

**Ministry of
Health Services**

**2010/11 – 2012/13
SERVICE PLAN**

March 2010



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Message from the Minister and Accountability Statement



It is my pleasure to present the *2010/11 – 2012/13 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.

British Columbia has a world class health care system that has been recognized as being the best in the country by the Conference Board of Canada. Since 2001, we have celebrated a number of health care related successes. We have undertaken some of the largest capital projects in the history of British Columbia with state of the art, new and upgraded health care facilities being built across the province and have doubled the number of first-year medical student spaces from 128 in 2001 to 256 today and added just over 37 per cent more practicing nurses to the system.

We celebrate this success but at the same time we face significant challenges in ensuring a health care system that will remain strong for our children and grandchildren. Overall health spending for the 2010/11 fiscal year will rise to over \$16.5 billion and to \$17.9 billion by 2012/13 – a 91 per cent increase since 2001. Despite these funding increases we are facing growing pressures on our health care system as our population ages and new technologies increase costs. The status quo simply isn't sustainable. We have to continue to transform health care service delivery if we are to meet the health care needs of British Columbians today and in the future.

To meet these demands the Ministry will drive innovation with a focus on optimizing and redesigning key areas of service delivery, providing more choice and supporting you in making investments in your own health. This will include working with the Ministry of Healthy Living and Sport to provide effective programs to encourage healthy living and prevent disease, delivering integrated community based care to better meet the needs of patients, and working to continue to provide quality hospital care. Underlying all these areas is the need for us to find cost effective, efficient and innovative ways to deliver our services. These are our key areas of focus as we enter a significant period of transformation to keep the health system on a sustainable path and ensure quality health care for future generations.

The *Ministry of Health Services 2010/11 – 2012/2013 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 10, 2010 have been considered in preparing the plan and I am accountable for achieving the specific objectives in the plan.

A handwritten signature in blue ink, which appears to read "Kevin Falcon". The signature is stylized and cursive.

Honourable Kevin Falcon
Minister of Health Services
February 19, 2010

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Purpose of the Ministry

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

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

The Ministry directly manages a number of provincial programs and services. These programs include: the Medical Services Plan, which covers most physician services; PharmaCare, which provides prescription drug insurance for British Columbians; the B.C. Vital Statistics Agency, which registers and reports on vital events such as a birth, death or marriage; and the Emergency and Health Services Commission, which provides ambulance services across the province and operates HealthLink BC, a confidential health information, advice and health navigation system available by telephone or on the web (see www.healthlinkbc.ca). 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. The key challenge facing the health system is to deliver a high performing sustainable health system – prevention to end-of-life care – in the context of significant growth in demand.

The British Columbia health system continues to be challenged by an increasing demand for health services and the current delivery system is not on a sustainable course to meet and manage that demand. The most significant drivers of rising demand are the aging population, the increasing need to provide care to the frail elderly, a rising burden of illness from chronic diseases, mental illness and cancer, and advances in technology and pharmaceuticals driving new costly procedures and treatments. The pressure is compounded by worldwide competition for health professionals and health care workers, and the need to maintain and improve the health system's physical infrastructure (i.e. buildings and equipment). In the current economic climate it is even more important for the health system to find new and creative ways to make sure the resources available for health care services are used effectively and in ways that most benefit the people of British Columbia.

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, Métis and other partners to improve Aboriginal people's health and to close this gap in health status.

The Aging Population

British Columbia's elderly population is the fastest growing in Canada, with the population over 65 expected to increase from about 14 per cent to 24 per cent of the B.C. population from 2006 to 2036.¹ 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 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 an increased need to provide appropriate care for those with frailty or dementia, unable to live independently at home.

¹ PEOPLE 34 Population Data, BC STATS

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.

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 Chronic diseases are more common in older populations and it is projected that the prevalence of chronic conditions could increase 58 per cent over the next 25 years⁴ and be a significant driver of demand for health services.

Advances in Technology and Pharmaceuticals

New treatment and technology development over the past ten years has included less invasive surgery, increased use of diagnostic imaging and the introduction of biological and tailored drug therapies that have made health care more efficient and effective, but also led to a significant increase in demand for products and services. Drugs were the fastest growing expenditures in health care, having increased by about 136 per cent since 1998. The number of cardiovascular drug prescriptions increased from 32 million in 1988 to 71 million in 2008 – up 118 per cent and prescriptions for statins, to control cholesterol, more than quadrupled from 6 million to 26 million in Canada.⁵ British Columbia's total spending on oral and intravenous oncology drugs, which includes both hospital and community spending, rose from \$17 million⁶ to \$114 million.⁷

Human Resources and Health System Infrastructure

Although education and training programs for health professionals and health workers in British Columbia have been significantly expanded since 2001, 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. These challenges will require greater flexibility and collaboration to meet these challenges.

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.

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

⁴ B.C. Ministry of Health, Medical Services Division, *Chronic Disease Projection Analysis*, March 2007, (2007-064); as cited in Primary Health Care Charter: a collaborative approach (2007), Ministry of Health

⁵ Canadian Institute of Health Information, *Health Care in Canada 2009: A Decade in Review* (Ottawa, Ont.: CIHI, 2009).

⁶ BC Cancer Agency, *2001 BC Cancer Agency— Annual Report* (Vancouver, B.C.: BC Cancer Agency, 2001), cited June 25, 2009, from www.bccancer.bc.ca/NR/rdonlyres/E1D56E3C-D645-4947-8CD7-5690347A4033/1590/bcca_annual_report_2001.pdf.

⁷ BC Cancer Agency, *BC Cancer Agency Fact Sheet* (2008), cited June 25, 2009, from www.bccancer.bc.ca/NR/rdonlyres/E1D56E3C-D645-4947-8CD7-5690347A4033/29391/BCCAFactSheet1.pdf.

Goals, Objectives, Strategies and Performance Measures

To meet the significantly increasing demands and manage the associated rising costs to the health system, the Ministry is optimizing and redesigning key areas of service delivery to better meet demand and specifically the unique needs of patients or specific patient groups, such as those with chronic diseases, the frail elderly and individuals with mental illness and/or substance use disorders.

Goal 1: Improved health and wellness for British Columbians.

Objective 1.1: Individuals are supported in their efforts to maintain and improve their health through health promotion and disease prevention.

British Columbians are in general among the healthiest people in the world. We want to support the excellent health status of the majority of our citizens while also helping those who do not enjoy good health or are at risk of diminishing health from factors such as poor diet, obesity, inactivity, injuries, tobacco use and problematic substance use. We will help people make healthy lifestyle choices by providing more tools, choices and support for people to invest in their health to prevent or delay the onset of chronic diseases, cancer and frailty.

Strategies

Partnering with Ministry of Healthy Living and Sport to:

- Promote healthy eating, physical activity, and tobacco and alcohol control to prevent chronic disease with a focus on reducing childhood obesity and salt consumption.
- Provide supports for older adults and frail seniors to prevent falls and injuries and promote independence.
- Continually improve core public health programs by implementing standardized, evidence-based health promotion, disease prevention, environmental health and emergency management programs provided by health authorities to improve population health and reduce disease, disability and injury.
- Provide British Columbians 24-hour a day access to expanded health information, advice and resources to assist their self-care and self-management through HealthLink BC.

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

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

B.C.'s health system is committed to providing the best possible quality of care and service which means the care people receive responds to their needs and will lead to the best health outcomes. We must proactively address the increasing needs of the population due to aging, a rising burden of illness from chronic disease and an increased prevalence of frailty by providing integrated care in the community that best meets the needs of patients.

Strategies

- Promoting integrated health teams and networks to provide a more integrated, patient-centred experience that includes proactive chronic disease management initiatives to prevent or slow disease progression, and supports the role of patients in staying healthy and managing their conditions.
- Improving access to family physicians and mental health and addictions support teams for individuals with mental illness and/or addictions through intensive case management and assertive outreach services.
- Working with community partners and volunteer organizations to innovatively provide access to non-medical home support services to promote independence and assist people to stay in their own homes for as long as possible.
- Continuing to work with other ministries, BC Housing, health authorities and other partners on the Homelessness Integration Project to better address the housing and service needs of people with mental illness and addictions.
- 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.
- 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.

Performance Measure 1: Chronic disease management.

Performance Measure	2009/10 Baseline	2010/11 Target	2011/12 Target	2012/13 Target
Number of general practitioners providing chronic disease management	3,162*	3,300	3,600	4,000

Data Source: MSP, Management Information Branch, Health System Planning Division, Ministry of Health Services. Data include the physicians billing incentive fee items for diabetes, congestive heart failure, hypertension, chronic obstructive pulmonary disease and complex care management.

*Partial year data to December 2009.

Discussion

This performance measure focuses on the number of general practitioner physicians providing comprehensive chronic disease management for people with diabetes, congestive heart failure, hypertension and chronic obstructive pulmonary disease. Proactive management of chronic diseases by primary care practitioners can improve the quality of life of people with chronic conditions and reduce complications, emergency department visits, hospitalizations, some surgeries and repeated diagnostic testing. Accordingly, the Ministry is working with physicians to expand the number of general practitioners providing proactive chronic disease management to their patients.

Goal 3: British Columbians have access to high quality acute care services when they need them.

Objective 3.1: Acute care services are accessible, effective and efficient.

While the majority of health needs can be met through community based care, British Columbians also require timely access to high quality acute (hospital) care for advanced health conditions.

Strategies

- Providing an ambulance service that delivers timely response to emergencies and quality paramedic and appropriate medical support during transportation to hospital.
- Improving access to safe, effective and appropriate hospital services that are linked regionally and provincially to provide team based and coordinated patient-centred care while employing information technology and systems engineering to improve the efficiency and quality of service in support of clinical excellence.
- Maintaining and improving access in key surgical and medical areas, such as cardiac surgery, diagnostics, joint replacements and cancer services, 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.
- Continuing to provide excellent cancer treatment through the BC Cancer Agency, including opening a new full service cancer centre in Prince George in 2012.

Performance Measures 2-5: Access to surgery in priority areas.

Performance Measure	2008/09 Baseline	2009/10 Actual ¹	2010/11 Target	2011/12 Target	2012/13 Target
Waiting times for surgery:					
a) Percentage of cataract surgeries waiting more than 16 weeks	42%	31%	10%	≤10%	≤10%
b) Percentage of knee replacement cases waiting more than 26 weeks	35%	25%	10%	≤10%	≤10%
c) Percentage of hip replacement cases waiting more than 26 weeks	26%	13%	10%	≤10%	≤10%
d) Percentage of hip fracture fixation cases completed within 48 hours	87%	88%	95%	≥95%	≥95%

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: Presentation of this performance measure has been changed from previous service plans to align with how the national benchmarks are presented in other publications.

¹ Partial year data to December 31, 2009.

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 as the 2010/11 target. 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 139 per cent

and hip replacements have increased by approximately 67 per cent in British Columbia.⁸ More than 46,000 cataract surgeries were performed in B.C. in 2008/09, making it the most frequent surgery provided.⁹

Performance Measure 6: Access to cancer treatment.

Performance Measure	2008/09 Baseline	2009/10 Actual	2010/11 Target ¹	2011/12 Target	2012/13 Target
Waiting times for cancer treatment: Percentage of patients who receive radiotherapy within four weeks	94%	93% ²	≥ 90%	≥ 90%	≥ 90%

Data Source: Provincial Radiation Therapy Program, BC Cancer Agency

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

² Partial year data - December 2009

Discussion

As one of the five *Ten-Year Plan to Strengthen Health Care* 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.

⁸ Discharge Abstract Database, Management Information Branch, Health System Planning Division, Ministry of Health Services, October 2009.

⁹ Discharge Abstract Database, Management Information Branch, Health System Planning Division, Ministry of Health Services, October 2009.

Goal 4: Improved innovation, productivity and efficiency in the delivery of health services.

Objective 4.1: Optimize supply and mix of health human resources, information management, technology and infrastructure in service delivery.

A high performing health system is one that uses its resources in the best way possible to achieve quality clinical and health outcomes for patients and the broader population. To be sustainable the system must ensure it has enough, and the right mix of, health professionals to provide the services that will meet British Columbians' needs now and in the future. We must also ensure those human resources are appropriately supported by information management systems, technologies and the physical infrastructure to deliver high quality services as efficiently as possible.

Strategies

- 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 244, and investing in the continued recruitment, training and retention of nurses, allied health workers and other health professionals.
- 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.
- Redesigning care delivery models to improve quality and safety for patients and staff, optimize the use of human resources, reduce non-value added work and avoid unnecessary costs due to staff injuries, overtime and absenteeism.
- Implementing a quality of work-life strategy that creates safe, positive work environments and acts as the basis for recruitment, retention and performance of health workers.
- Realizing eHealth benefits to enhance sustainability and effectiveness of health service delivery, including projects such as the introduction of ePrescribing which improves clinician access to patient medication histories enabling physicians to electronically send a prescription to a patient's pharmacy while minimizing preventable adverse drug reactions.
- 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.
- Using Telehealth to improve rural and Aboriginal communities' access to health services and specialists.

Performance Measure 7: Electronic medical record system implementation.

Performance Measure	2009/10 Forecast ¹	2010/11 Target	2011/12 Target	2012/13 Target
Percentage of physicians implementing electronic medical record systems ¹	40%	60%	75%	N/A

Data Source: Physician Information Technology Office

¹ Measured through physician enrollment in a voluntary program of the Ministry/BCMA Physician Master Agreement to promote adoption of electronic medical record (EMR) systems. An estimated 5,000 physicians have a clinical requirement for an EMR system and would be eligible for this program. The program target of 75% of those physicians implementing an EMR recognizes that some physicians will not implement an EMR system due to the nature or location of practice, such as those working primarily in hospitals and having access to an EMR system already in place.

Discussion

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 clinical supports such as alerts and recall notices based on these guidelines. When integrated with the eHealth provincial systems, electronic medical records will decrease the expense of unnecessary diagnostic services or repeated clinical tests and assessments and a complete electronic medical record with up to date lab and drug information can improve patient safety and reduce adverse events.

Objective 4.2: Drive efficiency and innovation to ensure sustainability of the publicly funded health system.

The Ministry is committed to managing the health system efficiently to ensure resources are spent where they will have the best outcome. The public health system must continually drive improvement in innovation, productivity and efficiency to ensure the health system is affordable and effective for British Columbians.

Strategies

- 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.
- Implementing a system wide approach to apply LEAN design across the health system to improve service to patients, reduce errors and eliminate waste in the delivery system.
- Expanding activity and performance based funding to provide the appropriate incentives to encourage increased access, clinical and service excellence across the health system.

- Minimizing administrative costs by expanding shared services across health authorities, and establishing best price procurement approaches for pharmaceuticals and medical supplies.
- Redesigning capital planning to optimize budget capacity and making strategic capital investments to renew the health system's infrastructure, including facilities, equipment and information technology.
- Improving the availability of quality data and analysis to assist clinical and management decision-making and optimize health expenditures.
- 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 partners to ensure overall health system costs remain affordable and within budget, and utilizing strategic public-private partnerships and innovative approaches to improve services to the public within the available fiscal resources.

Resource Summary

Core Business Area	2009/10 Restated Estimates ¹	2010/11 Estimates	2011/12 Plan	2012/13 Plan
Operating Expenses (\$000)				
Services Delivered by Partners				
Regional Health Sector Funding	9,184,869	9,580,934	10,213,172	10,489,480
Medical Services Plan	3,408,402	3,615,553	3,822,858	3,922,208
PharmaCare	1,055,394	1,089,914	1,144,845	1,200,526
Health Benefits Operations	32,019	32,622	34,641	35,355
Services Delivered by Ministry				
Emergency and Health Services	293,095	312,245	332,444	345,742
Vital Statistics	6,796	6,799	6,799	6,930
Recoveries from Health Special Account Services	(147,250)	(147,250)	(147,250)	(158,950)
Executive and Support Services	118,372	122,126	125,426	127,151
Health Special Account	147,250	147,250	147,250	158,950
Total	14,098,947	14,760,193	15,680,185	16,127,392

¹ The 2009/10 Restated Estimates reflect a change in funding model for corporately provided operations support such as accommodation, most information technology, freedom of information, corporate accounting services, payroll, and corporate sustainability. Funds previously held in Ministries for these activities were centralized into Shared Services BC, the existing service delivery body for these services.

Ministry of Health Services

Core Business Area	2009/10 Restated Estimates	2010/11 Estimates	2011/12 Plan	2012/13 Plan
Capital Expenditures (Consolidated Revenue Fund) (\$000)				
Executive and Support Services	54,655	7,022	10,123	9,670
Total Capital Expenditures	54,655	7,022	10,123	9,670
Capital Grants (\$000)				
Health Facilities	298,811	427,427	425,760	281,683
Total Capital Grants	298,811	427,427	425,760	281,683

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	2009/10 Forecast	2010/11 Budget	2011/12 Plan	2012/13 Plan
Combined Income Statement (\$M)				
Total Revenue ¹	10,739	11,141	11,742	11,995
Total Expense	10,739	11,141	11,742	11,995
Net Results ³	0	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 2009/10 forecast is based on Health Authority board-approved forecasts 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 redevelopments in Surrey, Fort St. John, Prince George, Kelowna, Vernon 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 initiative.

Major capital projects currently underway include:

- **Surrey Outpatient Care and Surgical Centre:**

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

For more information on the Surrey Outpatient Hospital project, please see the Partnerships B.C. 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 Kelowna component of this project 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 has been constructed to accommodate medical school facilities for the UBC Okanagan program and a new parkade, both opened for use on January 25, 2010.

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

For more information on the Kelowna/Vernon Hospitals project, please see the Partnerships B.C. 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 late 2010 with occupancy in early 2011.

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

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

The redeveloped 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 hospital in Fort St. John, please see the Partnerships B.C. website at: www.partnershipsbc.ca/files/project-fsjh.html

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

As part of the Northern Cancer Control Strategy, the Northern Cancer Centre in Prince George will accommodate two linear accelerators and other equipment, treatment rooms and patient areas. An addition and renovations to the University Hospital of Northern British Columbia will accommodate a new six bed oncology unit, an expansion of pathology, laboratory and diagnostic imaging services to support the 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 \$105.8 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 Authority and the University of British Columbia medical school. A new rooftop helipad will be located on the top of the new tower. The capital cost of the project is

estimated at \$525 million. Construction on the new tower is expected to begin in 2011. Dependent upon the procurement process, the new emergency department is planned to be completed in 2013, with final construction of the tower complete in mid 2014.

For more information on the Surrey Memorial Hospital Critical Care Tower, please see the Fraser Health Authority website at:

www.fraserhealth.ca/about_us/building_for_better_health/surrey_memorial_hospital/

• **Interior Heart and Surgical Centre (Kelowna):**

The Interior Heart and Surgical Centre project will include a new, state-of-the-art general operating suite, inpatient surgical unit, and a new laboratory to replace aging facilities currently in use at Kelowna General Hospital. A new 12,970-square-metre (139,590-square-foot) building will be constructed to house the Interior Heart and Surgical Centre. The new building will be built on the site of the existing Pandosy building. The programs currently housed at Pandosy will be relocated to the new patient care tower and a new clinical support building. The existing surgical suite will be relocated to the new Interior Heart and Surgical Centre that will include room for future expansion of surgical services. Also included will be an expansion of support services for the cardiac program, such as central sterilization services. The surgical suite will be fully integrated with the cardiac revascularization program. The new buildings will be designed to Leadership in Energy and Environmental Design (LEED) Gold standards, and will maximize the interior and exterior wood construction, in keeping with the provincial Wood First Act announced in September 2009. The project will proceed in several phases and will be a combination of renovations and new construction. The renovation phase initiated in 2009 and new building for the heart and surgical centre will be complete by 2016 with final renovations to other areas of the hospital completed by 2017. The cost of the project is estimated at \$393 million.

For more information on the Interior Heart and Surgical Centre, please see the Interior Health Authority website at: www.kelownavernonhospitalsproject.ca/kgh-cardiac-care/

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
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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
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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