

Ministry of Health Transformation and Technology Plan

2012/13 Update

4 November 2011



**Ministry of
Health**

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Introduction

The purpose of this document is to update the 2011/12 *Health Sector Transformation and Technology Plan* for fiscal year, 2012/13, in accordance with the general and ministry-specific instructions issued by the Ministry of Labour, Citizens' Services and Open Government on 8 July 2011.

For brevity, this update does not repeat the full contents of the 2011/12 plan and, as such, should be read as a 'companion' to that earlier plan.

While this is a Ministry of Health plan, it also must be understood to affect the broader health sector, as all ministry initiatives will have outcomes across the British Columbia health system.

This document is structured in two parts to align with the two main areas of requested response defined in the instructions for 2012/13 Transformation and Technology (T&T) submissions. They are¹:

1. Refinement and updates to sector² vision, business context and alignment with strategic shifts.
2. Alignment and action for the four priority provincial initiatives: Open Data, Open Information, Internet Strategy and Leading Workplace Strategies.

This year's T&T submission comprises narrative updates within this document, regarding the progress of particular aspects of the 2011/12 *Health Sector Transformation and Technology Plan*, and the separate completion and submission of provincial templates, as follows:

- Not responsive
- Open Information template, to provide information about the routine release of ministry information and information released in response to access requests made under FOIPPA, along with a plan to move to more proactive disclosure of information.
- Data Inventory template, to describe Ministry of Health data holdings. **Note**⁴: For the size of Health data holdings, the ministry is addressing the inventory within its *Open Data Implementation Plan*, submitted as an addendum to this main T&T submission document.
- Web Properties Inventory template, to provide information about existing ministry web properties and their management as a foundation for the separately submitted, companion narrative, the *Ministry of Health Internet Strategy*.

Where separate templates are submitted, this document references their key findings. Where a new topic-focused plan or strategy is developed separately to fulfil T&T requirements, they are also

¹ *Transformation and Technology Planning Instructions FY 2012 – 2013*. Labour, Citizens' Services and Open Government. 8 July 2011; page 7.

² "Sector" in context of T&T planning is the Ministry of Health alone; other government sectors encompass upwards of five ministries together.

³ Not Responsive

⁴ Page 9, T&T General instructions note: *If this [completion of the data inventory] is not possible within this year's planning window, ministries will need to define a plan to inventory their data, including milestone dates and key responsibilities.*

discussed herein, such that this document will serve as an overview of the full Ministry of Health 2012/13 T&T submission due for 4 November 2011.

Planning Network

Early in 2011, the ministry established a Planning Network and SharePoint site to support the annual development of the T&T plan. The network acts as a 'one-window', connecting program area planning contacts for expedited information-sharing, across-program consultation and coordination with other planning activities. Its establishment was primarily to get ahead of some of the pressures in developing the 2012/13 plan by providing a channel to quickly share planning instructions, gather program-specific information, and to ask and answer planning questions as they came up.

To move quickly, the network is a relatively small group with members in positions with knowledge representative of their division's programs, such that they can respond in most cases without the time of sending on to another.

The network was the primary channel for coordinating the ministry's 2012/13 T&T submission, and for expediting the Health Executive Committee's review of this update and its companion plans, strategies and templates.

Part 1: Vision, Business Context and Strategic Shift Alignments

The purpose of this section is to build “on last year’s plans and based on direction from DMCTT⁵, sectors should revisit and/or update their vision and business context and reflect any progress or changes to their transformational priorities” (page 8, General Instructions). In addition, there are five corporate priorities, identified in the ministry-specific T&T instructions, for which the ministry is to provide “quality” in its T&T plan “as measured by demonstrated progress by March 2012 on five specific deliverables”⁶ The five specific deliverables are (to quote):

1. *Contribute new data holdings to DataBC.*
2. *Inventory the ministry’s web presence and management framework, and provide a strategy to rationalize their web properties and render its web presence more citizen-centric and service focused.*
3. *s. 13 and 17*
4. *s12, 13 and 17*
5. *s. 13 and 17*

Progress on the above DMCTT priorities is addressed within this section, along with refinements and updates specific to the ministry’s Transformation Vision, Business Context and Transformation Priorities.

Transformation Vision

This section is to “identify any changes to the vision over the past year due to changing environments, conditions or priorities. Additionally, this section will provide information on how ministries are planning to make progress on foundational transformational initiatives, and other ministry or sector-specific priorities” (pg. 7, General Instructions).

The 2011/12 Ministry of Health vision for health sector transformation was:

Health services are accessible, when and where they are needed, to support personal health, health care decision making, and health system sustainability.

Refinement for 2012/13

The health sector maximizes the opportunity presented by rapidly advancing technology to drive quality, efficiency and sustainability.

Realization of the ministry’s transformation vision and service plan goals continues through its progress on the fifteen key result areas, which comprise the ministry’s strategic Innovation and Change Agenda (Appendix A), and discussed in the following Business Context section, along with *Progress in Support of the Innovation and Change Agenda* and examples of technology-leveraging.

⁵ Deputy Ministers Committee on Transformation and Technology

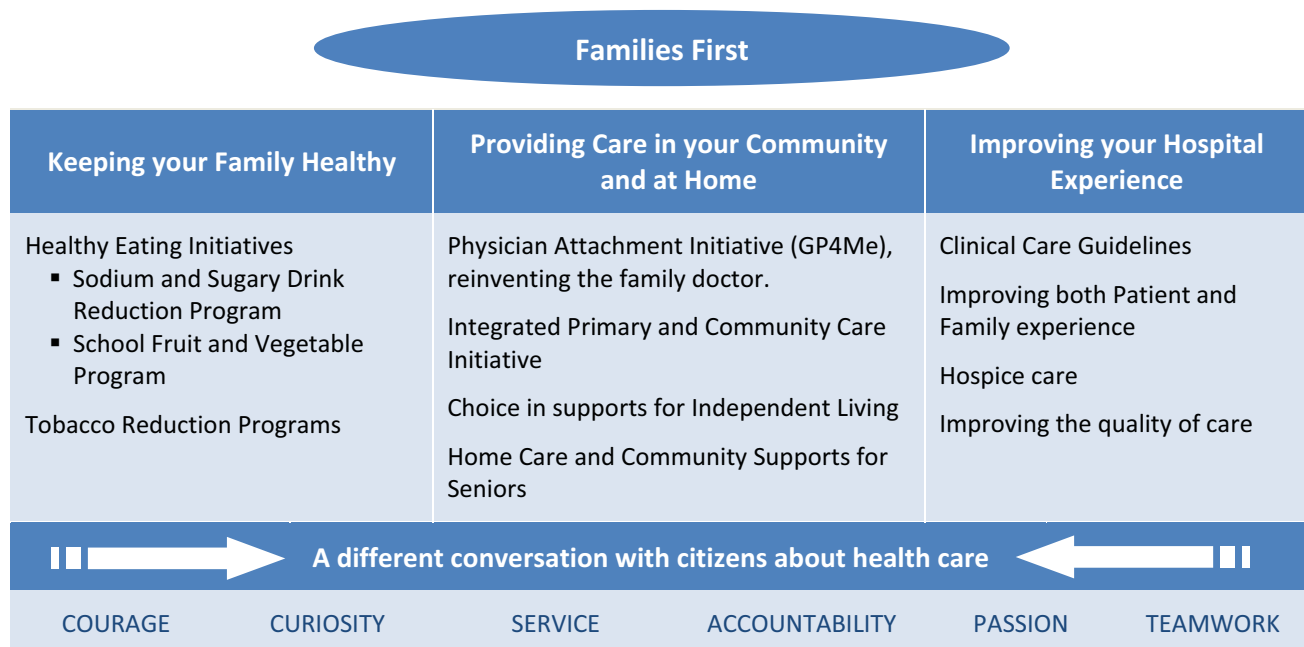
⁶ Memorandum. John Dyble, Deputy Minister to the Premier, to All Deputy Ministers, 16 June 2011.

Business Context

This section is to “provide information on how ministries are planning to make progress on foundational transformational initiatives and other ministry or sector-specific priorities” (pg. 7, General Instructions).

Families First

Translating the transformation vision into the ministry’s business context is about enabling a different conversation with citizens about health. It is to empower citizens to become more engaged with the health system and to have ministry programs adopt a ‘Families First’ attitude, or *lens*, across the health system and its services. The following lists a sample of ‘Families First’ initiatives, programs and activities in the health sector.

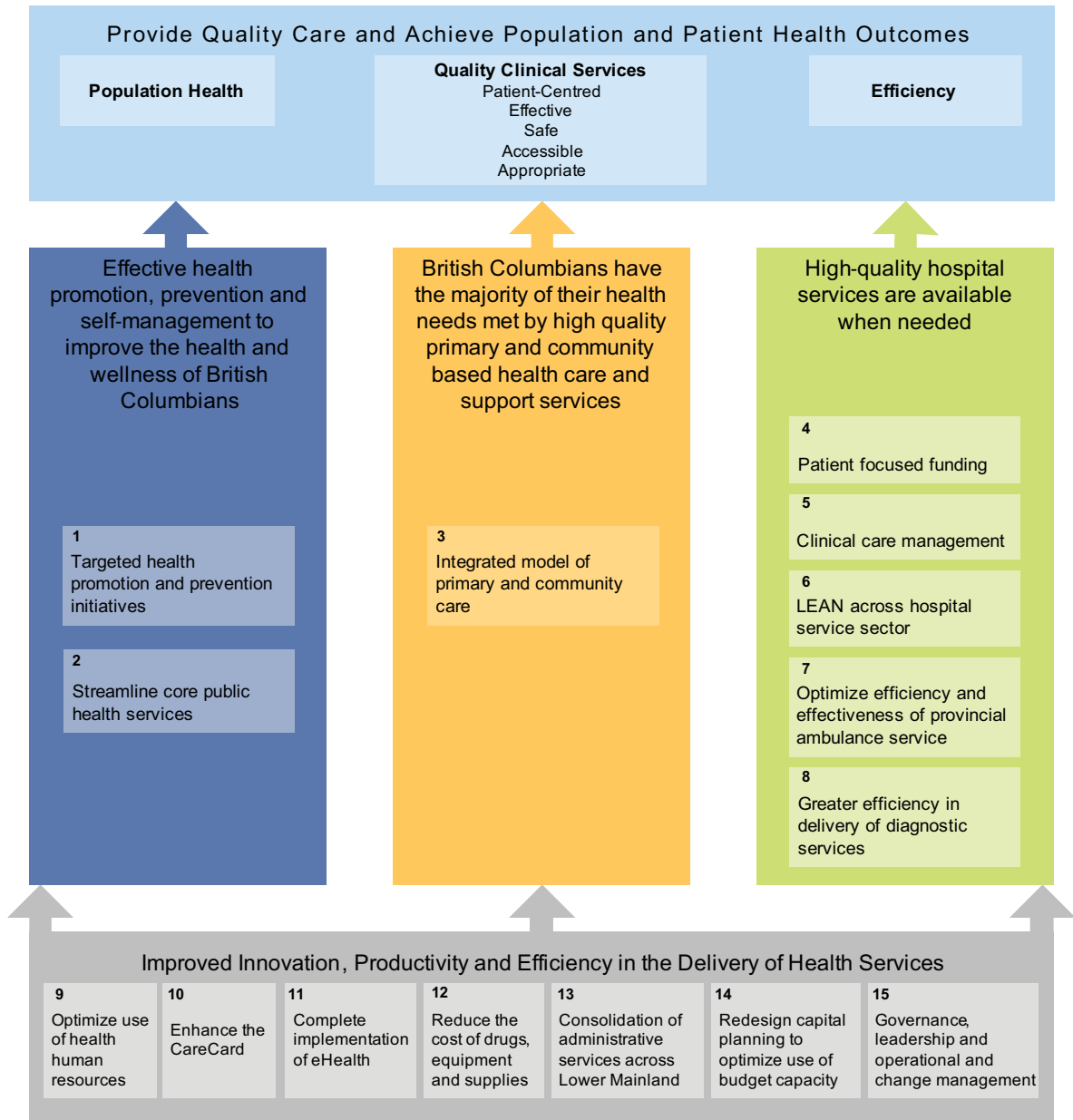


It is imperative that citizens be empowered to participate in and make informed judgements about their health system. Supported with health information—through open information, open data, the internet strategy and other transformational initiatives—citizens can better judge that the health system is adapting to meet changing needs and expectations. The accelerating pace of change and necessary adaptation to dynamic environments, both of the economy and new technologies, require an engaged, responsible citizenry and a health system that responds to achieve health sector goals and deliver intended health outcomes. To be successful, this challenge takes best advantage of the technologies and tools that will facilitate citizen dialogue and support business innovations across the sector.

The overarching attitude of placing Families First touches all aspects of the ministry’s Innovation and Change Agenda.

Innovation and Change Agenda

Ministry program areas continue to work collaboratively to ensure citizens are supported in their efforts to maintain or improve their health. This collaboration is pursued relative to four strategic themes and the fifteen key result areas (KRA) described in the ministry's Innovation and Change Agenda and Health Sector Strategy map (Appendix A). The following is a distillation.



The priority of the Innovation and Change Agenda remains for and beyond 2012/13, along with technology-leveraging to help achieve ministry transformation and KRA goals.

Examples of Technology-Leveraging to Achieve Transformation Goals

While ministry KRA teams are working to transform the health system—and not all transformation activities are technology-focused or necessarily dependent on adopting new technologies—the following list identifies some Health initiatives that are taking advantage of technology to achieve intended outcomes.

1. *Effective health promotion, prevention and self-management to improve the health and wellness of British Columbians.*

Goal: Providing education, support and self management programs will improve population health by focusing on healthy lifestyles and targeting high-risk situations and behaviours, particularly in groups with lower health status.

Examples of technology-leveraging:

- Launched the *BC Smoking Cessation Program*, leveraging HealthLink BC's technology infrastructure and 8-1-1 service. Citizens, who have Medical Services Plan (MSP) coverage and wish to quit smoking, register through 8-1-1 to obtain a program reference number. Prescription smoking cessation drugs are covered as benefits under PharmaCare, and non-prescription nicotine replacement therapy products, such as nicotine gum and patches, are provided at no cost, either by mail or at their local community pharmacy. Through HealthLink 8-1-1, citizens also have access to a variety of health-related information and referrals, including the BC stop smoking line, QuitNow Services. See:
<http://www.health.gov.bc.ca/pharmacare/stop-smoking/>
<http://www.healthlinkbc.ca/smoking-cessation.stm>.
- Commenced implementation of the *Provincial Restaurant Program*, which will provide nutrition information at the point of ordering in BC restaurants.
- Introduced new citizen-focused and citizen-engaging *Healthy Families* web site: <http://www.healthyfamiliesbc.ca/>
- Introduced the *Sodium and Sugary Drink Reduction Strategy*, including new health eating policies, guidelines, public awareness campaigns and education programs. <http://www.healthyfamiliesbc.ca/healthy-eating-sugary-drinks.php>
- Expanded and enhanced the Dietitian services available through HealthLink BC. <http://www.healthlinkbc.ca/dietitian/>
- Completed the *Healthy Schools* portal, available on-line at:
http://www.actnowbc.ca/healthy_living_tip_sheets/healthy_schools

- Introduced the *Medication Review Program* in community pharmacies with support from PharmaNet claim processing. This program allows patients to request a review of their medication regimen for solving medication management issues. See the following Frequently Asked Questions, and Policies, Procedures and Guidelines for Pharmacists.
<http://www.health.gov.bc.ca/pharmacare/pdf/mrs-faq.pdf>
<http://www.health.gov.bc.ca/pharmacare/pdf/medrevguide.pdf>
- Launched the *Prescription for Health* program in May 2011 to help physicians assess and make long-term care plans for patients who may be at risk of health complications, such as with chronic diseases. Online public resources are available at: <http://www.healthyfamiliesbc.ca/healthy-lifestyles-prescription-for-health.php>
- Partnered (funding and leadership support) with the Canadian Mental Health Association, BC Division, to provide provincial access to the *Bounce Back: Reclaim Your Health* initiative. This cognitive behaviour informed DVD and telephone coaching program helps adults experiencing symptoms of depression and anxiety. It is available in English and Chinese. Information can be found at <http://www.cmha.bc.ca/bounceback>
- Through a provincial cross-stakeholder partnership, provided funding and strategic leadership to offer the *First Link* initiative through the Alzheimer Society. This program provides early intervention service designed to connect to individuals newly diagnosed with dementia and their caregivers to education programs, support groups, and referrals to other community and health care services. Online information and resources are available at: <http://www.alzheimerbc.org/We-Can-Help/First-Link.aspx>
- Partnered with the Impact Health Improvement Action Society of British Columbia (ImpactBC) by providing provincial leadership and funding support for Patients as Partner activities, including the Patient Voices Network, patient journey mapping, peer coaching for lifestyle supports, continuing General Practice Services Committee (GPSC) Practice Support Program (PSP) support and quality improvement work. Further information is available at: <http://www.impactbc.ca/>
- Partnered with the University of British Columbia (UBC), Faculty of Medicine's *Intercultural Online Network* (iCON) to provide funding, strategic collaboration and leadership support as well as participation. The iCON provides culturally relevant, linguistically appropriate, trusted health information on chronic disease management to BC's multicultural population through public forums and UBC eHealth strategies. Information on the program and links to public forums are available at

<http://www.iconproject.org>. As part of iCON, the ministry also collaborated with the Canadian Health Research Foundation (CHSRF), ImpactBC, the Patients Voice Network, and Fraser Health on the project, *Your Voice Counts: Training patients to be effective partners in health system redesign*. Training content is being developed in English, Punjabi and Chinese to be presented either face-to-face or online.

<http://ehealth.med.ubc.ca/projects/your-voice-counts/>

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

Goal: High quality primary and community based health services that provide proactive integrated care and reduce the population's need for hospital or other institutional services.

Examples of technology-leveraging:

- Continued to implement electronic medical record (EMR) systems into physician offices, in collaboration with the Physician Information Technology Office and as part of the BC eHealth initiative. EMR systems help integrate patients' clinical information between care settings, among other benefits to patients, physicians and the health system.
<http://www.health.gov.bc.ca/ehealth/emr.html>
- Increased patient registrations to 1000 on the *Patient Voice Network* (PVN). The PVN is a collaboration with ImpactBC to support Patients as Partners' work across BC. The PVN is a mechanism to recruit, train and support patients and their caregivers to participate in suggesting changes that may benefit the health care system. There is an online, virtual network of interested patients, who receive updates and complete surveys to inform improvement work. Trained patient experts sit on working group committees and participate in focus groups and other processes to help ensure the patient voice is heard⁷. PVN members are supported through a website, Facebook and Twitter at:
 - <http://www.patientvoices.ca/>
 - <http://www.facebook.com/pages/Patient-Voices-Network/193358687356916?q=facebook>
 - <http://twitter.com/#!/patientvoices?q=twitter>

⁷ Patient as Partners, Nothing about me without me! First Annual Report, April 2011.
http://www.chsrf.ca/Libraries/Researcher_on_Call/PasP_AnnualReport_Final.sflb.ashx

- Continued to provide up-to-date information, via the *General Practice Services Committee* website (www.gpsc.bc.ca), on GPSC funding initiatives and billing guides for family physicians who provide full service family practice. The GPSC is a ministry partnership with the British Columbia Medical Association and also maintains a website (www.divisionsbc.ca) that provides up-to-date information on Divisions of Family Practice and mechanism by which Divisions of Family Practice can share information.
- Completed three of the four phases of the Community Healthcare and Resource Directory (CHARD). The final phase will be completed in March 2012. The CHARD was built by HealthLink BC and the GPSC. The directory supports family practitioners, their office staff, and some health authority and specialist physician users by providing detailed referral information on practitioners and services available in BC.

CHARD Information includes:

- detailed descriptions of the services offered;
- contact information, along with maps and hours of operation;
- up-to-date referral forms;
- patient referral criteria (inclusion/exclusion criteria for specialist referrals based on, e.g., age, diagnoses, geographic locations);
- instructions for patients preparing for appointments; and,
- practitioners' specialties and fee structures.

Providing this information at the time of referral increases the efficiency and appropriateness of patient referrals. <http://info.chardbc.ca/about.asp>

3. *High-quality hospital services are available when needed.*

Goal: High quality and accessible hospital services provide effective and appropriate care for patients.

Examples of technology-leveraging:

- Continued promotion of lean management methods in the health authorities, including options for the development and implementation of a central website, which could potentially include an inventory of learning programs, health authority curricula and 'lean' improvement tools. A community of practice implementation plan is complete, with the content and structure of the proposed website yet to be determined.
-

Not Responsive

4. *Improved innovation, productivity and efficiency in the delivery of health services.*

Goal: Driving productivity and efficiencies across the system ensures sustainability.

Examples of technology-leveraging:

■

s. 13 s.17

- Continued implementation of the eHealth initiative and its electronic health record (EHR) solutions. See this document's section, *Progress on Transformation Priorities*, for an update on this transformation priority.
- Commenced implementation of a centralized booking solution for Lower Mainland Health Information Management services.
- Commenced modernization of the physician contract management and payment system in the Alternative Payment Program.
- Continued development of a provincial telepathology network as part of the transformation of laboratory services in BC.

The building blocks of technology continue to support the strategic direction of the ministry's Innovation and Change Agenda and extend across the spectrum of ministry business and health system transformation.

Progress on Strategic Shift Transformation Priorities

There are five transformation priorities identified in the 2011/12 T&T Plan and, for 2012/13, five government corporate priorities specifically for the ministry with respect to this 2012/13 T&T Plan Update. Because there is overlap in the priorities, the ten combine to six transformation priorities. The table below identifies how they overlap and where each is addressed in this document.

Transformation Priorities With Section Location	Government's Ministry-Specific Transformation Priorities for 2012/13 (quotes, not in original order)	Transformation Priorities from the 2011/12 T&T Plan
1.	S13, S17	
	S12, S13, S17	
2.	s 13 s17	
3. eHealth Implementation ■ addressed in this section		2. eHealth Implementation
4. Home Health Monitoring ■ addressed in this section		3. Home Health Monitoring
5. Open Data ⁸ ■ addressed in the Open Data section of Part 2.	4. <i>Contribute new data holdings to DataBC.</i>	
6. Internet Strategy ⁸ ■ addressed in the Internet Strategy section of Part 2	5. <i>Inventory the ministry's web presence and management framework, and provide a strategy to rationalize their web properties and render its web presence more citizen-centric and service focused.</i>	4. Citizens' Access
		5. Health Promotion and Prevention Social Media

⁸ Open Data, Open Information, Internet Strategy and Leading Workplace Strategies are new Corporate Priorities and the focus of Part 2. This topics required focused discussion and have related template completions and strategy submissions with this T&T Plan Update.

Pages 16 through 18 redacted for the following reasons:

S. 13, s. 17

eHealth Implementation

This transformation initiative remains a high-priority and key result area (#11), with particular emphasis on Electronic Medical Record (EMR) systems in physician offices, provincial Electronic Health Record (EHR) solutions and Telehealth expansion. Together, eHealth technologies support a citizen/patient-centric health environment with integrated services to efficiently deliver high-quality and coordinated health care. EHR systems enable patient health information to be securely stored and electronically shared across patients' care settings.

Progress Update

The development effort is largely complete, and the focus has shifted to system integration and clinical deployment. EHR systems provide the foundation that will be leveraged to provide greater benefits as the range of patient information is expanded to address priority clinical needs. This will be accomplished both through the integration of the EHR systems with other patient information systems, such as EMR systems and hospital clinical information systems, and the addition of further patient information repositories within the EHR solution.

Major project components included in project scope for completion by March 31, 2012, include:

- Implementation of a provincial data repository to store results received from public and private laboratory service providers within the province;
- The loading or 'on-boarding' of health authority lab results into the provincial repository;
- Completion of an upgrade to PharmaNet to support ePrescribing;
- Deployment of an eHealth Viewer to Health Authorities to access lab results and diagnostic images from across the province; and,
- Change Implementation and Adoption for stakeholders.

The scope of conformance work includes following standards, including:

- All inbound result messages to the Provincial Laboratory Information System Repository being based on pan-Canadian laboratory nomenclature standards; and,
- All messages being in compliance with BC-identified messaging and technical standards.

Home Health Monitoring

Home health monitoring, also known as Telehomecare, continues to be a priority for 2012/13 as the ministry pursues opportunities to support in-home monitoring of patients' health conditions through electronic transmission of such key health indicators as blood pressure, pulse, and oxygen saturation.

The goal of in-home monitoring is two-fold: citizen-centred services and cost avoidance. Through the use of technology, patients will have easier access to services and will remain independent yet supported in the comfort of a familiar environment. The cost curve will be managed by:

- reducing the number of visits to primary care;
- enabling early recognition and treatment of changing conditions; and,
- avoiding emergency hospital admissions.

Progress Update

Work is underway both within the ministry and in collaboration with the health authorities to develop a shared understanding of the objectives and approaches for home health monitoring. This is a critical step in ensuring the proposed solution is both citizen-focused and based on sound evidence for improved health outcomes. Prior to the selection of a technology solution, business needs must be clearly identified to ensure clinical requirements are met.

Part 2: Alignment and Action for Priority Corporate Initiatives

The 2011/12 T&T plan identified how the Ministry of Health is moving into alignment with the three strategic shifts of the BC e-government strategy, *Citizens @ the Centre: B.C. Government 2.0*. The three shifts are: 1. Citizen Participation, 2. Self-Service, and 3. Business Innovation.

Part _____ s 13 and 17 _____ tion priorities related to the _____ eHealth Implementation (KRA#11), Home Health Monitoring, and other technology-leveraging initiatives that support the ministry's Innovation and Change Agenda and continue into 2012/13.

This Part 2 extends the ministry's transformation goals to include response to government's expectations for Open Data, Open Information, the BC Internet Strategy and Leading Workplace Strategies. Each topic is addressed in this section, followed by a summary of findings from the ministry's _____ Not Responsive _____ Other template submissions, previously listed on page 1, relate to and are referenced within the four main topics of this section.

Open Data

A defining principle of *Citizens @ the Centre: BC Gov 2.0*, released in 2010, is the commitment:

We will empower citizens to create value from open government data.

In July 2011, the provincial government signalled its clear intent to make government-held data available to the public for its use, adaptation and distribution, whenever possible, by issuing the *Open Information and Open Data Policy*¹². According to this policy, the objectives of the open data initiative are to increase transparency and accountability across the public sector and to encourage citizen participation and engagement with government.

The purpose of this section of the 2012/13 T&T Plan Update is to set out how the Ministry of Health will support government's commitment to open data. There are four requirements¹³ for this submission:

1. *Ministries are required to fill in the Open Data template posted to the T&T site. The template requires ministries/sectors to provide an inventory of their data. If this is not possible within this year's planning window, ministries will need to define a plan to inventory their data, including milestone dates and key responsibilities.*
2. *Sectors must provide a plan to rationalize and prioritize data holdings. Please provide detail on the sectors' data management plans, such as, does the sector need to continue managing all of its current holdings? Identify how the sector will define a new data management strategy to manage revised holdings.*

¹² http://www.cio.gov.bc.ca/local/cio/kis/pdfs/open_data.pdf

¹³ *Transformation and Technology Planning Instructions, FY 2012-2013*, July 8, 2011. pg. 9.
<https://egov.gov.bc.ca/tandt/TTDocuments/TT%20General%20Instructions.pdf>

3. *Sectors must provide a plan to open up and make available their data and timelines for publishing to the DataBC catalogue.*
4. *Contribute new data holdings to DataBC (Ministry-specific instructions, pg. 1)*

All requirements are addressed in two document submissions, and are addenda to this T&T update:

Ministry of Health Open Data Implementation Plan, setting out an overall plan for the public release of ministry data in accordance with the new *Open Information and Open Data Policy*.

Ministry of Health Open Data Project Plan, setting out the specifics of implementation, including identification of the project sponsor, scope, timelines, major deliverables and milestones, linkages and dependencies, and roles and responsibilities for implementing the Open Data project. Project implementation will be in two phases:

Phase 1: Early identification of the data files that can be relatively quickly added to the DataBC Catalogue. This work is currently underway to March 31, 2012.

Phase 2: Implementation of planned approach and scope toward full data disclosure with regular and on-going updates.

In addition to contributing new data holdings to DataBC, these plans are the ministry's T&T submission for Open Data. Refer to them for a full understanding of the ministry's approach. The following is a summary introduction to the topic.

The Ministry of Health is responsible for the overall direction and funding of the province's health services, which comprise the largest and most costly social program funded by government. In the course of exercising its responsibilities, the ministry collects a vast amount of related data and, as such, is in a good position to make a significant contribution to the provincial Open Data initiative. Most of the ministry's data are created at the point where health services are delivered to individual citizens. These services include those that are funded directly by the ministry (e.g., most physician services and PharmaCare benefits), as well as those services delivered by the health authorities (e.g., acute care, home and community care, mental health and addiction services, and public health services).

There are criteria and specific requirements identified in the *Open Information and Open Data Policy*, governing the type of data that should be released through DataBC¹⁴. In keeping with the spirit of the policy, the guiding principle in the ministry's Open Data plan is that most data held by the ministry should be considered suitable for public release, provided that release of data does not contravene legislation, and the data are in a form that complies with the ministry's other major responsibility to protect the privacy of citizens' personal health information. Personally identifiable data will not be released as open data, nor will confidential or incomplete (draft or interim) data.

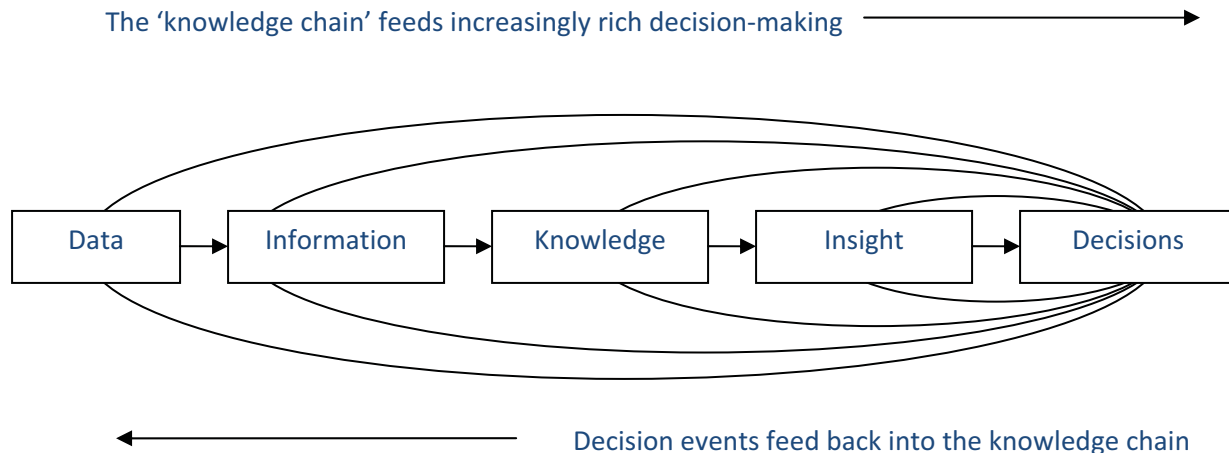
Given the sheer volume and complexity of its data holdings, the ministry is planning to inventory its holdings and release data in a series of phases. Even so, the ministry can begin to make substantial and

¹⁴ <http://www.data.gov.bc.ca/>

useful contributions to the DataBC Open Data Catalogue in the relatively near term. Over time, the amount and type of data released should grow to the point that it presents a more comprehensive picture of the province's health services. As the overall Open Data initiative proceeds, options will also be explored with DataBC to organize the released data in a manner that makes it easier for users to choose, locate and compile data of interest.

Open Information

Open information is an extension of open data, governed by the same BC policy framework, the *Open Information and Open Data Policy*. Data become information when data are summarized, classified into logical groupings, recognized to be patterns or trends, and considered in their temporal, spatial or relational contexts. This 'knowledge chain' increases value to the health system and to citizens, who also gain insight and make decisions based on open information and growing health system knowledge.



The new BC policy notes that:

"To the extent practicable and subject to the Freedom of Information and Protection of Privacy Act and other valid restrictions, ministries should use modern technology to disseminate useful information in a routine way rather than waiting for specific requests under the FOIPPA Act. By increasing access to government information and permitting the use, adaptation and distribution of Data, this Policy assists in the creation of a participatory environment in which citizens are engaged with their government, communities and public policy issues. Specifically, the Open Information and Open Data Policy provides direction and assigns responsibility for:

- *The Proactive Disclosure of responses to access to information requests (FOI Requests) and information designated for Routine Release; and,*
- *The assessment, approval and posting of Open Data for public use, adaptation and distribution."*¹⁵

¹⁵ Open Information and Open Data Policy; page 2. http://www.cio.gov.bc.ca/local/cio/kis/pdfs/open_data.pdf

Completion of this section of the 2012/13 T&T Plan Update is primarily the ministry's completion and submission of the provincial T&T Open Information template, listing how the ministry will support government's commitment to opening up its information.

1. *Ministries are required to fill in the Open Information template posted to the T&T site. The template requires ministries to provide information about the routine release of information and information released in response to access requests made under FOIPPA.*
2. *Sectors must provide a plan for what information, specific to the sector that can be routinely released in the future. There is no template for this deliverable - sectors are encouraged to use a format(s) which best suits the information and post the final submission to the final folder on the T&T site.*

The template's Part 1 asked for information about what the ministry currently routinely releases; Part 2, asked to identify the ministry information released through the FOI process; and Part 3, required the ministry to set out its plan for Open Information, going forward, such that citizens would not have to go through the FOI process to obtain information about the Ministry of Health. Part 3 is in essence the ministry's plan for what information it could routinely release in the future.

While the ministry, as evidenced in Part 1 of the template, currently releases a considerable volume of ministry-created information, such as through its web presence, the ministry is shifting its overall approach to one of increased openness. The ministry will encourage all staff, when creating documents, to think in terms of all documents *potentially* being public-facing and to adopt—by habit—an expectation that each could be considered for release. The base assumption will be a shift to release whenever possible; this shift will be guided by the Health Executive team, a consistent ministry-wide approach and the following considerations.

Considerations

- To realize the shift to more routine release, there will be resource impacts and process details to work out. For example, shifting to proactive open information releases, rather than reactive releases through Freedom of Information (FOI) requests and processes, will require the ministry staff, who currently draft or create documents, to proactively identify aspects of them that would be subject to severing before their public release.
- New staff roles will require defining new in-ministry procedures and training for staff to become more familiar with the governing legislation and provisions that direct severing. Currently, FOI severing is work done by the Ministry of Labour, Citizens Services and Open Government's Information Access Operations (IAO) staff; shifting to proactive release, out of the IAO FOI process, would require Ministry of Health staff to do the severing.
- Another consideration with resource impacts and new procedure definition is how and when the parties to a contract or an agreement— or those who would be impacted by its release— would be contacted or consulted before public release.

For the noted considerations of resource impacts and new business processes yet to be defined, this commitment to new routine releases of Health information products is not applied retroactively but applied beginning in 2012/13 and toward the future, as noted in the Open Information template, Part 3.

A ministry's decisions for routinely releasing information are best undertaken in a consistent manner across government. Therefore, the information that the Ministry of Health is now considering to release routinely is subject to some broader conversation across sectors and provincial direction. However, with provisos noted in the submitted Open Information template, the Ministry of Health has identified the following general categories of information products for possible routine release:

- executive calendars
- routine contracts and agreements
- major approved plans
- statements of ministry policy, standards and guidelines
- major reports and performance metrics
- procedure manuals and training materials

The web location(s) for future posting of ministry Open Information releases has not been determined but will be part of consultations within the ministry's Internet Strategy and include discussion with the provincial Open Information team, relative to its Open Information web site:

<http://www.openinfo.gov.bc.ca/>.

Internet Strategy

The ministry-specific instruction for this 2012/13 T&T Plan Update requires completion of the provincial template to "Inventory the Ministry's web presence and management framework", and a 12-month strategy "to rationalize [the ministry's] web properties and render its web presence more citizen-centric and service focused". Refer to the Internet Strategy section of the general instructions for the template and details on the information required.

The General Instructions for an Internet Strategy require the ministry to have:

1. *Appropriate central functions established to ensure effective web management and participation in strategic web governance, including a business owner, content steward and web manager.*
2. *An evidence-based understanding of their end users to effectively direct a citizen-centric response for their online service presence.*
3. *A clear picture of their existing web properties, technologies and business needs.*
4. *A web strategy that details how they will rationalize and improve their current web properties into a citizen-centric, online service presence that will support key needs such as findability, usability and accessibility.*

Specifically, the *Ministry of Health Internet Strategy* is to rationalize web properties and render the Health web presence more citizen-centric and service focused, by:

- a. *Identifying the [Health web] audience;*
- b. *Undertaking citizen-centred research to understand audiences needs;*
- c. *Ensuring effective management and governance of web properties;*
- d. *Identifying opportunities with other ministries and agencies;*
- e. *Moving high-value services online where evidence suggests that this will better meet citizens needs;*
- f. *Aligning new web development with gov.bc.ca and the ministry's existing web properties.*
- g. *Ensuring out-of-date and unnecessary sites and content are retired; and,*
- h. *Improving accessibility and findability.*

The completed inventory template and the separately submitted *Ministry of Health Internet Strategy* address the above submission requirements. The following provides an update on the web-related transformation priorities identified in the 2011/12 T&T Plan, and discussed further in the separate *Health Internet Strategy* document.

Update on 2011/12 Web-related Transformation Priorities

The 2011/12 T&T Plan had two web-related transformation priorities that now come under the above directions for a ministry-specific Internet Strategy.

Health Promotion and Prevention Social Media

This 2011/12 priority project was to begin a phased implementation of social media tools, focusing first on quick win technologies for prevention wikis, such as *Baby's Best Chance*, and a *Sodium and Sweetened Beverage Reduction Public Awareness Campaign* social networking presence, both of which would begin building Health sector social media experience and lessons to benefit a more expansive use of Web 2.0 technologies across the sector and spanning the provincial shifts of citizen participation, self-service and business innovation.

Progress Update

Because of program-related announcements, which were anticipated last fall, this program-specific priority was split-out of the more encompassing Citizens' Access initiative. This split was done so as not to interfere with planned ministry program announcements and not hold back this work while the broader Citizens' Access was being developed. This priority will now be brought into the overall visioning and planning for the ministry-wide Web 2.0 presence—through the new *Ministry of Health Internet Strategy*. Health Promotion and Prevention Social Media remain a priority but will, henceforth, be included with the following initiative and governed by the *Health Internet Strategy*.

Citizens' Access

As noted above, the 2011/12 priority Citizens' Access initiative was envisioned to encompass all Ministry of Health Web 2.0 and social media—the full footprint or presence of ministry-owned web properties.

Progress Update

This priority continues under the centralized governance and strategic leadership of the *Ministry of Health Internet Strategy*. A new BC government web site (www.gov.bc.ca) and provincial Internet Strategy were introduced after the original envisioning of the Citizens' Access initiative. As such, it is now being redeveloped through the *Health Internet Strategy*, a companion deliverable to this T&T Plan Update. The *Internet Strategy* will guide a coordinated review of all ministry web properties toward achieving a more unified, responsive, citizen-centred web presence and a reduced web footprint.

S13, S17

S13, S17 Refer to the *Internet Strategy* for more information.

Web Inventory Key Findings

As a foundation to the *Health Internet Strategy*, the ministry completed an inventory of its web properties. The inventory documented that the ministry has 79¹⁶ distinct public-facing websites with unique URL¹⁷ addresses, audience or business purposes. The sites are reviewed on a regular basis, ranging from daily to annually, with the majority being reviewed and updated on a bi-monthly basis. Ministry web sites contain a vast amount of information available through approximately 50,000 HTML¹⁸ pages, 41,000 documents, 13,000 images, 400 Adobe flash files and a small number of MP3¹⁹ and video files. Of these, 30,376 pages and 29,900 documents—organized for ease of searching²⁰—are on one site related to BC’s Tobacco Control Program and dedicated to tobacco industry documentation²¹.

Of the 79 ministry sites, 17 contain an online transactional component; examples include registering for drug coverage, using an online survey tool, and submitting simple online forms.

The results of the web inventory will be used to guide more in-depth review of Health online services and identify sites that may be candidates for collaboration with other ministries and

¹⁶ Using the definition provided in the inventory, the ministry's previous count of 66 sites is now 79.

¹⁷ Uniform Resource Locator

¹⁸ Hypertext Mark-up Language

¹⁹ A digital audio-encoding format.

²⁰ The almost one-to-one ratio of web pages to documents is the result of search queries, where each document result has an information summary page. See note, below and: http://www.health.gov.bc.ca/cgi-bin/guildford_search.cgi.

²¹ <http://www.health.gov.bc.ca/guildford/> Tobacco industry documents related to US jurisdictions' tobacco litigations are available to citizens. BC's legal team conducted research at the Guildford depository, requesting copies of about 10,000 documents representing about 40,000 pages. Documents retrieved by the provincial government's research team are posted on this web site.

those that can be retired, combined or otherwise improved. The expected result of this work will be to reduce the overall Health web footprint to its most efficient utility and presentation. This effort will be a transformation and collaboration over time and, in particular, achieved through the actions identified in the Internet strategy's component #4, *Rationalize, Research, Redesign and Reduce 'Footprint' of Health Web Properties*.

Also learned through the process of completing the web inventory was a significant difference in technical ability among the ministry's content administrators. This has resulted in a varying quality of analytic information recorded in the web inventory templates. This inconsistency highlights the need for education on the correct use and inherent value of analytic profiles and data-capture tools. This education will be addressed, going forward, and will take regular advantage of the established Web Community of Practice.

The type of web statistics reported by content administrators also varied widely. Page view statistics (visits to web pages within a website) were the most widely reported and spanned, at the low end, 1.7 page views per day for the Primary Health Care BC site and at the high end, 21,970 page views per day for the MSP site. Daily session²² view statistics were the second-most reported statistic and showed a similar range—a low of 8.6 sessions per day for the Health Innovation Forum site to a high of 4,370 sessions per day for the MSP site.

Given the inconsistent quality of the statistical information recorded in the inventory template, the ministry will set up a standard analytic profile for all of its Internet sites and centralize the web analytic function to the Web Services business area. This centralization will provide more consistent reporting as well as a central repository for web statistics.

Strategy Components

The *Health Internet Strategy* has six action-focused component strategies. Some are being done in advance of other components, and others will be done simultaneously. They are:

1. Confirm the Health Web Vision
2. Establish Strategic Governance and Central Web Functions
3. Identify the Health Web Audience
4. Rationalize, Research, Redesign and Reduce the 'Footprint' of Health Web Properties
5. Build on the HealthLink BC Web Experience
6. Identify Opportunities to Collaborate Across Ministries and Agencies

Each has defined tasks, leads and resource assignments, required involvements, key deliverables and milestones, and completion targets. Refer to the separate *Internet Strategy* document for more information.

²² A session is initiated by a web browser each time it visits a website. Within one website session, multiple pages may be viewed and with each page viewed, the page view count increases.

Leading Workplace Strategies

As part of annual T&T planning, government asked all ministries to identify a three-year optimization plan for Leading Workplace Strategies (LWS), which would:

- result in more effective use of office space through supporting non-territorial workspace and telework opportunities; and,
- enable the workforce to be mobile and flexible in support of LWS (see Appendix B , *Definitions of Work Styles*).

This section of the T&T update addresses the above and describes:

- how LWS will assist the ministry in achieving its transformation vision and business strategies; and,
- how the current composition of ministry employees will change over time as new work style strategies are implemented.

The following LWS optimization plan augments the ministry's *Workforce Plan: Change Through Innovation 3.0* and related workforce and engagement strategies by providing a more comprehensive analysis and strategies, specific to workforce shifts—shifts resulting from transformation, current and projected changes to workforce work styles, technology enablers and office/space optimization.

Both the *Workforce Plan* and this LWS component of the T&T plan are aligned to the strategic shifts of *Citizens @ the Centre*²³, previously referenced in this T&T plan update. For more information and a larger context for LWS, also refer to the ministry's *Workforce Plan*²⁴.

Transformation

The BC health system is one of citizens' most valued social programs— every person in the province will access some level of health care or health service during his or her life.

To ensure a sustainable health system, the ministry primarily performs a governance oversight role to the health sector through strategic planning, policy direction, project planning and analysis, project management and performance monitoring.

Transformation Vision

The health sector maximizes the opportunity presented by rapidly advancing technology to drive quality, efficiency and sustainability

—from page 3.

²³ <https://www.gov.bc.ca/gov20>

²⁴ <https://www.health.gov.bc.ca/workforce-plan-flipbook/index.html>

The health authorities and contracted service providers are responsible for the majority of health service delivery in the health sector. As a result, workforce or workplace shifts resulting from service delivery transformation initiatives are realized by them, with cost savings applied to other health service priority projects. While transformation LWS approaches reach across the health sector, the scope of the following optimization planning is specific to the Ministry of Health.

To achieve the transformation vision and ministry priorities, discussed earlier in this document, the ministry must be a 'workplace of choice.' The ministry must be attractive to new talent and incent current employees to stay. Implementing strategies that offer increased choice in support of balance—between work, family and community—is critical to success.

The ministry also recognizes the diverse nature of both its business and workforce. Technology enablers and non-traditional work styles give employees greater flexibility and mobility to perform their jobs. The ministry needs to leverage these tools to enhance service and productivity.

Where the ministry manages provincial programs and services (see inset), the ministry will look for innovative opportunities to enable technology to transform those services and to leverage modern work-styles and/or optimize space.

Recap of Ministry Services

While the BC health authorities are primarily responsible for health service delivery, the Ministry of Health manages a number of services to citizens.

Medical Services Plan: Insures medically required services provided by physicians and supplementary health care practitioners, laboratory services and diagnostic procedures.

PharmaCare: Provides prescription drug insurance for British Columbians.

Vital Statistics Agency: Registers and reports on vital events such as birth, death and marriage.

HealthLink BC: Provides a province-wide 24x7 non-emergency health line (8-1-1) staffed by registered health professionals who offer confidential health information, advice and health navigation services to the public and other health professionals. HealthLink BC also publishes the BC HealthGuide.

Office of the Provincial Health Officer: Provides independent advice and recommendations to the Minister and public officials on public health issues including health promotion and health protection. The Provincial Health Officer reports annually to the Minister on the health of the population of British Columbia and the extent to which population health targets, established by the government, have been achieved.

Employee Work-Style Profile

To measure future progress, the ministry has established a profile of existing employee work styles.

Current employee work-style composition:

In September 2011, the ministry conducted an assessment²⁵ across its program-area divisions to document the current composition of employee work-styles. The results were:

Current employee work-style at September 2011				
Resident	Internally Mobile	Externally Mobile	Teleworker	Other
<ul style="list-style-type: none"> Assigned (requires a dedicated workspace; more than 60% at a desk) 	<ul style="list-style-type: none"> Flexible (when in the office they used shared workspace; away from desk more than 60%) 	<ul style="list-style-type: none"> Mobile (do not have a dedicated workspace in any location; less than 25% of time spent in office space) 	<ul style="list-style-type: none"> Home Based (spend 3 or more days working from home; use shared workspace when in the office; more than 80% time at desk/computer at home) 	<ul style="list-style-type: none"> Work styles that do not fit definitions to the left; such as, teleworking one day/week.
97%	1%	0%	1%	1%

In addition to the above results, several ministry divisions reported that many employees participate in informal, ad hoc flexible work opportunities, for example, occasionally working at home when on a special project.

Multi-year work-style change projection:

While the overall BC Public Service is predicted to shrink over the next decade, citizens' needs for health system services will not, with health spending increasing at approximately five percent per year. To meet this challenge, the ministry must not only maintain its current staffing levels, it must adopt an efficient and sustainable model—one that is flexible, seeks innovative ways of delivering business and recognizes the unique attributes of its workforce.

- In February 2011, the ministry had 8% (110) employees working a reduced work week.
- In August 2011, a telework toolkit was developed and implemented to augment BC Public Service Agency policies and assist managers and employees enter into telework arrangements.

²⁵ Includes approximately 162 nurses who are not public service employees that the ministry is accountable to recruit for the positions, provide employees with day-to-day direction, training and performance management under an agreement.

As part of the September assessment, ministry division managers were also asked to think about opportunities for more:

- modern work styles that could be accommodated now or in the future that would result in optimization of space; or,
- flexibility for employees to have the choice to work differently for improved work/life balance.

Their responses are summarized in the following projection of change:

Year	2011/12	2012/13	2013/14	2014/15
Estimated percentage change in work styles	0	+1%	+1%	+1%

This preliminary projection is based on the current ministry environment and culture. Some divisions indicated a desire to consider modern work styles with more research and planning during this and the next fiscal—this could alter the above estimates.

Culture and Readiness

The ministry has done significant work to support and engage employees (see [Work Environment Survey](#)²⁶ results) but acknowledges that there is more work to do to shift the culture to one that empowers and provides employees with the flexibility they need to meet their individual work needs and styles.

For many managers and supervisors, moving to non-traditional ways of working will be a difficult change and a culture shift that will need to be addressed by providing them with support, information, tools, training and awareness.

Technology enablers are critical to support employees to be flexible and mobile. Many ministry divisions cited technology as a major challenge or obstacle to supporting employees to enter into modern work styles.

The ministry currently has a mix of traditional and modern work styles, both formal and informal. Building on those successes, engaging and providing staff with supports and tools, and

- In 2011, six teleworker arrangements were implemented in a work unit.
- 36 Health Service Representatives share 12 dedicated workspaces.
- 162 nurses share 55 tele-nurse work stations.
- 14 branch staff work from seven assigned workplaces, with additional shared options in two cities (located in the health authorities).

²⁶ <https://www.health.gov.bc.ca/pdf/wes/Ministry%20of%20Health%20WES%202011.pdf>

increasing technology enablers will position the ministry to be better ready to adopt modern work styles and continue to shift the culture in a positive direction.

Office Space Optimization

Over recent years, the ministry has been working to reduce its leased space costs by optimizing and relocating employees to other existing ministry space.

As the ministry does not anticipate decreasing the size of its workforce over the next few years, it will continue to explore options to optimize and/or reduce existing space and cost. Some examples of space re-planning and optimization are:

- One branch having implemented a mix of workspace settings to optimize its existing space and accommodate a 40% growth in staff. The branch now includes a combination of open work space, an informal collaboration area, traditional dedicated workspace, a confidential meeting room and a part-time telework arrangement.
- Another branch is 100% open workspace with a dedicated area for team collaboration and confidential meeting space.
- Approximately 40 employees will soon be moving into 1515 Blanshard, Victoria, from a Saanich location.

Leading Workplace Strategies

The following LWS are based on input from all ministry divisions, strategies in the ministry's *Workforce Plan*, and consideration of key success factors, including human resources, technology and facilities/space.

Focus	2011/12 – 2012/13	2013/14	2014/15
Success Enablers	<ul style="list-style-type: none"> Implement a LWS working group to drive the LWS and ensure an integrated approach to planning, monitoring and reporting. Working group to include (at a minimum) human resource, technology, facilities and an executive sponsor. 	<ul style="list-style-type: none"> Ongoing. 	<ul style="list-style-type: none"> Ongoing.
Flexible and/or Mobile Work Styles	<ul style="list-style-type: none"> Where enablers exist to support modern work-styles, assess and explore options and employee interests to adopt. Pilot and/or implement modern work-style arrangements. 	<ul style="list-style-type: none"> Continue to assess and implement modern work-styles. Review lessons learned from pilots; decision to continue and/or expand to other units. Share and leverage lessons learned. 	<ul style="list-style-type: none"> Continue to assess and implement modern work-styles. Continue to leverage and share lessons learned.
	<ul style="list-style-type: none"> Conduct feasibility study, client consultation and planning phase to pilot modern work-styles for functions or work units identified as potential candidates: <ul style="list-style-type: none"> Auditor function identified for potential external mobile work-style Research/writing identified as potential function to adopt various modern work-styles Two work units identified as potential for internally mobile and teleworker work-styles for approximately 40 employees 	<ul style="list-style-type: none"> If approved, implementation to occur over two years 2013/14 - 2014/15. Monitor, share and leverage lessons learned. Identify other functions or work units that may be able to enable greater flexibility and mobility options. 	<ul style="list-style-type: none"> Ongoing.
	<ul style="list-style-type: none"> Participate and/or provide input into development of corporate human resources policies, supports, etc., where opportunities exist. Work with other ministries where it makes good business sense (e.g., options for similar-type work functions) and to leverage and share best practices. 	<ul style="list-style-type: none"> Ongoing. 	<ul style="list-style-type: none"> Ongoing.

Focus	2011/12 – 2012/13	2013/14	2014/15
Space Optimization	<ul style="list-style-type: none"> Moves in process or scheduled to occur to consider reconfiguration to support modern work-styles and to optimize space. 	<ul style="list-style-type: none"> Ongoing. 	<ul style="list-style-type: none"> Ongoing.
	<ul style="list-style-type: none"> Explore options to share workspace with other organizations (e.g., health authorities; other ministries). 	<ul style="list-style-type: none"> Ongoing. 	<ul style="list-style-type: none"> Ongoing.
	<ul style="list-style-type: none"> Facilities to work with divisions to identify and address needs for confidential meeting space resulting from modern work-styles implemented or contemplated. 	<ul style="list-style-type: none"> Ongoing. 	<ul style="list-style-type: none"> Ongoing.
	<ul style="list-style-type: none"> Monitor upcoming lease expirations for potential optimization and to reduce real estate footprint and costs. 	<ul style="list-style-type: none"> Ongoing. 	<ul style="list-style-type: none"> Ongoing.
	<ul style="list-style-type: none"> Provide managers/supervisors with supports, information, resources, tools and training. Training to include how to manage remote staff including performance management, and how to build teams and working relationships that don't involve face-to-face contact. Provide employees with training/awareness session on their role and responsibilities on how to be successful in a modern work-style arrangement. 	<ul style="list-style-type: none"> Continue to review, update and provide awareness/training sessions as required. 	<ul style="list-style-type: none"> Ongoing.
Cultural Readiness	<ul style="list-style-type: none"> Provide managers/supervisors with change management support, training and tools. 	<ul style="list-style-type: none"> Ongoing. 	<ul style="list-style-type: none"> Ongoing.
	<ul style="list-style-type: none"> Communicate; engage employees at all levels; tell employees' stories. 	<ul style="list-style-type: none"> Ongoing. 	<ul style="list-style-type: none"> Ongoing.
	<ul style="list-style-type: none"> Ensure LWS are aligned with ministry workforce engagement strategies. 	<ul style="list-style-type: none"> Ongoing. 	<ul style="list-style-type: none"> Ongoing.
	<ul style="list-style-type: none"> Determine budget and options to provide mobile technology devices (e.g., lap-tops, tablets, iPads, etc.) 	<ul style="list-style-type: none"> Ongoing. 	<ul style="list-style-type: none"> Ongoing.
Technology Enablers	<ul style="list-style-type: none"> Determine options to support increased mobility (e.g., wireless access). 	<ul style="list-style-type: none"> Ongoing. 	<ul style="list-style-type: none"> Ongoing.

Focus	2011/12 – 2012/13	2013/14	2014/15
	<ul style="list-style-type: none"> Work units piloting or considering modern work-styles to determine cost/budget and ability to provide employees with access required (e.g., DTS) 	<ul style="list-style-type: none"> Ongoing. 	<ul style="list-style-type: none"> Ongoing.
	<ul style="list-style-type: none"> Provide technology training as required (e.g., live meeting, video conferencing, how to use mobile devices, etc.) 	<ul style="list-style-type: none"> Ongoing. 	<ul style="list-style-type: none"> Ongoing.
	<ul style="list-style-type: none"> Determine current helpdesk support and access requirements to support different work-style access. 	<ul style="list-style-type: none"> Ongoing. 	<ul style="list-style-type: none"> Ongoing.

Pages 37 through 39 redacted for the following reasons:

Not Responsive

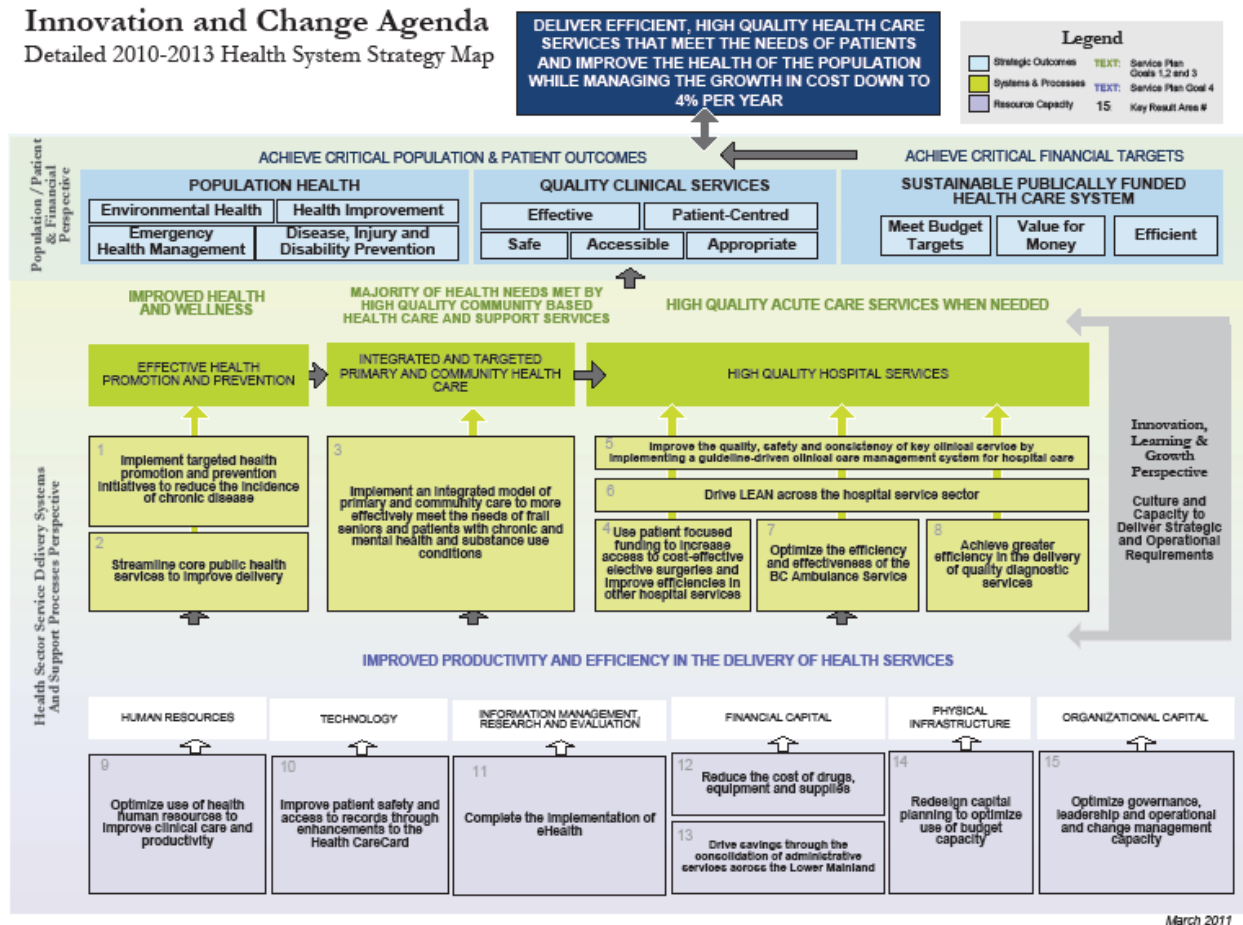
Appendices

Appendix A: Change and Innovation Agenda Themes and Key Result Areas

Appendix B: Leading Workplace Strategy, Work Style Definitions

Appendix A: Change and Innovation Agenda Themes and Key Result Areas

Innovation and Change Agenda Detailed 2010-2013 Health System Strategy Map



Ministry Vision: *A sustainable health system that supports people to stay healthy, and when they are sick, provides high quality publicly funded health care services that meet their needs.*

Strategic Actions

The ministry's strategic direction, known as the Innovation and Change Agenda, was developed to achieve the above vision. This strategy is focused on making positive impacts to the quality of life for those who are facing increasing frailty, are managing chronic diseases, or dealing with mental illness, as well as continuing to contribute to a sustainable health system. The agenda consists of four broad themes, with project-focused teams collaborating on fifteen key result areas.

1. Effective health promotion, prevention and self-management to improve the health and wellness of British Columbians.

Key Result Area #1: Implement targeted health promotion and prevention initiatives to reduce the incidence of chronic disease

Key Result Area #2: Streamline core public health services to improve delivery.

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

Key Result Area #3: Implement an integrated model of primary and community care to more effectively meet the needs of frail seniors and patients with chronic and mental health and substance use conditions

3. High-quality hospital services are available when needed.

Key Result Area #4: Use patient-focused funding to increase access to cost-effective elective surgeries and improve efficiencies in other hospital services

Key Result Area #5: Improve the quality, safety and consistency of key clinical service by implementing a guideline-driven clinical care management system for hospital care

Key Result Area #6: Drive LEAN across the hospital service sector

Key Result Area #7: Optimize the efficiency and effectiveness of the BC Ambulance Service.

Key Result Area #8: Achieve greater efficiency in the delivery of quality diagnostic services.

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

Key Result Area #9: Optimize use of health human resources to improve clinical care and productivity.

Key Result Area #10: Improve patient safety and access to records through enhancements to the Health CareCard.

Key Result Area #11: Complete the implementation of eHealth.





Key Result Area #12: Reduce the cost of drugs, equipment and supplies.

Key Result Area #13: Drive savings through the consolidation of administrative services across the Lower Mainland.

Key Result Area #14: Redesign capital planning to optimize use of budget capacity

Key Result Area #15: Optimize governance, leadership and operational and change management capacity

Appendix B: Leading Workplace Strategy, Work Style Definitions

<p>Resident <i>Assigned</i> (requires a dedicated workspace)</p>  <p>The employee has a dedicated workspace in a particular location within the organization that is provided for their exclusive use while at the office. Because of the employee's work requirements, the daily use of a workspace within a specific location is necessary. The employee rarely works from an alternate location. Employees generally most suited to be assigned are non-mobile, have a frequent need for immediate face-to-face interaction with co-workers, and have special IT or physical resource needs that make their work place-dependent.</p>	<p>Internally Mobile <i>Flexible</i> (may spend the majority of a day away from an individual workspace engaged in internal collaboration)</p>  <p>To support high levels of internal mobility the employee within an organization the employee has the ability to work from a variety of spaces and locations. The employee may also work from home up to 2 days a week, based on suitability and desire. They do not have a dedicated workspace in any organizational locations. When in the office they use shared workspace within departmental areas or reservable space in other organizational locations. Employees generally most suited to be flexible are internally mobile, desire choice and variety in the options available to work and interact with individuals across the organization, and most often have the ability and need to work on the go.</p>	<p>Externally Mobile <i>Mobile</i> (spends the majority of a day outside of base workplace)</p>  <p>To support high levels of external mobility the employee has the ability to work from a variety of places outside of the organizations' locations. The employee may also base their work primarily from home or up to 2 days a week, based on suitability and desire, they do not have a dedicated workspace in any company locations. Employees generally most suited to be Mobile are externally mobile, have a frequent need for face-to-face interaction with partners, vendors, or customers, and most often have the ability and need to work on the go.</p>	<p>Teleworker <i>Home Based</i> (spends the majority of a week working from home)</p>  <p>The employee's home is their primary place of work. In a typical week they will spend 3 or more days working from their home office. They do not have an assigned office in any company location. When they have a need to be in a company location they use shared workspace on an availability or reservation basis. Employees generally most suited to be home based are non-mobile, have an autonomous workstyle with low special resource needs.</p>
<p>Jason Resident</p> <p><i>"I help people when they get stuck. It's pretty cool to be able to sort things out... while I work around others I don't work with them"</i></p> <ul style="list-style-type: none"> • Navigates government process on a daily basis. • Typically spends more than 60% of his time at his desk working on his computer. • Works independently, but assists others in their work. • Workload is steady except at the end of the fiscal year. • Requires a uniquely assigned workspace with specialized IT infrastructure and tools to achieve work objectives 	<p>Sonia Internally Mobile</p> <p><i>"I need to keep up with changing client needs, informing and advising others within our Head Office. I'm often away from my workspace meeting with others and juggling priorities."</i></p> <ul style="list-style-type: none"> • She's typically away from her desk more than 60% of the time, often in meetings around Head Office and off site • Requires space for physical presence with her direct reports • Reliant on mobility technology to achieve work goals 	<p>Kevin Externally Mobile</p> <p><i>"To get the information I need, I have to collect it off-site. I spend most of my time outside of the office. When I do go into the office I feel more connected to everyone else."</i></p> <ul style="list-style-type: none"> • Nature of work doesn't require a dedicated workspace • Typically less than 25% of time is spent in office space and much of this time is spent in meeting rooms or touch-down workspace • The office space isn't the main tool he uses to get his job done 	<p>Deb Teleworker</p> <p><i>"I can access and provide people with the information needed from home. It's great to be able to have the option to work from home... while still feeling connected to the workplace when I do come in"</i></p> <ul style="list-style-type: none"> • Navigates government process on a daily basis. Typically spends more than 80% of his time at her desk working on her computer. • Works independently, but assists others in their work through email and phone conversations. • Does not require a uniquely assigned workspace or physical references but rather relies on technology to achieve work objectives

4 November 2011

