

Provincial Health
Services Authority

**2014/15 – 2016/17
SERVICE PLAN**

June 2014



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Message from the Board Chair and Accountability Statement



On behalf of the Board of Directors and the staff of PHSA and its agencies, I am pleased to present PHSA's Service Plan for fiscal years 2014/15 – 2016/17. This plan was prepared under my direction and in accordance with the *Society Act* and BC Reporting Principles. The development of the plan was guided by the Government's strategic priorities and strategic plan, and the Ministry of Health's goals, objectives and strategies. The Board is accountable for its contents and for ensuring that PHSA achieves the specific performance targets and objectives identified in this plan.

PHSA's 2014-15 Service Plan highlights significant initiatives that are underway in accordance with our mandate. As stated in our Government Letter of Expectations, we are working to address issues that span all areas of the province, including:

- Identifying innovative solutions to make system-wide improvements through specific provincial initiatives including developing provincial clinical standards and guidelines and data collection processes to improve resource planning and decision making at both the regional and provincial level;
- Co-ordinating, planning, monitoring, evaluating and – in some cases – providing direct funding for specialized services and select province-wide programs and services;
- Accepting specific projects and programs that advance provincial strategic directions.

Our Service Plan also reflects the three key strategic directions that underpin PHSA's own strategic plan:

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

Our provincial mandate and the focus of the care we provide means that the majority of our patients have complex, chronic conditions requiring highly specialized assessment and care, and that many of them live outside the Lower Mainland. We continue to work in partnership with the regional health authorities and health care professionals to improve access to evidence-informed practice closer to where people live and to effectively promote health, prevent illness, manage chronic conditions and generally lessen the burden of disease.

At the same time, health care decision makers and providers are faced with the task of doing more with finite resources. PHSA will continue to evolve our networks and knowledge exchange strategies. We will look for ways to meet new demands for health care services while keeping health care sustainable through innovation. We will work with the regional health authorities and our partners to achieve greater efficiency without compromising patient care.

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

A handwritten signature in black ink, appearing to read 'Wynne Powell'. The signature is fluid and cursive, written over a white background.

Wynne Powell
Board Chair
June 26, 2014

Table of Contents

Message from the Board Chair and Accountability Statement	3
Organizational Overview	5
Strategic Context	7
Goals, Objectives, Strategies and Performance Measures	11
Resource Summary	22
Resource Summary Table	22
Capital Project Summary.....	23
Contact Information	24
Hyperlinks to Additional Information (optional)	25

Organizational Overview

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

- Governing and managing nine agencies that plan and/or provide specialized health services on a province-wide basis: BC Cancer Agency, BC Centre for Disease Control, BC Children's Hospital & Sunny Hill Health Centre for Children, BC Mental Health & Substance Use Services, BC Provincial Renal Agency, BC Transplant, BC Women's Hospital + Health Centre, Perinatal Services BC and Cardiac Services. PHSA also supports major health system collaboratives through its two divisions, BC Emergency Health Services and Health Shared Services BC;
- Working with the five regional health authorities and the Ministry of Health to plan, coordinate and, in some cases, fund the delivery of highly specialized provincial services; and
- Leading and coordinating a number of priority provincial system improvement initiatives.

PHSA plays a significant role in planning and ensuring accessibility, quality, efficiency and effectiveness of province-wide programs and services such as the BC Autism Network, the Childhood Screening and Hearing Program, the Thoracic Surgery Program, the Surgical Patient Registry, the Provincial Blood Coordinating Office, , the Provincial Language Service, Stroke Services BC, Trauma Services BC and Telehealth. Additionally, PHSA has responsibility for its Lower Mainland Consolidation (LMC) components, in particular Lower Mainland Pathology & Laboratory Medicine Services.

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

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

Research and development creates many benefits for patients, the health care system and society. It provides British Columbians with access to new discoveries and technologies, offers opportunities to deliver better and more effective health care services, attracts the best and the brightest scientists and health care professionals to BC and produces economic benefits for British Columbia. Research is also important to the sustainability of the system, providing the best possible evidence to inform decision-making and directing our scarce resources to those that represent the best value.

Please visit our website for more information on PHSA services:

<http://www.phsa.ca/AboutPHSA/PHSA-Agencies-Services-Programs/default.htm>

PHSA operates under *The Society Act* and is accountable to the Ministry of Health through a 12-member Board of Directors appointed by the Minister of Health. The composition of the board is intended to be geographically representative of the population of British Columbia, with board

members living in all regions of the province. As a public sector organization, PHSA is mandated to meet the needs of the people we serve. The Governance policies and practices of PHSA are compliant with the *Governance and Disclosure Guidelines for Governing Boards of British Columbia Public Sector Organizations (Best Practice Guidelines)* issued by the Board Resourcing and Development Office, Office of the Premier of British Columbia. These guidelines define how the Board carries out its duties of stewardship and accountability and are available on our website: <http://www.phsa.ca/AboutPHSA/PHSAboard/CorporateGovernance.htm>

Strategic Context

The health system in BC is a complex network of skilled professionals, organizations and groups that work together to provide value for patients, the public and taxpayers. The key challenge facing the health system is to deliver a high performing sustainable health system (from prevention to end-of-life care) in the context of significant growth in demand.

Although the BC health system effectively meets the majority of the population's health needs, it continues to be challenged by an increasing demand for health services. The most significant drivers of rising demand are the aging population, the increasing need to provide care to frail seniors, a rising burden of illness from chronic diseases, mental illness and cancer, and advances in technology and pharmaceuticals driving new costly procedures and treatments. The pressure is compounded by the need for new care delivery models by health professionals and health care workers, and the need to maintain and improve the health system's physical infrastructure (i.e. buildings and equipment). In the current economic climate it is even more important for the health system to find new and creative ways to ensure the resources available for health care services are used effectively and in ways that most benefit the people of BC.

British Columbia has a population of 4.62 million people, made up of 50.4 per cent women and 49.6 per cent men. Almost a third of BC's population is over the age of 50, while the proportion of children under 15 is lower than ever. Within the next 15 years there will be fewer school-age children than people over 65 and more people retiring than entering the workforce. It is expected that by 2022, one in five British Columbians will be over 65 years old.¹²

BC generally has the healthiest population in Canada and experiences among the highest life expectancies (82 years)³ in Canada (81 years)⁴ and the world (71 years).⁵ We are continuing to see decreasing premature mortality rates. However, there are still nearly 570,000 British Columbians who smoke and over one million are overweight or obese.⁶ Additionally, a decrease in premature mortality is not consistent across the province, and in particular the gap between the North and the other health authorities is growing. There continue to be significant differences in health outcomes between Aboriginal and non-Aboriginal people in the province, with considerable gaps remaining for health indicators such as life expectancy and mortality. These elements point to the importance of the social determinants of population health addressed through other government ministry policy and services as well as the role the health care system plays.

The key to understanding how best to deliver care to British Columbians is an in-depth understanding of the care requirements of the patients themselves. BC has made meaningful progress in improving services across a range of areas over the past several years. However, despite

¹ Population Estimates, BC Stats, Ministry of Labour, Citizens' Services and Open Government (2012)

² Population Projections, BC Stats, Ministry of Labour, Citizens' Services and Open Government (2012)

³ Life Expectancy Tables, Vital Statistics Agency, Ministry of Health (2012)

⁴ Life Expectancy at Birth [CANSIM Table 102-0512], Statistics Canada (2009)

⁵ World Development Indicators, The World Bank (2011)

⁶ Health Indicator Profile [CANSIM Table 105-0501], Statistics Canada (2012)

significant efforts, challenges persist in a number of populations and service areas. Key populations include: seniors, particularly the subset requiring residential care services; those with complex chronic conditions; and the population with severe mental illness and/or substance use.

The Aging Population

BC has the fastest growing population of seniors in Canada. Currently, 16.9 per cent of our total population is 65 or older – a number that is expected to double within the next 25 years.⁷ The likelihood that a person will have at least one chronic condition or life-limiting illness increases significantly with age; as a result, their need for health services rises. However, while seniors need more health services than other populations, only a subset of seniors require high-cost services such as residential care. Rates of dementia are also rising rapidly and pose a challenge for the health system. As such, the system must adapt to meet the changing needs of residential care users, in particular those with dementia.

The health status of seniors prior to entering residential care is an important factor in the analysis of population and patient needs. More than 60 per cent of people entering residential care have been identified as having a high-complexity chronic condition in the previous year.⁸ These seniors require a range of health supports to manage the challenges of increasing frailty, which is often combined with chronic diseases such as dementia that can profoundly affect their ability to maintain independence.

A Rising Burden of Chronic Disease

With an aging demographic, the prevalence of chronic illnesses is on the rise. Chronic illnesses have multiple causes varying over time and include hereditary factors, social and economic status, lifestyle (e.g., poor diet, lack of exercise, smoking and/or alcohol consumption, stress, etc.), exposure to environmental factors, and physiological factors. There are a wide range of chronic illnesses (including arthritis, asthma and lung disease, chronic pain, congestive heart failure, diabetes, high blood pressure, and stroke) that require both sustained and coordinated medical and non-medical management over time.

Chronic diseases can be prevented or delayed by addressing key risk factors. Prevention efforts have substantially improved health, extending average lifespan by three months year over year⁹. Morbidity due to chronic disease is increasingly compressed into a shorter time span at end-of-life. Prevention efforts effect positive impacts on health throughout the life course but are most pronounced when focussed on the early years of life.

With increasing survivorship of individuals with chronic conditions, patients are living longer and are likely to develop additional conditions as they age, which has a potential impact on health care costs. Despite efforts to reduce the incidence of disease (new cases) through prevention and health

⁷ Population Projections, BC Stats, Ministry of Labour, Citizens' Services and Open Government (2012)

⁸ Health Sector Planning and Innovation Division, Ministry of Health, 2013

⁹ Meza, R (2010) Birth cohort patterns suggest that infant survival predicts adult mortality rates, *Journal of Developmental Origins of Health and Disease*, 1-10

promotion activities, overall cost reductions to the system may not be evident as costs of maintenance therapy remain constant or increase.

The Cost of Mental Health & Substance Use Issues

While mental health and substance use conditions represent a relatively small proportion of health system resources, they come at a high personal cost to patients and their families. Fortunately, the majority of British Columbians with mild to moderate mental health and/or substance use problems can be effectively supported through low-intensity community-based services. However, a small subset of patients experience more complex conditions that require higher-intensity supports and services. These conditions represent a high burden of disease in the population because of the early age of onset (typically before age 24) and the need for ongoing treatment and support across the lifespan. The consequences of untreated or inappropriately treated severe mental illness and substance use extend beyond the health system to areas such as social services, housing and criminal justice.

Continued attention is also needed on access and wait times for services across the health care continuum, in all regions of the province. While progress has been made, wait times persist within emergency departments and for certain elective surgical procedures. Wait times can be complicated by accessibility issues, particularly in rural and remote areas of the province. It is imperative that health care services remain accessible for British Columbians in communities of all types and sizes, with a balance of services across the range of public health, primary care, hospital care, diagnostic and residential care services.

Advances in Technology and Pharmaceuticals

New treatment, prevention and technology development during the past 10 years has included less invasive surgery, increased use of diagnostic imaging and the introduction of biological and tailored drug therapies that have made health care more efficient and effective, but has also led to a significant increase in demand for products and services. For example, the expansion of technology has seen the number of CT exams increase by approximately 120 per cent and the number of MRI exams increased by almost 249 per cent in the province between 2001/02 and 2011/12.¹⁰ The Government has introduced a new drug pricing regulation to lower generic drug prices. These savings and other improvements to our drug system will benefit all British Columbians by keeping drug costs sustainable and redirecting the money to cover new drugs and provide better services, including those highly specialized services provided by PHSA.

Genomic medicine holds potential for great advancements in medical technology¹¹. We know that humans differ in their responses to medication, in part due to the genetic make-up of the individual. We can leverage our strength in genomics and the Genome Sciences Centre¹² to gain a better understanding of the role of genetic variation in disease and drug response which could lead to improved safety, cost-effectiveness of treatment and contribute to the sustainability of our health

¹⁰ HAMIS/OASIS, Management Information Branch, Planning & Innovation Branch, MoH as of May 29, 2012

¹¹ Khoury, M. (2008). The Evidence Dilemma in Genomic Medicine. *Health Affairs*, 27(6), 1600 – 1611.

¹² Canada's Michael Smith Genome Sciences Centre is located in Vancouver, BC and operates under the auspices of the BC Cancer Agency, an agency of PHSA. For more information please see: www.bcgsc.ca

care system. Genomic technologies have similarly advanced the development of new generation vaccines such as group B meningococcus. We can continue to exploit our advances in genomic vaccinology to develop vaccines for tuberculosis and sexually transmitted infections such as chlamydia.

Human Resources and Health System Infrastructure

Although education and training programs for health professionals and health workers in British Columbia have been significantly expanded since 2001, ensuring the availability of human resources remains a challenge for the health system. As the population ages, so too does the health care workforce. Although attrition rates have recently decreased, looming retirements in the health workforce, combined with the rising demand for services, are still key challenges that will affect the Province's ability to maintain an adequate supply and mix of health professionals and workers. Planning and ensuring we have the required number of qualified healthcare providers entering the workforce is still important. However, we also need to continue focusing on optimizing care delivery models to ensure we leverage the skill sets of our professionals, including creating and supporting interprofessional care teams.

PHSA agencies and programs face added challenges to recruit and retain the highly skilled health professionals needed to deliver the very specialized care that is the core of our provincial services. Flexibility and collaboration will be essential to devise sustainable recruitment and retention solutions that support continued learning, healthy workplaces, and promote work/life balance in these professions.

Another challenge in delivering health services is the need to maintain and improve the health system's physical infrastructure. The health system is faced with the continuous need to update or expand health facilities, medical equipment and information technology to ensure it provides high quality and safe health care to British Columbians.¹³

The care needs of British Columbians must be addressed in a way that encourages efficiency and maintains fiscal discipline while ensuring high quality, patient-centred care. This will ensure that British Columbians will continue to reap the benefits of a world-class health system for generations to come.

¹³ Ministry of Health 2013/14 – 2015/16 Service Plan. February 2013, p 8

Goals, Objectives, Strategies and Performance Measures

The *Ministry of Health's 2014/15 – 2016/17 Service Plan* aligns with the priorities of the Government of BC, and outlines the strategic focus and direction for the health authorities. Specific deliverables and performance measures for the health system are identified in the Ministry of Health's Service Plan. PHSA operates in alignment with the Ministry's goals, objectives, strategic initiatives, priority areas, and developed its Service Plan for 2014-15 to be consistent with the three broad goals articulated for BC's health care system:

1. Support the health and wellbeing of British Columbians.
2. Deliver a system of responsive and effective health care services across British Columbia.
3. Ensure value for money.

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

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

As a provincial health authority and an academic health sciences organization, we aim to provide safe, high-quality clinical services, conduct world-class research, and deliver excellence in education and training. Integral in the achievement of this aim is the belief that there are three cross-cutting themes that are relevant to all that we do. These cross-cutting themes are implicitly embedded within the strategic plan and are critical to the successful implementation of our plan and realization of our vision and goals.

1. Quality and Safety
2. Research
3. Learning

The *2014/15 – 2016/17 Service Plan* that follows describes PHSA's objectives and strategic initiatives for the planning period in the context of the Ministry of Health's goals for the health system.

MOH Goal 1: Support the health and wellbeing of British Columbians.

British Columbians are among the healthiest people in the world. Providing choices and supports for people to invest in their health will protect the excellent health status of the majority of British Columbians while also helping those who do not enjoy good health, or who are at risk of diminishing health from factors such as poor diet, obesity, physical inactivity, injuries, tobacco use and problematic substance use. In collaboration with its health sector partners, the Ministry will promote health as a valued outcome of policies and programs in order to make long term sustainable changes for improved health across British Columbia.

Objective 1.1: Targeted and effective primary prevention and health promotion

Chronic disease is the largest cause of death and disability represents the largest proportion of the burden of disease, and drives a significant part of downstream health costs in BC. Evidence suggests that, over time, a primary prevention and health promotion agenda can make progress in improving the overall health of the population. The Ministry of Health's focus in this area is built upon the current Healthy Families BC Strategy organized across seven intervention streams: healthy eating, physical activity, tobacco control, healthy early childhood development, building positive mental health promotion, building a culture of moderation for alcohol use and injury prevention.

Addressing the unique needs of First Nations and Aboriginal populations is a high priority for the health authority and for the BC health system as a whole.

On October 1, 2013, core functions from Health Canada's First Nations Inuit Health Branch BC Region were transferred to the First Nations Health Authority (FNHA). These included responsibility for primary care and public health programs, management and protection of personal information, environmental and community health programs, along with funding agreements.

PHSA Alignment:

PHSA embraces a broad definition of health, and in addition to providing specialized treatments for illness when it occurs, PHSA develops strategies to promote well-being and the highest quality of life, in alignment with Ministry goals. Working together with the Ministry of Health and the regional health authorities, PHSA has a role in developing health promotion and illness prevention strategies¹⁴. PHSA is committed to improving the health of British Columbians by supporting the development of healthy communities, informing healthy public policy and providing information and tools that help individuals make healthier choices to prevent the onset of many chronic diseases and to assist those living with chronic disease to stay as healthy as possible. Our activities in these areas will focus on the life course, key settings and how to more explicitly apply the behavioural sciences

¹⁴ PHSA Strategic Direction #2: Promoting Healthier Populations

to shift modifiable behaviour at the individual level for enough of the population to have a meaningful impact on overall health in the long term.

PHSA Strategies

- Continue to lead the operations of Panorama, a Pan-Canadian public health e-Health system, to improve population health by supporting service delivery and enabling secure access to integrated public health data to support policy changes and measure the impact of public health interventions.
- Support initiatives that encourage individuals to lead healthier lives where they live, work, learn and play, and work with the Ministry of Health and the regional health authorities to coordinate physical activity and healthy eating programs in BC schools and healthy workplaces.
- Coordinate Population and Public Health across PHSA through an expanded mandate for the BC Centre for Disease Control.
- Through our formalized partnership with FNHA, PHSA will work to ensure coordinated planning and service delivery efforts in support of BC First Nations health and wellness objectives.

Performance Measure 1: Breast Cancer Screening

Performance Measure	2013/14 Baseline	2014/15 Target	2015/16 Target	2016/17 Target
Percentage of women aged 50-69 participating in screening mammography once every two years	51.4%	53.5%	55.5%	57.5%

Data Source: Screening Mammography Program of BC, Provincial Health Services Authority.

Discussion

This performance measure tracks the proportion of women between 50 and 69 years of age, screened in the last two years. Real-time changes in screening attendance would not be readily appreciated by this two-year rolling average measure. In the last three fiscal years, the mammography participation rate has declined slightly as public debate about the value of screening mammography continues with new publication of articles on both sides of the debate. Participation has remained just above 50 per cent for the last 15 years in BC, while annual screening volume has increased from 218,000 to 285,000. As of April 2014, 95 per cent of screening centers reported wait times less than eight weeks (Ministry of Health Guidelines and Protocols Advisory Committee definition of reasonable access wait time for screening mammography).

The international perspective on screening has moved towards supporting patient’s informed decision-making about screening. The emphasis in education has now shifted to a more realistic description of the benefits and harms, rather than the more authoritarian approach previously. The impact of this approach on the decision to screen (i.e. participation rate) is unknown. Further monitoring is needed before establishing new targets.

The new provincial breast cancer screening policy was announced in February 2014. PHSA will continue to maintain easy access to screening services. Updated policy information packages have been sent to primary care providers. A media campaign to promote screening mammography to women age 50 or over was launched in mid-February and continued to the end of March. PHSA continues to support women's decision-making about breast cancer screening by including information about risks and benefits of screening with the new policy information in the ongoing recall reminders to women. The Screening Mammography Program is planning a number of promotion/educational activities targeting primary care providers and women for the coming year.

MOH Goal 2: Deliver a system of responsive and effective health care services across British Columbia.

In order to deliver responsive and effective health care services, the Ministry and its partners aim to shift the culture of health care from being disease-centred and provider-focused to being patient-centred. This shift requires understanding and being responsive to patient needs, values and preferences as the primary driver of daily practice at all levels, from administration to front-line staff. The implementation of a shared, cross-sector commitment to patient-centred care will lead to more satisfying and high-quality patient care, including improved health outcomes for patients, superior patient and provider experience, and better financial performance.

Objective 2.1: Strengthened interface between primary and specialist care and treatment

In a high functioning health system, patients with conditions requiring specialist services experience seamless and timely access to the services they need. A priority area for further improvement is the ability of family physicians to facilitate timely access to specialist levels of care for their patients when needed.

PHSA Alignment:

All British Columbians should be able to access appropriate health services when they need them. From the patient's perspective, a quality outcome means early and timely treatment that responds to their needs and is safe, evidence-informed and results in a fast and complete recovery or minimal complications related to their condition. Health care in general is moving away from the delivery of episodic care to embrace a more holistic view of the individual and the full continuum of care. Optimizing flow of information, services, and care to improve the patient experience across our systems and programs are key PHSA priorities¹⁵. PHSA and its agencies are committed to ensuring that hospitals, services and health professionals are utilized in the most efficient and effective way possible so people receive the right type of care in the right setting that is most likely to lead to the best health outcome.

¹⁵ PHSA Strategic Direction #1: Improving Quality Outcomes and Better Value to Patients

Strategies

- In collaboration with our health workforce and patients and families, we will strive to shift the culture of health care from disease-centred and provider-focused to being patient centred.
- Reorganize and leverage PHSA's provincial service streams for provincial system-wide improvements, including collaborating with the regional health authorities on developing provincial clinical standards, guidelines and data collection processes to improve care and outcomes for patients.
- As outlined in the Ministry of Health report entitled Improving Health Services of Individuals with Severe Addiction and Mental Illness, in collaboration with regional health authorities lead the development of a provincial service model to address the long-term care and treatment needs of a sub-population of patient with severe addiction and mental illness.
- Continue the implementation of the PHSA Indigenous Cultural Competency Training Program across PHSA with a focus on BC Emergency Health Services, BC Children's Hospital and BC Women's Hospital + Health Centre.
- Build on the award winning patient transfer strategy built by Vancouver Coastal Health and PHSA for adults requiring oncology care post-surgery.
- Continue to promote innovative dialysis options and supportive strategies for chronic kidney disease patients to enhance quality of life and promote improved outcomes.
- Through Child Health BC, collaborate with partners in the ministries, regional health authorities, the community and our academic partners to inform a child and youth service delivery plan based on an overarching health service delivery framework.
- In partnership with PHSA Aboriginal Health, create an Aboriginal Leader position in the BC Cancer Agency and collaborate to improve cancer services for Aboriginal Peoples across BC.
- Through BC Emergency Health Services, lead the introduction of community paramedicine as part of the Rural and Remote Health Strategy in BC. Working collaboratively with the regional health authorities and Primary Care Networks, we will develop care protocols that keep people at home, out of emergency departments and avoid hospitalizations.

Objective 2.2: Timely access to quality diagnostics

Access to evidence-informed diagnostic services is critical to seamless and timely care. As demand for diagnostic imaging and laboratory testing rises, continuous improvement in both quality and cost are important elements of a sustainable strategy for the health system.

PHSA Alignment:

The goal of the Ministry of Health objective is a high-functioning health system where patients with conditions requiring diagnostic services experience seamless, appropriate and timely access to the services they need. This provincial work is focused on laboratory reform and improved evidence-based access to imaging services.

Strategies

- Continue to achieve efficiencies as the lead for Lower Mainland laboratory services.

- Collaborate with Vancouver Coastal Health as the lead agency for Diagnostic Imaging, in initiatives to increase access, reduce waitlists and improve quality and appropriateness.

Performance Measure 2: Independent Dialysis

Performance Measure	2010/11 Baseline	2014/15 Target	2015/16 Target	2016/17 Target
Percentage of dialysis patients on independent dialysis	31%	33%	34%	35%

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

Discussion

This indicator is based on prevalent numbers of independent patients and does not capture those who started the year on independent therapies and left the program for a variety of reasons: death, moving out of province, return to dependent care, or transplantation. Hence, a substantial amount of activity is required to increase the percentage of independent dialysis patients. Recent advances in the metric indicate the multipronged approach taken by renal programs across the province is gaining traction and resulting in both increased uptake and reduced attrition. Of note, BC remains well above the national average for independent dialysis. A review of the Canadian Organ Replacement Registry Report for 2014 shows that BC leads the country on this measure, as the percentage of patients on independent dialysis in other provinces varies from eight to 25 per cent, with a Canadian average of 22 per cent.

Program sustainability, innovation and education will continue to be the collective goal and focus as we work towards sustained incremental increases in our target.

Performance Measure 3: Child and youth inpatient mental health services

Performance Measure	2010/11 Baseline	2013/14 Target	2014/15 Target	2015/16 Target
Percentage of children admitted to an inpatient psychiatric unit bed within 42 days	49%	70%	75%	77%

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

Discussion

This performance measure tracks access to inpatient care for children with mental health concerns. Community-based child and youth mental health and substance use services are provided across the province by the Ministry of Children and Family Development. Some of the children, youth and their families served in the community need the specialized psychiatric services operated by BC Mental Health & Substance Use Services located at the BC Children’s Hospital (BCCH) site in Vancouver. Although treatment is increasingly provided on an outpatient basis to enable the children and youth served to remain at home with their families, inpatient services are available for those who need them.

Performance Measure 4: Complex pediatric surgeries

Performance Measure	2010/11 Baseline	2014/15 Target	2015/16 Target	2016/17 Target
Percentage of complex, non-emergency pediatric hip surgeries completed within established benchmark time frames	42%	60%	70%	75%

Data Source: BC Children’s Hospital Database, Provincial Health Services Authority.

Discussion

This performance measure tracks the percentage of non-emergency pediatric complex hip surgeries completed within established benchmarks. The benchmark is based on urgency of care required in the pediatric care setting and is not comparable to adult hip surgery cases. Through expanded surgical activity and focused funding, combined with continuous efforts to foster innovation and efficiency, BC Children’s Hospital has reduced wait times for all pediatric surgeries, including complex hip. Because BC Children’s Hospital has prioritized completion of cases outside established wait-time benchmarks (those that have been waiting the longest), the proportion of completed cases within benchmark timeframes for complex hip procedures does not demonstrate the gains made in overall waitlist reduction.

Over the next three years, BC Children’s Hospital plans to maintain achieved levels for surgical specialties. For complex hip procedures, we will continue to focus on completing cases exceeding established wait-time benchmarks. As we continue to work to eliminate the backlog of hip cases waiting beyond benchmark, our percentage of complex hip surgeries completed within benchmark will remain lower than usual and not reflect of the reduction of actual number of children on the waitlist.

Performance Measure 5: Access to Maternity Care

Performance Measure	2013/14 Baseline	2014/15 Target	2015/16 Target	2016/17 Target
Percentage of patients in active labour admitted within 45 minutes	26%	35%	45%	55%

Data Source: BC Women’s Hospital Database, Provincial Health Services Authority.

Discussion

The Assessment Room at BC Women’s Hospital receives women with a variety of maternity-related conditions. Better patient outcomes and improved patient experience are achieved when a women in active labour is moved to the most appropriate location to deliver her baby in the most timely and efficient way.

When a women in labour arrives at the Assessment Room she is triaged by a nurse, registered, undergoes a detailed assessment by the nurse, and seen by her doctor or midwife. Once assessments are complete and it is determined the women is in active labour, she is transferred to the labour and delivery suite or the single room maternity unit. The goal is to improve the efficiency of each of these activities so that a woman in active labour spends less than 45 minutes in the Assessment Room.

The percentage of admission within 45 minutes for active labouring patients was 20 per cent in 2012/13 and 26 per cent in 2013/14. Continuous improvement initiatives will be applied to further improve patient flow.

MOH Goal 3: Ensure value for money.

To ensure value for money in the health system, the Ministry must ensure health system resources are used in the most efficient and effective way possible. On a strategic level, this includes not only *what* services and initiatives are focused on, but also *how* they are implemented. In the coming years, the Ministry, along with its health system partners, will collaborate on the effective implementation and management of a shared, consistent strategic plan for the health system with built-in accountability and attention to factors needed for success: change management capacity, ongoing quality improvement, effective leadership and an engaged workforce, information management systems and technologies, physical infrastructure and prudent budget management.

Objective 3.1: Align workforce, infrastructure, information management and technology resources to achieve patient and service outcomes

A high performing health system is one that uses its resources in the best way possible to improve health outcomes for patients. Ensuring the health system has sufficient numbers and the right mix of health professionals is vital to providing the services that will meet British Columbians' needs now and in the future. Health care providers must also be appropriately supported by leadership, information management systems, technologies and the physical infrastructure to deliver high quality services as efficiently as possible.

PHSA Alignment:

Skilled and caring health professionals are the cornerstone of our health system. Thousands of British Columbians seek medical attention every day, confident they are in the care of competent professionals who hold themselves to the highest standards. To be effective, we must also ensure that our human resources are appropriately supported by information management systems, technology and the physical infrastructure to deliver high quality services as efficiently as possible¹⁶. Furthermore PHSA strives to create an environment that fosters health care innovation and discovery research that is translated into improved patient outcomes and population health.

Strategies

- Continue and enhance PHSA's comprehensive workforce strategy focusing on employee engagement, specialized recruitment and retention initiatives, and supporting the development of leaders across the organization using the provincial leadership development programs and other strategies.
- Continue working to implement a team-based, inter-professional approach in the deployment of valuable health care professionals, particularly those in the nursing family, across care settings.

¹⁶ PHSA Strategic Direction #3: Contributing to a Sustainable Health Care System

- Continue the emphasis on a team-based approach enabling registered nurses, nurse practitioners, and others to work to their optimal scope of practice, enhancing the workforce environment, the quality of care, and the patient experience.
- Continue the implementation of the Clinical & System Transformation (CST) Project to improve the quality and accessibility of patient information by creating an integrated health record for each patient based on a single identifier and using standardized processes.
- Continue to lead a strategy to integrate BC Emergency Health Services to better align with the Health Sector.

Objective 3.2: Drive budget management, efficiency, collaboration and quality improvement to ensure sustainability of the publicly funded health system

An efficiently managed health system ensures resources are spent where they will have the best health outcome. A focus on budget management and efficiency, along with collaboration and quality improvement, must be continually pursued in partnership with health authorities and other stakeholders to ensure our publicly funded health system is effective and affordable for the residents of British Columbia.

PHSA Alignment:

As stewards of taxpayers' dollars, PHSA must prioritize limited resources to ensure we are providing the best value to the populations we serve. PHSA has implemented imPROVE, a lean-based process improvement system. PHSA agencies and services look for essential value-added services, while minimizing ineffective or redundant efforts. Our limited resources will be utilized more efficiently, technology will be leveraged to a greater degree, and our processes will become more reflective of an integrated system that is focused on improving the patients' experience while in our care¹⁷.

With respect to provincial business service delivery and coordination, PHSA, through its new mandate, also provides consolidated and standardized non-clinical business support services through Health Shared Services BC.

Strategies

- Review the mandate, governance, management and funding model of Health Shared Services BC to renew the approach for provincial health shared service delivery and to identify opportunities to create enhanced value to the health system.
- Continue to improve pricing methodology and customer service model.

Performance Measure 6: Nursing overtime

¹⁷ PHSA Strategic Direction #3: Contributing to a Sustainable Health Care System

Performance Measure	2009/10 Baseline	2014/15 Target	2015/16 Target	2016/17 Target
Nursing overtime hours as a percentage of productive nursing hours	2.24% (2010 calendar year)	Maintain at or below 3.3%	Maintain at or below 3.3%	Maintain at or below 3.3%

Data Source: Based on calendar year. Health Sector Compensation Information System (HSCIS). Health Employers Association of British Columbia (HEABC).

Discussion

This performance measure tracks how much nursing overtime is used. The core of health care is the people who provide the service: the nurses and other health professionals such as occupational therapists, social workers, pharmacists, medical radiation technologists and other staff who support patient care. When a staff member is away or there are vacancies in one of these positions, other staff must provide the care to meet patient needs. Reducing sick time and addressing vacancies efficiently should reduce overtime and also help to manage health care costs.

Resource Summary

(\$ millions)	2013/14 Actual	2014/15 Budget	2015/16 Plan	2016/17 Plan
OPERATING SUMMARY				
Provincial Government Sources	\$ 2,575.5	\$ 2,614.4	\$ 2,688.1	\$ 2,757.9
Non-Provincial Government Sources	\$ 168.4	\$ 166.0	\$ 165.3	\$ 164.1
Total Revenue:	\$ 2,743.9	\$ 2,780.4	\$ 2,853.4	\$ 2,922.0
Acute Care	\$ 1,801.7	\$ 1,873.5	\$ 1,929.4	\$ 1,983.2
HCC – Residential	\$ 1.7	\$ 1.7	\$ 1.7	\$ 1.7
HCC – Community	\$ 128.1	\$ 120.3	\$ 123.1	\$ 126.0
Mental Health & Substance Use	\$ 129.9	\$ 122.9	\$ 124.2	\$ 125.1
Population Health & Wellness	\$ 189.6	\$ 193.5	\$ 195.0	\$ 196.7
Corporate	\$ 492.4	\$ 468.5	\$ 480.0	\$ 489.3
Total Expenditures:	\$ 2,743.4	\$ 2,780.4	\$ 2,853.4	\$ 2,922.0
Surplus (Deficit)	\$ 0.5	-	-	-
CAPITAL SUMMARY				
Funded by Provincial Government	\$ 96.6	\$ 118.7	\$ 85.6	\$ 139.8
Funded by Foundations, Regional Hospital Districts, and Other Non-Government Sources	\$ 22.0	\$ 59.9	\$ 87.6	\$ 154.3
Total Capital Spending	\$ 118.6	\$ 178.6	\$ 173.2	\$ 294.1

Note – Sales and Cost of Sales from inventory transfers to other Health Authorities from the shared warehouse are included in the revenues (under Provincial Government Sources) and expenditures (under

Corporate) of PHSA. For the year ended March 31, 2014, this amounted to \$183.2 million. The Sales and Cost of Sales figures for the 2014/15 Budget, the 2015/16 Plan, and the 2016/17 Plan are \$189.0 million, \$192.8 million, and \$196.6 million, respectively.

Capital Project Summary

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

Community Name (as applicable)	Facility location (as applicable)	Project Name	Total Project Cost (\$ million)
Facility Projects			
Vancouver	Children's & Women's	Children's & Women's Redevelopment – Phase 2 (Planning, Construction and Equipment)	529.1
Prince George	BC Cancer Agency	BCCA Centre for the North	90.3
Vancouver	Children's & Women's	Children's & Women's Redevelopment – Phase 1	75.2
Vancouver	Children's & Women's	Children's & Women's Energy Centre	29.7
Victoria	BC Cancer Agency	Radiation Therapy and Diagnostic Equipment	24.4
Various Communities	BC Cancer Agency	Pharmacy Upgrades	13.5
Coquitlam	Forensic Psychiatric Services Commission	Forensic Psychiatric Hospital Flood Mitigation	12.0
Vancouver	Children's & Women's	Children's & Women's Daycare Centre	7.2
Victoria	BC Cancer Agency	Vancouver Island Centre Expansion	6.9
Surrey	BC Cancer Agency	Radiation Therapy and Diagnostic Equipment	4.3
Information Management/Information Technology Projects			
Various Communities	Various Facilities	Clinical & Systems Transformation	33.5
Kamloops	Health Shared Services BC	Provincial Data Centre	29.5
Various Communities	Various Facilities	Provincial Practitioner Credentialing and Privileging	3.5
Equipment Projects			
Various Communities	BC Ambulance Service	Ambulance Replacements	32.0
Various Communities	BC Cancer Agency	Screening Mammography Mobile Units	3.0
Vancouver	Children's & Women's	Neonatal Intensive Care Unit Monitoring System	2.7
Various Communities	BC Provincial Renal Agency	Home Hemodialysis Machines	2.3

Contact Information

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Hyperlinks to Additional Information

Provide one page of hyperlinks that provide any further information deemed necessary.

BC Ministry of Health www.gov.bc.ca/health

BC Cancer Agency www.bccancer.bc.ca

BC Centre for Disease Control www.bccdc.ca

BC Children's Hospital and Sunny Hill Health Centre for Children www.bcchildrens.ca

BC Mental Health & Substance Use Services (Forensic Psychiatric Services Commission, Children and Women's Mental Health & Substance Use Program located at BC Children's Hospital, & the Provincial Specialized Eating Disorders Program) www.bcmhsus.ca

BC Provincial Renal Agency www.bcrenalagency.ca

BC Transplant Society www.transplant.bc.ca

BC Women's Hospital + Health Centre www.bcwomens.ca

Cardiac Services BC www.phsa.ca/AgenciesAndServices/Agencies/Cardiac/default.htm

Perinatal Services BC www.perinatalervicesbc.ca/default.htm

BC Emergency Health Services (including BC Ambulance Service, Patient Transfer Network & Trauma Services BC) www.health.gov.bc.ca/ehsc/

Health Shared Services BC www.hssbc.ca/default.htm