

**Ministry of  
Health**

**REVISED 2013/14 – 2015/16  
SERVICE PLAN**



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Published by the Ministry of Health

## Message from the Minister and Accountability Statement



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

British Columbians have given government a renewed mandate to build a strong economy and a secure future for our province. For the Ministry of Health, our challenge is to ensure a health care system that will remain strong and affordable, and continue to provide world-class care for our children and grandchildren.

A healthy province and healthy economy starts with healthy people. Through promotion and support for healthy activities, we are helping British Columbia families and communities to make healthy choices – choices that will help improve health and reduce the burden of chronic disease in our province.

Government is taking action to build on B.C.'s already-strong health system with innovative strategies that will create better outcomes for patients while ensuring the best possible value for money. We will continue to provide British Columbians access to high quality care and support across the spectrum of health care needs, ensuring our hospital and primary care systems are complemented by a range of community supports that benefit patients from birth through to end of life. This includes continuing the implementation of the provincial mental health plan, *Healthy Minds, Healthy People*, expanding addictions spaces in partnership with the non-profit sector, and doubling the number of hospice spaces in the province by 2020.

British Columbians are living longer than ever before, and our province has a growing seniors population. We are taking appropriate action to improve services for seniors, including the implementation of *Improving Care for B.C. Seniors: An Action Plan* – our strategic approach to ensuring that seniors and their families successfully navigate the health system.

I look forward to working with the citizens of British Columbia and dedicated health professionals across the province to build on our strong foundation and continue to deliver a health system that meets our population's needs.

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

A handwritten signature in black ink, appearing to read "Terry Lake". The signature is fluid and cursive, written over a light-colored background.

Honourable Terry Lake  
Minister of Health  
June 14, 2013

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## Purpose of Ministry

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



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

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

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

# Strategic Context

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

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

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

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

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

The Economic Forecast Council expects British Columbia's real GDP will grow by 1.6 per cent in 2013 and 2.5 per cent in 2014. Risks to British Columbia's economic outlook include the following: further slowing of domestic economic activity; renewed weakness in the US economy; the ongoing European sovereign debt crisis threatening the stability of global financial markets; exchange rate volatility; and slower than anticipated economic growth in Asia dampening demand for BC's exports.

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

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

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

<sup>3</sup> *National Health Expenditure Trends, 1975 to 2012*, Canadian Institute for Health Information

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

# Goals, Objectives, Strategies and Performance Measures

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

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



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

### **Strategies**

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



**Performance Measure 1: Healthy communities.**

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

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

**Discussion**

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

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

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

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

## Strategies

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



## Performance Measure 2: Chronic disease management.

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

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

## Discussion

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

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

**Performance Measure 3: Chronic disease hospital admissions.**

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

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

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

**Discussion**

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

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

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

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

## Strategies

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



### Performance Measure 4: Access to surgery.

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

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

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

### Discussion

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

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

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

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

#### **Strategies**

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

**Performance Measure 5: Electronic medical record system implementation.**

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

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

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

**Discussion**

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

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

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



## Strategies

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

# Resource Summary

Core Business Area	2012/13 Restated Estimates <sup>1</sup>	2013/14 Estimates <sup>2</sup>	2014/15 Plan	2015/16 Plan
<b>Operating Expenses (\$000)</b>				
<b>Health Programs</b>				
Regional Services	10,838,220	11,121,315	11,486,822	11,901,104
Medical Services Plan	3,886,873	3,982,075	4,008,832	4,028,876
PharmaCare	1,178,354	1,179,232	1,179,453	1,203,033
Health Benefits Operations	35,123	35,560	36,005	37,085
Vital Statistics	6,834	6,971	7,111	7,253
<b>Recoveries from Health Special Account Services</b>	(147,250)	(147,250)	(147,250)	(147,250)
<b>Executive and Support Services</b>	232,075	225,572	225,874	228,151
<b>Health Special Account</b>	147,250	147,250	147,250	147,250
<b>Total</b>	<b>16,177,479</b>	<b>16,550,725</b>	<b>16,944,097</b>	<b>17,405,502</b>
<b>Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)</b>				
<b>Executive and Support Services</b>	16,614	2,644	1,160	255
<b>Total Capital Expenditures</b>	<b>16,614</b>	<b>2,644</b>	<b>1,160</b>	<b>255</b>
<b>Capital Grants (\$000)</b>				
<b>Health Facilities</b>	437,838	414,474	461,261	455,616
<b>Total Capital Grants</b>	<b>437,838</b>	<b>414,474</b>	<b>461,261</b>	<b>455,616</b>

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

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

## Health Authority Income Statement Resource Summary

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

Description	2012/13 Preliminary Actual	2013/14 Budget	2014/15 Plan	2015/16 Plan
<b>Health Authorities and Hospital Societies - Combined Income Statement (\$000)</b>				
<b>Total Revenue<sup>1</sup></b>	<b>12,546,000</b>	<b>12,771,000</b>	<b>13,079,000</b>	<b>13,352,000</b>
<b>Total Expense<sup>2</sup></b>	<b>12,519,000</b>	<b>12,771,000</b>	<b>13,079,000</b>	<b>13,352,000</b>
<b>Net Results<sup>3</sup></b>	<b>27,000</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> Expense: Provides for a range of health care services, including primary care and public health programs, acute care and tertiary services, mental health services, home care and home support, assisted living and residential care.

<sup>3</sup> 2012/13 Net Results: The preliminary actual surplus of \$27 million is made up of: \$8.9 million surplus from Interior Health Authority, \$8.8 million surplus from Northern Health Authority, \$8.0 million surplus from Vancouver Island Health Authority, \$0.8 million surplus from Provincial Health Services Authority and \$0.3 million surplus from Fraser Health Authority and \$0.2 million surplus from Vancouver Coastal Health Authority.

## Major Capital Projects

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

The province's six health authorities and the Ministry collaborate on financial and infrastructure planning to ensure capital investments in the health system are strategic and cost effective.

Recognizing the significant cost and long lifespan of most capital investments – both in acquisition and use – the Ministry and health authorities maintain three-year capital expenditure plans, aligned with other health sector planning. This planning horizon enables the Ministry to better anticipate future demand for health services, resulting from a growing and aging population and medical and technological innovations, and to plan and prioritize long term capital investments.

Major capital projects currently underway or in planning include:

### **Surrey Memorial Hospital Critical Care Tower**

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

For more information on the Surrey Memorial Hospital Critical Care Tower, please see the website at [www.fraserhealth.ca/about\\_us/building\\_for\\_better\\_health/surrey\\_memorial\\_hospital](http://www.fraserhealth.ca/about_us/building_for_better_health/surrey_memorial_hospital).

### **Interior Heart and Surgical Centre, Kelowna**

The Interior Heart and Surgical Centre project will include a new, state-of-the-art general operating suite, inpatient surgical unit, and a new laboratory to replace aging facilities currently in use at Kelowna General Hospital. A new 13,166 square metre (141,718 square foot) building will be constructed to house the Interior Heart and Surgical Centre. The new building will be built on the site of the existing Pandosy building. The programs currently housed at Pandosy will be relocated to the

new patient care tower and a new clinical support building. The existing surgical suite will be relocated to the new Interior Heart and Surgical Centre that will include room for future expansion of surgical services. Also included will be an expansion of support services for the cardiac program, such as central sterilization services. The surgical suite will be fully integrated with the cardiac revascularization program. The new buildings will be designed to Leadership in Energy and Environmental Design (LEED) Gold standards, and will maximize interior and exterior wood construction. The Interior Heart and Surgical Centre will be open for patients by mid-2015 with final renovations to other areas of the hospital completed by 2017. The cost of the project is estimated at \$367 million. A portion of the project is cost shared with the Central Okanagan Regional Hospital District.

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

### **Children's and Women's Hospital Redevelopment**

The redevelopment of BC Children's Hospital and BC Women's Hospital, both agencies of the Provincial Health Services Authority, will be completed in three phases. The first phase will include opening three additional neonatal intensive care unit (NICU) beds at BC Women's Hospital to help care for the province's most vulnerable patients. Those additional beds will become part of the provincial network of NICU beds. First phase work at BC Children's Hospital and the Shaughnessy Building includes: site preparations for the new hospital; constructing additional academic space for the UBC; constructing a new clinical support building and a free-standing child day-care centre. Phase One is expected to cost \$91 million. The second and third phases of the project will include the construction of the new BC Children's Hospital and renovations and expansion of BC Women's Hospital. The total project cost for all phases must still be finalized, but is estimated to be approximately \$680 million.

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

### **North Island Hospitals Project**

The release of the Request for Proposals has been announced for the North Island Hospitals Project. Three qualified teams were selected from a group of eight that responded to the Request for Qualifications. VIHA expects to award the contract in early 2014. Construction will begin soon after, and the hospitals are expected to be completed in 2017. The North Island Hospitals Project includes a new 95-bed hospital in Campbell River and a new 153-bed hospital in the Comox Valley. The estimated capital cost of up to \$600 million for the project will be shared by the B.C. Government and the Comox Strathcona Regional Hospital District. The new Campbell River Hospital will be approximately 23,000 square metres and built on the existing hospital site. The new Comox Valley Hospital will be approximately 29,000 square metres and built near at the intersection of Lerwick and Ryan Roads in Courtenay, adjacent to the North Island College campus.

For more information about the North Island Hospitals Project, please see the website at [http://www.viha.ca/about\\_viha/building\\_for\\_health/nihp.htm](http://www.viha.ca/about_viha/building_for_health/nihp.htm).

### **Lakes District Hospital and Health Centre (Burns Lake)**

Ground has been broken for the new Lakes District Hospital and Health Centre in Burns Lake. The replacement hospital is scheduled to be completed and open for patients by the fall of 2015. The project is expected to generate approximately 200 direct jobs during the construction period. The new hospital will have 16 beds and the new centre will provide acute care and emergency services, diagnostic imaging, a laboratory and pharmacy. Space also is planned for a medical clinic along with the delivery of mental health and addictions services, public health, and home and community care. The facility will be a two-storey building and approximately 6,100 square metres (65,000 square feet). The hospital will be a green and energy efficient facility designed to achieve Leadership in Energy and Environmental Gold certification. The total capital cost of the project is estimated up to \$55 million. The Project is cost shared with the Stuart-Nechako Regional Hospital District.

For more information about the Lakes District Hospital and Health Centre Project, please see the website at <http://www.northernhealth.ca/AboutUs/CapitalProjects/LakesDistrictHospitalProject.aspx>.

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

The Province is moving ahead with plans for a new Queen Charlotte hospital, as a part of Budget 2012. The contract for the site preparation work for the Queen Charlotte/Haida Gwaii Hospital Replacement project has been awarded to Naikoon Contracting Limited with site preparation work under way as of April 1, 2013, and finishing in the summer of 2013. Site preparation work will include protection for the existing hospital and health centre, setting up site accesses for construction crews and preparing the site for the new facility. The temporary health clinic renovation project is proceeding as a separate component. As site preparation is in progress, the competitive selection process to select the successful design-build team for the hospital project continues. The request for proposals was issued to the three shortlisted teams in December 2012 and the selection of a preferred proponent and contract award is anticipated late spring 2013. Construction is scheduled to begin this summer and be completed in fall 2015. The total capital cost of the project is estimated up to \$50 million. The project is cost shared with the Northwest Regional Hospital District.

For more information about the Queen Charlotte/Haida Gwaii Hospital Project, please see the website at <http://northernhealth.ca/AboutUs/CapitalProjects/QueenCharlotteHospitalProject.aspx>.

### **HOpe Centre, Lions Gate Hospital, North Vancouver**

Construction is underway at the \$62.2 million Greta & Robert H.N. Ho Centre for Psychiatry and Education (HOpe Centre) at Lions Gate Hospital. The state-of-the-art treatment facility will help people struggling with mental health and substance use challenges. The HOpe Centre will provide integrated services for clients who require hospital care, outpatient services, or both. The facility is a designated facility under the provincial *Mental Health Act* and will include a 26-bed inpatient psychiatric unit and provide enough space to enable consolidation of multiple community-based mental health and substance use outpatient services into one central location. The new HOpe Centre will also contain space for the expansion of the UBC medical school and provide a permanent home for BC Ambulance on the North Shore. The project was first announced in September 2010. The B.C. Government, through Vancouver Coastal Health, has supported the HOpe Centre with a \$38.2 million

financial contribution. The Lions Gate Hospital Foundation has raised another \$24 million for the project, with \$10 million of this amount being generously donated by Greta and Robert Ho, after whom the new centre is named. Construction is expected to be complete in late 2013 and open for patients in early 2014.

### **Royal Inland Hospital, Clinical Services Building**

Procurement for the Clinical Services Building at Royal Inland Hospital is underway as a part of the first phase of redevelopment at Royal Inland Hospital. The proposed scope of the first phase includes ambulatory clinics consisting of an outpatient lab, cardiopulmonary/neurodiagnostics; community respiratory therapy, intravenous therapy, pre-surgical screening and operating room booking, as well as teaching space for the UBC medical school program and educational space for continued health professional training. The project will also include onsite parking and improved vehicle and pedestrian access to the Royal Inland Hospital campus. The first phase of redevelopment is estimated to cost \$79.8 million and will be cost shared with the Thompson Regional Hospital District and the Interior Health Authority. Construction on the new Clinical Services Building is expected to begin in spring 2014.

### **St. Paul's Hospital Redevelopment, Ambulatory Care Building and Redevelopment**

The Ministry of Health and Providence Health Care are working to finalize the redevelopment concept plan, noting the detailed planning will need to account for the complexities of maintaining necessary care for patients on the current site when the project gets underway. It is expected the final concept plan and a more detailed business plan will be complete by 2014. The redevelopment timeframe will be determined through the business plan process. It is anticipated the redevelopment will include construction of a new outpatient care tower on the northwest corner of the current St. Paul's Hospital site as well as essential site infrastructure upgrades and selected renovations such as seismic upgrades to existing buildings.

### **Royal Columbian Hospital Redevelopment**

The government of B.C. is proceeding with the business case for the first phase in the redevelopment of Royal Columbian Hospital. The first phase will include the replacement of the 50 year old Sherbrooke Centre with a new mental health building. Final scope, cost, and schedule will be determined as part of the business case planning, which is expected to be complete in 2013/14. Following approval of the business case, procurement for construction of the first phase of the project will commence.

For more information about the Royal Columbian Hospital Redevelopment, please see the website at [http://www.fraserhealth.ca/about\\_us/building\\_for\\_better\\_health/royal\\_columbian\\_hospital/](http://www.fraserhealth.ca/about_us/building_for_better_health/royal_columbian_hospital/).

### **Joseph and Rosalie Segal Family Centre, Vancouver General Hospital**

The new Joseph and Rosalie Segal Family Health Centre will help mental health professionals provide better care to patients and their families in a modern environment when it opens in 2017. Total capital cost is estimated at \$82 million, with the provincial government contributing \$57

million. The centre will focus on a patient-centred therapeutic environment that meets high standards of modern psychiatric care and is also expected to improve health outcomes for British Columbians. The centre will include the following: eight floors, 11,100 square metres (approximately 119,500 square feet), excluding parking and mechanical penthouse; 100 private patient rooms, each with its own bathroom; natural light in most areas and the use of calming colours and textures to create healing environments; quiet places on each floor for reading and meditating; access to outdoor gardens and courtyards, as well as exercise facilities, televisions and the internet; improved patient and staff safety and security. The Joseph and Rosalie Segal Family Health Centre will provide short-term, acute care to those suffering from major depression, anxiety, schizophrenia, psychotic and mood disorders, and drug and alcohol addiction.

### **Kelowna and Vernon Hospitals Project**

The Kelowna and Vernon Hospitals project consists of a patient care tower for an expanded emergency department and consolidated outpatient services, and academic space for the UBC medical school's new Southern Medical Program at Kelowna General Hospital and a new patient care tower at Vernon Jubilee Hospital for a total cost of \$429 million. The Vernon Jubilee Hospital expansion opened for patients on schedule in 2011 and the Kelowna General Hospital expansion opened in 2012.

The new patient care tower at Kelowna General Hospital includes a new building at the hospital to accommodate ambulatory/outpatient services in a single location, quadruple the size of the emergency department and include two shelled floors for future inpatient bed capacity. The project is expected to decrease congestion in the emergency department, increase surgical capacity and improve patient flow throughout the hospital. In addition to the patient care tower, a new stand-alone facility was constructed to accommodate the Southern Medical Program and a new parkade. The project at Kelowna General Hospital is cost shared with the Central Okanagan Regional Hospital District.

The new patient care tower at Vernon Jubilee Hospital includes a new facility for emergency, ambulatory care, operating rooms and intensive care. The project is expected to decrease congestion in the emergency department and expand the capacity of current diagnostic and treatment programs. The building includes two shelled floors for future inpatient bed capacity which will be completed for occupancy by 2015. The project at Vernon Jubilee Hospital is cost shared with the North Okanagan-Columbia Shuswap Regional Hospital District.

### **Patient Care Tower, Penticton General Hospital**

Government is proceeding with business case planning for a new patient care tower at Penticton Regional Hospital. Business case development is currently underway and is expected to be completed in 2013/14. Following approval of the business case, procurement for construction of a new patient care tower would commence. The scope, cost and schedule will be finalized as part of the business case. It is anticipated that the capital cost of the redevelopment project will be shared between the Province and the Okanagan Similkameen Regional Hospital District and the South Okanagan Similkameen Medical Foundation.

# Appendices

## Ministry Contact Information

### **Ministry of Health** ([www.gov.bc.ca/health](http://www.gov.bc.ca/health))

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

### **Health Insurance BC** ([www.hibc.gov.bc.ca](http://www.hibc.gov.bc.ca))

#### **Medical Services Plan**

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

### **Health Insurance BC** ([www.hibc.gov.bc.ca](http://www.hibc.gov.bc.ca))

#### **PharmaCare**

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

### **HealthLink BC** ([www.healthlinkbc.ca](http://www.healthlinkbc.ca))

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

### **Ministry of Health - Health and Seniors Information Line**

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

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

Email: [healthyfamiliesbc@gov.bc.ca](mailto:healthyfamiliesbc@gov.bc.ca)

### **Ministry of Health - ThinkHealthBC** ([www.thinkhealthbc.ca](http://www.thinkhealthbc.ca))

Email: [ThinkHealthBC@gov.bc.ca](mailto:ThinkHealthBC@gov.bc.ca)

**Office of the Provincial Health Officer** ([www.health.gov.bc.ca/pho/](http://www.health.gov.bc.ca/pho/))

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

**Patient Care Quality Review Board** ([www.patientcarequalityreviewboard.ca/index.html](http://www.patientcarequalityreviewboard.ca/index.html))

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

**Vital Statistics Agency** ([www.vs.gov.bc.ca/index.html](http://www.vs.gov.bc.ca/index.html))

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

**Agency Offices:**

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

VICTORIA  
818 Fort Street  
Phone: 250-952-2681

VANCOUVER  
605 Robson Street, Room 250

KELOWNA  
1475 Ellis Street, Room 101

## **Appendix B: Hyperlinks to Additional Information**

### **British Columbia's Six Health Authorities**

**Fraser Health Authority** - [www.fraserhealth.ca](http://www.fraserhealth.ca)

**Interior Health Authority** - [www.interiorhealth.ca](http://www.interiorhealth.ca)

**Northern Health Authority** - [www.northernhealth.ca](http://www.northernhealth.ca)

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

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

**Vancouver Island Health Authority** - [www.viha.ca](http://www.viha.ca)