



Ministry of Health Services

2009/10–2011/12 Service Plan

February 2009



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Message from the Minister and Accountability Statement



I am pleased to present the 2009/2010 – 2011/12 Service Plan 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 right across the province.

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

To ensure our publicly funded health care system is sustainable in the future, it is crucial that we as British Columbians all take a proactive role in the care of our health. The Ministry of Health Services will continue to work in close collaboration with the newly created Ministry of Healthy Living and Sport to encourage healthy lifestyles and support British Columbians in disease prevention across all areas of our great province.

With the looming retirements of the baby boom generation we have taken decisive action to ensure many in the next generation choose health care as a career. Since 2001, we've increased the number of nurse training spaces by 93 per cent, added 23 new nursing programs, and granted a record number of nursing degrees, nearly 13,000 in all. The number of medical school training positions have more than doubled. We have also added 990 new allied health education seats.

It is imperative that we work to address the health care needs of those who live in rural and northern communities. In addition to investing in new and upgraded facilities across rural British Columbia, we have made enhancements to our rural physician locum program, which will help more than 60 communities across the province to access primary health care, and we continue to develop our Telehealth network. Telehealth is one way we are reaching out to Aboriginal communities, many of which are physically removed from the major health care centres of the province. We must continue to be diligent in our efforts to close the gap that still exists in health status between British Columbia's Aboriginal and non-Aboriginal citizens.

In the next three years we plan to increase the number of physicians who use eHealth and electronic medical records. These tools will allow us to transform the health system into a seamless continuum of care, making health care more efficient and effective.

A strong continuum of health care is crucial to our province's seniors, whose numbers continue to grow. British Columbia has one of the fastest growing elderly populations in the country, and to address the needs of seniors we will continue to improve our Home and Community Care services. In 2008, our government reached a milestone. We've built 5,424 net new, and renewed or replaced 6,327 residential care beds, assisted living and supportive housing units in communities across B.C. – that's 11,751 new beds in total since 2001.

The Ministry of Health Services 2009/10 - 2011/12 Service Plan was prepared under my direction in accordance with the *Budget Transparency and Accountability Act*. I am accountable for the basis on which the plan has been prepared. All material fiscal assumptions and policy decisions as of February 9, 2009 have been considered in preparing the plan and I am accountable for achieving the specific objectives in the plan.

A handwritten signature in black ink that reads "George Abbott". The signature is written in a cursive style with a large, stylized 'G' and 'A'.

Honourable George Abbott
Minister of Health Services

February 9, 2009

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Purpose of the Ministry

The Ministry of Health Services supports Government's vision of a world class public health care system with a mandate to guide and enhance the Province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health. 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 at some point in their lives. Good health is a fundamental building block to leading a happy and productive life.

The British Columbia health system is guided by three overarching goals: improving the health and wellness for British Columbians; providing high quality patient care; and ensuring the health system remains sustainable, affordable and publicly funded. The Ministry of Health Services works collaboratively with the new Ministry of Healthy Living and Sport and other ministries to guide the health system in achieving these goals.

The Ministry of Health Services has overall responsibility for ensuring that quality, appropriate and timely health services are available to all British Columbians. 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.

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 as well as the BC HealthGuide, bcbedline and BC NurseLine program. For more about these programs, see www.healthlinkbc.ca.

The Province's six health authorities are the organizations primarily responsible for health service delivery. Five regional health authorities are responsible for delivering 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, co-ordination 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 Service 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

Good health and a satisfying quality of life depend on many factors including access to education, meaningful employment, stable family and community environments, and healthy lifestyle choices. Health services operate within the broader economic, social and environmental influences that impact the health of the population.

Access to high quality health services also has an impact on health status. In the past 40 years, the scope of the health system has expanded beyond traditional hospital and physician services to include comprehensive public health programs, a broad team of service providers, prescription drugs, various types of community-based care and more. Innovative new programs work alongside established, proven programs that have been provided for decades to ensure British Columbians have access to a reliable, quality health system supporting some of the best health outcomes in the country.

The British Columbia health system continues to be challenged by an ever increasing demand for health services. The most significant drivers of rising demand are the growing and aging population, 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 direct investments to maintain and improve the health system's physical infrastructure (i.e. buildings and equipment).

British Columbia also faces a challenge in ensuring that all parts of society and all populations can access health services and enjoy good health. Currently, B.C.'s Aboriginal population does not generally enjoy the same level of good health as the rest of the province's population. Government is working with First Nations, Metis and other partners to improve Aboriginal people's health and to close this gap in health status.

The Aging Population

Between 2000 and 2007, the British Columbia population grew by 8.1 per cent from 4,039,198 to 4,364,565 people, and all of this increase was in the population 45 or older. According to the 2006 census, almost a third of British Columbia's population is over the age of 50, while the proportion of children under 15 is lower than ever. Within the next 10 years there will be fewer school-age children than people over 65, and more people retiring than entering the workforce.¹

The aging population is a significant driver of demand because the need for health services rises dramatically with age. In 2006/07 people over 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

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

expenditures, 74 per cent of home and community care services and 93 per cent of residential care services.²

British Columbia has one of the fastest growing elderly populations in Canada. It is expected that by 2022, one in five British Columbians will be over 65 years old. However, this also presents an opportunity: older British Columbians represent a large pool of highly skilled and capable individuals who have a wealth of experience to share. Older people form the backbone of the volunteer sector which is one of the largest social and economic drivers in the province. Government is working with volunteer organizations to support older people's community participation and is focusing on preventive measures that will help our seniors live longer, healthier and more active lives.³

B.C. seniors spend more time volunteering annually than any other age group in the province – over 44 million hours in 2004, at an average of 247 hours per year.

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, which often do not improve and are rarely cured completely. It is estimated that approximately one in three British Columbians now has at least one confirmed chronic condition.⁴ As most chronic diseases are more common in older populations, it is expected their prevalence will continue to increase as the population ages.

Chronic disease, particularly in advanced stages, creates demand for acute hospital care services. For instance in 2006/07, 44 per cent of coronary bypass surgeries, 47 per cent of dialysis, 56 per cent of lower limb amputations and 58 per cent of retinal surgeries were performed on patients with diabetes. Furthermore, while people with chronic conditions represent approximately 34 per cent of the B.C. population, these individuals consume approximately 80 per cent of the combined physician payment, PharmaCare and acute (hospital) care budgets.⁵ Overall, the increasing prevalence of chronic disease and the resulting burden of illness is a significant driver of demand for health services.⁶

Advances in Technology and Pharmaceuticals

New treatments and technologies are improving health care but are also creating increased demand by expanding the number of patients who can be treated and changing how and where services can be delivered. For example, before the development of microsurgery and laser treatments, cataract

² Health System Planning Division (certs HMB 2008 144) 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 *Seniors in British Columbia - A Healthy Living Framework*
www.cd.gov.bc.ca/seniors/PDFs/seniors_framework_web.pdf

⁴ Medical Services Plan (MSP) and Discharge Abstract Database (DAD) data, 2006/07

⁵ Discharge Abstract Database (DAD), Medical Service Plan (MSP) and PharmaCare Data 2006/07

⁶ *Primary Health Care Charter*, 2007, British Columbia www.health.gov.bc.ca/phc/pdf/phc_charter.pdf

removal was only recommended for people with very serious visual impairment. Now, thanks to advances in technology, cataract removal is recommended for a wider range of patients and can be done as a day procedure.

Other examples are angioplasties, hip and knee replacements. This is demonstrated by the increased numbers of these procedures. Between 2000/01 and 2007/08 angioplasties increased by approximately 55 per cent, cataracts surgeries by 42 per cent, hip replacements by approximately 58 per cent and knee replacements by approximately 118 per cent.⁷ During this time the general population only increased by 8.1 per cent and people over 65 years of age increased by 17 per cent.⁸

Many new diagnostic procedures have been made available over recent years, and magnetic resonance imaging (MRI), computed tomography (CT) scans, and non-invasive cardiology tests are now common diagnostic services.

Advances in drug therapy, again along with the aging population, are increasing demand on B.C.'s PharmaCare program. Increased use of drug therapy, newer and more expensive drugs entering the market and the emergence of new diseases and new areas of pharmacology are all creating increased demand for prescription medication.

Aboriginal Health

Another key challenge for the Ministry is improving the health status of British Columbia's First Nations population. 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.

In February 2007 the Provincial Health Officer released an interim report updating selected health status indicators from the 2001 Report: *The Health and Well-Being of Aboriginal People in British Columbia*.⁹ The interim report looked at indicators such as low birth weight, infant mortality and premature death from cancers, diabetes, HIV disease and suicide, as well as deaths related to smoking, alcohol and drug use. For all measures of premature mortality examined in the report, whether during infancy or later in life, Aboriginal people die at earlier ages and at greater rates than other B.C. residents. This is true for the major disease and injury causes of death, and for the major risk factors of alcohol, drugs, or smoking. While the trend shows improvement for some health indicators for Aboriginal people, there is a persistent gap in health status between the Aboriginal population and the rest of the B.C. population that cannot be explained by specific genetic risk alone. The causes are varied and rooted in socio-economic disparities and cultural disruption.

"Status First Nations have a diabetes rate 40% higher than the general population."

⁷ Discharge Abstract Database, Management Information Branch, Health System Planning Division, Ministry of Health Services, October 2008.

⁸ PEOPLE 32 Population Data, BC STATS, Service BC, BC Ministry of Labour and Citizen Services.

⁹ *The Health and Well-Being of Aboriginal People in British Columbia – Interim Update*, February 2007, British Columbia Office of the Provincial Health Officer, www.health.gov.bc.ca/pho/pdf/Interim_report_Final.pdf

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 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 Ministry is faced with the continuous need to update or expand health facilities, medical equipment and information technology to ensure the health system 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.
- 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 increase capacity and foster innovation.
- Implementing an expanded Surgical Patient Registry and a new Provincial Cardiac Registry in the summer of 2009 to provide clinicians and health authorities with more comprehensive wait times 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.
- Increasing the availability of 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.

- Expanding and 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, coronary artery bypass grafts, and cancer treatment — the priority treatment areas identified by First Ministers in the 2004 *Ten-Year Plan to Strengthen Health Care*.¹⁰

¹⁰ 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-prestation/fptcollab/2004-fmm-rpm/index-eng.php

Performance Measure 1: Access to surgery in priority areas.

Performance Measure	2007/08 Baseline	2008/09 Forecast	2009/10 Target	2010/11 Target	2011/12 Target
Waiting times for surgery: a) Percentage of hip replacement cases completed within 26 weeks	62%	Improve towards 90% benchmark	90%	90%	Maintain at or above 90%
b) Percentage of knee replacement cases completed within 26 weeks	56%	Improve towards 90% benchmark	90%	90%	Maintain at or above 90%
c) Percentage of hip fracture fixation completed within 48 hours	90%	Improve towards 95% benchmark	95%	95%	Maintain at or above 95%
d) Percentage of cataract surgeries completed within 16 weeks	57%	Improve towards 90% benchmark	90%	90%	Maintain at or above 90%
e) Percentage of coronary artery bypass graft completed within: - 2 weeks for priority one - 6 weeks for priority two -26 weeks for priority three	100% 50% 60%	Improve towards 90% benchmark	90%	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. Coronary artery bypass grafts: Cardiac Service BC Registry database, Provincial Health Services Authority.

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 and has established a provincial access target to be achieved by March 2010 for each of the areas.

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. Between 2000/01 and 2007/08 the number of knee joint replacements increased by approximately 118 per cent and hip replacements increased by approximately 58 per cent in British Columbia.¹¹

¹¹ Discharge Abstract Database, Management Information Branch, Health System Planning Division, Ministry of Health Services. October, 2008.

Performance Measure 2: Access to cancer treatment.

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

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.

Although a national benchmark has been established for radiotherapy, one has not been established for chemotherapy. 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 cancer treatment remains an important performance indicator for the Ministry. Demand for radiotherapy and chemotherapy are 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.

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 that 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.
- Expanding 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 A _{1C} tests per year	55%	60%	65%	70%

Data Source: Medical Services Division, Ministry of Health Services.

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 affected about 265,000 patients or about 6.2 per cent of British Columbians in 2006/07 and is steadily increasing in prevalence.¹²

This indicator measures improved management of diabetes through the percentage of patients with diabetes who undergo the recommended best practice of at least two hemoglobin A_{1C} tests per year. The hemoglobin A_{1C} test is a simple lab test used in the management of diabetes that shows the average amount of sugar (glucose) that has been in a person's blood over the previous three months. The A_{1C} 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.

¹² Primary Health Care Diabetes (DM) Registry, 2006/07. Medical Services Division.

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 for those with a chronic illness.

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.
- Expanding drug and alcohol treatment for at-risk and addicted people who are seeking help.
- Specifically addressing the need to provide integrated programs for youth addictions, including both detoxification and outreach programs.
- Working with other government ministries to ensure integration of 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	2007/08 Baseline	2008/09 Forecast	2009/10 Target	2010/11 Target	2011/12 Target
Number of people with a mental disorder and/or substance addiction receiving housing with supports	7916	Increase over previous year	Increase over previous year	20% increase over 2007/08	Increase over previous year

Data Source: Mental Health and Addictions Branch, Ministry of Health Services. The Community Mental Health and Addictions Bed Inventory is based on mental health and addictions bed data reported by health authorities in October/November 2007.

People with severe mental illness and/or substance use disorders benefit from access to safe, secure and affordable housing that is co-ordinated 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 co-ordinated 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 over the past five years 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 increase 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.

- Increasing educational capacity for allied health workers and other health professionals, including residential care and home support workers.
- Investing in the continued 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.
- Amending the *Health Professions Act* to allow health providers to utilize their full scope of training and expertise, 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 for British Columbians, 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.
- Expanding 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 Forecast ¹	2009/10 Target	2010/11 Target	2011/12 Target
Percentage of physicians implementing electronic medical record systems ¹	20%	45%	70%	95%

¹ Electronic medical record systems are implemented through a voluntary program of the Ministry/BCMA *Physician Master Agreement*.

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

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	8,629,471	9,137,861	9,758,866	10,484,107
Medical Services Plan	3,188,479	3,393,508	3,502,659	3,619,964
PharmaCare	1,016,170	1,055,394	1,104,914	1,156,845
Health Benefit Operations	30,948	31,182	31,760	33,760
Services Delivered by Ministry				
Emergency and Health Services	298,131	315,542	337,683	357,883
Vital Statistics	7,442	7,617	7,620	7,620
Executive and Support Services	158,782	153,806	157,689	160,640
Total	13,329,423	14,094,910	14,901,191	15,820,819

Full-time Equivalents (Direct FTEs)				
Emergency and Health Services	3,174	3,277	3,387	3,512
Vital Statistics	86	86	86	86
Executive & Support Services	735	769	804	804
Total	3,995	4,132	4,277	4,402
Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)				
Total	17,224	44,791	5,316	8,619

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

Health Authorities Included in the Provincial Reporting Entity

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

Health Authority and Hospital Societies	2008/09 Forecast	2009/10 Budget	2010/11 Plan	2011/12 Plan
Combined Income Statement (\$M)				
Total Revenue¹	10,155	10,454	11,016	11,667
Total Expense²	10,194	10,454	11,016	11,667
Net Results³	(39)	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 forecast is based on third quarter information provided by health authorities.

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, Victoria and Maple Ridge, 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.partnershipsbcc.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.partnershipsbcc.ca/files/project-rjhpc.html

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

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

The project also includes a new 123 bed residential care facility co-located with the hospital, generating operational efficiencies and opportunities to share health human resources that are scarce in the region. The total project cost is estimated at \$301 million and is planned for completion in 2011.

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 \$100 million project is planned for completion in 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

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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

