

**Ministry of  
Health**

**2021/22 – 2023/24  
SERVICE PLAN**

**April 2021**



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## Minister's Accountability Statement



The *Ministry of Health 2021/22 – 2023/24 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 'A. Dix', written in a cursive style.

Honourable Adrian Dix  
Minister of Health  
April 10, 2021

## **Table of Contents**

Minister’s Accountability Statement .....	3
Purpose of the Ministry .....	5
Strategic Direction .....	5
Responding and Recovering from the COVID-19 Pandemic.....	5
Commitment to Indigenous Health and Reconciliation.....	6
Performance Planning.....	7
Financial Summary .....	18
Health Authorities Sector Resource Summary .....	19
Appendix A: Agencies, Boards, Commissions and Tribunals.....	28

## **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 (PHSA), 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 support the health and wellness of First Nations people 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. The Ministry also works with Métis Nation BC and the BC Association of Aboriginal Friendship Centres to support the health and wellness of Métis and urban Indigenous peoples in the province.

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 publicly-funded prescription drug benefits; and the [BC Vital Statistics Agency](#), which registers and reports on vital events such as a birth, death or marriage.

## **Strategic Direction**

In 2021/22, British Columbians continue to face significant challenges as a result of the global COVID-19 pandemic. The Government of B.C. is continually evolving to meet the changing needs of people in this province. Government has identified five foundational principles that will inform each ministry's work and contribute to COVID-19 recovery: putting people first, lasting and meaningful reconciliation, equity and anti-racism, a better future through fighting climate change and meeting our greenhouse gas reduction commitments, and a strong, sustainable economy that works for everyone.

This 2021/22 service plan outlines how the Ministry will support the government's priorities including the foundational principles listed above and selected action items identified in the November 2020 [Minister's Mandate Letter](#).

## **Responding and Recovering from the COVID-19 Pandemic**

COVID-19 has affected all facets of life in B.C. and elsewhere, from the day-to-day restrictions on everyday life, to the severe impact that COVID-19 has had on parts of our health system. Although the availability of a vaccine against the virus will incrementally and significantly improve the situation, the pandemic is still a very real challenge that we will face into 2021/22.

The Ministry, working with the Provincial Health Officer, will continue to lead and coordinate the B.C. health system's response to COVID-19. This will include the health system's response to the disease itself, as well as the effective rollout of the B.C. COVID-19 vaccination plan, described in [COVID-19: BC's Immunization Plan](#).

The Ministry will ensure that adequate resources are available for protecting the health of B.C. residents, including case findings, diagnosis, treatment, and recovery of people who contract COVID-19.

B.C.'s immunization plan details how B.C. will roll out the largest vaccination plan in the province's history, vaccinating everyone over the age of 17 who resides in the province and wants to be vaccinated. The four-stage plan is expected to be complete by the fall of 2021. The Ministry will oversee and direct the implementation of this plan by [Immunize BC](#) and the regional health authorities. To date, up to 4.3 million people are eligible under the plan to be vaccinated by September 2021.

### **Commitment to Indigenous Health and Reconciliation**

In addition to the Government of B.C.'s commitment to lasting and meaningful reconciliation with Indigenous peoples, the Ministry recognizes unique commitments that guide and ground its work within and across the health system. The First Nations health governance structure, developed by and for B.C. First Nations, is underpinned through a series of tripartite agreements and health plans. The Government of B.C. also works collaboratively with Métis Nation BC, as demonstrated through the [Métis Nation Relationship Accord II](#) (2016). Additionally, the [Declaration of Commitment to Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in B.C.](#) (2015) demonstrates the Ministry's and health system partners' commitment to strengthen cultural safety and humility across organizations and systems.

The Ministry will continue its collaborative commitment with health system partners to embed cultural safety through cultural humility, using the [In Plain Sight](#) Report as a blueprint for action, and work to honour Indigenous self-determination and reciprocal accountability. These approaches contribute toward the Ministry's mandate of advancing the shared journey of reconciliation, applying equity and anti-racism as a lens, and addressing systemic racism in the health system.

## **Performance Planning**

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

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

This goal 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 culturally safe and appropriate care, receive follow-up and connect to other services they may need, informed by using 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, those with mental health and substance use issues, and other adults who have complex care needs.

Efforts to improve wait times focus on making best use of resources and effective information management and providing more surgeries in areas with long wait times, but also increasing all other scheduled surgeries.

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

#### **Key Strategies**

- Prioritize team-based primary care through focusing on integrated team-based primary care in urgent and primary care centres, full service primary care clinics (including Nurse Practitioner primary care clinics), community health centres, and First Nations-led primary health care projects.
- Continue to improve access to comprehensive, culturally appropriate primary care services based on patient and community population needs, including care for patients with chronic illnesses, complex medical needs, and frailty, as well as Indigenous peoples and communities.
- Continue to work and collaborate with the health authorities, Doctors of BC through the General Practice Services Committee, Divisions of Family Practice, the Nurses and Nurse Practitioners of BC, the Midwives Association of BC, allied health professional associations, community health centres, Indigenous partners, non-profit agencies and Health Unions, patients and families to advance primary care services.
- Continue to work with regional health authorities, FNHA, PHSA, Doctors of BC, Joint Standing Committee on Rural Issues, Rural Coordination Centre of BC, and other rural and Indigenous partners to continue to implement the Rural, Remote and Indigenous

Framework to deliver more immediate, culturally safe and appropriate care closer to home.

- Continue to work with HealthLinkBC and Primary Care Networks (PCNs) on digital and virtual enablement of team-based primary care at the provincial, regional and local levels.
- Leverage provincial research activities that support the implementation of primary and community care transformation.

Performance Measure	2016/17 Baseline	2020/21 Forecast <sup>1</sup>	2021/22 Target	2022/23 Target	2023/24 Target
1.1 Number of Primary Care Networks operating or in implementation	0	53	65	85	85

Data source: Ministry of Health

<sup>1</sup>Forecast as of 2020/21 Q3

## Linking Performance Measure to Objective

Patients can be attached and have increased access to care through full service family practices, urgent and primary care centres, community health centres, and First Nations-led primary health care projects, all supported through a PCN. This means patients have ongoing care relationships with primary care providers such as family doctors or nurse practitioners, who work in team-based practices that may also include nurses, clinical pharmacists, social workers, physiotherapists, occupational therapists, registered dietitians, midwives, and other allied health professionals. Benefits of having a continuous relationship with a primary care provider include improved disease management, positive health outcomes and improved experiences of care.

## Discussion

The target for 2020/21 was 45 PCNs. Forty-seven PCNs were in implementation as of February 2021, with an additional 6 PCN service plans to be approved before the end of the 2020/21 fiscal year, totaling 53 PCNs for the year.

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

### Key Strategies

- Improve and strengthen long-term care services to ensure seniors receive dignified, quality, culturally safe and appropriate care, including working toward eliminating multi-bed rooms in health authority owned facilities and enhancing oversight of contracted service delivery.
- Promote workforce sustainability in long-term care and assisted living facilities through the [Health Career Access Program](#).
- Continue to promote and expand community-based models of care and digital solutions. These include CareConnect, provincial prescription management initiatives and remote patient monitoring, to ensure continuity of care, including from acute settings to the



community. Promote and expand integration of services to support adults with complex issues, including seniors, so that they can stay at home longer.

- Continue to focus on improving integrated team and community-based care for seniors with complex medical conditions and/or frailty by implementing specialized services. These services will integrate and coordinate all services including home support, community-based professional services, community caregiver supports, palliative care, and assisted living.
- Build engagement with seniors centres, community centres, Indigenous partners, cultural organizations and multi-service non-profit societies in providing health and wellness, cultural, educational and other services to support seniors in the community.
- 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.
- Continue to expand and improve access to home and community care and focus on increased service levels to support seniors with daily living, allowing individuals to remain at home for as long as safely possible.
- Improve range of supports to people in long-term care homes to ensure they receive dignified and quality care with a focus on continuing to deliver an average of 3.36 direct care hours per resident day across each health authority and working with care providers to embed person-centred respect and compassion in all service delivery.

Performance Measure	2016/17 Baseline	2020/21 Forecast	2021/22 Target	2022/23 Target	2023/24 Target
1.2a. Average direct care hours per resident day across all health authorities	3.11	3.36	3.36	3.36	3.36

Data source: Ministry of Health

## Linking Performance Measure to Objective

This performance measure identifies the direct care hours per residential day in long-term care facilities and reflects government’s commitments and efforts to improve and strengthen the quality of service and provide the best day-to-day assistance to seniors living in long-term care facilities. The B.C. government is investing \$548 million to improve care for seniors, including investments in primary care, home and community care, long-term care and assisted living.

## Discussion

The target represents the Ministry goal for the total direct care staffing levels for each health authority to average 3.36 hours per resident day.

Performance Measure	2017/18 Baseline	2020/21 Forecast <sup>1</sup>	2021/22 Target	2022/23 Target	2023/24 Target
1.2b Potentially inappropriate use of antipsychotics in long-term care	25.4%	25.0%	19%	18%	18%

Data source: Canadian Institute for Health Information

<sup>1</sup>Forecast as of 2020/21 Q1

## Linking Performance Measure to Objective

This performance measure 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.

### Discussion

The targets for 2021/22 and 2022/23 are the same as those in the previous Ministry of Health Service Plan, with the 2023/24 target set to maintain performance at 18 percent. The 2017/18 baseline has been updated from last year’s service plan using the most recent data from the Continuing Care Reporting System to include more complete historical data. The statistics are sourced from the Canadian Institute for Health Information. The forecast for 2020/21 has been updated to represent the pattern observed for the first quarter of the 2020/21 fiscal year and provides a more accurate forecast for this performance measure over the duration of the pandemic.

Performance Measure	2016/17 Baseline	2020/21 Forecast <sup>1</sup>	2021/22 Target	2022/23 Target	2023/24 Target
1.2c Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and older	3,360	2,858	2,800	2,750	2,700

Data source: Discharge Abstract Database, P.E.O.P.L.E. 2020

<sup>1</sup> Forecast is annualization of the 2020/21 Q1 data using a rolling 4 quarters.

## Linking Performance Measure to Objective

This performance measure tracks the number of people 75 years of age and older with select chronic disease 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.

### Discussion

This measure is likely to improve from its previous target (2,955) in 2020/21. The previous service plan targets were 2,910 per 100,000 for 2021/22 and 2,865 for 2022/23, which have been updated to reflect the latest population estimates. On average, over the 2016/17 baseline period to 2019/20, this measure has decreased at 5.6 percent per year. Continued decreases at this rate are not likely achievable as some hospitalizations are unavoidable and required. Targets of an average annual decrease of approximately 2 percent have been set for later years to capture continued improvement.

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

### Key Strategies

- Support the development of virtual clinic applications for people with mild-to-moderate mental health and substance use issues, with a focus on youth aged 12-24.
- 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 treatment services.
- Work with health authorities to improve access and care coordination across specialized services through interdisciplinary team-based care to better meet the needs of patients and their families. These teams will ensure clinical and communication pathways are functional between specialized services and programs such as acute care, emergency departments and primary care.
- Continue to work with the Government of Canada, the First Nations Health Council, and the FNHA to implement a community-driven, Nation-based social determinants of mental health and wellness approach to services and supports for B.C. First Nations.
- Continue to focus on public health initiatives to prevent mental health and substance use issues, and improve public health and community supports for those experiencing mental health and substance use challenges.
- Continue to support the Ministry of Mental Health and Addictions with the implementation of the mental health and addictions strategy, to include a focus on prevention (including early childhood social and emotional development), early identification, improving access to and quality of services, and enhancing child and youth mental health and substance use services.
- Work in partnership with the Ministry of Mental Health and Addictions to improve the delivery of Opioid Agonist Treatment and support the continuing response to the opioid overdose public health emergency, including initiatives that expand access for underserved populations to harm reduction interventions and treatment and substance use services for opioid use disorder. This includes Registered Nurses/Registered Practical Nurses prescribing medications for opioid use disorder to improve access and further reduce overdose death, as directed by the [September 2020 Public Health Order](#).

Performance Measure	2016/17 Baseline	2020/21 Forecast <sup>1</sup>	2021/22 Target	2022/23 Target	2023/24 Target
1.3 Percent of people admitted for mental illness and substance use who are readmitted within 30 days	14.7%	15.4%	14.0%	13.9%	13.8%

Data source: Discharge Abstract Database

<sup>1</sup>Forecast as of 2020/21 Q1

## Linking Performance Measure to Objective

Specialized services 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.

### Discussion

The targets for 2021/22 and 2022/23 match those in the 2020/21 Ministry of Health Service Plan. The target for 2023/24 shows further improvement reflecting the best provincial rate on this performance measure in the past four years. The 2021/22 forecast is based on the available data for the first quarter.

### Objective 1.4: Timely access to appropriate surgical procedures

Preparing B.C.'s health-care system for COVID-19 meant making the difficult decision to postpone all non-urgent scheduled surgeries on March 16, 2020. This action was a necessary step to prepare for the potential surge of patients requiring critical care due to the virus, and to ensure health-care capacity if needed.

These postponements have resulted in a significant setback in the previous gains made in increasing patients' access to surgery and reducing the time they had to wait. To keep up with new demands for surgery and complete the surgeries lost to COVID-19, the Ministry launched its [Commitment to Surgical Renewal](#) on May 7, 2020. As part of this commitment, on May 18, 2020 health authorities resumed these surgeries as B.C. had sufficiently flattened the curve.

Every effort will be made to achieve the goals of surgical renewal and minimize ongoing impacts of COVID-19. Health authorities will work with the Ministry to implement plans that achieve the following five goals:

1. Focusing on patients through regular contact to confirm that they are ready, willing and able to come for surgery and by prioritizing patients whose surgeries must occur in less than four weeks; patients who have had their surgery postponed; patients who have waited more than twice their targeted wait time; and patients whose surgeries can safely be conducted as day procedures or outside of the main operating room.
2. Increasing surgeries through generating efficiencies, extending hours, operating on weekends, optimizing operations over the summer, opening new or unused operating rooms, and, increasing capacity at contracted private surgical clinics that agree to follow the *Canada Health Act* and not extra bill patients.
3. Increasing essential personnel through focused recruitment, additional training, and evaluation and implementation of new models of care.
4. Adding more resources; and
5. Reporting on the progress of these efforts. The Ministry will work with health authorities to monitor and report regularly on the progress made as strategies are implemented.

It is recognized that this will be challenging work and requires health authorities to adapt to learnings from COVID-19 and to implement new ways of delivering surgical programs. This

work is also highly vulnerable to future resurgences of COVID-19 that may again impact hospitals and surgeries performed.

Performance Measure	2016/17 Baseline	2020/21 Forecast	2021/22 <sup>1</sup> Target	2022/23 Target	2023/24 Target
1.4 Total Operating Room Hours	545,419	569,700	666,500	676,500	682,700

Source: AnalysisWorks' LightHouse. Operating Room Hours for Scheduled & Unscheduled Surgical Cases (Calculated 2021-04-09).

<sup>1</sup>Adjusted due to COVID impacts

## Linking Performance Measure to Objective

The addition of operating room hours reflects efforts to allocate surgical resources to increase access for surgical patients and catch up the cases lost to COVID-19 also meet growing patient demand now and into the future. These efforts show progress, which is obtained through funding, increased capacity (operating room hours), additional health human resources service coordination, and process improvements.

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

This goal focuses on Government's commitment to delivering the services people count on by continuing to improve and strengthen a range of important health services to achieve better outcomes, and aligns with the provincial mandate to address systemic racism. Additionally, the delivery of high-quality, culturally safe and appropriate health services harmonizes with commitments made under the *Declaration on the Rights of Indigenous Peoples Act*.

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

#### Key Strategies

- Work with health authorities, physicians, nurses, midwives, allied health professionals, and other partners to refresh and advance the implementation of [Promote, Protect, Prevent: Our Health Begins Here, BC's Guiding Framework for Public Health](#).
- Work with health authorities, physicians and other partners to develop and deliver effective long-term health promotion, illness and injury prevention services, and clinical preventative screening.
- Continue to champion lasting and meaningful reconciliation with Indigenous peoples by supporting the principles of the *United Nations Declaration on the Rights of Indigenous Peoples, Truth and Reconciliation Commission of Canada: Calls to Action*, key First Nations health agreements and plans, and the *Métis Nation Relationship Accord II*, through implementation of the *Declaration on the Rights of Indigenous Peoples Act*.
- Work with partner ministries, health authorities, the BC Centre for Disease Control and FNHA, to address health protection, including the provision of safe drinking water, food

safety, human health risk assessments, and delivering on government commitments for climate change adaptation and preparedness as it relates to public health.

- Continue to support local governments and First Nations communities in partnership with health authorities and key stakeholders, to develop and/or update healthy living strategic plans.
- Support equitable access for contraception for all, including access to free prescription contraception.

Performance Measure	2017/18 Baseline	2020/21 Forecast <sup>1</sup>	2021/22 Target	2022/23 Target	2023/24 Target
2.1 Percent of communities that have completed healthy living strategic plans	62%	74%	76%	78%	80%

Data source: Health Authority annual community survey

<sup>1</sup> Percent completed as of 2020/21 Q1

### Linking Performance Measure to Objective

This performance measure focuses on the proportion of the 161 communities in B.C. with healthy living strategic plans, developed in partnership with the Ministry and health authorities. Health authorities partner with communities to take collaborative action and develop healthy public policy that addresses the determinants of health and chronic disease risk factors at the community level. These actions and policies promote healthy, active lifestyles, healthy built and natural environments, and social connectedness. Healthy living strategic plans are the product of collaborative relationships among health authorities, local governments, First Nations communities, and key stakeholders.

### Discussion

The 2020/21 rate (forecasted) for this performance measure exceeds the target set in the Ministry’s previous Service Plan. The targets for later years have been reset to reflect an additional three communities developing health living strategic plans for each fiscal year going forward.

## Objective 2.2: Continued improvement of hospital, pharmaceutical care, laboratory and diagnostic services

### Key Strategies

- Work in partnership with BC Emergency Health Services to continue to improve paramedic services, including access to services in First Nations communities. Fully implement and embed the rural and First Nations emergency service transportation and patient support framework as an ongoing part of the health system.
- Continue to improve the delivery of hospital-based services through health authority targeted program and service delivery improvement initiatives, including:

- Implementation of a Hospital at Home program to increase hospital capacity by providing acute care in a patient’s home, where appropriate;
- Enhancing quality and patient safety through coordinated, evidence-based practices focused on reducing harm in hospitals; and
- Renewing efforts to reduce hospital crowding and congestion.
- Work in collaboration with the FNHA to continue to improve culturally safe and appropriate hospital services that meet the needs of the population.
- Continue to invest in the province’s Fair PharmaCare program.
- Work collaboratively with the PHSA, regional health authorities and the health sector to implement a cross-sector provincial plan and service coordination for pathology and laboratory medicine.
- Work collaboratively with the PHSA, regional health authorities and the health sector to improve pharmacy services and access. This can occur through increased cross-sector planning and coordination and evidence-informed medicine review, listing, planning, and budgeting.

Performance Measure	2017/18 Baseline	2020/21 Forecast <sup>1</sup>	2021/22 Target	2022/23 Target	2023/24 Target
2.2 Rate of new <i>C. difficile</i> cases associated with a reporting facility per 10,000 inpatient days	3.8	3.2	3.0	2.9	2.9

Data source: Provincial Infection Control Network of British Columbia (PICNet)

<sup>1</sup> Forecast derived from 2019/20 data.

## 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.

## Discussion

Targets for future years match the Ministry’s previous Service Plan for 2021/22 and 2022/23 with the later year maintaining the low rate of 2.9 new cases per 10,000 inpatient days.

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

This goal 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 to improve organizational capacity and performance that enables service delivery 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, culturally safe and appropriate care through integrated provincial-level health human resource planning, clinical leadership, recruitment, career development, and management. Ensure that Indigenous priorities are incorporated in provincial health workforce planning, including prioritizing hiring of a health care workforce that better represents the diverse communities it serves.
- Continue to support recruitment and retention of health care workers by driving strategic initiatives to ensure healthy and well led workplaces including the implementation of the [National Standard on Psychological Health and Safety](#), reducing incidence of Musculoskeletal injury and implementing strategies to reduce violence in the workplace.
- Continue to modernize the health system using digital services information management and technology while ensuring effective coordination and management of budgets, timelines and outcomes. Align and update the legislative framework to enable digital health initiatives and bolster health sector security.
- Continue to improve productivity and quality of health services by fostering a culture and environment of innovation that values and implements new ideas through targeted program and service delivery improvement initiatives. Embed an approach that identifies, supports and promotes the spread of innovation across the health system.
- Work with the health authorities to undertake research initiatives that support improved clinical care, service delivery, innovative treatments, and continuous quality improvement.
- Implement a comprehensive health care human resources strategy, expanding training in all fields of health care and improving the province’s credential recognition process and licensing so that people trained in other countries can more quickly and easily provide their skills and knowledge in B.C.

Performance Measure	2016 Baseline	2020/21 Forecast	2021/22 Target	2022/23 Target	2023/24 Target
3.1 Nursing and allied health professionals overtime hours as a percent of productive hours	3.8%	3.8%	3.8%	3.8%	3.8%

Data source: Health Sector Compensation Information System

### Linking Performance Measure to Objective

Overtime is a key indicator of the overall health of a workplace. Later 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. Later year targets may be adjusted in the future to better reflect progress on this measure.



## **Discussion**

In the Ministry's previous Service Plan, targets for future years were set equal to the baseline year value of 3.8 percent. These targets have been carried forward in this Service Plan, including over the next three years. In the most recent years (2018 and 2019), actual overtime was 4.4 percent and 4.6 percent of total productive hours. While overtime is down in available 2020 data (Q1 and Q2), this is likely the result of COVID-19 increasing overall productive hours, while overtime has decreased.

## Financial Summary

Core Business Area	2020/21 Restated Estimates <sup>1</sup>	2021/22 Estimates	2022/23 Plan	2023/24 Plan
<b>Operating Expenses (\$000)</b>				
<b>Health Programs</b>				
Regional Services	15,232,619	16,535,993	16,981,294	17,502,761
Medical Services Plan	5,242,763	5,550,427	5,838,225	6,043,225
Pharmacare	1,411,098	1,470,454	1,514,147	1,539,147
Health Benefits Operations	48,147	49,158	49,158	50,190
<b>Recoveries from Health Special Account</b>	(147,250)	(147,250)	(147,250)	(147,250)
<b>Executive and Support Services</b>	255,008	266,916	266,933	278,294
<b>Health Special Account</b>	147,250	147,250	147,250	147,250
<b>Total</b>	<b>22,189,635</b>	<b>23,872,948</b>	<b>24,649,757</b>	<b>25,413,617</b>
<b>Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)</b>				
<b>Executive and Support Services</b>	579	242	30	30
<b>Total Capital Expenditures</b>	<b>579</b>	<b>242</b>	<b>30</b>	<b>30</b>
<b>Capital Plan (\$000)</b>				
<b>Health Facilities</b>	1,007,505	1,406,522	1,715,350	2,148,059
<b>Total Capital Grants</b>	<b>1,007,505</b>	<b>1,406,522</b>	<b>1,715,350</b>	<b>2,148,059</b>

<sup>1</sup> For comparative purposes, amounts shown for 2020/21 have been restated to be consistent with the presentation of the 2021/22 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 2021/22 – 2023/24 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.

Health Authorities and Hospital Societies	2020/21 Forecast	2021/22 Estimate	2022/23 Plan	2023/24 Plan
<b>Combined Income Statement (\$000)</b>				
<b>Total Revenue<sup>1</sup></b>	19,899,000	18,271,000	18,655,000	19,314,000
<b>Total Expense<sup>2</sup></b>	19,371,000	18,271,000	18,655,000	19,314,000
<b>Net Results<sup>3</sup></b>	<b>528,000</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 2020/21 forecast is based on third-quarter approved information provided by the health authorities and hospital societies. The 2020/21 Forecast, 2021/22 Estimate, 2022/23 and 2023/24 Plan are adjusted for inter-entity transactions between these agencies. The 2020/21 Forecast estimated surplus reflects additional Ministry of Health funding to procure personal protection equipment inventory for which there is not a corresponding expense resulting in a health authority surplus, other minor health authority projected surpluses, as well as an extraordinary gain related to the St. Paul’s Hospital redevelopment project.

## Capital Expenditures

Major Capital Projects (over \$50 million)	Targeted Year of Completion	Project Cost to Dec 31, 2020 (\$m)	Estimated Cost to Complete (\$m)	Approved Anticipated Total Cost (\$m)
<b>Royal Inland Hospital Patient Care Tower</b>	2024	213	204	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>				
<b>Vancouver General Hospital – Jim Pattison Pavilion Operating Rooms</b>	2021	81	21	102
<p>The Vancouver General Hospital Operating Room (OR) project will create modernized and 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 started in 2019 and is planned to 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>Interior Heart and Surgical Centre</b>	2018	309	67	376
<p>The Interior Heart and Surgical Centre (IHSC) project consists of a 4-storey, 14,000 square metre surgical facility, a three-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.</p> <p>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 \$376 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>				

Major Capital Projects (over \$50 million)	Targeted Year of Completion	Project Cost to Dec 31, 2020 (\$m)	Estimated Cost to Complete (\$m)	Approved Anticipated Total Cost (\$m)
<b>Children’s and Women’s Hospital</b>	2020	654	12	666
<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 59,400 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 reached substantial completion in summer 2020. The capital cost of the redevelopment project was \$666 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>	2022	265	43	308
<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 opened to patients in April 2019.</p> <p>Phase 2 involves 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. The capital cost of the project is estimated at \$308 million. Costs are shared between the Province, 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>				

Major Capital Projects (over \$50 million)	Targeted Year of Completion	Project Cost to Dec 31, 2020 (\$m)	Estimated Cost to Complete (\$m)	Approved Anticipated Total Cost (\$m)
<b>Royal Columbian Hospital – Phase 1</b>	2020	242	9	251
<p>Phase 1 of the Royal Columbian Hospital (RCH) redevelopment project consists of a 75-bed, five-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> <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, completed in spring 2020, and the facility opened to patients in July 2020. The capital cost of the project is estimated at \$251 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	59	1,185	1,244
<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 started in early 2021 and is expected to complete in January 2025 and open to patients in April 2025. The Phase 3 renovations are expected to be complete in 2026. The capital cost of the project is estimated at \$1.2 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>				

Major Capital Projects (over \$50 million)	Targeted Year of Completion	Project Cost to Dec 31, 2020 (\$m)	Estimated Cost to Complete (\$m)	Approved Anticipated Total Cost (\$m)
<b>Peace Arch Hospital Renewal</b>	2022	25	66	91
<p>The Peace Arch Hospital Renewal project will improve patient experience and outcomes by providing five new and larger operating rooms and expanding pre/post patient care and clinical support spaces. A new medical device reprocessing department will be relocated below the emergency department (ED), allowing for improved access to sterilized surgical equipment. The existing ED will be renovated and expanded to accommodate increased treatment spaces and a new mental health unit. Construction started in December 2018 and is expected to be complete in summer 2022.</p> <p>The total capital cost of the project is estimated at \$91.05 million. The PAH Foundation is contributing \$38.05 million with the balance provided by the Fraser Health Authority and the Province.</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>Red Fish Healing Centre for Mental Health and Addiction - 0əqi? əkʷəʔəʔəq leləm</b>	2021	93	38	131
<p>The new 105-bed facility will be located on səmiqʷəʔelə (pronounced Suh-MEE-kwuh-EL-uh), which means “The Place of the Great Blue Heron” in Coquitlam and will replace the current Burnaby Centre for Mental Health and Addictions. Construction of the new facility is expected to complete in the summer 2021. The new facility 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 \$131 million and is fully funded by the Province.</p>				
<b>Dogwood Complex Residential Care</b>	2022	4	54	58
<p>The \$57.6 million 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. Construction started in November 2020 and is planned to complete in January 2023.</p> <p>For more information, please see the website at:  <a href="http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/689677/689677_Dogwod_Complex_Residential_Care_Replacement.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/689677/689677_Dogwod_Complex_Residential_Care_Replacement.pdf</a></p>				

Major Capital Projects (over \$50 million)	Targeted Year of Completion	Project Cost to Dec 31, 2020 (\$m)	Estimated Cost to Complete (\$m)	Approved Anticipated Total Cost (\$m)
<b>Lions Gate Hospital – New Acute Care Facility</b>	2024	2	253	255
<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. The capital cost of the project is estimated at \$255 million. The Lions Gate Hospital Foundation will be contributing \$96 million with the balance provided by the Province and the Vancouver Coastal Health Authority.</p> <p>For more information, please see the website at:  <a href="http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/692060/692060_Lions_Gate_Hospital_New_Acute_Care_Facility_July2018.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/692060/692060_Lions_Gate_Hospital_New_Acute_Care_Facility_July2018.pdf</a></p>				
<b>St Paul’s Hospital</b>	2027	11	2,163	2,174
<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, consolidated specialty outpatient clinics, and an underground parkade. Construction started in March 2021 and is expected to be completed in July 2026 with the new hospital available to patients in January 2027. The capital cost of the project is estimated at \$2.174 billion, with \$125 million to be provided from the St. Paul’s Foundation, \$722 million from Providence Health Care, and the balance from the Province.</p>				
<b>Mills Memorial Hospital</b>	2026	14	433	447
<p>The Mills Memorial Hospital Redevelopment project will replace the existing hospital originally built in 1959. The new hospital will include 78 inpatient beds, an increase of 34 beds. There will be four operating rooms and 20 emergency department treatment spaces. The project also includes the relocation and expansion of the Seven Sisters facility, which accommodates a regional mental health rehabilitation and recovery program, on the Mills Memorial Hospital site. The new hospital will meet the needs of a Level 3 Trauma Centre. Construction is planned to start in spring 2021 and is expected to complete in fall 2024. The capital cost of the project is estimated at \$621 million. The North West Regional Hospital District is contributing approximately \$110 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/bcdocs2020/703045/703045_Capital_Project_Plan_Mills_Memorial_Hospital_Redevelopment_May2019.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/703045/703045_Capital_Project_Plan_Mills_Memorial_Hospital_Redevelopment_May2019.pdf</a></p>				



Major Capital Projects (over \$50 million)	Targeted Year of Completion	Project Cost to Dec 31, 2020 (\$m)	Estimated Cost to Complete (\$m)	Approved Anticipated Total Cost (\$m)
<b>Burnaby Hospital Redevelopment – Phase 1</b>	2025	4	573	577
<p>The Burnaby Hospital Redevelopment Phase 1 project involves construction of a new six-storey 78-bed Inpatient/Outpatient Tower and new energy centre, renovation and expansion of the Support Facilities Building (SFB), and renovation of the Nursing Tower. The new Tower will accommodate relocated services, including medical/surgical inpatient unit, outpatient services, consolidated maternity/labour and delivery unit, and a mental health and substance use inpatient unit. Renovation and expansion of the SFB will improve access to care by providing additional operating rooms, a new medical device reprocessing department, additional parking, and renovations to key support services. Renovation of the Nursing Tower will permit the relocation of the medical and surgical inpatient unit and various administrative and support services. The project also includes the demolition of the Cascade and West Wing Buildings to make way for future development. Construction is expected to start in summer 2021 and be completed in summer 2025.</p> <p>The total capital cost of the project is estimated at \$577 million. The Burnaby Hospital Foundation is contributing \$34 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/bcdocs2021/715939/715939_1Burnaby_Hospital_Redevelopment_Combined_BTAA_Capital_Project_Plan_2020_02_20.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2021/715939/715939_1Burnaby_Hospital_Redevelopment_Combined_BTAA_Capital_Project_Plan_2020_02_20.pdf</a></p>				
<b>Cariboo Memorial Hospital</b>	2026	0	218	218
<p>The Cariboo Memorial Hospital (CMH) Redevelopment project is a two-phased project on the CMH campus. Phase 1 includes construction of a three-storey addition. Phase 2 includes renovation of vacated spaces in the existing hospital. Once the project is complete the redeveloped CMH will include 53 inpatient beds, an increase 25 beds. The project also includes a new acute adult inpatient psychiatric unit (included in the 53 inpatient beds), a new and larger emergency department and an increase in surface parking stalls. Phase 1 (new addition) construction is planned to start in spring 2022 and complete in spring 2024. Phase 2 (renovations) construction is planned to start in spring 2024 and complete in fall 2026. The capital cost of the project is estimated at \$218 million. The Cariboo Chilcotin Regional Hospital District is contributing approximately \$87 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/bcdocs2020/703046/703046_Capital_Project_Plan_Cariboo_Memorial_Hospital_Redevelopment_August_1_2019.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/703046/703046_Capital_Project_Plan_Cariboo_Memorial_Hospital_Redevelopment_August_1_2019.pdf</a></p>				

<b>Major Capital Projects (over \$50 million)</b>	<b>Targeted Year of Completion</b>	<b>Project Cost to Dec 31, 2020 (\$m)</b>	<b>Estimated Cost to Complete (\$m)</b>	<b>Approved Anticipated Total Cost (\$m)</b>
<b>Stuart Lake Hospital</b>	2024	1	115	116
<p>The Stuart Lake Hospital (SLH) Redevelopment project is a complete replacement of the existing SLH. The new hospital will be built on the same site and, once complete, the existing facility will be demolished to make way for parking. The new hospital will be three times larger than the current facility, with 27 beds, including 18 long-term care beds. There will also be an emergency department with two treatment rooms, a trauma bay and ambulance bay. The hospital will feature a primary care centre that will consolidate services currently being offered in Fort St. James to one location. Construction is expected to begin in spring 2022 and the new facility is targeted to open for patients in January 2025. The capital cost of the project is estimated at \$116 million. The Stuart Nechako Regional Hospital District is contributing approximately \$18 million with the balance provided by the Province.</p>				
<b>Cowichan District Hospital</b>	2026	0	887	887
<p>The Cowichan District Hospital Redevelopment project will replace the existing hospital originally built in 1967. The new hospital will be built on a 22-acre greenfield site on Bell McKinnon Road. The new hospital will include 201 inpatient beds, an increase of 67 beds. There will be seven operating rooms, 36 emergency department treatment spaces, and a Level 1 Nursery to support more newborns to stay locally when additional care is needed. Construction is planned to start in spring 2022 and complete in spring 2026. The new hospital is anticipated to open to patients in fall of 2026. The capital cost of the project is estimated at \$887 million. The Cowichan Valley Regional Hospital District is contributing approximately \$283 million with the balance provided by the Province.</p>				
<b>Dawson Creek &amp; District Hospital</b>	2026	0	378	378
<p>The Dawson Creek &amp; District Hospital (DCDH) Redevelopment project is a replacement of the existing hospital on a 10-acre greenfield site in Dawson Creek on the nearby Northern Lights College campus. The new DCDH will be approximately 4,000 m<sup>2</sup> larger than the existing hospital and will deliver a total of 70 inpatient beds, an increase of 24 beds. The project also includes an expansion of the emergency department, surgical and operating space, and ambulatory care services. Construction is planned to begin in fall 2022 and the new facility is planned to open for patient care in summer 2026. The capital cost of the project is estimated at \$378 million. The Peace River Regional Hospital District is providing approximately 40% of the capital funding for the project with the balance provided by the Province.</p>				
<b>New Surrey Hospital and Cancer Centre</b>	2028	0	1,660	1,660
<p>The New Surrey Hospital and Cancer Centre will help meet the needs of a growing and aging population in Surrey. The scope of the project includes 168 inpatient beds, emergency department, medical imaging department that includes computed tomography (CT) and magnetic resonance imaging (MRI), surgical suite, pharmacy, laboratory, and academic space. The new cancer centre will include an oncology ambulatory care unit, chemotherapy, radiation therapy, functional imaging including PET/CT, cyclotron, and space for six linear accelerators (five equipped at opening). The scope of the project also includes a childcare centre and underground and surface parking. The new hospital will be designed to achieve zero on-site carbon emissions and will be one of the first hospitals to achieve this status in Canada. Construction is planned to begin in summer 2023 and the new facility is planned to open for patients in summer 2027. The capital cost of the project is estimated at \$1.66 billion and is fully funded by the Province.</p>				

Significant IT Projects (over \$20 million in total)	Targeted Year of Completion	Project Cost to Dec 31, 2020 (\$m)	Estimated Cost to Complete (\$m)	Approved Anticipated Total Cost (\$m)
<b>Clinical and Systems Transformation</b>	2025	488	215	703
<p>The Clinical and Systems Transformation project was initiated in 2013 to improve the safety, quality and consistency of patient care by transforming health care delivery processes and systems, supported by a new, shared Clinical Information System for electronic health records (EHR) using the Cerner software platform for the Provincial Health Services Authority, Vancouver Coastal Health Authority, and Providence Health Care. Once completed, patient data from multiple systems will be consolidated into one electronic health record for use by care teams. The vision of this integrated system is: “One Person. One Record. Better Health”.</p> <p>The project capital cost is estimated at \$703 million. A total of \$858,473 has been contributed by Doctors of BC. The balance of the project capital cost is funded by the Province.</p>				
<b>iHealth Project – Vancouver Island Health Authority</b>	2025	99	56	155
<p>The iHealth project involves the design and build of a new, modernized EHR platform. The project objectives are to:</p> <ul style="list-style-type: none"> <li>• establish a single, shared EHR across all Vancouver Island Health Authority (VIHA) services,</li> <li>• enable information sharing from private primary care and specialist practices,</li> <li>• embed evidence and best practice standards into care processes,</li> <li>• provide patients with access to their information and tools that facilitate engagement in their health and care, and</li> <li>• complete digitization of the (VIHA) health record.</li> </ul> <p>The project capital cost is estimated at \$155 million, with \$100 million funded by VIHA and the balance funded by the Province.</p>				

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

As of April 2021, the Minister of Health is responsible and accountable for the following:

### **Health Authorities**

#### [Fraser Health Authority](#)

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](#)

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](#)

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

#### [Provincial Health Services Authority](#)

PHSA works collaboratively with the Ministry, B.C.'s five regional health authorities and the FNHA to provide select specialized and province-wide health care services, ensuring residents have access to a coordinated provincial network of high-quality specialized health-care services.

#### [Vancouver Coastal Health Authority](#)

Vancouver Coastal 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](#)

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

### **Agencies, Boards, Commissions, Tribunals, and Colleges**

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

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

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

The BC Patient Safety and Quality Council provides system-wide leadership in efforts designed to improve the quality of health care in B.C. Through collaborative partnerships, the Council promotes and informs a provincially-coordinated, patient-centred approach to quality.

#### [Data Stewardship Committee](#)

The Data Stewardship Committee is established under the *E-Health (Personal Health Information Access and Protection of Privacy) Act* and is responsible for managing the

disclosure of information contained in a health information bank or a prescribed Ministry of Health database. *The Pharmaceutical Services Act* also mandates that the disclosure of PharmaNet data for research purposes is adjudicated by the Data Stewardship Committee.

### [Drug Benefit Council](#)

The Drug Benefit Council is an independent advisory body that makes evidence-based recommendations on whether PharmaCare should include a drug in its formulary.

### [Emergency Medical Assistants Licensing Board](#)

The Emergency Medical Assistants Licensing Board is responsible for examining, registering and licensing B.C. emergency medical assistants, including first responders. The board, under the authority of the *Emergency Health Services Act*, sets license terms and conditions.

### [Health Profession Regulatory Colleges](#)

Regulatory colleges are the authorities under provincial legislation to govern practice of their registrants in the public interest. The primary function of colleges is to ensure their registrants are qualified, competent and following clearly defined standards of practice and ethics.

### [Medical Services Commission](#)

The Medical Services Commission manages MSP in accordance with the *Medicare Protection Act and Regulations*. The responsibilities of the commission are two-fold: to ensure that all B.C. residents have reasonable access to medical care, and to manage the provision and payment of medical services in an effective and cost-efficient manner. The Commission's audit powers over health care practitioners are delegated to various special committees, including the [Health Care Practitioner Special Committee for Audit Hearings](#)

### [Patient Care Quality Review Boards](#)

The Patient Care Quality Review Boards are six independent review boards created under the *Patient Care Quality Review Board Act*. They receive and review care complaints that have first been addressed by a health authority's Patient Care Quality Office but remain unresolved.

## **Designated Officers**

### [Assisted Living Registrar](#)

The mandate of the Registrar, under the *Community Care and Assisted Living Act*, is to protect the health and safety of assisted living residents. The Registrar administers the assisted living provisions of the *Act*, which require assisted living operators to register their residences and meet provincial health and safety standards.

### [Director of Licensing](#)

Under authority of the *Community Care and Assisted Living Act*, the Director of Licensing is designated by the Minister of Health and has powers to specify policies and standards of practice, and inspect the premises and records of licensed community care facilities, including long-term care homes and child care facilities.