

**Ministry of
Health**

**2022/23 – 2024/25
SERVICE PLAN**

February 2022



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Minister's Accountability Statement



The *Ministry of Health 2022/23 – 2024/25 Service Plan* was prepared under my direction in accordance with the *Budget Transparency and Accountability Act*. I am accountable for the basis on which the plan has been prepared.

A handwritten signature in black ink that reads "Adrian Dix". The signature is written in a cursive, slightly stylized font.

Honourable Adrian Dix
Minister of Health
February 4, 2022

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Purpose of the Ministry

The [Ministry of Health](#) (the Ministry) is obligated under the [Medicare Protection Act](#) to preserve a publicly managed and fiscally sustainable health care system for British Columbia (B.C.), and to ensure that access to necessary medical care is based on need, and not the individual's ability to pay. The Ministry has overall responsibility for ensuring that health services meet the needs of all in B.C., and ensuring services are timely, high-quality, appropriate, equitable, and cost-effective. While the Ministry has overall responsibility for the province's health authorities, the 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 and are subject to the [Health Authorities Act](#). A sixth health authority, the Provincial Health Services Authority (PHSA), governed by the [Societies Act](#), is responsible for provincial clinical policy, the delivery of provincial clinical services, provincial commercial services, and provincial digital and information management and information technology planning and services.

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

To deliver on health care system services and public health priorities, the Ministry partners with several other B.C. ministries, particularly the Ministry of Mental Health and Addictions (MMHA). The Ministry of Health is focused on supporting MMHA in the response to the illicit drug toxicity crisis, and in improving access to quality mental health and substance use services.

The Ministry also works in partnership with the First Nations Health Authority (FNHA), as well as the [First Nations Health Council](#) (FNHC), through current established pathways such as regional health caucuses and Nation assemblies. The FNHA supports the health and wellness of First Nations people in B.C, and is responsible for planning, management, service delivery, and funding of Indigenous health programs, in partnership with First Nations communities in B.C. The Ministry works with [Métis Nation BC](#) and the BC Association of Aboriginal Friendship Centres to support the health and wellness of Métis and urban Indigenous peoples in the province.

The Ministry recognizes that the implementation of B.C.'s [Declaration of the Rights of Indigenous Peoples Act](#) (DRIPA) is an evolving conversation from both the Province and Indigenous perspectives. Navigating change within Indigenous structures and agencies, locally, regionally, and provincially requires a principled approach. Relationship building with the acknowledgement of rights holders must be a basic understanding across government, demonstrated through evolving and existing partnerships, and by establishing new pathways

where needed and agreed upon. The Ministry is committed to a co-designed process with and for Indigenous Peoples of B.C.

The Ministry is also committed to working and collaborating with additional critical partners such as health professionals and their respective professional associations, health unions, local governments, health researchers, non-profit agencies, and patients and their families.

Strategic Direction

In 2022/2023, the Government of British Columbia will continue its whole-of-government response to the COVID-19 pandemic with a focus on protecting the health, social and economic well-being of British Columbians. Building on our economic, environmental, and social strengths while looking to seize opportunities to improve outcomes for all British Columbians will be an important aspect of each ministry's work as we respond to COVID-19 and recover from devastating floods and wildfires. The policies, programs and projects developed over the course of this service plan period will align with the five foundational principles established by Government in 2020: putting people first; working toward lasting and meaningful reconciliation; supporting equity and anti-racism; ensuring a better future through fighting climate change and meeting our greenhouse gas reduction targets; and supporting a strong, sustainable economy that works for everyone.

This 2022/23 service plan outlines how the Ministry will support the Province's priorities including the foundational principles listed above, and the selected action items identified in the November 2020 Minister's [Mandate Letter](#).

Responding and Recovering from the COVID-19 Pandemic

COVID-19 has affected all facets of life in B.C. and elsewhere, from the day-to-day restrictions on everyday life, to the severe impact it has had on parts of our health system.

The Ministry, working with the Provincial Health Officer, will continue to lead and coordinate the B.C. health system's response and recovery to COVID-19. This will include the health system's response to the disease itself, as well as the ongoing rollout of [BC's COVID-19 Immunization Plan](#), the largest vaccination rollout in the province's history.

The Ministry will continue to ensure that health services, including case finding, diagnosis, treatment, and those that support the recovery of people who contract COVID-19, meet population needs. This will be in conjunction with the ongoing layers of public health measures already mitigating the impacts of COVID-19.

COVID-19 continues to be present in British Columbia's communities and we expect it will continue to circulate for the foreseeable future. The government remains focused on managing the health and societal impacts of COVID-19 on B.C. residents and communities, and planning for a strong recovery from the social and economic impacts of the pandemic and the profound impacts on the health system from community to long-term care to acute care.

Commitment to Indigenous Health and Reconciliation

The Province of B.C. is committed to lasting and meaningful reconciliation with Indigenous peoples through the adoption and implementation of DRIPA and the [Truth and Reconciliation Commission of Canada's Calls to Action](#). The Ministry remains vigilant in its work with health system partners to address Indigenous-specific racism in the health care system and to embed cultural safety using the comprehensive recommendations of the [In Plain Sight](#) report as a blueprint for action, honoring the Province's obligations under the Declaration Act. The [In Plain Sight](#) recommendations require a joint approach with Indigenous peoples in their implementation, consistent with the UN Declaration, which calls for consultation and cooperation between governments and Indigenous peoples in upholding Indigenous human rights. The Ministry is working with the [First Nations Leadership Council](#), FNHC, the FNHA, and [Métis Nation BC](#) in the planning and implementation of all 24 recommendations.

The Ministry will continue to advance priorities in the following key areas: Indigenous recruitment and retention to support the hiring of a health care workforce that better represents the diverse communities it serves; improvements to complaints processes and mechanisms; embedding cultural safety and humility standards and education across all elements of the health system in alignment with a new, made-in-B.C. Cultural Safety and Humility organizational standard; and developing enabling legislation to support successful systemic change, all with the intention of increasing accessibility to culturally safe care and health services for Indigenous people in B.C. These approaches contribute towards the Ministry's mandate of advancing the shared journey of reconciliation, applying equity and anti-racism approaches, and addressing systemic racism in the health system.

The First Nations health governance structure, developed by and for B.C. First Nations, is underpinned by a series of tripartite agreements and health plans including the [B.C. Tripartite Framework Agreement on First Nations Health Governance](#). The Ministry works in partnership with FNHA and FNHC through regional caucus pathways to bring issues and opportunities to the First Nations health governance representatives for direction. The Province of B.C. also works collaboratively with [Métis Nation BC](#), as demonstrated through the [Métis Nation Relationship Accord II](#) (2016). Additionally, the Ministry remains committed to its work with health system partners under the [Declaration of Commitment to Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in B.C.](#) (2015).

Performance Planning

The following performance plan outlines how the Ministry will uphold these commitments and continue to track progress on key mandate letter commitments and other emerging government priorities.

Goal 1: Ensure a focus on service delivery areas requiring strategic repositioning

This goal captures the Ministry's emphasis on transformational change based on key Mandate Letter priorities. In primary and community care, this means an integrated team-based approach that brings together and coordinates local primary and community care providers, services, and programs. An integrated team-based approach provides easier access for people to receive culturally safe and equitable care, obtain follow-up, and connect to other services they may need, informed by evidence-based research in policy, planning, and practice. This goal also focuses on the Province's commitment to delivering the services people count on, particularly on improving and strengthening timely health services for seniors to ensure dignified, quality, culturally safe and appropriate care. Additionally, the goal supports those with mental health or substance use challenges and other adults who have complex care needs. Finally, the goal supports efforts to deliver postponed surgeries, to schedule and deliver surgeries that were not scheduled due to the COVID-19 pandemic and to improve wait times by optimizing resources, through effective information management, and by changing the way we deliver surgeries in B.C. to get more patients their surgery faster.

Objective 1.1: A primary care model that provides comprehensive, coordinated, and integrated team-based care

Key Strategies

- Deliver more integrated team-based primary care in urgent and primary care centres, full service primary care clinics, community health centres, and Indigenous-led primary health care projects to support the implementation of Primary Care Networks (PCNs).
- Work with partners to improve access to integrated, culturally safe, and equitable primary care services free of racism and discrimination, based on the needs of community populations and patients with chronic illness, complex medical needs, and frailty.
- Collaborate with health sector partners and communities to deliver appropriate, timely, culturally safe, and equitable care closer to home in alignment with the [Rural, Remote, First Nations and Indigenous COVID-19 Response Framework](#).
- Support [HealthLink BC](#) and PCNs in implementing digital and virtual team-based primary care services.

Performance Measure	2016/17 Baseline	2021/22 Forecast	2022/23 Target	2023/24 Target	2024/25 Target
1.1 Number of Primary Care Networks operating or in implementation	0	59	85	85	85

Data source: B.C. Ministry of Health

Linking Performance Measure to Objective

Patients can be attached and have increased access to care through full-service family practices, urgent and primary care centres, community health centres, and First Nations-led primary health care projects, all supported through a Primary Care Network (PCN). This means patients have ongoing care relationships with primary care providers such as family doctors or nurse practitioners, who work in team-based practices that may also include nurses, clinical pharmacists, social workers, physiotherapists, occupational therapists, registered dietitians, midwives, and other allied health professionals. Benefits of having a continuous relationship with a primary care provider include improved disease management, positive health outcomes and improved experiences of care.

Discussion

The implementation of the PCNs is part of a comprehensive provincial strategy to transform the BC health system. The 2021/22 forecast reflects the continued impacts due to the COVID-19 response and recovery. The total number of PCNs planned for the province to implement and sustain is 85 which is reflected in our future year targets.

Objective 1.2: Improved health outcomes and reduced hospitalizations for seniors through effective and timely community services

Key Strategies

- Advance quality long-term care services to provide more people-centred, dignified and culturally safe care by expanding range of support, eliminating multi-bed rooms in health authority-owned facilities, and by enhancing oversight of contracted service delivery.
- Expand community-based models of care and digital solutions, such as the CareConnect electronic health record system, provincial prescription management initiatives, and remote patient monitoring, to ensure continuity of care between acute settings and community, and to enable seniors to stay at home longer.
- Improve integrated team and community-based care for seniors with complex medical conditions and/or frailty by implementing community specialized services that focus on integrating supports, including community-based professional services, community caregiver supports, palliative care, and assisted living.
- Engage with community, cultural, non-profit, and Indigenous partners in providing health and wellness, cultural, and educational services to support seniors in the community.

- Improve accessibility, responsiveness, and quality of community-based palliative, hospice, and home-based care to support those at the end of life with greater choice.
- Expand timely access to publicly funded community-based care services, home care supports, digital solutions, and specialized services for seniors so that they can remain at home for longer.
- Improve range of supports for people in long-term care homes to ensure they receive dignified and quality care, working with care providers, embedding person-centred respect and compassion in all service delivery.
- Fund each individual long-term care homes in B.C. to reach a minimum average of 3.36 direct care hours per resident day for each health authority to improve range of supports to people in long-term care.

Performance Measure	2016/17 Baseline	2021/22 Forecast ¹	2022/23 Target	2023/24 Target	2024/25 Target
1.2a Average direct care hours per resident day across all health authorities	3.11	3.40	3.36	3.36	3.36

Data source: Ministry of health

¹2021/22 forecast at Q2 is based on bed days (assumes 100% occupancy)

Linking Performance Measure to Objective

This performance measure identifies the minimum average direct care staffing hours per resident day in long-term care facilities and reflects government’s commitments and efforts to improve and strengthen the quality of service and provide the best day-to-day assistance to seniors living in long-term care homes.

Discussion

When the incremental hours per resident day funding was announced in Budget 2018, government committed to fund each health authority to reach a target of a minimum of 3.36 hours of direct care per resident day, on average, across long-term care homes by 2021. The targets represent the ministry goal for the total direct care staffing levels for each health authority to average 3.36 hours per resident.

Performance Measure	2017/18 Baseline	2021/22 Forecast ¹	2022/23 Target	2023/24 Target	2024/25 Target
1.2b Potentially inappropriate use of antipsychotics in long-term care	25.4%	27.0%	18.0%	18.0%	18.0%

Data source: Canadian Institute for Health Information

¹Forecast based on 2021/22 Q1. It is acknowledged that rates for this performance measure have been, and will continue to be, influenced by factors such as resurgences of COVID-19.

Linking Performance Measure to Objective

This performance measure identifies the percentage of long-term care residents who are taking antipsychotic drugs without a diagnosis of psychosis. Antipsychotic drugs are sometimes used to manage behaviours associated with dementia. Use of these drugs without a diagnosis of psychosis may compromise safety and quality of care.

Discussion

The targets for 2022/23 and 2023/24 are consistent with those in the previous Ministry Service Plan, with the 2024/25 target set to maintain performance at 18 percent. Setting a constant target of 18 percent over three years allows for the Province to implement relevant strategies, and to improve performance over time from current levels. The forecast for 2021/22 has been updated to represent the pattern observed for the first quarter of the 2021/22 fiscal year and provides a more accurate forecast for this performance measure over the duration of the pandemic.

Performance Measure	2016/17 Baseline	2021/22 Forecast ¹	2022/23 Target	2023/24 Target	2024/25 Target
1.2c Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and older	3,360	2,167	2,750	2,700	2,650

Data source: Discharge Abstract Database, P.E.O.P.L.E. 2021

¹ Forecast is not indicative of typical rates due to factors related to the COVID-19 pandemic.

Linking Performance Measure to Objective

This performance measure tracks the number of people 75 years of age and older with select chronic disease such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes who are admitted to hospital. Lower admission rates indicate that these patients are receiving appropriate care in the community to allow them to stay home longer and be healthier. Proactive disease management and community-based services can help seniors maintain functioning and reduce complications that could require higher-level medical care, such as emergency department visits and hospitalizations.

Discussion

The targets for 2022/23 and 2023/24 are consistent with those in the previous Ministry Service Plan, with the 2024/25 target set to improve performance with an average annual decrease of 2 percent to capture continued improvement. The forecast for 2021/22 is lower than typical rates because of a decline in hospitalizations during the COVID-19 pandemic. Hospitalization levels are expected to increase to pre-pandemic levels.

Objective 1.3: Improved health outcomes, reduced hospitalizations, and increased access to supports for mental health and substance use challenges through effective community services

Key Strategies

- Implement virtual clinic options for people with mild-to-moderate mental health and/or substance use challenges, with a focus on youth aged 12-24.
- Enable more integrated and coordinated approaches to support prevention initiatives and to provide community-based supports and residential treatment services for individuals needing mental health or substance use care.
- Improve access and coordination across specialized services by ensuring clinical and communication pathways are functional between specialized services, acute and primary care services, and in emergency departments.
- Collaborate with the Government of Canada and Indigenous partners to implement a community-driven, Nations-based approach to culturally safe mental health and wellness, and substance use services.
- Support the MMHA with implementation of [A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia](#), focusing on prevention, early identification, improving access and quality of services, and enhancing child and youth mental health and substance use services.
- Support the MMHA to improve B.C.’s response to the illicit drug toxicity crisis and expand access to harm reduction interventions for vulnerable populations.
- Implement the [July 2021 prescribed safer supply policy](#) and improve delivery of [Opioid Agonist Treatment](#) and Registered Nurses/Registered Psychiatric Nurses prescribing medications for opioid use disorder.
- Support the MMHA and FNHA with the implementation of FNHA’s [A Framework for Action: Responding to the Toxic Drug Crisis for First Nations](#).

Performance Measure	2016/17 Baseline	2021/22 Forecast ¹	2022/23 Target	2023/24 Target	2024/25 Target
1.3 Percent of people admitted for mental illness or substance use who are readmitted within 30 days	14.7%	14.4%	13.9%	13.8%	13.7%

Data source: Discharge Abstract Database

¹Forecast based on 2021/22 Q1 data.

Linking Performance Measure to Objective

Specialized services help improve access to a range of services and supports in the community for persons with mental health and/or substance use issues. These efforts, along with effective discharge planning, can help reduce re-hospitalizations for this patient group.

Discussion

The targets for 2022/23 and 2023/24 are consistent with those in the previous Ministry of Health Service Plan. The target for 2024/25 shows further improvement reflecting the lowest provincial rate of this performance measure in the past four years.

Objective 1.4: Timely access to appropriate surgical and diagnostic procedures

Key Strategies

- Implement the Ministry’s [Commitment to Surgical Renewal](#) plan to complete the surgeries postponed due to COVID-19 and to meet new demands for surgery.
- Support health authorities to continue to increase surgeries by generating efficiencies, extending hours, optimizing operating rooms, and increasing capacity in the sector.
- Manage waitlists consistently, effectively, and efficiently, and continue to focus on patients through regular contact to confirm that they are ready, willing, and able to undergo surgery.
- Increase essential personnel through focused recruitment, additional training, enhanced retention strategies, and evaluation and implementation of new models of care.
- Further reduce wait times by optimizing and increasing accessibility to diagnostic services, including the addition of MRI scanners, where they are needed most to ensure timely and equitable access for all in B.C.

Performance Measure	2016/17 Baseline	2021/22 Forecast ¹	2022/23 Target	2023/24 Target	2024/25 Target
1.4 Total Operating Room Hours	545,419	597,000	676,500	682,700	689,600

Data source: AnalysisWorks’ Lighthouse

¹ Forecast is not indicative of typical rates due to factors related to the COVID-19 pandemic.

Linking Performance Measure to Objective

This performance measure reflects efforts to allocate surgical resources to increase access for surgical patients and to catch-up the cases lost due to COVID-19 while meeting the growing patient demand now and into the future. Funding, increased capacity (operating room hours), additional health human resources service coordination and process improvements all contribute to the ability to increase operating room hours.

Discussion

The targets for 2022/23 and 2023/24 are consistent with those in the previous ministry service plan. The target for 2024/25 shows further improvement reflecting an increase of one percent for Total Operating Room Hours. The forecast for 2021/22 is lower than typical rates due to factors related to the COVID-19 pandemic, as well as severe weather events which have impacted ongoing surgical renewal efforts within regions and across the province. This resulted in postponements of surgeries to protect hospital capacity and a redeploy of surgical staff to support other areas of the acute care system.

Goal 2: Support the health and well-being of all in British Columbia through the delivery of high-quality health services

This goal focuses on improving and strengthening a range of important and innovative health services through long-term health promotion, illness and injury prevention, and hospital and laboratory medicine programs. This focus will support better, more equitable outcomes, and will meet the diverse needs of all in B.C. in alignment with the foundational principles of addressing systemic racism and increasing equity and accessibility throughout the health sector. The delivery of high-quality, culturally safe, and appropriate health services supports the commitments made under the [*Declaration on the Rights of Indigenous Peoples Act*](#) and the recommendations within the [*In Plain Sight*](#) report. This goal also focuses on preparedness and sustainability to prevent, respond to, and recover from public health emergencies.

Objective 2.1: Effective and equitable population health, health promotion, and illness and injury prevention services

Key Strategies

- Work with the Provincial Health Officer to refresh and maintain the province's pandemic preparedness and resource plan, including financial, technology and resource planning, and supply chain management.
- Work with health care sector partners and professionals to develop and strengthen the delivery of public health initiatives, long-term health promotion, illness and injury prevention services, and clinical preventative screening and diagnostic services.
- Advance the recommendations of the [*In Plain Sight*](#) report to foster a health system based on anti-racism, cultural safety, and humility that works to prevent health disparities caused by Indigenous-specific racism.
- Support local governments and First Nations communities, in partnership with Health Authorities and key stakeholders, to develop and/or update healthy living strategic plans.
- Work with partners to support health protection, and to support emergency preparedness, response, and recovery, while supporting the Province's commitment to climate change adaptation, and the provision of safe drinking water and food safety.
- Work with partners to adopt and implement the BC First Nations, Métis, and Inuit Cultural Safety and Humility organizational standard.
- Develop a suite of indicators to measure and monitor cultural safety for Indigenous patients and their families when accessing health care in B.C.

Performance Measure	2017/18 Baseline	2021/22 Forecast ²	2022/23 Target	2023/24 Target	2024/25 Target
2.1 Percent of communities that have completed healthy living strategic plans	62%	76%	78%	80%	81%

Data source: Health Authority annual community survey

²Forecast for 2021/22 is based on available data as of February 2022

Linking Performance Measure to Objective

This performance measure focuses on the proportion of the 160 communities in B.C. with healthy living strategic plans, developed in partnership with the Ministry and health authorities. Health Authorities partner with communities to take collaborative action and develop healthy public policy that addresses the determinants of health and chronic disease factors at the community level. These actions and policies promote healthy, active lifestyles, healthy built environments, and social connectedness. Healthy living strategic plans are the product of collaborative relationships among health authorities, local governments, First Nations communities and key stakeholders.

Discussion

The 2021/22 rate (forecasted) for this performance measure met the target set in the Ministry’s previous Service Plan. Health Authorities were able to develop and implement plans despite limited capacity due to factors related to the COVID-19 pandemic. The targets for 2022/23 and 2023/24 match those from the last year’s Service Plan, with the 2024/25 target improving by a further one percent.

Objective 2.2: Continued improvement of hospital, pharmaceutical care, laboratory, and diagnostic services

Key Strategies

- Work in partnership with BC Emergency Health Services to improve paramedic-related services, including access to services in Indigenous communities, and fully implement the emergency service transportation and patient support elements of the [Rural, Remote, First Nations and Indigenous COVID-19 Response Framework](#).
- Continue to improve the delivery of hospital-based services through health authority targeted program and service delivery improvement initiatives, such as reduction of crowding in hospitals and enhanced patient safety.
- Collaborate with the FNHA to strengthen culturally safe and accessible hospital services that integrate Indigenous-specific knowledge and practices to meet population needs.
- Continue to invest in the province’s Fair PharmaCare program.
- Collaborate with health sector partners to implement a cross-sector provincial planning process to support accessible, timely, and culturally safe pathology, laboratory, diagnostic, and pharmaceutical services.

- Implement [The Pharmaceutical Care Management Strategy](#) to improve pharmaceutical care through increased cross-sector planning and coordination, and through stronger governance for improved oversight of the provisioning, management, and optimal use of pharmaceuticals, related systems, and services for sustainability.

Performance Measure	2017/18 Baseline	2021/22 Forecast ¹	2022/23 Target	2023/24 Target	2024/25 Target
2.2 Rate of <i>C.difficile</i> cases associated with a reporting facility per 10,000 inpatient days	3.8	3.5	2.9	2.9	2.9

Data source: Provincial Infection Control Network of British Columbia (PICNet)

¹ Forecast based on 2020/21 data.

Linking Performance Measure to Objective

Clostridium difficile (*C. difficile*) is a bacterium that can pose a health risk for people who are taking antibiotics or who have weakened immune systems. Actively monitoring *C. difficile* infections in acute care facilities and developing evidence-based infection prevention and control guidelines, helps reduce such infections and therefore improves the quality of care and patient safety, protecting both patients and health care providers.

Discussion

Target levels will be maintained at 2.9 which demonstrates the intention to implement strategies for improvement over the next three years.

Goal 3: Deliver a sustainable public health care system

This goal focuses on sustainable services through effective, efficient, and integrated provincial health system infrastructure, including human resources, digital and information technology, and meaningful and productive interjurisdictional partnerships to improve organizational capacity that enables equitable service delivery across the health system. This goal also describes how the health sector will continue to foster a culture of innovation throughout the health system to meet the ongoing needs of all in B.C.

Objective 3.1: A sustainable, engaged, skilled and diverse health sector workforce

Key Strategies

- Implement a comprehensive, sector-wide health care human resources strategy focusing on innovative and sustainable short and long-term approaches for recruitment and retention of health care workers, fostering an engaged, culturally safe, equitable, and respectful work environment.
- Ensure that Indigenous priorities are incorporated into provincial health workforce planning, including prioritizing the hiring of a health care workforce that better represents the diverse communities it serves.

- Work with health sector partners to implement strategies to reduce violence in the workplace, to protect the health and safety of health care workers, and to implement the [National Standard of Canada for Psychological Health and Safety](#).
- Improve the Province’s credential recognition process and licensing so that people trained in other countries can more quickly and easily provide their skills and knowledge in B.C.
- Promote workforce sustainability in long-term care and assisted living facilities through the [Health Career Access Program](#).

Performance Measure	2016 Baseline	2021 Forecast ¹	2022 Target	2023 Target	2024 Target
3.1 Nursing and allied health professionals overtime hours as a percent of productive hours	3.8%	6.4%	3.8%	3.8%	3.8%

Data source: Health Sector Compensation Information System

¹ Forecast based on 2021 Q3. Forecast is not indicative of typical rates due to factors related to the COVID-19 pandemic.

Linking Performance Measure to Objective

Overtime is a key indicator of the overall health of a workplace. Later year targets for this measure maintain overtime rates against expected growth in demand. By addressing underlying causes of overtime, efficiencies can be gained that help promote both patient and caregiver safety while also reducing unnecessary costs to the health system.

Discussion

In the Ministry’s previous Service Plan, targets for future years were set equal to the baseline year value of 3.8 percent. The most recent data from 2021 Q3 shows an overtime rate at 6.4 percent, the highest overtime rate seen since the baseline was determined in 2016, due to factors related to the COVID-19 pandemic. In addition to the impacts of the pandemic, B.C. continues to face additional challenges such as national and international competition for Health Care workers, as well as the shift in how they work (e.g., opting for casual work over fulltime permanent positions). The Ministry is intent on implementing strategies for improvement and target a return to the historical baseline beginning in 2022.

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

Innovation and partnerships are critical for the long-term sustainability of B.C.'s health care system. This objective focuses on positioning the health care system to focus on new and effective ideas using a system-wide approach for both clinical and administrative practices. Using innovative approaches will support health needs at both an individual and population level for all in British Columbia.

Key Strategies

- Modernize digital health and health resource management information systems, bolster health sector cyber-security policies, and update the legislative framework to enable digital health initiatives.
- Foster a culture and environment of innovation throughout the health system, implementing new ideas through targeted program and service delivery improvement initiatives.
- Work with academic experts and the health authorities to undertake research initiatives for improved primary, clinical and community care, and that support service delivery, innovative treatments, and continuous quality improvement.

Financial Summary

Core Business Area	2021/22 Restated Estimates ¹	2022/23 Estimates	2023/24 Plan	2024/25 Plan
Operating Expenses (\$000)				
Health Programs				
Regional Services	16,547,635	17,539,818	18,052,927	18,627,195
Medical Services Plan	5,550,427	6,069,225	6,306,325	6,494,825
Pharmacare	1,470,454	1,513,972	1,538,972	1,563,972
Health Benefits Operations	49,158	49,158	50,190	51,690
Recoveries from Health Special Account	(147,250)	(147,250)	(147,250)	(147,250)
Executive and Support Services	264,546	283,722	294,259	309,259
Health Special Account	147,250	147,250	147,250	147,250
Total	23,882,220	25,455,895	26,242,673	27,046,941
Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)				
Executive and Support Services	242	30	30	30
Total Capital Expenditures	242	30	30	30
Capital Plan (\$000)				
Health Facilities	1,406,522	1,656,542	1,960,948	2,533,170
Total Capital Grants	1,406,552	1,656,542	1,960,948	2,533,170

¹ For comparative purposes, amounts shown for 2021/22 have been restated to be consistent with the presentation of the 2022/23 Estimates.

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

Health Authorities Sector Resource Summary

As required under the *Budget Transparency and Accountability Act*, British Columbia’s 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 2022/23 – 2024/25 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	2021/22 Forecast	2022/23 Budget	2023/24 Plan	2024/25 Plan
Combined Income Statement (\$000)				
Total Revenue¹	20,675	19,644	20,434	20,511
Total Expense²	20,675	19,644	20,434	20,511
Net Results³	0,000	0,000	0,000	0,000

¹ Revenue: 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.

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 2021/22 Forecast is based on third quarter approved information provided by the health authorities and hospital societies. The 2021/22 Forecast, 2022/23 Budget, 2023/24 Plan and 2024/25 Plan are adjusted for inter-entity transactions between these agencies.

Capital Expenditures

Major Capital Projects (over \$50 million)	Targeted Year of Completion	Project Cost to Dec 31, 2021 (\$m)	Estimated Cost to Complete (\$m)	Approved Anticipated Total Cost (\$m)
Royal Inland Hospital Patient Care Tower	2025	298	119	417
<p>A new 107-bed patient care tower at Royal Inland Hospital in Kamloops will improve patient experience and outcomes by significantly increasing the number of single-patient rooms, providing new and larger operating rooms, and expanding the existing emergency department. Construction of the new patient care tower started in fall 2018 and it is scheduled to be open to patients in February 2022. Internal renovations to the emergency department, pediatric unit and morgue are scheduled to begin in 2022 and complete in 2025.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/686370/capital-project-plan-royal-inland-hospital.pdf</p>				
Vancouver General Hospital Operating Rooms Renewal - Phase 1	2021	93	9	102
<p>The Vancouver General Hospital Operating Room (OR) project will modernize the operating rooms to create appropriately-sized operating rooms leading to better services and outcomes for patients. This phase of the Vancouver General Hospital OR renewal project includes construction of 16 new ORs and a 40-bed perioperative care unit. The \$102 million project will enable Vancouver General Hospital to increase the number of surgeries performed and to reduce the cancellation rate for scheduled cases. OR construction started in 2019 and completed in May 2021.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669312/capital_project_plan_vgh_or_renewal_project_phase1.pdf</p>				
Children's and Women's Hospital Redevelopment	2020	657	9	666
<p>The redevelopment of BC Children's Hospital and BC Women's Hospital was completed in three phases. The first phase included expansion of the neonatal intensive care unit by three beds, expansion space for the UBC Faculty of Medicine, and construction of a new 2,400 square metre Clinical Support Building.</p> <p>Construction of the second phase of the project was substantially complete in summer 2017 and consisted of the demolition of A-Wing, L-Wing and Medical Education and Research Unit building, construction of a new 59,400 square metre Teck Acute Care Centre (TACC), and renovations to the BC Women's Urgent Assessment Room in the 1982 Building. The TACC opened for patients on October 29, 2017.</p> <p>The third phase included a 10-bed expansion of single room maternity care, and relocation of the Sunny Hill Health Centre for Children into renovated space in the 1982 Building at the Oak Street campus. Government approved the Phase 3 business plan in spring 2016. The project will improve delivery of patient-centred care by creating optimal patient access and patient flow, improve operational efficiency/capacity for inpatient services by consolidating and developing space designed to current pediatric care standards, and provide flexible spaces to support changes in health care models. Construction of Phase 3 reached substantial completion and opened to patients in summer 2020. The capital cost of the redevelopment project is estimated at \$666 million, including a \$144 million contribution from the BC Children's Hospital Foundation.</p> <p>For more information, please see the website at: www.health.gov.bc.ca/library/publications/year/2010/BCCW-CapitalProjectPlan.pdf</p>				

Penticton Regional Hospital – Patient Care Tower	2022	283	25	308
<p>The Patient Care Tower (PCT) project was planned in two phases. Phase 1 construction of the new 25,582 square metre PCT started in April 2016 and included a new surgical services centre and 84 medical/surgical inpatient beds in single patient rooms. The PCT opened to patients on April 29, 2019.</p> <p>Phase 2 involves renovation of vacant areas in the current hospital to allow for the expansion of the emergency department, as well as renovations to existing support areas. To improve the model of care and patient outcomes, the project will apply evidence-based design principles and health care facility design and construction standards that all have a patient-centred design philosophy. Phase 2 renovations are underway with completion planned for 2022. The capital cost of the project is estimated at \$308 million. Costs are shared between Government, the Interior Health Authority, Okanagan Similkameen Regional Hospital District, and the South Okanagan Similkameen Medical Foundation.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/687290/capital-project-plan-penticton-regional-hospital.pdf</p>				
Royal Columbian Hospital Redevelopment – Phase 1	2020	245	6	251
<p>Phase 1 of the Royal Columbian Hospital (RCH) redevelopment project consists of a 75-bed, 5-storey, approximately 13,000 square metre LEED Gold mental health and substance use building, plus four levels of parking, a new energy centre and relocation of the helipad. This project will improve operational efficiencies, expand clinical programs in mental health to address capacity issues, increase energy efficiency by 20-30 percent, and eliminate the current risk of power systems failure with a post-disaster building.</p> <p>The project resulted in the creation of a modern facility designed to deliver exemplary clinical outcomes and provide a patient-centred approach to health care delivery, while increasing safety for patients and staff. The preferred design-build proponent was selected in December 2016. Construction started in early 2017, completed in spring 2020, and the facility opened to patients in July 2020. The capital cost of the project is estimated at \$251 million. The RCH Foundation is contributing \$9 million with the balance provided by the Province.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/686374/capital-project-plan-royal-columbian-hospital.pdf</p>				
Royal Columbian Hospital Redevelopment – Phases 2 & 3	2026	186	1,058	1,244
<p>Phase 2 of the RCH redevelopment project consists of a 348-bed, 11-storey, approximately 55,000 square metre Acute Care Tower with an underground parkade and heliport on top of the building. Phase 3 consists of critical enabling works to support the RCH campus’ increased capacity and to improve the delivery of patient care. It includes upgrades and expansion of the services located in the Health Care Centre and Columbia Tower.</p> <p>Upon completion of Phases 2 and 3, there will be an increase in RCH campus inpatient capacity of over 50 percent to a total of 675 beds. The project will address growing service needs, help ease congestion, improve patient-centred outcomes, introduce advanced medical technologies, and enhance the working environment for health professionals. Construction on the tower started in early 2021 and is expected to complete in 2025 and open to patients in April 2025. Phase 3 renovations are expected to be complete in 2026. The capital cost of the project is estimated at \$1.244 billion. The RCH Foundation is contributing \$30 million with the balance provided by the Province and Fraser Health Authority.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669855/20170626130516.pdf</p>				

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Peace Arch Hospital Renewal	2022	67	24	91
<p>The Peace Arch Hospital Renewal project will improve patient experience and outcomes by providing new and larger operating rooms and expanding pre/post patient care and clinical support spaces. A new medical device reprocessing department will be relocated below the emergency department (ED) allowing for improved access to sterilized surgical equipment. The existing ED will be renovated and expanded to accommodate increased treatment spaces and a new mental health unit. Construction started in December 2018 and is expected to be complete in 2022.</p> <p>The total capital cost of the project is estimated at \$91 million. The Peace Arch Hospital Foundation is contributing \$38 million with the balance provided by the Fraser Health Authority and the Province.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669856/20170626124423.pdf</p>				
Red Fish Healing Centre for Mental Health and Addiction - ʘəqi? ʘəwʘəʘəq ʘeləm (previously Centre for Mental Health and Addictions)	2021	124	7	131
<p>The new 105-bed facility will be located on səmiq ʘəʘelə (pronounced Suh-MEE-kwuh-EL-uh), which means “The Place of the Great Blue Heron” in Coquitlam, and will replace the current Burnaby Centre for Mental Health and Addictions. Construction of the new facility is expected to complete in summer 2021. The new facility will be a more therapeutic space for those living with complex mental health challenges and substance-use issues. The capital cost of the project is estimated at \$131 million and is fully funded by the Province.</p>				
Dogwood Complex Residential Care	2022	11	47	58
<p>The \$58 million replacement 150-bed long-term care facility will be located on Lot 5 of the Pearson Dogwood site in Vancouver. The project is to be funded by Vancouver Coastal Health Authority from net sale proceeds from the sale of the combined Pearson and Dogwood properties. Construction started in November 2020 and is expected to complete in December 2022.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/689677/689677_Dogwod_Complex_Residential_Care_Replacement.pdf</p>				
Lions Gate Hospital – New Acute Care Facility	2024	4	306	310
<p>Construction of the new six-storey Acute Care Facility (ACF) will replace 108 outdated and undersized inpatient beds, expand the perioperative suite (including eight new universal operating rooms), create a new surgical daycare and post-anaesthetic recovery room to support new and existing ORs, and provide a new replacement medical device reprocessing department and new outpatient clinics and support services.</p> <p>Renovations will be made to existing infrastructure to facilitate integration of the new ACF with existing buildings. Construction is planned to begin in July 2021 and complete in 2024. The capital cost of the project is estimated at \$310 million. The Lions Gate Hospital Foundation will be contributing \$96 million with \$70 million provided by Vancouver Coastal Health Authority and the balance provided by the Province.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/692060/692060_Lions_Gate_Hospital_New_Acute_Care_Facility_July2018.pdf</p>				

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New St. Paul's Hospital	2027	30	2,144	2,174
<p>The project to build a New St. Paul's Hospital at the Station Street site in Vancouver will result in a new core hospital (acute care centre and outpatient care centre) with capacity for 548 inpatient beds, a new and larger emergency department, a surgical suite, specialty outpatient clinics and an underground parkade. Construction began in May 2021 and the project is expected to be complete in 2027. The capital cost of the project is estimated at \$2.174 billion with \$125 million to be provided from the St. Paul's Foundation, \$1.327 billion from the Province, and \$722 million from Providence Health Care.</p>				
Mills Memorial Hospital Replacement	2026	98	525	623
<p>The Mills Memorial Hospital replacement project will replace the existing hospital originally built in 1959. The new hospital will include 83 inpatient beds, an increase of 39 beds over the existing capacity. There will be four operating rooms and 20 emergency department treatment spaces. The project also includes the relocation and expansion of the Seven Sisters facility, which accommodates a regional mental health rehabilitation and recovery program, on the Mills Memorial Hospital site. The new hospital will meet the needs of a Level 3 Trauma Centre. Construction is planned to start in spring 2021 and the project is expected to complete in 2026. The capital cost of the project is estimated at \$623 million. The North West Regional Hospital District is contributing approximately \$110 million with the balance provided by the Province.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/703045/703045_Capital_Project_Plan_Mills_Memorial_Hospital_Redevelopment_May2019.pdf</p>				
Burnaby Hospital Redevelopment – Phase 1	2027	14	598	612
<p>The Burnaby Hospital Redevelopment Phase 1 project involves construction of a new six-storey 83-bed Inpatient/Outpatient Tower and new energy centre, renovation and expansion of the Support Facilities Building (SFB), and renovation of the Nursing Tower. The new Tower will accommodate relocated services, including medical/surgical inpatient unit, outpatient services, consolidated maternity/labour and delivery unit, a mental health and substance use (MHSU) inpatient unit, and MHSU short stay assessment and treatment unit. Renovation and expansion of the SFB will improve access to care by providing additional operating rooms, medical device reprocessing department, additional parking, and renovations to key support services. Renovation of the Nursing Tower will permit the relocation of the medical and surgical inpatient unit and various administrative and support services. The project also includes the demolition of the Cascade and West Wing Buildings to make way for future development. Construction started in summer 2021 and is expected to be completed in fall 2027.</p> <p>The total capital cost of the project is estimated at \$612 million. The Burnaby Hospital Foundation is contributing \$34 million with the balance provided by the Province.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2021/715939/715939_1Burnaby_Hospital_Redevelopment_Combined_BTAA_Capital_Project_Plan_2020_02_20.pdf</p>				

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Cariboo Memorial Hospital Redevelopment	2026	4	214	218
<p>The Cariboo Memorial Hospital (CMH) redevelopment project is a two-phased project on the CMH campus. Phase 1 includes construction of a 3-storey addition. Phase 2 includes renovation of vacated spaces in the existing hospital. Once the project is complete the redeveloped CMH will include 53 inpatient beds, an increase of 25 beds over the existing capacity. The project also includes a new acute adult inpatient psychiatric unit (included in the 53 inpatient beds), a new and larger emergency department and an increase in surface parking stalls. Phase 1 (new addition) construction is planned to start in spring 2022 and complete in summer 2024. Phase 2 (renovations) construction is planned to start in summer 2024 and complete in fall 2025, with the facility available to patients in early 2026. The capital cost of the project is estimated at \$218 million. The Cariboo Chilcotin Regional Hospital District is contributing approximately \$87 million with the balance provided by the Province.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/703046/703046_Capital_Project_Plan_Cariboo_Memorial_Hospital_Redevelopment_August_1_2019.pdf</p>				
Stuart Lake Hospital Replacement	2024	5	111	116
<p>The Stuart Lake Hospital (SLH) replacement project is a replacement of the existing SLH on the current site in Fort St. James. Once complete, the existing facility will be demolished to make way for parking. The new hospital will be three times larger than the current facility, with 27 beds, including 18 long-term care beds. There will also be an emergency department with two treatment rooms, a trauma bay and ambulance bay. The hospital will feature a primary care centre that will consolidate services currently being offered in Fort St. James to one location. Construction is expected to begin in spring 2022 and complete in fall 2024. The capital cost of the project is estimated at \$116 million. The Stuart Nechako Regional Hospital District is contributing \$18 million with the balance provided by the Province.</p>				
Cowichan District Hospital Replacement	2026	15	872	887
<p>The Cowichan District Hospital replacement project will replace the existing hospital originally built in 1967. The new hospital will be built on a 22-acre greenfield site on Bell McKinnon Road. The new hospital will include 204 inpatient beds, an increase of 70 beds. There will be seven operating rooms, 36 emergency department treatment spaces, and a Level 1 Nursery to support more newborns to stay locally when additional care is needed. Construction is planned to start in spring 2022 and complete in spring 2026. The new hospital is anticipated to open to patients in fall of 2026. The capital cost of the project is estimated at \$887 million. The Cowichan Valley Regional Hospital District is contributing approximately \$282 million with the balance provided by the Province.</p>				
Dawson Creek & District Hospital Replacement	2026	3	375	378
<p>The Dawson Creek & District Hospital (DCDH) replacement project is a replacement of the existing hospital on a 10-acre greenfield site in Dawson Creek on the nearby Northern Lights College campus. The new DCDH will be approximately 4,000 square metres larger than the existing hospital and will deliver a total of 70 inpatient beds, an increase of 24 beds. The project also includes an expansion of the emergency department, surgical and operating space, and ambulatory care services. Construction is planned to begin in fall 2022 and the new facility is planned to open for patient care in summer 2026. The capital cost of the project is estimated at \$378 million. The Peace River Regional Hospital District is providing approximately \$131 million towards the project with the balance provided by the Province.</p>				

New Surrey Hospital and Cancer Centre	2027	2	1,658	1,660
<p>The New Surrey Hospital and Cancer Centre (NSHCC) will help meet the needs of a growing and aging population in Surrey. The scope of the project includes 168 inpatient beds, emergency department, medical imaging department that includes computed tomography (CT) and magnetic resonance imaging (MRI), surgical suite, pharmacy, laboratory, and academic space. The new cancer centre will include an oncology ambulatory care unit, chemotherapy, radiation therapy, functional imaging including PET/CT, cyclotron, and space for six linear accelerators (five equipped at opening). The scope of the project also includes a childcare centre and underground and surface parking. The new hospital will be designed to achieve zero on-site carbon emissions and will be one of the first hospitals to achieve this status in Canada. Construction is planned to begin in summer 2023 and the new facility is planned to open for patients in summer 2027. The capital cost of the project is estimated at \$1.66 billion and is fully funded by the Province.</p>				
Richmond Hospital Redevelopment	2031	0	861	861
<p>The Richmond Hospital (RH) redevelopment project is a multi-phased project on the RH site that includes a new acute care tower. The new acute care tower will replace the original North Tower, which opened in 1964. The redevelopment will result in 353 inpatient beds on the campus for an increase of 113 beds. The new acute care tower will include 216 beds (of the 353 beds) all of which will be single occupancy. The project also includes 82 Emergency Department care spaces (an increase of 22 spaces), 11 operating rooms (an increase of three), eight procedure rooms (an increase of three), 69 Pre- and Post-Care surgical spaces (an increase of 43) and an expanded Medical Imaging Suite.</p> <p>Phase 1 of the project includes program relocation, demolition of the Rotunda and Park Centre buildings and site preparation for the new tower. Phase 2 of the project includes the procurement and construction of the new tower. Phase 3 of the project includes renovations of the South Tower and Phase 4 is the demolition of the North Tower and Power Plant. Construction of the tower is expected to begin in 2024 and be open for patients in 2027 with the renovations to the South Tower and Demolition of the North Tower completing in 2031. The capital cost of the project is estimated at \$861 million and is funded by the Province (\$791 million), Richmond Hospital Foundation (\$40 million) and Vancouver Coastal Health Authority (\$30 million).</p>				

Significant IT Projects (over \$20 million in total)	Targeted Year of Completion	Project Cost to Dec 31, 2021 (\$m)	Estimated Cost to Complete (\$m)	Approved Anticipated Total Cost (\$m)
Clinical and Systems Transformation	2025	573	130	703
<p>The Clinical and Systems Transformation project was initiated in 2013 to improve the safety, quality and consistency of patient care by transforming health care delivery processes and systems, supported by a new, shared Clinical Information System for electronic health records (EHR) using the Cerner software platform for the Provincial Health Services Authority, Vancouver Coastal Health Authority, and Providence Health Care. Once completed, patient data from multiple systems will be consolidated into one electronic health record for use by care teams. The vision of this integrated system is “One Person. One Record. Better Health”.</p> <p>The project capital cost is estimated at \$703 million. A total of \$858,473 has been contributed by Doctors of BC. The balance of the project capital cost is funded by the Province.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2013_2/536407/capital-project-plan-clinical-systems-transformation.pdf</p>				
IHealth Project – Vancouver Island Health Authority	2025	113	42	155
<p>The IHealth project involves the design and build of a new, modernized EHR platform. The project objectives are to:</p> <ul style="list-style-type: none"> • establish a single, shared EHR across all Vancouver Island Health Authority (VIHA) services, • enable information sharing from private primary care and specialist practices, • embed evidence and best practice standards into care processes, • provide patients with access to their information and tools that facilitate engagement in their health and care, and • complete digitization of the (VIHA) health record. <p>The project capital cost is estimated at \$155 million, with \$100 million funded by VIHA and the balance funded by the Province.</p>				

Appendix A: Agencies, Boards, Commissions and Tribunals

As of January 21, 2022, the Minister of Health is responsible and accountable for the following:

Health Authorities

[Fraser Health Authority](#)

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

[Interior Health Authority](#)

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

[Northern Health Authority](#)

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

[Provincial Health Services Authority](#)

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

[Vancouver Coastal Health Authority](#)

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

[Vancouver Island Health Authority](#)

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

Agencies, Boards, Commissions, Tribunals, and Colleges

[BC Emergency Health Services](#)

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

[BC Patient Safety and Quality Council](#)

The BC Patient Safety and Quality Council provides system-wide leadership in efforts designed to improve the quality of health care in B.C. Through collaborative partnerships, the Council promotes and informs a provincially coordinated, patient-centred approach to quality.

[Data Stewardship Committee](#)

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

[Drug Benefit Council](#)

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

[Emergency Medical Assistants Licensing Board](#)

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

[Health Profession Regulatory Colleges](#)

Regulatory colleges are the authorities under provincial legislation to govern practice of their registrants in the public interest. The primary function of colleges is to ensure their registrants are qualified, competent and following clearly defined standards of practice and ethics.

[Medical Services Commission](#)

The Medical Services Commission manages MSP in accordance with the *Medicare Protection Act and Regulations*. The responsibilities of the commission are two-fold: to ensure that all B.C. residents have reasonable access to medical care, and to manage the provision and payment of medical services in an effective and cost-efficient manner. The Commission's audit powers over health care practitioners are delegated to various special committees, including the [Health Care Practitioner Special Committee for Audit Hearings](#).

[Patient Care Quality Review Boards](#)

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

Designated Officers

[Assisted Living Registrar](#)

The mandate of the Registrar, under the *Community Care and Assisted Living Act*, is to protect the health and safety of assisted living residents. The Registrar administers the assisted living provisions of the *Act*, which require assisted living operators to register their residences and meet provincial health and safety standards.

[Director of Licensing](#)

Under authority of the [Community Care and Assisted Living Act](#), the Director of Licensing is designated by the Minister of Health and has powers to specify policies and standards of practice, and inspect the premises and records of licensed community care facilities, including long-term care homes and child care facilities.