

**Ministry of
Health**

**2014/15 – 2016/17
SERVICE PLAN**

February 2014



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ERRATUM

The service plan of the Ministry of Health made public on February 18, 2014 in accordance with the *Budget Transparency and Accountability Act* contained an error on page 17. It noted the role of the B.C. College of Physicians and Surgeons in increasing the scope of practice for Nurse Practitioners. The wording on page 17 has been corrected:

- Enable B.C.'s Nurse Practitioners to practice to their full scope by working with regulatory bodies and professional organizations.

Message from the Minister and Accountability Statement



As the Minister of Health, I am pleased to present the *Ministry of Health 2014/15 – 2016/17 Service Plan*. This plan outlines the strategic priorities and goals for British Columbia's health care system over the next three years.

Government is committed to ensuring that British Columbians both now and in the future have access to quality health services – services that are effective, appropriate, safe, accessible and acceptable. This includes a shared, cross-sector commitment to providing patient-centred care, in which care is about the patient and responsive to their individual needs and values.

The Ministry of Health has positioned itself to deliver on its mandate and contribute to our government's vision of a strong economy and secure tomorrow. While we have been successful in lowering B.C.'s growth rate in health expenditures in recent years, our challenge now is to sustain this lower growth rate, control spending and ensure that health care is delivered within budget targets, all while adapting the system to both meet demand and improve quality.

Four years ago, B.C. implemented a sector-wide transformation strategy called the Innovation and Change Agenda. This year, as directed in my [Mandate Letter](#) from the Premier, we are building on that foundation with a refreshed strategy and priorities to drive meaningful change across the health system and ensure value for taxpayers and patients alike. The successful achievement of our strategic priorities includes engagement and collaboration with our partners, including health authorities, physicians and health care providers, the Doctors of BC, unions and other stakeholders, in shaping and implementing key actions. This collaborative approach, with a focus on population and patient needs, will allow us to enable effective change together and achieve the triple aim of improving the patient experience of care, improving the health of the population, and reducing the per capita cost of health care.

The B.C. health system faces a number of challenges, particularly in rising rates of chronic conditions, seniors who require residential care, and the impact of mental health and substance use conditions. We are working to improve services for these vulnerable populations – for example, through our new provincial plan, *Improving Health Services for Individuals with Severe Addiction and Mental Illness*. However, despite these challenges, we also have reasons to be proud of our health care system – our province already has the lowest cancer and obesity rates and the longest life expectancy in Canada. We want to build on this foundation, reducing rates of chronic disease in the population by continuing the work of Healthy Families BC, the most comprehensive health-promotion program in Canada. At the same time, we are working to ensure all British Columbians in every region of the province have timely access to quality health services. This includes access to primary care, specialists, diagnostics and hospital care – all in a responsive and coordinated system that puts the patient at the centre.

As we plan for the future, we also look back on the previous year's achievements. This year has seen the historic transfer of all health programs and services for B.C.'s First Nations to the new First Nations Health Authority. Alongside Grand Chief Doug Kelly, Chair of the First Nations Health Council, and the Honourable Rona Ambrose, Federal Minister of Health, I was honoured to be a part of the transfer ceremony for the First Nations Health Authority, the first of its kind in Canada. The First Nations Health Authority aims to improve the health and wellbeing of B.C. First Nations, and is a positive step forward in partnership and collaboration for our province.

As our health system evolves in a tight fiscal environment where efficiency is critical, we will find ways of delivering care that is efficient and effective, without compromising compassion and care for patients.

The *Ministry of Health 2014/15 - 2016/17 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.



Honourable Terry Lake
Minister of Health
February 5, 2014

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Purpose of the Ministry

The Ministry of Health (the Ministry) has overall responsibility for ensuring that quality, appropriate, cost effective and timely health services are available for all British Columbians. Working in conjunction with health authorities, health care providers, agencies and other organizations, the Ministry guides and enhances the Province's health services to ensure that British Columbians are supported in their efforts to maintain and improve their health. The Ministry provides leadership, direction and support to health service delivery partners and sets province-wide priorities, goals, standards and expectations for health service delivery by health authorities. This leadership role is accomplished through the development of policy, legislation and professional regulation, through funding decisions, negotiations and bargaining, and through its accountability framework for health authorities.

The work of the Ministry is governed by the *Canada Health Act*, which establishes conditions the provinces must meet in order to receive federal funding contributions towards provincial health insurance costs. The Ministry is responsible provincially for legislation and regulations which govern the provision of health care in B.C. This includes legislation such as the *Medicare Protection Act*, which provides the parameters for benefits under the Medical Services Plan and for enrollment and payment of practitioners, and the *Health Professions Act*, which regulates 26 health professions in British Columbia.

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; and the BC Vital Statistics Agency, which registers and reports on vital events such as a birth, death or marriage.

The province's health authorities are the organizations primarily responsible for health service delivery. Five regional health authorities deliver a full continuum of health services to meet the needs of the population within their respective geographic regions. A sixth health authority, the Provincial Health Services Authority, is responsible for managing the quality, coordination and accessibility of services and province-wide health programs. These include the specialized programs and services that are provided through the following agencies: BC Cancer Agency; BC Centre for Disease Control; BC Renal Agency; BC Transplant; Cardiac Services BC; BC Emergency Health Services, which provides ambulance services across the province; BC Mental Health and Substance Use Services; and Perinatal Services BC. The Provincial Health Services Authority is also responsible for the BC Children's Hospital and Sunny Hill Health Centre for Children and the BC Women's Hospital and Health Centre.

Core Review

As part of government's Core Review process, the Ministry has restructured its organization to better align with its core functions in the health system. Key changes include creating stronger focus on health service planning, policy, analytics and health service quality assurance. Through this work, we have reduced staffing levels by nearly ten per cent.

The Ministry works in partnership with the First Nations Health Authority and Health Canada to improve the health status of First Nations in British Columbia and to build a better, more responsive and more integrated health system that will benefit all Aboriginal peoples and, in fact, all British Columbians. The First Nations Health Authority is Canada's first provincial First Nations Health Authority and its creation is a key achievement of the Tripartite First Nations Health Plan signed in 2007. The First Nations Health Authority provides services previously delivered by Health Canada's First Nations and Inuit Health Branch, Pacific Region, with a mandate to focus on improving wellness.

Strategic Context

British Columbia has a population of 4.62 million people, made up of 50.4 per cent women and 49.6 per cent men. Almost a third of B.C.'s population is over the age of 50, while the proportion of children under 15 is lower than ever. Within the next 15 years there will be fewer school-age children than people over 65 and more people retiring than entering the workforce. It is expected that by 2022, one in five British Columbians will be over 65 years old.^{1,2}

B.C. generally has the healthiest population in Canada and experiences among the highest life expectancies (82 years)³ in Canada (81 years)⁴ and the world (71 years).⁵ We are continuing to see decreasing premature mortality rates. However, there are still nearly 570,000 British Columbians who smoke and over one million are overweight or obese.⁶ Additionally, a decrease in premature mortality is not consistent across the province, and in particular the gap between the North and the other health authorities is growing. There continue to be significant differences in health outcomes between Aboriginal and non-Aboriginal people in the province, with considerable gaps remaining for health indicators such as life expectancy and mortality. These elements point to the importance of the social determinants of population health addressed through other government ministry policy and services as well as the role the health care system plays.

The key to understanding how best to deliver care to British Columbians is an in-depth understanding of the care requirements of the patients themselves. B.C. has made meaningful progress in improving services across a range of areas over the past several years. However, despite significant efforts, challenges persist in a number of populations and service areas. Key populations include: seniors, particularly the subset requiring residential care services; those with complex chronic conditions; and the population with severe mental illness and/or substance use.

B.C. has the fastest growing population of seniors in Canada. Currently, 16.9 per cent of our total population is 65 or older – a number that is expected to double within the next 25 years.⁷ The likelihood that a person will have at least one chronic condition or life-limiting illness increases significantly with age and, as a result, their need for health services rises. However, while seniors need more health services than other populations, only a subset of seniors require high cost services such as residential care. Rates of dementia are also rising rapidly and pose a challenge for the health system. As such, the system must adapt to meet the changing needs of residential care users, in particular those with dementia.

The health status of seniors prior to entering residential care is an important factor in the analysis of population and patient needs. More than 60 per cent of people entering residential care have been

¹ Population Estimates, BC Stats, Ministry of Labour, Citizens' Services and Open Government (2012)

² Population Projections, BC Stats, Ministry of Labour, Citizens' Services and Open Government (2012)

³ Life Expectancy Tables, Vital Statistics Agency, Ministry of Health (2012)

⁴ Life Expectancy at Birth [CANSIM Table 102-0512], Statistics Canada (2009)

⁵ World Development Indicators, The World Bank (2011)

⁶ Health Indicator Profile [CANSIM Table 105-0501], Statistics Canada (2012)

⁷ Population Projections, BC Stats, Ministry of Labour, Citizens' Services and Open Government (2012)

identified as having a high complexity chronic condition in the previous year.⁸ These seniors require a range of health supports to manage the challenges of increasing frailty, which is often combined with chronic diseases such as dementia that can profoundly impact their ability to maintain independence.

With an aging demographic, the prevalence of chronic illnesses is on the rise. Chronic illnesses have multiple causes varying over time and include hereditary factors, social and economic status, lifestyle (e.g., poor diet, lack of exercise, smoking and/or alcohol consumption, stress, etc.), exposure to environmental factors, and physiological factors. There are a wide range of chronic illnesses (including arthritis, asthma and lung disease, chronic pain, congestive heart failure, diabetes, high blood pressure, and stroke) that require both sustained and coordinated medical and non-medical management over time.

While mental health and substance use conditions represent a relatively small proportion of health system resources, they come at a high personal cost to patients and their families. Fortunately, the majority of British Columbians with mild to moderate mental health and/or substance use problems can be effectively supported through low-intensity community-based services. However, a small subset of patients experience more complex conditions that require higher-intensity supports and services. These conditions represent a high burden of disease in the population because of the early age of onset (typically before age 24) and the need for ongoing treatment and support across the lifespan. The consequences of untreated or inappropriately treated severe mental illness and substance use extend beyond the health system to areas such as social services, housing and criminal justice.

Continued attention is also needed on access and wait times for services across the health care continuum, in all regions of the province. While progress has been made, wait times persist within emergency departments and for certain elective surgical procedures. Wait times can be complicated by accessibility issues, particularly in rural and remote areas of the province. It is imperative that health care services remain accessible for British Columbians in communities of all types and sizes, with a balance of services across the range of public health, primary care, hospital care, diagnostic and residential care services.

The care needs of British Columbians must be addressed in a way that encourages efficiency and maintains fiscal discipline while ensuring high quality, patient-centred care. This will ensure that British Columbians will continue to reap the benefits of a world-class health system for generations to come.

⁸ Health Sector Planning and Innovation Division, Ministry of Health, 2013

Goals, Objectives, Strategies and Performance Measures

As directed in the [Minister's Mandate Letter](#) of June 2013, the Ministry of Health has engaged in a process to determine new priorities for the health system that will ensure maximum value for taxpayers while providing maximum benefit to patients. The goals, objectives and performance measures in this service plan have been updated to reflect the renewed strategic priorities for the health system. The priorities build from previous service plans and focus on supporting the health and wellbeing of British Columbians, delivering health care services that are responsive and effective, and ensuring value for money in the health system. Underlying these goals is the principle of patient-centred care: a sustained focus on shifting the culture of health care in B.C. to put patients at the centre, which will drive policy, accountability, service design and delivery in the coming years. In the coming year the Ministry and its health system partners will develop a broader suite of performance measures and reporting mechanisms closely aligned with the goals and objectives of this service plan.

Goal 1: Support the health and wellbeing of British Columbians.

British Columbians are among the healthiest people in the world. Providing choices and supports for people to invest in their health will protect the excellent health status of the majority of British Columbians while also helping those who do not enjoy good health, or who are at risk of diminishing health from factors such as poor diet, obesity, physical inactivity, injuries, tobacco use and problematic substance use. In collaboration with its health sector partners, the Ministry will promote health as a valued outcome of policies and programs in order to make long term sustainable changes for improved health across British Columbia.

Objective 1.1: Targeted and effective primary prevention and health promotion.

Chronic disease is the largest cause of death and disability, represents the largest proportion of the burden of disease, and drives a significant part of downstream health costs in B.C. Evidence suggests that, over time, a primary prevention and health promotion agenda can make progress in improving the overall health of the population.

Key Actions

- Work with provincial health authorities and other partners to build and deliver the next phase of Healthy Families BC, the provincial chronic disease and injury prevention plan, that focuses on providing evidence-based programs, services and interventions to address major risk and protective factors across the life cycle.

- Continue to work with health authorities, physicians and other partners to improve the health of British Columbians by supporting communities, schools, workplaces and health care settings in promoting healthy lifestyles and creating healthy environments.
- Update and continue to implement *Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia* by working with ministries, health authorities and other partners to ensure alignment with the plan’s focus on prevention and supporting mental well-being.
- Continue to improve health outcomes for Aboriginal communities by working with the new First Nations Health Authority and respecting the commitments outlined in the British Columbia Tripartite Framework Agreement on First Nation Health Governance, the Tripartite First Nations Health Plan and the Métis Nation Relationship Accord.

Performance Measure 1: Healthy communities.

Performance Measure	2011/12 Baseline	2014/15 Target	2015/16 Target	2016/17 Target
Per cent of communities that have completed healthy living strategic plans.	13%	35%	40%	50%

Data Source: Survey, Healthy Living Branch, Population and Public Health Division, Ministry of Health.

Discussion

Healthy Communities create health-promoting environments and community-based programs that encourage British Columbians to make healthy choices where they live, work, learn and play. Health-promoting environments support physical activity, healthy eating, safety from injury and exposure to harms, social interaction and accessibility for all. Communities that are designed to encourage healthy lifestyles, coupled with sustained community level action, will reduce the number of British Columbians who develop chronic diseases and improve their quality of life. The Ministry is supporting local governments to work jointly with health authorities to foster partnerships and to develop healthy living strategic plans. This performance measure focuses on the percentage of communities (out of 162) in British Columbia that have developed healthy living strategic plans since 2010.

Goal 2: Deliver a system of responsive and effective health care services across British Columbia.

In order to deliver responsive and effective health care services, the Ministry and its partners aim to shift the culture of health care from being disease-centred and provider-focused to being patient-centred. This shift requires understanding and being responsive to patient needs, values and preferences as the primary driver of daily practice at all levels, from administration to front-line staff. The implementation of a shared, cross-sector commitment to patient-centred care will lead to more satisfying and high-quality patient care, including improved health outcomes for patients, superior patient and provider experience, and better financial performance.

Objective 2.1: A provincial system of primary and community care built around inter-professional teams and functions.

The roles of family physicians, primary and community care professionals and support staff are central to the effort of supporting patients suffering from frailty, chronic diseases, mental health and substance use conditions. A focus on effective inter-professional teams and healthy partnerships between care providers and health care administrators will facilitate better care for all British Columbians, and particularly those who are more vulnerable.

Key Actions

- Implement a system of inter-professional health teams at the community level, improving access to primary health care across the province with a strong focus on populations and individuals with high health and support needs: people with chronic diseases, mental illnesses and substance use, people with significant disabilities and the frail senior population.
- Work with rural communities, including First Nations, to implement a renewed approach to providing quality health services across rural and remote areas.
- Continue with integration of the ambulance service into the health sector, including introduction of community paramedicine models to improve primary and community care in communities throughout the province.
- Continue implementing the *Provincial End-of-Life Care Action Plan*, create a plan for hospice space expansion and begin the process of doubling the number of hospice spaces in B.C. by 2020.
- Improve access to addiction treatment, including creating an additional 500 addictions spaces by 2017.

Objective 2.2: Strengthened interface between primary and specialist care and treatment.

In a high functioning health system, patients with conditions requiring specialist services experience seamless and timely access to the services they need. A priority area for further improvement is the ability of family physicians to facilitate timely access to specialist levels of care for their patients when needed.

Key Actions

- Collaborate with physicians and health authorities to explore and implement options for ensuring timely access to medical and surgical specialty consultation in communities across B.C.
- Continue using patient focused funding initiatives and delivery models to improve access and outcomes in medical and surgical services.

Objective 2.3: Timely access to quality diagnostics.

Access to evidence-informed diagnostic services is critical to seamless and timely care. As demand for diagnostic imaging and laboratory testing rises, continuous improvement in both quality and cost are important elements of a sustainable strategy for the health system.

Key Actions

- Establish diagnostic imaging as an integrated provincial system, enhancing access to appropriate services such as MRI and CT exams through evidence-informed ordering guidelines and improved coordination to reduce unnecessary duplicate testing.
- Complete the province's laboratory reform initiative to drive quality, coordinate investments in new technology and optimize value for money.

Objective 2.4: Renewed role of hospitals in the regional health care continuum.

Acute care is the largest and most expensive sector in the health care system. Within this sector, the use of hospitals is changing. Advances in technology and techniques have led to less use of inpatient beds for surgical recovery as outpatient day surgery has increased. A majority of the inpatient bed capacity in many hospitals is now used for our growing population of frail seniors, and we must ensure those services are delivered appropriately for those patients. There is a need and opportunity to better link the acute care system to the regional and community systems, improve provincial coordination, and ultimately improve the quality of acute care services delivered to B.C. patients.

Key Actions

- Improve the link between hospitals, primary care and other care providers in communities.
- Explore opportunities to use hospitals more effectively, including shifting to community based delivery of services where appropriate and using outpatient clinics.
- Explore patient pathways or services for frail seniors that avoid hospitalization.
- Ensure hospitals are operating and managed to meet the changing health needs in the province, including strengthening relationships between health administration, physicians, nurses and allied health and support staff.

Objective 2.5: Increased access to an appropriate continuum of residential care services.

The population requiring residential care has varied health and social care needs. A key priority of the health care system is to work with partners to ensure the right mix of services for frail seniors and others that best meet the needs of patients.

Key Actions

- Develop residential care models and quality standards for patients with dementia and younger populations with special needs such as chronic severe mental illness.
- Improve the home and community care system to better address the needs of B.C.’s seniors who require these services, including appointing a Seniors’ Advocate, and strengthening protections from abuse and neglect.
- Expand home support and technology for home health monitoring services to help seniors stay at home longer.

Performance Measures

The objectives and key actions described above are designed to enable the health system to meet specific outcomes for the population and patients. These outcomes include effective prevention and management of chronic disease, reduced hospitalization, reduced need for residential care, and timely access to services across the health care continuum. The performance measures listed below represent key improvement areas which will contribute to the achievement of these outcomes.

Performance Measure 2: Access to full service primary care.

Performance Measure	2013 Baseline	2014 Target	2015 Target	2016 Target
Per cent of family physicians participating in the “A GP For Me” full service family practice initiative	65%	75%	80%	85%

Data Source: Medical Services Plan, Integrated Primary and Community Care Branch, Health Services Policy and Quality Assurance Division, Ministry of Health.

Note: Data for this measure is collected on a calendar year basis.

Discussion

Better health outcomes for patients start with a strong primary care system. When a patient has an ongoing, continuous relationship with a family doctor who knows their background and medical history, they will receive better care overall, from preventative care to more accurate diagnoses, better medication management and better coordination with other health care providers. *A GP for Me* is a program sponsored by the Ministry of Health and Doctors of BC to provide all British Columbians who want one with access to a family doctor. By signing up for *A GP for Me*, a family doctor commits to providing full service family practice to all of his or her patients, which supports

attachment for current and new patients. *A GP for Me* also provides support for doctor-patient telephone consultations and increased funding to look after patients with chronic diseases. Over time, the program will help make family doctors more available to more people across British Columbia.

Performance Measure 3: Chronic disease hospital admissions.

Performance Measure	2010/11 Baseline	2014/15 Target	2015/16 Target	2016/17 Target
Number of people under 75 years with a chronic disease admitted to hospital (per 100,000 people aged less than 75 years).	265	250	245	240

Data Source: Discharge Abstract Database, Business Analytics Strategies and Operations Branch, Health Sector Planning and Innovation Division, Ministry of Health; P.E.O.P.L.E. 37 population estimates, BC Stats, Ministry of Labour, Citizens' Services and Open Government; 2012

Discussion

People with chronic diseases need the expertise and support of family doctors, home health care professionals, and other health professionals to maintain functioning and reduce complications that will require more medical care. Proactive disease management reduces hospitalizations, emergency department visits, some surgeries and repeated diagnostic testing, all of which means better care and help in controlling the costs of health care. Progress has been made in strengthening community-based health care and support services, and in improving collaboration between various health service providers. British Columbia is doing well in comparison to other provinces in having the lowest rate of hospital admissions for the selected chronic diseases in the country. However, the rate is higher in rural areas of the province where the improvement trend has been more gradual than in the more urban areas, and this has affected the provincial rate. Accordingly, the targets for 2014/15 and 2015/16 published in last year's Service Plan have been adjusted to reflect the slower pace of change.

Performance Measure 4: Access to non-emergency surgery.

Performance Measure	2013/14 Baseline	2014/15 Target	2015/16 Target	2016/17 Target
Per cent of non-emergency surgeries completed within 26 weeks	90.6%	92%	93%	95%

Data Source: Surgical Patient Registry Excel Cube on December 15, 2013. Includes all elective adult and pediatric surgeries.

Notes: Baseline is for surgeries completed from April 1, 2012 to March 31, 2013. Target per cents are for surgeries completed in the fiscal year.

Discussion

In the last several years, British Columbia's health system has successfully reduced wait times for many surgeries. Expanded surgical activity and funding incentives, combined with continuous efforts to foster innovation and efficiency in British Columbia's hospitals, continue to improve the timeliness of access to an expanding range of surgical procedures. The Patient Prioritization Initiative is one of these innovations, a first in Canada, allowing surgeons to monitor patients' wait times in five priority levels. This performance measure tracks whether non-emergency surgeries are completed within the maximum established benchmark wait time of 26 weeks. Surgical resources also are being allocated to complete the surgeries of people who have been waiting the longest.

Goal 3: Ensure value for money.

To ensure value for money in the health system, the Ministry must ensure health system resources are used in the most efficient and effective way possible. On a strategic level, this includes not only *what* services and initiatives are focused on, but also *how* they are implemented. In the coming years, the Ministry, along with its health system partners, will collaborate on the effective implementation and management of a shared, consistent strategic plan for the health system with built-in accountability and attention to factors needed for success: change management capacity, ongoing quality improvement, effective leadership and an engaged workforce, information management systems and technologies, physical infrastructure and prudent budget management.

Objective 3.1: Evidence-informed access to clinically effective and cost-effective pharmaceuticals.

Pharmaceuticals play an important role in B.C.'s health care system. They treat and prevent the spread of disease, control pain, and can improve quality of life for many people. A continued focus on ensuring timely and evidence-informed access to pharmaceuticals that are safe, therapeutically beneficial and cost-effective will improve both patient care and value for money in the health system.

Key Actions

- Deliver an accessible, responsive, evidence-informed, sustainable drug program.
- Develop opportunities for pharmacists and physicians to work together to improve the optimal use of drugs for best patient outcomes.
- Leverage programs such as Lowest Cost Alternative and Reference Drug Program to achieve the best therapeutic value and price for publicly funded pharmaceuticals.
- Engage in the Council of the Federation's Pan-Canadian Pricing Alliance for brand and generic drugs.

Objective 3.2: Align workforce, infrastructure, information management and technology resources to achieve patient and service outcomes.

A high performing health system is one that uses its resources in the best way possible to improve health outcomes for patients. Ensuring the health system has sufficient numbers and the right mix of health professionals is key to providing the services that will meet British Columbians' needs now and in the future. Health care providers must also be appropriately supported by leadership, information management systems, technologies and the physical infrastructure to deliver high quality services as efficiently as possible.

Key Actions

- Develop and implement an integrated provincial workforce strategy to ensure British Columbia has the required supply of health care providers, their skills are being used effectively and the health care workforce is engaged, skilled, healthy and well-led.
- Enable B.C.'s Nurse Practitioners to practice to their full scope by working with regulatory bodies and professional organizations.
- Examine the use of other health professionals in team-based care, including the use of physician assistants, to supplement available medical services throughout the health system.
- Continue to modernize the health system through information management and technology by expanding the capability for system interoperability to enable referrals, improve wait time management and improve the exchange of patient information across service areas to support inter-professional care teams in the delivery of high quality patient care while ensuring privacy.
- Expand telehealth to support patients with chronic diseases, mental illness and substance abuse, access to specialists and acute care services in remote service areas.
- Enable electronic prescribing across the health system to support greater efficiency, patient safety and medication management.

Objective 3.3: Drive budget management, efficiency, collaboration and quality improvement to ensure sustainability of the publicly funded health system.

An efficiently managed health system ensures resources are spent where they will have the best health outcome. A focus on budget management and efficiency, along with collaboration and quality improvement, must be continually pursued in partnership with health authorities and other stakeholders to ensure our publicly funded health system is effective and affordable for the citizens of British Columbia.

Key Actions

- In collaboration with health system partners, implement a plan for the health system that includes building capacity for change and ensuring accountability.
- Support the strategic and operational review of the Fraser Health Authority and ensure that all health authorities benefit from its results in addressing service and fiscal pressures to facilitate the delivery of quality and sustainable healthcare services across the province.
- Drive clinical quality improvement throughout the health system, including through a guideline-based clinical care management system designed to assure a high standard of care and improve patient experience of care.
- Review funding models, strengthen cost management systems and build reporting capacity to ensure effective management of funds to achieve patient and service outcomes.
- Utilize Lean Design principles across the health system to eliminate waste, improve services to patients and improve the quality, productivity and efficiency of health care processes.
- Continue consolidation of corporate, clinical support, purchasing and administrative functions to achieve savings and quality improvements across the province.
- Continue to develop performance monitoring tools and performance management practices to assist clinical and management decision making and optimize health expenditures.

Resource Summary

Core Business Area	2013/14 Restated Estimates ¹	2014/15 Estimates	2015/16 Plan	2016/17 Plan
Operating Expenses (\$000)				
Health Programs				
Regional Services	11,121,315	11,523,775	11,882,294	12,227,095
Medical Services Plan	3,982,075	4,061,832	4,142,876	4,225,734
PharmaCare	1,179,232	1,079,453	1,103,033	1,125,094
Health Benefits Operations	35,560	38,052	38,895	39,756
Vital Statistics	6,944	7,084	7,226	7,371
Recoveries from Health Special Account	(147,250)	(147,250)	(147,250)	(147,250)
Executive and Support Services	225,572	225,874	228,151	230,425
Health Special Account	147,250	147,250	147,250	147,250
Total Operating Expenses	16,550,698	16,936,070	17,402,475	17,855,475
Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)				
Executive and Support Services	2,644	8,326	255	255
Total Capital Expenditures	2,644	8,326	255	255
Capital Grants (\$000)				
Health Facilities	414,474	423,956	509,994	494,635
Total Capital Grants	414,474	423,956	509,994	494,635

¹ For comparative purposes, amounts shown for 2013/14 have been restated to be consistent with the presentation of the 2014/15 Estimates.

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

Health Authority Income Statement Resource Summary

As required under the *Budget Transparency and Accountability Act*, British Columbia's six health authorities are included in the government reporting entity. The health authorities have been primary service delivery organizations for the public health sector for several years and many of the performance measures and targets included in the Ministry's *2014/15 – 2016/17 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.

Description	2013/14 Forecast	2014/15 Budget	2015/16 Plan	2016/17 Plan
Health Authorities and Hospital Societies – Combined Income Statement (\$000)				
Total Revenue¹	12,873,000	13,108,000	13,388,000	13,677,000
Total Expense²	12,865,000	13,108,000	13,388,000	13,677,000
Net Results^{3,4}	8,000	0	0	0

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

²Expense: 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 Net Results: The forecast surplus of \$8 million is made up of: \$2.6 million from the Vancouver Island Health Authority, \$1 million from the Fraser Health Authority, and \$4.4 million from the Vancouver Coastal Health Authority.

⁴The 2013/14 forecast is based on third-quarter board-approved information provided by the health authorities and hospital societies.

Major Capital Projects

Capital investment ensures the province's health infrastructure is maintained and expanded to meet the 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 health authorities and the Ministry collaborate on financial and infrastructure planning to ensure capital investments in the health system are strategic and cost effective. Recognizing the significant cost and long lifespan of most capital investments – both in acquisition and use – the Ministry and health authorities maintain three-year capital expenditure plans, aligned with other health sector planning. This planning horizon enables the Ministry to better anticipate future demand for health services, resulting from a growing and aging population and medical and technological innovations, and to plan and prioritize long term capital investments.

Major capital projects currently underway or in planning include:

Surrey Memorial Hospital Critical Care Tower

The new building includes a new emergency department that is five times larger than the existing department. The new emergency area includes specialized units for mental health, geriatric care, a separate children's emergency area, an enhanced minor treatment unit and an improved area for acute patients. The multi-storey facility will include a perinatal centre with capacity for 48 neonatal intensive care unit beds needed to treat premature infants and newborns in critical distress. The maternity department will also be expanded and 13 new obstetric beds will be added. The project will also include additional inpatient beds thereby increasing the inpatient bed capacity at Surrey Memorial Hospital by 30 per cent. An expanded adult intensive care unit will also help meet the acute care needs of Surrey, and will play a crucial role in decreasing emergency room congestion. Additional academic space will be created to support the growing partnership between Fraser Health and the UBC medical school. A new rooftop helipad will be located on the top of the new tower. The capital cost of the project is estimated at \$512 million. Construction on the new tower began in 2011. The new emergency department opened for service on October 1, 2013, with final construction of the tower to be completed in 2014.

For more information on the Surrey Memorial Hospital Critical Care Tower, please see the 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 13,166 square metre (141,718 square foot) building will be constructed to house the Interior Heart and Surgical Centre. The new building is being built on the site of the former Pandosy building. The programs housed at Pandosy were relocated to the new patient

care tower and a new clinical support building. The existing surgical suite will be relocated to the new Interior Heart and Surgical Centre that will include room for future expansion of surgical services. Also included will be an expansion of support services for the cardiac program, such as central sterilization services. The surgical suite will be fully integrated with the cardiac revascularization program. The new buildings will be designed to Leadership in Energy and Environmental Design (LEED) Gold standards, and will maximize interior and exterior wood construction. The Interior Heart and Surgical Centre will be open for patients by mid-2015 with final renovations to other areas of the hospital completed by 2017. The cost of the project is estimated at \$367 million. A portion of the project is cost shared with the Central Okanagan Regional Hospital District.

For more information on the Interior Heart and Surgical Centre, please see the website at www.buildingpatientcare.ca/interior-heart-and-surgical-centre-project.

Children's and Women's Hospital Redevelopment

The redevelopment of BC Children's Hospital and BC Women's Hospital, both agencies of the Provincial Health Services Authority, will be completed in three phases. The first phase included opening three additional neonatal intensive care unit (NICU) beds at BC Women's Hospital to help care for the province's most vulnerable patients. Those additional beds became part of the provincial network of NICU beds. First phase work also includes: site preparations for the new hospital; constructing additional academic space for UBC; constructing a new clinical support building and a free-standing child day-care centre. Phase One is expected to cost \$91 million. The second and third phases of the project will include the construction of the new BC Children's Hospital and renovations and expansion of BC Women's Hospital. The total project cost for all phases must still be finalized, but is estimated to be approximately \$680 million.

For more information on the Children's and Women's Hospital Redevelopment project, please see the website at www.health.gov.bc.ca/library/publications/year/2010/BCCW-CapitalProjectPlan.pdf.

North Island Hospitals Project

The release of the Request for Proposals has been announced for the North Island Hospitals Project. Three qualified teams were selected from a group of eight that responded to the Request for Qualifications. VIHA expects to award the contract in mid 2014. Construction will begin soon after, and the hospitals are expected to be completed in 2017. The North Island Hospitals Project includes a new 95-bed hospital in Campbell River and a new 153-bed hospital in the Comox Valley. The estimated capital cost of up to \$600 million for the project will be shared by the B.C. Government and the Comox Strathcona Regional Hospital District. The new Campbell River Hospital will be approximately 23,000 square metres and built on the existing hospital site. The new Comox Valley Hospital will be approximately 29,000 square metres and built near the intersection of Lerwick and Ryan Roads in Courtenay, adjacent to the North Island College campus.

For more information about the North Island Hospitals Project, please see the website at http://www.viha.ca/about_viha/building_for_health/nihp.htm.

Lakes District Hospital and Health Centre (Burns Lake)

The new Lakes District Hospital and Health Centre in Burns Lake is currently under construction. The replacement hospital is scheduled to be completed and open for patients by the fall of 2015. The

project is expected to generate approximately 200 direct jobs during the construction period. The new hospital will have 16 beds and the new centre will provide acute care and emergency services, diagnostic imaging, a laboratory and pharmacy. Space also is planned for a medical clinic along with the delivery of mental health and addictions services, public health, and home and community care. The facility will be a two-storey building and approximately 6,100 square metres (65,000 square feet). The hospital will be a green and energy efficient facility designed to achieve Leadership in Energy and Environmental Design (LEED) Gold certification. The total capital cost of the project is estimated up to \$55 million. The project is cost shared with the Stuart-Nechako Regional Hospital District.

For more information about the Lakes District Hospital and Health Centre Project, please see the website at <http://www.northernhealth.ca/AboutUs/CapitalProjects/LakesDistrictHospitalProject.aspx>.

Queen Charlotte/Haida Gwaii Hospital (Village of Queen Charlotte)

Ground has been broken for the new Queen Charlotte hospital. Site clearing is underway and will be followed by the start of construction of the new hospital in early 2014 with completion in late 2015. The total capital cost of the project is estimated up to \$50 million. The project is cost shared with the Northwest Regional Hospital District.

For more information about the Queen Charlotte/Haida Gwaii Hospital Project, please see the website at <http://northernhealth.ca/AboutUs/CapitalProjects/QueenCharlotteHospitalProject.aspx>.

HOpe Centre, Lions Gate Hospital, North Vancouver

Construction is underway at the \$62.2 million Greta & Robert H.N. Ho Centre for Psychiatry and Education (HOpe Centre) at Lions Gate Hospital. The state-of-the-art treatment facility will help people struggling with mental health and substance use challenges. The HOpe Centre will provide integrated services for clients who require hospital care, outpatient services, or both. The facility is a designated facility under the provincial *Mental Health Act* and will include a 26-bed inpatient psychiatric unit and provide enough space to enable consolidation of multiple community-based mental health and substance use outpatient services into one central location. The new HOpe Centre will also contain space for the expansion of the UBC medical school and provide a permanent home for BC Ambulance on the North Shore. The project was first announced in September 2010. The B.C. Government, through Vancouver Coastal Health, has supported the HOpe Centre with a \$38.2 million financial contribution. The Lions Gate Hospital Foundation has raised another \$24 million for the project, with \$10 million of this amount being generously donated by Greta and Robert Ho, after whom the new centre is named. Construction is expected to be complete in mid-2014 and open for patients in fall 2014.

Royal Inland Hospital, Clinical Services Building

Procurement for the Clinical Services Building at Royal Inland Hospital is underway as a part of the first phase of redevelopment at Royal Inland Hospital. The proposed scope of the first phase includes ambulatory clinics consisting of an outpatient lab, cardiopulmonary/neurodiagnostics, community respiratory therapy, intravenous therapy, pre-surgical screening and operating room booking, as well as teaching space for the UBC medical school program and educational space for continued health professional training. The project will also include onsite parking and improved vehicle and pedestrian access to the Royal Inland Hospital campus. The first phase of redevelopment is estimated to cost \$79.8 million and will be cost shared with the Thompson Regional Hospital District and the

Interior Health Authority. Construction on the new Clinical Services Building is expected to begin in spring 2014.

St. Paul's Hospital Redevelopment, Ambulatory Care Building and Redevelopment

The Ministry of Health and Providence Health Care are working to finalize the redevelopment concept plan, noting the detailed planning will need to account for the complexities of maintaining necessary care for patients on the current site when the project gets underway. The redevelopment timeframe will be determined through the business plan process. It is anticipated the redevelopment will include construction of a new outpatient care tower on the northwest corner of the current St. Paul's Hospital site as well as essential site infrastructure upgrades and selected renovations such as seismic upgrades to existing buildings.

Royal Columbian Hospital Redevelopment

The government of B.C. is proceeding with the business case for the first phase in the redevelopment of Royal Columbian Hospital. Final scope, cost, and schedule will be determined as part of the business case planning. Following approval of the business case, procurement for construction of the first phase of the project will commence.

For more information about the Royal Columbian Hospital Redevelopment, please see the website at http://www.fraserhealth.ca/about_us/building_for_better_health/royal_columbian_hospital/.

Joseph and Rosalie Segal Family Centre, Vancouver General Hospital

The new Joseph and Rosalie Segal Family Health Centre will help mental health professionals provide better care to patients and their families in a modern environment when it opens in 2017. Total capital cost is estimated at \$82 million, with the provincial government contributing \$57 million. The VGH and UBC Hospital Foundation has committed \$25 million to the new centre, including \$12 million from Joseph and Rosalie Segal. The centre will focus on a patient-centred therapeutic environment that meets high standards of modern psychiatric care and is also expected to improve health outcomes for British Columbians. The centre will include the following: eight floors, 11,100 square metres (approximately 119,500 square feet), excluding parking and mechanical penthouse; 100 private patient rooms, each with its own bathroom; natural light in most areas and the use of calming colours and textures to create healing environments; quiet places on each floor for reading and meditating; access to outdoor gardens and courtyards, as well as exercise facilities, televisions and the internet; improved patient and staff safety and security. The Joseph and Rosalie Segal Family Health Centre will provide short-term, acute care to those suffering from major depression, anxiety, schizophrenia, psychotic and mood disorders, and drug and alcohol addiction.

Inpatient Bed Project, Vernon Jubilee Hospital

The new Polson Tower at Vernon Jubilee Hospital includes two shelled floors for future inpatient bed capacity. In February 2013 government approved a project to complete the 6th and 7th floors of the Polson Towers to accommodate 60 inpatient beds in newly constructed space. Of the 60 bed capacity, 14 are new inpatient beds and 46 beds are relocated from other parts of the hospital. The project also includes minor building and support systems renovations. The project is cost shared with the North Okanagan-Columbia Shuswap Regional Hospital District. Construction of the inpatient bed area is expected to start in spring 2014 with completion and occupancy by patients in summer 2015.

Patient Care Tower, Penticton Regional Hospital

Government is proceeding with business planning for a new patient care tower at Penticton Regional Hospital. Business case development is currently underway and is expected to be completed in 2014. Following approval of the business plan, procurement for construction of a new patient care tower will commence. The scope, cost and schedule will be finalized as part of the business plan. It is anticipated that the capital cost of the redevelopment project will be shared between the Province, the Okanagan Similkameen Regional Hospital District and the South Okanagan Similkameen Medical Foundation.

Clinical and Systems Transformation Project

The primary purpose of the Clinical and Systems Transformation (CST) Project is to establish a common standardized, integrated, end-to-end clinical information system and environment for Provincial Health Services Authority, Vancouver Coastal Health Authority and Providence Health Care.

The vision of this integrated system is “One Person. One Record. Better Health.” A single health record for each patient will promote high quality care and improve health outcomes throughout the region by ensuring clinicians have a greater level of accurate and consistent patient information. A single electronic health record per patient across the continuum of care (acute, ambulatory, and residential integrated with lab, medical imaging, health information, and pharmacy) will streamline the care process, improve the safety and efficiency of patient care, and provide clinicians with a longitudinal view of a patient’s medical history for better care decisions.

The total capital cost of the project is estimated to be \$480 million over ten years.

Appendices

Appendix A: Ministry Contact Information

Ministry of Health (www.gov.bc.ca/health)

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

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

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: 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 – SeniorsBC (www.seniorsbc.ca)

Ministry of Health – Healthy Families BC (<http://www.healthyfamiliesbc.ca/>)

Email: healthyfamiliesbc@gov.bc.ca

Office of the Provincial Health Officer (www.health.gov.bc.ca/pho/)

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

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

PO Box 9643 Stn Prov Govt
Victoria, British Columbia.
V8W 9P1
Toll free in B.C.: 1-866-952-2448
Email: contact@patientcarequalityreviewboard.ca
Fax: 250-952-2428

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

PO Box 9657 Stn Prov Govt
Victoria, British Columbia
V8W 9P3
Toll free in B.C.: 1-888-876-1633
In Victoria: 250-952-2681

Agency Offices:

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

VICTORIA

818 Fort Street
Phone: 250-952-2681

VANCOUVER

605 Robson Street, Room 250
Phone: 604-660-2937

KELOWNA

305-478 Bernard Avenue
Phone: 250-712-7562

Appendix B: Hyperlinks to Additional Information

British Columbia's 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

First Nations Health Authority - www.fnha.ca