

**Ministry of
Health**

**2018/19 – 2020/21
SERVICE PLAN**

February 2018



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Minister Accountability Statement



The *Ministry of Health 2018/19 - 2020/21 Service Plan* was prepared under my direction in accordance with the *Budget Transparency and Accountability Act*. I am accountable for the basis on which the plan has been prepared.

A handwritten signature in black ink, appearing to read "Adrian Dix". The signature is stylized and cursive.

Honourable Adrian Dix
Minister of Health
February 6, 2018

Table of Contents

Minister Accountability Statement 3

Purpose of the Ministry..... 5

Strategic Direction and Alignment with Government Priorities..... 5

Strategic Context..... 6

Goals, Objectives, Strategies and Performance Measures 6

Resource Summary 14

 Health Authorities Sector Resource Summary 15

 Major Capital Projects 16

 Significant IT Projects 20

Appendix A: Ministry Contact Information 21

Purpose of the 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. The province’s 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 specialized services and province-wide health programs.

The Ministry also works in partnership with the First Nations Health Authority (FNHA) to improve the health status of First Nations in B.C. The Ministry is also responsible for provincial legislation and regulations related to health care, including the [Medicare Protection Act](#) and the [Health Professions Act](#). The Ministry’s public health roles include regulating food safety in food establishments through the [Public Health Act Food Premises Regulation](#), and regulating drinking water safety through the [Drinking Water Protection Act](#). The Ministry also directly manages a number of provincial programs and services, including the Medical Services Plan, which covers most physician services; PharmaCare, which provides prescription drug insurance; and the BC Vital Statistics Agency, which registers and reports on vital events such as a birth, death or marriage.

Strategic Direction and Alignment with Government Priorities

The Ministry’s strategic direction aligns with government priorities including those identified in the Minister’s [Mandate Letter](#). The Ministry’s strategic direction reflects the *Confidence and Supply Agreement* priority emphasis on service delivery improvements including investment in seniors’ care, expansion of team-based care, and others. These priorities integrate with Government’s commitment to true, lasting reconciliation with First Nations in B.C. by moving towards fully adopting and implementing the [United Nations Declaration on the Rights of Indigenous Peoples](#), the [Truth and Reconciliation Commission of Canada: Calls to Action](#), and the [Métis Nation Relationship Accord II](#).

Successfully achieving the strategic direction requires close collaboration with partners, including health authorities, physicians and health care providers, unions, patients, Indigenous peoples, government partners, including the Ministry for Mental Health and Addictions, and other stakeholders.

The Ministry is aligned with the Government’s key priorities:

Government Priorities	The Ministry of Health Aligns with These Priorities By:
Delivering the services people count on	<ul style="list-style-type: none"> • Focusing on cross sector change initiatives requiring strategic repositioning (Goal 1) • Supporting the health and well-being of British Columbians through the delivery of responsive and effective health care services (Goal 2)
A strong, sustainable economy	<ul style="list-style-type: none"> • Ensuring an innovative and sustainable public health system (Goal 3)

Strategic Context

British Columbians enjoy excellent population health status, in large part because of higher levels of physical activity, healthier eating habits, and lower smoking rates compared to many other jurisdictions. In addition to encouraging healthy choices, access to health care is also important and every day, thousands of successful health system interactions take place that result in high-quality care in areas such as maternity, acute, cancer, critical and trauma care, elective surgeries and diagnostic services. However, challenges do persist. Changing demographics of an aging population are putting pressure on the system, and gaps exist in the continuum of service for mental health and addictions. A renewed emphasis on whole-system approaches to help address these and other challenges is underway to ensure improved access to coordinated, comprehensive and quality health care services across the province. Addressing service areas that have remained problematic and resistant to resolution despite significant effort will be key areas of focus to ensure a system that meets the needs of British Columbians. Measuring the success of these efforts is essential to understanding our progress. The Ministry remains committed to ongoing assessment of effectiveness and appropriateness of the performance measures and targets in this plan, and will refine and improve the measures, targets and methodologies to ensure they provide the most accurate and relevant information possible.

In July 2017, the Ministry of Mental Health and Addictions was created to guide the transformation of B.C.'s mental health and addictions system by setting the strategic direction for the province through cross-sector planning and driving system-level improvement through research, policy development, and evaluation. Working with the health authorities, the Ministry of Health is responsible for implementing the strategic direction to ensure an accessible and effective system of mental health services for individuals and families.

Goals, Objectives, Strategies and Performance Measures

Goal 1: Ensure a focus on cross sector change initiatives requiring strategic repositioning

The 2018/19 – 2020/21 Service Plan has been reorganized to more closely align with direction set for health authorities, and to reflect the priorities of the Minister's Mandate Letter. Goal 1 has been refocused to emphasize the importance of achieving transformational progress across the health sector, from metro and urban settings to rural and remote communities.

Objective 1.1: A primary care model that provides comprehensive and coordinated team-based care linked to specialized services

Health care providers, administrators, policy makers and other partners across B.C.'s health system are collaborating to identify and implement improvements to primary and community care. Innovations designed to better meet demand for services in a changing population have been introduced at the practice, health authority, and provincial levels. Family physicians, nurse practitioners, nurses and other primary and community care allied health professionals and support staff are central to the effort of supporting all patients.

Effective team-based practices and partnerships between care providers and administrators, with a focus on ensuring accessibility to primary care, coordination between primary, specialty and specialized care, and delivering an integrated suite of specialized services are keys to better care for all British Columbians and to reducing preventable hospitalizations.

In order to deliver responsive and effective health care services, the Ministry and its partners continue efforts to shift the culture of health care from being disease-centred and provider-focused to being patient-centred, involving patients, families, caregivers, employees, leaders, health care partners and citizens in the improvement design process to help ensure the results meet their needs.

Key Strategies:

- Prioritize team-based primary care through the establishment of urgent family-care centres, and improve access to comprehensive primary care services based on patient and community population needs, including care for patients with chronic illnesses, mental illnesses, and/or complex medical needs and frailty.
- Work with the health authorities and Divisions of Family Practice to continue to integrate or link family practices with health authority and other primary care services to create Primary Care Networks (PCNs) for individuals and families. PCNs will ensure coordinated attachment and support better access to primary care, including urgent care services.
- Improve access to coordinated services through the establishment of regional and provincial specialized community services programs.
- Work with the FNHA to support partnership opportunities for integration in primary care service delivery.

Performance Measure	2016/17 Baseline	2017/18 Forecast	2018/19 Target	2019/20 Target	2020/21 Target
1.1 Incremental implementation of Primary Care Networks	0	0	15	25	35

Linking Performance Measures to Objectives:

- 1.1 Patients can be attached to family practices or patient medical homes through a Primary Care Network, meaning they have ongoing care relationships with primary care providers such as family doctors or nurse practitioners, who work in team-based practices that include nurses and other health professionals. Benefits of having a continuous relationship with a primary care provider include improved disease management, health outcomes and experience of care.

Discussion:

This performance measure is new for 2018/19. Forecast and targets have been chosen using a conservative estimate of increases going forward. The coordinated efforts to achieve greater access through primary care networks including team-based care will increase the opportunity for British Columbians to be attached to primary care throughout the province, including rural settings. Targets may be revised as the PCNs are implemented more fully across the province.

Objective 1.2: Improved health outcomes and reduced hospitalizations for seniors through effective community services

Frail seniors require a range of health supports, especially when frailty is combined with chronic disease, including dementia, which can profoundly impact independence. Coordinated primary and specialist medical care, community outreach, assisted living and residential services, enhanced medication management, and planned access to diagnostic and hospital services are key components of a continuum of care for seniors.

Key Strategies:

- Work with the Parliamentary Secretary for Seniors to improve and strengthen services to ensure seniors receive dignified and quality care.
- Promote community-based models of care to ensure continuity of care and integration of services to support seniors to stay at home longer.
- Work with health authorities to increase direct care hours per resident day to meet the complex care needs of clients in residential care.
- Continue to provide end-of-life care services including hospice, home-based palliative care, and clinical guidelines to support those at the end of life with greater choice and access.
- With the advice of B.C.'s Seniors Advocate, improve access to home and community care, and focus on increased levels of service to better address the needs of B.C.'s seniors.

Performance Measure	2016/17 Baseline	2017/18 Forecast	2018/19 Target	2019/20 Target	2020/21 Target
1.2 Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and older ¹	3,271	3,271	3,138	3,092	3,046

¹ Data Source: Discharge Abstract Database.

Linking Performance Measures to Objectives:

- 1.2 This performance measure tracks the number of people 75 years of age and older with select chronic diseases such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. Proactive disease management and community-based services can help seniors maintain functioning and reduce complications that could require higher-level medical care, such as emergency department visits and hospitalizations.

Discussion:

The baseline and targets for this measure have been adjusted from the *2017/18-2019/20 Ministry of Health Service Plan* to reflect updated Census population data.

The Ministry is committed to collaboratively working with health authorities to strengthen community-based health care networks and support services to continue to achieve excellent performance in terms of this rate for seniors.

Objective 1.3: Improved health outcomes and reduced hospitalizations for those with mental health and substance use issues through effective community services

Many children, youth and adults with mild to moderate mental health and/or substance use issues can be supported and treated through low-intensity, community-based services that reduce hospitalizations. Specialized community programs integrate multiple related services into a single structure to coordinate seamless interdisciplinary team-based care to best meet the patient’s physical and psychosocial needs, guided by strategic direction developed by the Ministry of Mental Health and Addictions. Concurrently, fostering a system that meets the needs of people when and where they need it, including ensuring rapid access to substance use services, ending the stigma with respect to addictions and mental illness, and reducing the disproportionate impact of overdose and overdose deaths among Indigenous and First Nations peoples remains an important priority of both the Ministry of Health and the Ministry of Mental Health and Addictions.

Key Strategies:

- Working with the Ministry of Mental Health and Addictions, support the implementation of actions to address the ongoing opioid overdose public health emergency.
- Support the Ministry of Mental Health and Addictions in the creation of a mental health and addictions strategy.
- Work with partner ministries, including the Ministry of Mental Health and Addictions to improve child and youth mental health services in the province, ensuring a strong focus on trauma-informed practice and culturally safe services.

Performance Measure	2016/17 Baseline	2017/18 Forecast	2018/19 Target	2019/20 Target	2020/21 Target
1.3 Percent of people admitted for mental illness and substance use who are readmitted within 30 days ¹	14.7%	14.7%	14.5%	14.5%	14.5%

¹ Data Source: Discharge Abstract Database.

Linking Performance Measures to Objectives:

- 1.3 Programs such as Assertive Community Treatment and Integrated Care Management teams help improve access to a range of services and supports in the community for persons with mental health and/or substance use issues. These efforts, along with effective discharge planning can help reduce hospitalizations for people with severe and complex mental health and/or substance use issues. Additionally, an opioid overdose strategy includes plans for addressing residential substance use treatment beds.

Discussion:

This performance measure contains targets that have been chosen using a conservative estimate of improvement going forward and may be revised in future; progress towards achieving targets will be focused on increased specialized community-based supports, particularly coordinated and integrated team-based primary and community care programs to help those with mental health and/or substance use issues receive appropriate and accessible care.

Objective 1.4: Timely access to appropriate surgical procedures

Leveraging resources and effective information management drives strategies to reduce wait times, including a standardized provincial methodology for wait list management and a regular review of wait list to identify and expedite cases outside benchmarks. To ensure the provision of high-quality care along the entire surgical pathway, programs for hip and knee replacement surgeries are being implemented to establish timely access to surgical expertise and programs as close to home as feasible.

Key Strategies:

- Support health authorities and other key stakeholders to improve patient and family experience on the journey through surgical services by:
 - Standardizing care pathways and providing better information and support for patients, including surgery booking and wait time management.
 - Implementing operating room efficiency plans to optimize existing resources.
 - Implementing surgical programs for hip and knee replacement surgeries.
 - Producing standardized, accurate and comparable wait list and wait time information and analysis.
- Work with partners to ensure B.C. has the right number and type of surgical care providers to meet its needs, including recruitment, retention, perioperative care team models, and education models.
- Explore the use of innovative approaches to reduce surgical wait times, such as the Richmond Hip and Knee Reconstruction Project.

Performance Measure	2016/17 Baseline	2017/18 Forecast	2018/19 Target	2019/20 Target	2020/21 Target
1.4 Surgeries in targeted priority areas completed ¹	19,675	20,783	23,000	23,500	24,000

¹Data Source: Surgical Patient Registry.

Linking Performance Measures to Objectives:

- 1.4 The completion of additional surgeries in the areas of hip, knee, and dental reflects efforts to allocate surgical resources in specific areas to focus on patients waiting for those procedures. These efforts are concentrated in 2018/19 and show progress to “catch up” and “keep up” volumes in priority areas. Targets for this performance measure will be adjusted in the future as new priority surgical areas are identified and targeted for improvements.

Discussion:

The targets are cumulative and reflect the Ministry’s continued determination to pursuing ambitious improvements in access to appropriate surgical procedures, specifically the completion of additional surgeries in the areas of hip, knee, and dental reflects targeted efforts to allocate surgical resources in targeted areas to focus on patients waiting for those procedures.

Focused action planning is underway, and continuous efforts to foster innovation and efficiency in B.C.’s hospitals are designed to improve the timeliness of access to an expanding range of surgical procedures.

Funding incentives, combined with continuous efforts to foster innovation and efficiency in B.C.'s hospitals, are initiatives designed to improve the timeliness of access to an expanding range of surgical procedures. Priority surgery areas are reassessed every year to ensure that the highest priority surgeries are addressed.

Goal 2: Support the health and well-being of British Columbians through the delivery of high-quality health care services

Goal 2 in the 2018/19 – 2020/21 Service Plan consolidates previous direction related to prevention, health promotion and service delivery.

Objective 2.1: Effective health promotion and responsive services

Objective 2.1 in the 2018/19 – 2020/21 Service Plan refines previous direction to support more inclusive approaches to health promotion, including for First Nations communities.

Chronic disease is the largest cause of death and disability, represents the largest proportion of the burden of disease, and drives a significant part of downstream health costs in B.C. Evidence suggests that, over time, a primary disease prevention and health promotion agenda can make progress in improving the overall health of the population. Working with partners, including the health authorities, the Ministry will continue to build on the number of communities with strategic plans that support healthy living through planning, policies, built environments and other mechanisms. The Ministry will also work to support efforts towards ensuring culturally safe health services for Indigenous Peoples to support the vision of healthy First Nations and Métis communities playing active roles in their collective well-being.

Key Strategies:

- Work with partner ministries in support of the [*Memorandum of Understanding – A Regional Engagement Process and Partnership to Develop a Shared Ten-Year Social Determinants Strategy for First Nation Peoples in BC*](#) to support holistic models of healthy child and family development including:
 - Strengthening evidence-based programming for new mothers during the perinatal period.
 - Improving resources to support parents in developing parenting skills.
 - Improving access to mental health and wellness services, with a strong focus on trauma-informed practices.
 - Increasing access to culturally appropriate substance use treatment services in partnership with FNHA's existing services.
- Work with health authorities and other partners to support the commitment to culturally safe health services across the health care system, as per the [*Declaration of Commitment to Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in British Columbia*](#).

- To support true and lasting reconciliation with Indigenous Peoples in B.C., the province is fully adopting and implementing the [United Nations Declaration on the Rights of Indigenous Peoples](#), the [Truth and Reconciliation Commission of Canada: Calls to Action](#), and the [Métis Nation Relationship Accord II](#).
- Emphasize preventative health initiatives and services, including working with health authorities and other partners to continue implementation of [Promote, Protect, Prevent: Our Health Begins Here. BC's Guiding Framework for Public Health](#), the provincial framework for supporting the overall health and well-being of British Columbians and a sustainable public health system.
- Work with health authorities, physicians and other partners to improve the health of British Columbians by supporting communities, schools, workplaces and health care settings in promoting healthy lifestyles and creating healthy environments.

Performance Measure	2011/12 Baseline	2017/18 Forecast	2018/19 Target	2019/20 Target	2020/21 Target
2.1 Percent of communities that have completed healthy living strategic plans ¹	13%	59%	60%	68%	70%

¹ Data Source: Health Authority annual community survey.

Linking Performance Measures to Objectives:

- 2.1 This performance measure focuses on the proportion of the 162 communities in B.C. that have been developing healthy living strategic plans, in partnership with the Ministry and health authorities, since 2010/11. Healthy living strategic plans include measurable actions or milestones that the health authority and community will use to collectively address chronic disease risk factors and prioritize areas for the reduction of incidences of chronic diseases. Community efforts to support healthy living through planning, policies, built environments and other mechanisms are critical to engaging individuals where they live, work and play. Sustained community level actions will encourage more active lifestyles while decreasing the risk factors for chronic diseases and injury.

Goal 3: Deliver an innovative and sustainable public healthcare system

Goal 3 in the 2018/19 – 2020/21 Service Plan consolidates ongoing priorities related to continuous improvement, pharmaceuticals, and resource management, which are key to promoting and protecting the public healthcare system.

Objective 3.1: Effective health sector resources and approaches to funding

B.C.'s population and geography are unique, and its health system requires tailored approaches to staffing, information technology, and budget management to maximize productive capacity and meet patient needs, in addition to an understanding of progress using a standardized range of performance management indicators. Coordinated collaboration of health professionals working to optimal scope in rural and urban settings, along with strong mechanisms for making the most effective use of resources, need to be supported to adapt to changing demands into the future.

Key Strategies:

- Continue to modernize the health system through the use of information management and technology, while ensuring effective project management of budgets, timelines and outcomes.
- Ensure appropriate supply and distribution of paramedic services to support the provision of effective emergency health services in B.C.
- Support health research and innovation, including [Support for People and Patient-Oriented Research and Trials](#) and implementation of an Academic Health Sciences Network in order to foster improved patient outcomes and health system performance.
- Ensure staffing models, including any contracted services, provide stable, consistent high-quality care for patients.
- Review funding models and strengthen cost-management systems to further ensure effective management of funds to achieve patient and service outcomes.
- Ensure a sustainable plan for the Therapeutics Initiative.
- Deliver an accessible, responsive, evidence-informed, and sustainable drug program, and develop a proposal for an essential drugs program and a national Pharmacare program.
- Support an engaged, skilled, well-led and healthy workforce in a safe environment that provides patient-centred, team-based care that effectively meets population and patient health needs through an integrated provincial-level planning process.

Performance Measure	2016 Baseline	2017 Forecast	2018 Target	2019 Target	2020 Target
3.1 Nursing and allied professionals overtime hours as a percent of productive hours ¹	3.8%	3.8%	3.8%	3.8%	3.8%

¹ Data Source: Health Sector Compensation Information System (HSCIS).

Linking Performance Measures to Objectives:

- 3.1 Overtime is a key indicator of the overall health of a workplace. Maintaining overtime rates, with expected growth in demand, by addressing the underlying causes helps promote both patient and caregiver safety while also reducing unnecessary costs to the health system.

Discussion:

This performance measure is new for 2018/19, and targets will be reviewed in the future. The performance measure compares the amount of overtime to the overall amount of time worked by unionized professional nurses, including Registered Nurses and Registered Practical Nurses, and allied health professionals, including occupational therapists, physiotherapists, medical laboratory technologists, clinical/hospital pharmacists and medical radiation technologists.

A number of strategies are underway to optimize, support and retain the existing health workforce such as promoting health and wellness in the workplace and building and supporting interdisciplinary team-based care. The Ministry of Health will continue to work the Ministry of Advanced Education, Skills and Training, health authorities and other key partners to ensure the appropriate supply, mix and distribution of health providers to meet patient and population health needs.

Resource Summary

Core Business Area	2017/18 Restated Estimates ¹	2018/19 Estimates	2019/20 Plan	2020/21 Plan
Operating Expenses (\$000)				
Health Programs				
Regional Services	12,838,715	13,391,679	14,065,787	14,606,994
Medical Services Plan	4,582,881	4,811,531	4,931,715	5,030,223
Pharmacare	1,226,782	1,272,400	1,346,875	1,375,879
Health Benefits Operations	45,227	46,177	47,147	48,147
Recoveries from Health Special Account	(147,250)	(147,250)	(147,250)	(147,250)
Executive and Support Services	229,034	232,127	232,603	232,608
Health Special Account	147,250	147,250	147,250	147,250
Total	18,922,639	19,753,914	20,624,127	21,293,851
Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)				
Executive and Support Services	2,566	1,432	30	30
Total Capital Expenditures	2,566	1,432	30	30
Capital Grants (\$000)				
Health Facilities	461,067	615,196	524,718	647,040
Total Capital Grants	461,067	615,196	524,718	647,040

¹ For comparative purposes, amounts shown for 2017/18 have been restated to be consistent with the presentation of the 2018/19 Estimates.

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

Health Authorities Sector Resource Summary

As required under the *Budget Transparency and Accountability Act*, B.C.'s 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 2018/19 – 2020/21 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	2017/18 Forecast	2018/19 Budget	2019/20 Plan	2020/21 Plan
Health Authorities and Hospital Societies – Combined Income Statement (\$000)				
Total Revenue ¹	14,901,000	15,379,000	15,962,000	16,380,000
Total Expense ²	14,901,000	15,370,000	15,962,000	16,380,000
Net Results ^{3,4}	0	9,000	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 Expenses: 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 The 2017/18 forecast is based on third-quarter approved information provided by the health authorities, hospital societies and BC Clinical and Support Services Society. The 2017/18 Forecast, 2018/19 Budget, 2019/20 and 2020/21 Plan are adjusted for inter-entity transactions between these agencies.

⁴ The 2018/19 Budget surplus reflects the expected gain on sale of capital assets by the Fraser Health Authority under the government's Release of Assets for Economic Generation (RAEG) initiative.

Major Capital Projects

Major Capital Projects (over \$50 million)	Targeted Completion Date (Year)	Project Cost to Dec 31, 2017 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
Queen Charlotte/Haida Gwaii Hospital	2016	48	2	50
<p>Construction on the new Queen Charlotte Hospital completed in September 2016 and patients moved in November 16, 2016. The existing hospital will be demolished to make way for parking. The new Queen Charlotte Hospital replaces an aging facility and consolidates health services into one location. The facility consists of 17 beds in a 2-storey, 5,000 square metre Leadership in Energy and Environmental Design (LEED) Gold facility. The new hospital will provide adequate space to enable client-focused care delivery, as well as specialized care services such as low-risk maternity, obstetrics, and cancer care. The capital cost of the project is estimated at \$50 million and is cost shared with the North West Regional Hospital District.</p> <p>For more information, please see the website at: http://www.health.gov.bc.ca/library/publications/year/2012/qch-replacement-project-capital-plan.pdf</p>				
Surrey Emergency/Critical Care Tower	2018	478	34	512
<p>The new emergency department is five times larger and includes 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 Critical Care Tower includes a perinatal centre with 48 neonatal intensive care unit beds. The maternity department was also expanded and 13 new obstetric beds were added. The project also included additional inpatient beds thereby increasing the inpatient bed capacity at Surrey Memorial Hospital by 30 percent.</p> <p>The capital cost of the project is estimated at \$512 million. The new emergency department opened for service in 2013 and the tower opened in 2014. The remaining work includes a support services connector (tunnel) between the existing hospital campus and the new critical care tower. The connector link is substantially complete with final renovation work planned to complete in summer 2018.</p>				
Royal Inland Hospital Clinical Services Building	2016	60	3	63
<p>Construction of the Clinical Services Building completed in spring 2016, followed by commissioning and move-in summer 2016. The new 6-storey structure will improve patient flow and access to services, improve site access (vehicular and pedestrian), improve patient care experience and support enhanced education and its integration with the clinical environment. The capital cost of the project is estimated at \$63 million and is cost shared with the Thompson Regional Hospital District.</p> <p>For more information, please see the website at: https://www.interiorhealth.ca/sites/BuildingPatientCare/RIH/Pages/default.aspx</p>				
Royal Inland Hospital Patient Care Tower	2024	1	416	417
<p>A new 107-bed patient care tower at Royal Inland Hospital in Kamloops will improve patient experience and outcomes by significantly increasing the number of single-patient rooms, providing new and larger operating rooms and expanding the existing emergency department. Construction of the new patient care tower is expected to start in 2018 and be open to patients in 2022. Internal renovations to the emergency department, pediatric unit and morgue are scheduled to begin in 2022 and complete in 2024.</p> <p>For more information, please see the website at: http://www.health.gov.bc.ca/library/publications/year/2017/Capital-Project-Plan-Royal-Inland-Hospital.pdf</p>				

Major Capital Projects (over \$50 million)	Targeted Completion Date (Year)	Project Cost to Dec 31, 2017 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
Vancouver General Hospital – Jim Pattison Pavilion Operating Rooms (OR) Renewal – Phase 1	2021	2	100	102
<p>The Vancouver General Hospital OR project will modernize the operating rooms to create appropriately-sized operating rooms leading to better services and outcomes for patients. This phase of the Vancouver General Hospital OR renewal project includes construction of 16 new ORs and a 40-bed perioperative care unit. The \$102 million project will enable Vancouver General Hospital to increase the number of surgeries performed and to reduce the cancellation rate for scheduled cases. The project is scheduled to begin construction in 2019 and complete in 2021.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669312/capital_project_plan_vgh_or_renewal_project_phase1.pdf</p>				
North Island Hospitals	2017	551	55	606
<p>The North Island Hospitals Project includes a new 95-bed, 4-storey, 32,000 square metre LEED Gold facility and parking structure in Campbell River and a new 153-bed, 5-storey, 40,000 square metre LEED Gold facility and parking structure in the Comox Valley. Construction completed in spring 2017. Both sites opened to patients in early fall 2017 and demolition of the Campbell River and District General Hospital will occur in 2018. The new hospitals will enhance the quality of care for patients, increase capacity to meet the population's growing and changing needs, improve access to services for all northern Vancouver Island communities, and increase safety for patients and staff. The project will also increase acute care capacity with safe and efficient facilities, improve the ability of the Vancouver Island Health Authority to recruit and retain physicians and other health care professionals, and increase the opportunity to introduce new services to the communities. The capital cost of the project is estimated at \$606 million. The Comox-Strathcona Regional Hospital District is contributing approximately \$238 million, with the balance provided by the Province.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2012_2/522449/north-island-hospitals-project-capital-plan.pdf</p>				
Interior Heart and Surgical Centre	2018	290	91	381
<p>The Interior Heart and Surgical Centre project consists of a 4-storey, 14,000 square metre surgical facility, a 3-storey 7,850 square metre clinical support building and renovations to three existing Kelowna General Hospital facilities. The IHSC building opened in September 2015 and renovations to the final existing building, Strathcona, will continue until 2018. The project will improve patient care, design program areas to enable a comprehensive multi-disciplinary team approach, and improve health service delivery and patient flow at Kelowna General Hospital. The project will also feature capacity for 15 new operating rooms, a revascularization program including open heart surgery, and updated and expanded support services. The capital cost of the project is estimated at \$381 million. The Central Okanagan Regional Hospital District is contributing approximately \$85 million with the balance provided by the Province.</p> <p>For more information, please see the website at: http://www.interiorhealth.ca/sites/BuildingPatientCare/IHSC/Pages/default.aspx</p>				
Vancouver General Hospital – Joseph and Rosalie Segal Family Health Centre	2017	71	11	82
<p>Construction on the 100-bed, 8-storey, and 12,250 square metre LEED Gold Joseph and Rosalie Segal Family Health Centre completed in spring 2017 and patients moved in late August 2017. The centre will create seamless access to acute secondary psychiatric services and community-based programs for patient populations in Vancouver and consolidate services to allow for improved staff utilization, streamlined discharges and improved patient engagement. The project will</p>				

Major Capital Projects (over \$50 million)	Targeted Completion Date (Year)	Project Cost to Dec 31, 2017 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
result in the development of an optimal purpose-built facility designed to reduce critical safety risks and improve patient outcomes. The capital cost of the project is estimated at \$82 million. The Vancouver General Hospital and UBC Foundation contributed \$25 million to the cost of the project, including \$12 million from the Segal family.				
Children's and Women's Hospital Redevelopment	2019	565	111	676
<p>The redevelopment of BC Children's Hospital and BC Women's Hospital will be completed in three phases. The first phase is now complete and included expansion of the neonatal intensive care unit by three beds, expansion space for the UBC Faculty of Medicine, and construction of a new 2,400 square metre Clinical Support Building.</p> <p>Construction of the second phase of the project was substantially complete in summer 2017 and consists of the demolition of A-Wing, L-Wing and Medical Education and Research Unit building, construction of a new 49,880 square metre Teck Acute Care Centre (TACC), and renovations to the BC Women's Urgent Assessment Room in the 1982 Building. The TACC opened for patients October 29, 2017.</p> <p>The third phase includes a 10-bed expansion of single room maternity care, and relocation of the Sunny Hill Health Centre for Children into renovated space in the 1982 Building at the Oak Street campus. Government approved the Phase 3 business plan in spring 2016. The project will improve delivery of patient-centred care by creating optimal patient access and patient flow, improve operational efficiency/capacity for inpatient services by consolidating and developing space designed to current pediatric care standards, and provide flexible spaces to support changes in health care models. The capital cost of the redevelopment project is estimated at \$676 million, including a \$144 million contribution from the BC Children's Hospital Foundation.</p> <p>For more information, please see the website at: www.health.gov.bc.ca/library/publications/year/2010/BCCW-CapitalProjectPlan.pdf.</p>				
Penticton Regional Hospital – Patient Care Tower	2021	132	180	312
<p>The Patient Care Tower project will proceed in two phases. Phase 1 construction of the new 26,155 square metre Patient Care Tower (PCT) started in April 2016 and includes a new surgical services centre and 84 medical/surgical inpatient beds in single patient rooms. The PCT is planned to open to patients in spring 2019.</p> <p>Phase two will involve renovation of vacant areas in the current hospital to allow for the expansion of the emergency department, as well as renovations to existing support areas. To improve the model of care and patient outcomes, the project will apply evidence-based design principles and health care facility design and construction standards that all have a patient-centred design philosophy. The capital cost of the project is estimated at \$312 million. Costs are shared between Government, the Interior Health Authority, Okanagan Similkameen Regional Hospital District, and the South Okanagan Similkameen Medical Foundation.</p> <p>For more information, please see the website at: http://www.health.gov.bc.ca/library/publications/year/2014/capital-project-plan-penticton-regional-hospital.pdf.</p>				
Royal Columbian Hospital – Phase 1	2019	59	200	259
<p>Phase 1 of the Royal Columbian Hospital redevelopment project consists of a 75-bed, 5-storey, approximately 13,000 square metre LEED Gold mental health and substance use building, plus four levels of parking, a new energy centre and relocation of the helipad. This project will improve operational efficiencies, expand clinical programs in mental health to address capacity issues, increase energy efficiency by 20-30 percent, and eliminate the current risk of power systems failure with a post-disaster building.</p>				

Major Capital Projects (over \$50 million)	Targeted Completion Date (Year)	Project Cost to Dec 31, 2017 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<p>The project will result in the creation of a modern facility designed to deliver exemplary clinical outcomes and provide a patient-centred approach to health care delivery, while increasing safety for patients and staff. The preferred design-build proponent was selected in December 2016. Construction started in early 2017 and is expected to be complete in late 2019. The capital cost of the project is estimated at \$259 million. The Royal Columbian Hospital Foundation is contributing \$9 million with the balance provided by the Province.</p> <p>For more information, please see the website at: http://www.health.gov.bc.ca/library/publications/year/2015/capital-project-plan-royal-columbian-hospital.pdf</p>				
Royal Columbian Hospital – Phases 2 & 3	2026	1	1099	1,100
<p>Phase 2 of the Royal Columbian Hospital redevelopment project consists of a 348-bed, 11-storey, approximately 55,000 square metre Acute Care Tower with an underground parkade and heliport on top of the building. Phase 3 is critical, enabling works to support the RCH campus' increased capacity and to improve the delivery of patient care. It includes upgrades and expansion of the services located in the Health Care Centre and Columbia Tower.</p> <p>Upon completion of Phases 2 and 3, there will be an increase in RCH campus inpatient capacity of over 50 percent to a total of 675 beds. The project will address growing service needs, help ease congestion, improve patient-centred outcomes, introduce advanced medical technologies and enhance the working environment for health professionals. Construction on the tower is expected to start in 2020 and complete in 2024. The renovations will be complete in 2026. The capital cost of the project is estimated at \$1.1 billion. The Royal Columbian Hospital Foundation is contributing \$30 million with the balance provided by the Province.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669855/20170626130516.pdf</p>				
Peace Arch Hospital Renewal	2021	1	67	68
<p>The project at Peace Arch Hospital in White Rock will improve patient experience and outcomes by providing new and larger operating rooms (as well as related support spaces) and expanding the existing emergency department. The surgical suite will also benefit from the relocation and expansion of the medical device reprocessing department, allowing for improved access to sterilized surgical equipment. Construction is expected to start in 2018 and be open to patients in 2021.</p> <p>For more information, please see the website at: http://www.health.gov.bc.ca/library/publications/year/2017/peace-arch-hospital-renewal-capital-project-plan.pdf</p>				
Centre for Mental Health and Addictions	2019	9	92	101
<p>The new 105-bed facility will be located on the Riverview lands in Coquitlam and will replace the current Burnaby Centre for Mental Health and Addictions. Construction of the new facility will complete in late 2019 and be a more therapeutic space for those living with complex mental health challenges and substance-use issues. The capital cost of the project is estimated at \$101 million with funding provided by the Province.</p>				

Significant IT Projects

IMIT Project (exceeds \$20 million in total or \$10 million in one fiscal year)	Targeted Completion Date (Year)	Project Cost to Dec 31, 2017 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
Clinical and Systems Transformation	2023	233	247	480
<p>The primary purpose of the Clinical and Systems Transformation Project is to establish a common standardized, integrated, end-to-end clinical information system and environment for Provincial Health Services Authority, Vancouver Coastal Health Authority and Providence Health Care. The vision of this integrated system is “One Person. One Record. Better Health”.</p>				
<p>The most significant benefit to patients and the care delivery process is in relation to the reduction of adverse events associated with a hospital stay. The ten-year total cost of ownership (TCO) for the project was previously projected to be \$842 million, composed of a \$480 million capital and \$362 million operating cost component. This TCO includes expenditures on the installation and implementation of the new system and related maintenance and support costs for the ten-year period. This project is currently under review and it is expected that costs will increase.</p>				
IHealth Project – Vancouver Island Health Authority	2020	85	15	100
<p>IHealth is a multi-year, Island Health-wide strategy to support quality, safe patient care, increase consistency across sites and systems and reduce the risk of medication-related errors. IHealth will provide a single electronic health record for all parts of the health care system. It is interactive for health care providers, and includes clinical decision support and quality measures that will guide critical thinking in a new way. It is a powerful integrated electronic system that will keep track of patients’ health records in one single record, across sites and across programs and services, over a patient’s entire life. An independent review of this project was recently completed by Ernst and Young, and it is expected that the cost, previously estimated at \$100 million, will increase.</p>				

Appendix A: Ministry Contact Information

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

PO Box 9639 Stn Prov Govt
Victoria, British Columbia V8W 9P1
Toll free in B.C.: 1-800-663-7867
In Victoria: 250-387-6121

BC Clinical and Support Services

(www.bccss.org)

1795 Willingdon Avenue
Burnaby, British Columbia V5C 6E3
Lower Mainland: 604-297-9800
Email: info@bccss.org

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
Lower Mainland: 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
Lower Mainland: 604-683-7151

British Columbia's Health Authorities

First Nations Health Authority

www.fnha.ca

Fraser Health Authority

www.fraserhealth.ca

Interior Health Authority

www.interiorhealth.ca

Northern Health Authority

www.northernhealth.ca

HealthLink BC (www.healthlinkbc.ca)

By phone: 8-1-1
For hearing-impaired assistance call 7-1-1

Ministry of Health – Seniors Advocate

(www.seniorsadvocatebc.ca)

Ministry of Health – Healthy Families BC

(www.healthyfamiliesbc.ca)

Email: healthyfamiliesbc@gov.bc.ca

Office of the Provincial Health Officer

(www.health.gov.bc.ca/pho/)

PO Box 9648 Stn Prov Govt
Victoria, British Columbia V8W 9P4
In Victoria: 250-952-1330

Patient Care Quality Review Board

(www.patientcarequalityreviewboard.ca)

PO Box 9643 Stn Prov Govt
Victoria, British Columbia V8W 9P1
Toll free in B.C.: 1-866-952-2448
Email:
contact@patientcarequalityreviewboard.ca

Vital Statistics Agency (www.vs.gov.bc.ca)

PO Box 9657 Stn Prov Govt
Victoria, British Columbia V8W 9P3
Toll free in B.C.: 1-888-876-1633
In Victoria: 250-952-2681

Provincial Health Services Authority

www.phsa.ca

Vancouver Coastal Health Authority

www.vch.ca

Vancouver Island Health Authority

www.viha.ca