

**Ministry of
Health**

**REVISED 2011/12 – 2013/14
SERVICE PLAN**

May 2011



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Message from the Minister and Accountability Statement



As the new Minister of Health, it is my pleasure to present the *Revised 2011/12 – 2013/14 Service Plan* for the Ministry of Health. This plan outlines the strategic goals and priorities for British Columbia's health care system over the next three years.

With a new Premier and a new agenda, we are moving into an exciting time of change and renewal that includes the delivery of health care. Government will continue to make major financial investments in providing a high quality health care system for British Columbians. Billions of dollars in new construction of new and expanded hospitals and facilities is underway generating thousands of construction jobs. However, escalating costs are creating significant challenges to the sustainability of the health system and government's ability to provide other valued public services. It is imperative that we use innovation and make strategic changes to ensure the system runs efficiently and delivers quality services that meet families' needs in a manner that is sustainable in the long term.

To meet this challenge we are taking action on several fronts with families first in all decisions. First, we want to help and encourage British Columbians to live healthy and active lifestyles. Chronic diseases – such as diabetes, heart disease, stroke and cancer – represent a massive burden on the lives of British Columbians and their families as well as on our health care system. Part of our new agenda includes building healthy families and communities by making the healthy choice the easier choice.

We are also working to increase access to quality primary and community health care, such as family physicians and home care services. Improving access and enhancing coordination of primary and community care will provide a better patient experience and improved health outcomes, particularly for those with chronic diseases or complex health needs. This new approach to care will provide more focus on building a team around a patient's needs and provide better coordination of family physicians, specialists and other health care providers such as pharmacists, nurse practitioners, nurses and physiotherapists.

Our strong hospital system will continue to deliver care for patients when required, and we will be working to ensure that care is delivered as efficiently, safely and effectively as possible. We have implemented a new method of funding for hospital care that is patient-focused and rewards hospitals for improving access, quality and efficiency. We are also introducing clinical guidelines that will standardize care and spread best practices across the province. The guidelines will be based on the best evidence and are part of a system-wide focus on quality to improve patient outcomes and reduce overall system costs.

And lastly, we are focusing on improving innovation, productivity and efficiency in the delivery of health services across the province. This will be achieved through several key initiatives, such as eliminating inefficient processes across the system, realizing the benefits of shared services and the consolidation of administrative functions in health authorities, improving our purchasing processes to take advantage of our position as a major customer for industries supplying the health system, and implementing a province wide electronic health record.

Our look ahead supports our government's focus on three priority areas: families, jobs and open government. This course of action is essential if we are to meet the challenge of ensuring that quality, appropriate, cost effective and timely health services are available to all British Columbians. By embracing innovation and making care delivery more efficient and more focused on meeting patient needs we can create a sustainable health system that remains strong for our families.

The *Ministry of Health Revised 2011/12 – 2013/14 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. All material fiscal assumptions and policy decision as of April 26, 2011 have been considered in preparing the plan and I am accountable for achieving the specific objectives in the plan.



Honourable Michael de Jong, Q.C.
Minister of Health
April 26, 2011

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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 to all British Columbians. The British Columbia (BC) health system is one of our most valued social programs – virtually every person in the province will access some level of health care or health service during their lives. Good health is a fundamental building block of a happy and productive life.

The Ministry works with health authorities, care providers, agencies and other groups to guide and enhance the Province's health services and ensure British Columbians are supported in their efforts to maintain and improve their health and to provide access to care. The Ministry provides leadership, direction and support to these service delivery partners and sets province-wide goals, standards and expectations for health service delivery by health authorities. The Ministry enacts this leadership role through the development of social policy, legislation and professional regulation, through funding decisions, negotiations and bargaining, and through its accountability framework for health authorities and oversight of health professional regulatory bodies.

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; and HealthLink BC, a confidential health information, advice and health navigation system available by telephone (8-1-1) or on the web (see www.healthlinkbc.ca). HealthLink BC also publishes the BC HealthGuide which is available through local pharmacies.

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 provided through the following agencies: BC Cancer Agency; BC Centre for Disease Control; BC Children's Hospital and Sunny Hill Health Centre for Children; BC Women's Hospital and Health Centre; BC Provincial Renal Agency; BC Transplant Society; Cardiac Services BC; the Emergency and Health Services Commission, which provides ambulance services across the province and operates BC Bedline, the provincial acute bed management system; BC Mental Health and Addiction Services including Riverview Hospital and the Forensic Psychiatric Services Commission; and Perinatal Services BC.

The delivery of health services and the health of the population are monitored by the Ministry on an ongoing basis. These activities inform the Ministry's strategic planning and policy direction to ensure the delivery of health information and services continue to meet the needs of British Columbians.

Strategic Context

The health system in BC is a complex network of skilled professionals, organizations and groups that work together to provide value for patients, the public and taxpayers. The key challenge facing the health system is to deliver a high performing sustainable health system (from prevention to end-of-life care) in the context of significant growth in demand.

Although the BC health system effectively meets the majority of the population health needs, it continues to be challenged by an increasing demand for health services. The most significant drivers of rising demand are the aging population, the increasing need to provide care to frail seniors, a rising burden of illness from chronic diseases, mental illness and cancer, and advances in technology and pharmaceuticals driving new costly procedures and treatments. The pressure is compounded by the need for new care delivery models by health professionals and health care workers, and the need to maintain and improve the health system's physical infrastructure (i.e. buildings and equipment). In the current economic climate it is even more important for the health system to find new and creative ways to ensure the resources available for health care services are used effectively and in ways that most benefit the people of BC.

BC 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 BC continues to experience poorer health and a disproportionate rate of chronic diseases and injuries compared to other BC residents. Government is working with First Nations, Metis and other partners to improve Aboriginal people's health and to close this gap in health status.

The Aging Population

BC's senior population currently makes up 15 percent of the total population and is expected to double within the next 20 years, making it one of the fastest growing seniors populations in Canada.¹ The aging population is a significant driver of demand because the need for health services rises dramatically with age. In 2006/07 people over age 65 made up 14 percent of the BC population, but used 33 percent of physician services, 48 percent of acute care services, 49 percent of PharmaCare expenditures, 74 percent of home and community care services and 93 percent of residential care services.² There is also an increasing need to provide appropriate care for those with frailty or dementia and to help seniors stay healthy, independent and in the community for as long as possible.

A Rising Burden of Chronic Disease

Chronic diseases are prolonged conditions such as diabetes, depression, hypertension, congestive heart failure, chronic obstructive pulmonary disease, arthritis and asthma. People with chronic conditions represent approximately 37 percent of the BC population and consume approximately

¹ PEOPLE 35 Population Data, BC STATS

² Health System Planning Division, Ministry of Health; using MSP Expenditures 2006/07; Acute Care: Inpatient and Day Surgery workload weighted cases, DAD 2006/07; HCC community services by age group 2005/06, summed based on average unit costs; Residential care days 2006/07.

80 percent of the combined physician payment, PharmaCare and acute (hospital) care budgets.³ Chronic diseases are more common in older populations and it is projected that the prevalence of chronic conditions could increase 58 percent over the next 25 years⁴ and be a significant driver of demand for health services. Chronic diseases can be prevented or delayed by addressing key risk factors, including physical inactivity, unhealthy eating, obesity, alcohol consumption and tobacco use.

Advances in Technology and Pharmaceuticals

New treatment and technology development over the past 10 years has included less invasive surgery, increased use of diagnostic imaging and the introduction of biological and tailored drug therapies that have made health care more efficient and effective, but has also led to a significant increase in demand for products and services. For example, the expansion of technology has seen the number of CT exams increase by approximately 90 percent and the number of MRI exams increased by almost 170 percent in the province since 2001.⁵ In addition, new surgical techniques and equipment have contributed to expanded use of joint replacement procedures. In BC the number of hip replacements has increased by 71 percent and the number of knee replacements by 125 percent over the past decade.⁶

Human Resources and Health System Infrastructure

Although attrition rates have recently decreased, looming retirements in the health workforce, combined with the rising demand for services, are still key challenges that will impact the Province's ability to maintain an adequate supply and mix of health professionals and workers. Planning for, and ensuring that we have the required number of qualified healthcare providers entering the workforce is still important. However, we also need to continue focusing on redesigning care delivery models so that we are fully leveraging the skill sets of our professionals, including creating and supporting interprofessional care teams. Through building and maintaining healthy, supportive workplaces that enhance working and learning conditions, we have the opportunity to attract and retain the workforce we need to provide high quality services.

Another challenge in delivering health services is the need to maintain and improve the health system's physical infrastructure. The health system is faced with the continuous need to update or expand health facilities, medical equipment and information technology to ensure it provides high quality and safe health care to British Columbians.

The Ministry is supporting implementation of the provincial Climate Change Adaptation Strategy, which calls on government agencies to consider climate change and its impacts, where relevant, in planning, projects, policies, legislation, regulations, and approvals, by assessing business risks and opportunities related to climate change. Adaptation is a vital part of government's climate change plan. It means taking action now to prepare for a changing climate and its impacts on ecosystems, resources, businesses and communities.

³ Discharge Abstract Database (DAD), Medical Service Plan (MSP) and PharmaCare Data 2006/07

⁴ BC Ministry of Health, Medical Services Division, *Chronic Disease Projection Analysis*, march 2007, (2007-064); as cited in Primary Health Care Charter: a collaborative approach (2007), Ministry of Health

⁵ HAMIS/OASIS, Management Information Branch, HSPD, Ministry of Health as of October 12, 2010

⁶ Discharge Abstract Database, October 2010, Management Information Branch, HSPD, Ministry of Health

Goals, Objectives, Strategies and Performance Measures

To meet the significantly increasing demands and manage the associated rising costs to the health system, the Ministry is optimizing and redesigning key areas of service delivery. Efforts focus on promoting and improving the overall health of the population and addressing the unique needs of patients or specific patient groups, such as those with chronic diseases, frail seniors and individuals with mental illness and/or substance use disorders.

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 in general among the healthiest people in the world. We want to support the excellent health status of the majority of our citizens 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, inactivity, injuries, tobacco use and problematic substance use. We will help people make healthy lifestyle choices by providing more tools, choices and support for people to invest in their health to prevent or delay the onset of chronic diseases, cancer and frailty.

Strategies

- Work with health authorities, physicians, primary care providers, community partners and others to advance the health of women and children through comprehensive and effective programs and services.
- Support communities, including schools, businesses and municipalities to strengthen healthy living opportunities with a focus on healthy eating, physical activity, reduced salt consumption, tobacco reduction and responsible alcohol use in order to reduce childhood obesity and the prevalence of chronic disease.
- Provide supports for older adults and frail seniors, including supports to prevent falls and injuries and promote independence.

- Close the gap in health status between Aboriginal peoples and the rest of the BC population by supporting and guiding strategic directions that address the health of Aboriginal peoples and communities, including the implementation of the 10-Year Tripartite First Nations Health Plan.
- Harmonize food safety and food security practices to help ensure safe and healthy communities

Performance Measure 1: Healthy communities.

Performance Measure	2010/11 Baseline	2011/12 Target	2012/13 Target	2013/14 Target
Percent of communities that have completed healthy living strategic plans.	0*	15%	25%	30%

Data Source: Survey, ActNow BC branch, Population and Public Health Division

* Baseline reflects anticipated changes to the current programs.

Discussion

This performance measure focuses on the number of communities in BC that have developed Healthy Living strategic plans for 2011 and beyond. 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.

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 physician and an extended health care team with links to local community services.

BC’s health system is committed to providing the best possible quality of care and service which means the care people receive responds to their needs and will lead to the best health outcomes. We must proactively address the increasing needs of the population due to aging, a rising burden of illness from chronic disease and an increased prevalence of frailty by providing integrated care in the community that best meets the needs of patients.

Strategies

- Promote integrated health care teams and networks of health care providers, and access to family physicians to provide a more integrated, patient-centred experience for frail seniors, patients with chronic conditions, and mental health and substance use conditions to reduce urgent care in emergency departments and hospitals, and to support the role of patients in staying healthy and managing their conditions.
- Begin to implement *Healthy Minds, Healthy People: A Ten Year Plan to Address Mental Health and Substance Use*, 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.
- Implement community health service redesign strategies including: new integrated care approaches, new options for supportive care across the housing continuum, and coordinated services for unique client populations.
- Work with community partners and volunteer organizations to innovatively provide access to non-medical home support services to promote independence and assist people to stay in their own homes for as long as possible.
- Improve medical management to reduce adverse effects arising from using multiple medications by a patient with more than one health condition.

Performance Measure 2: Chronic disease management.

Performance Measure	2009/10 Baseline	2011/12 Target	2012/13 Target	2013/14 Target
Percent of general practitioner physicians providing chronic disease management	81%	85%	90%	95%

Data Source: Medical Services Plan, Management Information Branch, Health System Planning Division, Ministry of Health. Annual data includes the physicians billing incentive fee items claimed from MSP and paid to September 30th of the following year 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 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 of people with chronic conditions and reduce complications, emergency department visits, hospitalizations, some surgeries and repeated diagnostic testing. Accordingly, the Ministry is working with physicians to expand the number of general practitioners providing proactive chronic disease management to their patients.

Performance Measure 3: Home health care and support for seniors.

Performance Measure	2009/10 Baseline	2011/12 Target	2012/13 Target	2013/14 Target
Percent of people aged 75+ receiving home health care and support	15.6%	16%	16.5%	17%

Data Source: 1. P.E.O.P.L.E. 35, population estimates, BC Stats, Ministry of Citizens' Services, 2. Continuing Care Data Warehouse, Management Information Branch, Health System Planning Division, Ministry of Health. A small amount of baseline data is currently unavailable due to the transition to new reporting mechanisms. 3. Home and community Care Minimum Reporting Requirements (HCCMRR) Data Warehouse, Management information Branch, Health System Planning Division, Ministry of Health.

Discussion

This measure tracks the percent of seniors (aged 75+ yrs) who receive home health care such as home nursing and rehabilitative care, clinical social work, light housekeeping, assisted living and adult day programs. While the majority of seniors experience healthy aging at home, there is growing need for community care options to support those who can no longer live independently. This support helps people manage chronic conditions and frailty, and may prevent falls or other incidents that can potentially result in hospital care or require a move to a residential care setting. As part of a larger initiative of strengthening community-based health care and support services, the Ministry is expanding home health care services and ensuring that high risk seniors are made a priority in the provision of care. This focus, combined with the use of technology, can significantly improve health outcomes for seniors.

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 community based care, British Columbians also require timely access to high quality hospital care for advanced health conditions.

Strategies

- Expand patient-focused funding to provide the appropriate incentives to encourage increased access, efficiency, clinical and service excellence across the health system.
- Provide an ambulance service that delivers timely response to emergencies and quality paramedic and appropriate medical support during transportation to hospital.
- Improve the quality and management of acute clinical care by implementing a clinical care management system.
- Improve access to diagnostic imaging services such as MRI and CT exams by working with health authorities to improve efficiency and appropriateness.

- Continue to provide excellent cancer treatment through the BC Cancer Agency, including opening a new full service cancer centre in Prince George in 2012.

Performance Measure 4: Access to surgery.

Performance Measure	2009/10 Baseline	2011/12 Target	2012/13 Target	2013/14 Target
Average wait time for high demand non-emergency surgeries	21 weeks	19 weeks	17 weeks	15 weeks

Data Source: Surgical Wait Times Production (SWTP), Management Information Branch, Health System Planning Division, Ministry of Health.

Notes:

1. High-demand surgeries are defined as the top 20 procedures that have the most cases waiting for surgery at a given point in time.
2. The total wait time is the difference between the date the booking form is received at the hospital and the report date (end of the month). The day the booking form is received at the hospital is NOT counted.
3. This measure uses adjusted wait times that are calculated by excluding periods when the patient is unavailable, from the total wait time.

Discussion

This measure will track the average wait time for 20 surgeries with the largest number of people waiting. These surgeries include hernia repair, hysterectomy and sinus surgery, along with cataract extractions and knee and hip replacements. In the last several years, the BC health care system has successfully reduced wait times for cataract, hip and knee replacement, hip fracture and cardiac surgeries. Expanded activity and patient-focused funding combined with continuous effort to foster innovation and efficiency in BC’s hospitals, will improve patient access to a broader range of surgical procedures.

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 achieve quality clinical and health outcomes for patients and the broader population. To be sustainable the system must ensure it has enough, and the right mix of, health professionals to provide the services that will meet British Columbians’ needs now and in the future. We must also ensure those human resources are 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 care system by developing the capacity for more effective health human resource planning and forecasting.
- Redesign targeted areas of care and service delivery to ensure BC’s health care providers’ skills are being used effectively.
- Realize eHealth benefits to enhance sustainability and effectiveness of health service delivery, including projects such as the introduction of ePrescribing which improves clinician access to patient medication histories and enables physicians to electronically send prescriptions to the provincial pharmacy system.
- Work with the British Columbia Medical Association and the College of Physicians and Surgeons to co-ordinate, facilitate and support information technology planning and implementation for physicians. This includes supporting the use of electronic medical record systems by physicians, and enabling citizens to access their own secure medical records so that they can be more informed when making both preventative and therapeutic care choices.
- Use Telehealth to improve rural and Aboriginal communities’ access to health services and specialists.

Performance Measure 5: Electronic medical record system implementation.

Performance Measure	2009/10 Baseline	2011/12 Target	2012/13 Target	2013/14 Target
Percent of physicians implementing electronic medical record systems ¹	41%	75%	Maintain at or above 75%	Maintain at or above 75%

Data Source: Physician Information Technology Office, Health Sector IM/IT Division, Ministry of Health

Notes: Measured through physician enrolment in a voluntary program of the Ministry/BCMA Physician Master Agreement to promote adoption of electronic medical record (EMR) systems. An estimated 5,000 physicians have a clinical requirement for an EMR system and would be eligible for this program. The program target of 75% of those physicians implementing an EMR recognizes that some physicians will not implement an EMR system due to the nature or location of practice, such as those working primarily in hospitals and having access to an EMR system already in place.

Discussion

Electronic medical record systems are replacing today’s largely paper-based patient records and will help improve the overall sustainability of the health system. Electronic medical record systems work to simplify the complex nature of clinical practice in busy physician offices where volumes of paper files from multiple sources must currently be reviewed and managed on a daily basis. Properly implemented electronic medical records bring together the critical clinical information about patients so it is more accessible to physicians and their health care staff. Electronic medical records systems also provide provincial clinical guidelines for chronic conditions and clinical supports such as alerts and recall notices based on these guidelines. When integrated with the eHealth provincial systems, physician electronic medical records systems will have access to additional laboratory and drug

information that will decrease the expense of unnecessary diagnostic services or repeated clinical tests and assessments, improve patient safety and reduce adverse events.

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

The Ministry is committed to managing the health system efficiently to ensure resources are spent where they will have the best outcome. The public health system must continually drive improvement in innovation, productivity and efficiency to ensure the health system is affordable and effective for British Columbians.

Strategies

- Implement a system-wide approach to apply LEAN design (a process improvement strategy) across the health system to improve service to patients, reduce errors and eliminate waste in the delivery system.
- Maximize efficiencies within the health authorities based in the lower mainland by consolidating corporate, clinical support and back office functions. In addition, maximize efficiencies across the province through Health Shared Services BC, focusing on supply chain procurement, inventory and warehousing logistics, and a variety of technology services.
- Improve the availability of quality data and analysis to assist clinical and management decision-making and optimize health expenditures.
- Implement a provincial evidence informed decision making process for introduction of new technologies to improve patient outcomes and managing health care costs.

Resource Summary

Core Business Area	2010/11 Restated Estimates ¹	2011/12 Estimates	2012/13 Plan	2013/14 Plan
Operating Expenses (\$000)				
Health Programs				
Regional Services	9,873,516	10,541,480	10,828,255	11,252,871
Medical Service Plan	3,595,055	3,801,654	3,901,156	4,033,358
PharmaCare	1,101,314	1,139,876	1,196,969	1,244,847
Health Benefits Operations	32,393	34,410	35,123	35,121
HealthLink BC	31,194	33,137	34,556	34,556
Vital Statistics	6,799	6,734	6,863	6,863
Recoveries from Health Special Account Services	(147,250)	(147,250)	(147,250)	(147,250)
Executive and Support Services	155,961	156,128	157,690	157,692
Health Special Account	147,250	147,250	147,250	147,250
Total	14,796,232	15,713,419	16,160,612	16,765,308
Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)				
Executive and Support Services	7,024	30,982	2,810	30
Total Capital Expenditures	7,024	30,982	2,810	30
Capital Grants (\$000)				
Health Facilities	427,427	463,255	308,600	185,129
Total Capital Grants	427,427	463,255	308,600	185,129

¹ The amounts have been restated, for comparative purposes only, to be consistent with Schedule A of the 2011/12 *Revised 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 revised 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	2010/11 Forecast	2011/12 Budget	2012/13 Plan	2013/14 Plan
Health Authorities and Hospital Societies - Combined Income Statement (\$000)				
Total Revenue¹	11,145,000	11,989,000	12,269,000	12,709,000
Total Expense²	11,102,000	11,989,000	12,269,000	12,709,000
Net Results^{3,4}	43,000	0	0	0

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

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

³ 2010/11 Net Results: The forecast surplus of \$43 million is made up of \$5 million surplus from Fraser Health Authority, \$10 million surplus from Interior Health Authority, \$3 million surplus from Northern Health Authority, \$18 million surplus from Vancouver Coastal Health Authority, and \$7 million surplus from Vancouver Island Health Authority.

⁴ The 2010/11 forecast is based on third-quarter board-approved information provided by the health authorities and hospital societies.

Major Capital Projects

Capital investment ensures the province's health infrastructure is maintained and expanded to meet our 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 include:

- **Surrey Outpatient Care and Surgical Centre:**

In order to make room for expansion of inpatient services at Surrey Memorial Hospital, a new outpatient and surgical centre must be constructed to relocate existing Surrey Memorial Hospital outpatient services. This facility will provide additional space for the expected future volume of outpatient, diagnostic and treatment services, and includes a primary care clinic. The estimated \$237 million project is planned for completion in 2011.

For more information on the Surrey Outpatient Care and Surgical Centre project, please see the website: www.partnershipsbc.ca/files/project-fha.html

- **Kelowna/Vernon Hospitals Project:**

The Kelowna/Vernon Hospitals project consists of a patient care tower for an expanded emergency department and consolidated outpatient services, and a new medical school facility at Kelowna General Hospital and a new patient care tower at Vernon Jubilee Hospital. The estimated \$433 million project is planned to complete the Vernon Jubilee Hospital expansion in 2011 and the Kelowna General Hospital expansion in 2012.

The new patient care tower at Kelowna General Hospital will include 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 will be built to accommodate medical school facilities for the UBC Okanagan program and a new parkade.

The new patient care tower at Vernon Jubilee Hospital will include 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 will also include two shelled floors for future inpatient bed capacity.

For more information on the Kelowna/Vernon project, please see the website at:

www.partnershipsbc.ca/files/project-ih.html

- **Fort St. John Hospital and Residential Care Facility:**

The new hospital will be the centre for health care delivery to First Nations people and remote communities in northeastern BC and will provide a range of health services that take advantage of telecommunication and telehealth applications, reducing the need for patients to travel to receive care. The 55-bed facility will address wait times and emergency room congestion, and will provide access to modern ambulatory care. It will include emergency, diagnostic, treatment and patient care services and it will provide for expansion of health care services. The hospital will also be the centre for the Northern Medical Program in northeastern BC. The project also includes a new 123-bed residential care facility co-located with the hospital, generating operational efficiencies and opportunities to share health human resources that are scarce in the region. The total project cost is estimated at \$298 million and is planned for completion in 2012.

For more information on the new regional hospital in Fort St. John, please see the Ministry's website at:

www.health.gov.bc.ca/library/publications/year/2008/FSJ_Capital_Project_Plan_March_2008.pdf

- **BC Cancer Centre for the North, Prince George:**

As part of the Northern Cancer Control Strategy, the BC Cancer Centre for the North will accommodate two linear accelerators and other equipment, treatment rooms and patient areas. An addition and renovations to the University Hospital of BC (Prince George) will accommodate a new six-bed oncology unit, an expansion of pathology, laboratory and diagnostic imaging services, and additional administrative spaces to support the impact of new BC Cancer Agency services in the north. The Northern Cancer Control Strategy will include renovations and enhancements to up to 11 Northern Health Authority sites in communities outside of Prince George and acquisition of new equipment and information technology to accommodate expansion of community cancer clinics. The estimated capital cost associated with the strategy is \$106 million and project completion is planned for 2012.

For more information on the Northern Cancer Control Strategy, please see the website at:

www.health.gov.bc.ca/library/publications/year/2008/NorthernCancerCentreProjectPlan.pdf

- **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 percent. 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 University of British Columbia 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 will begin in 2011. The new emergency department is will be open to patients in 2013, with final construction of the tower completed in 2014.

• **Interior Heart and Surgical Centre, Kelowna:**

The Interior Heart and Surgical Centre project will include a new, state-of-the-art general operating suite, inpatient surgical unit, and a new laboratory to replace aging facilities currently in use at Kelowna General Hospital. A new 12,970-square-metre (139,590-square-foot) building will be constructed to house the Interior Heart and Surgical Centre. 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 the interior and exterior wood construction. The Interior Heart and Surgical Centre will be complete by 2016 with final renovations to other areas of the hospital completed by 2017. The cost of the project is estimated at \$393 million.

For more information on the Interior Heart and Surgical Centre, please see the Interior Health Authority website at: www.kelownavernonhospitalsproject.ca/kgh-cardiac-care/

• **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 space for the University of British Columbia’s faculty of medicine program; 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 building 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 \$682 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

Ministry Contact Information

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

1515 Blanshard Street
Victoria, British Columbia
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Toll free in BC: 1-800-465-4911
In Victoria: 250-952-1742

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

Medical Services Plan
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Toll free in BC: 1-800-663-7100
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Health Insurance BC www.hibc.gov.bc.ca

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

HealthLink BC www.healthlinkbc.ca

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

Ministry of Health – Health and Seniors Information Line

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

Ministry of Health – ActNow BC (www.actnowbc.ca)

Email: actnow@gov.bc.ca

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

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

PO Box 9643 Stn Prov Govt

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Fax : 250-952-2428

Email: contact@patientcarequalityreviewboard.ca

Toll Free: 1-866-952-2448

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

Mailing Address: PO Box 9657 STN PROV GOVT

Victoria, British Columbia

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In Victoria: 250-952-2681

Agency Offices:

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

VICTORIA

818 Fort Street

Phone: 250-952-2681

VANCOUVER

605 Robson Street, Room 250

KELOWNA

1475 Ellis Street, Room 101

Hyperlinks to Additional Information

British Columbia's Six Health Authorities

Fraser Health Authority – www.fraserhealth.ca

Interior Health Authority – www.interiorhealth.ca

Northern Health Authority – www.northernhealth.ca

Provincial Health Services Authority – www.phsa.ca

Vancouver Coastal Health Authority – www.vch.ca

Vancouver Island Health Authority – www.viha.ca