BUDGET 2004

BRITISH COLUMBIA

Ministry of
Health Services

SERVICE PLAN

2004/05 – 2006/07

BRITISH COLUMBIA

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BRITISH COLUMBIA

January 26, 2004

Honourable Colin Hansen
Minister of Health Services

Dear Colleague:

Since June 2001, our government has been working to implement our *New Era* vision to revitalize the economy, restore sound fiscal management, and put patients and students first.

Our *New Era* platform contained 201 specific commitments that our government would undertake on behalf of British Columbians. These included a commitment to "establish service plans that include measurable performance standards and targets for all programs that are annually audited and published, for all taxpayers to see."

On June 25, 2001, I sent you a letter of instruction setting out the key priorities for your Ministry, including a list of the *New Era* commitments assigned to your Ministry. These commitments were also included in the Government Strategic Plan and Ministry Service Plans that were tabled in the Legislature in February 2002, covering fiscal years 2002/03 through 2004/05.

The Service Plan you are tabling today represents the final year of the first three-year plans. And it shows that we have made significant progress toward honouring our commitments. Specifically, of the 32 *New Era* commitments that involved your Ministry, the province has now completed or begun work on all of these. Accomplishments in your Ministry over the past two-and-a-half years include:

- Increased overall health spending by 23% over the past three years.
- Increased the efficiency of the health care system which has enabled resources to be redirected to direct patient care and ensuring the health care system is sustainable into the future.
- Expanded the Home and Community care sector to provide new beds for seniors, including launching Independent Living B.C. to add 3,500 new units.

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In the coming year, the province will continue work on a number of priorities to honour the commitments that we have made. These are detailed in your Ministry Service Plan, and include:

- Improve the provision and availability of comprehensive primary care.
- Make more effective use of acute care hospitals.
- Modernize ambulance service structures and better integrate pre-hospital emergency care with emergency room care.
- Modernize the Medical Service Plan system to decrease response times and increase efficiencies.

It is important to note that all of the province's achievements to date, and our priorities for the year ahead, will be accomplished while balancing the budget in 2004/05, and having significantly increased funding for health care and education.

Clearly, we will do more if we can, as new resources are available, to build on the funding priorities detailed in this Service Plan – in a way that is consistent with our balanced budget commitment.

As our measures to revitalize the economy continue to create new jobs, growth and investment, this will allow us to continue strengthening public services for the benefit of British Columbians. Opportunities like the 2010 Olympic and Paralympic Winter Games will showcase British Columbia to the world and generate economic benefits all across our province. Future service plans will further demonstrate those benefits.

I know that you will continue to build on the progress your Ministry has made. Let me conclude by thanking you for your commitment to serving the best interests of all British Columbians.

Yours sincerely,

Honourable Gordon Campbell
Premier

BRITISH COLUMBIA

January 26, 2004

Honourable Susan Brice
Minister of State for Mental Health and Addiction Services

Dear Colleague:

Since June 2001, our government has been working to implement our *New Era* vision to revitalize the economy, restore sound fiscal management, and put patients and students first.

Our *New Era* platform contained 201 specific commitments that our government would undertake on behalf of British Columbians. These included a commitment "to establish service plans that include measurable performance standards and targets for all programs that are annually audited and published, for all taxpayers to see." The Service Plan tabled today represents the final year of the first three-year plans. And it shows that we have made significant progress toward honouring our commitments.

In the coming year, the province will continue to work on a number of priorities to honour the commitments that we have made. These are detailed in the Ministry's Service Plan, and include:

- Continue to develop a more effective system of mental health services, which includes community, primary, secondary and tertiary services.
- Improve the education, prevention, self-management and treatment of depression, anxiety disorders and substance-use disorders.
- In concert with local governments, develop an integrated mental health and addiction service system.

It is important to note that all of the province's achievements to date, and our priorities for the year ahead, will be accomplished while balancing the budget in 2004/05, and having significantly increased funding for health care and education.

Clearly, we will do more if we can, as new resources are available, to build on the funding priorities detailed in this Service Plan – in a way that is consistent with our balanced budget commitment.

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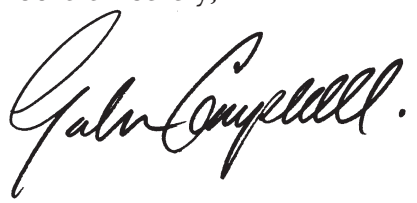
Let me conclude by thanking you for your commitment to serving the best interests of all British Columbians.

Yours sincerely,



Honourable Gordon Campbell
Premier

Ministry of Health Services

On behalf of the Ministry of Health Services, I am pleased to present the 2004/05 – 2006/07 Service Plan.

This year's plan provides information on the ministry's longer-term objectives, priorities and strategies for the health system, as well as performance measures that will be used to gauge our progress in improving health and patient care for British Columbians.

This year's plan builds on the strategic direction articulated in the previous plan. It describes the core business areas, which focus on the services delivered by health authorities, care providers and other partners, and stewardship over those services by the Ministry of Health Services.

In this service plan, we highlight key objectives and priority strategies that will redesign service delivery to improve health and patient care and better meet patients' needs. These focus on:

- Helping British Columbians to maintain and improve their health — and to prevent illness and injury.
- Improving chronic disease prevention, management and primary care.
- Supporting the appropriate use of hospitals and health services.
- Building integrated care networks among health professionals and facilities.

These priority redesign strategies reflect the commitment of this government and its service delivery partners to create a publicly funded health system that provides high quality, accessible care — and that is sustainable for the future.

Honourable Colin Hansen
Minister of Health Services

Accountability Statement

The 2004/05 – 2006/07 Ministry of Health Services Service Plan was prepared under my direction in accordance with the *Budget Transparency and Accountability Act*. I am accountable for the basis on which the plan has been prepared. All material fiscal assumptions and policy decisions as of January 30, 2004 have been considered in preparing the plan and I am accountable for achieving the specific objectives in the plan.

Honourable Colin Hansen
Minister of Health Services

February 4, 2004

Ministry Overview

This service plan continues the redesign and reform of the health system started in 2001. The overriding goal is to build a sustainable, publicly funded health system that will meet the needs of today's and future generations. To do this, the system is being redesigned to address the needs of the population in more innovative, appropriate and efficient ways.

Planning and implementing fundamental changes to large, inter-related and inter-dependent systems takes time. However, we have made significant progress in setting the organizational and directional foundation for an integrated, accountable health services system that responds to patient needs within a fiscally sustainable framework.

In 2001, government created six new health authorities. By delegating responsibility for local health services, such as home and hospital care, to five regional health authorities and responsibility for provincial and specialized health services, such as cancer care, to a single provincial health authority, government made a significant shift from the piecemeal approach of managing health services through 52 diverse regional entities that often had competing or overlapping mandates. These six new health authorities, in conjunction with the Ministry of Health Services, have comprehensive responsibility for managing and delivering most publicly funded health services in British Columbia.

At the same time, the Ministry of Health Services has also focused on a new role in the health system. While the ministry still delivers some services directly to the public, such as the Ambulance Service, Vital Statistics Agency, and Medical Services Plan and PharmaCare registration, it is focusing more on being a steward of the system and less on being a direct service provider. The ministry demonstrates stewardship by setting overall direction for the health system, through legislation, policy and standards, and by monitoring, evaluating and reporting on system performance.

Within these roles, the ministry and the health authorities have established a new business relationship — a partnership to deliver a sustainable public health system in B.C. Performance agreements between the health authorities and the ministry were introduced in the 2002/03 fiscal year and strengthen accountability in the system. These agreements articulate the responsibilities and expectations for performance of the six authorities, and ensure government's direction is reflected in the organization and delivery of services to the public.

This service plan is the health system's key strategic document. It sets the overall strategic direction and is the foundation upon which performance agreements with health authorities are based. The service plan is organized following the structure of responsibility and partnership in the system. The plan identifies three core businesses: Services Delivered by Partners (health authorities and other providers), Services Delivered by Ministry (ambulance,

vital statistics, etc.), and Stewardship and Corporate Management. (Details on core businesses can be found on page 16).

The objectives, strategies and performance measures listed in this plan are collectively focused on the ministry's and the six health authorities' commitment to build a patient-centered, sustainable health system. Having a patient-centered health system means patients are able to have their care needs met seamlessly as they move through the system, regardless of who has the administrative or management responsibility for the service being provided. It means a health system that supports people to stay healthy (health promotion and disease prevention), get better (episodic physician and hospital care), live with illness or disability (chronic care), and cope with end of life (hospice/palliative care).

To build a sustainable system that meets the needs of our citizens requires that we recognize there have been many changes over the years, not only in advancing medical technologies and procedures, but also in the way people want to be treated and the way service providers want to practice. In planning the renewal of the system, the ministry has considered that:

- A strong emphasis on prevention of ill health, whether through water quality improvements, infection control or encouraging healthy lifestyle choices makes a measurable impact on the health of the population and the cost of its health care;
- B.C.'s population, while ageing, is staying healthier later in life;
- Seniors and other home and community care clients want options that allow them to stay in their own homes and be independent as long as possible;
- Reliance on hospital inpatient beds has declined over the last 30 years as more care is offered in outpatient or office settings; and
- Care needs to be integrated and coordinated across facilities and in the community to be effective in preventing and managing chronic diseases and helping to avoid unnecessary admissions to hospital.

In last year's service plan, the ministry identified five key system reform objectives to guide and inform ministry and health authority planning and operational activities. These objectives remain the focus of our health system redesign efforts and have been carried forward to this plan. They are:

- Provide care at the appropriate level in the appropriate setting;
- Provide tailored care for key segments of the population to better address their specific health care needs and improve their quality of life;
- Keep people as healthy as possible by preventing disease, illness and disability and slowing the progression of chronic illness;
- Manage within the available budget while meeting the priority needs of the population; and
- Improve the services the ministry delivers directly to the public.

This service plan contains more detailed descriptions of these objectives and the strategies and performance measures the ministry and its partners will be undertaking to achieve them. It also contains additional objectives, strategies and performance measures specific to the ministry's stewardship functions. Explanatory tables linking the core businesses, goals, objectives and performance measures can be found beginning on page 18.

Resource Summary

Core Businesses	2003/04 Restated Estimates[1]	2004/05 Estimates	2005/06 Plan	2006/07 Plan
Operating Expenses ($000's)				
Services Delivered by Partners				
Regional Health Sector Funding	6,594,096	6,495,945	6,604,952	6,961,207
Medical Services Plan	2,559,227	2,568,158	2,568,942	2,569,888
PharmaCare	738,314	830,355	926,649	1,025,319
Debt Service Costs	175,000	173,500	186,860	190,660
Amortization of Prepaid Capital Advances	135,891	136,677	152,984	166,284
	10,202,528	**10,204,635**	**10,440,387**	**10,913,358**
Services Delivered by Ministry				
Emergency Health Services	190,802	220,602	217,002	217,002
Health Benefit Operations	18,119	18,328	16,570	16,570
Vital Statistics	7,085	6,935	6,935	6,935
	216,006	**245,865**	**240,507**	**240,507**
Executive and Support Services				
Minister's Office	746	778	778	778
Stewardship and Corporate Management	111,308	107,167	103,145	103,145
	112,054	**107,945**	**103,923**	**103,923**
Total	**10,530,588**	**10,558,445**	**10,784,817**	**11,257,788**

[1] Amounts have been restated, for comparative purposes only, to be consistent with Schedule A of the 2004/05 *Estimates*.

FTEs	2003/04 Restated Estimates[1]	2004/05 Estimates	2005/06 Plan	2006/07 Plan
Full Time Equivalents (FTEs)				
Services Delivered by Ministry				
Emergency Health Services	1,806	1,895	1,895	1,895
Health Benefit Operations	229	138	23	23
Vital Statistics	90	89	89	89
	2,125	**2,122**	**2,007**	**2,007**
Executive and Support Services				
Minister's Office	8	8	8	8
Stewardship and Corporate Management	603	655	645	638
	611	**663**	**653**	**646**
Total	**2,736**	**2,785**	**2,660**	**2,653**
CRF Capital Categories	2003/04 Restated Estimates	2004/05 Estimates	2005/06 Plan	2006/07 Plan
Ministry Capital Expenditures (Consolidated Revenue Fund) ($000's)				
Vehicles, Specialized Equipment, Office Furniture and Equipment	8,268	8,251	8,251	8,251
Information Systems	8,363	11,355	10,665	10,515
Total	**16,631**	**19,606**	**18,916**	**18,766**
Project Type	2003/04 Restated Estimates	2004/05 Estimates	2005/06 Plan	2006/07 Plan
Consolidated Capital Plan (CCP) Capital ($000's)				
Health Care Facilities	202,500	379,700	278,000	156,900
Total	**202,500**	**379,700**	**278,000**	**156,900**
Health Innovation Incentive Program	2003/04 Restated Estimates	2004/05 Estimates	2005/06 Plan	2006/07 Plan
Other Financing Transactions[2] ($000's)				
Receipts	2,034	2,034	2,102	1,333
Disbursements	—	—	—	—
Total Net Cash Source (Requirement)	**2,034**	**2,034**	**2,102**	**1,333**

[1] Amounts have been restated, for comparative purposes only, to be consistent with Schedule A of the 2004/05 *Estimates*.

[2] Health Innovation Incentive Program — Loans (disbursements) are no longer provided to health authorities or other health agencies. Receipts represent repayment by health authorities of the loans (disbursements) made in previous years. Administration costs are funded through the ministry's voted appropriations.

Health Authorities Included in the Provincial Reporting Entity

The *Budget Transparency and Accountability Act* requires provincial budgets and financial statements to fully comply with generally accepted accounting principles (GAAP) by fiscal 2004/05. This will require the consolidation of the six health authorities into the government reporting entity. Fully consolidating the health authorities will bring their assets, liabilities, revenues and expenses into the government's budgets and financial reports.

The health authorities have been primary service delivery organizations for the public health sector for several years and many of the performance measures and targets included in the ministry's service plan are related to services delivered by the health authorities.

From government's financial perspective, the change will have a modest impact. The majority of the health authorities' revenues and a substantial portion of the funding for capital acquisitions is provided by the province in the form of grants from ministry budgets. Therefore, the net income impact of consolidation should be relatively small.

The consolidation of the health authorities will add a degree of complexity to decision making and will require closer coordination of financial processes and timelines between the ministry and the health authorities. The ministry and the health authorities will work in partnership to manage the transition.

Description	2003/2004 [3] Forecast	2004/2005 Plan	2005/2006 Plan	2006/2007 [4] Plan
Health Authorities and Hospital Societies — Combined Income Statement ($000's)				
Total Revenue [1]	8,122,000	8,166,000	8,171,000	8,198,000
Total Expense [2]	8,244,000	8,166,000	8,171,000	8,198,000
Net Results	**(122,000)**	**0**	**0**	**0**

This combined income statement includes estimates from six health authorities and six hospital societies. Numbers do not include the eliminating entries required to consolidate these agencies with the government reporting entity.

[1] Revenue: Includes provincial revenue from the Ministry of Health Services, plus revenues from the federal government, co-payments (which are client contributions for accommodation in care facilities) and fees and licences.

[2] Expenses: Provides for a range of health care services, including acute care and tertiary services, residential care, mental health services, home care, home support, and public health programs.
The Healthcare Benefit Trust (HBT) is a health and welfare trust that administers employee benefits on behalf of participating employers (primarily health authorities and hospital societies) and is funded through employer premiums. HBT currently has an unfunded, actuarially determined liability of $260 million; of which $204 million relates to health employers benefit plans. $51 million of this is attributable to the 2003/04 fiscal year, and is included in reported 2003/04 expenses. The balance ($153 million) is attributable to prior years and will be recorded as a prior period adjustment in health authority accounts.

[3] 2003/04 Forecast: Health authorities and hospital societies were allowed to balance their budgets over two years (2002/03 and 2003/04). These entities achieved a net surplus of $94 million in 2002/03 which offsets a projected 2003/04 deficit (before the HBT adjustment) of $71 million. The impact of the HBT adjustment was unanticipated at the time health authority budget management plans were developed and approved and therefore is not included in the requirement to balance over two years.

[4] 2006/07 Plan: 2006/07 figures are preliminary — budget management plans for 2006/07 will be submitted by health authorities early in the new fiscal year.

2003 First Ministers' Accord on Health Care Renewal

In 2003, the Provinces, Territories and Federal Government agreed to a First Ministers' Accord on Health Care Renewal. Additional funding under the Accord is intended to provide investments in primary care, home care and catastrophic drug coverage, and also includes funding for specialized equipment and training to improve access to diagnostic services. The ministry and its health authority partners will use this funding to support our strategic priorities in these areas, as outlined in this service plan, and will publicly report results through the ministry's Annual Service Plan Report and other avenues.

The table below identifies the allocation of the initial $1.3 billion in federal funding increases to B.C. resulting from the Health Accord. B.C.'s estimated $260 million share of the recently announced new federal funding of $2 billion has not been included in this table pending confirmation of amounts and accounting treatment.

	Restated 2003/04[1]	2004/05	2005/06	Total
Allocation of Federal Dollars ($Millions)				
PharmaCare	129.4	190.2	286.5	606.1
Regional Health Sector	130.0	138.0	239.0	507.0
Equipment	41.0	70.0	89.1	200.1
Total — Cumulative	**300.4**	**398.2**	**614.6**	**1,313.2**

[1] Numbers restated to reflect revised spending plan.

Core Business Areas

The ministry has three core businesses:

- Services Delivered by Partners;
- Services Delivered by Ministry; and
- Stewardship and Corporate Management.

Services Delivered by Partners

B.C.'s health authorities, agencies and direct care providers are the ministry's key partners who deliver the majority of health services to the public. These services span beginning to end of life care, disease prevention to health promotion, and primary to acute care.

Although the ministry does not directly deliver the majority of services that influence health outcomes, it bears ultimate responsibility over the health system. In recognition of this, Services Delivered by Partners is a core business.

Services Delivered by Ministry

The ministry directly delivers a small percentage of the health system's services.

Health Benefit Operations

Health Benefit Operations provides the administrative services for B.C.'s PharmaCare Program and Medical Services Plan. PharmaCare is the province's drug insurance program, which helps British Columbians by providing financial assistance toward eligible prescription drugs and medical supplies. The Medical Services Plan (MSP) covers medically required services provided by physicians and certain supplementary health care practitioners. The ministry is currently engaged in an alternative service delivery procurement process intended to improve client services in Health Benefits Operations (see page 45).

Emergency Health Services

The ministry funds and delivers emergency health services through the Emergency Health Services Commission and the British Columbia Ambulance Service.

Vital Statistics Agency

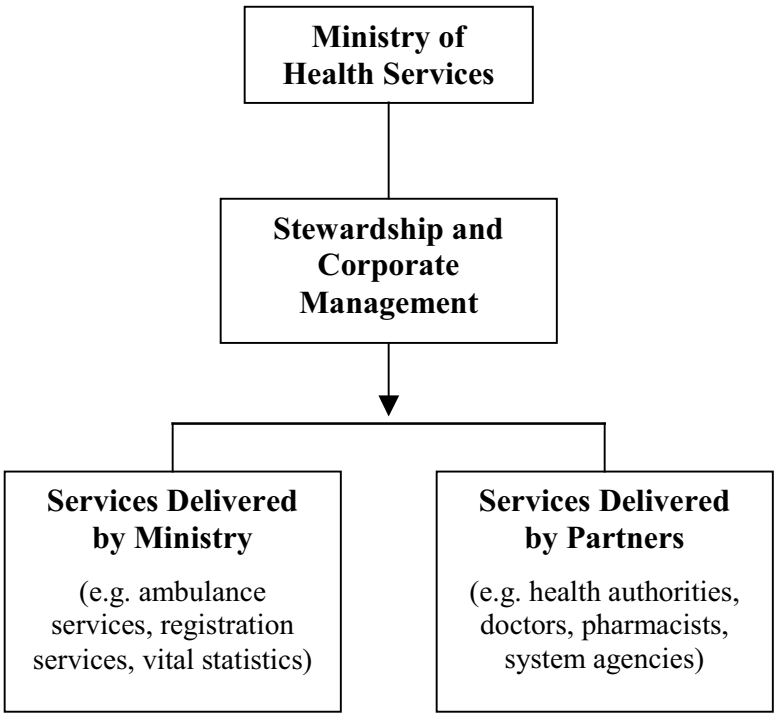
The Vital Statistics Agency is responsible for documenting important events for B.C. citizens such as births, marriages and deaths.

Stewardship and Corporate Management

As stewards of the health system, the ministry provides leadership to health authorities and other partners. The ministry directs the health system as a whole through service plans, legislation and policy, and sets service expectations through performance agreements with health authorities. It supports the system by using planning and projection tools to forecast services required to meet the health care needs of British Columbians in both the short- and long-term, and by researching and developing standards, guidelines and best practices to ensure services are safe, effective and efficient. The ministry also monitors and evaluates system performance and the health of the population by collecting and analyzing health system data. Monitoring and evaluating the system allows the ministry to take evidence-based corrective action when necessary, and informs future development of service plans and performance agreements.

Corporate management includes managing ministry budgets, human resources and information needs. In order to effectively fulfill the stewardship role, it is essential the ministry manages its corporate functions in the most efficient and effective manner possible.

Core Business Areas for the Ministry of Health Services



Goals, Objectives, Strategies and Results

The ministry has three goals for the health system:

1. High Quality Patient Care.
2. Improved Health and Wellness for British Columbians.
3. A Sustainable, Affordable Health Care System.

The relationship of these goals to each core business area's objectives, strategies and performance measures are laid out in tables over the next 23 pages. The first major section of tables is for Services Delivered by Partners, and Services Delivered by Ministry. The second section is for Stewardship and Corporate Management. Both sections are preceded by one-page descriptions of the objectives that pertain to them.

Performance Measures and Results

The plan also outlines a series of key performance measures. To stretch expectations and push for improvement all measures have targets out to 2006/07. For most measures, the baseline data year is 2002/03, the latest for which a full year of data is available. To provide context and continuity for 2004/05 targets and beyond, 2003/04 targets are shown.

Measures are linked to specific strategies. Monitoring and evaluating results will give an idea of progress towards achieving them. With each strategy accomplished, the ministry moves closer to reaching its objectives, and in turn, the health system goals.

Some measures' baseline figures are in per cent terms, while their targets are also in per cent terms. For example, PS-Performance Measure 3, which measures Alternate Level of Care (ALC) days, reads:

Baseline 02/03: 13.4%.

Target 03/04: 5% decrease over prior year.

The aim is to reduce ALC days to 12.7% (5% reduction from a baseline of 13.4%), not 8.4% (13.4% minus 5%). The same logic should be applied to all measures of this kind.

Core Businesses: Services Delivered by Partners, and Services Delivered By Ministry

Last year, the ministry identified five key objectives and related priority strategies to guide and lead major redesigns of health services. Four of the objectives relate to Services Delivered by Partners, while one is for Services Delivered by Ministry. These objectives and strategies remain the focus of health system redesign efforts.

Objective 1. Providing care at the appropriate level in the appropriate setting: We are working to ensure hospitals, community services and health professionals are used in the most efficient and effective way possible so that clients and patients get the right type of care in the right type of setting that will lead to the best health outcome.

Objective 2. Providing tailored care for key segments of the population: One size does not fit all in health service delivery. Customized care that expressly addresses the unique needs of patient subpopulations, such as palliative care programs for the dying, or specialized care for the frail elderly, can improve quality of life and health outcomes for patients and provide better use of health services.

Objective 3. Keeping people as healthy as possible by preventing disease, illness and disability and slowing the progression of chronic illness: An ounce of prevention is worth a pound of care. Services such as health promotion and protection, and chronic disease prevention and management, are important to maintaining and improving health outcomes while containing overall health system costs. If we can keep people healthy and out of the health care system, we win on two fronts: people are not sick, and scarce resources can be freed up for non-preventable illness.

Objective 4. Managing within the available budget while meeting the priority needs of the population: We are committed to managing the health system efficiently and effectively to ensure scarce resources are spent where they will have the best impact.

Objective 5. Providing clients with equitable and timely access to services directly delivered by the ministry: The ministry will improve the services it provides directly to the public. Each service will be reviewed to determine the most appropriate and efficient method of delivery.

Core Business: *Services Delivered by Partners.*

Goal 1: High Quality Patient Care

Objective 1: Provide care at the appropriate level in the appropriate setting by shifting the mix of acute/ institutional care to more home/community care.	**Objective 2:** Provide tailored care for key segments of the population to better address their specific health care needs and improve their quality of life.	**Objective 3:** Keep people as healthy as possible by preventing disease, illness and disability and slowing the progression of chronic illness to minimize suffering and reduce care costs in the future.	**Objective 4:** Manage within the available budget while meeting the priority needs of the population.

Priority Strategy 1: Hospital Admissions Prevention through Increased Community Care Options: Prevent unnecessary hospitalizations by providing patients with better access to family physicians, specialists and other providers and services in the community.

PS — Performance Measure 1: Rates of admission for conditions that could be managed outside hospital (conditions classified as "may not require hospitalization").

This rate helps identify opportunities to more efficiently manage resources by focusing expensive, specialized hospital care on those who truly need it, and treating less acute cases in a more cost-effective, appropriate manner.

Baseline 02/03: 5.2% of admissions could be managed outside hospital

Target 03/04: 5% decrease over prior year

Target 04/05: 5% decrease over prior year

Target 05/06: 5% decrease over prior year

Target 06/07: 3% decrease over prior year

PS — Performance Measure 2: NurseLine use rates.

BC NurseLine is a health resource available 24/7 that allows British Columbians to help themselves with expert advice. The number of calls BC NurseLine receives helps gauge whether British Columbians are accessing health resources that will reduce the demand on hospitals and physicians.

Baseline 02/03: 172,934 calls; 1,423 calls transferred from physicians' offices

Target 03/04: 35% increase over baseline 02/03; 100% increase in calls transferred from physicians' offices over baseline 02/03

Target 04/05: 60% increase over baseline 02/03; 150% increase in calls transferred from physicians' offices over baseline 02/03

Target 05/06: 80% increase over baseline 02/03; 175% increase in calls transferred from physicians' offices over baseline 02/03

Target 06/07: 100% increase over baseline 02/03; 200% increase in calls transferred from physicians' offices over baseline 02/03

Priority Strategy 2: Post-Acute (hospital care) Alternatives: Provide appropriate community health support to enable timely discharge of patients from hospital once the need for acute medical care has ended.

PS — Performance Measure 3: Percentage of days spent by patients in hospitals after the need for hospital care ended, measured by alternate level of care days (ALC days) as a percentage of total hospital inpatient days.

Patients remain in hospital acute care beds longer than necessary for various reasons, including lack of room in a residential facility or lack of community services to support discharge from hospital. This ties up expensive critical care resources and creates a backlog for patients needing acute care. When ALC days drop, that means the system is organized better to treat patients in the right setting — acute beds for acute needs, and residential or community care for patients whose acute need has passed.

Baseline 02/03: 13.4% of inpatient days are ALC

Target 03/04: 5% decrease over prior year

Target 04/05: 5% decrease over prior year

Target 05/06: 3% decrease over prior year

Target 06/07: 3% decrease over prior year

Priority Strategy 3: Effective Management of Acute Care Services in Hospitals: Plan for and manage the demand on emergency health services and surgical and procedural services.

PS — Performance Measure 5: Waiting times for key services: Radiotherapy and Chemotherapy.

Monitoring cancer wait times helps ensure patients' cancers are treated as early as possible to achieve the best possible outcomes.

a. Radiotherapy:

Baseline 02/03: 88% within 4 weeks

Target 03/04: 90% within 4 weeks

Target 04/05: Maintain at 90% begin treatment within 4 weeks

Target 05/06: Maintain at 90% begin treatment within 4 weeks

Target 06/07: Maintain at 90% begin treatment within 4 weeks

b. Chemotherapy:

Baseline 02/03: Over 90% within 2 weeks

Target 03/04: 90% within 2 weeks

Target 04/05: Maintain at 90% begin treatment within 2 weeks

Target 05/06: Maintain at 90% begin treatment within 2 weeks

Target 06/07: Maintain at 90% begin treatment within 2 weeks

PS — Performance Measure 6: Emergency Room Use performance measure.

A province-wide project involving the ministry and all six health authorities has been launched to improve access to and effectiveness of emergency health services in hospitals. A set of guidelines, best practices and performance measures for the management of emergency rooms will be developed.

Target 03/04: Provincial Emergency Services Project initial recommendations implemented by health authorities

Target 04/05: Develop indicators of performance for emergency room services

Target 05/06: TBD

Target 06/07: TBD

Priority Strategy 4: Alternatives to Institutional Care: Help elderly and disabled individuals avoid institutionalization and remain as independent as possible in their own homes and communities by increasing the range of supportive housing environments and community care options, while reserving residential institutions for patients with the most complex care needs.

PS — Performance Measure 4: Percentage of clients with high care needs living in their own home rather than a facility.

This indicator tracks the number of seniors and people with disabilities who have high care needs and receive home support or adult day care services to allow them to remain more independent and live in their own home. This improves quality of life and also results in more efficient use of critical care resources.

Baseline 02/03: 44.6% of high care clients live in their own home rather than a facility

Target 03/04: 2% increase over prior year

Target 04/05: 5% increase over prior year

Target 05/06: TBD, based on access policy and new assessment tool

Target 06/07: TBD, based on access policy and new assessment tool

Priority Strategy 5: Build the Foundation for Integrated Care Networks:

a. Connect physicians and other health care professionals to diagnostic services, hospitals, and each other.

b. Provide a continuum of services in each health authority for mental health and addictions patients that better integrates primary, secondary, community and tertiary care and is integrated with the larger care networks.

PS — Performance Measure 7: Improved continuity of care measured by the proportion of persons (aged 15 to 64) hospitalized for a mental health diagnosis who receive community or physician follow-up within 30 days of discharge.

A high rate of community or physician follow-up reduces the chances that a mental health client will suffer a relapse and have to be readmitted to hospital.

Baseline 02/03: 72.3% of discharged mental health patients get follow-up in 30 days

Target 03/04: Increase over prior year

Target 04/05: Increase over prior year

Target 05/06: Increase over prior year

Target 06/07: Increase over prior year

PS — Performance Measure 8: Improved availability of community services measured by: Percentage of days spent by mental health patients (aged 15 to 64) in hospital after the need for hospital care ends.

This measure is the same as the previous ALC measure (PS – PM3), but focuses on people who are hospitalized for a mental health diagnosis.

Baseline 02/03: 3.1% of mental health inpatient days are ALC

Target 03/04: 2% reduction over prior year

Target 04/05: 2% reduction over prior year

Target 05/06: TBD, based on new assessment tool

Target 06/07: TBD, based on new assessment tool

PS — Performance Measure 9: Proportion of mental health services (community, physician and acute care) received by mental health clients (aged 15 to 64) that are obtained in their own health authority.

This measure indicates the extent to which mental health clients can be treated in their own communities or regional health authorities. This reduces travel and distance burden on patients and their families. A longer term (5–7 years) target of 87% has been set for this measure.

Baseline 02/03: 84.5% of mental health services are obtained in each client's health authority

Target 03/04: Increase over prior year towards long-term target of 87%

Target 04/05: Increase over prior year towards long-term target of 87%

Target 05/06: Increase over prior year towards long-term target of 87%

Target 06/07: Increase over prior year towards long term target of 87%

Core Business: *Services Delivered by Partners* (continued).

Goal 1: High Quality Patient Care

Objective 1: Provide care at the appropriate level in the appropriate setting by shifting the mix of acute/institutional care to more home/community care.	**Objective 2:** Provide tailored care for key segments of the population to better address their specific health care needs and improve their quality of life.	**Objective 3:** Keep people as healthy as possible by preventing disease, illness and disability and slowing the progression of chronic illness to minimize suffering and reduce care costs in the future.	**Objective 4:** Manage within the available budget while meeting the priority needs of the population.

Priority Strategy 6: Better Care for People with Extensive Care Needs: Provide integrated care and targeted services for patients who have extensive health care needs to more effectively manage their contact with health care services.

PS — Performance Measure 10: Percentage of days spent by highest needs patients in hospitals after the need for hospital care ended, measured by alternate level of care days (ALC days) as a percentage of total hospital inpatient days for these patients.

This measure is the same as the ALC measure (PS – PM3), but focuses on the health system's highest needs patients. For these patients, ALC days are up to twice the average compared to the entire population. When ALC days drop that means patients have more community care options.

Baseline 02/03: 21.8% of highest needs inpatient days are ALC

Target 03/04: 5% decrease over prior year

Target 04/05: 5% decrease over prior year

Target 05/06: 3% decrease over prior year

Target 06/07: 3% decrease over prior year

Priority Strategy 7: Better Care for People with Chronic Conditions: Increase the emphasis on the effective management of chronic diseases (e.g., diabetes) to prevent or slow disease progression.

PS — Performance Measure 11: Adherence to clinical best practices for managing chronic diseases measured by percentage of full-service family physicians claiming payment for treating patients according to evidence-based guidelines.

Tracking the number of physicians employing evidence-based guidelines indicates whether patients are receiving effective treatment for chronic diseases.

Baseline 02/03: No program in place

Target 03/04: 30%

Target 04/05: 40%

Target 05/06: 45%

Target 06/07: 50%

PS — Performance Measure 12: Use by physicians of appropriate drug therapies to slow or stop the progression of chronic diseases. For 04/05 we will report on congestive heart failure (CHF): percentage of patients suffering from CHF who are prescribed a) ACE inhibitors; b) Beta blockers.

Ace inhibitor and Beta blocker drugs are recognized for their importance in treating patients suffering from congestive heart failure. Targets have been set in consultation with the Chronic Disease Collaborative.

Baseline 02/03: a) 45%; b) 17%

Target 03/04: a) 55%; b) 25%

Target 04/05: a) 65%; b) 45%

Target 05/06: a) 75%; b) 60%

Target 06/07: a) 85%; b) 65%

Priority Strategy 8: Better Care for the Dying: Expand palliative care services to provide dying people with greater choice and access to services.

PS — Performance Measure 13: Percentage of patients in B.C. accessing the home-based PharmaCare Palliative Plan in the 12 months prior to death.

Surveys suggest that as death nears, most people would prefer to stay in a familiar environment. PharmaCare Plan P offers coverage for drugs and medical equipment to palliative patients who choose to stay at home. Measuring the number of claims filed under Plan P will signal the rate at which British Columbians are receiving palliative services at home.

Baseline 02/03: 12.5%

Target 03/04: 13%

Target 04/05: 15%

Target 05/06: 16%

Target 06/07: 17%

Priority Strategy 9: Improve the Health Status of Aboriginal Peoples: Support initiatives to improve Aboriginal health through the formalized participation of Aboriginal people in the planning and delivery of health care.

PS — Performance Measure 14: Improved health status for Aboriginal peoples measured by: a) infant mortality and b) life expectancy.

As a group, Aboriginal peoples have a level of health below that of the general population. Aboriginal infant mortality and Aboriginal life expectancy are two important measures of Aboriginal health.

Baseline 2002: 4.8 Status Indian (SI) infant deaths per 1,000; SI life expectancy of 73.9 years

Target 2003: a) Improvement in SI infant mortality; b) Improvement in SI life expectancy

Target 2004: a) No statistically significant difference in infant mortality rates between SI and other residents of B.C.; b) 1999–2003 SI life expectancy of 74.2 years

Target 2005: a) No statistically significant difference in infant mortality rates between SI and other residents of B.C.; b) 2000–2004 SI life expectancy of 74.8 years

Target 2006: a) No statistically significant difference in infant mortality rates between SI and other residents of B.C.; b) 2001–2005 SI life expectancy of 75.3 years

Core Business: *Services Delivered by Partners* (continued).

Goal 2: Improved Health and Wellness for British Columbians

Objective 1: Provide care at the appropriate level in the appropriate setting by shifting the mix of acute/institutional care to more home/community care.	**Objective 2:** Provide tailored care for key segments of the population to better address their specific health care needs and improve their quality of life.	**Objective 3:** Keep people as healthy as possible by preventing disease, illness and disability and slowing the progression of chronic illness to minimize suffering and reduce care costs in the future.	**Objective 4:** Manage within the available budget while meeting the priority needs of the population.

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Priority Strategy 10: Enhancing Self-Care and Self-Management: Support individuals' self-management efforts to help healthy people stay healthy and allow people with chronic conditions to better manage their condition.

PS — Performance Measure 15: Improve patients' ability to self-manage their chronic diseases measured by their use of evidence-based self-management techniques: For 2004/05, we will report on the percentage of patients with diabetes who undergo at least two HbA_{1C} tests per year.[1]

Diabetes is one of the most common chronic diseases. It affects about five per cent of British Columbians and is steadily increasing in prevalence. By taking two HbA_{1C} tests per year, patients can be aware of abnormalities faster, and drop their complication rates. This means a healthier life for the patient and a reduced impact on the health system.

Baseline 02/03: 36% of diabetes patients took two HbA_{1C} tests

Target 03/04: 40%

Target 04/05: 45%

Target 05/06: 50%

Target 06/07: 55%

[1] Targets for this measure have been adjusted downward from the targets in the 2003/04 Service Plan due to a delay in implementing the chronic disease management guidelines. Chronic disease management programs are now underway and the targets have been reset to reflect the delayed implementation.

Priority Strategy 11: Protection from Disease or Injury: Protect public health by implementing core public health prevention and protection programs (e.g., food and water safety programs, immunization programs, falls).

PS — Performance Measure 16: Immunization rates.

Immunization programs for children are among the most cost-effective ways to improve health status and reduce health care costs.

a. Two-year olds with up-to-date immunizations

Baseline 02/03: 81.1%

Target 03/04: 83%

Target 04/05: 85%

Target 05/06: 85%

Target 06/07: 86%

Influenza is a major cause of illness, hospitalization and death among older adults. Annual influenza vaccination reduces the risk of disease and may lessen the severity of illness.

b. Influenza immunization for residents of care facilities.[2]

Baseline 02/03: 85.4%

Target 03/04: Maintain above 85%

Target 04/05: Maintain above 85%

Target 05/06: Maintain above 85%

Target 06/07: Maintain above 85%

[2] This measure has changed from "influenza vaccination, population age 65 and over" to "influenza immunization for residents of care facilities" to focus attention on populations at high risk of suffering complications from influenza.

Core Business: *Services Delivered by Partners* (continued).

Goal 3: A Sustainable, Affordable Health Care System

Objective 1: Provide care at the appropriate level in the appropriate setting by shifting the mix of acute/institutional care to more home/community care.	**Objective 2:** Provide tailored care for key segments of the population to better address their specific health care needs and improve their quality of life.	**Objective 3:** Keep people as healthy as possible by preventing disease, illness and disability and slowing the progression of chronic illness to minimize suffering and reduce care costs in the future.	**Objective 4:** Manage within the available budget while meeting the priority needs of the population.

Priority Strategy 12: Service Quality Enhancement: Ensure clinical services are organized and delivered safely, cost-effectively and at a high quality.

PS — Performance Measure 17: Patient Safety performance measure.

A province-wide task group has been established to review patient safety and develop guidelines, best practices and performance measures to improve patient safety. As part of this work, specific performance measures for patient safety will be developed and added to subsequent service plans to spotlight critical areas of improvement.

Target 03/04: Establish Patient Safety Task Force

Target 04/05: Develop performance targets for selected patient safety indicators

Target 05/06: TBD

Target 06/07: TBD

Priority Strategy 13: Managing within Budget Allocation: Manage the delivery of services within budget.

PS — Performance Measure 18: Spending on administrative and support services by health authorities.

Managing administrative expenses helps ensure maximum financial resources are directed to patient care.

Baseline: 2001/02 health authority expenditures on administrative and support services

Target 04/05: At least 7% reduction in annual expenditures for administrative and support services (excluding Information Systems) from 2001/02 baseline

Target 05/06: Completed

Target 06/07: Completed

PS — Performance Measure 19: Health authorities in a balanced budget position in each fiscal year.

This measure is intended to ensure health authorities' expenses do not exceed their revenues.

Target 02/03 – 03/04: Expenses will not exceed revenues over these two fiscal years combined

Target 04/05: Balanced budget for each health authority

Target 05/06: Balanced budget for each health authority

Target 06/07: Balanced budget for each health authority

Core Business: *Services Delivered by Ministry.*

Goals:

1. High Quality Patient Care
3. A Sustainable, Affordable Health Care System

Objective 5: Provide clients with equitable and timely access to services directly delivered by the ministry.

Priority Strategy 14: Better Integrate the B.C. Ambulance Service within the Overall Health Services System: Review the ambulance service to ensure it is governed, managed and delivered by the most appropriate means and most appropriate providers to meet the needs of British Columbians.

PS — Performance Measure 20: Ambulance service response rates.

The majority of metropolitan Emergency Medical Services in Canada have adopted a response time goal of less than 9 minutes, 90 per cent of the time. The measure provides insight as to whether the ambulance service is performing its principal responsibility well — responding to sudden, acute care needs as quickly as possible.

Long-term (5-7 years) target: Ambulance response times to the most urgent cases in metropolitan settings, less than 9 minutes, 90% of the time

Baseline 02/03: 60.5% at 9 minutes

Target 03/04: 5% increase over prior year toward long-term target

Target 04/05: 5% increase over prior year toward long-term target

Target 05/06: 5% increase over prior year toward long-term target

Target 06/07: 5% increase over prior year toward long-term target

Priority Strategy 15: Improve Registration Services to the Public: Review the MSP and PharmaCare registration criteria and processes to ensure they provide appropriate and timely services to British Columbians and are managed and delivered by the most appropriate and efficient means.

PS — Performance Measure 21: Percentage of the population adequately insured against catastrophic prescription drug costs.

B.C.'s Fair PharmaCare is an optional program providing insurance for prescription drugs based on family income.

Baseline 02/03: N/A

Target 03/04: 65% of the population registered for Fair PharmaCare

Target 04/05: 73%

Target 05/06: 75%

Target 06/07: Maintain 75% level

PS — Performance Measure 22: Turnaround times for MSP/PharmaCare (beneficiary) services to the public.

Both measures capture MSP's and PharmaCare's efficiency in processing applications.

a. Enrolment applications

Baseline 02/03: 16 weeks turnaround time

Target 03/04: 8 weeks turnaround time

Target 04/05: 6 weeks turnaround time

Target 05/06: 4 weeks turnaround time

Target 06/07: 4 weeks turnaround time

b. Premium assistance applications

Baseline 02/03: 12 weeks turnaround time

Target 03/04: 6 weeks turnaround time

Target 04/05: 4 weeks turnaround time

Target 05/06: 4 weeks turnaround time

Target 06/07: 4 weeks turnaround time

Priority Strategy 16: Provide Timely, High-Quality Vital Statistics Services to the Public: Pilot an electronic service for the registration of births and deaths; maintain customer satisfaction levels while implementing nationally mandated identification security measures; and improve direct electronic access to users of vital event health-related information products from the VISTA data warehouse to support health planning and surveillance activities.

PS — Performance Measure 23: Vital Statistics registration turnaround times.

Target 03/04: 40 days from date of event to complete registration for 90% of events reported

Target 04/05: 35 days from date of event to complete registration for 90% of events reported

Target 05/06: 35 days from date of event to complete registration for 90% of events reported

Target 06/07: 35 days from date of event to complete registration for 90% of events reported

PS — Performance Measure 24: Customer and client (e.g., doctors, nurses, etc.) satisfaction rates (courtesy, helpfulness, promptness).

Target 03/04: 96% of customer satisfaction responses are satisfactory or better

Target 04/05: 96% of customer satisfaction responses are satisfactory or better

Target 05/06: 96% of customer satisfaction responses are satisfactory or better

Target 06/07: 96% of customer satisfaction responses are satisfactory or better

PS — Performance Measure 25: Expanded scope of clients having direct access to Vital Statistics VISTA data warehouse.

Target 03/04: Electronic access to VISTA provided to primary users within the Ministry of Health Services

Target 04/05: Electronic access to VISTA provided to Medical Health Officers, health authorities, and primary users at other ministries

Target 05/06: Electronic access to VISTA provided to health focused research groups within hospitals and universities

Target 06/07: Completed

Core Business: Stewardship and Corporate Management

The ministry's stewardship objectives and strategies are designed to assist our service delivery partners fulfill the objectives and strategies listed in the previous section, and ensure the health system is redesigned in accordance with government's strategic direction. Stewardship strategies are organized under three objectives, which represent the main components of effective stewardship: Strategic Direction, Support to Partners, and Monitoring, Evaluation and Course Correction.

Corporate Management objectives and strategies are in place to ensure the ministry's own administration runs as efficiently and effectively as possible.

Stewardship

Objective 1. Strategic Direction: The ministry's strategic direction for the health system must be well articulated and communicated to the public and to those who deliver services to the public. The ministry is committed to leading and fostering a culture in which health system activities are evidence-based, well planned and understood, and in which accountability structures exist to ensure strategic directions guide service delivery activities.

Objective 2. Support: The ministry supports its service delivery partners (health authorities and health professionals) to achieve the strategic priorities of the health system. It develops provincial plans for the future supply and effective use of health care professionals, equipment, technology and facilities to ensure the health system has the capacity to meet the population's health needs. The ministry supports health research activities and the development of best practices for service delivery, and develops legislative, regulatory and policy frameworks to manage the health system and protect public health.

Objective 3. Monitoring, Evaluation and Course Correction: The ministry monitors and evaluates the delivery of services and the health of the population to ensure services delivered in the system meet the needs of the public. As part of a commitment to continuous improvement and evidence-based decision making, the ministry uses its evaluations of health system performance to inform strategic intervention and facilitate course correction where warranted.

Corporate Management

Objective 1. Appropriate organizational capacity to manage the health system and efficiently deliver necessary services: The ministry is implementing a human resource strategy to ensure it can fulfill its stewardship role in the system.

Objective 2. Sound management practices in place: The ministry is committed to following sound business practices in order to operate in the most effective and efficient manner possible.

Stewardship

Goals:

1. High Quality Patient Care
2: Improved Health and Wellness for British Columbians

Objective 1: Direction	**Objective 2: Support**	**Objective 3: Monitoring, Evaluation and Course Correction**
Government's strategic direction is clearly defined and communicated and guides service delivery.	Supports are in place to facilitate the achievement of strategic priorities, and barriers to change have been removed.	Delivered services meet public needs and are sustainable.

MOHS Strategy 1: Translate health care needs into clear strategic direction and measurable expectations that will guide operational management and delivery of health services.

MOHS Strategy 2: Facilitate the delivery of health services by partners through the development and use of best practice guidelines, standards and protocols.

MOHS Strategy 3: Protect public health by articulating expectations for core public health prevention and protection activities, including standards for their delivery.

MOHS Strategy 4: Enhance the quality and accountability of self-regulated health care professionals in British Columbia by developing a regulatory framework to support and guide their work.

MOHS Strategy 5: Develop coordinated system-wide approaches for responding to major public health risks and epidemics (e.g., SARS, West Nile, influenza, meningitis and obesity).

MOHS — Performance Measure 1: (Relates to Strategy 1) Mid- and long-term direction setting plans for the health sector completed.

- **Target 03/04:** Health system directional plan developed and service plan aligned with directional plan
- **Target 04/05:** Health system directional plan published; implementation of strategies in progress
- **Target 05/06:** Plans, planning processes and implementation assessed; planning cycle updated
- **Target 06/07:** Completed

MOHS — Performance Measure 2: (Relates to Strategy 1) Health authorities' ratings of the clarity, timeliness and usefulness of government direction in guiding service delivery.

- **Target 03/04:** Develop process and survey tool
- **Target 04/05:** Implement surveys to determine baseline data, and set targets
- **Target 05/06:** TBD
- **Target 06/07:** TBD

MOHS — Performance Measure 3: (Relates to Strategy 2) Strategic clinical practice guidelines/ standards in priority areas developed and implemented.

Baseline 02/03: 7 guidelines approved

Target 03/04: Develop guidelines for palliative care, post-stay acute care, assisted living, hypertension, asthma, and depression

Target 04/05: Develop guidelines for rheumatoid arthritis and chronic obstructive lung disease

Target 05/06: Further progress on unfinished guidelines and new clinical guidelines developed as resources permit

Target 06/07: New clinical guidelines developed as resources permit

MOHS — Performance Measure 4: (Relates to Strategy 3) Priority programs developed for prevention and protection.

Target 03/04: Core programs delivery expectations and performance measures developed

Target 04/05: Development of accountability framework completed to ensure health authorities meet core program requirements such as:
1) Provincial policy
2) Provincial standards
3) Performance agreement expectations

Target 05/06: Completed

Target 06/07: Completed

MOHS — Performance Measure 5: (Relates to Strategy 4) Improved governance and accountability framework developed for the health professions.

Target 03/04: *Health Professions Act* amended to clarify accountability and governance expectations for all colleges

Target 04/05: "Reserved Actions" model implemented and updating scope of practice regulations underway

Target 05/06: Updating scope of practice regulations complete

Target 06/07: Enhanced accountability measures in place to improve college performance

Stewardship *(continued)*

Goals:

1. High Quality Patient Care
2: Improved Health and Wellness for British Columbians

Objective 1: Direction	**Objective 2: Support**	**Objective 3: Monitoring, Evaluation and Course Correction**
Government's strategic direction is clearly defined and communicated and guides service delivery.	Supports are in place to facilitate the achievement of strategic priorities, and barriers to change have been removed.	Delivered services meet public needs and are sustainable.

MOHS Strategy 6: Make data accessible, with due attention to quality, security and privacy protection, to support evidence-based planning of patient care and clinical decision making by partners (e.g. Electronic Health Record; CDM registries; inter-provincial/national data collection standards and registries).

MOHS Strategy 7: Provide legislative, regulatory and policy frameworks to ensure policy direction is clear and consistent and allows services to be delivered appropriately and cost-effectively.

MOHS Strategy 8: Ensure the health care system has the capacity to meet the population's health needs by developing provincial plans for the supply and effective use of health care professionals, facilities and infrastructure.

MOHS Strategy 9: Support health research and create opportunities for health partners to share knowledge and best practices to facilitate continuous improvement in service delivery.

MOHS — Performance Measure 6: (Relates to Strategy 6) Health authorities' ratings of data availability and usefulness in supporting planning and service delivery.

Target 03/04: Develop process and survey tool

Target 04/05: Implement surveys and set targets

Target 05/06: TBD

Target 06/07: TBD

MOHS — Performance Measure 7: (Relates to Strategy 7) Percentage of regulatory requirements reduced.[3]

Baseline 01/02: 10,758 regulations

Actual 02/03: 4% reduction in regulations

Target 03/04: Further 2% reduction in regulations

Target 04/05: Further 14% reduction in regulations

Target 05/06: Completed

Target 06/07: Completed

[3] Deregulation targets have been restated to reflect the ministry's updated legislative plan.

MOHS — Performance Measure #8: (Relates to Strategy 8) Health Human Resource, IT and Capital plans developed.

a) Health Human Resource plan developed.

Target 03/04: Health Human Resource Plan designed and consultations completed

Target 04/05: Monitoring process developed. Implementation of strategies for completed long-term plans in progress, and updated based on new data

Target 05/06: Plans assessed against direction-setting documents, and refreshed

Target 06/07: Health Human Resource Plan updated to reflect population health trends. All health authorities submitting health human resource implementation plans. Status update on increases in health profession graduates. Health human resource supply and demand analysis updated

b) IT plans developed.

Target 03/04: Technology plans developed

Target 04/05: Monitoring process developed. Implementation of strategies for completed long-term plans in progress, and updated based on new data

Target 05/06: Plans assessed against direction-setting documents, and refreshed

Target 06/07: Report on implementation results based on plans

c) Capital plan developed.

Target 03/04: Capital plan developed

Target 04/05: Plan updated

Target 05/06: Plan updated

Target 06/07: Plan updated

Stewardship *(continued)*

Goals:

1. High Quality Patient Care
2. Improved Health and Wellness for British Columbians
3. A Sustainable, Affordable Health Care System

Objective 1: Direction	**Objective 2: Support**	**Objective 3: Monitoring, Evaluation and Course Correction**
Government's strategic direction is clearly defined and communicated and guides service delivery.	Supports are in place to facilitate the achievement of strategic priorities, and barriers to change have been removed.	Delivered services meet public needs and are sustainable.

MOHS Strategy 10: Develop an effective monitoring and evaluation framework for services provided by health authorities and other system partners (e.g., health professions).

MOHS Strategy 11: Monitor financial status to ensure overall health system costs stay within budget.

MOHS Strategy 12: Monitor and report publicly on the health of the British Columbia population.

MOHS — Performance Measure 9: (Relates to Strategy 10) Health authority performance agreements signed.

- **Target 03/04:** 6/6 HAs will be in compliance
- **Target 04/05:** Performance agreements signed by all health authorities by May 31, 2004
- **Target 05/06:** Performance agreements signed by all health authorities by May 31, 2005
- **Target 06/07:** Performance agreements signed by all health authorities by May 31, 2006

MOHS — Performance Measure 10: (Relates to Strategy 11) Overall health system financial status (actual expenses compared to budgeted expenses at year end).

- **Baseline 02/03:** Under budget by $26.5 million
- **Target 03/04:** Expenses do not exceed budget
- **Target 04/05:** Expenses do not exceed budget
- **Target 05/06:** Expenses do not exceed budget
- **Target 06/07:** Expenses do not exceed budget

MOHS — Performance Measure 11: (Relates to Strategy 12) Report annually on population health status or a significant health issue.

- **Target 03/04:** Annual report produced (topic: Aboriginal health and well-being)
- **Target 04/05:** Annual report produced (topic: air quality)
- **Target 05/06:** Annual report produced (topic: food, nutrition and health)
- **Target 06/07:** Annual report produced (topic: to be determined)

Corporate Management

Goal 3:
A Sustainable, Affordable Health Care System

Objective 1: Appropriate organizational capacity to manage the health care system and efficiently deliver necessary services.

Objective 2: Sound management practices in place.

MOHS Strategy 13: Implement Human Resource Management Plan.

MOHS — Performance Measure 12: Percentage of employees who indicate comprehension of vision, mission, and goals of the organization and their role in assisting to achieve these goals (Annual Employee Survey).

Baseline 02/03: 34% of employees satisfied or very satisfied with their understanding of the vision, mission and goals of the organization and their role in achieving them

Target 03/04: 45%

Target 04/05: 65%

Target 05/06: 75%

Target 06/07: 85%

Corporate Management *(continued)*

Goal 3:
A Sustainable, Affordable Health Care System

Objective 1: Appropriate organizational capacity to manage the health care system and efficiently deliver necessary services.

Objective 2: Sound management practices in place.

MOHS Strategy 14: Embed sound business practices and a business management culture within the Ministry.

MOHS — Performance Measure #13: Percentage of divisions with integrated service (business) and HR plans.

- **Target 03/04:** 30%
- **Target 04/05:** 80%
- **Target 05/06:** 100%
- **Target 06/07:** Completed

MOHS — Performance Measure #14: Percentage of divisions with risk management plans.

- **Target 03/04:** N/A
- **Target 04/05:** 30%
- **Target 05/06:** 80%
- **Target 06/07:** 100%

Summary of Capital, Public-Private Partnerships and Alternative Service Delivery Projects

Three-Year Capital Spending Plan

The Ministry's three-year capital spending plan encompasses maintenance, renovation, replacement or expansion of health infrastructure consistent with regional priorities. This spending is key to keeping the health system functioning effectively and efficiently.

Restructuring Allocation

A $100 million restructuring allocation for health authorities was established in the 2002/03 Service Plan. The objective of this funding is to convert existing health facilities to more appropriate uses consistent with new regional priorities. This work will be completed by 2005/06. Some examples of restructuring projects are:

- Interior Health Authority — $7.8 million shared food services project.
- Fraser Health Authority — Burnaby Hospital's $2.6 million renovation to consolidate mental health services.
- Provincial Health Services Authority — B.C. Children's and Women's Health Centre's $1.6 million Labour Delivery Suite/Surgical Day Care Unit renovation.
- Northern Health Authority — MacKenzie and District Hospital's $305,000 renovation to remodel the acute care facility and integrate community health services.
- Vancouver Coastal Health Authority — Vancouver General Hospital's $2.3 million Emergency Room renovation to accommodate expected increased patient volumes.
- Vancouver Island Health Authority — Victoria General Hospital's $2.1 million renovation to develop an inpatient rehabilitation unit. (The province is contributing 60% of the project's cost.)

Mental Health Plan — Riverview Replacement

Riverview Replacement involves moving patients from Riverview to new facilities in their local health authority so appropriate care can be provided in patients' home regions. The Provincial Health Services Authority is leading the comprehensive and collaborative tertiary redevelopment process with its health authority partners.

This project has a budget of $138 million over five years, starting in 2002/03.

Health Care Renewal Accord — Diagnostic and Medical Equipment Fund

The 2003 First Ministers' Accord on Health Care Renewal established a $1.5 billion national diagnostic and medical equipment fund. Of that total, $200.1 million was allocated to B.C. for the three-year period ending in 2005/06. These funds will be invested in diagnostic and medical equipment and training.

Major Capital Projects

Under the *Budget Transparency and Accountability Act*, a summary of the business case for major capital projects must be made public. A major project is defined as any capital commitment or anticipated commitment that exceeds $50 million.

Project Name: Vancouver Coastal Health Authority, Vancouver General Hospital (VGH) Redevelopment

Objectives:

- To update the VGH site to meet patients' needs over the next 20 years or more.
- To complete the project by January 2007.

Cost: The approved total project cost is $156 million and will include 15 separate component projects, the most significant being the completion of the inpatient floors of the Jim Pattison Pavilion in May 2003. Other components include:

- Generator and Code upgrades to the Jim Pattison Pavilion;
- Renovations/Upgrades to the Centennial Pavilion and the Willow Pavilion; and
- A new Hyperbaric Chamber, Power Plant, and 300+ seat Auditorium.

Benefits: New patient areas and consolidation of hospital services within the Centennial Pavilion and the Jim Pattison Pavilion will provide operational efficiencies for clinical services, clinical support and facility management programs.

Risks:

- Changes in economic and market conditions, including potential for labour and material cost escalation and shortages.
- Technology and building code changes.

Public-Private Partnerships and Alternative Service Delivery

The ministry and health authorities are committed to ensuring maximum value for health care dollars and are exploring new approaches for capital projects and the delivery of some non-clinical services. In accordance with that approach, the ministry and the health authorities are pursuing public-private partnerships (P3s) and alternative service delivery (ASD) arrangements to leverage private sector innovation and capital.

Abbotsford Hospital and Cancer Centre (AHCC) — Fraser Health Authority and Provincial Health Services Authority

Objective: To build a regional referral health campus to replace the existing Matsqui Sumas Abbotsford (MSA) hospital and incorporate a new cancer centre.

Cost: The capital cost of the project is estimated to be approximately $300 million. The Fraser Valley Regional Hospital District is contributing $71.3 million towards the project. When it is finished, annual operating costs for the AHCC will be approximately $150 million.

Benefits:

- Creating a modern 300-bed hospital and cancer centre to meet the needs of Fraser Valley residents for the next 30 years.
- Integrating a cancer centre with a full-service regional hospital from the ground up.
- Regional referral health campus with state-of-the-art equipment will provide much needed services and will also help attract and retain health professionals to the area.

Risks:

- This is the province's first P3 project for a major acute care facility. To mitigate the first-time-through risks, the project is, in part, building on the experience, documentation and advice of other jurisdictions that have successfully completed similar projects.
- Changes in economic and market conditions, including potential for labour and material cost escalation and shortages.
- Technology and building code changes.

Academic Ambulatory Care Centre — Vancouver Coastal Health Authority (VCHA)

Objective: To replace outdated facilities and coordinate outpatient care services at the VCHA Vancouver General Hospital — including specialty clinics, medical education, physician practice offices, research and related commercial/retail activities.

Cost: Approximately $90 million capital cost, borne by the private sector proponent.

Benefits: By centralizing medical disciplines, this modern facility will enhance patient access, scheduling and care by allowing the coordination of specialists visits, clinic visits and diagnostic testing in one location. In addition, medical students will benefit from increased interaction between academics, researchers and practicing clinicians.

Risks:

- Changes in economic and market conditions, including potential for labour and material cost escalation and shortages.
- Technology and building code changes.

Health Benefits Operation

Objective: To improve MSP and PharmaCare services without incurring significant capital investment by the Province.

Cost: The value of the services is estimated to be approximately $25 million annually. These operations involve over one million transactions with a value of approximately $2.2 billion annually.

Benefits:

- Improving service to the public while protecting privacy and personal information.
- Maintaining or improving service to health care professionals.
- Permitting the ministry to focus on its core business — stewardship and leadership for the health system in B.C., as opposed to direct service delivery.
- Avoiding capital costs associated with upgrades/replacement of existing systems.

Risks:

- Finding a proponent who can deliver all the benefits within budget constraints.
- Negotiating a successful partnership agreement where risks and benefits are appropriately apportioned between both parties.

Appendix 1. Strategic Context

Vision, Mission and Values

Vision:

A health system that ensures high quality public health care services that meet patients' needs where they live and when they need them.

Mission:

To guide and enhance the province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health.

The top priorities are renewing public health care while providing high quality public health care services that meet patients' most essential needs.

Values:

A set of beliefs, consistent with the principles of the *Canada Health Act*, defines our organizational behaviour:

- **patient and consumer focus** which respects the needs and diversity of all British Columbians.
- **equity** of access and in the quality of services delivered by government.
- **access** for all to required health services.
- **effectiveness** of delivery and treatment leading to appropriate outcomes.
- **efficiency**, providing lowest cost consistent with quality services.
- **appropriateness**, providing the right service at the right time in the right place.
- **safety** in the delivery of health services to minimize the risks to the health and safety of British Columbians.

Planning Context

Environmental Scan

Numerous challenges continue to face the creation of a patient-centered, coordinated and well-managed system that best meets the evolving and diverse health services needs of British Columbians.

Fiscal Challenges — Annual growth in provincial health care costs continue to put pressure on available health budgets, even after receipt of new federal funding.

Increases in health care costs come from:

- A growing and ageing population, rising use of pharmaceuticals, higher service expectations, and rapid technological innovations.
- Increased incidence of preventable illness/disease such as diabetes and heart disease resulting from unhealthy lifestyle choices.
- New diseases result in new tests, drugs and treatments.
- Increasing pressure from both health care providers and the public for government to fund new technologies, pharmaceuticals and clinical interventions regardless of established effectiveness or value for money.
- Investments to update or expand health care facilities and equipment.
- Increasing labour wage and benefit costs.

Demographic Trends

- B.C.'s population is forecast to increase by 45,200 persons in 2004, 49,300 in 2005 and 50,200 in 2006.
- B.C.'s population is ageing. Relative to 2000, by 2010, there will be 26 per cent more people over 65, 30 per cent more over 75, and 63 per cent more over 85. The median age in B.C. is forecast to reach 40.0 by 2006. This is up from 35.4 years in 1995.
- Life expectancy is increasing. By 2007, the median age at death will be 80 years.
- The health system's workforce is ageing.

Other Challenges and Risks

- Health care planning is complicated by shifts in patterns of disease. For example, a more intense flu epidemic or intensification of the Severe Acute Respiratory Syndrome (SARS) in B.C. would alter immediate patient needs. Also, changing health human resource demographics, clinical practices and technologies make planning challenging.
- Attracting and retaining high quality staff in the health sector is difficult at a time of global shortages in health care professionals.
- The focus on "patients first" requires a shift in management and provider culture.
- Managing the restructuring of health care service delivery during a period of modest increases in health funding.

Opportunities to Meet the Challenges

The ministry has expertise in planning, monitoring and evaluation and is building stronger relationships with its health system partners. Through last year's redefinition of core businesses, the ministry has also more clearly defined its role and responsibilities, and those of its health authority partners.

The ministry will capitalize on these opportunities to create a system capable of meeting our challenges, by:

- Moving to evidence-based decision making.
- Making the public aware of how unhealthy lifestyle choices can affect health.
- Streamlining to focus on core businesses and priority issues.
- Developing and implementing standards of care and accountability to improve the delivery of health services and patient outcomes.
- Using formal planning and projection tools to forecast the services that will be required to meet the health care needs of British Columbians.
- Fostering cooperative working relations with health system partners.
- Building relationships with other provincial ministries to facilitate the coordination of services.
- Directing, supporting, monitoring and reporting on system performance and accountability.
- Involving experienced staff and external experts with extensive knowledge of the issues facing the system.

Highlights of Strategic Shifts and Changes from the Previous Service Plan

The ministry made significant shifts in its service plans from 2001/02 to 2003/04. It redefined its own role and that of its health authority partners, established new core businesses, and introduced new measures of accountability. In the 2003/04 service plan, the ministry articulated key objectives and priority strategies to focus and guide health system redesign.

This year's service plan continues to focus on the objectives and priority strategies introduced in last year's plan. It also incorporates the key functions of the former Ministry of Health Planning, which was merged with the Ministry of Health Services in January 2004. Strategies and performance measures for health system planning, public health protection, legislative and policy development, and reporting on the health of the population are now incorporated under the ministry's core business of Stewardship.

In additon to the changes to the Stewardship section referenced above, this service plan also has three new performance measures. The first, PS-PM11 (page 25), strengthens the ministry's ability to monitor performance and results in the area of chronic disease

management. The second, PS-PM17 (page 29), signals the ministry's intent to create a performance measure for patient safety based on the work of the Patient Safety Task Force. The third, MOHS-PM14 (page 41), supports and sets targets for the adoption of enterprise-wide risk management.

Two performance measures have been discontinued. The first, *Commitments articulated in 2003 Accord met* (03/04 MOHS-PM2) was intended to include compliance targets for initiatives under the Federal/Provincial/Territorial Health Accord of 2003. The measure has been dropped because the ministry does not have sufficient control over the timing of target setting, and because the ministry will be reporting the use of Accord funding in its Annual Service Plan Report. The second, *Number of redundant or unnecessary policies eliminated from policy manuals* (03/04 MOHS-PM6), was eliminated because other, more effective measures are in place to monitor the ministry's success in providing clear direction and guidance to its health authority partners.

Consistency with Government Strategic Plan

Health is a top priority of the government as outlined in the Government Strategic Plan. The service plan supports the government strategic plan as follows:

Government's Priorities Related to the Ministry

- British Columbians will be healthy.
- B.C. will have a healthy physical environment.
- Government will be affordable and fiscally responsible.

Ministry Goals

- High Quality Patient Care.
- Improved Health and Wellness for British Columbians.
- A Sustainable, Affordable Health Care System.

Ministry Objectives

- Provide care at the appropriate level in the appropriate setting.
- Provide tailored care for key segments of the population to better address their specific health care needs and improve their quality of life.
- Keep people as healthy as possible by preventing disease, illness and disability and slowing the progression of chronic illness.
- Manage within the available budget while meeting the priority needs of the population.
- Improve the services the ministry delivers directly to the public.

Appendix 2. Summary of Related Planning Processes

Summary of Information Resource Management Plan

The knowledge management and technology priorities for the ministry are to: improve management information for health system redesign, business planning and decision-making; work with our partners to build the capacity for secure sharing of health information electronically; facilitate active consultation, planning, and solution building through collaboration with our stakeholders and partners; and, promote electronic public access to health information and services to help our citizens become more informed of health issues and treatment options. These priorities are driven by and in support of the overall goals of the ministry.

The health information and technology management environment is complex, but its principle is simple and clear: business needs determine the information processing requirements, which in turn determine the appropriate technology infrastructure. To put this principle into practice, it is imperative that we actively consult and plan with our stakeholders, and work with our partners on joint solution building. Our major stakeholders and partners include health system planners and decision-makers, health authorities, health care providers, health education and research institutions, co-funding and implementation partners such as the Provincial Lab Coordinating Office, Health Canada, the Canadian Institute for Health Information, the Canada Health Infoway, Western Health Information Collaborative, private sector partners, and the general public.

The major projects with significant deliverables in fiscal year 2004/05 include: Provincial Lab System, Electronic Health Record System, VISTA Data Warehouse, and Health Status Registry.

Summary of Human Resource Management Plan (HRMP)

The ministry recognizes that to achieve the strategic objectives in our service plan, additional effort and energy must be focused on developing and supporting our employees, and continuing to build an enriching, rewarding and flexible organization. The HRMP helps the ministry achieve excellence in service and supports the service plan through the strategic management of our human resources. The HRMP has strategies and performance measures for achieving "people excellence" that assist employees to effectively address the ministry's objectives and strategies.

This plan has been developed to support and build on the 'Corporate Human Resource Plan for the Public Service of British Columbia' and the 'B.C. Public Service Renewal Project'. Its initial focus is on rebuilding and strengthening our organization and employees, developing a culture of learning and through this, achieving high levels of performance.

The ministry has developed four rebuilding themes that will guide us through the delivery of the HRMP Plan: **Building, Connecting, Learning, and Performing**. The goals for each of these themes are as follows:

1) **Building:** A Responsive and Adaptable Workforce
2) **Connecting:** A Culture of Collaboration and Communication
3) **Learning:** A Learning and Knowledge Sharing Organization
4) **Performing:** A Committed and Engaged Workforce that Achieves Results