Created a project inventory, in collaboration with the Ministry of Health, of all the digital health and information technology initiatives and identified where a provincial approach can be applied. By completing an inventory of health system initiatives in partnership with the Ministry of Health, PHSA established a model of effective engagement and collaboration.
- Collaborated with the Ministry of Health and the chief information officers of regional health organizations. Key accomplishments included completing a gap analysis and prioritized recommendations, drafting and proposing a future state information technology service delivery model.
- Built and implemented a new Perinatal Data Registry system. This included planning, designing, building, configuring, testing, and training on the new system. PHSA will leverage this comprehensive, provincial perinatal data resource to improve services and outcomes for patients throughout British Columbia.
- Worked with the ministry to identify projects aligned to the Provincial Digital Health and IMIT Strategy and those that would lend themselves to a provincial approach, a consolidation approach, and/or a collaboration approach. Development of the governance structure supported the clarification and role definition that PHSA will undertake in advancing digital health and information technology in the province.
- Partnered with the Ministry of Health and collaborated with health organizations to achieve the following milestones:
  - Established the Digital Health Office for the Provincial Digital Health and IMIT strategy work across the health sector
  - Determined a Provincial Digital Health Governance model identifying PHSA representation
  - Identified the scope of Digital Health Strategy's Pillar Three: Transform Hospital Based Care
  - Defined the role of the Provincial eHealth Team in supporting Digital Health strategy execution
- Developed an inventory of infrastructure needs and provided the inventory to the Ministry of Health. The collaborative efforts produced an investment roadmap that will enable PHSA to facilitate persistent and reliable access to business and clinical applications that are key and material to delivering consistent levels of care.
- Determined 2020/21 strategic priorities and scope statements for the Digital Health strategy portfolios.

Performance Measure	2017/18 Baseline	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
[3.2] Cumulative % of total scheduled Clinical and Systems Transformation (CST) deployments <sup>1</sup>	0%	12%	12%	69%	100%

Data source: Information Management/Information Technology Services (IMITS), PHSA

<sup>1</sup> Deployment schedule is subject to modification based on a planned roadmap review scheduled for 2020. Note: Site deployments vary in complexity based on the breadth and scope of implementation (including physician and nursing training, hospital and clinic programs and number of staff); this indicator does not factor in this complexity and considers straight deployment counts instead.

## Discussion of Results

PHSA is pleased to report that we met our target for 2019/20.

Indisputably, 2019/20 was a milestone year with the major CST project activation in late 2019 at Providence Health Care sites followed by PHSA’s first site, the BCMHA.

Additionally, PHSA developed a roadmap which set out a framework and three-year plan with recommended actions related to implementing appropriate technologies and advanced tools; aligning analytics to PHSA priorities; implementing governance structures to manage the data assets with efficient and timely use of the data; investing, organizing and integrating PHSA’s expertise; and, ensuring data are standardized, integrated and analytic ready. Investment and integration of data, tools and expertise across PHSA has given the organization momentum to better serve patients and populations.

Last year also saw the team upgrade to the latest Cerner software; roll out of CST Cerner to Vancouver Coastal Health’s first allied health professionals; implementation of Clinical Collect at Lions Gate Hospital’s intensive care unit and then again at Providence Health Care sites; and partnership with BC Cancer to complete gap analysis work and identify next steps to be ready for 2020. Additionally, in early 2020, the CST team received approval for the roadmap through to the end of the project before switching focus, in early March, to provide essential support to Vancouver Coastal Health, PHSA and Providence Health Care for their COVID-19 efforts.

As the target for cumulative per cent of total scheduled CST deployments was met, initiatives (including upgrade, Cerner roll out, and go-lives) were completed during 2019/20 at Vancouver Coastal Health sites, Providence Health Care, and BCMHA. In addition to achieving this target, the CST team supported programs across Vancouver Coastal Health, PHSA and Providence Health Care in response to the COVID-19 pandemic.

### Objective 3.3: Optimized delivery of commercial services

In 2018, PHSA assumed responsibility for the former BC Clinical and Support Services, which promotes health in the province by coordinating, managing and/or providing non-clinical support services to British Columbia’s health care system. There are opportunities to improve cost effectiveness and enhance service quality by working collaboratively across the system. In the case of facilities management, PHSA led the process of repatriating this service to each of the Lower Mainland health authorities. Work is continuing to optimize these services.

#### Key Highlights:

The following is a selection of the highlights and accomplishments that PHSA achieved through the delivery of Objective 3.3 of the 2019/20 Service Plan:

- Initiated a Provincial Critical Product Shortage Working Group (with Risk Management, Professional Practice and Patient Quality & Safety) to collaborate with health authority partners and mitigate potential patient safety risk resulting from product shortages.
- Initiated a plan to implement Robotic Process Automation which will improve the quality, accuracy, efficiency and capacity for repetitive, rules-based business processes that are performed by computer operators. A total of 17 processes were automated since the start of the fiscal year. Requests for process automation are continuing to be received through an intake protocol. By improving the quality and productivity of these services, PHSA will achieve cost savings and increase the resource capacity to complete more work, in less time, more accurately and with less variability.
- Assessed performance of select commercial services and proposed go-forward improvements for two Supply Chain functions: data management system and value add procurement. The improvements include building a new data and reporting dashboard and initiating a new Value Based Procurement steering committee. This work will increase process efficiency, standardization, capital avoidance, leveraged buying power, quality improvements and province-wide data consistency.
- Completed work to build a detailed project plan for repatriation of services based on the Bill 47 legislation and direction from the ministry, in collaboration with various stakeholders and cross-health organization functional working groups; in total, nine subject matter expert functional working groups contributed to the development of the project plan and will be accountable for the execution of project tasks. By providing strategic and tactical leadership to this project, PHSA is creating a new support service delivery model that enables and supports an integrated system of care and patient service.

Performance Measure	2017/18 Baseline	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
[3.3] % order fulfillment rate by PHSA Supply Chain for clinical orders <sup>1</sup>	96.6%	≥95%	97.3%	≥95%	≥95%

Data source: Supply Chain, PHSA

<sup>1</sup> Data represents the unadjusted rate based on complete line fill and no substitutions; when clinically approved substitutions are included, the fill rate increases further.

## **Discussion of Results**

PHSA is pleased to report that we met our target for fiscal year 2019/20.

PHSA's Supply Chain team developed innovative strategies such as creating the Product Change Module within the Product Investigation Centre to monitor clinical product changes and expedite resolution for business disruption. By mitigating clinical product shortages and business disruption, Supply Chain continues to work toward its mission of achieving results through caring, leading and learning together.

At the provincial level for fiscal year 2019/20, the fill rate for PHSA Supply Chain was 97.3 per cent. This exceeded the service level agreed with the B.C. health authorities. Over the last four years, the workload continues to increase by an average of 2.7 per cent per year. This increase is driven by more commonly used items being added to inventory to enable health authority customers to order these items from the warehouse instead of ordering them directly from vendors. This process enables more efficient use of clinical resources by allowing care providers to focus on clinical care rather than managing supplies.

- The reported 97.3 per cent fill rate is an unadjusted rate based on the line being completely filled with no alternate substitutions. However, when clinically approved alternates are accounted for, the fill rate for fiscal year 2019/20 is trending at 99.0 per cent and was 98.9 per cent in fiscal year 2018/19.
- Any missed fill can be primarily accounted to manufacturing disruption resulting in product shortages including the impact of COVID-19 on the Supply Chain from import challenges to sourcing suitable products from appropriate suppliers.

Important to note, Supply Chain has been instrumental in the COVID-19 pandemic response. Supply Chain has succeeded in purchasing more than 101 million units of personal protective equipment (PPE) since mid-February 2020 and has secured a steady flow of PPE to ensure the supply is available. PHSA now holds the pandemic stock for the province which helps to enable a coordinated flow of PPE across the province.

### **Objective 3.4: Heightened provincial emergency preparedness**

PHSA continues to provide expertise, education, tools and support for the regional health authorities and FNHA to effectively mitigate, prepare for, respond to and recover from the impacts of emergency events, helping to ensure the continuity of health services. This was made possible through HEMBC, a PHSA provincial program that provides health emergency management leadership and support to the B.C. health authorities.

## Key Highlights:

The following is a selection of the highlights and accomplishments that PHSA achieved through the delivery of Objective 3.4 of the 2019/20 Service Plan:

- Reviewed submitted documents from PHSA programs and services and regional related to emergency and disaster preparedness, including four health authority internal audits, five accreditation reports, five work plans, a physician engagement survey, and a policy paper on disaster preparedness.
- Conducted a health emergency management needs assessment which will inform ongoing strategic planning and work plans. This assessment identified, among other things, common areas across programs and health authorities that can be approached with a provincial lens.
- Developed a provincial health system All Hazard Emergency Response Plan for B.C. This plan provides an understanding of roles and responsibilities through clear policy.
- Reviewed health authority reports and provincial reports from emergency events, planned high risk events, and training exercises.
- Expanded the current best practices, professional standards, and accreditation requirements to include a comprehensive review of lessons learned. By sharing that information between health authorities, HEMBC has increased knowledge and advanced the planning for the B.C. health system to a higher level of emergency preparedness.

Performance Measure	2017/18 Baseline	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
[3.4] % Number of clinical staff and physician participants in emergency preparedness training and exercises <sup>1</sup>	63,162	80,000	79,423	88,000	97,000

Data source: Health Emergency Management BC (HEMBC), PHSA

<sup>1</sup>Data reflects the number of total participants; one staff member or physician may have attended more than one training or exercise. Data includes training for emergency management (in-person training, in-person exercise and online training) and Lower Mainland in-person and online training for fire safety. While participants outside the Lower Mainland may have chosen to partake in online fire safety training, this group is beyond the responsibility of HEMBC.

## Discussion of Results

For the 2019/20 fiscal year, 79,423 health care workers attended a form of emergency management training, which is less than 0.72 per cent short of the goal of 80,000. Training stopped in mid-January as the health system geared up to respond to COVID-19, otherwise the training numbers would have exceeded the goal.

HEMBC has been fully engaged in supporting the COVID-19 response since early 2020. Lessons learned reviews and debriefings are being conducted across the province, and the improvement plans that are being developed from these processes will drive the work of HEMBC in 2020/2021 as we continue to support the response to COVID-19. In addition to this important work, HEMBC is pleased to report additional pre-COVID-19 accomplishments for 2019/2020:

- Consolidated with the Mobile Medical Unit (MMU), which allowed for the leveraging of each team's expertise and partnerships to enhance emergency preparedness across B.C. The MMU also received the Top Innovation Award at the 2019 BC Health Care Awards.
- Provided extensive emergency management training and exercises at all levels of the health system.
- Continued supporting mental health and wellness recovery for communities impacted by the 2017 and 2018 wildfires and floods. HEMBC's psychosocial program was on the team that was a finalist for the 2019 Premier's Awards for Organizational Excellence.
- Continued to provide psychosocial support to those involved in responding to the overdose crisis. HEMBC's Mobile Response Team (MRT) provided support to 15,125 first responders, frontline workers, and people with lived or living experience/peers in 97 communities throughout B.C. In addition, the MRT won the BC Patient Safety and Quality Council's 2020 Quality Award for Excellence in Quality: Staying Healthy.
- Developed and tested a Hospital Relocation/Evacuation and Receiving Guide by our teams in the North and Interior, based on lessons learned from 2017 and 2018.
- Conducted a major mass casualty emergency exercise in the Lower Mainland, involving five hospitals and nearly 400 health staff and physicians.
- Collaborated successfully with FNHA and local First Nations in the Interior to provide better continuity of care during evacuations.
- Collaboratively developed a provincial Mental Health and Wellness Disaster Recovery Guide.
- Received successful emergency management accreditation in Interior Health and Island Health.

PHSA did not meet its target for 2019/20 due to impacts from COVID-19. Mitigation strategies are in place for 2020/21 recognizing the importance of their ongoing support during COVID-19.

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

PHSA remained committed to ensuring that health human resource management supported effective and efficient service delivery throughout 2019/20. The organization's focus was ensuring that health service teams are accessible, engaged, skilled, efficient, safe and healthy, supported and well-led in delivering health services and working as part of the health system.

**Key Highlights:**

The following is a selection of the highlights and accomplishments that PHSA achieved through the delivery of Objective 3.5 of the 2019/20 Service Plan:

- Completed a comprehensive workforce planning framework for all key positions identified across the organization with a link to targeted attraction and retention strategies for key roles. Effective workforce and succession planning processes enable organizational responsiveness to dynamic work environments and priorities.
- Implemented mandatory standardized safety and violence prevention training for all BCMHSUS staff. By decreasing violent incidents, this work contributed to an engaged, skilled and healthy workforce to provide care for British Columbia’s most complex mental health patients.
- Strengthened working relationships with HEABC, health organizations, programs, partners and unions. The focus on strengthening union relationships and partnerships with health authorities has contributed to a more integrated health system network and increased provincial alignment and coordination on union related initiatives.
- Trained and accredited PHSA staff members in August 2019 to deliver the Resilience at Work (R@W) training program to help employees and teams boost their resilience. The development of strong leadership and resilience among leaders and staff has the potential to improve personal well-being and productivity, which ultimately contributes to a healthy and sustainable workforce.
- Established a working group, in collaboration with Indigenous Health, to develop the roadmap for PHSA-wide implementation in 2020/21 of San’yas Indigenous Cultural Safety Training. In the future, the training will promote a sustainable and innovative health care system by cultivating a workforce that can provide appropriate care and services in an equitable and safe way.
- Developed the diversity and inclusion framework and targeted recruitment and retention strategy for Indigenous people including a three-year implementation roadmap. At the heart of the organization’s recruitment and retention strategy is a strong commitment to equitable opportunity, cultural safety, diversity and inclusion. These important elements add value and contribute to the workplace by creating a culture where the workforce can bring together creative ideas and foster innovation.

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

Data source: Health Sector Compensation Information System and HEABC

<sup>1</sup>This measure is based on calendar year.

## Discussion of Results

Overtime for nursing and allied professionals in 2019 was 3.00 per cent, which was 0.20 per cent above the target. The rate was 2.80 per cent in 2018.

- PHSA has specialized positions that support the delivery of specialized care to the entire provincial health care system. Due to the specialized nature and geographic range of our work, there are certain regions and occupations which are difficult for recruitment and retention purposes that drive the requirement for increased overtime.
- The overtime rate for all nursing had increased by 0.70 per cent in 2019, driven by recruitment challenges that increased overtime at Correctional Health Services and BC Children's and Women's hospitals (Pediatric Intensive Care Unit and Surgical Services), and schedule and rotation changes at BC Cancer and BC Children's and Women's hospitals.
- The overtime rate for all allied professionals remained at 1.4 per cent in 2019, driven by recruitment challenges that increased overtime for perfusionists, respiratory therapists, and laboratory professions that experienced a variety of acute recruitment issues between April 2019 and June 2019.
- Strategies continue to be developed to reduce reliance on overtime, including prioritizing workforce planning and proactive recruitment of key positions.

PHSA did not meet its target for calendar year 2019. Mitigation strategies are in place for fiscal year 2020/21.

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

PHSA continued to lead research that improves health outcomes and strengthens the sustainability of our health care system. Progress relied on researchers, staff and trainees, academic partnerships and participation from volunteers across B.C. and research activities that reflect an ongoing partnership between PHSA's programs and services and academic partners. PHSA supported initiatives to increase the use of research evidence in our operational policy, planning and practice.

#### **Key Highlights:**

The following is a selection of the highlights and accomplishments that PHSA achieved through the delivery of Objective 3.6 of the 2019/20 Service Plan:

- Completed a series of key recommendations addressing policy and platform requirements for executive sponsors that will strengthen PHSA's ability to meet Health Canada and



other research compliance requirements. By creating a defined approach to support clinical trial quality compliance requirements, PHSA increased the organization’s capacity to deliver an innovative and sustainable public health care system.

- Developed the Student Education Roadmap 2020-2023 through feedback from various organizational committees, working groups and representatives, such as BCMHSUS, academic partners, BCCDC and BC Cancer, among many others. This roadmap will transform PHSA’s approaches, ensuring students of all disciplines have high quality, positive experiences across PHSA’s sites and programs. The aim is to realize PHSA’s full role in leading the province to develop the best future workforce for B.C.
- Identified a new approach to gain access to effective medications, which enhance outcomes and reduces costs for patients. This project ultimately aims to improve the outcomes of a highly vulnerable population of patients, who require significant health care system resources and have poor outcomes.
- Assessed the feasibility of the research project and program of work, as a model for policy research integration, with representatives from the UBC School of Population and Public Health, Adult Metabolic Disease Clinic, BC Children’s Hospital Research Institute, BC Renal, PHSA’s DARE team and nephrologists affiliated with UBC.
- Established a shared commitment with UBC to develop an action plan for leveraging the intersection of data science and health systems. Effective collection and utilization of data will be integral to the delivery of high-quality health care services across the province, and the ability to monitor and improve these services in an integrated and aligned way across PHSA’s programs and services, as well as the broader health care system in B.C.
- Collaborated with UBC to identify and engage external health system expertise around joint priorities that are meaningful to the BC health system context and the research environment and subsequently held a successful two-day health data science workshop in February 2020 in partnership with UBC.
- Created and initiated a successful adoption of new streamlined privacy tools.
- Continued to improve appropriate access to available data through initiatives such as CareConnect and a new standard online data access request form. This work has improved data access for PHSA's research community through enhanced support of platforms and policies, as well as streamlined privacy and legal tools.

Performance Measure	2017/18 Baseline	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
3.6] % of selected PHSA data holdings with processes in place for expedited data access <sup>1</sup>	0%	12.5%	12.5%	50%	100%

Data source: Research, PHSA. Data holdings include Cardiac Services BC Registry, BC Perinatal Registry, BC Cancer Registry, PROMIS – Renal, PROMIS – Transplant, Surgical Patient Registry, PHSA Enterprise Data Warehouse and Provincial Laboratory Medicine Services.

<sup>1</sup>In PHSA’s 2019/20 Service Plan “data and holdings” was used but this is incorrect in referring to the data holdings.

## Discussion of Results

PHSA is pleased to report that we met our target for 2019/20.

Expedited data access is a strategic priority of both the Ministry of Health and PHSA. To expedite data access in selected PHSA data holdings, the following initiatives took place during fiscal year 2019/20:

- A standardized PHSA electronic data access request form and associated electronic forms to support improved work processes and researcher support were created.
- Streamlined, standardized legal/privacy terms to support PHSA research data requests were developed and approved by PHSA Legal Services.
  - The purpose of these terms is to standardize variable legal and privacy agreements previously used to support research requests submitted to PHSA data holdings, reducing complexity for requestors and the administrative burden for legal, privacy and data holding staff, while ensuring compliance with legal and privacy requirements.
- The electronic data access requests (DAR) and associated forms were customized for beta implementation with BC Perinatal Services Registry (representing 12.5 per cent of PHSA data holdings) in March 2020.
  - The planned March 2020 launch of the DAR, associated work processes/forms, and streamlined legal/privacy terms was delayed when Perinatal Services BC suspended research requests given the COVID-19 pandemic.

It is anticipated that PHSA will be able to implement streamlining initiatives at Perinatal Services BC, BC Cancer Registry, BC Transplant Patient-Reported Outcomes Measurement Information System (PROMIS), surgical patient registry and PHSA Data Warehouse by the end of next fiscal year achieving the 50 per cent of the identified data holdings and the remaining 50 per cent will be reached by March 2022.

## **Financial Report**

### **Discussion of Results**

PHSA ended the financial year with a \$0.4 million operating surplus. Major drivers for higher expenditures are due to higher patient volumes and acuity along with higher service demands, including opioid emergency response and increased laboratory testing volumes. These expenditures are offset with additional Ministry of Health funding. Higher costs in the corporate sector are the result of project costs and support services that are offset with recoveries from other health authorities.

On the capital expenditure side, higher expenditures are driven by the expansion of the Kamloops Data Center, which is funded by the Ministry of Health and purchases of assets that are funded from foundations.

Aging populations and new and expensive drug treatments continue to create program pressures, along with higher patient volume, acuity and the opioid emergency response. PHSA continues to monitor these risks with the Ministry of Health and identify avenues for mitigation by applying effective and long-term cost management and the focus on prevention and effective care models.

### **Highlights**

Program pressures from increasing costs in cancer, cardiac, renal and transplant programs, along with higher patient volume and acuity resulted in higher expenditures than budgeted. These expenditures were offset with additional Ministry of Health funding and recoveries and resulted in PHSA ending the financial year with a \$0.4 million operating surplus. Aging populations and new and expensive treatments continue to create pressures that translate into higher operating costs for the organization. PHSA continues to monitor these trends with the Ministry of Health and is focusing on prevention and effective care models, as well as long-term cost management.

**Financial Summary Resource Table**

<b>\$ millions – to the first decimal</b>	<b>2019/20 Budget</b>	<b>2019/20 Actual</b>	<b>Variance</b>
<b>OPERATING SUMMARY</b>			
Provincial Government Sources	3,456.5	3,637.9	181.4
Non-Provincial Government Sources	175.2	226.0	50.8
<b>Total Revenue:</b>	<b>3,631.7</b>	<b>3,863.9</b>	<b>232.2</b>
Acute Care	2,412.8	2,510.2	-97.4
Residential Care	7.1	6.8	0.3
Community Care	192.3	205.4	-13.1
Mental Health & Substance Use	187.2	192.1	-4.9
Population Health & Wellness	206.7	213.6	-6.9
Corporate <sup>3</sup>	625.6	735.4	-109.8
<b>Total Expenditures:</b>	<b>3,631.7</b>	<b>3,863.5</b>	<b>-231.8</b>
Surplus (Deficit) – <i>even if zero</i>	<b>0.0</b>	<b>0.4</b>	<b>0.4</b>
<b>CAPITAL SUMMARY</b>			
Funded by Provincial Government	153.8	155.2	1.4
Funded by Foundations, Regional Hospital Districts, and other Non-Government Sources	41.1	52.9	11.5
<b>Total Capital Spending:</b>	<b>195.2</b>	<b>208.1</b>	<b>12.9</b>

**Variance and Trend Analysis**

The significant operating variances were:

- Revenue – Provincial Government Sources:** The surplus of \$181.4 million is primarily due to additional funding from the Ministry of Health received during the fiscal year offsetting expenditures incurred and higher recoveries from other health authorities primarily for services provided and shared project costs.
- Revenue – Non-Provincial Government Sources:** The surplus of \$50.8 million is primarily due to higher research and designated contributions offsetting non operating expenditures, higher revenues for non resident patients, higher revenues from foundations and higher recoveries for project costs.

<sup>3</sup> The Corporate sector consists of expenditures under Commercial Services (e.g., revenue services, accounts payable, payroll, supply chain, employee records and benefits, health information management, etc.), as well as expenditures under Digital Information Services & Innovation (IM/ITS) including CST. The Corporate sector also consists of expenditures under Corporate Services including administrative and support activities; examples include executive, planning, organizational strategy, legal and risk management, data analytics, finance, communications, human resources, quality & safety, research administration, scheduling, emergency management, etc.

- **Expenditures – Acute Care:** The deficit of \$97.4 million is primarily due to higher patient volumes and acuity, higher service demands including the opioid emergency response and increased laboratory testing volumes. The majority of the aforementioned costs are offset with additional funding from the Ministry of Health. Higher non-operating expenditures (e.g., Research) are offset by contributions from non-provincial government sources.
- **Expenditures - Community Care:** The deficit of \$13.1 million is primarily due to higher costs for the Provincial Retinal Disease Treatment Program offset with additional funding from the Ministry of Health, higher Nursing Support Services program costs and higher community referred out grant funding partly offset with additional funding from the Ministry of Health.
- **Expenditures – Corporate:** The deficit of \$109.8 million is primarily due to higher informational technology costs and CST project costs partly offset with recoveries from other health authorities, higher Commercial Services costs mostly offset with recoveries from other health authorities, higher support service costs (e.g., scheduling and timekeeping, human resources) partly offset with recoveries.

The significant capital variances were:

- **Funded by Provincial Government:** The higher expenditures of \$1.4 million are due to higher Routine Capital Investment (RCI) project funding driven by the expansion and refresh of the Kamloops Data Center, which is funded by the Ministry of Health. Non-Restricted Capital Grant projects offset the additional RCI projects from a delay in receipt of goods at year end.
- **Funded by Foundations, Regional Hospital Districts, and other Non-Government Sources:** The higher expenditures are primarily the results of assets purchased with unbudgeted funding during the year from foundations.

## Risks and Uncertainties

Key risks facing the Provincial Health Services Authority include increasing costs in cancer, cardiac, renal and transplant programs, continuing pressures due to higher patient volume and acuity, and the opioid emergency response. Significant infectious disease outbreaks will have a budgetary impact on the organization. Aging populations and new and expensive drugs and treatments continue to escalate costs for these programs.

Patient volume and acuity pressures at some facilities continue to trend up and translate into significantly higher operating costs for the organization. PHSA is monitoring these risks with the Ministry of Health and addressing them by effective and long term cost management and a focus on prevention and effective care models.

## Major Capital Projects

Major Capital Projects (over \$50 million to the first decimal)	Year of Completion	Project Cost to March 31, 2020 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<b>Children's &amp; Women's Redevelopment</b>	2020	648.8	27.5	676.3
<p>The redevelopment of BC Children's Hospital and BC Women's Hospital will be completed in three phases. The first phase is complete and included expansion of the neonatal intensive care unit (NICU) by three beds, expansion space for the UBC Faculty of Medicine, and construction of a new 2,400 square metre Clinical Support Building.</p> <p>The second phase of the project is complete and consisted of the demolition of A-Wing, L-Wing and Medical Education and Research Unit building, construction of a new 49,880 square metre Teck Acute Care Centre (TACC), and renovations to the BC Women's Urgent Care Assessment Room in the 1982 Building. The TACC is open for patients.</p> <p>The third phase includes a 10-bed expansion of single room maternity care, and relocation of the Sunny Hill Health Centre for Children into renovated space in the 1982 building at the Oak Street campus. Government of B.C. approved the Phase 3 business plan in spring 2016. The project will improve delivery of patient-centred care by creating optimal patient access and patient flow, improve operational efficiency/capacity for inpatient services by consolidation and developing space designed to current pediatric care standards, and provide flexible spaces to support changes in health care models. The capital cost of the project is estimated at \$676.3 million, including a \$144.1 million contribution from the BC Children's Hospital Foundation.</p>				
<b>Centre for Mental Health and Addictions</b>	2021	59.4	41.5	100.9
<p>The new 105 bed facility, Red Fish Healing Centre for Mental Health and Addiction will be located on the Riverview lands in Coquitlam. The new facility will be a more therapeutic space for those living with complex mental-health challenges and substance-use issues. The capital cost of the project is estimated at \$100.9 million with funding provided by the Government of B.C.</p>				

Significant IT Projects (over \$20 million in total or \$10 million in one fiscal year to the first decimal)	Year of Completion	Project Cost to March 31, 2020 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<b>Clinical and Systems Transformation</b>	2021	114.8	1.7	116.5
<p>The primary purpose of the Clinical and Systems Transformation (CST) Project is to establish a common standardized, integrated, end-to-end clinical information system and environment for Provincial Health Services Authority, Vancouver Coastal Health and Providence Health Care. The vision of the project is to create a single health record for the patient.</p> <p>The goal of this initiative is to deliver streamlined care, with clinical design teams creating standardized, evidence-informed clinical practices. An integrated clinical information system will allow users access to more complete health records as well as access to clinical decision support tools to increase safety, effectiveness and efficiency.</p> <p>Automated medicine dispensing cabinets at health care facilities have been installed, automating the packaging and distribution of prescription medicine in dose format to facilitate the “closed loop medication management” process, a foundational component of CST implementation. On April 28, 2018, Lions Gate Hospital and Squamish General Hospital were the first acute care sites to start using the new system. Since then, Whistler Health Care Centre and Pemberton Health Centre followed in September and October 2018. RW Large Memorial Hospital in Bella Bella, Bella Coola General Hospital, Sechelt Hospital and Powell River Hospital went live in October and November 2018.</p> <p>In 2019, Providence Health Care’s St. Paul’s Hospital, Mount Saint Joseph Hospital and Holy Family Hospital, as well as their affiliated care homes and select clinics went live on November 16, 2019 and Burnaby Center for Mental Health and Addiction went live December 8, 2019.</p>				

## **Appendix A – Health Authority Contact Information**

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