Introduction

British Columbia is launching a refreshed strategic vision for the provincial health system. The vision is premised on driving performance management across the system through continuous improvement across all service areas. The success of the overall strategy and its intended goal of improving the health system and outcomes for the broader population and patients rests on the ability to implement each of the system wide key actions in an aligned, sequenced and coordinated manner.

Setting Priorities for the B.C. Health System

The key goals, priorities and strategies that will be the focus of the health system’s efforts to meet population and patient health needs are outlined in Setting Priorities for the B.C. Health System. It argues that while taking a patient-centred approach and the need to incrementally improve performance across the health system there are several population segments where it is critical to achieve system-wide improvement.

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**GOALS**
- Supporting the Health and Well-being of B.C. Citizens
- Delivering a System of Responsive and Effective Health Care Services for Patients across B.C.
- Ensuring Value for Money

**PRIORITIES**
- Provide Patient-Centred Care
- Prevention and Health Promotion
- Primary and Community Care
- Improve Access to Specialist Services
- Access to Quality Diagnostic Services
- Access to Clinically-and Cost-Effective Pharmaceuticals
- Review and Improve Acute Care Services
- Appropriate Residential Care

**ENABLING STRATEGIES**
- Shared Plan of Action
- Clear Accountability
- Ensure Quality
- Skilled Change Management
- Health Human Resources Strategy
- Information Management and Technology
- Budget Management and Efficiency

*BC Health System Strategy Implementation: A Focused and Collaborative Approach* takes the next step in explicitly setting out how we will focus and communicate our efforts to deliver on these key goals, priorities and strategies.
How We Will Focus and Communicate Our Efforts to Deliver the Priorities and Strategies

Communicate and Use a Shared Strategic Vision

Our goal is to systematically and opportunistically improve the health of the population through effective public health and healthy living strategies. We will increase value for patients based on providing patient-centred, quality services (access, acceptability, appropriateness, safety) that achieve health outcomes known to accomplish intended results and that matter to patients and their families (effectiveness).

This value will be achieved by meeting the population health, patient and service priorities within the fiscal objectives of government for a financially sustainable health system.

Three Key Areas of Focus for the Health Sector

1. Deliver Patient-Centred Services and Care

   - We will strive to hardwire patient-centred care (PRIORITY 1) into health service delivery systems, board and executive management decision making and policy development through:

     o Continuously using the lens that health care is about caring for individuals and their families when they are at their most vulnerable and experiencing significant stress or challenges with their health.

     o Embedding shared values around creating the experience of individualization through recognition, respect, empathy, compassion and dignity underscored by comprehensive and understandable information provided to patients and their families through excellent communication, transparency, and partnership (Don Berwick, 2008).
       - “The needs of the patient come first.” (Mayo Clinic Vision)
       - “Nothing about me without me.” (Diane Plamping)
       - “Every patient is the only patient.” (Art Berarducci)

     o Systematically and opportunistically examining all aspects of the patient experience and considering services from the perspective of the patient not the service provider, administrator, manager or executive.
       - Patients as Partners will play a key leadership role in these efforts.

1 Setting Priorities for the B.C. Health System
2 BC Patient Safety and Quality Council’s Dimensions of Quality
3 Setting Priorities for the B.C. Health System, p. 36
4 Setting Priorities for the B.C. Health System, p. 18 and 37
- We will build patient-centred care on delivering meaningful health outcomes to people:
  - Tier 1: safety – achieving the lowest avoidable case mortality and morbidity rates and minimum adverse event rates.
  - Tier 2: achieving optimal potential functionality from treatment.
  - Tier 3: ensuring the quality of the total care cycle including recovery.
  - Tier 4: assessing the quality of longer term outcomes relative to the cost of achieving those outcomes (adapted from Porter and Lee, 2013).

- Patient-centred care is delivered by people: Ministry of Health (the Ministry) public servants; health authority board members, managers and administrators; and above all by health service providers. It is built on a healthy work place culture and supportive health human resource management systems that emphasize key aspects:
  - The Ministry and health authority boards and their executives, working closely with physicians, health care providers and patients/families in their regions, will strive to achieve the right socio-technical balance in service delivery design that supports patient- and family-centred care.
  - Health authority boards and their executives, working closely with physicians and health care providers in their regions, will strive to create healthy workplace environments that support staff to provide excellent patient-centred care.
  - Health authority boards and their executives, working closely with physicians and staff in their regions, will value the use of emotional intelligence (self-awareness, self-control, focusing on others using the empathy triad – cognitive empathy, emotional empathy, empathic concern)\(^5\) as a fundamental competence for their workforce.
  - The Ministry will actively work with health professional and health staff educators to imbed the principles of patient-centredness and emotional intelligence into curriculum as an integral part of being an effective health service provider. We will also work with colleges to include these as part of professional competencies.
    - Emotional distancing should not be considered an effective strategy for workplace survival or effective patient-centered care. Developing and using emotional intelligence should be a key part of being an effective health service provider (Parker Palmer 2007).

\(^5\) Cognitive empathy – the ability to understand another person’s perspective; emotional empathy – the ability to sense what another person feels; empathic concern – the ability to sense what another person needs from you
2. Drive Performance Management Through Continuous Improvement Across Service and Operational Accountabilities

- Working with health authority boards, physicians and other key sector partners, we will systematically and opportunistically pursue operational effectiveness using a structured performance management framework for the health system (see Figure 1). In conjunction with increasingly comprehensive monitoring and reporting of key elements of the health system, this will serve to drive greater accountability and transparency.

- The structured performance management framework will:
  
  o Build from the patient population/service matrix;
  
  o Use three axes – ensuring quality (STRATEGY 3); effective and efficient budget allocation built around meeting and managing demand and effective cost management (STRATEGY 7); and effective and appropriate geographical distribution of services (metro, urban/rural, rural and remote) – to evaluate performance of regional health systems;
  
  o Link and align key health system elements: outcomes, patient populations, services, human resource strategy (STRATEGY 5), and IM/IT strategy (STRATEGY 6) – a key area of focus must be on enabling and supporting the population to stay healthy through effective public health policy, services and healthy living strategies (PRIORITY 2); and
  
  o Be underpinned by effective and aligned plans (STRATEGY 1); effective, innovative, and inclusive board governance, executive management, and health professional accountability and engagement (STRATEGY 2); and supported by skilled change management (STRATEGY 4).

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6 This framing goes further than the requirement to maintain and incrementally improve on what is working well (Setting Priorities for the B.C. Health System, p. 36) to a more fulsome approach to continuous improvement across the system.

7 Setting Priorities for the B.C. Health System, pp. 14 – 17
8 Setting Priorities for the B.C. Health System, p. 17, 49
9 Setting Priorities for the B.C. Health System, pp. 51 – 52
10 Setting Priorities for the B.C. Health System, p. 50
11 Setting Priorities for the B.C. Health System, p. 50 – 51
12 Setting Priorities for the B.C. Health System, pp. 37 – 38
13 Setting Priorities for the B.C. Health System, p. 46
14 Setting Priorities for the B.C. Health System, pp. 47 – 48
15 Setting Priorities for the B.C. Health System, p. 49
3. Establish a cross system focus on a number of key patient populations and service delivery areas that are critical to both quality and sustainability\(^\text{16}\):

(1) Cost-effectively and significantly improve patient outcomes in the community to reduce the flow of three key medical patient populations (complex chronic illness, frail elderly, and moderate to severe mentally ill patients) into emergency departments and through to medical inpatient beds, and residential care:

- This will be achieved by establishing efficient and effective inter-professional teams and functions (PRIORITY 3)\(^\text{17}\) and improving access to specialist services and supports (PRIORITY 4)\(^\text{18}\), quality diagnostics (PRIORITY 5)\(^\text{19}\) and evidence informed and clinically- and cost-effective pharmaceuticals (PRIORITY 6)\(^\text{20}\).

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\(^\text{16}\) Setting Priorities for the B.C. Health System, pp. 19 – 21; 29 – 35
\(^\text{17}\) Setting Priorities for the B.C. Health System, pp. 38 – 40
\(^\text{18}\) Setting Priorities for the B.C. Health System, pp. 40 – 41
\(^\text{19}\) Setting Priorities for the B.C. Health System, p. 41
\(^\text{20}\) Setting Priorities for the B.C. Health System, p. 42
• Hospital inpatient bed management will continue to be an important strategy in managing demand for hospital beds, but significantly more effort is required to reduce the flow of patients into emergency departments and through to medical inpatient beds and residential care if the system is to achieve longer term sustainability and reduced inpatient congestion of hospitals.

• Effective proactive case identification, quality case and medical management of at-risk patients, and proactive planning to access residential care to reduce access to hospitals are required. This will also include proactive planning to maximize appropriate community and residential care to better manage access to hospitals. This shorter term effort needs to be supported by longer term effective prevention strategies designed to reduce the flow of individuals into these high risk patient categories (see PRIORITY 2 above).

(2) Achieve significant improvement in timely access to appropriate medical treatments and procedures:\footnote{21 Setting Priorities for the B.C. Health System, p. 35}

  • Measurement of improvement will be from problem presentation to diagnosis, to timely and functionally efficacious treatment, and to functional recovery (see PRIORITIES 3, 4, 5, 6, 7).
  • Ensuring an effective regional and provincial system of service delivery across the four geographic service areas – metro, urban/rural, rural and remote.
  • Improving capacity through the cost-effective and quality provision of these services outside the current hospital structure where appropriate.

(3) Achieve significant improvement in timely access to appropriate surgical treatments and procedures:\footnote{22 Setting Priorities for the B.C. Health System, p. 35}

  • Measurement of improvement will be from problem presentation to diagnosis, to timely and functionally efficacious treatment, and to functional recovery (see PRIORITIES 3, 4, 5, 6, 7).
  • Ensuring an effective regional and provincial system of service delivery across the four geographic service areas – metro, urban/rural, rural and remote.
  • Improving capacity through the cost-effective and quality provision of these services outside the current hospital structure where appropriate.
(4) Radically rethink and reposition hospital care (PRIORITY 7)\textsuperscript{23}:

- Immediately drive toward a coherent system of regional and cross regional planned hospital services including tertiary academic health resources.
- In the short term implement regional and provincial hub and spoke configuration of hospital assets or a network of hospital care to improve flow of patients in meeting demand.
- Rethink hospital care and hospital development to better meet changing needs of the population.

(5) Ensure access to an appropriate continuum of residential care (PRIORITY 8)\textsuperscript{24}:

- Immediately drive toward a consistent system of quality residential care services\textsuperscript{25}.
- Develop residential care models that meet the changing needs of the population especially with respect to the continuum of needs but also across geographies.
- Ensure consistent quality of residential care services for patients with severe addictions and/or mental illnesses.
- Ensure residential capacity meets the needs of the population.

\textsuperscript{23} Setting Priorities for the B.C. Health System, pp. 43 – 44
\textsuperscript{24} Setting Priorities for the B.C. Health System, p. 44
\textsuperscript{25} The Ombudsperson’s report Improving Care for B.C. Seniors: An Action Plan provides an important reference point for driving immediate improvements
Executing the Strategic Plan for B.C.’s Health System

Implementing significant change to health systems has been elusive in most jurisdictions. Challenges to making changes to health care are numerous – often divergent as well as entrenched viewpoints and established ways of doing business overwhelm efforts to make significant transformational shifts. Attempts at change are frequently relegated to pilot projects that are too small, too vague, too undermanaged or too slow in implementation to be effective as a system-wide approach to health care delivery innovation. The Canadian health care system has been described as a system plagued by pilot projects.

The critical strategic issue is to be specific in the scope of these challenges and thoughtful about how to effectively realize system-wide improvement. Accordingly, the Ministry is adopting the structured and disciplined approach outlined in this paper to implement and execute the strategic and operational plan.

A Culture of Collaboration

Effective change management depends on the buy-in of those affected by the change. Ensuring stakeholders are part of the development and implementation of policy in a meaningful way creates investment in the achievement of articulated outcomes. Stakeholder identification and engagement is particularly important for large and complex initiatives, in which success relies heavily on the cooperation of external organizations involved in service delivery.

In executing the health system strategic vision the Ministry will pursue engagement and collaboration among the ministry, health authority boards and executive administration, Doctors of BC, health unions and other stakeholders in shaping and implementing key actions. Clear delineation of roles and accountabilities focused on population and patient needs will be another outcome of a collaborative approach and will enable effective change.

A Disciplined and Purposeful Approach

Successful achievement of outcomes depends on the logical progression of work from policy development to assessing outcomes. Each focus area within the strategic vision will be managed through a consistent approach with clear accountabilities and deliverables in five phases:

1. Policy Development
2. Accountability, Action Planning and Communication
3. Implementation
4. Reporting and Monitoring
5. Impact and Outcome Assessment


**Phase 1: Policy Development**

The Ministry will be responsible for the development of effective, evidence-based health sector policy. The policy phase will always include an assessment of the current state: a disciplined approach to understanding the scope and scale of the issue or action, including numeric descriptions of populations and/or patients, geographic disparities or considerations and current service delivery and infrastructure. In order for clear policy objectives to be set, both the current and desired states and the gap between them must be meaningfully understood. Objectives of the proposed policy will address the gap, and in the impact phase (Phase 5), outcomes of policy implementation will be measured against the policy objectives set in this development phase.

During the development phase, the Ministry will engage with health authorities and stakeholder groups (medical, nursing, allied health professional, support staff and other sector providers or experts as appropriate to the policy question) so policy work is informed by the perspectives of stakeholders, and they become engaged in and supportive of implementation.

**Phase 2: Accountability, Action Planning and Communication**

Phase 2 is the delivering the clear handoff from policy development to planning for implementation. The Ministry will communicate the expectations inherent in the policy. Health authorities and key delivery partners will receive these expectations and develop an implementation plan to achieve the desired outcomes. Health authority engagement with stakeholders will be part of developing the implementation plan to ensure it is actionable when implementation begins.

The implementation plan developed by the health authority is signed off by the Ministry. Once the implementation plan is signed, accountability for implementation is conclusively transitioned to the health authority.

**Phase 3: Implementation**

Health authorities and service partners will undertake the actions identified in the implementation plan to achieve the targets and outcomes defined by the policy. Action learning will be incorporated to build in evaluation as implementation is underway.

**Phase 4: Reporting and Monitoring**

As implementation action is undertaken by health authorities and/or other service partners, the Ministry’s responsibility shifts to monitoring progress. Health authorities and/or other service partners will provide regular reports to the Ministry and it will monitor progress against articulated expectations and dialogue course correction as necessary. Reporting will be based on meaningful metrics, and results will be used actively within the Ministry to create comprehensive, system-wide view of progress to improving outcomes for populations or patients.
Phase 5: Impact and Outcome Assessment

Each key action will be assessed in terms quantifiable impact or outcomes for populations and/or patients by geographic area (e.g., was the impact different in metro and rural areas, or different across rural areas etc.). Outcomes are understood as targeted improvements in effectiveness, appropriateness, accessibility, safety, acceptability and/or provision of patient-centred care.