

**Ministry of
Health Services**

**2009/10 – 2011/12
SERVICE PLAN UPDATE**

September 2009



For more information on the British Columbia
Ministry of Health Services,
see Ministry Contact Information on Page 25 or contact:

Ministry of Health Services
1515 BLANSHARD STREET
VICTORIA, BC
V8W 3C8

or visit our website at
www.gov.bc.ca/healthservices

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Message from the Minister and Accountability Statement



It is my pleasure to present the *2009/10 – 2011-12 Service Plan Update* for the Ministry of Health Services. This plan outlines the strategic priorities and goals for British Columbia's health care system over the next three years.

Our government has made record levels of investment in our public health care system, strengthened the system through innovation, and brought forward new treatments and services to British Columbians throughout the province.

Based on the input received during the Conversation on Health, our government passed a record eight pieces of health care legislation. This legislation provides the foundation upon which we will strengthen the health care system for future generations.

As our population and health care workforce ages, ensuring we have adequate numbers of health care professionals in British Columbia continues to be a priority. Since 2001, we have increased the number of nurse education spaces by 100 per cent, added 24 new nursing programs, and granted nearly 13,000 nursing degrees. We have doubled the number of medical school spaces and added over 990 allied health education spaces. Along with these educational opportunities, we have expanded the scope of practice for a number of health professionals, creating more choice and better access to health services.

We are committed to providing British Columbians in rural and northern communities with the health services they need. We have made enhancements to our rural physician locum program, ensuring patients have continued medical coverage while physicians are on vacation or continuing their education. We continue to expand our Telehealth network, linking patients with health services and specialists across the province. The Northern Cancer Control Strategy will improve access to treatment for northern residents and include a cancer care network and new Cancer Centre in Prince George.

The Ministry is working in partnership with other ministries and organizations to integrate mental health and addictions services across the province. The Riverview Redevelopment Project has seen the creation of more than 396 mental health beds in smaller, community-based facilities. The number of community addiction beds has increased by 150 per cent and the number of new community mental health beds has increased by 57 per cent since 2001. Providing housing and the appropriate support services allows people with mental illness and addictions live healthier lives.

We will continue to focus on innovation to provide high quality patient care and protect the sustainability of our publicly funded health care system. Integrated health networks have been implemented across the province to provide a team-based and coordinated approach to the care of patients with multiple chronic health conditions. Emergency department streaming projects have seen wait times reduced by up to 50 per cent. "Lean" projects re-evaluate everyday hospital processes to

make them more efficient – at BC Women’s Hospital the postpartum discharge time for new mothers went from 10 hours to less than two.

Our continued commitment to improving access and reducing wait times in all areas of health care is showing results. Since 2001, waiting times have fallen from 15.1 to 6.9 weeks for open heart surgery, 18.7 weeks to 10 weeks for hip replacement and from 25.4 weeks to 13 weeks for knee replacement surgery. Five regional B.C. Cancer Agency centres provide timely access to cancer care. Over 90 per cent of patients wait four weeks or less for radiotherapy.

Over the next three years we plan to increase the number of physicians using electronic medical records. A secure electronic health record system will transform the health system into a seamless continuum of care, improving efficiency and the safe delivery of health services.

The Ministry of Health Services *2009/10 - 2011/12 Service Plan Update* 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.

Minister’s Signature



Honourable Kevin Falcon
Minister of Health Services

August 24, 2009

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Purpose of the Ministry

The Ministry of Health Services has overall responsibility for ensuring that quality, appropriate and timely health services are available to all British Columbians. The B.C. health system is one of our most valued social programs — virtually every person in the province will access some level of health care or health service during their lives. Good health is a fundamental building block of a happy and productive life.

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

The Ministry directly manages a number of provincial programs and services. These programs include: the Medical Services Plan, which covers most physician services; PharmaCare, which provides prescription drug insurance for British Columbians; the B.C. Vital Statistics Agency, which registers and reports on vital events such as a birth, death or marriage; and the Emergency and Health Services Commission, which provides ambulance services across the province and operates HealthLink BC, a confidential health information, advice and health navigation system available by telephone or on the web (see www.healthlinkbc.ca). HealthLink BC also publishes the BC HealthGuide which is available through local pharmacies and operates bcbedline, the provincial acute bed management system.

The Province's six health authorities are the organizations primarily responsible for health service delivery. Five regional health authorities deliver a full continuum of health services to meet the needs of the population within their respective geographic regions. A sixth health authority, the Provincial Health Services Authority, is responsible for managing the quality, coordination and accessibility of selected province-wide health programs and services. These include the specialized programs and services provided through the following agencies: BC Cancer Agency, BC Centre for Disease Control, BC Children's Hospital and Sunny Hill Health Centre for Children, BC Women's Hospital and Health Centre, BC Provincial Renal Agency, BC Transplant Society, Cardiac Services BC, and BC Mental Health and Addiction Services including Riverview Hospital and the Forensic Psychiatric Services Commission.

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

Strategic Context

The health system in British Columbia is a complex network of skilled professionals, organizations and groups that work together to provide value for patients, the public and taxpayers. A key issue facing the health system is to continue improving the quality of services provided to citizens while also paying attention to the cost of the system.

The British Columbia health system 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 the frail elderly, a rising burden of illness from chronic diseases and advances in technology and pharmaceuticals that are enabling new procedures and treatments. The pressure is compounded by worldwide competition for health professionals and health care workers, and the need to maintain and improve the health system's physical infrastructure (i.e. buildings and equipment). In the current economic climate it is even more important for the health system to find new and creative ways to make sure the resources available for health care services are used effectively and in ways that most benefit the people of British Columbia.

British Columbia 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.

This year the province is also challenged by the potential of an influenza pandemic. Although every pandemic causes worldwide illness – as they have done throughout history – some are more widespread and deadly than others. Effective planning is a key to ensuring a coordinated and effective response to a pandemic that will minimize the spread and impact of illness, the number of fatalities and the disruption to society. The recent spread of the H1N1 flu virus (human swine flu) needs to be monitored and precautionary measures taken.

Managing staffing costs has always been one of the prime considerations in maintaining overall government affordability, and since 2001 this government has been diligent in reviewing staff spending each year. This is particularly true in these current economic times. All governments are in the similar position of having to balance spending and service levels against revenues that have declined over the past year in this extraordinary fiscal climate.

Staffing costs can be managed through removal of unfilled positions, retirements, staff efficiencies gained through coordination and collaboration across government, administrative program changes and, if necessary, a reduction in the staffing budget. In the 2010/11 budget, we will be managing staffing costs in the context of the current economic climate, examining all opportunities to continue to reduce these costs where possible. In the 2009/10 budget every effort has been made to preserve high staffing levels for frontline services.

In future years, government will continue to review its staffing budget to ensure those resources are allocated prudently, efficiently and towards government's key priorities.

The Aging Population

British Columbia's elderly population is the fastest growing in Canada. Within the next 10 years there will be fewer school age children than people over 65, and more people retiring than entering the workforce¹. The aging population is a significant driver of demand because the need for health services rises dramatically with age. In 2006/07 people over 65 made up 14 per cent of the B.C. population, but used 33 per cent of physician services, 48 per cent of acute care services, 49 per cent of PharmaCare expenditures, 74 per cent of home and community care services and 93 per cent of residential care services.² The population over age 85 is also growing and presents the health system with a growing need to provide appropriate care for those with frailty associated with advanced age and multiple conditions.

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 34 per cent of the B.C. population and consume approximately 80 per cent of the combined physician payment, PharmaCare and acute (hospital) care budgets.³ As most chronic diseases are more common in older populations, it is expected their prevalence will continue to increase and the resulting burden of illness will be a significant driver of demand for health services.

Advances in Technology and Pharmaceuticals

New treatments and technologies are improving health care, making it more efficient and effective, but they are also creating increased demand by expanding the number of patients treated and how and where services can be delivered. For example, thanks to advances in technology, cataract removal is recommended for a wider range of patients and is now a day procedure. Since 2000/01 angioplasties and hip replacements have increased by more than 50 per cent and knee replacements by approximately 118 per cent⁴. New diagnostic procedures, such as magnetic resonance imaging (MRI), computed tomography (CT) scans, and non-invasive cardiology tests have emerged, as well as new and more expensive drug therapies.

Human Resources and Health System Infrastructure

Although education and training programs for health professionals and health workers in British Columbia have been significantly expanded in recent years, ensuring the availability of human resources remains a challenge for the health system. As the population ages, so too does the health

¹ Population estimates (1986-2006) and projections (2007-2031) by BC STATS, Service BC, B.C. Ministry of Labour and Citizen Services (PEOPLE 32).

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

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

⁴ Discharge Abstract Database, Management Information Branch, Health System Planning Division, Ministry of Health Services, October 2008.

care workforce. Looming retirements in the health workforce combined with the rising demand for services and increased national and international competition for health professionals impact the province's ability to maintain an adequate supply and mix of health professionals and workers for British Columbia's health system.

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.

Goals, Objectives, Strategies and Performance Measures

Goal 1: High Quality Patient Care

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

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

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

Strategies

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

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

The Ministry is tracking access indicators for hip and knee replacement surgeries, hip fracture fixations, cataract surgeries and cancer treatment — the priority treatment areas identified by First Ministers in the 2004 *Ten-Year Plan to Strengthen Health Care*.⁵

Performance Measure 1: Access to surgery in priority areas

Performance Measure	2007/08 Baseline	2008/09 Actual	2009/10 Target	2010/11 Target	2011/12 Target
Waiting times for surgery: a) Percentage of hip replacement cases completed within 26 weeks	62%	74%	Improve over prior year	90%	Maintain at or above 90%
b) Percentage of knee replacement cases completed within 26 weeks	55%	65%	Improve over prior year	90%	Maintain at or above 90%
c) Percentage of hip fracture fixation completed within 48 hours	90%	88%	Improve over prior year	95%	Maintain at or above 95%
d) Percentage of cataract surgeries completed within 16 weeks	57%	58%	Improve over prior year	90%	Maintain at or above 90%

Data Source: SWIFT, Management Information Branch, Health System Planning Division, Ministry of Health Services
Hip fracture fixations: Discharge Abstract Database, Management Information Branch, Health System Planning Division, Ministry of Health Services.

Note: Coronary artery bypass grafts has been removed because the very small numbers involved did not make it a meaningful for this service plan. The Ministry continues to monitor the measure with health authorities.

⁵ First Minister's Meeting on the Future of Health Care 2004: A 10-Year Plan to Strengthen Health Care: Health Canada Website: www.hc-sc.gc.ca/hcs-sss/delivery-prestati on/ftcollab/2004-fmm-rpm/index-eng.php

Discussion

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

Demand for hip and knee joint replacement surgeries has been rising sharply as the population ages and new surgical techniques and technology make replacement surgeries available to more people. Since 2000/01 the number of knee joint replacements has increased by approximately 118 per cent and hip replacements have increased by approximately 58 per cent in British Columbia.⁶

Performance Measure 2: Access to cancer treatment

Performance Measure	2007/08 Baseline	2008/09 Actual	2009/10 Target ¹	2010/11 Target	2011/12 Target
Waiting times for cancer treatment: Percentage of patients who receive radiotherapy within four weeks	97%	94%	Maintain at or above 90%	Maintain at or above 90%	Maintain at or above 90%

Data Source: Provincial Radiation Therapy Program, BC Cancer Agency

¹ The radiotherapy benchmark of 90% was developed in accordance with the First Ministers' *Ten-year Plan to Strengthen Health Care*, September 2004.

Discussion

As one of the five First Ministers' Meeting priority areas, the Ministry has been tracking on-going performance in radiation therapy. Radiotherapy is the use of a focused radiation beam to destroy malignant cancer cells. This service is provided in five regional cancer centres operated by the BC Cancer Agency. Along with chemotherapy, which is frequently provided closer to home at community hospitals, early treatment with radiotherapy is important to achieving the best health outcomes for patients.

British Columbia's performance in delivering timely access to cancer care is excellent. Through the British Columbia Cancer Agency, over 90 per cent of patients receive their first round of radiation therapy within four weeks of being ready to treat. However, access to radiotherapy remains an important performance indicator for the Ministry. Demand for radiotherapy is growing driven by the aging population and increases in the prevalence and incidence of cancer. The Northern Cancer Control Strategy — including a new Cancer Centre in Prince George due to open in 2012 — will expand cancer care services, including radiotherapy, for B.C.'s northern residents.

⁶ Discharge Abstract Database, Management Information Branch, Health System Planning Division, Ministry of Health Services, October 2008.

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

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

Strategies

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

Performance Measure 3: Chronic disease management (diabetes)

Performance Measure	2008/09 Forecast	2009/10 Target	2010/11 Target	2011/12 Target
Percentage of patients with diabetes who undergo at least two A1C tests per year	55% Data available Fall 2009	60%	65%	70%

Data Source: Primary Health Care Registry, Medical Services Division, Ministry of Health Services.

Discussion

The Ministry's performance measure centres on improving chronic disease management, focusing specifically on the treatment of diabetes. Diabetes is one of the most common chronic diseases. It affects about 283,000 people or about 6.5 per cent of British Columbians and is steadily increasing in prevalence.⁷

This indicator measures improved management of diabetes through the percentage of patients with diabetes who undergo the recommended best practice of at least two hemoglobin A1C tests per year. The hemoglobin A1C test is a simple lab test used in the management of diabetes that shows the average amount of sugar (glucose) that has been in a person's blood over the previous three months. The A1C test shows if a person's blood sugar is under control, or if immediate intervention is required to lower complication rates. Improved management of diabetes means a healthier life for the patient and a reduced impact on the health system.

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

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

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

Strategies

- Providing a full continuum of high quality mental health and addiction services within each health authority to better integrate primary, secondary, community and tertiary care and integrate mental health and addictions services within the larger care network.
- Working with other ministries, BC Housing, health authorities and other partners to better address the housing and service needs of people with mental illness and addictions.
- Building or expanding mental health facilities in communities across the province, including the Riverview redevelopment project, to ensure patients with severe mental disorders who require sustained, complex medical treatment receive appropriate care.
- Enhancing services for people with dementia, including Alzheimer's disease. Targeted improvements include earlier assessment, clinical guidelines to improve treatment, and better integration of services.

⁷ Primary Health Care Diabetes (DM) Registry, 2007/08. Medical Services Division.

- Providing drug and alcohol treatment for at-risk and addicted people who are seeking help, and specifically addressing the need to provide integrated programs for youth addictions, including both detoxification and outreach programs.
- Working with other government ministries to better integrate programs and services such as employment and income assistance programs, corrections system services and services related to a dual diagnosis of mental illness and developmental disability.

Performance Measure 4: Co-ordinate mental health treatment

Performance Measure ¹	2007/08 Baseline ²	2008/09 Actual	2009/10 Target	2010/11 Target	2011/12 Target
Number of housing units with supports for people with a mental disorder and/or substance addiction	8,010	9,484	Increase over previous year	20% increase over 2007/08	Increase over previous year

Data Source: Mental Health and Addictions Housing inventory – March 31, 2009, Mental Health and Addictions Branch, Ministry of Health Services.

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

² 2007/08 Baseline previously shown as 7916 is restated to include rental housing subsidies.

Discussion

People with severe mental illness and/or substance use disorders benefit from access to safe, secure and affordable housing that is coordinated with a range of appropriate support services to treat their conditions. Housing with support services is for people who can live independently while receiving community living support services, as well as those who require a structured residential or family care home environment. This indicator measures the Ministry's progress in improving the availability of housing and support services for those with mental illness and/or substance use disorders. Health authorities provide assessment, treatment and a range of health services, which are coordinated and integrated with other providers responsible for housing and other community supports.

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

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

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

Skilled and caring health professionals are the cornerstone of our health system. Thousands of British Columbians seek medical attention every day, confident they are in the care of competent professionals who hold themselves to the highest standards. To be sustainable the system must ensure it has enough, and the right mix of, health professionals to provide the services that will meet British Columbian's needs now and in the future. B.C. has made significant progress since 2001 in addressing our health human resource needs but there is more work to be done.

Strategies

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

- Creating safe, positive work environments that attract and retain talented people, and support employee wellness and quality of work life in the health sector, including a project to retain mid to late career professionals in new roles and development of responsive shift scheduling for nurses.

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

Making the right investments in information management systems and new technologies will support the health system in meeting the goals and objectives set out in this service plan. Innovations in information technology can improve system integration and efficiency, support access to services across the province, assist managers and health care practitioners in making evidence-based decisions, and provide the public with access to valuable health information in a timely and convenient manner.

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

Strategies

- Enhancing patient care by implementing a secure electronic health record system across the province. An electronic health record system will allow medical practitioners to easily access the information necessary for patient care decision-making (such as test results or medication histories) while protecting personal privacy.
- Working with the British Columbia Medical Association and the College of Physicians and Surgeons to co-ordinate, facilitate and support information technology planning and implementation for physicians. This includes supporting the use of electronic medical record systems by physicians, and enabling citizens to access their own secure medical records so that they can be more informed when making both preventive and therapeutic care choices.
- Working with the B.C. eHealth Strategy Council and health sector partners to adopt an integrated province-wide information management/information technology (IM/IT) strategy across health authorities to align IM/IT planning, eliminate unnecessary duplication, promote shared IM/IT services and enable collaboration and integration of services. A first focus will be chronic disease prevention and management, and improving the coordination of care for patients suffering from Chronic Obstructive Pulmonary Disease, a leading cause of emergency department admissions across B.C. hospitals.
- Using Telehealth to improve rural and Aboriginal communities' access to health services and specialists.
- Improving clinician access to patient medication histories with the introduction of ePrescribing, which will permit physicians to electronically send a prescription to a patient's pharmacy and minimize preventable adverse drug reactions.

- Improving the availability of quality data and analysis to assist clinical and management decision-making, and optimizing health expenditures.
- Expanding public access to health services and health information through web-based applications.

Performance Measure 5: Electronic medical record system implementation

Performance Measure	2008/09 Actual ¹	2009/10 Target	2010/11 Target	2011/12 Target
Percentage of physicians implementing electronic medical record systems ¹	20%	40%	60%	80%

¹ Electronic medical record (ERM) systems are implemented through a voluntary program of the Ministry/BCMA *Physician Master Agreement*. The performance targets are based on a maximum of 5,000 physicians, who would be the most likely candidates to implement an EMR system. The maximum acknowledges that some physicians would not implement an EMR system due to the nature or location of practice, such as those working primarily in hospitals and having access to an ERM system already in place.

Discussion

Electronic medical record systems are replacing today's largely paper-based patient records and will help improve the overall sustainability of the health system. Electronic medical record systems work to simplify the complex nature of clinical practice in busy physician offices where volumes of paper files from multiple sources must currently be reviewed and managed on a daily basis. Properly implemented electronic medical records bring together the critical clinical information about patients so it is more accessible to physicians and their health care staff. Electronic medical records also provide provincial clinical guidelines for chronic conditions and active clinical decision support functionality such as alerts and recall notices based on these guidelines. Once integrated with the eHealth provincial systems, electronic medical records will decrease the expense of unnecessary diagnostic services or repeated clinical tests and assessments. An accessible and complete electronic medical record will provide further benefits in terms of reducing use of the acute care system because primary care physicians will have access to the clinical information they require to manage patients with chronic conditions according to clinical guidelines resulting in better chronic disease management and reduced need for acute intervention and treatment. As well, a complete electronic medical record with up to date lab and drug information can improve patient safety and reduce adverse events.

Objective 2.3 Sound business practices to ensure sustainability of the publicly funded health system

The Ministry is committed to managing the health system efficiently to ensure resources are spent where they will have the best outcome. The Ministry monitors and evaluates the delivery of services and the health of the population and works to ensure services delivered in the system meet the needs of the public. As part of a commitment to continuous improvement, the Ministry uses its evaluations of health system performance to inform strategic direction and facilitate course correction where

warranted. It also uses this information, along with population demographic and health need projections, to plan investments in the health system's physical infrastructure.

Strategies

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

Resource Summary

Full Time Equivalents (FTE) numbers for each Ministry are currently being reviewed across government and therefore are not reported in this Service Plan Update. FTE's are routinely reported in the Public Accounts and more detailed information will now be publicly reported in a new Annual Report on the Corporate HR Plan, released each Fall. For more information, see the Budget and Fiscal Plan documentation.

Resource Summary Table

Core Business Area	2008/09 Restated Estimates ¹	2009/10 Estimates	2010/11 Plan	2011/12 Plan
Operating Expenses (\$000)				
Services Delivered By Partners				
Regional Health Services Funding.....	8,646,471	9,185,113	9,566,167	10,196,408
Medical Services Plan.....	3,188,479	3,408,402	3,622,553	3,829,858
PharmaCare.....	1,016,170	1,055,394	1,094,914	1,151,845
Health Benefit Operations.....	30,948	31,182	31,760	33,760
Services Delivered by Ministry				
Emergency and Health Services.....	296,657	310,768	332,909	353,109
Vital Statistics.....	7,382	7,557	7,560	7,560
Recoveries from Health Special Account Services.....	(147,250)	(147,250)	(147,250)	(147,250)
Executive and Support Services.....	157,097	157,152	160,997	163,948
Health Special Account.....	147,250	147,250	147,250	147,250
Total.....	13,343,204	14,155,568	14,816,860	15,736,488

Capital Plan (\$000)				
Ministry Capital Expenditures				
Services Delivered by Ministry.....	8,890	15,402	2,477	9,058
Executive and Support Services.....	8,334	39,253	1,430	0
Total Ministry Capital Expenditures	17,224	54,655	3,907	9,058
Restricted Capital Grants.....	427,190	298,811	359,222	333,208

¹ Amounts have been restated, for comparative purposes only, to be consistent with Schedule A of the 2009/10 *Estimates*.

Health Authority Income Statement Resource Summary

As required under the *Budget Transparency and Accountability Act*, British Columbia's six health authorities are included in the government reporting entity. The health authorities have been primary service delivery organizations for the public health sector for several years and many of the performance measures and targets included in the Ministry's service plan are related to services delivered by the health authorities. The majority of the health authorities' revenue and a substantial portion of the funding for capital acquisitions are provided by the Province in the form of grants from Ministry budgets.

Health Authorities and Hospital Societies	2008/09 Actuals	2009/10 Budget	2010/11 Plan	2011/12 Plan
Combined Income Statement (\$millions)¹				
Total Revenue¹.....	10,272	10,696	11,175	11,812
Total Expense²	10,292	10,696	11,175	11,812
Net Results³	(20)	0	0	0

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

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 2008/09 actual results are based on audited financial statements provided by health authorities and hospital societies.

Major Capital Projects

Capital investment ensures the province's health infrastructure is maintained and expanded to meet our growing population and its need for health services.

The health sector invests in health facilities, such as hospitals, clinics and residential and complex care buildings. Capital investment is also made in medical equipment, including CT scanners, MRIs, laboratory systems and surgical equipment. In addition, investments in information technology and information management systems improve service quality and efficiency, and increase access to services, particularly in rural areas.

The Province's six health authorities and the Ministry collaborate on financial and infrastructure planning to ensure capital investments in the health system are strategic and cost effective. Recognizing the significant cost and long lifespan of most capital investments — both in acquisition and use — the Ministry and health authorities prepare three year capital plans annually, aligned with other health sector planning. This planning horizon enables the Ministry to better anticipate future demand for health services, resulting from a growing and aging population and medical and technological innovations, and to plan and prioritize long term capital investments.

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

Major capital projects currently underway include:

- **Surrey Outpatient Hospital:**

In order to make room for expansion of inpatient services at Surrey Memorial Hospital, a new Outpatient Hospital must be constructed to relocate existing Surrey Memorial Hospital outpatient services. This facility will provide additional space for the expected future volume of outpatient, diagnostic and treatment services, and include a primary care clinic. The estimated \$239 million project is planned for completion in 2011.

For more information on the Surrey Outpatient Hospital project, please see the Ministry's website at: www.partnershipsbcc.ca/files/project-fha.html

- **Kelowna/Vernon Hospitals Project:**

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

The new Ambulatory Care Centre and Emergency Department at Kelowna General Hospital will include a new building at Kelowna General Hospital to accommodate ambulatory/outpatient services in a single location, quadruple the size of the emergency department and include two

shelled floors for future inpatient bed capacity. The project is expected to decrease congestion in the emergency department, increase surgical capacity and improve patient flow throughout the hospital. In addition to the patient care tower, a new stand-alone facility will be built to accommodate medical school facilities for the UBC Okanagan program and a new parkade.

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

For more information on the Kelowna/Vernon Hospitals project, please see the Ministry's website at: www.partnershipsbc.ca/files/project-ih.html

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

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

For more information on the Royal Jubilee Hospital Patient Care Centre project, please see the Ministry's website at: www.partnershipsbc.ca/files/project-rjhpsc.html

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

The new hospital will be the centre for health care delivery to First Nations people and remote communities in northeastern B.C. and will provide a range of health services that take advantage of telecommunication and telehealth applications, reducing the need for patients to travel to receive care. The 55 bed facility will address wait times and emergency room congestion, and will provide access to modern ambulatory care. It will include emergency, diagnostic, treatment and patient care services and it will provide for expansion of health care services. The hospital will also be the centre for the Northern Medical Program in northeastern B.C.

The project also includes a new 123 bed residential care facility co-located with the hospital, generating operational efficiencies and opportunities to share health human resources that are scarce in the region. The total project cost is estimated at \$298 million and is planned for completion in 2012.

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

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

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

As part of the Northern Cancer Control Strategy, the Prince George Cancer Centre will accommodate two linear accelerators and other equipment, treatment rooms and patient areas. An addition and renovations to the Prince George Regional Hospital will accommodate a new six bed oncology unit, an expansion of pathology, laboratory and diagnostic imaging services, and

additional administrative spaces to support the impact of new BC Cancer Agency services in the north. The Northern Cancer Control Strategy will include renovations and enhancements to up to 11 Northern Health Authority sites in communities outside of Prince George and acquisition of new equipment and information technology to accommodate expansion of community cancer clinics. The estimated capital costs associated with the strategy are \$103.5 million and project completion is planned for 2012.

For more information on the Northern Cancer Control Strategy, please see the Ministry's website at: www.health.gov.bc.ca/library/publications/year/2008/NorthernCancerCentreProjectPlan.pdf

- **Surrey Memorial Hospital Critical Care Tower:**

The new building will include a new emergency department that is five times larger than the existing department. The new emergency area will include specialized units for mental health, geriatric care, a separate children's emergency area, an enhanced minor treatment unit and an improved area for acute patients. The five storey facility will include a perinatal centre incorporating 48 neonatal intensive care unit beds needed to treat premature infants and newborns in critical distress. The maternity department will also be expanded and 13 new obstetric beds will be added. The project will also include two floors of additional inpatient beds thereby increasing the inpatient bed capacity at Surrey Memorial Hospital by 30 per cent. An expanded adult intensive care unit will also help meet the acute care needs of Surrey, and will play a crucial role in decreasing emergency room congestion. Additional academic space will be created to support the growing partnership between Fraser Health and the University of British Columbia medical school. A new rooftop helipad will be located on the top of the new tower. The capital cost of the project is estimated at \$517 million. Construction on the new tower is expected to begin in 2010. Dependent upon the procurement process, the new emergency department is planned to open to patients in spring 2013, with final construction of the tower complete in spring 2014.

Ministry Contact Information (

Ministry of Health Services (www.gov.bc.ca/healthservices)

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

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

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)

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)

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

Ministry of Health Services - Health and Seniors Information Line

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

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

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

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

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

Agency Offices:

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

VICTORIA

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

VANCOUVER

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

KELOWNA

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

Hyperlinks to Additional Information

British Columbia's Six Health Authorities

Fraser Health Authority - www.fraserhealth.ca

Interior Health Authority - www.interiorhealth.ca

Northern Health Authority - www.northernhealth.ca

Provincial Health Services Authority - www.phsa.ca

Vancouver Coastal Health Authority - www.vch.ca

Vancouver Island Health Authority - www.viha.ca