

Ministry of Health

**2025/26 – 2027/28
Service Plan**

March 2025



For more information on the Ministry of Health contact:

Ministry of Health
PO BOX 9639
STN PROV GOVT
VICTORIA, BC
V8W 9P1

Toll free in B.C.: 1-800-663-7867
In Victoria: 250-387-6121

Or visit our website at
<http://www.gov.bc.ca/HLTH>

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Minister's Accountability Statement



The Ministry of Health 2025/26 – 2027/28 Service Plan was prepared under my direction in accordance with the *Budget Transparency and Accountability Act*. I am accountable for the basis on which the plan has been prepared.

A handwritten signature in black ink, appearing to read 'J. Osborne', written over a faint, light-colored rectangular background.

Honourable Josie Osborne
Minister of Health
March 4, 2025

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Strategic Direction

In 2025/26, the Government of British Columbia will continue to prioritize delivering the services and infrastructure needed for people to build good lives in strong communities.

To support this objective, Government will focus on growing the economy, responding to the threat of tariffs, creating good paying jobs, improving affordability, strengthening health care and education, and making communities safer.

Government will also continue deepening relationships with Indigenous Peoples while advancing implementation of the Declaration on the Rights of Indigenous Peoples Act Action Plan.

This 2025/26 service plan outlines how the Ministry of Health will support the government's priorities and selected action items identified in the Minister's January 2025 [Mandate Letter](#).

Purpose of the Ministry

The [Ministry of Health](#) (the Ministry) is obligated under the [Medicare Protection Act](#) to preserve a publicly managed and fiscally sustainable health system for British Columbia (B.C.), and to support access to necessary medical care based on need and not the individual's ability to pay. The Ministry has overall responsibility for ensuring that health services meet the needs of all in B.C., through accessible and culturally safe services no matter where you are in the province, and to support timely, high-quality, appropriate, equitable, and cost-effective service delivery.

While the Ministry has overall responsibility for the province's health authorities (HAs), the HAs are the organizations primarily responsible for health service delivery. Five regional HAs deliver a full continuum of health services to meet the needs of the population within their respective geographic regions and are subject to the [Health Authorities Act](#). A sixth health authority, the Provincial Health Services Authority (PHSA), governed by the [Societies Act](#), is responsible for provincial clinical policy, delivery of provincial clinical services, provincial commercial services, and provincial digital and information management and information technology planning and services.

Additional provincial legislation and regulations related to the health system include the [Hospital Act](#), the [Pharmaceutical Services Act](#), the [Laboratory Services Act](#), the [Community Care and Assisted Living Act](#), the [Mental Health Act](#), and the [Health Professions Act](#). Legislation and regulations related to the Ministry's public health role include the [Public Health Act](#), the [Emergency Health Services Act](#), the [Drinking Water Protection Act](#), and the [Food Safety Act](#). The Ministry also directly manages a number of provincial programs and services, including the [Medical Services Plan](#), which covers most physician services; [PharmaCare](#), which provides publicly-funded prescription drug benefits; and the [BC Vital Statistics Agency](#), which registers and reports on vital events such as a birth, death or marriage.

The Ministry also leads the Province's efforts to improve the mental well-being and reduce substance use-related harms for all people in B.C., including advancing the response to the

toxic drug crisis and increasing access to the full continuum of mental health and addictions services. The Ministry has overall responsibility for the development and delivery of a seamless, accessible, and culturally safe mental health and addictions system that meets the needs of individuals and families throughout the province.

The Ministry works in partnership with First Nations, Métis, Inuit, and urban Indigenous Peoples, governing bodies, and organizations to improve health and mental health outcomes for Indigenous Peoples in B.C. The Ministry's relationship with the First Nations Health Authority (FNHA) and the First Nations Health Council has been in place for more than a decade. The FNHA supports the health and wellness of First Nations people in B.C., and is responsible for planning, management, service delivery, and funding of First Nations health programs, in partnership with First Nation communities in the province.

The Ministry also works with [Métis Nation BC](#) (MNBC), as demonstrated through the [Métis Nation Relationship Accord II](#) (2016), to support the health and wellness of Métis people, and with partners such as the BC Association of Aboriginal Friendship Centres to support the health and wellness of urban Indigenous Peoples in the province. The Ministry recognizes that the implementation of B.C.'s [Declaration of the Rights of Indigenous Peoples Act](#) (Declaration Act) and the goals and outcomes articulated under the Declaration Act [Action Plan](#) reaffirm the Province's commitments to advance reconciliation in tangible and measurable ways. The obligations and commitments for change necessitate an evolving conversation and meaningful action from the perspectives of the HAs, the Province, First Nations, Métis, and Inuit People. To better understand the Province's relations with First Nations, Métis, and Inuit, a [Distinctions-Based Approach \(DBA\) Primer](#) (2023) was developed. The Province applies a DBA in the development and implementation of its policies, legislation, programs, operations, and funding initiatives, and in its engagement and relationships with First Nations, Métis, and Inuit. This work must be done in a manner that reflects a DBA and correctly identifies and engages the appropriate rights-holders. Underpinning this is the ongoing work across HAs and with other key partners to embed the Province's commitment to eliminate Indigenous specific racism, as set out in the provincial legislation through the Declaration Act, and outlined through the recommendations of the [In Plain Sight Report](#) (2020) and implementation of the Health Standard Organization (HSO) [BC Cultural Safety and Humility Standard](#).

The Ministry is committed to working and collaborating with additional critical partners such as health professionals and their respective professional associations, health unions, local and federal levels of government, health researchers, non-profit agencies, and patients and their families to advance this work.

Operating Environment

Like other jurisdictions in Canada and internationally, there are trends, risks, and opportunities impacting B.C.'s health system. In B.C., and around the world, health needs are increasing and becoming more complex, putting pressure on the health system.

In addition to impacts from health emergencies such as the toxic drug crisis and extreme weather events, the demographics in B.C. are also shifting and fueling unprecedented demand

for health care. The population of B.C. has experienced a 6.4 percent growth over the last two years, representing 342,150 people. This marks the highest increase over two years since 1972¹, with most of the population growth a result of people migrating into B.C. The province has also seen its senior population continue to grow and surpass 1.1 million people.

As the population in B.C. ages, a higher proportion of people are living with complex conditions and multimorbidity, the co-occurrence of two or more concurrent health conditions, and require a range of supports such as ongoing diagnosis and evaluation of medical conditions, support for basic activities, and interventions to improve their quality of life.

With an aging and growing population, it is also crucial to strengthen the health sector workforce by tackling the training, recruitment, retention, and system redesign needed to make sure our health human resources keep pace with the growing needs of people in B.C. to deliver better, and faster care. Having a diverse, skilled, and engaged workforce is pivotal to improving access to timely, accessible, and culturally safe health services in primary and community care, mental health care, [substance use care](#), hospital services, cancer care and ambulance services. A strong workforce is at the heart of a robust system that responds to ongoing and new challenges and complexities.

Although many people in B.C. enjoy excellent population health status and are resilient in times of crisis, the Province continues to focus on disease prevention, the quality of the health system's services, and the social determinants of health. Access to health and mental health and addictions services are made more difficult by social, structural, and economic factors that impact daily lives – like inflation and poverty, access to housing, food, and other basic needs. There is an opportunity to support and further strengthen population health, as well as ensure that support and services are accessible, culturally safe, timely, and meet the needs of people in urban/metro, rural and remote communities. About 13 percent of people in B.C. live in rural areas², and they have a higher burden of disease than their urban counterparts and live in areas where access to certain services can be challenging.

In addition to increasing access, there is an urgent need to improve health outcomes for Indigenous Peoples (First Nations, Métis, and Inuit) by breaking the cycles of systemic Indigenous-specific racism in the health system, employ a distinctions-based approach to support enhanced understanding that better meet the needs of Indigenous Peoples, and to retain and recruit Indigenous Peoples to work within the health sector. The [In Plain Sight Report](#) highlighted the systemic racism faced by Indigenous Peoples in accessing quality health care and has set out a road map for breaking the cycle of racism. The Province recognizes that reconciliation, Indigenous-specific anti-racism, and cultural safety and humility must be a priority within B.C.'s provincial health system and our journey will be guided by our commitments in the Declaration Act Action Plan and the recommendations of the [In Plain Sight Report](#), the [Truth and Reconciliation Commission Calls to Action](#), and the HSO [BC Cultural Safety and Humility Standard](#).

¹ BC Stats P.E.O.P.L.E. V2024.2. Extracted February 7, 2025.

² BC Stats P.E.O.P.L.E. V2024.2 people living in rural Community Health Service Areas (CHSAs). Extracted February 7, 2025.

Additional challenges and trends that impact B.C.'s health system include the current financial climate and the rapid advancement of technology. The demand for virtual care continues to increase. Virtual care can be highly beneficial to patients; however, it can also create obstacles for those who lack access to technology or experience other challenges with participating in virtual communication.

Complex and interconnected pressures require long-term, multi-year solutions. The Ministry continues to be resilient and innovative in its approach to creating and implementing solutions to address challenges facing our health system. The goals, objectives, and strategies outlined in the Ministry's service plan focus on addressing the risks and challenges, finding innovative solutions working across the health system, and embracing opportunities to further strengthen health system services.

Performance Planning

Goal 1: Primary and community care services are integrated, accessible, and well-coordinated within the health system

The Ministry is committed to meeting the changing needs of people in B.C. and the health system by focusing on an integrated approach, which brings together and improves coordination of primary and community care providers, services, and programs. This approach supports access to culturally safe and equitable care that is free of racism, and includes timely follow-up while meeting the diverse needs of patient populations across urban/metro, and rural and remote areas in the province.

Objective 1.1: Timely access to team-based, culturally safe, and comprehensive primary care services

This objective focuses on the ongoing commitment to support timely access to longitudinal, relationship-based primary care services for those in B.C. who wish to be attached to a family physician or nurse practitioner, as well as ensure access to episodic primary care services for those who are unattached or need urgent or after-hours access to services. This objective also focuses on the continued improvement and accessibility of equitable and culturally safe primary care services by Indigenous Peoples throughout the province, the provision of appropriate community care services, and outlines how the Province will support family doctors and nurse practitioners in delivering their services.

Key Strategies

- Continue to increase access to a family physician or nurse practitioner by attaching people through the Provincial Attachment System and by recruiting more new family physicians and nurse practitioners and retaining those already in practice through supportive compensation and incentive models, recruitment and retention programs, and education and training opportunities.
- Continue to increase timely access to team-based longitudinal primary care, providing people access to additional care through registered nurses and licensed practical

nurses, and other allied health professionals such as pharmacists, mental health and substance use workers, registered midwives, dietitians, and more, as well as Indigenous cultural and health supports such as Elders and traditional healers to promote culturally safe care.

- Provide timely access to episodic, urgent, and after-hours primary care services through Primary Care Network coordination and delivery of services across various models of care including family practice clinics, urgent and primary care centres, walk-in clinics, community pharmacies, and virtual services through HealthLink BC and other health service delivery partners and programs so people can access care when they need it.
- Continue to work with the Parliamentary Secretary for Rural Health, the Parliamentary Secretary for Mental Health and Addictions, FNHA, MNBC, and other key partners to improve health outcomes through equitable access and attachment to culturally safe primary care and public health services for people living in rural, remote, and Indigenous communities throughout our province, including innovative use of virtual technologies linked to in-person services, and more Indigenous led and/or focused primary care clinics and service providers.
- Continue to expand pharmacists' capacity, in addition to other health sector professionals' scope of practice, to better support patients' access to the health services that they need, by expanding training, education, and reducing barriers for health sector workers.

Objective 1.2: Expand and improve home and community care services to ensure people living in B.C. can access the care they need, from health promotion and prevention to complex care supports, in their homes and local communities

This objective focuses on high-quality home and community care services, including services for people with complex care needs and/or frailty. Improving and strengthening access to integrated home and community care services supports adults to age healthier and to live at home longer. Culturally safe, appropriate, and person-centred care are embedded within all health care service delivery.

Key Strategies

- Continue to support the promotion of healthy aging through well-coordinated community-based initiatives that supports seniors to remain active in their daily life and to continue to live independently.
- Improve access, coordination and comprehensiveness of home health services to ensure timely, reliable and effective care that supports people to age safely in their homes and community.
- Utilize the Long-Term Care Financial Reporting Tool to strengthen accountability of operators of long-term care homes in B.C.

- Strengthen B.C.'s health human resources through targeted training, recruitment, retention, and system redesign initiatives that support home health, assisted living, and long-term care workforce sustainability.
- Support the health and well-being of older adults and improve quality of life through the [Age Forward: British Columbia's 50+ Health Strategy and 3-Year Action Plan](#).

Objective 1.3: Expand with key partners an accessible system of care for mental health and substance use

This objective focuses on strengthening access to mental health and substance use services, including the response to the toxic drug crisis by building an integrated and well-coordinated system of care throughout the province. Improving access to evidence-based treatment and recovery services is essential to ensuring people receive the support they need in their wellness journey. Strategies will also support enhancing child and youth mental health and addictions services as well as services responsive to the unique needs of Indigenous Peoples.

Key Strategies

- Improve the system of care for people with severe, complex concurrent mental health and substance use disorders including acquired brain injury through increased access to longer term, specialized treatment and rehabilitative care facilities, designated mental health units in correctional centres, and intensive community support services.
- Continue work to increase access to evidence-informed inpatient and outpatient treatment and recovery services. This includes implementing the [Road to Recovery](#), a new model of care that will support people across all stages of substance use recovery from detox to aftercare; the Provincial Opioid Treatment Access Line, connecting people to same-day care for treatment of opioid-use disorder; and increasing access to Opioid Agonist Treatment (OAT) through expanded prescriber scope of practice.
- Improve access to distinctions-based, culturally safe, trauma-informed mental health and substance use services for First Nations, Métis, and Inuit Peoples.
- Increase the availability of mental health and substance use services for children, youth, and young adults across the continuum of care, including prevention, early intervention, treatment and recovery, and ensuring that young people have accessible supports where and when they need them.
- Improve access to critical, life-saving interventions and services in response to the toxic drug crisis, such as naloxone and overdose prevention services, and ensure safeguards are in place to address the risks of prescribed opioids.

Performance Measures

Performance Measure	2024/25 Forecast ¹	2025/26 Target	2026/27 Target	2027/28 Target
[1a] Number of people newly attached to a primary care provider	222,000	250,000	250,000	250,000

Data source: Client Roster, Provincial Attachment System (PAS).

¹ Forecast modelled using historical data up to and including Q3 2024/25, generated as of January 2025.

Discussion

This performance measure tracks the number of people who have a new attachment relationship with a primary care provider, either a family physician or nurse practitioner. Attachment to a primary care provider is a cornerstone of longitudinal care. Attachment improves access to and continuity of care, and is associated with many benefits, especially for complex patients with chronic disease and multimorbidity. Seamless access to longitudinal care is instrumental to support people to have control over their own health monitoring and actions to manage their health, improving quality of life and avoiding unnecessary hospitalizations for people in British Columbia.

This is a new measure for 2024/25. The forecast for 2024/25 was modelled using attachment data from the Provincial Attachment System, the Health Connect Registry, as well as historical primary care network attachment information. This measure includes all sources of attachment reported via the Provincial Attachment System – both the Health Connect Registry and attachments that occur within community.

Performance Measure	2017/18 Baseline	2024/25 Forecast ¹	2025/26 Target	2026/27 Target	2027/28 Target
[1b] Potentially inappropriate use of antipsychotics in long-term care	25.4%	29.0%	28.0%	27.0%	26.0%

Data source: Continuing Care Reporting System, data represents risk-adjusted rates.

¹ Forecast based on historical data from 2016/17 to Q1 2024/25, generated as of January 2025.

Discussion

This performance measure captures use of antipsychotic medications that may be appropriate in improving quality of life and reducing distress experienced by some long-term care residents who do not have a diagnosis for psychosis and who otherwise do not respond to non-pharmacological strategies for relief of behavioral symptom such as severe agitation. Nationally, or internationally, there is no clear optimal target for the current performance measure due to evolving resident complexity and rising rates of dementia. Quality improvement actions are being implemented including increased oversight, accountability, and resources to support the appropriate use of antipsychotics and other medications in long-term care settings.

The baseline year of 2017/18 remains the same since the performance measure was introduced into the service plan in 2019/20. The forecast for 2024/25 was modelled using historical data up to and including Q1 2024/25. The targets have been restated from those published in the previous service plan using updated modelled data and aims to establish goals for improvement. The national rate for this measure remains at 24.5 percent in 2023/24. Targets used in this plan aim to improve performance over time from current levels.

Performance Measure	2024/25 Forecast ¹	2025/26 Target	2026/27 Target	2027/28 Target
[1c] Percentage of people on Opioid Agonist Treatment (OAT) who have continued on OAT for 12 months ¹	43.8%	45.0%	46.0%	47.0%

Data source: Pharma Net Data as of January 2025.

¹ The number of people continuously on OAT for 12 months or more are divided by the total number of people engaged in OAT at the end of the fiscal year and reported as a percentage. Actual numbers of a target of one percent increase for each year have been included in the current service plan to improve target clarity.

Discussion

OAT is the standard of care for the treatment of opioid use disorder and an important tool for separating people from the toxic drug supply. As of December 31, 2022, approximately 112,318³ people in B.C. were estimated to have an opioid use disorder (OUD), although many may not be diagnosed, with 23, 414⁴ people receiving a dispensation for OAT from a community pharmacy in December 2024. While some people continue to experience barriers, such as stigma and access to prescribers in rural settings, services like the Provincial Opioid Treatment Access Line and access through nurse prescribing are designed to support access and retention on OAT. This performance measure tracks the proportion of people on OAT who have been continuously on OAT for 12 months or longer to treat OUD by fiscal year. Consistent adherence to OUD treatment is a validated indicator for associated patient stability, improvements in health outcomes, and reductions in deaths.

Performance Measure	2024/25 Forecast	2025/26 Target	2026/27 Target	2027/28 Target
[1d] Median number of days between client referral and accessing service for community bed-based treatment and recovery services ^{1, 2}	31 days	30.5 days	30 days	TBD ³

Data source: Health Authority reported data.

¹ Median number of days between client referral and accessing service' refers to service wait times for health authority-funded bed-based substance use treatment and recovery services but does not include withdrawal management or stabilization as these may operate differently than treatment and supportive recovery. For example, some may not use waitlists or have wait times for services (e.g. if a bed is not available, a prospective client is sent to their local hospital). It also does not include wait times for tertiary services such as Red Fish, Heartwood Centre for Women and others.

² Wait time targets reflect median of submitted aggregate data from all regional health authorities.

³ Policy work to determine future wait time targets is underway and will be informed by 2024/25 actuals and investments planned or in development.

³ Analysis from Dr. Bohdan Nosyk's [Cascade of Care for OUD](#) research program.

⁴ B.C. PharmaNet data, B.C. Ministry of Health.

Discussion

Substance use beds are an important part of the overall continuum of care, in addition to outpatient and virtual services. Bed-based services offer a structured and supportive setting and are typically most appropriate for people who require a higher intensity of services and support to address complex or acute mental health or addiction problems.

Wait time targets support the Ministry's commitment to provide access to substance use care. The forecast for 2024/25 has been adjusted from 32 days to 31 days. In 2023/24, B.C. surpassed the wait time target of 35 days for HA funded treatment and recovery beds with an actual wait time of 31 days. At the same time, 5,328 adults were served in publicly funded⁵ treatment and recovery beds – over 1,100 more clients than the previous year. This adjustment is enabled through ongoing improvements and investments in the system since 2017, such as the addition of more than 700 new publicly funded substance use beds.

While service access is increasing, it is important to note that wait times are impacted by factors beyond bed availability, including personal readiness to start treatment, travel time to services, and family, childcare and work commitments. In addition, people access other substance use services and supports while waiting for a bed-based service (e.g., they are connected to a mental health and substance use clinician and/or receive opioid agonist treatment); these services ensure people can access treatment, and recovery supports when they need them.

B.C. is continuing to take actions that will build a seamless, integrated treatment and recovery system of care, including initiatives like Road to Recovery. As a result, the target wait time for 2024/25 is revised to 31 days down from the previously published 32-day target. The Ministry continues to work to improve access and reduce wait times for the full range of substance use services for people in British Columbia.

Goal 2: Regional and provincial health care services meet the diverse needs of all in B.C.

This goal focuses on improving and strengthening a range of publicly-funded health services delivered throughout various health care settings through collaborative partnerships across the health system. This includes efforts to improve key areas of the health system, including ambulance services; hospital, diagnostic and surgical services; and cancer care services. Providing timely and accessible services is a priority of health system service providers.

⁵ Includes clients assigned beds provided through provincial grant funding to CMHA – B.C. and health authorities. The number of clients does not include youth, or clients of other substance use beds, specifically withdrawal management (detox) and transitional beds.

Objective 2.1: Timely access to hospital, surgical and diagnostic services throughout the province

This objective focuses on strengthening services that will ensure access to person-centred care in both rural/remote and urban/metro areas. Strategies demonstrate planned efforts to reduce wait times, manage patient capacity and patient flow, and to support increased access to hospital services, including surgical and diagnostic procedures. This objective also focuses on the ongoing commitment to deliver these services efficiently and effectively to those who need them most.

Key Strategies

- Continue to improve emergency care access and patient flow across hospitals through effective system planning, hospital capacity management, and accountability to system performance targets, including taking necessary steps to address temporary emergency room closures.
- Collaborate with the FNHA and Métis Nation BC to continue to strengthen culturally safe and accessible hospital services that integrate Indigenous-specific knowledge and practices to meet population needs.
- Continue to focus on reducing wait times by optimizing and increasing accessibility to diagnostic services where they are needed most and effectively managing waitlists, to ensure timely and equitable access for all in B.C.
- Continue to implement strategies to increase operating room capacity to meet patient demand and reduce surgical wait times across all regions of the province.

Objective 2.2: Improve access to cancer care services across the entire continuum of cancer care

This objective focuses on providing effective services to meet the changing needs and the rapid advancements in cancer care services and continue to work towards meeting international benchmarks/standards. To improve access to cancer care services, the Province is focused on linking a person-centred system of regional and provincial specialized services. These services are delivered by providers such as the PHSA, BC Cancer, and the regional health authorities, to support the full spectrum of cancer care including prevention, screening, diagnosis and treatment, research, and education, as well as palliative care. These efforts include working with BC Cancer and the regional health authorities, to implement [BC's Ten-Year Cancer Action Plan](#) with a focus to secure a cancer-free future for more British Columbians by expanding access to screening, diagnostic, and treatment services.

Key Strategies

- Reduce the incidence of cervical and other Human Papillomavirus (HPV) related cancers by increasing immunization of eligible people.
- Support earlier detection of colon, lung, cervical, and breast cancer by increasing screening program participation and retention and timely access to necessary diagnostic procedures and staging for initial cancer diagnoses.

- Increase access to new cancer treatments by increasing the number of patients participating in clinical trials and research at cancer centres.
- Working with First Nations, Métis and Inuit populations, and in collaboration with FNHA and MNBC, identify and implement actions that increase and improve the cultural safety of cancer care services and ensure equitable access to care.

Objective 2.3: Provide timely access to ambulance services to meet the needs of all in B.C.

This objective focuses on how the Ministry will support the PHSA and BC Emergency Health Services (BCEHS) in delivering timely out-of-hospital care and ambulance services to individuals across the province. The Ministry is focused on supporting recruitment and retention of paramedics and support staff in collaboration with these organizations to meet the needs of people across the province.

Key Strategies

- Enhance actions that will deliver timely and reliable, high-quality out-of-hospital emergency care for people throughout B.C.
- Build paramedic capacity and practice abilities and enable increased scope under new regulations through continued education for all paramedic licence levels.

Performance Measures

Performance Measure	2024/25 Forecast ¹	2025/26 Target	2026/27 Target	2027/28 Target
[2a] Ambulance In-Service Hours	2,979,000	2,800,000	2,800,000	2,800,000

Data source: BCEHS

¹ Forecast based on data as of January 1, 2025.

Discussion

Ambulance In-Service Hours reflects the total available number of patient care hours provincially for ambulance services. This is inclusive of all BCEHS community response resources including stretcher ambulance, aircrafts, single responder SUV, and supervisors. This measure provides an indication of patient care service and system readiness.

The 2024/25 forecast is higher than targeted in the previous Ministry service plan, and higher than outyear targets, due to the temporary increase in ambulances across the province to support Emergency Department closures and summer environmental emergencies.

Performance Measure	2016/17 Baseline	2024/25 Forecast ²	2025/26 Target	2026/27 Target	2027/28 Target
[2b] Total Operating Room Hours ¹	545,419	665,500	696,700	703,900	710,900

Data source: AnalysisWorks Lighthouse

¹ OR Hours are compiled through a third-party data extract from health authority OR booking systems, inclusive of 60 public hospitals across B.C. and eight private surgical centres contracted by health authorities. Third-party data is verified by health authorities to ensure integrity.

² Forecast based on data as of Period 9, 2024/25 year-to-date.

Discussion

This performance measure reflects efforts to allocate surgical resources to increase access for surgical patients and meet growing patient demand in the years to come, by increasing the number of operating room hours. These efforts highlight progress made on the [Commitment to Surgical Renewal](#), despite various challenges including periods of severe respiratory illness which placed extra demand on hospital beds, ongoing health human resource shortages, and extreme weather.

The baseline year of 2016/17 remains the same as previous service plans for consistency. The targets for 2025/26 and 2026/27 are consistent with those in the previous Ministry service plan, and these targets have been set to address growing surgical patient demand within the province. The target for 2027/28 demonstrates a reachable goal of ensuring that more patients receive timely and quality surgical care.

Goal 3: A high-quality sustainable health system supported by a skilled and diverse workforce, and effective and efficient systems and structures

This goal focuses on sustainable services through an effective, efficient, and integrated provincial health system infrastructure, and through meaningful and productive partnerships. The Ministry, as outlined in the multi-year [B.C.'s Health Human Resources Strategy](#) and [Provincial Allied Health Strategic Plan](#), will implement strategies and actions to support the health sector workforce and to increase access to a network of health care workers throughout the province through four key areas: retain, redesign, recruit and train. This goal also captures how the health care sector will continue to foster a culture of innovation, and support the integration of digital and information technology to improve organizational capacity and enable equitable service delivery throughout the health system to meet the ongoing needs of all in B.C.

Objective 3.1: A sustainable, skilled and diverse health sector workforce supported by a healthy, safe and engaging health care setting

This objective demonstrates the Ministry's continued focus on health, safety, and engagement for the health care workforce. This objective also focuses on optimizing, growing, and diversifying the province's health sector workforce. The Ministry continues to support the

inclusion of Indigenous priorities in health care workforce planning, including hiring a workforce that better represents the diverse communities it serves.

Key Strategies

- Continue to make progress on the key areas through [B.C.'s Health Human Resources Strategy](#) and the [Provincial Allied Health Strategic Plan](#):
 - Continue to retain staff through fostering healthy, safe, and inspired workplaces that embed reconciliation, diversity, inclusion, and cultural safety; build clinical and strategic leadership capacity across health professional groups; and increase workforce engagement.
 - Continue to redesign processes to balance workloads and staffing levels through optimizing scope of practice, integrating and strengthening team-based care, and adopting enabling technologies.
 - Enhance recruiting and attract new staff by aligning system capabilities, sustaining a healthy talent pipeline, removing and reducing barriers to licensure for all including internationally educated health care workers, attracting new workers to rural and remote areas of B.C., supporting comprehensive onboarding, mentoring and transition to practice, and promoting health-careers to secondary school students.
 - Promote training opportunities and pathways for future and current health care workers through increasing education seats, strengthening innovative student practice models and clinical capacity, expanding Health Career Access Programs in various occupations, enhancing education and career development pathways and earn and learn programs, and expanding the use of bursaries to remove financial barriers.
 - Continue to support integrated and inclusive hiring practices for underrepresented groups through the [Health Career Access Program](#), including women, Indigenous Peoples, persons with disabilities, members of visible minorities, and 2SLGBTQIA+ applicants, to provide equal opportunities for these groups, and to build a health sector workforce that reflects the people it serves.
- Continue to work with health and education sector partners to implement strategies and a new security model to reduce violence in the workplace, protect the health and safety of health care workers, and to implement the [National Standard of Canada for Psychological Health and Safety](#).
- Implement a provincial Human Capital Management system, along with supporting technology solutions, in collaboration with the health authorities to support important human resource functions (such as recruitment, employee onboarding, payroll, workforce modeling, and scheduling), as well as clinical learning.

Objective 3.2: Enable sustainable health sector innovation for quality population and patient health care

This objective focuses on how the health sector will position the health system to focus on innovation using a system-wide approach for both clinical and administrative practices. Innovative approaches are critical to the long-term sustainability of B.C.'s health system, and to support an equitable approach to meet the health needs of all in the province. This includes continuing to support and promote the application of an equity lens for the design and delivery of health care services and programs, to embed cultural safety, anti-racism, and equity for Indigenous Peoples, immigrants, racialized groups, persons with disabilities, the 2SLGBTQIA+ community, and other populations facing systemic inequities.

Key Strategies

- Streamline and facilitate research processes, and enhance clinical trials and other research studies in support of health system quality, improved patient outcomes, and life sciences advancement.
- Support climate preparedness and adaptation to advance a more sustainable, resilient, and responsive health system.
- Implement British Columbia's [Population and Public Health Framework and Action Plan: Strengthening Public Health](#) to improve population health, reduce demand on the health care system and reduce preventable and unjust differences in health.

Objective 3.3: Modernize digital care services and tools to provide a connected, safe, and trusted system

This objective focuses on supporting the health care workforce and people in B.C. in a way that enables all to feel connected, safe, and knowledgeable when using digital health services and tools. This includes supporting and encouraging education, training, and activities to promote adoption of technology and digital literacy. This objective also focuses on data informed health care programs and increasing efficiency and effectiveness of health services through new technology and information systems.

Key Strategies

- Continue to support British Columbians' access to their health information securely and conveniently, expanding access to data sets such as diagnostic imaging reports, clinical documentation, and screening and prevention, using the [Health Gateway](#) provincial patient portal; and expand access to health information in Health Gateway to guardians and care givers who are managing health care for dependents.
- Continue to implement clinical information systems to support digitalization and modernization of key care delivery processes, create the official health authority clinical record, and provide the point of integration for medical devices and other specialized software used in health service delivery.

- Continue support for [HealthLinkBC](#) and primary care network implementation and digital health solutions for the Provincial Attachment System, to increase access to family physicians and nurse practitioners.

Performance Measures

Performance Measure	2024 Forecast ¹	2025 Target	2026 Target	2027 Target
[3a] Nursing and allied health professionals' overtime hours as a percentage of productive hours	8.5%	8.5%	8.4%	8.3%

Data source: Health Sector Compensation Information System; dataset is based on a calendar year cycle.

¹ Forecast based on historical data from Q1 2018 to Q1 2024, generated as of January 2025.

Discussion

This performance measure focuses on nursing and allied health professionals overtime hours as a percentage of productive hours and is one indicator used to assess the overall health of the workforce. Overtime is commonly used as an indicator to assess aspects such as burnout and workload pressures – both drivers of workforce sustainability and patient safety.

The forecasted overtime rate for the 2024 calendar year is 8.5 percent and was modelled using historical data up to and including Q1 2024. Overtime rates have continued to increase over time in part to the current labour market challenges and the toxic drug crisis. The targets for 2025 and 2026 are restated from those in the previous Ministry service plan using updated modelled data and aims to establish goals for improvement.

Performance Measure	2024/25 Forecast ³	2025/26 Target	2026/27 Target	2027/28 Target
[3b] Number of British Columbians registered with Health Gateway, the provincial patient portal ^{1,2}	1.695M	1.8M	1.9M	2M

Data source: Health Gateway Admin Dashboard, Ministry of Health.

¹ The methodology for this performance measure is updated from the 2024/25 Service Plan from percentage of population to number registered.

² The number reported in forecast and target is in millions (M).

³ Forecast based on data as of December 2024.

Discussion

The number of people in B.C. registered with Health Gateway, the provincial patient portal, reflects progress in modernizing digital health care services and tools. Health Gateway provides British Columbians a secure and convenient access to their health records. The patient portal continued to expand in 2024, offering access to a broader range of imaging reports, such as X-ray, CT, MRI, fluoroscopy, ultrasound, mammography, and BC Cancer cervical, lung, and colon screening information.

The previous performance measure, percentage of population who access the provincial patient portal, varies according to population changes. With the population having grown considerably in the past two years, this did not provide a comprehensive understanding of all aspects of Health Gateway's progress toward its intended goals. In contrast, the updated methodology, which counts the cumulative registrants of Health Gateway since inception, enables a stable measurement of Health Gateway's progress.

Targets for future years have been based on the trend in Health Gateway registrations in recent years. The estimated targets for future registrations take into consideration that people in B.C. who need to access their health information online will register with the provincial portal as it continues to be enhanced with new services and functionalities.

Financial Summary

(\$000s)	2024/25 Restated Estimates ¹	2025/26 Estimates	2026/27 Plan	2027/28 Plan
Operating Expenses				
Regional Services	23,030,454	24,782,281	25,401,117	26,243,307
Medical Services Plan	7,608,887	8,128,050	8,270,603	8,399,683
PharmaCare	1,800,569	1,787,903	1,787,903	1,787,903
Health Benefits Operations	51,690	64,310	64,310	64,310
Recoveries from Health Special Account	(147,250)	(147,250)	(147,250)	(147,250)
Executive and Support Services	393,459	381,634	381,634	381,634
Health Special Account	147,250	147,250	147,250	147,250
Total	32,885,059	35,144,178	35,905,567	36,876,837
Capital Expenditures				
Executive and Support Services	30	30	30	30
Total	30	30	30	30

¹ For comparative purposes, amounts shown for 2024/25 have been restated to be consistent with the presentation of the 2025/26 Estimates.

* Further information on program funding and vote recoveries is available in the [Estimates and Supplement to the Estimates](#).

Health Authorities Financial Summary

As required under the Budget Transparency and Accountability Act, B.C.'s health authorities (HAs) are included in the Government Reporting Entity. The HAs have been primary service delivery organizations for the public health sector for several years, and many of the performance measures and targets included in this service plan are related to services delivered by the HAs. 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.

(\$000s)	2024/25 Forecast	2025/26 Budget	2026/27 Plan	2027/28 Plan
Combined Operating Statement				
Total Revenue¹	29,011,000	30,509,000	30,772,000	31,586,000
Total Expense²	(29,011,000)	(30,509,000)	(30,772,000)	(31,586,000)
Annual Surplus³	0,000	0,000	0,000	0,000

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

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

³ The 2024/25 Forecast, 2025/26 Budget, 2026/27 Plan, and 2027/28 Plan are adjusted for inter-entity transactions between these agencies.

Capital Expenditures

Significant IT Projects (over \$20 million in total)	Targeted Year of Completion	Project Cost to Dec 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
Immunization BC Digital Platform	2027	53	22	75

Objective: The Immunization BC Digital Platform project involves the design and build of the first provincially coordinated, public-facing digital vaccine management platform. The project objectives are to provide a comprehensive digital solution to:

- Register and book people for vaccination appointments.
- Record the clinical administration of the vaccine.
- Capture information about adverse effects.
- Track inventory.
- Report on the vaccine rollout.

Costs: The total estimated capital cost of the project is \$75 million, with the entire amount to be funding by the Province.

Benefits:

- Prioritizing front line workers.
- Better management of community outbreaks.
- Improved handling of periodic vaccine shortages or over supply
- Ability to issue vaccination records to the public.

Risks: The major risks associated with the project generally relate to project scope and functionality, schedule, cost, and operations and maintenance risk.

Appendix A: Public Sector Organizations

As of March 2025, the Minister of Health is responsible and accountable for the following organizations:

Health Authorities

[Fraser Health Authority](#)

FHA delivers public health, hospital, residential, community-based, and primary health care services in communities stretching from Burnaby to White Rock to Hope.

[Interior Health Authority](#)

IHA delivers public health, hospital, residential, community-based, and primary health care services to residents across B.C.'s Southern Interior.

[Northern Health Authority](#)

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

[Provincial Health Services Authority](#)

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

[Vancouver Coastal Health Authority](#)

VCHA delivers public health, hospital, residential, community-based, and primary health care services to residents living in communities including Richmond, Vancouver, the North Shore, Sunshine Coast, Sea to Sky corridor, Powell River, Bella Bella, and Bella Coola.

[Vancouver Island Health Authority](#)

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

Agencies, Boards, Commissions, Tribunals, and Colleges

[BC Emergency Health Services](#)

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

[BC Health Care Occupational Health and Safety Society](#)

The Society (also known as Switch BC) promotes safe and healthy workplaces at all worksites throughout the B.C. health system. In cooperation among unions, employers, and Doctors of

BC, it develops provincial frameworks, systems and programs aimed at improving the health and safety of B.C.'s health care workers.

[Health Quality BC](#)

Health Quality BC (formerly known as BC Patient Safety and Quality Council) provides system-wide leadership in efforts designed to improve the quality of health care in B.C. Through collaborative partnerships, the Council promotes and informs a provincially coordinated, patient-centered approach to quality.

[Data Stewardship Committee](#)

The Data Stewardship Committee is established under the [E-Health \(Personal Health Information Access and Protection of Privacy\) Act](#) and is responsible for managing the disclosure of information contained in a health information bank or a prescribed Ministry of Health database. The [Pharmaceutical Services Act](#) also mandates that the disclosure of PharmaNet data for research purposes is adjudicated by the Data Stewardship Committee.

[Drug Benefit Council](#)

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

[Emergency Medical Assistants Licensing Board](#)

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

[Forensic Psychiatric Services Commission](#)

The Commission is part of the PHSA, created in 2001 under the [Societies Act](#). The Commission operates the Forensic Psychiatric Hospital and six community forensic psychiatric services clinics and is responsible for conducting fitness assessments of individuals appearing before the courts.

[Health Profession Regulatory Colleges](#)

Regulatory colleges govern the practice of their registrants in the public interest. The following regulatory colleges are currently established under the Health Professions Act: College of Physicians and Surgeons of British Columbia; British Columbia; College of Nurses and Midwives; College of Pharmacists of British Columbia; British Columbia College of Oral Health Professionals; College of Complementary Health Professionals of British Columbia; College of Health and Care Professionals of British Columbia. The primary function of colleges is to ensure their registrants are qualified, competent, and following clearly defined standards of practice and ethics.

[Medical Services Commission](#)

The Medical Services Commission manages MSP in accordance with the [Medicare Protection Act and Regulations](#). The responsibilities of the commission are two-fold: to ensure that all B.C. residents have reasonable access to medical care, and to manage the provision and payment of medical services in an effective and cost-efficient manner. The Commission's audit powers

over health care practitioners are delegated to various special committees, including the [Health Care Practitioner Special Committee for Audit Hearings](#).

[Patient Care Quality Review Boards](#)

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

Appendix B: Minister Mandate Letter



BRITISH
COLUMBIA

January 16, 2025

Honourable Josie Osborne
Minister of Health
Parliament Buildings
Victoria, BC V8V 1X4

Dear Minister Osborne:

Congratulations on your appointment as Minister of Health at a critical time for our province. Serving as a member of the executive council is a privilege and responsibility which I am confident you will fulfill with integrity and a commitment to the people of our province.

British Columbians have trusted us with a mandate to deliver for them in ways that make a tangible difference in their daily lives. They expect us to listen and learn from people of different perspectives – and work together to make things better for everyone.

Specifically, we will tackle the challenges people worry about at the kitchen table:

- **Grow the economy by creating good jobs across British Columbia.** We will collaborate with businesses, workers, and communities to attract investments in both new and traditional sectors as well as emerging sectors of the economy. This approach will bring certainty for business, security for workers, and generate the wealth needed to support the essential services British Columbians rely on.
- **Reduce costs for families** including by helping people access homes they can afford through support for first-time homebuyers, increasing the supply of rental housing stock, and stronger measures to crack down on housing speculation.

.../2

**Office of the
Premier**

Web Site:
www.gov.bc.ca

Mailing Address:
PO Box 9041 Stn Prov Govt
Victoria BC V8W 9E1

Location:
Parliament Buildings
Victoria

- **Strengthen health care** by expanding access to family doctors and recruiting and training more health professionals, ensuring that every British Columbian can access the care they need, no matter where they live. We will also increase access to addictions treatment and provide help for people whose struggles require intensive supports.
- **Make our neighbourhoods and communities safer** by working with law enforcement and social agencies to address street disorder, crack down on organized crime, and do all we can to ensure repeat offenders stay behind bars.

Our commitment to take action on climate change remains foundational and will be key to a healthy and prosperous BC for future generations.

Underlying all this work is our partnership with Indigenous peoples. Advancing reconciliation, implementing the *Declaration on the Rights of Indigenous Peoples Act* and working in partnership with First Nations rights-holders to advance shared interests is the responsibility of every Minister.

Over this mandate I expect you to prioritize making progress on the following:

- In order to protect key services that British Columbians rely on, work with the Minister of Finance to review all existing Ministry of Health programs and initiatives to ensure programs support the health of British Columbians while keeping costs manageable. This is important in the context of current Provincial budget constraints, our growing and aging population, and emerging technologies.
- Tackle the training, recruitment, retention, and system redesign needed to make sure our health human resources keep pace with the growing needs of people in BC and deliver better, faster care.
- Ensure every British Columbian has access to primary care, continue connecting more and more people to family healthcare providers, and ensure that care can be delivered in person through standards established in consultation with the College of Physicians and Surgeons and Doctors of BC.
- Take necessary steps to address temporary emergency room closures.
- Improve cancer care delivery across the province to meet international benchmarks for outcomes and service delivery.

- Improve the delivery of maternity care, reproductive care, and gynecological cancer care for people across the province through targeted initiatives.
- Work with Indigenous communities and leadership to improve health outcomes for Indigenous peoples in our province.
- Improve the delivery of care for seniors and steward public investments made in seniors' care to improve efficiency and effectiveness given the growing population of seniors in our province.
- Reduce the cost of administration of the health care system to focus resources on the front line, including a review of Regional Health Authorities, and incorporating an active role for doctors, nurses, and Health Science professionals in designing and implementing healthcare solutions.
- Require professional colleges to recognize the credentials of Canadian healthcare workers immediately on confirmation of their good standing in another province or territory, and to recognize the credentials of international healthcare workers from foreign jurisdictions with similar or equivalent training programs within six weeks.
- Continue working collaboratively with stakeholders on initiatives to strengthen nurse-to-patient ratios.
- Support the work of the Chief Scientific Advisor for Psychiatry, Toxic Drugs and Concurrent Disorders in delivering high-quality care for people struggling with acquired brain injury, addiction, and mental health challenges – and work with partners across government to implement solutions.
- Bring together addiction health professionals and epidemiologists to expand peer-reviewed research to evaluate interventions for people struggling with addiction, and promptly implement best practices based on findings.
- Continue our work to build and deliver a seamless system of care for people seeking mental health and addiction services in the province on both an inpatient and outpatient basis, including services responsive to the unique needs of Indigenous peoples.
- Reduce the risk of diversion of prescribed opioids by taking action in these areas and any others identified: first, by identifying and implementing additional safeguards to prevent diversion of opioids prescribed for opioid dependence

treatment; and second, by working with all healthcare providers to find ways to reduce the population level frequency of opioid prescriptions generally.

- Review prescribing safety initiatives for psychoactive medications in order to enhance patient and public safety and reduce healthcare costs.
- Continue to expand access to nasal naloxone to respond to overdoses.
- Work with the Ministry of Children and Family Development, and with Indigenous peoples, key stakeholders and people with lived experience, to realign and improve services for children and youth with support and mental health needs.
- Work with the Cabinet Committee on Community Safety to ensure that initiatives identified by the committee are prioritized and delivered by your ministry as required.

To assist you in meeting the commitments we have made to British Columbians, you are assigned a Parliamentary Secretary for Mental Health and Addictions whose focus will be to:

- Work with you to ensure that the voices of key stakeholders, including addictions and mental health doctors and other medical professionals, people with lived experience, families, and public health officials, are included in our ongoing policy and legislative response to people in crisis due to addiction and mental health.
- Ensure that issues and opportunities identified are communicated to you and ministry staff for consideration and possible implementation.

You are also assigned a Parliamentary Secretary for Rural Health whose focus will be to:

- Work with you to engage with key stakeholders, including frontline service providers in rural and Indigenous communities, to seek their advice on how best to deliver accessible, effective care in their unique rural and remote communities.
- Ensure that issues and opportunities identified are communicated to you and ministry staff for consideration and possible implementation.

Additionally, you are assigned a Parliamentary Secretary for Seniors' Services and Long-Term Care whose focus will be to:

- Work with you to engage with service providers, advocates, and seniors to identify opportunities for improving seniors' care across the province and opportunities for

delivering this care in a way that is cost-effective and preserves dignity for our valued elders.

- Ensure that issues and opportunities identified are communicated to you and ministry staff for consideration and possible implementation.

You will work closely together and ensure your Parliamentary Secretaries receive appropriate support to deliver on this work.

As you are aware, we have established an accord with the BC Green Caucus that supports our shared commitment to ensuring stable governance focused on delivering progress and tangible outcomes for British Columbians. The commitments in that accord complement the direction in these mandate letters.

As a Cabinet, we will uphold the highest standards of ethics, collaboration, and good conduct in service of the public, and as a Minister of the Crown, you are expected to review, understand, and act according to the *Members' Conflict of Interest Act*. You will establish a collaborative working relationship with your Deputy Minister and the public servants under their direction, who provide the professional, non-partisan advice that is fundamental to delivering on our government's priorities. Your Minister's Office must meet the highest standards for integrity and provide a respectful, rewarding environment for all staff.

The work we have ahead takes place in a profoundly challenging geopolitical environment. Close friends and neighbours to our south are contemplating imposing draconian tariffs on our products that would hurt both Americans and Canadians. Our allies internationally face governmental instability. Hate and racism are on the rise around the world. Artificial intelligence breakthroughs with unclear implications and astonishing potential are announced daily. Global inflation, snarled supply chains, and war are threatening global economic growth and prosperity as well as the transition to a low-carbon economy.


We have an obligation to protect and defend British Columbians, as well as seize opportunities, in these uncertain times.

The good news is that we have everything we need to succeed, and we will succeed. British Columbia's people – our workers, entrepreneurs, business leaders, artists, and innovators – are among the most talented in the world. We are home to world-class educational institutions and public services. Our natural beauty is unmatched, we have internationally envied resources, and we are one of the most diverse places on the planet. Your job is to help us leverage these advantages in perilous times.

Use this mandate letter to guide your work, and do not be afraid to challenge assumptions, or be innovative, bold and aggressive in achieving the goals set out for you and your Ministry by the people of this province.

Thank you for joining me in the work ahead.

Sincerely,

A handwritten signature in blue ink, appearing to read "David Eby", with a long horizontal flourish extending to the right.

David Eby, KC
Premier

cc: Amna Shah, MLA
Parliamentary Secretary for Mental Health and Addictions

Debra Toporowski, MLA
Parliamentary Secretary for Rural Health

Susie Chant, MLA
Parliamentary Secretary for Seniors' Services and Long-Term Care and responsible
for the Consular Corps