



Premier's Award Application

PARTNERSHIP

This award recognizes joint ventures or multi-party initiatives between BC Public Service organizations and organizations in the broader public sector, other levels of government, Indigenous communities or in the private or non-profit sectors. Considerations may include but are not limited to

- Developing and managing sustained strategic partnerships with other government, private sector, volunteer or non-profit organizations, integrating policy and/or service delivery to better serve British Columbians
- Measurable benefits to either their organization(s) and/or the citizens of British Columbia through process improvements transforming business practices, and/or supporting sustainable revenue generation or savings
- Inclusive employee or citizen engagement practices with diverse stakeholder groups
- Improving the quality, cost-effectiveness, or productivity of services to internal stakeholders
- Improving government-to-business or government-to-citizen program or service delivery

*Name of ministry or eligible organization sponsoring this application: **

Health

*Title of nomination: **

Unprecedented coordination and partnerships: data, reporting, and analytics during the two-year COVID-19 pandemic

Nominator

The nominator is the person who will be identified in the video if the nomination is chosen as a finalist. Typically, the nominator is someone from the Executive who has been part of the nomination. The nominator and nomination contact can be the same person, but it is not recommended as there is considerable communication between the nomination contact and the Premier's Awards team. Please fill out the section below if there is a secondary or co-nominator for this nomination.

*Name: **

Martin Wright

*Nominator title: **

Assistant Deputy Minister, Health Sector Information Analysis and Reporting Division, Ministry of Health



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*Email: **

Martin.P.Wright@gov.bc.ca

Nominator 2 (optional)

Name:

Alexandra (Lexie) Flatt

Nominator title:

Vice-President, Pandemic Response & Chief Data Governance & Analytics Officer, Provincial Health Services Authority

Email:

aflatt@phsa.ca

Nomination contact

The nomination contact will be responsible for providing/confirming information that is relevant to the nomination. This may include confirming partner organizations, providing correct titles, checking spelling and providing pictures. The nomination contact should be someone who has been directly involved in the nomination.

*Name: **

Heather Richards

*Email: **

Heather.Richards@gov.bc.ca

*Phone number: **

250-952-2014

Video contact

The video contact acts as the nomination liaison and will work directly with the Premier's Awards video production team to confirm interviewees, filming locations, and assist with the coordination of supporting video footage and materials.



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Name: *

Cheryl Stanker

Email: *

Cheryl.Stanker@gov.bc.ca

Filming location: *

Please identify the location(s) where the nomination video would likely be filmed. This may also include possible interviewee locations.

Location 1: 1515 Blanshard Street, Victoria, B.C. (Ministry of Health office)

Location 2: 1333 West Broadway, Vancouver, B.C. (PHSA office)

Location 3: 655 West 12th Avenue, Vancouver, B.C. (BCCDC office)

Contact acknowledgement

If your nomination is selected as a finalist, the process is a time commitment for the finalist group involving approximately 20 hours to coordinate video filming schedules, organize interviewees and b-roll, and communicate frequently with the Premier's Awards team. Please indicate below that the potential finalist group for this nomination is aware of their nomination, and of the potential time commitment should they be selected as a finalist.

Yes, they have been informed (check box): * ☒

Nominee and partner information

Please submit an attachment outlining all the key nominees and/or partners who contributed to the initiative including only their name and ministry or organization. **These documents will not count towards your 5 attachment maximum to support the nomination.**

Nominees are individuals who played a significant role in the initiative, program or project.

Partners are internal and/or external organizations that played a significant role in the initiative, program or project.



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Evaluation considerations

The combined sections below must not exceed 1650 words.

Summary (150 words maximum)

In this section, provide a brief statement summarizing the main points of the nomination. The purpose of the summary is to give the adjudicators and judges a condensed and objective account of the main idea(s) and accomplishment(s) of the nomination.

A province-wide partnership enabled unprecedented data coordination from the outset of the COVID-19 pandemic to the final phases of the mass vaccination campaigns in the province. Critical information was available to inform Public Health decisions and media communications, impacting the lives of every British Columbian and saved an unknowable number of lives.

Information systems and reporting channels were rapidly established to monitor COVID-19 cases, hospital and front-line capacity, vaccines, anti-viral treatments, and more.

Teams from the Ministry and Provincial Health Services Authority (BCCDC and DARE) disseminated information, definitions, and methodologies in a rapidly changing landscape and under immense public scrutiny. Public health officials, data analysts, data architects, epidemiologists, and scientists worked together across organizational boundaries and under extraordinary circumstances to ensure Minister Dix and Dr. Henry had access to the most current data to share with British Columbians as we all navigated through the pandemic, together, as an informed population.



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Context (250 words maximum)

Briefly describe why the partnership was undertaken to establish a background to provide background and perspective.

COVID-19 triggered a global pandemic of a magnitude and severity not witnessed by this generation. The necessary response was unprecedented in our times. No one part of the public health system in B.C. could operate in isolation to gather, synthesize, and disseminate the level of information needed to influence rapid province-wide and regional decision-making. The situation was ever changing -- new variants emerged, different waves of the virus crested, and vaccines became available.

Partnerships and new reporting channels were established to support information flow and reporting, ranging from the public-facing COVID-19 cases dashboard to the confidential daily briefings provided to the Minister of Health – briefings contained information from the BC Centre for Disease Control, regional health authorities, multiple databases, and a newly introduced web application launched for long-term care and assisted living operators to report on staff and resident vaccination status.

Behind the scenes were countless hours of deliberation to ask and answer important questions, and to establish analytic and reporting methodologies (e.g., “What is the cut-off time for the ‘past 24 hours’ case reporting?” and “Who is most vulnerable and how can we prioritize a limited vaccine supply?”). Teams in each organization worked to test and establish data feeds between systems so that every partner had access to the information they needed. This was by no means smooth – feeds sometimes failed, but teams were quick to conduct root cause analysis and work together to solve critical issues.



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Complexity

Describe the scope and scale of the joint ventures or multi-party initiatives including, but not limited to

- Size of the project, process or initiative
- Risks encountered and overcome
- Constraints such as time frame, technical, financial, organizational or policy
- Challenges around aligning stakeholder or partner group interests
- Technical or organizational difficulties addressed

The numbers reported by Dr. Bonnie Henry and Minister Dix each day to the public presented only the tip of the iceberg when it comes to the complexity of the many systems required to bring those few critical lines of information to the forefront.

COVID-19 case data involved connecting over a dozen systems, spanning organizations and databases not traditionally connected: data warehouses, clinical information systems, public health systems, ImmsBC platform, and stand-alone web applications. COVID-19 reports started within days of B.C.'s first reported COVID-19 case.

Content had to evolve rapidly, often in windows of less than one hour to address emergent priorities.

Reporting and analytic topics covered a range of topics, such as facilities experiencing a COVID-19 outbreak, lab test results, occupancy rates in hospitals, critical care and vented patients, cross-jurisdictional comparisons, health authority absences due to illness.

In late 2020, vaccination reports were developed, tracking vaccine supply and administration, and later vaccine coverage for a variety of population groups, analysis of cases and hospitalizations by vaccination status, and registrations and bookings. Most recently in 2022, tracking of rapid antigen test dispenses were added.

Quality data was key to quality reporting. Teams needed to lead data management activities to reconcile data so that reports built on the PIR, as well as this data's use for vaccine passports provincially and federally, were based on reliable data. Data systems needed to respond quickly to changes, such as introduction of dose 3/boosters or new vaccine types. Timely data was needed to be relevant to current needs. Each of these daily reports has a chain of data steps that preceded them.



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A new system for timely collection and reporting on COVID-19 patients in hospitals and critical care units, and ventilator utilization and capacity started the second week of March 2020. Data needed to be compiled together and shared across organizations. PIR data on vaccine administration and coverage involved bringing together a variety of data systems: Pharmanet, eForms, ImmsBC, which then a daily update was provided to PHSA's data warehouse (PANDA), and the Ministry of Health's warehouse (Healthideas).

Reporting methods needed to be nimble.

The Ministry designed data models to populate dynamic dashboards in business intelligence tools (Power BI), enabling staff to handle the volume of media requests and reporting demands. ****

Vaccine supply and distribution involved tracking PIR and ImmsBC inventory systems and supported re-distribution of vaccine supplies where it was most needed. PHSA (including BCCDC and DARE) and the Ministry supported the information being collected and presented in over 250 media briefings and nearly 500 daily information briefs/statements. The group fielded an estimate of 1,000 media requests and responses that called for data. No single organization would have been able to succeed at the scale of work given its enormity. Success in keeping information flowing---current and accurate---was accomplished because of the partnership and collaboration across and within these organizations.

Approach

Identify key aspects of the approach and partnership including, but not limited to

- Developing and managing sustained strategic partnerships with other government, private sector, volunteer or non-profit organizations, integrating policy and/or service delivery to better serve British Columbians
- Building relationships with internal or external stakeholder(s) to achieve mutually beneficial goals or mandates
- Citizen-centric or customer-centric approach at the heart of the design and/or implementation of the partnership
- Inclusive employee or citizen engagement practices with diverse stakeholder groups
- Creativity and/or use of new technology or methods such as Behavioural Insights or Service Design to achieve results
- Risk and/or change management strategy
- Applying and/or developing best practices to remove barriers that may have prevented the successful outcome of the project



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Ministry of Health and PHSA (BCCDC and DARE) staff engaged in purposeful and thoughtful partnership with health authorities and partner agencies through frequent touch points and collaborative action. New technologies were introduced and leveraged, including the Ministry of Health's Health System Performance Portal, Power BI reports and information pipelines. Teams strived to automate wherever possible, quickly learning new programming languages and synthesizing inputs from many formats, ranging from data wrangling to compile data in emailed text and .csv documents, to secure database-ready data feeds. One outcome was the decision to develop the HIDES application for the Ministry infrastructure to better cope with rapid change in data needs at scale. In the throes of the pandemic, the need for near-instant analytics drove teams to innovate, finding ways to speed up programs and work seamlessly with colleagues as if in an orchestrated dance.

The media demand for data was insatiable.

During peak moments, media requests would dominate workloads. The questions from the public required rapid retrieval of information and pivoting the analytics strategy to meet the information needs of B.C. citizens: all the while, remembering how profoundly their lives were affected by Provincial policy. Studies on population risk for adverse outcome from COVID-19 became tools for communicating to the public when the Omicron variant was moving through the population, showing the protective effects of vaccination. Partnerships were strengthened over time, with each party needing to consider how seemingly insignificant changes to data from one part of the system could lead to system failure, misinterpretation, and ultimately potentially ill-informed decisions. Risks were identified and managed through frequent, proactive communication so that reporting systems were able to remain agile and adaptable to the constant state of change over the past two years.



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Impact

Describe and use metrics (if applicable) to support the effect the partnership has on the organization, public service or citizens of British Columbia including, not limited to

- Measurable benefits to either their organization(s) and/or the citizens of British Columbia through process improvements transforming business practices, and/or supporting sustainable revenue generation or savings
- Effect on the community, internal or external stakeholders including any social, economic and environmental benefits achieved as a result of the partnership
- Extent to which the outcomes and objectives of the project, program or initiative were achieved
- Effect of the partnership on operational efficiencies as demonstrated by financial or other key performance indicators
- Improving quality, cost-effectiveness or productivity of services to internal and/or external stakeholders and/or the citizens of British Columbia
- Extent to which the outcomes and objectives have significantly improved government-to-business or government-to-citizen program or service delivery

Our inter-organizational partnerships enabled us to inform policy aimed at saving thousands of lives, while limiting the negative effects of restrictions on individuals, families, and the economy. The transparency afforded by frequent reporting and sharing of analysis constituted the foundation for confidence in the Office of the Provincial Health Officer and the Province's decisions, and additionally provided encouragement to the public to receive vaccine doses once available. B.C. avoided extreme case counts and high mortality rates seen in other provinces, largely due to the quality, frequency, and quantity of information provided to provincial leadership, and thereby allowing for informed decisions. Looking forward, we see pandemic reporting has permanently shifted the landscape of public reporting and communications; citizens and provincial leadership now have an appreciation for the information the public service can deliver. Ongoing collaboration between partners is focused on advancing analysis and reporting for COVID-19 and expanding to infectious diseases and vaccinations more generally (i.e., seasonal flu as well as COVID-19) and other public health interventions such as cancer screening. The BC Centre for Disease Control is working closely with the Ministry of Health to resolve data issues around tracking causes of death and the impact on life expectancy, as well as other prominent issues when it comes to the health of British Columbians. As the urgency of COVID-19 reporting wanes, we are discovering new ways our strengthened relationships can be leveraged to better support the health of British Columbians.