

**Ministry of  
Health**

**2019/20 – 2021/22  
SERVICE PLAN**

**February 2019**



## Minister Accountability Statement



The *Ministry of Health 2019/20 - 2021/22 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'.

Honourable Adrian Dix  
Minister of Health  
February 11, 2019

## 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 provincial clinical policy, the delivery of provincial clinical services, provincial commercial services, and provincial digital and information management and information technology operational planning and services. The Ministry also works in partnership with the First Nations Health Authority (FNHA) to improve the health status of First Nations in British Columbia (B.C.). The FNHA is responsible for planning, management, service delivery and funding of health programs, in partnership with First Nations communities in B.C.

Provincial legislation and regulations related to health care include the [Medicare Protection Act](#) and the [Health Professions Act](#). Legislation and regulations related to the Ministry's public health role include the [Public Health Act](#), the [Drinking Water Protection Act](#) and the [Food Safety 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

The Government of B.C. is putting people at the heart of decision-making by working to make life more affordable, improve the services people count on, and build a strong, sustainable economy that works for everyone.

Over the past year, significant government investments in areas including housing, child care and the elimination of fees, such as Medical Service Plan Premiums, have contributed to making life more affordable for British Columbians today and into the future. Ministries are engaged in ongoing work to improve the availability of services citizens rely on including those related to primary and community health care, education and training, transportation, the opioid crisis and poverty.

A strong economy that works for all regions of B.C. is diversified, resilient and improves the standard of living for people across the province. With that in mind, Government is focusing on sustainable economic growth that strengthens our natural resource sectors, continues the development of the emerging economy, supports small business and uses innovation and technology to solve B.C. problems. A key priority in 2019/20 and beyond will be driving economic growth with cleaner energy and fewer emissions. At the same time, Ministries continue to build prudence into budgets and plan for challenges.

Underpinning the work of all ministries are two shared commitments: reconciliation with Indigenous peoples and consideration of how diverse groups of British Columbians may experience our policies, programs and initiatives. As part of these commitments, Ministries are working to implement the *United Nations Declaration on the Rights of Indigenous Peoples, Truth and Reconciliation Commission's Calls to Action*, and Gender-Based Analysis+ policy and budgeting.

This service plan outlines how the Ministry will support the government's priorities, including selected action items identified in the Minister's [Mandate Letter](#). Over the previous fiscal year, the Ministry made progress on these priorities by:

- Launching a multi-year Primary and Community Care Strategy, which is focused on providing improved access to care across the province by connecting patients to caregivers in an integrated team-based environment, including the establishment of urgent primary care centres.
- Introducing a Surgical and Magnetic Resonance Imaging Services Strategy to improve timely access and reduce wait times for services through program improvements, active wait list management, and targeted funding.
- Targeting investments to support the development of expanded care from paramedics and the implementation of community paramedicine.
- Delivering on a renewed commitment to evidence-based research and analysis and improved utilization of objective research to inform health care policy through implementation of the Research and Knowledge Management Strategy; and funding to renew and bolster the Therapeutics Initiative.
- Eliminating or reducing deductibles and co-payments for 240,000 B.C. families with household net incomes under \$45,000 to improve access to medications for citizens as part of the Province's support of work towards a national Pharmacare program and essential drugs program.

The following performance plan outlines how the Ministry will continue to track progress on key mandate letter commitments and other emerging Government priorities.

## Performance Planning

### Goal 1: Ensure a focus on service delivery areas requiring strategic repositioning

Goal 1 captures the Ministry’s emphasis on transformational change in two key Mandate Letter priorities: primary and community care, and surgical wait times. In primary and community care, this means an integrated team-based approach that brings together and coordinates local primary and community care providers, services and programs to make it easier for people to access care, receive follow-up and connect to other services they may need, informed by the use of research evidence in policy, planning, and practice. This work focuses on Government’s commitment to delivering the services people count on, particularly on improving and strengthening health services for seniors and other adults who have complex care needs.

Efforts to improve wait times focus on making best use of resources and effective information management, working to increase health and wellness to prevent the need for surgeries, and allowing more surgeries in areas with long wait times, starting with hip and knee surgeries, and incrementally tackling other surgeries with long waits.

### Objective 1.1: A primary care model that provides comprehensive, coordinated and integrated team-based care

#### Key Strategies:

- Prioritize team-based primary care through the implementation of the Primary Care Strategy, which focuses on integrated team-based primary care in urgent primary care centres, full service primary care clinics, and community health centres, working together as part of Primary Care Networks (PCNs) across Community Health Service Areas.
- Continue to improve access to comprehensive primary care services based on patient and community population needs, including care for patients with chronic illnesses, complex medical needs, and frailty.
- Continue to work and collaborate with the health authorities, the General Practice Services Committee and [Divisions of Family Practice](#), the [Nurse and Nurse Practitioners of BC](#), community health centres, non-profit agencies and Health Unions to integrate or link family practices with health authority and other primary care services to implement the Primary Care Strategy.
- Continue to work and collaborate with [FNHA](#), First Nations and Indigenous partners to support the integration of Indigenous primary health care services with the Primary Care Strategy delivery.

Performance Measure	2016/17 Baseline	2018/19 Forecast	2019/20 Target	2020/21 Target	2021/22 Target
1.1 Number of Primary Care Networks operating or in implementation <sup>1</sup>	0	15	25	45	65

<sup>1</sup> Data Source: Ministry of Health

**Linking Performance Measure to Objective:**

Patients can be attached to family practices supported through a PCN, meaning patients have ongoing care relationships with primary care providers such as family doctors or nurse practitioners, who work in team-based practices that include nurses, clinical pharmacists 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.

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

**Key Strategies:**

- Continue to work with the Parliamentary Secretary for Seniors to improve and strengthen services to ensure seniors receive dignified and quality care.
- Continue to promote community-based models of care to ensure continuity of care and integration of services to support adults with complex issues, including seniors, to stay at home longer.
- Continue to focus on improving integrated team-based care for seniors with complex medical conditions and/or frailty by implementing specialized services. Health authorities will ensure improved access, quality and coordination of care across services through interdisciplinary teams to better meet the needs of clients and their families. Specialized service for seniors with complex medical conditions and/or frailty will integrate and coordinate all services for this patient population including home support, community-based professional services, community caregiver supports, palliative care, and assisted living.
- Maintain ongoing engagement of seniors centres, community centres, cultural organizations and multi-service non-profit societies in providing health and wellness, cultural, educational and other services to support seniors in community.
- Improve range of supports to people in residential care homes to ensure they receive dignified and quality care with a focus on achieving an average of 3.36 direct care hours per resident day across each health authority by 2020/21, and working with care providers to embed person-centred respect and compassion in all service delivery.
- Continue work to improve accessibility, responsiveness, and quality of community-based palliative care, and continue to provide end-of-life care services including hospice and home-based palliative care to support those at the end of life with greater choice and access.
- With the guidance of [B.C.’s Seniors Advocate](#), continue to improve access to home and community care, and focus on increased service levels to better address the needs of seniors.

Performance Measure	2016/17 Baseline	2018/19 Forecast <sup>2</sup>	2019/20 Target	2020/21 Target	2021/22 Target
1.2 Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and older <sup>1</sup>	3,273	3,060	3,010	2,955	2,910

<sup>1</sup> Data Source: Discharge Abstract Database

<sup>2</sup> 2018/19 forecast is developed based on new population data (P.E.O.P.L.E. 2018)

**Linking Performance Measure to Objective:**

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. Lower admission rates indicate that these patients are receiving appropriate care in the community to allow them to stay home longer and be healthier. 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.

**Objective 1.3: Timely access to appropriate surgical procedures**

**Key Strategies:**

- Support health authorities and other key stakeholders to improve patient and family experience through implementation of the provincial [Surgical Services Strategy](#) aimed at reducing wait times by addressing backlogs, improving coordination, performing additional surgeries, making system and process improvements that optimize capacity, and supporting surgical health care providers.
- Work with partners to ensure appropriately scaled education and training programs, effective recruitment and retention, and efficient team-based service models are in place to support the health human resources needs of the provincial [Surgical Services Strategy](#).
- Manage wait lists optimally, consistently and proactively, including increased adoption of single entry models.
- Produce standardized, accurate and comparable wait list and wait time information and analysis.
- Continue to explore the use of innovative approaches to reduce surgical wait times, such as the Surgical Services Program for hip and knee replacement.

Performance Measure	2016/17 Baseline	2018/19 Forecast	2019/20 Target	2020/21 Target	2021/22 Target
1.3 Surgeries in targeted priority areas completed <sup>1, 2</sup>	20,519	27,160	27,660	28,160	28,660

<sup>1</sup> Data Source: Surgical Patient Registry (Site ID 188)

<sup>2</sup> Baseline and targets for this measure have been adjusted up from those included in the *2018/19 Service Plan* as the measure now included surgeries completed by the Provincial Health Services Authority which was previously excluded.

**Linking Performance Measure to Objective:**

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 show progress to “catch up” and “keep up” volumes in priority areas, which is obtained through funding, service coordination, and process improvements that enhance capacity in the system. Targets for this performance measure will be adjusted in the future as new priority surgical areas are identified and targeted for improvements.

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

Goal 2 focuses on Government’s commitment to delivering the services people count on by continuing to improve and strengthen a range of important health services. Additionally, this Goal addresses implementation of the [United Nations Declaration on the Rights of Indigenous Peoples](#), and the [Truth and Reconciliation Commission of Canada: Calls to Action](#) that are central to the delivery of high-quality, culturally safe health services across the province.

**Objective 2.1: Effective population health, health promotion, and illness and injury prevention services**

**Key Strategies:**

- Work with health authorities, physicians and other partners to improve the health of British Columbians through continued implementation of [Promote, Protect, Prevent, Our Health Begins Here. BC’s Guiding Framework for Public Health](#).
- Ensure long-term health promotion, and illness and injury prevention services, including delivery of screening as identified in the Lifetime Prevention Schedule, are managed at a Local Health Area level.
- Continue to work with partner ministries in support of the [Memorandum of Understanding – Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness](#) to support holistic models of healthy child and family development.
- Continue working with health authorities, FNHA, Métis Nation BC and other health system 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](#).
- Continue to support true and lasting reconciliation with Indigenous peoples by 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](#).

Performance Measure	2011/12 Baseline	2018/19 Forecast	2019/20 Target	2020/21 Target	2021/22 Target
2.1 Percent of communities that have completed healthy living strategic plans <sup>1</sup>	13%	62%	68%	70%	72%

<sup>1</sup> Data Source: Health Authority annual community survey

**Linking Performance Measure to Objective:**

This performance measure focuses on the proportion of the 162 communities in B.C. with healthy living strategic plans, developed 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. Partnership and engagement with First



Nations communities and focusing on priority populations, such as Indigenous populations, are part of the planning process. 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.

**Objective 2.2: Improved health outcomes and reduced hospitalizations for those with mental health and substance use issues through effective community services**

**Key Strategies:**

- Continue to focus on improving team-based care for those with mental health and substance use issues by implementing specialized services. Health authorities will ensure improved access and care coordination across services through interdisciplinary teams to better meet the needs of patients and their families. Specialized services for patients needing mental health and/or substance use care will integrate and coordinate all services for this patient population including community-based professional services and supports, community care giver supports, and longer term residential care and treatment services.
- Continue to work with the Government of Canada, the First Nations Health Council, and the FNHA to establish and implement community-driven, Nation-based demonstration centres through a new approach to investment in mental health and wellness services for First Nations.

Performance Measure	2016/17 Baseline	2018/19 Forecast	2019/20 Target	2020/21 Target	2021/22 Target
2.2 Percent of people admitted for mental illness and substance use who are readmitted within 30 days <sup>1</sup>	14.7%	14.3%	14.2%	14.1%	14.0%

<sup>1</sup> Data Source: Discharge Abstract Database

**Linking Performance Measure to Objective:**

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 re-hospitalizations for this patient group. Additionally, an opioid overdose response strategy includes plans for addressing residential substance use treatment beds.

**Objective 2.3: Continued improvement of other key primary and community care services**

**Key Strategies:**

- Continue to support the [Ministry of Mental Health and Addictions](#) in developing and implementing a mental health and addictions strategy, to include a focus on improving access and quality, early prevention, and child and youth mental health services.
- Work in partnership with the [Ministry of Mental Health and Addictions](#) to support the continuing response to the ongoing opioid overdose public health emergency.
- Continue to improve clinical chronic pain management services in collaboration with Provincial Health Services Authority for people living with chronic pain.
- Ensure a consistent, standardized approach in assessing care needs and goals for care for [Community Living BC](#) clients, including aging individuals with developmental disabilities.
- Continue to increase access to both community-based hospice care and the number of hospice spaces in the province in line with regional population health needs.
- Improve and strengthen long-term care services to ensure seniors receive dignified and quality care.

Performance Measure	2017/18 Baseline	2018/19 Forecast	2019/20 Target	2020/21 Target	2021/22 Target
2.3 Potentially inappropriate use of antipsychotics in long-term care <sup>1</sup>	25.3%	25%	23%	21%	19%

<sup>1</sup> Data Source: Canadian Institute for Health Information

**Linking Performance Measure to Objective:**

This performance measure, new for the *Ministry of Health 2019/20 - 2021/22 Service Plan*, identifies the percentage of long-term care residents who are taking antipsychotic drugs without a diagnosis of psychosis. Antipsychotic drugs are sometimes used to manage behaviours associated with dementia. Use of these drugs without a diagnosis of psychosis may compromise safety and quality of care. Future year targets for this measure may be adjusted as initiatives and efforts to address this issue mature.

**Objective 2.4: Continued improvement of hospital services**

**Key Strategies:**

- Work in partnership with [B.C. Emergency Health Services](#) to ensure appropriate supply and distribution of paramedic services.
- Continue to improve the delivery of hospital-based services through health authority targeted program and service delivery improvement initiatives.

Performance Measure	2017/18 Baseline	2018/19 Forecast	2019/20 Target	2020/21 Target	2021/22 Target
2.4 Rate of new <i>C. difficile</i> cases associated with a reporting facility per 10,000 inpatient days <sup>1</sup>	3.8	3.5	3.3	3.1	3.0

<sup>1</sup> Data Source: Provincial Infection Control Network of British Columbia (PICNet)

### Linking Performance Measure to Objective:

*Clostridium difficile* (*C. difficile*) is a bacterium that can pose a health risk for people who are taking antibiotics or who have weakened immune systems. Actively monitoring *C. difficile* infections in acute care facilities, and developing evidence-based infection prevention and control guidelines, helps reduce such infections and therefore improves the quality of care and patient safety, protecting both patients and healthcare providers.

### Goal 3: Deliver an innovative and sustainable public health care system

Goal 3 focuses on Government’s commitment to available and sustainable services through the effective use of human resources, digital and information technology, efficient budgets, and meaningful and productive interjurisdictional partnerships, which enable the delivery of services across the health system.

### Objective 3.1: Effective health sector resources and approaches to funding

#### Key Strategies:

- Support an engaged, skilled, well-led and healthy workforce in a safe, stable and respectful work environment that provides patient-centred, team-based care through integrated provincial-level health human resource planning, recruitment, and management.
- Continue to modernize the health system through the use of digital services, information management and technology while ensuring effective coordination and management of budgets, timelines and outcomes.
- Continue to improve productivity of health services through health authority targeted program and service delivery improvement initiatives.

Performance Measure	2016 Baseline	2018 Forecast	2019 Target	2020 Target	2021 Target
3.1 Nursing and allied professionals overtime hours as a percent of productive hours <sup>1</sup>	3.8%	4.4%	3.8%	3.8%	3.8%

<sup>1</sup> Data Source: Health Sector Compensation Information System

**Linking Performance Measure to Objective:**

Overtime is a key indicator of the overall health of a workplace. Out-year targets for this measure maintain overtime rates against expected growth in demand. By addressing underlying causes of overtime, efficiencies can be gained that help promote both patient and caregiver safety while also reducing unnecessary costs to the health system.

## Resource Summary

Core Business Area	2018/19 Restated Estimates <sup>1</sup>	2019/20 Estimates	2020/21 Plan	2021/22 Plan
<b>Operating Expenses (\$000)</b>				
<b>Health Programs</b>				
Regional Services	13,378,879	14,215,526	14,732,839	15,205,802
Medical Services Plan	4,796,331	4,969,810	5,084,770	5,197,305
PharmaCare	1,272,400	1,349,592	1,389,098	1,445,454
Health Benefits Operations	46,177	47,147	48,147	49,158
<b>Recoveries from Health Special Account</b>	(147,250)	(147,250)	(147,250)	(147,250)
<b>Executive and Support Services</b>	260,427	263,514	262,946	262,946
<b>Health Special Account</b>	147,250	147,250	147,250	147,250
<b>Total</b>	<b>19,754,214</b>	<b>20,845,589</b>	<b>21,517,800</b>	<b>22,160,665</b>
<b>Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)</b>				
<b>Executive and Support Services</b>	1,432	1,051	30	30
<b>Total Capital Expenditures</b>	<b>1,432</b>	<b>1,051</b>	<b>30</b>	<b>30</b>
<b>Capital Grants (\$000)</b>				
<b>Health Facilities</b>	615,196	654,442	864,247	1,287,160
<b>Total Capital Grants</b>	<b>615,196</b>	<b>654,442</b>	<b>864,247</b>	<b>1,287,160</b>

<sup>1</sup> For comparative purposes, amounts shown for 2018/19 have been restated to be consistent with the presentation of the 2019/20 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*, British Columbia'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 *2019/20 – 2021/22 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	2018/19 Forecast	2019/20 Budget	2020/21 Plan	2021/22 Plan
<b>Health Authorities and Hospital Societies – Combined Income Statement (\$000)</b>				
<b>Total Revenue</b> <sup>1</sup> .....	15,585,000	16,292,000	16,681,000	16,953,000
<b>Total Expense</b> <sup>2</sup> .....	15,682,000	16,292,000	16,681,000	16,953,000
<b>Net Results</b> <sup>3</sup> .....	<b>(97,000)</b>	<b>0</b>	<b>0</b>	<b>0</b>

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> The 2018/19 forecast is based on third-quarter approved information provided by the health authorities and hospital societies. The 2018/19 Forecast, 2019/20 Budget, 2020/21 and 2021/22 Plan are adjusted for inter-entity transactions between these agencies.

## Major Capital Projects

Major Capital Projects (over \$50 million)	Targeted Completion Date (Year)	Project Cost to Dec 31, 2018 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<b>Queen Charlotte/Haida Gwaii Hospital</b>	2016	48	2	50
<p>Construction on the new Haida Gwaii Hospital and Health Centre – Xaayda Gwaay Ngaaysdll Naay (Queen Charlotte Hospital) completed in September 2016 and patients moved in November 16, 2016. The existing hospital was demolished to make way for parking. The new hospital replaces an aging facility and consolidates health services into one location. The facility consists of 16 beds, including 8 residential care beds plus a labour, delivery, recovery suite 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:  <a href="http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2012_2/522448/qch-replacement-project-capital-plan.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2012_2/522448/qch-replacement-project-capital-plan.pdf</a></p>				
<b>Surrey Emergency/Critical Care Tower</b>	2019	482	30	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 March 2019.</p> <p>For more information, please see the website at:  <a href="http://www.llbc.leg.bc.ca/public/PubDocs/bcdocs/456304/Capital_project_plan.pdf">http://www.llbc.leg.bc.ca/public/PubDocs/bcdocs/456304/Capital_project_plan.pdf</a></p>				
<b>Royal Inland Hospital Clinical Services Building</b>	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. For more information, please see the website at:  <a href="https://www.interiorhealth.ca/sites/BuildingPatientCare/RIH/Pages/default.aspx">https://www.interiorhealth.ca/sites/BuildingPatientCare/RIH/Pages/default.aspx</a></p>				
<b>Royal Inland Hospital Patient Care Tower</b>	2024	4	413	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 started in fall 2018 and is scheduled to be open to patients in July 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:  <a href="http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/686370/capital-project-plan-royal-inland-hospital.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/686370/capital-project-plan-royal-inland-hospital.pdf</a></p>				

Major Capital Projects (over \$50 million)	Targeted Completion Date (Year)	Project Cost to Dec 31, 2018 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<b>Vancouver General Hospital - Jim Pattison Pavilion Operating Rooms</b>	2021	6	96	102
<p>The Vancouver General Hospital Operating Room (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. OR construction is scheduled to begin in 2019 and complete in 2021.</p> <p>For more information, please see the website at:  <a href="http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669312/capital_project_plan_vgh_or_renewal_project_phase1.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669312/capital_project_plan_vgh_or_renewal_project_phase1.pdf</a></p>				
<b>North Island Hospitals</b>	2017	589	17	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 was completed in late 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:  <a href="http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2012_2/522449/north-island-hospitals-project-capital-plan.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2012_2/522449/north-island-hospitals-project-capital-plan.pdf</a></p>				
<b>Interior Heart and Surgical Centre</b>	2018	304	77	381
<p>The Interior Heart and Surgical Centre (IHSC) 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, completed in December 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:  <a href="http://www.interiorhealth.ca/sites/BuildingPatientCare/IHSC/Pages/default.aspx">http://www.interiorhealth.ca/sites/BuildingPatientCare/IHSC/Pages/default.aspx</a></p>				
<b>Vancouver General Hospital – Joseph and Rosalie Segal Family Health Centre</b>	2017	73	9	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 result in the development of an optimal purpose-built facility designed to reduce critical safety risks and improve patient</p>				



Major Capital Projects (over \$50 million)	Targeted Completion Date (Year)	Project Cost to Dec 31, 2018 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<p>outcomes. The capital cost of the project is estimated at \$82 million. The Vancouver General Hospital and University of British Columbia (UBC) Foundation contributed \$25 million to the cost of the project, including \$12 million from the Segal family.</p>				
<b>Children's and Women's Hospital Redevelopment</b>	2020	587	89	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 the 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 on 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. Construction of Phase 3 is underway with completion planned for 2020. 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: <a href="http://www.health.gov.bc.ca/library/publications/year/2010/BCCW-CapitalProjectPlan.pdf">www.health.gov.bc.ca/library/publications/year/2010/BCCW-CapitalProjectPlan.pdf</a></p>				
<b>Penticton Regional Hospital – Patient Care Tower</b>	2021	244	68	312
<p>The Patient Care Tower (PCT) project will proceed in two phases. Phase 1 construction of the new 26,155 square metre 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 2 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: <a href="http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/687290/capital-project-plan-penticton-regional-hospital.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/687290/capital-project-plan-penticton-regional-hospital.pdf</a></p>				
<b>Royal Columbian Hospital – Phase 1</b>	2019	117	142	259
<p>Phase 1 of the Royal Columbian Hospital (RCH) 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, 2018 (\$ 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 with patients scheduled to move in April 2020. The capital cost of the project is estimated at \$259 million. The RCH Foundation is contributing \$9 million with the balance provided by the Province.</p> <p>For more information, please see the website at:  <a href="http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/686374/capital-project-plan-royal-columbian-hospital.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/686374/capital-project-plan-royal-columbian-hospital.pdf</a></p>				
<b>Royal Columbian Hospital – Phases 2 &amp; 3</b>	2026	8	1,092	1,100
<p>Phase 2 of the RCH redevelopment project is planned to be 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 RCH Foundation is contributing \$30 million with the balance provided by the Province.</p> <p>For more information, please see the website at:  <a href="http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669855/20170626130516.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669855/20170626130516.pdf</a></p>				
<b>Peace Arch Hospital Renewal</b>	2021	2	82	84
<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 will expand 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 February 2019 and be open to patients in late 2021.</p> <p>For more information, please see the website at:  <a href="http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669856/20170626124423.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669856/20170626124423.pdf</a></p>				
<b>Centre for Mental Health and Addictions</b>	2020	18	83	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 is scheduled to be completed in 2020. It will 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>				
<b>Dogwood Complex Residential Care</b>	2021	0	51	51
<p>The replacement 150-bed complex residential care facility will be located on Lot 5 of the Pearson Dogwood site in Vancouver. The project is to be funded by Vancouver Coastal Health Authority from net sale proceeds from the sale of the combined Pearson and Dogwood properties. Design-build procurement is underway with the Request for Proposals issued to 3 shortlisted proponents.</p>				

Major Capital Projects (over \$50 million)	Targeted Completion Date (Year)	Project Cost to Dec 31, 2018 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<b>Lions Gate Hospital - New Acute Care Facility</b>	2023	0	166	166
<p>Construction of the new six-storey Acute Care Facility (ACF) will replace 108 outdated and undersized inpatient beds, expand the perioperative suite (including 8 new universal operating rooms), create a new surgical daycare and post-anaesthetic recovery room to support new and existing ORs, and provide a new replacement medical device reprocessing department and new outpatient clinics and support services.</p> <p>Renovations will be made to existing infrastructure to facilitate integration of new ACF with existing buildings. No provincial funding is required. The Lions Gate Hospital Foundation will be contributing \$96 million with the balance provided by Vancouver Coastal Health Authority.</p>				
<b>New St Paul's Hospital</b>	2026	0	1,915	1,915
<p>The project to build a New St. Paul's Hospital at Station Street in Vancouver will result in a new core hospital (acute care centre and outpatient care centre) including capacity for 548 inpatient beds, new and larger emergency department, surgical suite and consolidated specialty outpatient clinics and underground parkade. Procurement is planned to start in fall 2019. Construction planned to start in fall 2020 and expected to be completed in 2026. The capital cost of the project is estimated at \$1.915 billion with \$125 million to be provided by the St. Paul's Foundation, \$990 million from the Province, and \$800 million from Providence Health Care.</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, 2018 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<b>Clinical and Systems Transformation</b>	2023	294	186	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 system has recently been implemented at Lions Gate Hospital and will be rolled out to other locations in the future. 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 is 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 TCO estimate is currently being reviewed and the operating cost component is expected to be significantly over budget.</p> <p>For more information, please see the website at:  <a href="http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2013_2/536407/capital-project-plan-clinical-systems-transformation.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2013_2/536407/capital-project-plan-clinical-systems-transformation.pdf</a></p>				

<b>IMIT Project</b> (exceeds \$20 million in total or \$10 million in one fiscal year)	<b>Targeted Completion Date (Year)</b>	<b>Project Cost to Dec 31, 2018 (\$ millions)</b>	<b>Estimated Cost to Complete (\$ millions)</b>	<b>Approved Anticipated Total Capital Cost of Project (\$ millions)</b>
<b>IHealth Project – Vancouver Island Health Authority</b>	2020	91	9	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 a patient’s health records in one single record, across sites and across programs and services, over a patient’s entire life. However, the project has been delayed and is facing serious financial pressures. A recent review concluded that Island Health will not be able to complete the full project scope within the timelines identified, and it is expected that the project will be significantly over budget.</p>				

## Appendix A: Selected Agencies, Boards, Commissions and Tribunals

### [Assisted Living Registrar](#)

<https://www2.gov.bc.ca/gov/content/health/accessing-health-care/assisted-living-registrar>

The Registry administers the registration of assisted living residences; establishes and administers health and safety standards, and administrative policies and procedures; investigates complaints about health and safety; and inspects residences if there is a health and safety concern.

### [BC Emergency Health Services](#)

<http://www.bcehs.ca>

BC Emergency Health Services, an agency of the Provincial Health Services Authority, oversees the BC Ambulance Service and Patient Transfer Coordination Centre, providing out-of-hospital and inter-hospital health services.

### [BC Patient Safety and Quality Council](#)

<https://bcpsqc.ca>

The Council provides system-wide leadership to efforts designed to improve the quality of health care in the province. Through collaborative partnerships with health authorities, patients, and those working within the health care system, the Council promotes and informs a provincially-coordinated, patient-centred approach to quality.

### [First Nations Health Authority](#)

<http://www.fnha.ca>

The First Nations Health Authority is responsible for planning, management, service delivery and funding of health programs, in partnership with First Nations communities in B.C.

### [Fraser Health Authority](#)

<https://www.fraserhealth.ca>

Fraser Health delivers public health, hospital, residential, community-based and primary health care services in communities stretching from Burnaby to White Rock to Hope.

### [Interior Health Authority](#)

<https://www.interiorhealth.ca>

Interior Health delivers public health, hospital, residential, community-based and primary health care services to residents across B.C.'s Southern Interior.

### [Northern Health Authority](#)

<https://www.northernhealth.ca>

Northern Health delivers public health, hospital, residential, community-based and primary health care services to residents of Northern B.C.

### [Métis Nation BC](#)

<https://www.mnbc.ca>

The Métis Nation BC develops and enhances opportunities for its Métis Chartered Communities and Métis people in B.C. by providing culturally relevant social and economic programs and services.

[Patient Care Quality Review Boards](https://www.patientcarequalityreviewboard.ca/)

<https://www.patientcarequalityreviewboard.ca/>

Patient Care Quality Review Boards are aligned with each health authority to receive, investigate and respond to patient complaints about quality of care under the jurisdiction of the health authorities.

[Provincial Health Services Authority](http://www.phsa.ca)

<http://www.phsa.ca>

The Provincial Health Services Authority works collaboratively with the Ministry of Health, B.C.'s five regional health authorities and the First Nations Health Authority to provide select specialized and province-wide health care services (BC Cancer, Renal, Transplant, Cardiac, Perinatal and others), ensuring that residents have access to a coordinated provincial network of high-quality specialized health-care services.

[Vancouver Coastal Health Authority](http://www.vch.ca)

<http://www.vch.ca>

Vancouver Coastal Health delivers public health, hospital, residential, community-based and primary health care services to residents living in communities including Richmond, Vancouver, the North Shore, Sunshine Coast, Sea to Sky corridor, Powell River, Bella Bella, and Bella Coola.

[Vancouver Island Health Authority](https://www.islandhealth.ca)

<https://www.islandhealth.ca>

Island Health delivers public health, hospital, residential, community-based and primary health care services to residents living in communities from Victoria to Cape Scott, and Tofino to Campbell River.