

**Ministry of
Health**

**2013/14 – 2015/16
SERVICE PLAN**

February 2013



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Message from the Minister and Accountability Statement



I am pleased to present the *Ministry of Health 2013/14 – 2015/16 Service Plan*. This plan outlines the strategic priorities and goals for British Columbia's health care system over the next three years.

B.C.'s health system continues to face the challenge of increasing costs, precipitated by a growing and aging population, and advances in medical technology and pharmaceuticals. This has necessitated a renewed focus on innovation to ensure sustainability and a system that remains strong and viable for future generations. Our strategic focus has been, and will continue to be, ensuring that B.C. families have access to the medical care, treatment and health care supports they need as close to their home communities as possible. We will continue to focus on the importance of prevention and health promotion to create healthier, more active communities, so it is easier for everyone to make healthier choices. As well, we will keep building on our strong hospital and primary care systems, while ensuring that they are complemented by a range of community supports that benefit patients from birth through to end of life.

Health care in B.C. is built on the foundation of families – some small, others large, some with B.C. roots going back generations, and others having only recently arrived in our province. While each family's structure is unique, we are committed to ensuring that every family in B.C. has access to the health care services they need, and the chance to succeed and thrive. Under B.C.'s Families First Agenda, government is actively seeking ideas from British Columbians to help support our most vulnerable families: those with family members facing dementia, end-of-life care, mental health and substance use issues, as well as other challenges. To learn more, or to share ideas, citizens can visit: www.familiesfirstbc.ca.

Like jurisdictions across Canada and around the world, British Columbia has not been immune to economic challenges, but even in tough times we have honoured our commitment to protect health care with an additional \$1.23 billion over the next three years. Our Innovation and Change Agenda builds on an already strong health system, and helps ensure that we are making the most of every dollar while continuing to provide top notch care to B.C. families.

We have seen positive results. Our patient focused funding strategies are improving wait times and access to care right across the province. Lean design projects are re-evaluating everyday health care processes to increase efficiency and improve the patient experience. In the process, Lean is creating the potential to save millions of dollars that can be directed back into patient care. We have also found ways to harness health authorities' purchasing power. By combining buying power through Health Shared Services BC, health authorities have been able to improve the cost effectiveness of their services, which will result in savings of nearly \$200 million in the first five years. While savings to the system are key to sustainability, we also want to ensure that families feel the direct results of this work. This includes a reduction in the price of generic drugs, starting in 2013, to provide significant savings to B.C. families when they fill the prescriptions that help them stay healthy.

We could not support the health of B.C. families without the dedication of the thousands of health care professionals and allied workers – from family physicians, specialists and pharmacists, to midwives, nurses and health care assistants – working around the clock in communities across the province. As a family doctor, I recognize the challenges that health care professionals face and we continue to look for new ways to provide support. We are ensuring more health educational spaces are available in our colleges and universities, focusing on initiatives that optimize the unique skill sets of health care providers, and building on the support of community agencies and municipalities to help create a more seamless patient experience. We are also building a strong foundation of health care in the community, with patients and their families at the centre of care. Our successful partnership with the BC Medical Association has helped develop solutions that support physicians and their staff, while providing improved access to family doctors and specialist physicians and addressing community-specific health care goals.

Our Healthy Families BC strategy recognizes the importance of not just treating disease, but preventing disease. Through prevention initiatives focused on healthy eating, increasing physical activity, smoking cessation, and healthy pregnancy and infant support programs, we can help improve the health of British Columbians and have a significant impact on chronic diseases like diabetes, heart disease and cancer. We continue to focus on giving families the tools they need to take charge of their own health, while supporting those most at risk. Our smoking cessation program has helped hundreds of thousands of British Columbians in taking the first step to quit smoking with free access to nicotine replacement products and PharmaCare coverage of prescription drugs for smoking cessation. The Prescription for Health program supports family doctors in working with at-risk patients on a personal health risk assessment and providing referrals to help patients achieve their health goals and better manage their own health.

Virtually every British Columbian will need health care at some point during their lifetime, which is why it is so important for us to maintain a focus on ensuring world class health care, today, tomorrow and for future generations. We will continue to turn to innovation as a way to expand existing initiatives, strengthen primary and community care and help prevent and better manage diseases. By doing so, we can help reduce demand on acute care services resulting in shorter hospital stays, healthier citizens and lower demand for residential care.

The *2013/14 – 2015/16 Service Plan* for the Ministry of Health was prepared under my direction in accordance with the *Budget Transparency and Accountability Act*. I am accountable for the basis on which the plan has been prepared.



Honourable Margaret MacDiarmid
Minister of Health
February 7, 2013

Message from the Minister of State for Seniors and Accountability Statement



It is my honour to have been appointed by Premier Christy Clark as Minister of State for Seniors in September 2012. This portfolio has been created with a goal of looking out for the best interests of older people. Seniors now have a voice at the Cabinet table. I am doing my very best to get out there and meet with and listen to as many seniors and their families as I can.

Almost one-sixth of B.C.'s population is over 65 years old. Over the next 20 years the number of seniors will almost double to an estimated 1.3 million. The fact that British Columbians are living longer and that the province has a growing senior population is something to be celebrated. The changing demographic also presents unique challenges to our communities, our health care system and virtually all ministries of government. The B.C. government recognizes the opportunities presented by having an older population and is preparing to meet this need.

British Columbia seniors continue to benefit from a rich menu of cross-ministry supports ranging from long-term residential care services, assistance with transportation and housing options and protection from issues such as financial fraud and elder abuse.

The B.C. government is continuing to deliver on *Improving Care for B.C. Seniors: An Action Plan*, which was announced in February 2012. Many steps were taken in 2012, including the expansion of the After-Hours Palliative Nursing Service, the creation of the Seniors Health Care Support Line, easier access to information online and in print with redesigned SeniorsBC and Home and Community Care websites and a new edition of the BC Seniors' Guide, and the expansion of Community Response Network activities in up to 100 locations throughout the province. I'm looking forward to the completion of many more actions in the coming months.

Public consultations on the role and function of a Seniors' Advocate were held around the province in the summer of 2012. The wide variety of ideas and comments received from the public and stakeholders through the consultation process is helping government shape the future role of a Seniors' Advocate.

Most seniors in British Columbia are active, healthy and live independently in their own communities. In fact, more than 90 per cent of seniors live at home – which is the preference of most seniors. Better at Home, a province-wide program funded by the B.C. government and managed by the United Way of the Lower Mainland, provides seniors with non-medical home support services such as transportation to appointments, housekeeping and yard maintenance, to help seniors remain in their homes and communities longer.

The B.C. government is working with seniors to create age-friendly communities where older adults are supported to live active, socially-engaged and independent lives. We are also encouraging seniors to be an active part of their community by volunteering and helping other seniors live healthier, happier lives.

Seniors are a diverse group of people with varying needs and distinct interests which must be recognized and represented. I look forward to hearing more from seniors and their families as we work to serve those needs.

In my role as the Minister of State for Seniors under the *Balanced Budget and Ministerial Accountability Act*, I am accountable for achieving the following results in 2013/14:

In collaboration with the Minister of Health,

- Promote the importance of healthy lifestyles for seniors and support communities in creating the conditions to encourage healthy aging;
- Facilitate collaborative partnerships with other ministries, organizations, federal, provincial and territorial governments and municipal governments to create and implement policies and programs that foster seniors' independence, active aging and inclusion;
- Work across government and with stakeholders and regional partners to facilitate achieving government's commitment to seniors' issues, including the Families First agenda and open government and engagement;
- Lead the development and implementation of public outreach and strategic engagement to ensure programs, services and information for seniors are accessible to seniors, the families of seniors and the caregivers of seniors;
- Represent the Province of British Columbia at the Federal/Provincial/Territorial Ministers Responsible for Seniors Forum, and;
- Submit to Cabinet a report on the results referred to above on or before March 31, 2014.



Honourable Ralph Sultan
Minister of State for Seniors
February 7, 2013

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Purpose of Ministry

The Ministry of Health (the Ministry) has overall responsibility for ensuring that quality, appropriate, cost effective and timely health services are available for all British Columbians. Working in conjunction with health authorities, health care providers, agencies and other organizations, the Ministry guides and enhances the Province's health services to ensure that British Columbians are supported in their efforts to maintain and improve their health. The Ministry provides leadership, direction and support to health service delivery partners and sets province-wide goals, standards and expectations for health service delivery by health authorities. This leadership role is accomplished through the development of social policy, legislation and professional regulation, through funding decisions, negotiations and bargaining, and through its accountability framework for health authorities.



The Ministry directly manages a number of provincial programs and services. These programs include the Medical Services Plan, which covers most physician services; PharmaCare, which provides prescription drug insurance for British Columbians; the BC Vital Statistics Agency, which registers and reports on vital events such as a birth, death or marriage. The Ministry has also established ThinkHealthBC.ca, an interactive website to encourage the public's engagement in an open dialogue about innovations in health care and how we together can build a better health care system.

The province's six health authorities are the organizations primarily responsible for health service delivery. Five regional health authorities deliver a full continuum of health services to meet the needs of the population within their respective geographic regions. A sixth health authority, the Provincial Health Services Authority, is responsible for managing the quality, coordination and accessibility of services and province-wide health programs. These include the specialized programs and services that are provided through the following agencies: BC Cancer Agency; BC Centre for Disease Control; BC Provincial Renal Agency; BC Transplant; Cardiac Services BC; the Emergency and Health Services Commission, which provides ambulance services across the province; BC Mental Health Addiction Services; and Perinatal Services BC. The Provincial Health Services Authority is also responsible for the BC Children's Hospital and Sunny Hill Health Centre for Children and the BC Women's Hospital and Health Centre.

The Ministry works in partnership with the First Nations Health Authority (FNHA) and Health Canada to improve the health status of First Nations in British Columbia and to build a better, more responsive and more integrated health system that will benefit all Aboriginal peoples and, in fact, all British Columbians. The FNHA is Canada's first provincial FNHA and its creation is a key achievement of the Tripartite First Nations Health Plan signed in 2007. The FNHA will provide services previously delivered by Health Canada's First Nations and Inuit Health Branch, Pacific Region, with a mandate to focus on improving wellness.

Strategic Context

The health system in B.C. is one of our most valuable social programs, providing a vital service that is accessed by practically every British Columbian at some point during their lives. However, our province's needs are shifting due to an aging population and rising rates of chronic disease, and the system is challenged by an increasing demand for services.

B.C.'s population is aging. Seniors make up 16 per cent of our total population, and this population is expected to double within the next 25 years.¹ As we age, we tend to need more health services like doctor and specialist visits, prescription medications, home health care and residential care services. As well, there is an increasing need to consider the impacts of frailty, dementia and other health issues on seniors and their families, and focus on providing appropriate care, enhancing quality of life and supporting healthy aging in the community.

Chronic diseases are prolonged conditions such as diabetes, depression, hypertension, congestive heart failure, chronic obstructive pulmonary disease, arthritis, asthma and some cancers. People with chronic conditions represent approximately 38 per cent of the British Columbia population and consume approximately 80 per cent of the combined physician payment, PharmaCare and acute (hospital) care budgets.² Chronic diseases can be prevented or delayed by addressing key risk factors including physical inactivity, unhealthy eating, obesity, alcohol consumption and tobacco use.

British Columbia also faces a challenge in ensuring that all parts of society and all populations can access health services and enjoy good health. While the health status of Aboriginal people has improved significantly in several respects over the past few decades, the Aboriginal population in British Columbia continues to experience poorer health and a disproportionate rate of chronic diseases and injuries compared to other residents of British Columbia. Government is working with First Nations, Métis and other partners to improve Aboriginal people's health outcomes.

Spending on health has steadily increased from \$9.2 billion in 2001 to over \$16 billion in 2012, and it is projected to keep growing.³ In fact, health spending is growing faster than the economy,⁴ and continued growth at this rate could affect funding for other important government services.

The Economic Forecast Council estimates that British Columbia's real GDP grew by 2.1 per cent in 2012 and projects that the rate of real GDP growth will remain at 2.1 per cent in 2013, before increasing to 2.5 per cent in 2014. Risks to British Columbia's economic outlook include a return to recession in the US; the European sovereign debt crisis threatening the stability of global financial markets; slower than anticipated economic growth in Asia dampening demand for B.C. exports; and a weakening of the US dollar disrupting financial markets and raising the cost of B.C. exports abroad.

In order to meet these challenges, the Ministry is working to better meet population needs and continue to deliver quality health service to British Columbians in a way that ensures fiscal sustainability.

¹ P.E.O.P.L.E. 37, BC Stats, Ministry of Labour, Citizens' Services and Open Government, 2013

² Discharge Abstract Database (DAD), Medical Services Plan and PharmaCare data 2006/07

³ *National Health Expenditure Trends, 1975 to 2012*, Canadian Institute for Health Information

⁴ *BC Government Budget and Fiscal Plan 2012/13-2014/15*

Goals, Objectives, Strategies and Performance Measures

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

Objective 1.1: Individuals are supported in their efforts to maintain and improve their health through health promotion and disease prevention.



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

Strategies

- Continue to work with health authorities, physicians and community partners to improve the health of British Columbians through programs such as the Healthy Start initiative that focuses on perinatal, child and family public health services.
- Support communities, schools and workplaces in promoting healthy lifestyles through a focus on healthy eating, increased physical activity, decreased sodium and sugary drink consumption, mental health promotion and tobacco reduction.
- Improve health outcomes for Aboriginal communities by supporting the new First Nations Health Authority and respecting the commitments outlined in the Tripartite First Nations Health Plan and Métis Nation Relationship Accord.



Performance Measure 1: Healthy communities.

Performance Measure	2011/12 Baseline	2013/14 Target	2014/15 Target	2015/16 Target
Per cent of communities that have completed healthy living strategic plans.	13%	30%	35%	40%

Data Source: Survey, ActNow BC Branch, Population and Public Health Division, Ministry of Health.

Discussion

Community efforts to support healthy living through planning, policy, built environments and other mechanisms are critical to engaging individuals where they live, work and play. Sustained community level actions will decrease the number of British Columbians who develop chronic diseases. The Ministry is advising communities on comprehensive healthy living plans and local governments and their regional health authorities are building closer working structures to facilitate health promotion at the community level. This performance measure focuses on the proportion of the 160 communities in British Columbia that have developed healthy living strategic plans since 2010.

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

Objective 2.1: Providing a system of community based health care and support services built around attachment to a family doctor and an extended health care team with links to local community services.

As British Columbia’s population ages and the incidence of chronic disease increases, the demand for health services is increasing and changing. An integrated system of primary and community based health care will improve care for all patients, but particularly for those with more complex needs such as people with chronic diseases, mental illnesses and substance use, women during pregnancy and childbirth and the frail senior population. Evidence suggests that primary and community based health care are best suited to provide care to these populations and can play a critical role in improving health and reducing the need for emergency department visits and hospitalizations. Increasing access to family doctors and coordinating and linking family doctors to other community services such as home health care and community mental health care will improve the quality and experience of care for patients and better support their families and caregivers.

Strategies

- Provide every citizen of British Columbia the opportunity to have a family doctor by 2015 through the patient attachment initiative.
- Continue to implement an integrated model of primary and community care to more effectively meet the needs of British Columbians, especially frail seniors, patients with chronic conditions, maternity patients and patients with mental health and substance use issues.
- Improve the home and community care system to better address the needs of B.C.'s seniors who require these services, including appointing a Seniors' Advocate, expanding non-medical home support to help seniors stay at home longer and strengthening protections from abuse and neglect.
- Implement *Healthy Minds, Healthy People: A 10 Year Plan to Address Mental Health and Substance Use in British Columbia* by working with ministries, health authorities and other partners to ensure alignment with the plan's focus on prevention, early intervention, appropriate treatment and sustainability.
- Expand the Assertive Community Treatment program, an evidence-based and individually tailored treatment model for people with complex mental disorders and/or substance dependence to improve patient care and reduce hospitalizations.



Performance Measure 2: Chronic disease management.

Performance Measure	2009/10 Baseline	2013/14 Target	2014/15 Target	2015/16 Target
Per cent of general practitioner physicians providing chronic disease management.	81%	90%	Maintain at or above 90%	Maintain at or above 90%

Data Source: Medical Services Plan, Management Information Branch, Planning and Innovation Division, Ministry of Health, 2011. Annual data includes the physicians billing incentive fee items claimed from MSP and paid for diabetes, congestive heart failure, hypertension, chronic obstructive pulmonary disease and complex care management.

Discussion

This performance measure focuses on the number of general practitioner physicians (family doctors) providing comprehensive chronic disease management for people with diabetes, congestive heart failure, hypertension and chronic obstructive pulmonary disease. Proactive management of chronic diseases can improve the quality of life for people with chronic conditions and reduce complications, emergency department visits, hospitalizations, some surgeries and repeated diagnostic testing.

Accordingly, the Ministry is working with family doctors to maintain and expand the number providing proactive chronic disease management to their patients. Importantly, there is a concurrent focus on increasing the provision of comprehensive chronic disease management overall to more people in British Columbia who have an identified need for this type of support. Engaging a significant number of family doctors and providing associated practice supports are key steps toward improving care and associated health outcomes for all patients with chronic diseases.

Performance Measure 3: Chronic disease hospital admissions.

Performance Measure	2010/11 Baseline	2013/14 Target	2014/15 Target	2015/16 Target
Number of people under 75 years with a chronic disease admitted to hospital (per 100,000 people aged less than 75 years).	265	240	230	225

Data Source: Discharge Abstract Database, Management Information Branch, Planning and Innovation Division, Ministry of Health; P.E.O.P.L.E. 35, population estimates, BC Stats, Ministry of Labour, Citizens' Services and Open Government; 2011

Notes: The 2013/14 and 2014/15 targets for this measure stated in the *2012/13 – 2014/15 Ministry of Health Service Plan* have been adjusted to coincide with health authority-based targets that reach national peer group benchmarks within seven years. This approach focuses efforts to reduce hospital admissions for chronic conditions in areas of the province with the highest rates.

Discussion

This performance measure tracks the number of people with selected chronic diseases such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. People with chronic diseases need the expertise and support of family doctors and other health care providers to manage their disease in the community, maintain functioning and reduce complications that will require more medical care. Proactive disease management reduces hospitalizations, emergency department visits, some surgeries and repeated diagnostic testing, all of which help control the costs of health care. As part of a larger initiative of strengthening community based health care and support services, family doctors, home health care providers and other health care professionals are working to provide better care in the community and at home to help people with chronic disease to remain as healthy as possible.

Goal 3: British Columbians have access to high quality hospital services when needed.

Objective 3.1: Acute care services are accessible, effective and efficient.

While the majority of health needs can be met through primary and community based health care, the citizens of British Columbia also require timely access to safe and appropriate hospital services that support the needs of patients and their families.

Strategies

- Improve the quality, safety and consistency of key clinical services through an evidence-based clinical care management system designed to assure a high standard of care.
- Continue to redesign and improve hospitals to enhance patient experience and decrease emergency department wait times.
- Enhance diagnostic imaging services such as MRI and CT exams by working with health authorities to improve access and appropriateness.
- Expand hospital capacity through investments in physical infrastructure, including the replacement Burns Lake hospital, the Interior Heart and Surgical Centre and the Surrey Memorial Hospital redevelopment project.



Performance Measure 4: Access to surgery.

Performance Measure	2011/12 Baseline	2013/14 Target	2014/15 Target	2015/16 Target
Per cent of non-emergency surgeries completed within the benchmark wait time.	72.1%	80%	85%	87%

Data Source: Surgical Wait Times Production (SWTP), Management Information Branch, Planning and Innovation Division, Ministry of Health, 2011. Includes all surgeries other than C-sections that have a priority code for patients aged 17+ years.

Notes: Baseline is for surgeries completed from April 1, 2011 to November 30, 2011. Target per cents are for surgeries completed in the fiscal year.

Discussion

In the last several years, British Columbia's health system has successfully reduced wait times for many surgeries. Expanded surgical activity and patient-focused funding, combined with continuous efforts to foster innovation and efficiency in British Columbia's hospitals, will improve the timeliness of patients' access to an expanding range of surgical procedures. The Patient Prioritization Initiative is one of these innovations, a first in Canada, allowing surgeons to monitor patients' wait times in five priority levels. This performance measure will track whether non-emergency surgeries are completed within established benchmark wait times associated with each priority level.

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

Objective 4.1: Optimize supply and mix of health human resources, information management, technology and infrastructure in service delivery.

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

Strategies

- Support an affordable, sustainable health system by ensuring that British Columbia has the required supply of health care providers and that their skills are being used effectively.
- Strengthen and align performance assessment and monitoring systems for medical and other health care professionals, including licensure, credentialing and privileging, in order to improve public confidence in the quality of care provided in British Columbia.
- Continue deployment of the BC Services Card, offering the security benefits of photo identification and anti-forgery features and improving citizen access to health services both in person and online through computer chip technology.
- Continue to modernize the health system through Information Management/Information Technology (IM/IT) solutions, including the expanded uptake of the physician electronic medical record system to support both patients and physicians in securing timely access to health information.
- Establish and expand a provincial home health monitoring service platform, improving the ability of clients and their family caregivers to successfully manage their health conditions at home.

Performance Measure 5: Electronic medical record system implementation.

Performance Measure	2009/10 Baseline	2013/14 Target	2014/15 Target	2015/16 Target
Per cent of physicians implementing electronic medical record systems.	41%	65%	75%	Maintain at or above 75%

Data Source: Health Sector IM/IT Division, Ministry of Health, 2011, measured through physician enrolment in a voluntary program to promote adoption of electronic medical record (EMR) systems.

Notes: An estimated 5,000 physicians have a clinical requirement for an EMR system and would be eligible for this program. The target of 75 per cent recognizes that some physicians will not implement an EMR system due to the nature or location of their practice (e.g. physicians working primarily in hospitals with EMR systems already in place). Targets have been adjusted from the 2012/13 – 2014/15 *Service Plan* in line with an agreement between the Ministry and British Columbia Medical Association extending the program to March 31, 2014.

Discussion

Electronic medical record systems (EMRs) are replacing today’s largely paper-based patient charts and will help improve the overall sustainability of British Columbia’s health system. In busy physician offices, where volumes of paper files from multiple sources must be managed on a daily basis, EMRs help with organization, accuracy and completeness of patient records. EMRs also make critical clinical information about patients more accessible to physicians and their health care staff. Provincial clinical guidelines for the management of chronic diseases and clinical supports, such as alerts and recall notices based on these guidelines, are embedded within EMRs contributing to quality of care. When integrated with other eHealth systems, EMRs will also have access to laboratory and drug information, reducing unnecessary clinical tests and adverse drug interactions, both of which support patient safety and reduce health care costs.

Objective 4.2: Drive efficiency and innovation to ensure sustainability of the publicly funded health system.

An efficiently managed health system ensures resources are spent where they will have the best health outcome. Improvements in innovation, productivity and efficiency must be continually pursued to make sure our publicly funded health system is both effective and affordable for the citizens of British Columbia.



Strategies

- Utilize Lean Design principles across the health system to eliminate waste, improve services to patients and improve the quality, productivity and efficiency of health care processes.
- Implement a provincial evidence informed decision making process for the introduction of new health technologies and drugs to improve health outcomes and manage health care costs.
- Continue consolidation of corporate, clinical support, purchasing and administrative functions to achieve savings and quality improvements across the province.
- Continue to develop performance monitoring tools and performance management practices and improve the availability of quality data and analysis to assist clinical and management decision making and optimize health expenditures.
- Maintain an open conversation with the public of British Columbia through [ThinkHealthBC](#), an interactive website including an online forum for meaningful dialogue about the health system.

Resource Summary

Core Business Area	2012/13 Restated Estimates ¹	2013/14 Estimates ²	2014/15 Plan	2015/16 Plan
Operating Expenses (\$000)				
Health Programs				
Regional Services	10,838,220	11,121,315	11,486,822	11,901,104
Medical Services Plan	3,886,873	3,982,075	4,008,832	4,028,876
PharmaCare	1,178,354	1,179,232	1,179,453	1,203,033
Health Benefits Operations	35,123	35,560	36,005	37,085
Vital Statistics	6,834	6,971	7,111	7,253
Recoveries from Health Special Account Services	(147,250)	(147,250)	(147,250)	(147,250)
Executive and Support Services	232,075	225,983	226,280	228,557
Health Special Account	147,250	147,250	147,250	147,250
Total	16,177,479	16,551,136	16,944,503	17,405,908
Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)				
Executive and Support Services	16,614	2,644	255	255
Total Capital Expenditures	16,614	2,644	255	255
Capital Grants (\$000)				
Health Facilities	437,838	431,848	465,305	460,563
Total Capital Grants	437,838	431,848	465,305	460,563

¹ For comparative purposes, amounts shown for the 2012/13 have been restated to be consistent with the presentation of the 2013/14 Estimates.

² Further information on program funding and vote recoveries is available in the [Estimates and Supplement to the Estimates](#).

Health Authority Income Statement Resource Summary

As required under the *Budget Transparency and Accountability Act*, British Columbia's six health authorities are included in the government reporting entity. The health authorities have been primary service delivery organizations for the public health sector for several years and many of the performance measures and targets included in the Ministry's *2013/14 – 2015/16 Service Plan* are related to services delivered by the health authorities. The majority of the health authorities' revenue and a substantial portion of the funding for capital acquisitions are provided by the Province in the form of grants from Ministry budgets.

Description	2012/13 Forecast	2013/14 Budget	2014/15 Plan	2015/16 Plan
Health Authorities and Hospital Societies - Combined Income Statement (\$000)				
Total Revenue¹	12,476,000	12,749,000	13,045,000	13,320,000
Total Expense²	12,457,000	12,749,000	13,045,000	13,320,000
Net Results^{3,4}	19,000	0	0	0

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

² Expense: Provides for a range of health care services, including primary care and public health programs, acute care and tertiary services, mental health services, home care and home support, assisted living and residential care.

³ 2012/13 Net Results: The forecast surplus of \$19 million is made up of: \$10 million surplus from Interior Health Authority, \$3 million surplus from Vancouver Coastal Health Authority, \$6 million surplus from Northern Health Authority, \$8 million surplus from Vancouver Island Health Authority, and \$8 million deficit from Fraser Health Authority.

⁴ The 2012/13 forecast is based on third-quarter board-approved information provided by the health authorities and hospital societies.

Major Capital Projects

Capital investment ensures the province's health infrastructure is maintained and expanded to meet the growing population and its need for health services. The health sector invests in health facilities such as hospitals, clinics and residential and complex care buildings. Capital investment is also made in medical equipment, including CT scanners, MRIs, laboratory systems and surgical equipment. In addition, investments in information technology and information management systems improve service quality and efficiency, and increase access to services, particularly in rural areas.

The Province's six health authorities and the Ministry collaborate on financial and infrastructure planning to ensure capital investments in the health system are strategic and cost effective. Recognizing the significant cost and long lifespan of most capital investments – both in acquisition and use – the Ministry and health authorities maintain three-year capital expenditure plans, aligned with other health sector planning. This planning horizon enables the Ministry to better anticipate future demand for health services, resulting from a growing and aging population and medical and technological innovations, and to plan and prioritize long term capital investments.

Major capital projects currently underway or in planning include:

Surrey Memorial Hospital Critical Care Tower

The new building will include a new emergency department that is five times larger than the existing department. The new emergency area will include specialized units for mental health, geriatric care, a separate children's emergency area, an enhanced minor treatment unit and an improved area for acute patients. The multi-storey facility will also include a perinatal centre incorporating 48 neonatal intensive care unit beds needed to treat premature infants and newborns in critical distress. The maternity department will be expanded and 13 new obstetric beds will be added. The project will also include additional inpatient beds thereby increasing the inpatient bed capacity at Surrey Memorial Hospital by 30 per cent. An expanded adult intensive care unit will help meet the acute care needs of Surrey, and will play a crucial role in decreasing emergency room congestion. Additional academic space will be created to support the growing partnership between Fraser Health and the UBC medical school. A new rooftop helipad will be located on the top of the new tower. The capital cost of the project is estimated at \$512 million. Construction on the new tower began in 2011. The new emergency department will be open to patients in 2013, with final construction of the critical care tower to be completed in 2014.

For more information on the Surrey Memorial Hospital Critical Care Tower, please see the website at www.fraserhealth.ca/about_us/building_for_better_health/surrey_memorial_hospital.

Interior Heart and Surgical Centre, Kelowna

The Interior Heart and Surgical Centre project will include a new, state-of-the-art general operating suite, inpatient surgical unit, and a new laboratory to replace aging facilities currently in use at Kelowna General Hospital. A new 12,970-square-metre (139,590-square-foot) building will be constructed to house the Interior Heart and Surgical Centre and will be built on the site of the existing Pandosy building. The programs currently housed at Pandosy will be relocated to the new patient care tower and a new clinical support building. The existing surgical suite will be relocated to the new Interior Heart and Surgical Centre and will include room for future expansion of surgical services and

support services for the cardiac program such as central sterilization services. The surgical suite will be fully integrated with the cardiac revascularization program. The new buildings will be designed to Leadership in Energy and Environmental Design (LEED) Gold standards, and will maximize interior and exterior wood construction. The Interior Heart and Surgical Centre will be completed by 2016 with final renovations to other areas of the hospital completed by 2017. The cost of the project is estimated at \$367 million and is cost shared between the B.C. government and the Central Okanagan Regional Hospital District.

For more information on the Interior Heart and Surgical Centre, please see the website at www.buildingpatientcare.ca/interior-heart-and-surgical-centre-project.

Children's and Women's Hospital Redevelopment

The redevelopment of BC Children's Hospital and BC Women's Hospital, both agencies of the Provincial Health Services Authority, will be completed in three phases. The first phase will include opening three additional neonatal intensive care unit (NICU) beds at BC Women's Hospital to help care for the province's most vulnerable patients. Those additional beds will become part of the provincial network of NICU beds. First phase work at BC Children's Hospital and the Shaughnessy Building includes site preparations for the new hospital, construction of additional academic space for UBC, and construction of a new clinical support building and a free-standing child day-care centre. Phase one is expected to cost \$83.5 million. The second and third phases of the project will include the construction of the new BC Children's Hospital and renovations and expansion of BC Women's Hospital. The total project cost for all phases must still be finalized, but is estimated to be approximately \$680 million.

For more information on the Children's and Women's Hospital Redevelopment project, please see the website at www.health.gov.bc.ca/library/publications/year/2010/BCCW-CapitalProjectPlan.pdf.

North Island Hospitals Project

The North Island Hospitals Project includes two new hospitals - one in the Comox Valley and one in Campbell River. Both hospitals are expected to go to procurement in the spring of 2013, with construction planned to begin by early 2014 and completion estimated for 2017. The cost of the project is estimated at \$600 million, but is subject to change once the procurement process is complete. The new Comox Valley Hospital will be located at the intersection of Lerwick and Ryan roads in Courtenay, adjacent to North Island College (NIC). That hospital will have capacity for up to 153 beds and will replace the existing 116-bed St. Joseph's General Hospital. Locating the new hospital adjacent to NIC will support partnerships around the education of health-care professionals. The new Campbell River and District General Hospital built at the existing hospital site on 2nd Avenue in Campbell River will have capacity for up to 95 beds, including mental health and addictions beds. The new facility will replace Campbell River's aging 70-bed acute-care facility, which was built in 1956, with additions to the facility in 1966, 1972 and 1990. The final hospital design is subject to completion of the procurement process. Both facilities will be constructed to LEED Gold standards. Capital funding is cost-shared by the B.C. government and the Comox-Strathcona Regional Hospital District.

Lakes District Hospital (Burns Lake)

The replacement hospital for the community of Burns Lake and surrounding area will house up to 16 beds and provide acute care and emergency services, diagnostic imaging, a laboratory, and a pharmacy, enabling Northern Health clinicians and staff to provide patient-focused care in a modernized environment. The new building will be designed to LEED Gold standards, and will optimize the use of wood in both the exterior and interior construction in accordance with the *Wood First Act*. Site preparation work is complete, and the design-build contract is expected to be awarded in the spring of 2013 with completion of the new hospital by the summer of 2015. The total project cost of the Lakes District Hospital is estimated at \$55 million, with funding cost-shared by the B.C. government and the Stuart Nechako Regional Hospital District.

Queen Charlotte/Haida Gwaii Hospital (Village of Queen Charlotte)

The existing Queen Charlotte Islands General Hospital was built in 1950 and serves the health care needs for the Village of Queen Charlotte, Skidegate, Sandspit and surrounding areas. The new Queen Charlotte/Haida Gwaii Hospital project was announced in April 2012, and is expected to be completed by the fall of 2015. The new hospital will house eight acute care beds, eight residential care beds, and a labour/delivery suite; emergency services; oncology services; diagnostic imaging; a laboratory; a pharmacy; and the provision for public health, mental health and addictions, and home and community care services. Site preparation work, as well as the renovation of a temporary space for a medical clinic and community health services during construction, will be underway in early 2013. Site preparation work will protect the existing hospital, establish site access for construction crews, and prepare the site for construction. This work is expected to be finished by late spring of 2013 with the design-build contract of the new facility awarded in the summer of 2013. The total project cost is estimated at \$50 million and is cost-shared by the B.C. government and the Northwest Regional Hospital District.

HOpe Centre, Lions Gate Hospital, North Vancouver

Construction of the Greta & Robert H.N. Ho Centre for Psychiatry and Education (HOpe Centre) at Lions Gate Hospital commenced in October 2012 and is expected to be complete by December 2013. The state-of-the-art treatment facility will provide care to people with mental health and substance abuse challenges, including both hospital and outpatient services. The facility will provide a 26-bed inpatient psychiatric unit as well as space for multiple community-based outpatient services, UBC medical school expansion, and the BC Ambulance Service. The new building will be located at the Lions Gate Hospital Campus and will replace current inpatient psychiatric services housed in the 1929 Lions Gate Hospital Activation building. The total estimated cost of the new centre is \$62.2 million, including a \$38.2 million financial contribution from the B.C. government. The Lions Gate Hospital Foundation has raised \$24 million towards the project, which includes a \$10 million donation from Greta and Robert Ho, after whom the centre is named.

Royal Inland Hospital, Clinical Services Building

A detailed business plan for the Clinical Services Building is expected to be completed by early 2013. The development of the Clinical Services Building is the first phase of redevelopment of Royal Inland Hospital in Kamloops. The scope could include construction of clinic space for cardiology, neurodiagnostics, vascular, IV therapy, and respiratory programs; an outpatient laboratory;

pre-surgical screening and OR booking; and educational space including lecture and teaching space for the UBC medical school program. Construction will expand onsite parking and improve vehicle and pedestrian access. To proceed with future phases, the site requires redevelopment of roadway access routes to the facility, the establishment of pedestrian pathways and parking infrastructure. Construction is expected to begin in early 2014, with detailed construction costs determined upon approval of the business case. The project will be cost-shared between the B.C. government and the Thompson Regional Hospital District.

St. Paul's Hospital Redevelopment

A final concept plan and detailed business plan for the complex redevelopment of St. Paul's Hospital in Vancouver is expected to be completed by 2014. Exact timeframes of the project will be determined during the business plan process. Redevelopment may include construction of an outpatient care tower and infrastructure (including seismic) upgrades to existing buildings. The renewal of the hospital will ensure accessible and efficient health care services that can meet the growing demand.

Royal Columbian Hospital Redevelopment

Redevelopment at Royal Columbian Hospital in New Westminster is expected to include new inpatient beds, a new surgical suite, a larger emergency department, and upgrades to existing buildings on the site. The concept plan is expected to be finalized in early 2013 and a detailed business plan is expected to be complete by late 2013. Redevelopment timeframes will be determined during this process; however, a project of this magnitude with complicated infrastructure will take a number of years to complete. Current patient care quality issues, such as congestion and infection control, must be addressed before long-term redevelopment gets underway.

Joseph and Rosalie Segal Family Centre, Vancouver General Hospital

The Joseph and Rosalie Segal Family Centre is a new mental health facility located at Vancouver General Hospital (VGH). The centre will consolidate inpatient and outpatient services of VGH with those offered at the University of British Columbia Hospital and will be built on the site of the Willow Chest Centre, which was built in 1948 and is now obsolete. This project will improve the delivery of mental health services through seclusion rooms built to provincial standards, improved patient monitoring, enhanced therapeutic environment with outdoor space, modern nurse call system, and the elimination of multi-bed rooms in order to decrease infection control risk and increase privacy. A Request for Proposals is expected to be released in mid 2013 with final completion of construction anticipated for the spring of 2017. The project budget is estimated at up to \$84.65 million. The VGH & UBC Hospital Foundation has committed to raise \$25 million including a \$12 million donation from local philanthropists Joe and Rosalie Segal, after whom the centre is named.

Appendices

Ministry Contact Information

Ministry of Health (www.gov.bc.ca/health)

1515 Blanshard Street
Victoria, British Columbia
V8W 3C8
Toll free in B.C.: 1-800-465-4911
In Victoria: 250-952-1742

Health Insurance BC (www.hibc.gov.bc.ca)

Medical Services Plan

PO Box 9035 Stn Prov Govt
Victoria, British Columbia
V8W 9E3
Toll free in B.C.: 1-800-663-7100
In Vancouver: 604-683-7151

Health Insurance BC (www.hibc.gov.bc.ca)

PharmaCare

PO Box 9655 Stn Prov Govt
Victoria, British Columbia
V8W 9P2
Toll free in B.C.: 1-800-663-7100
In Vancouver call: 604-683-7151

HealthLink BC (www.healthlinkbc.ca)

By phone: 8-1-1
For deaf and hearing-impaired assistance (TTY) call 7-1-1.
Outside B.C.: 604-215-8110

Ministry of Health - Health and Seniors Information Line

Toll free in B.C.: 1-800-465-4911
In Victoria or from other areas: 250-952-1742

Ministry of Health – Healthy Families BC (<http://www.healthyfamiliesbc.ca/>)

Email: healthyfamiliesbc@gov.bc.ca

Ministry of Health - ThinkHealthBC (www.thinkhealthbc.ca)

Email: ThinkHealthBC@gov.bc.ca

Office of the Provincial Health Officer (www.health.gov.bc.ca/pho/)

1515 Blanshard Street
Victoria, British Columbia
V8W 3C8
In Victoria: 250-952-1330
Fax : 250-952-1362

Patient Care Quality Review Board (www.patientcarequalityreviewboard.ca/index.html)

PO Box 9643 Stn Prov Govt
Victoria, British Columbia.
V8W 9P1
Fax: 250-952-2428
Email: contact@patientcarequalityreviewboard.ca
Toll Free: 1-866-952-2448

Vital Statistics Agency (www.vs.gov.bc.ca/index.html)

Mailing Address: PO BOX 9657 STN PROV GOVT
Victoria, British Columbia
V8W 9P3
In Victoria: 250-952-2681

Agency Offices:

Visit a Vital Statistics Agency Office during the public office hours of 8:30 a.m. to 4:30 p.m.,
Monday to Friday:

VICTORIA
818 Fort Street
Phone: 250-952-2681

VANCOUVER
605 Robson Street, Room 250

KELOWNA
1475 Ellis Street, Room 101

Appendix B: Hyperlinks to Additional Information

British Columbia's Six Health Authorities

Fraser Health Authority - www.fraserhealth.ca

Interior Health Authority - www.interiorhealth.ca

Northern Health Authority - www.northernhealth.ca

Provincial Health Services Authority - www.phsa.ca

Vancouver Coastal Health Authority - www.vch.ca

Vancouver Island Health Authority - www.viha.ca