

Ministry of Health

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2011/12  
Annual Service Plan Report

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## Ministry of Health

For more information on how to contact the British Columbia Ministry of Health,  
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## Message from the Minister and Accountability Statement



As the Minister of Health, it is my pleasure to present the *2011/12 Annual Service Plan Report* for the Ministry of Health (the Ministry). This report outlines our results, progress and dedication to the delivery of high quality, patient-centred care to British Columbians throughout the province.

Our government continues to invest in the health and well-being of British Columbian families. As our population grows and ages and as health care costs increase, we are focused on increasing efficiencies and maximizing our health dollars to ensure British Columbia's health care system meets the needs of families for generations to come. The Province has developed a province-wide strategic agenda to fundamentally change how we deliver health care in British Columbia (B.C.). The Innovation and Change Agenda recognizes the need for a multi-faceted approach to achieve system-wide change – from improving personal health to the development and use of evidence-based guidelines in providing the best health outcomes for patients.

Many chronic diseases can be prevented or delayed with healthy lifestyle choices such as increased physical activity and healthy eating. In September 2011, we launched the BC Smoking Cessation Program, offering the choice of nicotine replacement therapies or prescription drugs to help British Columbians quit smoking. Through Healthy Families BC health promotion plan, we are providing families with the information and tools they need to take charge of their own health, and establish a healthy foundation to build better health throughout life. In November 2011, the Province signed a Memorandum of Understanding with ParticipACTION that we hope to build on with \$6 million in provincial funding to continue to increase physical activity among B.C. families.

Positive lifestyle change is just one aspect of improving the overall health and wellbeing of British Columbians. As the majority of our medical care is delivered by primary care providers, increasing access to a family doctor and community supports is a key part of maintaining good health and ensuring early detection and intervention of health problems. We continue to put supports in place to strengthen service delivery, ensure patients are full participants in their health care and to provide every British Columbian with access to primary health care by 2015.

We continue to support the most vulnerable population groups: frail seniors, those with chronic diseases and people affected by mental health and substance use problems. On February 14, 2012, the Ministry released *Improving the Care of BC Seniors: An Action Plan*, which sets out concrete actions supporting healthy aging to improve the quality of life for B.C. seniors and help seniors remain independent for as long as possible. Over the past decade, our focus has been on expanding the range of care options for seniors to meet increased demand for the fastest growing segment of our population. Now is the time to expand our efforts in ways that help seniors and their families navigate the system, easily access information about care options, and have a clear and simple way to have any concerns addressed. These actions will provide you and your family

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with the information you need to access services, to ensure consistent and fair delivery of care and to protect vulnerable seniors from abuse and neglect. The Plan will also see the development of a Seniors' Advocate and a toll-free phone line to ensure concerns and complaints are responded to and resolved in a timely manner.

We recognize the need to balance the cost of hospital care with the importance of timely access to high-quality hospital care services. Patient-focused funding expanded province-wide in 2011/12, effectively providing quicker emergency department care, reducing surgical wait times and increasing the number of same-day surgical procedures.

Our use of Lean techniques has further reduced wait times, increased efficiencies and redirected savings back into patient care. The use of Lean techniques is just one way that the Province is turning to innovation to ensure a high-quality and cost-effective health care system. In 2009, Health Shared Services BC launched a shared services program, leveraging health authority buying power, consolidating their supply chains, and enabling them to work together to increase efficiency and improve outcomes. Projected savings are expected to reach \$200 million by 2014.

Billions of dollars have been invested in the construction of new and expanded health care facilities, generating thousands of construction jobs and improving the quality and access to care for all British Columbians. Capital projects in 2011/12 included the following:

- Construction is underway for the new \$512 million critical care tower and emergency department at Surrey Memorial Hospital.
- Opening the \$180 million Polson Tower at Vernon Jubilee Hospital.
- With the selection of a preferred proponent, we move one step closer to building the \$367 million Interior Health Surgical Centre at Kelowna General Hospital, which will allow for approximately 600 open heart procedures per year.
- Nearing completion, the \$302 million Fort St. John Hospital and Peace Villa Residential Care project will provide space for 55 acute care beds and 124 residential care beds.
- Construction is also nearing completion on the new BC Cancer Agency Centre for the North in Prince George, which will help eliminate the need for northern residents to travel south for treatment.

The Ministry works towards ensuring that quality, appropriate, cost-effective and timely health care services are available to all British Columbians. By embracing innovation and making health care delivery more efficient and more focused on meeting patient needs, we can create a sustainable health system that remains strong for our families.

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The *Ministry of Health 2011/12 Annual Service Plan Report* compares the actual results to the expected results identified in the *Ministry of Health Revised 2011/12 – 2013/14 Service Plan*. I am accountable for those results as reported.

A handwritten signature in black ink, appearing to read 'M. de Jong', with a stylized flourish at the end.

Honourable Michael de Jong, Q.C.  
Minister of Health

June 30, 2012

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# Highlights of the Year

In 2011/12, the Ministry of Health (the Ministry) invested \$15.6 billion to meet the health needs of British Columbians. This expenditure was made across a wide spectrum of programs and services aligned with the Ministry's goals. Following are some of the achievements of the Ministry in 2011/12.

## **Improved health and wellness for British Columbians through effective health promotion and prevention**

Overall improvement in population health, wellness and the prevention of disease starts with actions focused on individuals, families and communities. The Ministry works to ensure that British Columbians, from parents of newborns to seniors in the community, have the information and support they need to make healthy choices.

- Launched Prescription for Health Program, providing additional tools to family doctors to improve the underlying health status of their patients who are at-risk of developing chronic conditions.
- Began a sodium-reduction campaign to inform B.C. families about the impacts of sodium intake on healthy living, and help them make healthy meal choices.
- Partnered with restaurants across the Province to implement the Informed Dining Program, allowing consumers to easily find nutritional information even when eating out.
- Made B.C. communities more age-friendly by providing grants to communities enabling them to invest in a variety of projects to help seniors be more active in the community, such as increased transportation options and community gardens.<sup>1</sup>

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

The Ministry continued to ensure British Columbians have the best access to patient-centred care through the provision of proactive care and support at the community level including integrated health care teams, networks of health care providers and access to family doctors.

- Supported family doctors by creating Divisions of Family Practice, community-based groups of family doctors working together to achieve common health care goals. As of March 2012 there are 29 Divisions of Family Practice encompassing 109 communities across B.C. with another eight under development.
- Actively engaged patients in their own care, training over 18,000 patients in chronic disease self-management in order to increase their independence and safety.
- Provided palliative support to patients in every health authority with a support phone line.

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<sup>1</sup> Age-friendly grants are delivered with the assistance of the Union of British Columbia Municipalities

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- Established a provincial clinic and research study to support patients and family doctors in treatment and care of chronic complex diseases, including Lyme disease.
- Held multicultural workshops and forums to provide information on chronic disease prevention and management to Aboriginal and multicultural families throughout B.C.
- Increased support of substance abuse care facilities, such as \$2 million for the Heartwood Centre for Women at the BC Women's Hospital.

### **British Columbians have access to high quality acute care services when they need them**

In 2011/12, the Ministry continued to improve access to patients through strategic investments aimed at improving efficiency and expanding acute care capacity across the province.

- Improved access to high quality cancer care across the province by completing upgrades to hospitals such as Nanaimo Regional General, doubling scanning capacity at the BC Cancer Agency, and opening an InspireHealth integrated health cancer care facility on Vancouver Island with plans to expand to four sites in B.C.
- Implemented a Clinical Care Management program to bring nine proven, world class health practices, such as surgical checklists to B.C.'s hospitals, which are now enhancing patient safety and quality of care.
- Announced a permanent emergency helicopter service for the interior of B.C., enhancing the effectiveness of emergency services in rural communities.
- Compared to last year, hospitals employing Patient Focused Funding conducted 29 per cent more MRIs and 34 per cent more operating room procedures.

### **Improved innovation, productivity and efficiency in the delivery of health services**

To ensure health services available today remain financially sustainable in future years, resources must be used as efficiently as possible. This includes strategies to ensure B.C. has an appropriate amount and mix of health professionals.

- Developed legislation to reduce the price of generic drugs in B.C. to 25 per cent of the brand name price helping save millions of dollars annually.
- Developed legislation to enable nurse practitioners to better meet the growing need for primary health care services. Nurse practitioners perform the full range of nursing functions, as well as some functions similar to physicians such as diagnosing and managing common acute and chronic illnesses, prescribing, ordering diagnostic tests and referring to specialists.
- Invested in prostate cancer research with a \$5 million grant to the Vancouver Prostate Centre, which will help scientists find the most effective ways to manage the disease.
- Launched ThinkHealth BC, a social media website that stimulates dialogue on health services and strategies, and better informs British Columbians on innovation and change in health care.
- Produced an innovative mobile app for the iPhone, iPad and iPod that locates specific health services for a patient, enabling them to easily find the best facility for their situation.



## Purpose of Ministry

The Ministry of Health has overall responsibility for ensuring that quality, appropriate, cost effective and timely health services are available to all British Columbians. The British Columbia 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, provide access to care and ensure British Columbians are supported in their efforts to maintain and improve their health. 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. This leadership role is enacted through the development of social policy, legislation and professional regulation, through funding decisions, negotiations and bargaining, and through the Ministry's 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](http://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 B.C. 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 B.C. 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 B.C.

British Columbia's real GDP increased by 2.9 per cent in 2011 (according to preliminary GDP by industry data from Statistics Canada), following growth of 3.0 per cent in 2010. Overall in 2011, most indicators of British Columbia's economic performance showed improvement compared to the previous year. Gains in the domestic economy were observed in employment and consumer spending, while external gains were made in exports and shipments of manufactured goods. However, several risks to British Columbia's economy remain, including the European sovereign debt crisis, ongoing weakness in the US economy, exchange rate volatility, and slower than anticipated Asian demand for BC products.

B.C. 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 B.C. continues to experience poorer health and a disproportionate rate of chronic diseases and injuries compared to other B.C. 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**

B.C.'s senior population currently makes up 15 per cent 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.<sup>2</sup> The aging population is a significant driver of demand because the need for health services rises dramatically with age. In 2009/10 people over age 65 made up 15 per cent of the B.C. population, but used 34 per cent of physician services, 49 per cent of acute care services,

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<sup>2</sup> PEOPLE 35 Population Data, BC STATS

47 per cent of PharmaCare expenditures, 76 per cent of home and community care services and 93 per cent of residential care services.<sup>3</sup> 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 per cent of the B.C. population and consume approximately 80 per cent of the combined physician payment, PharmaCare and acute (hospital) care budgets.<sup>4</sup> Chronic diseases are more common in older populations and it is projected that the prevalence of chronic conditions could increase 58 per cent over the next 25 years<sup>5</sup> 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 120 per cent and the number of MRI exams increase by almost 250 per cent in the province between 2001/02 and 2011/12.<sup>6</sup> In addition, new surgical techniques and equipment have contributed to expanded use of joint replacement procedures. In B.C. the number of hip replacements has increased by 67 per cent and the number of knee replacements by 137 per cent over the past decade.<sup>7</sup>

### **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

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<sup>3</sup> Planning and Innovation Division, Ministry of Health; using MSP Expenditures 2009/10; Acute Care: Inpatient and Day Surgery workload weighted cases, DAD 2009/10; HCC community and Residential Care services by age group 2009/10, summed based on average unit costs.

<sup>4</sup> Discharge Abstract Database (DAD), Medical Service Plan (MSP) and PharmaCare Data 2006/07

<sup>5</sup> 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

<sup>6</sup> HAMIS/OASIS, Management Information Branch, Ministry of Health as of May 29, 2012

<sup>7</sup> Discharge Abstract Database, September 2011, Management Information Branch, Ministry of Health

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redesigning care delivery models so that we are fully leveraging the skill sets of our professionals, including creating and supporting inter-professional 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.

# Report on Performance

The following table provides an overview of progress in achieving the goals and objectives in the Ministry's *Revised 2011/12 – 2013/14 Service Plan* 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.

## Performance Results Summary Table

<b>Goal 1: Effective health promotion, prevention and self-management to improve the health and wellness of British Columbians</b> For greater detail see pages 14 to 15	<b>2011/12 Target</b>	<b>2011/12 Actual</b>
<b>1.1 Individuals are supported in their efforts to maintain and improve their health through health promotion and disease prevention</b>  Per cent of communities that have completed healthy living strategic plans	15%	13% NOT ACHIEVED
<b>Goal 2: British Columbians have the majority of their health needs met by high quality primary and community based health care and support services</b> For greater detail see pages 16 to 18	<b>2011/12 Target</b>	<b>2011/12 Actual</b>
<b>2.1 Providing a system of community based health care and support services built around attachment to a family doctor and an extended health care team with links to local community services</b>  Per cent of general practitioner physicians providing chronic disease management	85%	87.9% <sup>8</sup> ACHIEVED
Per cent of people aged 75+ receiving home health care and support	16%	DATA NOT AVAILABLE
<b>Goal 3: British Columbians have access to high quality hospital services when needed</b> For greater detail see pages 18 to 20	<b>2011/12 Target</b>	<b>2011/12 Actual</b>
<b>3.1 Acute care services are accessible, effective and efficient</b>  Average wait time for high demand non-emergency surgeries	19 weeks	22 weeks <sup>9</sup> NOT ACHIEVED
<b>Goal 4: Improved innovation, productivity and efficiency in the delivery of health services</b> For greater detail see pages 20 to 22	<b>2011/12 Target</b>	<b>2011/12 Actual</b>
<b>4.1 Optimize supply and mix of health human resources, information management, technology and infrastructure in service delivery</b>  Per cent of physicians implementing electronic medical record systems	75%	53.8% NOT ACHIEVED

<sup>8</sup> As of December 2011

<sup>9</sup> As of December 31, 2011

## Goals, Objectives, Strategies and Performance Results

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.

#### *Providing information to help manage your health*

*HealthLink BC helps British Columbians stay healthy with 24/7 access to resources. This year, we responded to:*

- ✓ 433,681 calls to Navigation Services
- ✓ 281,909 calls to Nursing Services
- ✓ 23,383 calls to Pharmacist Services
- ✓ 14,799 calls and 978 emails to Dietitian Services
- ✓ 4,367,297 page views to the HealthLink BC website

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- 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 B.C. 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	2011/12 Actual
Per cent of communities that have completed healthy living strategic plans	0%*	15%	13% NOT ACHIEVED

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

\* Baseline reflects anticipated changes to the current programs.

### Discussion of Results

Healthy Living Strategic Plans outline the priorities and actions local governments and health authorities will collectively take to improve the health and wellness of their citizens. The Plans focus on creating environments which support healthy eating, physical activity, tobacco reduction and other behaviours to improve the health of the entire community and priority populations.

Although the target was not met, significant progress was made. Delays in initiating regional consultations between health authorities and local governments were due to local government elections. The time required obtaining partnership agreements also contributed to not meeting the target. Organizational capacity deficits to address this new focus are underway.

### Ministry Response

The Ministry recognizes that the creation of sustainable healthy communities requires health authorities and local governments to work closely together in new and innovative ways; this will take time. The Ministry continues to support the development of these efforts and is working closely with health authorities to increase their organizational capacity. This work includes the development of the Healthy Families BC Communities website to provide tools and resources for health authorities and local governments to create Healthy Living Strategic Plans (<http://www.healthyfamiliesbc.ca/your-community/communities-program>).

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

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

B.C.'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.

#### ***A leader in cancer care***

- ✓ *BC has the lowest mortality rate for all cancers and the lowest overall incidence rate for cancer in Canada.*
- ✓ *More than 33,000 patients in BC receive cancer drug therapy annually.*
- ✓ *BC's investment in cancer care and control through the BC Cancer Agency has increased more than 155% since 2000/01.*

Sources: Canadian Cancer Society, Canadian Cancer Statistics 2012; Financial and Corporate Services, Ministry of Health, 2012



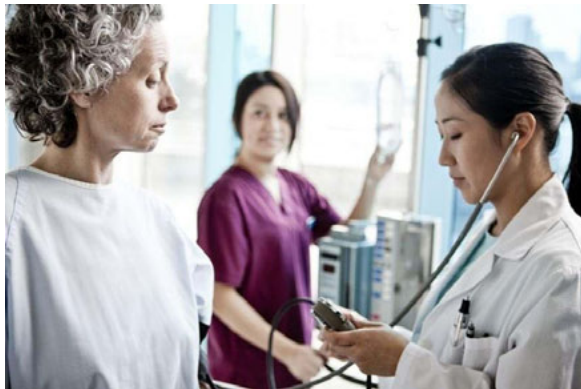
**Performance Measure 2: Chronic disease management.**

Performance Measure	2009/10 Baseline	2011/12 Target	2011/12 Actual
Per cent of general practitioner physicians providing chronic disease management	81%	85%	87.9% <sup>10</sup> ACHIEVED

**Data Source:** Medical Services Plan, Management Information Branch, Planning and Innovation 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 of Results**

Chronic Disease Management (CDM) is an approach that incorporates patients as full partners in their care and promotes planned proactive care to prevent or slow disease progression for those living with chronic conditions. A hallmark of CDM is the development and implementation of clinical practice guidelines by general practitioner physicians (GPs), nurse practitioners, and other health providers to provide care according to best practice. CDM has been a primary focus of quality improvement efforts in primary health care for a number of years in B.C. Good CDM benefits patients through improved experience and outcomes, and benefits the health system by reducing the use of acute care services by chronic disease patients, and therefore overall system costs.<sup>11</sup>



In the *2010/11 – 2012/13 Ministry of Health Service Plan* the target for this measure was expressed as a number. The target in the *Revised 2011/12 – 2013/14 Ministry of Health Service Plan* was a per cent to allow for unpredictable changes in the total number of community GPs in the province. The target of 85% was achieved by the end of 2011 and represents more than 3,100 GPs providing CDM. The number and the per cent of physicians providing CDM continued to

increase to the end of the 2011/12 fiscal year and is an improvement as compared to the same time last year.

<sup>10</sup> As of December 2011

<sup>11</sup> Primary Health Care Charter: A Collaborative Approach, British Columbia Ministry of Health, 2007

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

Performance Measure	2009/10 Baseline	2011/12 Target	2011/12 Actual
Per cent of people aged 75+ receiving home health care and support	15.6%	16%	DATA NOT AVAILABLE

**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, Planning and Innovation Division, Ministry of Health, 3. Home and community Care Minimum Reporting Requirements (HCCMRR) Data Warehouse, Management information Branch, Planning and Innovation Division, Ministry of Health.

**Discussion of Results**

This measure tracks the per cent of seniors (aged 75+ years) 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 a growing need for community care options to support those who can no longer live independently. This support helps seniors 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.

**Ministry Response**

The source of the data for the measure, “Per cent of people aged 75+ receiving home health care and support” is currently transitioning from one data capture system to a more comprehensive one. Although the transition was expected to be completed in 2012, unanticipated issues have delayed full implementation of the new system until mid-2012.

**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.

**Increase in Surgeries  
(2000/01-2010/11)**

*From 2000/01 to 2010/11, the number of surgeries increased in the following areas:*

- ✓ *Hip replacements increased by approximately 67 per cent.*
- ✓ *Knee replacements increased by approximately 137 per cent.*
- ✓ *Cataract surgeries increased by approximately 60 per cent.*

Source: Discharge Abstract Database, Sept. 2011, Management Information Branch, Planning and Innovation Division, Ministry of Health

**Performance Measure 4: Access to surgery.**

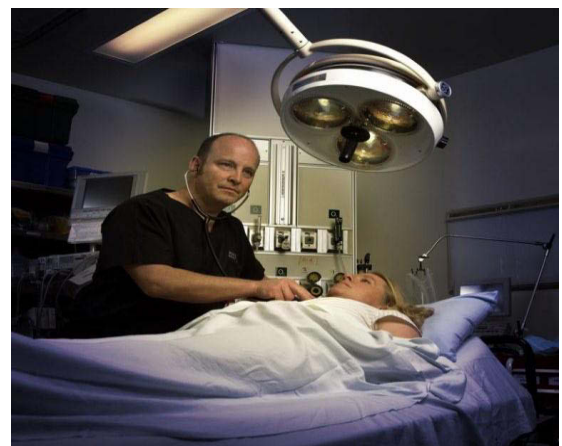
Performance Measure	2009/10 Baseline	2011/12 Target	2011/12 Actual
Average wait time for high demand non-emergency surgeries	21 weeks	19 weeks	22 weeks <sup>12</sup> NOT ACHIEVED

**Data Source:** Surgical Wait Times Production, Management Information Branch, Planning and Innovation Division, Ministry of Health.

Notes: High-demand surgeries are defined as the top 20 procedures that have the most cases waiting for surgery at a given point in time. 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. This measure uses adjusted wait times that are calculated by excluding periods when the patient is unavailable from the total wait time.

**Discussion of Results**

This measure tracks the average wait times for the 20 surgical procedures with the largest number of waiting cases. These procedures include hernia repair, hysterectomy, sinus surgery, as well as cataract extractions and hip and knee replacements. It should also be noted that while the target of 19 weeks was not



<sup>12</sup> As of March 31, 2012

achieved this fiscal year, average wait times for the 20 highest demand surgical procedures has decreased from 26 weeks in March 2009 to 22 weeks in March 2012. The Ministry is currently leading several projects that are designed to foster innovation and efficiency in B.C.'s hospitals, thereby improving access to a broader range of surgical procedures.

### **Ministry Response**

A patient prioritization methodology with maximum recommended wait time targets was introduced and has been in use for the past year. An evaluation of this is planned for 2012/13 which will provide opportunities for improved waitlist management. Similarly, data from the National Surgical Quality Improvement Program, implemented in 24 sites throughout the province will be available later in the year and will identify best practices for further dissemination. All of these programs, in addition to a province-wide perioperative improvement process will enable health authorities to increase access to surgical care. The priority is now on reducing the number of long waiting patients for all surgeries and the rate of surgical cancellations.

## **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 B.C.'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	2008/09 Baseline	2009/10 Actual	2010/11 Actual	2011/12 Target	2011/12 Actual
Per cent of physicians implementing electronic medical record systems	20%	41%	49%	75%	53.8% NOT ACHIEVED

**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 of Results**

Electronic medical records make patient records more accessible to health care providers, improving coordination, management and efficiency of care. 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 which operates a provincially funded physician incentive program directed at increasing physicians' adoption of electronic medical record systems. It is estimated that the maximum target number of 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 other settings such as hospitals that have existing clinical information systems would not be candidates to implement an electronic medical record system.

At the end of fiscal 2011/12, 2,690 physicians (or 53.8 per cent of the 5,000 maximum) were active in the program; while a further 430 physicians were enrolled in the incentive program to implement an electronic medical record system.<sup>13</sup>

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<sup>13</sup> Physician Information and Technology Office, Ministry of Health, April 2012.

## Ministry Response

The incentive funding for adopting an electronic medical record system is offered to physicians on a voluntary basis. Physicians are not obligated to register for this program. As such, the adoption targets cannot be guaranteed for any particular year. A new agreement between the Ministry and British Columbia Medical Association has been negotiated that includes the extension of the Physician Information Technology Office program to March 31, 2014.

### **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**

- Drive Lean across the health service sector to redesign and improve services and functions.<sup>14</sup>
- 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 the introduction of new technologies to improve patient outcomes and manage health care costs.

#### ***Taking a patients-first approach to improving quality, productivity and efficiency in health care***

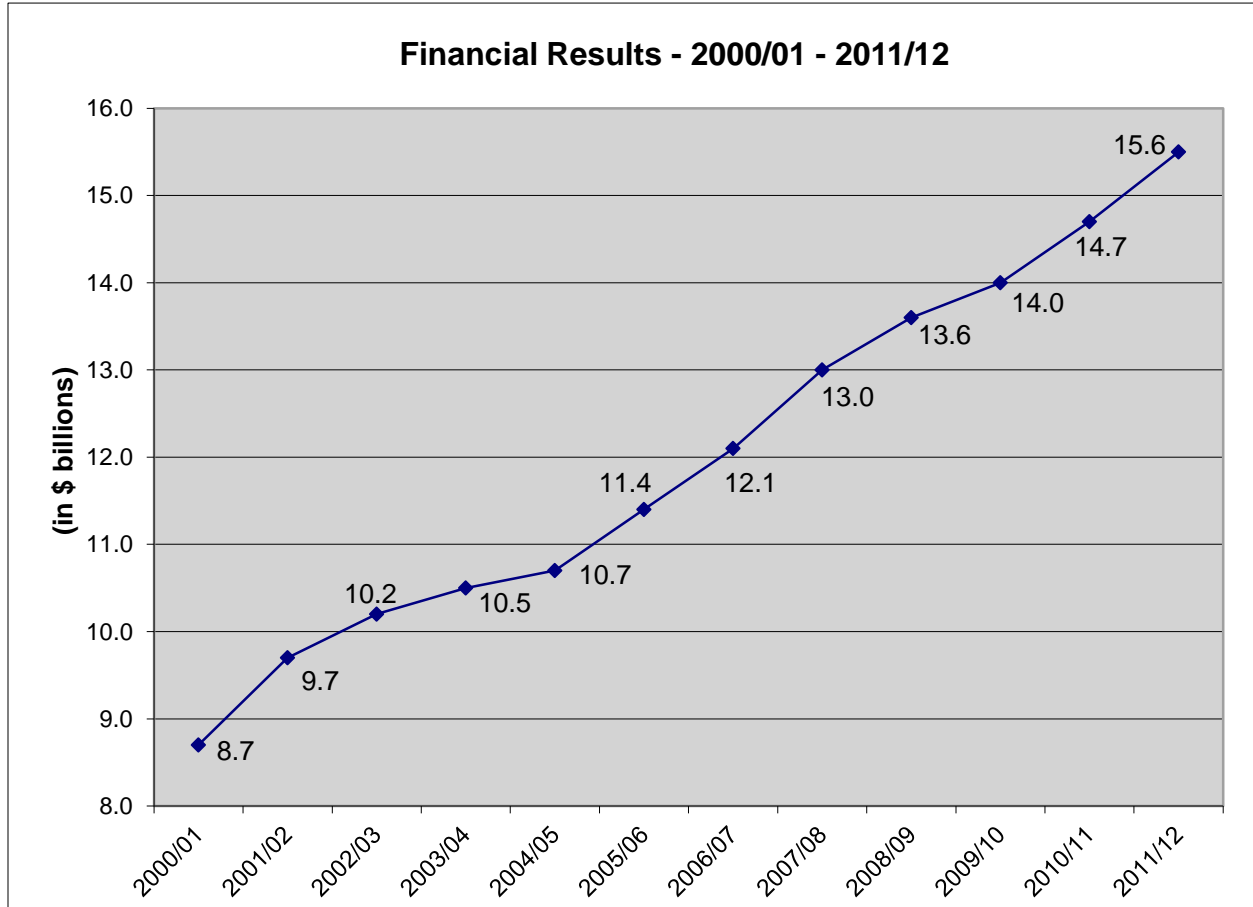
*The provincial strategy of supporting the use of Lean across BC has resulted in:*

- ✓ *Over 120 Lean events initiated or completed in fiscal 2011/12 across BC*
- ✓ *Involvement of over 30 hospitals across BC in Lean events*
- ✓ *Improvements in the quality of services, patient experience, productivity and efficiency*

<sup>14</sup> Lean is a collection of principles, methods and tools that improve efficiency in processes by identifying and reducing waste from the client (patient) perspective.

# Report on Resources

The Ministry of Health 2011/12 budget was \$15.713 billion. Actual operating expenditures for the fiscal year ending March 31, 2012 were \$15.567 billion, resulting in an operating variance of \$146 million. Additionally, the Ministry reversed \$27 million of prior years' accruals, resulting in a total surplus position of \$174 million. However, the reversed amount was not available for spending.





Ministry of Health

Resource Summary Table

	Estimated	Other Authorizations	Total Estimated	Actual	Variance
<b>Operating Expenses (\$000)</b>					
<b>Health Programs</b>					
Regional Services	10,541,480		10,541,480	10,462,352	(79,128)
Medical Services Plan	3,801,654		3,801,654	3,764,517	(37,137)
PharmaCare	1,139,876		1,139,876	1,109,798	(30,078)
Health Benefits Operations	34,410		34,410	41,696	7,286
HealthLink BC	33,137		33,137	30,723	(2,414)
Vital Statistics	6,734		6,734	5,414	(1,320)
<b>Sub-Total</b>	<b>15,557,291</b>	<b>0</b>	<b>15,557,291</b>	<b>15,414,500</b>	<b>(142,791)</b>
<b>Executive and Support Services</b>					
Minister's Office	860		860	766	(94)
Stewardship and Corporate Services	155,268		155,268	151,657	(3,611)
<b>Sub-Total</b>	<b>156,128</b>	<b>0</b>	<b>156,128</b>	<b>152,423</b>	<b>(3,705)</b>
Recoveries – Health Special Account	(147,250)		(147,250)	(147,250)	0
<b>Total Vote 32</b>	<b>15,566,169</b>		<b>15,566,169</b>	<b>15,419,673</b>	<b>(146,496)</b>
Health Special Account	147,250		147,250	147,250	0
<b>Sub-Total – Operating Expenses</b>	<b>15,713,419</b>	<b>0</b>	<b>15,713,419</b>	<b>15,566,923</b>	<b>(146,496)</b>
Reversal of Prior Year Over Accruals <sup>15</sup>				(27,347)	(27,347)
<b>Total – Ministry of Health</b>	<b>15,713,419</b>	<b>0</b>	<b>15,713,419</b>	<b>15,539,576</b>	<b>(173,)</b>

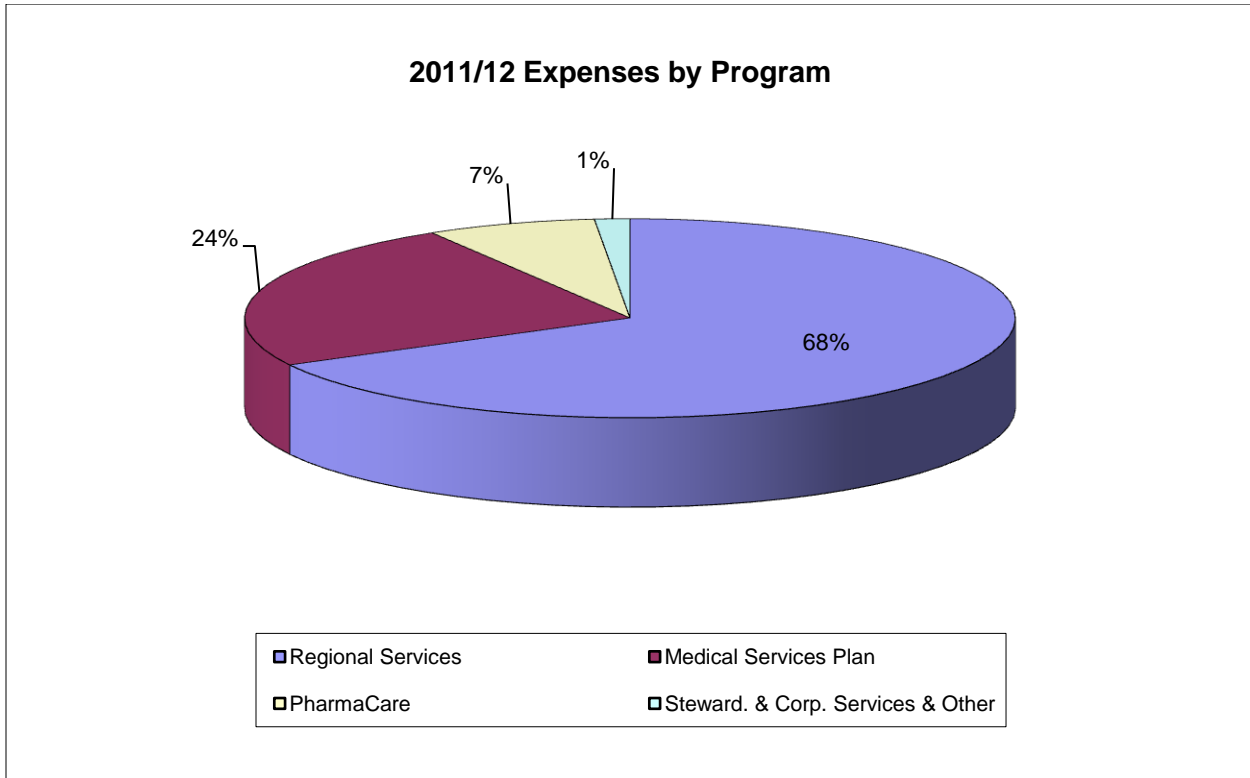
<b>Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)</b>					
<b>Ministry Operations</b>					
Stewardship and Corporate Services <sup>16</sup>	30,982	1,697	32,679	31,140	(1,539)
<b>Total – Ministry of Health</b>	<b>30,982</b>	<b>1,697</b>	<b>32,679</b>	<b>31,140</b>	<b>(1,539)</b>
<b>Consolidated Capital Plan (\$000)</b>					
Health Facilities <sup>17</sup>	463,255		463,255	345,322	(117,933)
<b>Total – Ministry of Health</b>	<b>463,255</b>	<b>0</b>	<b>463,255</b>	<b>345,322</b>	<b>(117,933)</b>

<sup>15</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.

<sup>16</sup> Other Authorizations of Ministry Capital Estimates are the approved amounts from Capital Planning Secretariat.

<sup>17</sup> Only the portion of health facility capital spending funded through restricted capital grants is included. This excludes capital spending funded through public private partnership debt as well as other funding sources (regional hospital districts, foundations, health authority own-source funding).





The significant operating variances were:

**Regional Services:** The surplus is primarily due to lower than anticipated take-up of new programs in Patient Focused Funding, lower risk management costs, lower than anticipated expenditures related to Canadian Blood Services, and other smaller surpluses in a variety of other programs.

**Medical Services Plan:** The surplus is primarily due to savings from lower than expected laboratory fees and lower costs associated with the laboratory reinvestment initiative.

**PharmaCare:** The surplus is primarily due to savings achieved through lower costs of generic drugs.

**Stewardship and Corporate Services:** The surplus is primarily due to hiring delays and operational savings.

## Income Statement for Health Authorities

As required under the *Budget Transparency and Accountability Act*, British Columbia's six health authorities and ten hospital societies 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 of Health Revised 2011/12 – 2013/14 Service Plan* are related to services delivered by the health authorities. The majority of the health authorities' revenue and a substantial portion of the funding for capital acquisitions are provided by the Province in the form of grants from Ministry budgets.

Health Authorities	2011/12 Budget	2011/12 Actual	Variance
<b>Combined Income Statement (\$000)</b>			
<b>Total Revenue<sup>18</sup></b>	13,233,000	13,599,848	366,848
<b>Total Expense<sup>19</sup></b>	13,233,000	13,581,098	348,098
<b>Operating Results</b>	0	18,750	18,750
<b>Gain (Loss) on Disposal of Capital Assets</b>	0	(566)	(566)
<b>Net Results</b>	<b>0</b>	<b>18,184</b>	<b>18,184</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>18</sup> Revenue: Includes provincial revenue from the Ministry of Health, plus revenues from the federal government, co-payments (which are client contributions for accommodation in care facilities) and fees and licenses.

<sup>19</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 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 include:

- **Jim Pattison Outpatient Care and Surgery Centre**

In order to make room for expansion of inpatient services at Surrey Memorial Hospital, a new outpatient and surgical centre was 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 \$232 million project opened for patients on schedule in 2011.

For more information on the Jim Pattison Outpatient Care and Surgery Centre project, please see the website: [www.partnershipsbcc.ca/files-4/project-fha.php](http://www.partnershipsbcc.ca/files-4/project-fha.php)

- **Kelowna and Vernon Hospitals Project**

The Kelowna and Vernon Hospitals project consists of a patient care tower for an expanded emergency department and consolidated outpatient services, and academic space for the University of British Columbia (UBC) medical school's new Southern Medical Program at Kelowna General Hospital and a new patient care tower at Vernon Jubilee Hospital for a total cost of \$435 million. The Vernon Jubilee Hospital expansion opened for patients on schedule in 2011 and the Kelowna General Hospital expansion opened in 2012.

The new patient care tower at Kelowna General Hospital 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 was constructed to accommodate the Southern Medical Program and a new parkade.

The new patient care tower at Vernon Jubilee Hospital includes a new facility for emergency, ambulatory care, operating rooms and intensive care. The project is expected to decrease congestion in the emergency department and expand the capacity of current diagnostic and treatment programs. The building includes two shelled floors for future inpatient bed capacity.

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

[www.partnershipsbc.ca/files-4/project-ih.php](http://www.partnershipsbc.ca/files-4/project-ih.php)

- **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 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 includes 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 UBC Medical School's Northern Medical Program in northeastern B.C. The project also includes a new 124-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 \$302 million and was completed 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)

- **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 Northern British Columbia (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](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 multi-storey facility will include a perinatal centre incorporating 48 neonatal intensive care unit beds needed to treat premature infants and newborns in critical distress. The maternity department will also be expanded and 13 new obstetric beds will be added. The project will also include additional inpatient beds thereby increasing the inpatient bed capacity at Surrey Memorial Hospital by 30 per cent. An expanded adult intensive care unit will also help meet the acute care needs of Surrey, and will play a crucial role in decreasing emergency room congestion. Additional academic space will be created to support the growing partnership between Fraser Health and the UBC medical school. A new rooftop helipad will be located on the top of the new tower. The capital cost of the project is estimated at \$512 million. Construction on the new tower began in 2011. The new emergency department will be open to patients in 2013, with final construction of the tower to be completed in 2014.

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

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

The Interior Heart and Surgical Centre project will include a new, state-of-the-art general operating suite, inpatient surgical unit, and a new laboratory to replace aging facilities currently in use at Kelowna General Hospital. A new 13,166-square-metre (141,718-square-foot) building will be constructed to house the Interior Heart and Surgical Centre. The new building will be built on the site of the existing Pandosy building. The programs currently housed at Pandosy will be relocated to the new patient care tower and a new clinical support building. The existing surgical suite will be relocated to the new Interior Heart and Surgical Centre that will include room for future expansion of surgical services. Also included will be an expansion of support services for the cardiac program, such as central sterilization services. The surgical suite will be fully integrated with the cardiac revascularization program. The new buildings will be designed to Leadership in Energy and Environmental Design (LEED) Gold standards, and will maximize interior and exterior wood construction. The Interior Heart and Surgical Centre will be open for patients by mid-2015 with final renovations to other areas of the hospital completed by 2017. The cost of the project is estimated at \$367 million.

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/)

- **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

## Ministry of Health

additional beds will become part of the provincial network of NICU beds. First phase work at BC Children's Hospital and the Shaughnessy Building includes: site preparations for the new hospital; constructing additional academic space for the UBC; constructing a new clinical support building and a free-standing child day-care centre. Phase One is expected to cost \$91 million. The second and third phases of the project will include the construction of the new BC Children's Hospital and renovations and expansion of BC Women's Hospital. The total project cost for all phases must still be finalized, but is estimated to be approximately \$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](http://www.health.gov.bc.ca/library/publications/year/2010/BCCW-CapitalProjectPlan.pdf)

# Annual Service Plan Report Appendices

## Appendix A: Ministry Contact Information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Ministry of Health

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

4-2 1515 Blanshard Street  
Victoria, British Columbia  
V8W 3C8  
In Victoria: 250-952-1330  
Fax : 250-952-1362

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

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

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

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

**Agency Offices:**

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

VICTORIA  
818 Fort Street  
Phone: 250-952-2681

VANCOUVER  
605 Robson Street, Room 250

KELOWNA  
1475 Ellis Street, Room 101



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

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

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

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

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

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

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

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