

Ministry of  
Health Services

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2009/10  
Annual Service Plan Report

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Ministry of Health Services

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## Message from the Minister and Accountability Statement



It is my pleasure to present the *2009/10 Annual Service Plan Report* for the Ministry of Health Services. This report is a reflection of our Ministry's commitment to providing a high-quality, responsible, sustainable health care system for the benefit of all British Columbians, in every region of the province.

Over the past year, we have worked to rebuild our provincial economy following the global economic recession. To make the best use of our available resources, we focussed our efforts on providing high-quality, front-line patient care, and worked to eliminate redundancies and promote efficiencies wherever possible.

In April 2009, the H1N1 pandemic started, and over the following months nurses, doctors, paramedics, pharmacists and other health professionals stepped up to help manage the pandemic. We worked in close collaboration with the Ministry of Healthy Living and Sport to prepare and respond to the outbreak, and ensure that British Columbians received the information they needed to protect themselves and their families.

As part of the H1N1 response, the province expanded the scope of practice for pharmacists, extending them the authority to give vaccine injections. This allows us to make better use of their valuable skills, and better serve British Columbians.

Over the past year, we continued to focus on reducing patient wait times. Projects such as the Distal Extremities Surgical Project at St. Paul's Hospital have been making a difference – that project alone has had a dramatic impact on wait times for foot and ankle surgeries, with wait time being reduced from about two years to just 40 days.

Spending on health care in B.C. continued to rise. To ensure we are making the most of every single health care dollar, we have been exploring new ways of doing business. Our investment in the Lower Mainland Innovation and Integration Fund demonstrated that initiatives such as patient-focussed funding can have a real, positive effect on improving access for everything from emergency departments to cancer care. Successes of those projects include 107 per cent more patients with lower medical concerns being treated and discharged within the two-hour target at emergency departments across Fraser Health, and 62 per cent more patients who needed to be admitted getting a hospital bed within the 10-hour target.

In April 2010, we announced that we were investing \$250 million to expand patient-focused funding to the 23 largest hospitals across the province. Patient focused funding will be gradually expanded, and by 2012/13 around 20 per cent of eligible acute care spending will be funded through this approach.

We established new ways to spend more wisely. Through the Shared Services Organization, we have identified over \$180 million in savings over five years, on things such as home oxygen, cardiac, renal dialysis and operating room supplies to the health authorities. Also to that end, in July we signed a joint agreement with the Province of Alberta for health care system supplies and services. The agreement will consolidate purchases for the two provinces' health care systems. It is anticipated the combined volumes will range from \$750 million to \$1 billion. Through innovative initiatives like the Shared Services Organization and this joint agreement, we are able to focus our resources where it matters the most – on front-line patient care.

In 2009, many of our health care capital projects reached major milestones. These important capital projects are revitalizing our health infrastructure across the province, while also allowing us to generate thousands of jobs for British Columbians during these difficult economic times. Examples of some of the capital milestones reached in 2009 include:

- Opening of new \$18.8-million emergency department at Victoria General Hospital;
- The final beam was placed on the new \$348.6-million patient care tower at Royal Jubilee Hospital;
- Construction started on the new \$9.4-million renal centre at Nanaimo General Hospital;
- Framing was completed at the \$239.1-million Surrey Outpatient Care and Surgical Centre; and
- Ground was broken at the new \$297.7-million Fort St. John Hospital and Residential Care Centre.

Residential care and seniors' health continue to be a priority for Government, and over the past year, we have made great strides towards improving and enhancing the framework of residential care. In January 2010, we established The BC Care Aide and Community Health Worker registry to protect vulnerable British Columbians and create supports for care aides and community health workers. We also introduced a more equitable rate structure for residential care, to reduce the burden on low-income seniors and support ongoing improvements to the residential care system.

As we look to the future, our focus on revitalizing the system will continue. Priority will be given to enhancing our primary care network, and increasing the number of British Columbians who have access to a family physician. We are also making dramatic shifts to promote healthy lifestyles, and explore ways in which we can help British Columbians live more active, healthy lives, and reduce rates of chronic disease.

Ministry of Health Services

The Ministry of Health Services *2009/10 Annual Service Plan Report* compares the actual results to the expected results identified in the Ministry of Health Services *2009/10 - 2011/12 Service Plan Update*. I am accountable for those results as reported.

A handwritten signature in blue ink, appearing to read 'Kevin Falcon', is positioned above the typed name.

Honourable Kevin Falcon  
Minister of Health Services

June 16, 2010

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# Highlights of the Year

Government spending in the Ministry of Health Services in 2009/10 reached \$13.997 billion, an increase of 61.7 per cent since 2000/01. This expenditure was made across a wide spectrum of programs and services aligned with the Ministry's goals to deliver high quality patient care while managing spending to ensure sustainability of the publicly funded health system for future generations. Following are some of the achievements of the Ministry of Health Service in 2009/10.

## ***Providing High Quality Patient Care***

The coordinated efforts across all sectors of the health system, including the largest vaccination program in B.C.'s history, ensured execution of a successful response to the H1N1 pandemic. Under the leadership of the Provincial Health Officer, the health system demonstrated its ability to work in an integrated manner, respond rapidly to evolving conditions and protect the health and well-being of British Columbians.

- An estimated 43 per cent of B.C.'s population was immunized against H1N1;<sup>1</sup>
- 2 million doses of antiviral medication were dispensed for prevention and treatment;<sup>2</sup> and
- The B.C. Provincial Health Officer stated the Province's antiviral strategy likely cut the expected illness and mortality rate due to H1N1 in half.<sup>3</sup>

## Increased access to care:

- Government has invested over \$150 million since 2006 specifically to reduce wait times for cancer care, vision restoration, cardiac surgery, diagnostics and joint replacement.
  - In the last report card issued by the Wait Times Alliance in June 2010, only B.C., Quebec and Ontario received A's in every category for their progress in ensuring people are being treated in a reasonable time for joint replacements, cancer care, cataract surgery and cardiac care.<sup>4</sup>
  - The Canadian Cancer Society's 2009 Canadian Cancer Statistics report, B.C. women have the lowest overall mortality rate for all cancers in Canada<sup>5</sup> and B.C. men have the lowest overall incidence rate of cancer and the lowest overall mortality rate for all cancers.<sup>6</sup>
- Performed the first cardiac procedures at Kelowna General Hospital allowing patients to get care closer to home, without having to travel to the Lower Mainland.
- During the year, 29 new drugs were listed on the PharmaCare Program formulary, allowing British Columbians to benefit from additional eligible prescription drugs.

Better care for B.C. seniors:

Wait times for access to residential care have decreased and options for seniors' housing and care have increased across the province including residential care, assisted living, supportive housing and home care.

- 23 per cent more clients received home care services,<sup>7</sup> and average home support services hours per client per year increased by 17 per cent in 2009/10;<sup>8</sup>
- About 71 per cent of home support clients receive assistance at no cost to themselves;<sup>9</sup>
- The Province has built 6,327 net-new residential care beds, assisted living and supportive housing units, creating a total of 13,780 new and replacement beds opened since June 2001;<sup>10</sup> and
- Reduced wait times for access to residential care from a full year in 2001 to a median wait time less than 90 days today.<sup>11</sup>

***A Sustainable, Affordable, Publicly Funded Health System***

Innovation in health care:

The Ministry is continuing to take steps to foster and promote innovations within the health care system, reducing wait times, increasing access, and improving the quality of care provided.

Some highlights of current innovation strategies are outlined below:

- In partnership with the BCMA, the Province continues to move forward with strategies that encourage family doctors to increase access to primary health care for the benefit of all British Columbians, including more than 15 separate initiatives to improve the care patients receive and the way in which doctors deliver it. In total, we are investing \$800 million to implement changes that will support physicians and improve our primary care system.
- A variety of iCare projects at hospitals across the province which take a collaborative, team-based approach to patient care, have seen reductions in average length of stay across the board. For example, in a July review, Powell River General Hospital showed that the average length of stay for a patient decreased from 11.1 days to 9.5 days, a 13.9 per cent reduction.

Health human resources:

- Changed the scope of practise for registered nurses, allowing them to dispense medication in the absence of a doctor or nurse practitioner to treat patients who may have the flu to help manage flu outbreaks in rural or remote communities.
- Increased the number of nurses practicing in B.C by 37 per cent since 2001, to 13,527.<sup>12</sup>
- Since 2002/03, the number of B.C. medical student graduates has increased from 128 per year to a potential of 256 by 2011/12, and 288 by 2014/15,<sup>13</sup> improving availability and access to GPs and specialists for B.C. residents.



## Purpose of Ministry

The Ministry of Health Services has overall responsibility for ensuring that quality, appropriate, cost effective and timely health services are available to all British Columbians. The B.C. 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 of Health Services works collaboratively with the Ministry of Healthy Living and Sport to guide and enhance the Province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health. The Ministry works with health authorities, care providers, agencies and other groups 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 B.C. Vital Statistics Agency, which registers and reports on vital events such as a birth, death or marriage; and the Emergency and Health Services Commission, which provides ambulance services across the province and operates HealthLink BC, a confidential health information, advice and health navigation system available by telephone or on the web (see [www.healthlinkbc.ca](http://www.healthlinkbc.ca)). HealthLink BC also publishes the BC HealthGuide and operates bcbedline, the provincial acute bed management system.

The Province's six health authorities are the organizations primarily responsible for health service delivery. Five regional health authorities deliver a full continuum of health services to meet the needs of the population within their respective geographic regions. A sixth health authority, the Provincial Health Services Authority, is responsible for managing the quality, coordination and accessibility of selected province-wide health programs and services. 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, Perinatal Services BC, BC Provincial Renal Agency, BC Transplant Society, Cardiac Services BC, Emergency and Health Services Commission and BC Mental Health and Addiction Services including Riverview Hospital and the Forensic Psychiatric Services Commission.

## Ministry of Health Services

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

### **Vision**

A sustainable health system that supports people to stay healthy, and when they are sick provides high quality publicly funded health care services that meet their needs.

### **Mandate**

To guide and enhance the Province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health.

### **Health System Values**

A set of beliefs, consistent with the principles of the *Canada Health Act*, defines our organizational behaviour:

- **Citizen and patient focus** which respects the needs and diversity of all British Columbians.
- **Equity** of access and in the quality of services delivered by government.
- **Access** for all to quality health services.
- **Effectiveness** of delivery and treatment leading to appropriate outcomes.
- **Efficiency**, providing quality, effective, evidence-based services in a cost-effective way.
- **Appropriateness**, providing the right service at the right time in the right setting.
- **Safety** in the delivery of health services.
- **Sustainability** for the health system so it will meet British Columbians' needs now and in the future.

## Strategic Context

The health system in British Columbia 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 – prevention to end-of-life care – in the context of significant growth in demand.

The British Columbia health system continues to be challenged by an increasing demand for health services and the current delivery system is not on a sustainable course to meet and manage that demand. The most significant drivers of rising demand are the aging population, the increasing need to provide care to the frail elderly, 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 worldwide competition for 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 make sure the resources available for health care services are used effectively and in ways that most benefit the people of British Columbia.

Emergencies and disease outbreaks are a constant threat to the health and well-being of citizens in B.C. They are unpredictable events that can have severe consequences on human health and economic well-being. Responding to an outbreak/emergency can place tremendous demands on an organization and the individuals involved. The H1N1 outbreak impacted the B.C. health system as a whole, redirecting resources across the province to address the pandemic, and resulted in numerous innovations that enhanced operations and readiness to respond to future events. The Ministries of Health Services and Healthy Living and Sport, with support from the B.C. Centre of Disease Control and the regional health authorities, led the provincial strategy to mitigate the effects of the pandemic, protect public health, and respond to care and treatment demands of infected individuals around the province.

The Province responded quickly to the H1N1 pandemic, ensuring that measures were – and continue to be – in place to protect the public, as well as the out-of-country athletes and visitors that came to B.C. during the 2010 Winter Games.

Activities took place within the context of national and provincial priorities, competing activities and limited resources in order to ensure the sustainability of pandemic preparedness. The health system worked collaboratively to ensure adequate capacity to provide the broad spectrum of services required to respond to the outbreak. Ministry and health sector staff and resources were redirected to areas of need, in some cases interrupting or suspending other projects and business functions temporarily, and health authorities responded to higher than normal patient volume.

The H1N1 outbreak leaves B.C. with an enhanced capacity to manage future outbreaks, and confidence in the ability of the health systems to respond to a pandemic or other emergency.

# Report on Performance

Overall, the Ministry of Health Services performed well in achieving its performance targets in 2009/10. The following table provides an overview of progress in achieving the goals and objectives in the Ministry's *2009/10 – 2011/12 Service Plan Update*, assessed through a comparison of actual results with targets. Detailed reporting of these results, including historical data and results analysis, can be found in the section following the summary table.

Of the eight performance measures in the *2009/10 – 2011/12 Service Plan Update*, one is listed as pending because data are not available for 2009/10 at the time of publication. Of the remaining seven measures, the results show that all seven achieved or exceeded their targets.

The Ministry of Health Services is committed to transparent performance reporting in the health sector and is working to ensure quality data is available for management and reporting purposes. In addition to the Annual Service Plan Report, a number of other health system performance reports are currently available, including:

- the Provincial Health Officer's Annual Report ([www.hls.gov.bc.ca/pho/index.html](http://www.hls.gov.bc.ca/pho/index.html));
- the Health Council of Canada Annual Report ([www.healthcouncilcanada.ca/en/](http://www.healthcouncilcanada.ca/en/));
- the Canada Health Act Annual Report ([www.hc-sc.gc.ca/index-eng.php](http://www.hc-sc.gc.ca/index-eng.php));
- the Canadian Institute for Health Information's Nationally Comparable Indicators Report ([http://www.icis.ca/cihiweb/dispPage.jsp?cw\\_page=indicators\\_e](http://www.icis.ca/cihiweb/dispPage.jsp?cw_page=indicators_e)); and
- the Vital Statistics Annual Report ([www.vs.gov.bc.ca/stats/annual/](http://www.vs.gov.bc.ca/stats/annual/)).

Further, several external agencies produce reports that assess the performance of the B.C. health sector. Example agencies include the Conference Board of Canada, Canadian Cancer Society, BC Progress Board, Heart and Stroke Foundation of Canada, and Canadian Diabetes Association.

## Performance Plan Summary Table

<b>Goal 1: High Quality Patient Care</b> For greater detail see pages 14 to 20	<b>2009/10 Target</b>	<b>2009/10 Actual</b>
<b>1.1 Timely access to appropriate health services by the appropriate provider in the appropriate setting</b>		
<b>Waiting times for surgery:</b>		
a) Percentage of hip replacement cases completed within 26 weeks	> 74%	86% EXCEEDED
b) Percentage of knee replacement cases completed within 26 weeks	> 65%	76% EXCEEDED
c) Percentage of hip fracture fixation completed within 48 hours	> 87%	88% ACHIEVED
d) Percentage of cataract surgeries completed within 16 weeks	> 59%	73% EXCEEDED
<b>Waiting times for cancer treatment:</b>		
Percentage of patients who receive radiotherapy within four weeks	≥ 90%	94% EXCEEDED
<b>1.2 Patient-centred care to meet the specific health needs of patients and specific patient groups</b>		
<b>Chronic disease management:</b>	60%	Data available Fall 2010
Percentage of patients with diabetes who undergo at least two A <sub>1c</sub> tests per year		
<b>1.3 Improved integration of health service providers, processes and systems to allow patients to move seamlessly through the system</b>		
<b>Co-ordinated mental health treatment:</b>	> 9,484	9,958 ACHIEVED
Number of housing units with supports for people with a mental disorder and/or substance addiction		
<b>Goal 2: A Sustainable, Affordable, Publicly Funded Health System</b> For greater detail see pages 21 to 24	<b>2009/10 Target</b>	<b>2009/10 Actual</b>
<b>2.2 Strategic investments in information management and technology to improve patient care and system integration</b>		
<b>Electronic medical record system implementation:</b>	40%	41% ACHIEVED
Percentage of physicians implementing electronic medical record systems		

# Goals, Objectives, Strategies and Performance Measures

## Goal 1: High Quality Patient Care

Patients receive appropriate, effective, quality care at the right time in the right setting. Health services are planned, managed and delivered in concert with patient needs.

### Objective 1.1: Timely access to appropriate health services by the appropriate provider in the appropriate setting

All British Columbians should be able to access appropriate health services when they need them, whether that is a visit to a family doctor, prescription drug therapy, emergency treatment, elective surgery or ongoing care. The Ministry has been working diligently to ensure hospitals, community services and health professionals are used in the most efficient and effective way possible so that people receive the right type of care in the right setting that is most likely to lead to the best health outcome.

### Strategies

- Increasing the range of home care, supportive living and community care options for the elderly and persons with disabilities, enabling them to remain in their own homes and communities while also having the full support of residential care if they require the highest level of support. This strategy includes developing new tools and support services to help home caregivers and family members who are providing in-home and end-of-life care.
- Maintaining and improving access in key surgical and medical areas, including cardiac surgery, diagnostics, joint replacements, cancer services and cataract surgeries, by working with health authorities to foster innovation and improve effectiveness and efficiency.
- Fully implementing the expanded Surgical Patient Registry and a new Provincial Cardiac Registry to provide clinicians and health authorities with more comprehensive wait time data and give patients better information on their surgical options.
- Upgrading emergency departments through facility improvements, implementing innovative practices to increase efficiency, and integrating emergency services with other service areas (e.g. primary health, mental health and addictions, and home and community care) to ensure people receive the emergency care they need.
- Promoting integrated health teams and networks to ensure patients will be able to access clinically appropriate care that is presently only available in emergency rooms. It is expected this will help primary health care meet the demand for services, reduce emergency department congestion and provide a more integrated, patient-centred experience that supports the role of patients in staying healthy and managing their conditions, particularly for those with chronic diseases.

- Advancing cancer screening programs, including mammography and cervical screening, piloting a new colorectal screening program, and opening a new full service cancer centre in Prince George in 2012.
- Providing all British Columbians with equitable access to safe and effective prescription drugs through the PharmaCare program, while ensuring the program is sustainable for the long term.
- Providing patients with greater choice and enhanced access to care by training and authorizing health professionals to provide a wider range of services and expand their scope of practice.

The Ministry is tracking access indicators for hip and knee replacement surgeries, hip fracture fixations, cataract surgeries and cancer treatment — the priority treatment areas identified by First Ministers in the 2004 *10-year Plan to Strengthen Health Care*.<sup>14</sup>

### Performance Measure 1: Access to surgery in priority areas

Performance Measure	Benchmarks <sup>2</sup>	2007/08 Actual	2008/09 Actual	2009/10 Target	2009/10 Actual
Waiting times for surgery: a) Percentage of hip replacement cases completed within 26 weeks	90%	62%	74%	Improve over prior year	86% EXCEEDED
b) Percentage of knee replacement cases completed within 26 weeks	90%	56%	65%	Improve over prior year	76% EXCEEDED
c) Percentage of hip fracture fixation completed within 48 hours	95%	90%	87%	Improve over prior year	88% <sup>1</sup> ACHIEVED
d) Percentage of cataract surgeries completed within 16 weeks	90%	57%	59%	Improve over prior year	73% EXCEEDED

**Data Source:** SWIFT, Management Information Branch, Health System Planning Division, Ministry of Health Services. Annual summary based on point in time data (March 31 of each fiscal year). Hip fracture fixations: Discharge Abstract Database, Management Information Branch, Health System Planning Division, Ministry of Health Services.

<sup>1</sup>Partial year data (based on Feb. 2010 CIHI tape).

<sup>2</sup> The surgery wait times benchmarks were developed in accordance with the First Ministers' *10-year Plan to Strengthen Health Care*, September 2004.

## Discussion of Results

In the 2004 *10-year Plan to Strengthen Health Care*, First Ministers committed to establish benchmarks in priority areas and to set multi-year targets against these benchmarks. The benchmarks for the surgical areas are listed above. The Ministry continues to make significant efforts to improve access to these services.

British Columbia has met or exceeded the targets for 2009/10 listed above. Despite an increase in the demand for hip and knee joint replacement surgeries due to an aging population, British Columbians continue to have improved access to surgical services. Knee replacements have increased by 139 per cent and hip replacements by 67 per cent since 2001.<sup>15</sup>

In March 2010, the Canadian Institute for Health Information (CIHI) released a report comparing provincial wait times across Canada for the period from April to September 2009.<sup>16</sup> British Columbia placed in the top three, with Ontario and Quebec achieving higher ratings. The median waits for hip replacements have been reduced to 10.7 weeks from 18.7 weeks since 2001, and the waits for knee replacements have been reduced to 12.6 weeks from 25.4.<sup>17</sup> Between 2000/01 and 2008/09, the province has increased the number of cataract surgeries by approximately 50 per cent.<sup>18</sup>

In July, 2009 the Ministry outlined new requirements for effective management of physician's wait lists. The basis of the policy was that a patient should only be waitlisted or booked for surgery if they are ready, willing and able. One essential element of the Surgical Waitlist Management Policy was the mandatory three-month review of all wait lists to ensure that bookings are current and not duplicated or miscounted. Future reporting of this measure will incorporate data from this new waitlist management system.

## Performance Measure 2: Access to cancer treatment

Performance Measure	Benchmark <sup>1</sup>	2007/08 Actual	2008/09 Actual	2009/10 Target	2009/10 Actual
Waiting times for cancer treatment: Percentage of patients who receive radiotherapy within four weeks	90%	97%	94%	≥ 90%	94% EXCEEDED

**Data Source:** Provincial Radiation Therapy Program, BC Cancer Agency

<sup>1</sup> The radiotherapy benchmark of 90% was developed in accordance with the First Ministers' 10--year Plan to Strengthen Health Care, September 2004.

## Discussion of Results

Ensuring that 90 per cent of Canadians receive radiation therapy within four weeks is a national benchmark and one of the five First Ministers' Meeting priority areas. British Columbia's performance in delivering timely access to cancer care is excellent. Through the British Columbia Cancer Agency, over 90 per cent of patients receive their first radiation treatment within four weeks of being ready to treat.

Radiotherapy is the use of a focused radiation beam to destroy cancer cells. This service is provided in five regional cancer centres operated by the BC Cancer Agency. Along with chemotherapy, which is frequently provided closer to home at community hospitals, early treatment with radiotherapy is important to achieving the best health outcomes for patients.



Demand for radiotherapy is growing driven by the aging population and increases in the prevalence and incidence of cancer. In order to meet growing demand for radiation therapy treatment, the province committed to The Northern Cancer Control Strategy, a comprehensive cancer care plan for Northern British Columbians which includes constructing the province's sixth Cancer Center in Prince George by 2012. This builds on other initiatives to increase radiation therapy capacity, such as the opening of the Abbotsford Cancer Center in 2008, upgrading radiation therapy equipment in Vancouver and Kelowna and expanding the capacity of the Centre for the Southern Interior in Kelowna in 2009/10.

Access to radiation therapy remains an important performance measure for the Ministry, and ensuring that British Columbia meets this national benchmark will continue to be a priority area.

### **Objective 1.2: Patient-centred care to meet the specific health needs of patients and specific patient groups**

B.C.'s health system is committed to providing the best possible quality of care and services, which means the care people receive responds to their needs and is safe, evidence-based and will lead to the best health outcomes. Since 'one size' does not fit all in health service delivery, the Ministry is working with health authorities, physicians and other providers to design and deliver customized care that addresses the unique needs of patients or specific patient groups, such as those with chronic diseases.

### **Strategies**

- Improving delivery of, and access to, culturally appropriate health services tailored to meet the needs of First Nations communities, and enabling First Nations to take a leadership role in improving their health status and providing input into health planning.
- Implementing proactive chronic disease management initiatives to prevent or slow disease progression. In line with B.C.'s *Primary Health Care Charter*, the key area of focus is working with physicians, nurse practitioners, and other health providers to provide care according to best practice guidelines in the areas of diabetes, congestive heart failure, kidney disease, chronic obstructive pulmonary disease, osteo and rheumatoid arthritis, and dementia. Initiatives include after-hours physician support and self-management support services as part of the HealthLink BC program, and planning for a new cardiac care facility in Kelowna.
- Providing end-of-life care services including hospice, home-based palliative care and clinical guidelines on Advance Care Planning/Advance Directives to provide people at the end of life with greater choice and access to services.
- Ensuring the safety and quality of health services across the continuum of care through development and implementation of evidence-based best practices by the newly established BC Patient Safety and Quality Council; new Patient Care Quality Review Boards to review patient complaints and improve the quality of care; and the BC Patient Safety Learning System, a web-based patient safety reporting and learning system to prevent adverse events and foster a culture of safety and quality improvement in our health facilities.

**Performance Measure 3: Chronic disease management (diabetes)**

Performance Measure	2007/08 Actual	2008/09 Actual	2009/10 Target	2009/10 Actual
Percentage of patients with diabetes who undergo at least two A <sub>1c</sub> tests per year	51%	51%	60%	Data available Fall 2010

**Data Source:** Primary Health Care diabetes registry, Medical Services Division, Ministry of Health Services (extracted November 2009).

**Discussion of Results**

This performance measure centres on improving chronic disease management, focusing specifically on the treatment of diabetes. Diabetes is one of the most common chronic diseases. It affected about 283,000 patients or approximately 6.5 per cent of British Columbians based on a three year moving average ending in 2008/09 and is steadily increasing in prevalence.<sup>19</sup> This indicator measures improved management of diabetes through the percentage of patients with diabetes who undergo the recommended best practice of at least two hemoglobin A<sub>1c</sub> tests per year. The hemoglobin A<sub>1c</sub> test is a simple lab test used in the management of diabetes that shows the average amount of sugar (glucose) that has been in a person’s blood over the previous three months. The A<sub>1c</sub> test shows if a person’s blood sugar is under control, or if immediate intervention is required to lower complication rates. The 2008/09 results, released Fall 2009, shows that the percentage of patients with diabetes who have the recommended 2 A<sub>1c</sub> tests annually remains at 51per cent. While A<sub>1c</sub> testing continues to be an important component of diabetes management, more patients are adopting a Patients-as-Partners approach and are recording logs of their blood glucose monitoring values and regularly reviewing these with physicians. As a result, less A<sub>1c</sub> tests are being ordered through labs, which is the source of the Ministry performance results.

Over the past five years, B.C. has made progress in improving care gaps by implementing the Expanded Chronic Care Model through structured collaboratives and by introducing incentives for physicians to provide evidence-based care. B.C. has taken a leadership role in developing collaborative, evidence-based approaches to managing diabetes and congestive heart failure, and supporting pioneering work in patient self-management, including eighty Diabetes Education Centres across B.C, HealthLink BC programs, and diabetes management guidelines for physicians. In the coming years the Ministry will work to expand these initiatives to include the majority of patients in B.C. with chronic diseases. For more information on chronic disease management, see the Ministry’s website at [www.PrimaryHealthCareBC.ca](http://www.PrimaryHealthCareBC.ca).

**Ministry Response**

Data is not available for timely reporting and monitoring of the diabetes performance measure. It was replaced in the *2010/11 – 2012/13 Service Plan* with a broader measure of chronic disease management: Number of general practitioners providing chronic disease management. This new 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. It is a more comprehensive measure of chronic disease management and is better aligned with the current strategic priority of providing community based health care and support services built around attachment to a family physician and an extended health care team linked to local community services.

**Objective 1.3: Improved integration of health service providers, processes and systems to allow patients to move seamlessly through the system**

People's health care needs frequently require services from a number of providers in a variety of locations across a span of time. A seamless, coordinated and efficient service experience supports both quality of care and best use of health system resources, which contribute to the best possible health outcomes.

This is particularly important in mental health and addictions services. People with mental illness or substance use disorders have complex needs and often must access various providers to receive care and support services. The Ministry is working to ensure services, from child and youth to adult programs, are integrated to provide seamless, appropriate care and supports to facilitate recovery and maintain quality of life.

**Strategies**

- Providing a full continuum of high quality mental health and addiction services within each health authority to better integrate primary, secondary, community and tertiary care and integrate mental health and addictions services within the larger care network.
- Working with other ministries, BC Housing, health authorities and other partners to better address the housing and service needs of people with mental illness and addictions.
- Building or expanding mental health facilities in communities across the province, including the Riverview redevelopment project, to ensure patients with severe mental disorders who require sustained, complex medical treatment receive appropriate care.
- Enhancing services for people with dementia, including Alzheimer's disease. Targeted improvements include earlier assessment, clinical guidelines to improve treatment, and better integration of services.
- Providing drug and alcohol treatment for at-risk and addicted people who are seeking help, and specifically addressing the need to provide integrated programs for youth addictions, including both detoxification and outreach programs.
- Working with other government ministries to better integrate programs and services such as employment and income assistance programs, corrections system services and services related to a dual diagnosis of mental illness and developmental disability.

**Performance Measure 4: Co-ordinate mental health treatment**

Performance Measure <sup>1</sup>	2007/08 Actual	2008/09 Actual	2009/10 Target	2009/10 Actual
Number of housing units with supports for people with a mental disorder and/or substance addiction	8,010	9,484	Increase over previous year	9,958 ACHIEVED

**Data Source:** Mental Health and Addictions Housing inventory – May 25, 2010, Management Information Branch, Ministry of Health Services

<sup>1</sup> Bed Inventory includes residential care facilities, family care homes, supported housing units, low barrier housing units, BC Housing units and rental subsidies.

**Discussion of Results**

Access to safe, secure and affordable housing with appropriate support services is critical for the care and treatment of people with severe mental illness and/or substance use disorders. This indicator measures the Ministry's progress in improving the availability of such housing in British Columbia for those with mental illness and/or substance use disorders. Recent data collected from health authorities show that the number of housing units with supports increased by 474 units from 9,484 in 2008/09 to 9,958 units in 2009/10. This increase in housing with supports is primarily due to increased availability of housing units in Vancouver Coastal Health Authority under the BC Housing Health Services program of the Ministry of Housing and Social Development (MHSD). Since MHSD is responsible for housing, homelessness and mental health and addictions support services coordination, this measure is not included in Ministry of Health Services 2010/11 – 2012/13 Service Plan. However, Ministry of Health Services continues to work with MHSD to improve availability and access to housing with supports and is continuing to monitor mental health and substance use bed and housing numbers across health authorities. Health authorities provide assessment, treatment and a range of health services, which are coordinated and integrated with other providers responsible for housing and other community supports.

**Goal 2: A Sustainable, Affordable, Publicly Funded Health System**

The public health system is affordable, efficient and accountable, with governors, providers and patients taking responsibility for the provision and use of services.

**Objective 2.1: Optimum human resource development to ensure there are enough, and the right mix of, health professionals**

Skilled and caring health professionals are the cornerstone of our health system. Thousands of British Columbians seek medical attention every day, confident they are in the care of competent professionals who hold themselves to the highest standards. 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 Columbia's needs now and in the future. B.C. has made significant progress since 2001 in addressing our health human resource needs but there is more work to be done.

## Strategies

- Working with the Ministry of Advanced Education and Labour Market Development and health system partners to provide education and training opportunities, including continued expansion of B.C.'s medical school, with an additional campus in Kelowna, doubling the number of post-graduate residency spaces for Canadian medical graduates to 234 by 2010/11, and investing in the continued recruitment, training, and retention of nurses, including expanding availability of the accelerated three year Bachelor of Nursing Science programs in the province.
- Providing educational spaces for allied health workers and other health professionals, including residential care and home support workers.
- Continuing the recruitment, education and retention of nurses including: Aboriginal nursing strategies to increase and retain nurses in Aboriginal communities, supporting the rural/remote nursing specialty program at the University of Northern B.C. to promote education and retention of nurses in hard to service areas, and the return to nursing initiative that supports individuals to return to a career in nursing.
- Recruiting internationally-educated health professionals through the expanded B.C. Provincial Nominee Program, which expedites immigration processes, and implementing a new restricted license to allow internationally trained physicians to practice in their specific areas of qualification. This initiative includes expediting assessment and registration of internationally educated nurses to practice in B.C. and implementing the Skills Connect for Immigrants - Health pilot initiative.
- Allowing health providers to utilize their full scope of training and expertise under the amended *Health Professions Act*, including authorizing nurses to deliver a broader range of health services.
- Integrating nurse practitioners into B.C.'s health system, and increasing the number of nurse practitioners graduating in the province.
- Creating safe, positive work environments that attract and retain talented people, and support employee wellness and quality of work life in the health sector, including a project to retain mid to late career professionals in new roles and development of responsive shift scheduling for nurses.

### **Objective 2.2: Strategic investments in information management and technology to improve patient care and system integration**

Making the right investments in information management systems and new technologies will support the health system in meeting the goals and objectives set out in this service plan. Innovations in information technology can improve system integration and efficiency, support access to services across the province, assist managers and health care practitioners in making

evidence-based decisions, and provide the public with access to valuable health information in a timely and convenient manner.

The Ministry is working to realize the full potential of electronically enabled information technologies through its provincial leadership of the British Columbia eHealth strategy. eHealth is a major step toward transforming the health system into a seamless continuum of care, supported by a seamless web of secure health information. It will better ensure the safe delivery of health services, support health care providers in their provision of quality health care and optimize health expenditures.

## **Strategies**

- Enhancing patient care by implementing a secure electronic health record system across the province. An electronic health record system will allow medical practitioners to easily access the information necessary for patient care decision-making (such as test results or medication histories) while protecting personal privacy.
- Working 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 preventive and therapeutic care choices.
- Working with the B.C. eHealth Strategy Council and health sector partners to adopt an integrated province-wide information management/information technology (IM/IT) strategy across health authorities to align IM/IT planning, eliminate unnecessary duplication, promote shared IM/IT services and enable collaboration and integration of services. A first focus will be chronic disease prevention and management, and improving the coordination of care for patients suffering from Chronic Obstructive Pulmonary Disease, a leading cause of emergency department admissions across B.C. hospitals.
- Using Telehealth to improve rural and Aboriginal communities' access to health services and specialists.
- Improving clinician access to patient medication histories and introducing ePrescribing, which will permit physicians to electronically send a prescription to a patient's pharmacy and minimize preventable adverse drug reactions.
- Improving the availability of quality data and analysis to assist clinical and management decision-making, and optimizing health expenditures.
- Expanding public access to health services and health information through web-based applications.

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

Performance Measure	2007/08 Actual	2008/09 Actual	2009/10 Target	2009/10 Actual
Percentage of physicians implementing electronic medical record systems <sup>1</sup>	Program introduced and systems made available to physicians	20%	40%	41% ACHIEVED

**Data Source:** Physician Information Technology Office

<sup>1</sup> Electronic medical record (EMR) systems are implemented through a voluntary program of the Ministry/BCMA *Physician Master Agreement*. The performance targets are based on a maximum of 5,000 physicians, who would be the most likely candidates to implement an EMR system. The maximum acknowledges that some physicians would 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 of Results**

The 40 per cent performance measure target for 2009/10 has been achieved. The Ministry and the British Columbia Medical Association are working together to expand the use of electronic medical record systems in physicians’ offices throughout the province. This work is supported by the Physician Information Technology Office and a provincially funded physician incentive program directed at increasing physicians’ adoption of electronic medical record systems. Through its analysis of the physician community, the Physician Information Technology Office estimated that the maximum target number of physicians, who would be likely candidates to implement an electronic medical record system, is approximately 5,000 – the majority of whom would be in private practice settings. Other physicians, who work predominately in practice settings, such as hospitals that have existing clinical information systems, would not be candidates to implement an electronic medical record system.

In 2009/10, 2,539 physicians were accepted into the incentive program to implement an electronic medical record system, of which:

- 2,074 physicians, or approximately 41 per cent of the 5,000 maximum, were considered ‘active’ in the program (1,009 having completed implementation and 1,065 being in the process of implementing); and
- 465 physicians were ‘in the queue’ to begin implementation.<sup>20</sup>

**Objective 2.3 Sound business practices 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 Ministry monitors and evaluates the delivery

of services and the health of the population and works to ensure services delivered in the system meet the needs of the public. As part of a commitment to continuous improvement, the Ministry uses its evaluations of health system performance to inform strategic direction and facilitate course correction where warranted. It also uses this information, along with population demographic and health need projections, to plan investments in the health system's physical infrastructure.

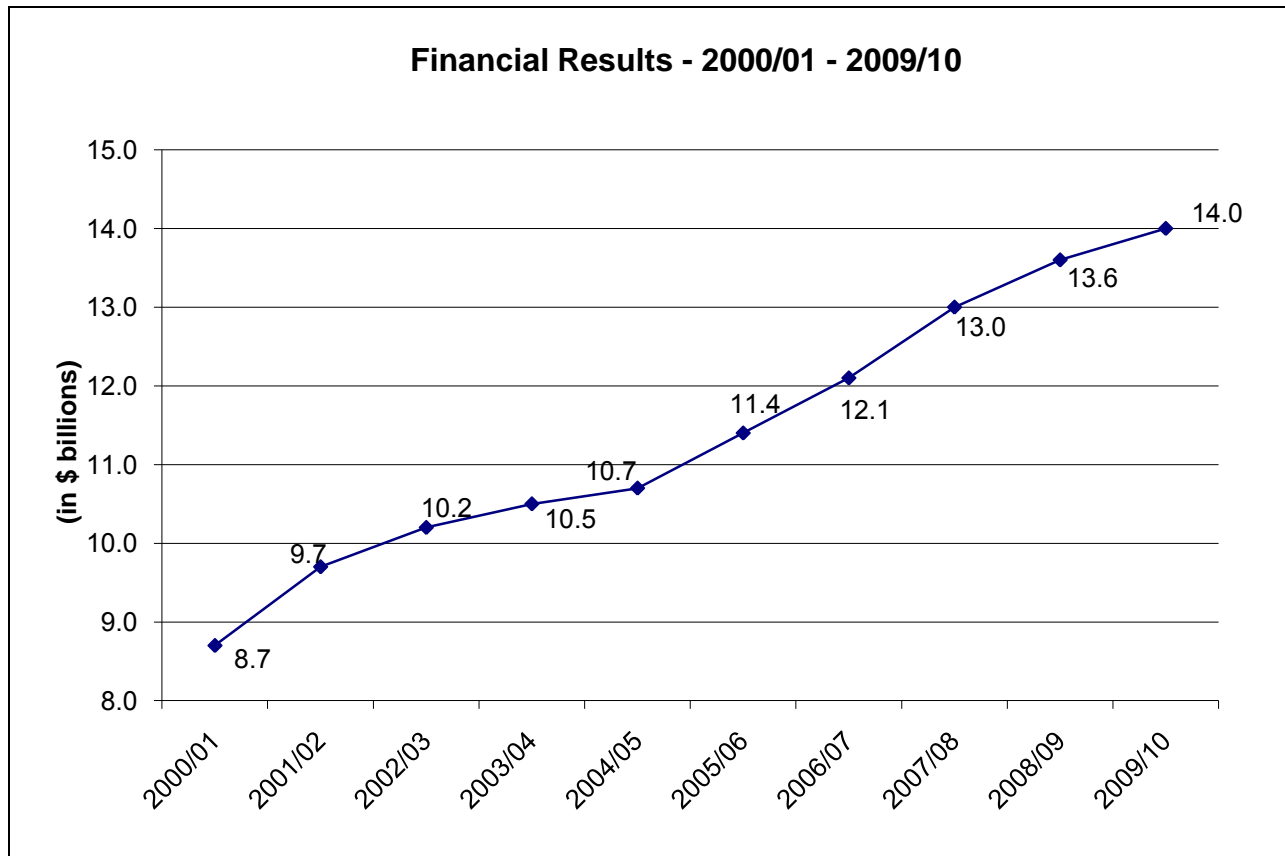
## **Strategies**

- Providing legislative, regulatory and policy frameworks to ensure that policy direction is clear and consistent and allows services to be delivered appropriately and cost-effectively.
- Planning and making strategic capital investments to renew the health system's infrastructure, including facilities, equipment and information technology.
- Supporting the *B.C. Energy Plan - A Vision for Clean Energy Leadership* by implementing green health care initiatives to make hospital and health authority operations carbon neutral by 2010. All new provincial public buildings will be constructed to LEED Gold standards and existing buildings will be retrofitted to make them more energy efficient, climate friendly and healthier for workers and patients.
- Monitoring and reporting publicly on health system performance and the health of the British Columbia population.
- Working with other ministries to ensure programs are integrated, and with system partners to ensure overall health system costs remain affordable and within budget, and utilizing strategic partnerships and innovative approaches to improve services to the public within the available fiscal resources.
- Working with a wide range of partners to ensure a system-wide integrated approach to better enable an appropriate response to emergency events and the continuity of health services during times of major disruption.



# Report on Resources

The Ministry of Health Services (the Ministry) 2009/10 budget was \$14.156 billion. Actual operating expenditures for the fiscal year ending March 31, 2010 were \$13.997 billion, resulting in an operating variance of \$159 million. Additionally, the Ministry reversed \$73 million of prior years' accruals, resulting in a total surplus position of \$232 million. However, the reversed amounts were not available for spending.

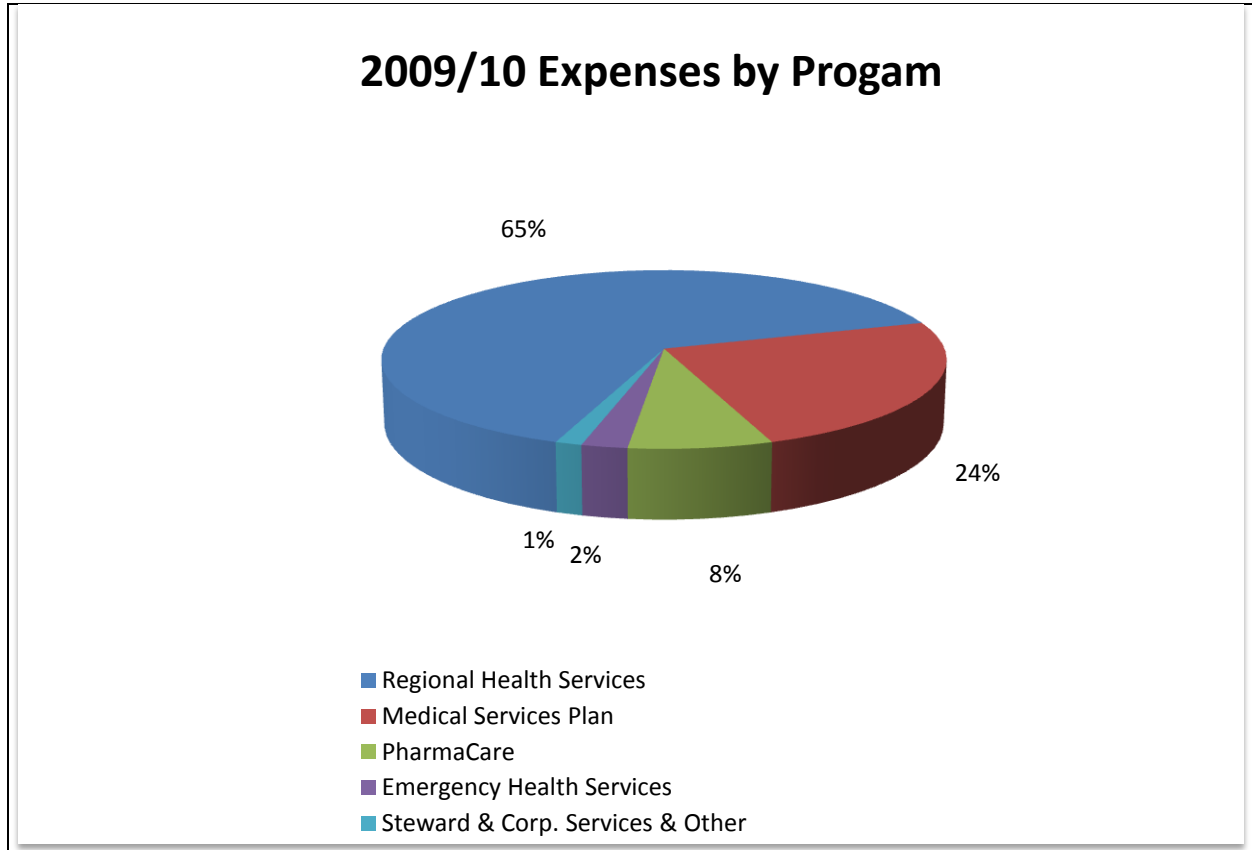


## Resource Summary Table

	Estimated	Other Authorizations <sup>1</sup>	Total Estimated	Actual	Variance
<b>Operating Expenses (\$000)</b>					
<b>Services Delivered by Partners</b>					
Regional Health Sector Funding	9,185,113		9,185,113	9,032,607	(152,506)
Medical Services Plan	3,408,402		3,408,402	3,409,764	1,362
PharmaCare	1,055,394		1,055,394	1,032,101	(23,293)
Health Benefits Operations	31,182		31,182	32,860	1,678
<b>Sub-Total</b>	<b>13,680,091</b>	<b>0</b>	<b>13,680,091</b>	<b>13,507,332</b>	<b>(172,759)</b>
<b>Services Delivered by Ministry</b>					
Emergency and Health Services	310,768		310,768	330,304	19,536
Vital Statistics	7,557		7,557	6,964	(593)
<b>Sub-Total</b>	<b>318,325</b>	<b>0</b>	<b>318,325</b>	<b>337,268</b>	<b>18,943</b>
<b>Executive and Support Services</b>					
Minister's Office	775		775	607	(168)
Stewardship and Corporate Services	156,377		156,377	151,361	(5,016)
<b>Sub-Total</b>	<b>157,152</b>	<b>0</b>	<b>157,152</b>	<b>151,968</b>	<b>(5,184)</b>
Recoveries – Health Special Account	(147,250)		(147,250)	(147,250)	0
<b>Total Vote 34</b>	<b>14,008,318</b>		<b>14,008,318</b>	<b>13,849,318</b>	<b>(159,000)</b>
Health Special Account	147,250		147,250	147,250	0
<b>Sub-total – Operating Expenses</b>	<b>14,155,568</b>	<b>0</b>	<b>14,155,568</b>	<b>13,996,568</b>	<b>(159,000)</b>
Reversal of Prior Year Over accruals <sup>1</sup>				(72,746)	(72,746)
<b>Total – Ministry of Health Services</b>	<b>14,155,568</b>	<b>0</b>	<b>14,155,568</b>	<b>13,923,822</b>	<b>(231,746)</b>
<b>Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)</b>					
<b>Ministry Operations</b>					
Stewardship and Corporate Services	39,253		39,253	37,639	(1,614)
Emergency and Health Services	15,402	260	15,662	17,124	1,462
Vital Statistics				152	152
<b>Total – Ministry of Health Services</b>	<b>54,655</b>	<b>260</b>	<b>54,915</b>	<b>54,915</b>	<b>0</b>
<b>Consolidated Capital Plan (\$000)</b>					
Health Facilities	298,811		298,811	254,094	(44,717)
<b>Total Ministry of Health Services</b>	<b>298,811</b>	<b>0</b>	<b>298,811</b>	<b>254,094</b>	<b>(44,717)</b>

<sup>1</sup> "Other Authorizations" include Supplementary Estimates, Statutory Appropriations and Contingencies. The source of the Other Appropriations amounts must be indicated in a footnote. Amounts in this column are not related to the "estimated amount" under sections 5(1) and 6(1) of the Balanced Budget and Ministerial Accountability Act for ministerial accountability for operating expenses under the Act.

<sup>1</sup> Reversal of prior year over accruals is the total amount written off for prior years' accruals that are no longer valid. The credit was not available for spending.



The significant operating variances were:

**Regional Health Sector Funding:** The surplus is primarily due to lower than anticipated costs incurred in response to the H1N1 pandemic, reduction in Transformation Fund spending and fewer out-of-province claims.

**Medical Services Plan:** The deficit is primarily due to increased utilization for fee-for-service.

**PharmaCare:** The surplus in PharmaCare is due to lower than anticipated drug dispensing costs and lower demand for drugs.

**Stewardship and Corporate Management:** The surplus is a result of hiring delays and spending restrictions.

**Emergency and Health Services:** The deficit is due to lower recoveries for patient transfers and increased costs due the CUPE strike and WorkSafe BC.

## Income Statement for Health Authorities

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 service plan are related to services delivered by the health authorities. The majority of the health authorities' revenues 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	2009/10 Budget	2009/10 Actual	Variance
<b>Combined Income Statement (\$000)</b>			
<b>Total Revenue<sup>1</sup></b>	11,763,000	11,942,537	179,537
<b>Total Expense<sup>2</sup></b>	11,799,000	11,917,947	118,947
<b>Operating Results</b>	(36,000)	24,590	60,590
<b>Gain (Loss) on disposal of Capital Assets</b>	36,000	(2,800)	(38,800)
<b>Net Results</b>	<b>0</b>	<b>21,790</b>	<b>21,790</b>

**NOTES:** This combined income statement is based on audited financial statements from six health authorities and ten hospital societies.

Figures do not include the eliminating entries to consolidate these agencies with the government reporting entity.

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

<sup>2</sup> Expenses: Provides for a range of health care services, including acute care and tertiary services, residential care, mental health services, home care, home support, and public health programs.

## 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 prepare three year capital plans annually, 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.

Health sector projects include hospital expansions in Surrey, Salmon Arm, Fort St John, Prince George, Kelowna, Vernon, Nanaimo, Sechelt, and Victoria, expanding B.C.'s medical schools, and continuing to invest in medical and diagnostic equipment such as MRIs and CT Scanners, as well as in information management technology to support health service delivery and B.C.'s eHealth strategy. Major capital projects currently underway include:

- **Surrey Outpatient Hospital:**

In order to make room for expansion of inpatient services at Surrey Memorial Hospital, a new Outpatient Hospital 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 include a primary care clinic. The estimated \$239 million project is planned for completion in 2011.

For more information on the Surrey Outpatient Hospital project, please see the Partnerships BC website at: [www.partnershipsbc.ca/files/project-fha.html](http://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 by 2011 and the Kelowna General Hospital expansion by 2012.

The new Ambulatory Care Centre and Emergency Department at Kelowna General Hospital will include a new building at Kelowna General 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 Hospitals project, please see the Partnerships BC website at: [www.partnershipsbc.ca/files/project-ih.html](http://www.partnershipsbc.ca/files/project-ih.html)

- **Royal Jubilee Hospital (Victoria) Patient Centre:**

The renewal of inpatient accommodation at Royal Jubilee Hospital will improve patient care, increase safety and efficiency for nurses, physicians and other health care professionals, and reduce infection levels. The 500 bed facility will be elder friendly with a design to provide patient-centered, best practice care for the elderly. This new and modern facility will help attract and retain health care professionals and improve education opportunities through better teaching and research facilities. The estimated \$349 million project is planned for completion in 2010.

For more information on the Royal Jubilee Hospital Patient Care Centre project, please see the Partnerships BC website at: [www.partnershipsbc.ca/files/project-rjhpc.html](http://www.partnershipsbc.ca/files/project-rjhpc.html)

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

The new hospital will be the centre for health care delivery to First Nations people and remote communities in northeastern B.C. 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 B.C.

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](http://www.health.gov.bc.ca/library/publications/year/2008/FSJ_Capital_Project_Plan_March_2008.pdf)

- **Northern Cancer Centre, Prince George:**

As part of the Northern Cancer Control Strategy, the Prince George Cancer Centre will accommodate two linear accelerators and other equipment, treatment rooms and patient areas. An addition and renovations to the Prince George Regional Hospital 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 costs associated with the strategy are \$106 million and project completion is planned for 2012.

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

[www.health.gov.bc.ca/library/publications/year/2008/NorthernCancerCentreProjectPlan.pdf](http://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 five 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 two floors of additional inpatient beds thereby increasing the inpatient bed capacity at Surrey Memorial Hospital by 30 per cent. An expanded adult intensive care unit will also help meet the acute care needs of Surrey, and will play a crucial role in decreasing emergency room congestion. Additional academic space will be created to support the growing partnership between Fraser Health and the 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 \$525 million.

Construction on the new tower is expected to begin in 2011. Dependent upon the procurement process, the new emergency department is planned to open to patients in spring 2013, with final construction of the tower complete no later than spring 2014.

- **Interior Heart and Surgical Centre**

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

## Ministry of Health Services

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, in keeping with the provincial Wood First Act announced in September 2009. The project will proceed in several phases and will be a combination of renovations and new construction. The renovation phase initiated in 2009 and new building for the 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/](http://www.kelownavernonhospitalsproject.ca/kgh-cardiac-care/)



## Appendix A: Ministry Contact Information

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

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

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

**Medical Services Plan**

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

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

**PharmaCare**

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

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

By phone: 8-1-1  
For deaf and hearing-impaired assistance (TTY) call 7-1-1.

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

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

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

PO Box 9412  
Victoria, British Columbia.  
V8W 9V1  
Fax: 250-952-2428  
Email: [contact@patientcarequalityreviewboard.ca](mailto:contact@patientcarequalityreviewboard.ca)  
Toll Free: 1-866-952-2448

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

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

**Agency Offices:**

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

**VICTORIA**

818 Fort Street  
Phone: 250-952-2681  
Fax: 250-952-2527

**VANCOUVER**

605 Robson Street, Room 250  
Fax: 604-660-2645

**KELOWNA**

1475 Ellis Street, Room 101  
Fax: 250-712-7598

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

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

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

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

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

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

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

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

## Appendix C: References

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- <sup>1</sup> Office of the Provincial Health Officer. 2010. *B.C.'s Response to the H1N1 Pandemic*.
- <sup>2</sup> BC Centre for Disease Control, 2010.
- <sup>3</sup> Provincial Health Officer, 2010.
- <sup>4</sup> Wait Time Alliance. (June 2010). No time for complacency: Report Card on Wait Times in Canada. Link: [http://www.waittimealliance.ca/media/2010reportcard/WTA2010-reportcard\\_e.pdf](http://www.waittimealliance.ca/media/2010reportcard/WTA2010-reportcard_e.pdf).
- <sup>5</sup> Canadian Cancer Society, Canadian Cancer Statistics 2010, Table 2.5 Estimated Age-Standardized Mortality Rates for Selected Cancers by Sex and Province, Canada, 2010 (pg. 23), released May 2010.
- <sup>6</sup> Canadian Cancer Society, Canadian Cancer Statistics 2009, Table 2.3 Estimated Age-Standardized Incidence rates for Selected Cancers by Sex and Province, Canada, 2010 (pg. 21), released May 2010.
- <sup>7</sup> Ministry of Health Services, Management Information Branch, HCCMRR Data Warehouse, September 2008.
- <sup>8</sup> 2008/09 #s, CC DataWarehouse, HCC Client Counts and Service Volumes Fiscal Years 2001/2002 to 2008/2009, Management Information Branch, HSPD, MoHS, November 12, 2009.
- <sup>9</sup> Data provided Stuart Fraser, CGI, by email October 31, 2008.
- <sup>10</sup> Net-new beds: Bed Changes: March 2010 submissions from Health Authorities, HAD and HSPD, Ministry of Health Services.
- <sup>11</sup> Ministry of Health Services, Health Authorities Division, February 16, 2010.
- <sup>12</sup> Compiled from numbers obtained through CRNBC, CRPNBC and CLPNBC, January 17, 2010.
- <sup>13</sup> Human Health Resources, Ministry of Health Services, May 2010.
- <sup>14</sup> First Minister's Meeting on the Future of Health Care 2004: *10-year Plan to Strengthen Health Care*: Health Canada.
- <sup>15</sup> Discharge Abstract Database, September 2009, Management Information Branch, HSPD, and Open Heart: BC Cardiac Registry, 6 April 2009, Provincial Health Services Authority.
- <sup>16</sup> Wait Times Tables – A Comparison by Province, 2010, Canadian Institute for Health Information. March 2010.
- <sup>17</sup> SWIFT, Standard Monthly Report, March 2010, Management Information Branch, HSPD.
- <sup>18</sup> Discharge Abstract Database, September 2009, Management Information Branch, HSPD.
- <sup>19</sup> Primary Health Care Registry - Diabetes (DM), 2007/08. Health System Planning Division, Ministry of Health Services.
- <sup>20</sup> Physician Information Technology Office, May 2010.