

Ministry of Health

**2023/24 – 2025/26
Service Plan**

February 2023



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Minister's Accountability Statement



The Ministry of Health 2023/24 – 2025/26 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, appearing to read "Adrian Dix". The signature is stylized and cursive.

Honourable Adrian Dix
Minister of Health
February 9, 2023

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Strategic Direction

In 2023/24, the Government of British Columbia will continue our work to make life better for people in B.C., improve the services we all rely on, and ensure a sustainable province for future generations. Government will focus on building a secure, clean, and fair economy, and a province where everyone can find a good home – whether in a rural area, in a city, or in an Indigenous community. B.C. will continue working toward true and meaningful reconciliation by supporting opportunities for Indigenous Peoples to be full partners in an inclusive and sustainable province. The policies, programs and projects developed over the course of this service plan period will focus on results that people can see and feel in four key areas: attainable and affordable housing, strengthened health care, safer communities, and a secure, clean and fair economy that can withstand global economic headwinds.

This 2023/24 service plan outlines how the Ministry of Health will support the government's priorities including the foundational principles listed above and selected action items identified in the December 2022 [Minister's Mandate Letter](#), as well as the [Parliamentary Secretary for Rural Health](#) and the [Parliamentary Secretary for Seniors' Services and Long-Term Care Mandate Letters](#).

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, and to support access to necessary medical care 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., through accessible services no matter where you are in the province, and to support timely, high-quality, appropriate, equitable, and cost-effective service delivery. 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, 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 works in partnership with the First Nations, Métis and Urban Indigenous organizations to address the gaps in health outcomes for Indigenous Peoples in B.C. The Ministry's relationship with the First Nations Health Authority (FNHA) and the First Nations Health Council has been in place for more than a decade. 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 First Nations health programs, in partnership with First Nation communities in B.C.

The Ministry also works with [Métis Nation BC](#), as demonstrated through the [Métis Nation Relationship Accord II](#) (2016), and the BC Association of Aboriginal Friendship Centres, to support the health and wellness of Métis and urban First Nations, and Inuit 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 the perspectives of the Health Authorities, the Province, First Nations, Métis, and Inuit People. 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. Underpinning this is the ongoing work across health authorities and with other key partners to address Indigenous specific racism through the recommendations of the [In Plain Sight Report](#).

In June 2022, the Province enacted the [Anti-Racism Data Act](#) to combat systemic racism and discrimination faced by Black, Indigenous, and other racialized groups in B.C. through equity-based data collection. This data will be used to improve access to services and outcomes for racialized communities and individuals in 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 to advance this work.

Operating Environment

Like other jurisdictions in Canada and internationally, there are trends, risk, and opportunities impacting British Columbia's health system. In B.C., and around the world, health needs are becoming more complex, and are putting significant pressures on a system that is already experiencing systemic and long-standing challenges.

Demand for health services continues to increase due to significant health emergencies such as the highly toxic illicit drug supply, the long-term impacts of the COVID-19 pandemic, and ongoing severe weather events which can also increase demand for services and supports during an emergency.

Additional challenges and trends that impact B.C.'s health system include the current financial climate and the rapid advancement of technology. The demand for virtual care continues to increase. Virtual care can be highly beneficial to patients (e.g., for those living in remote communities or who have mobility issues); however, it can also create obstacles for those who lack access to technology, have limited digital literacy and/or face other challenges with participating in virtual communication.

The demographics in British Columbia are shifting and there is increasing demand on the system. The segment of B.C.'s population that is rapidly increasing is seniors, and we know that seniors have a greater need for health care. An aging and growing population within the province will further increase demands on the health system.

There is an urgent need to improve health outcomes for Indigenous Peoples, to break the cycles of systemic racism throughout the health-care system, and to retain and recruit Indigenous Peoples to work within the health sector. The [In Plain Sight Report](#) has highlighted the systemic racism faced by Indigenous Peoples in accessing quality health care and has set out a road map for breaking the cycle of racism. The report emphasizes the requirement of a human rights-based approach to Indigenous health in B.C. The Province recognizes that reconciliation, cultural safety, and humility must be a priority within B.C.'s provincial health system.

The demands on the health sector workforce continue to accelerate. The current labour market conditions are also impacting health system workers, and in many cases, workers are experiencing stress, burnout, and occupational health and safety risks. In addition, the work culture is changing. Demographic changes in the workforce, alongside other factors including the desire for a healthier work-life balance, shifting values coming out of the COVID-19 pandemic, and a growing emphasis on meaningful work. The health system and health employers must acknowledge these changes and evolve to ensure that our workplaces continue to be desirable.

A diverse, skilled, and engaged workforce is at the heart of a robust, accessible system of publicly funded services with the ability and agility to respond to key challenges and support the complexities within the system.

Although many people in B.C. enjoy excellent population health status and are resilient in times of crisis, the Province continues to focus on the social determinants of health and the quality of its health care system services. It is recognized there is an opportunity to support and further strengthen population health, as well as ensure community supports and services

are accessible, timely, and meet the needs of the regional population in urban/metro, rural and remote communities.

Complex and interconnected pressures require long-term, multi-year solutions. The Ministry continues to be resilient and innovative in its approach to creating and implementing solutions to address challenges our health system faces. The goals, objectives and strategies outlined in the Ministry's service plan focus on addressing the risks and challenges, finding innovative solutions working across the health system, and embracing opportunities to further strengthen health system services.

Performance Planning

Goal 1: Primary and community care services are integrated, accessible, and well-coordinated within the health system

The Ministry is committed to meeting the changing needs of the people in B.C. and the health care system by focusing on an integrated approach, which brings together and better coordinates primary and community care providers, services, and programs. The model supports people to access culturally safe and equitable care, receive timely follow-up, and connect to specialized services, while meeting the diverse needs of patient populations across urban/metro, rural and remote areas of B.C.

Objective 1.1: Timely access to team-based, culturally safe and comprehensive primary care services

This objective focuses on the ongoing commitment to support timely access to longitudinal, relationship-based primary care services for those who wish to be attached to a family physician or nurse practitioner, as well as ensure access to episodic primary care services for those who are unattached or need urgent or after-hours access to services. The objective also focuses on the continued improvement in terms of equitable access to primary care services by Indigenous People throughout the province, and the provision of appropriate community care services and how the Province will support family doctors in delivering their services.

Key Strategies

- Increase the number of people in B.C. with access to a family physician by recruiting more new family physicians and by retaining those already in practice through introduction of a new longitudinal family practice payment model, recruitment and retention incentive programs, and by the expansion of education and training opportunities in family medicine, with attachment and rostering supported by a digital solution.
- Continue to expand team-based primary care, providing people access to additional care through nurse practitioners, registered nurses and licensed practical nurses, and other allied health professionals such as pharmacists, mental health and substance use

workers, dietitians, and more, as well as Indigenous cultural and health supports such as elders and traditional healers.

- Provide timely access to episodic, urgent, and after-hours primary care services through Urgent and Primary Care Centres, walk-in clinics, community pharmacies, and virtual services through HealthLink BC.
- Bring together longitudinal and episodic primary care providers and organizations, patient and family representatives, Indigenous partners, and other community partners to work together to integrate and better coordinate the delivery of primary care services in local Primary Care Networks.
- Work with the Parliamentary Secretary for Rural Health, FNHA, and other key partners to improve access to culturally safe primary care services for people living in rural, remote, and Indigenous communities throughout our province, including innovative use of virtual technologies linked to in-person services.
- Expand pharmacists' capacity to act as key partners in supporting effective community care through prescribing treatments for minor ailments and contraception for patients to support the government's commitment for access to free contraception for British Columbians.

Discussion

These strategies focus on meeting the objective by increasing access to primary care for all in B.C., including a range of sustainable and innovative primary care services in-person and virtually. These strategies demonstrate a focus on service delivery that is equitable, culturally safe, and free of discrimination. To deliver on these strategies the Ministry must collaborate with partners across the provincial health system and monitor progress. Accessible and timely access to primary care is important for the health of British Columbians. Tracking the number of primary care visits delivered across the province is an indicator of patient access to primary care services; and is one of the key measures for this goal.

Objective 1.2: Increase access to community-based care, including specialized services for adults with complex care needs and frailty

This objective focuses on high-quality community-based care including specialized services for adults, including seniors, with complex care needs and/or frailty. Improving and strengthening access to community-based care and specialized services support adults to age healthier and to stay at home longer. These community-based services are delivered with partners and are integrated with the delivery of primary care. The provision of accessible services supports the people of B.C. to receive dignified and culturally appropriate care, embedding a person-centered approach within all health care service delivery.

Key Strategies

- Support the promotion of healthy aging through a well-coordinated community-based services infrastructure that supports seniors to remain active in their daily life and to continue to live independently.

- Improve access and coordination of care for seniors with complex medical conditions and/or frailty including professional services, home support, caregiver supports, and palliative care with a focus on affordability and integration of services to enable individuals to remain living at home longer.
- Strengthen the quality of assisted living and long-term care services to provide more people-centred, dignified, and culturally safe care by expanding supports, through investments in new long-term care homes, and by eliminating multi-bed rooms in health authority owned facilities.
- Strengthen accountability of private operators of long-term care homes throughout the province.
- Promote workforce sustainability in long-term care and assisted living residences through the [Health Career Access Program](#).

Discussion

These strategies contribute to the objective by focusing on the range of supports for adults, including seniors, in all settings (within the community, assisted living residences, or long-term care homes). The strategies centre on an approach that is person-centred, dignified, and provides quality care for all service delivery. Delivery of these strategies also support the priorities of the Parliamentary Secretary for Seniors' Services and Long-Term Care. The strategies focus on consistent access to services throughout all regions of B.C. The Ministry is committed to engaging with community, cultural, non-profit, and Indigenous partners to provide integrated and culturally appropriate care. The performance measures for this goal on chronic disease and anti-psychotics are indicators of progress made on supporting adults, including seniors, within the community, assisted living residences, and long-term care homes.

Objective 1.3: Expand with key partners an accessible network of mental health and substance use supports

This objective focuses on strengthening access to mental health and addiction services, including the response to the highly toxic illicit drug supply through an integrated and well-coordinated system of services across the province. Expanding the network of supports will include ensuring access and strengthening the quality of services, coordination, and integration of community-based supports, as well as enhancing child and youth mental health and substance use services.

Key Strategies

- Work with MMHA to implement [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.
- Improve access, coordination, and integration of targeted specialized and community-based services to better support individuals needing mental health and/or substance use care, including improvement in data-driven planning and reporting.

- Strengthen the quality of treatment and in-patient mental health and substance use services.
- Support the coordination of services to deliver improved outcomes for vulnerable populations experiencing homelessness.
- In collaboration with MMHA, enhance B.C.'s response to the highly toxic illicit drug supply crisis, including expanded access to harm reduction interventions for vulnerable populations, implementation of prescribed safer supply, optimization of opioid agonist treatment (OAT), and the provision of culture-based treatment options.

Discussion

The strategies are focused on strengthening access to mental health and substance use supports through an integrated system of care. The Ministry will continue to collaborate with the Ministry of Mental Health and Addictions, other government partners, service partners, and external partners to drive operational accountability and to improve outcomes for patients across the continuum of care, while embedding cultural safety into service delivery. An indicator of accessible supports and services is the percentage of people readmitted for mental illness or substance use. This indicator will continue to be monitored by the Ministry.

Performance Measures

Performance Measure	2022/23 Forecast ²	2023/24 Target ³	2024/25 Target ³	2025/26 Target ³
[1a] Access to Primary Care Services – Number of Visits ¹	26,400,000	27,000,000	28,000,000	29,000,000

Data source: Ministry of Health. Medical Services Plan

¹Visits include both in-person and virtual visits.

²Forecast based on data as at January 2023.

³Targets will be refined in the future based on overall demand for primary and community care services.

Discussion

This performance measure, new to the 2023/24 – 2025/26 Service Plan, tracks primary care visits across the province. This measure provides an indication of service levels and access to care for British Columbians.

The 2022/23 forecast and subsequent targets are based on population growth and the average number of primary care visits by B.C. residents.

Performance Measure	2016/17 Baseline	2022/23 Forecast ¹	2023/24 Target	2024/25 Target	2025/26 Target
[1b] Number of people admitted to hospital for a chronic disease per 100,000 people aged 75 years and older	3,360	2,110	2,700	2,650	2,650

Data source: Discharge Abstract Database, P.E.O.P.L.E. 2022

¹Forecast based on Q1 2022/23 data, annualized risk adjusted rate.

Discussion

This performance measure tracks the number of people 75 years of age and older admitted to hospital for a chronic disease such as asthma, chronic obstructive pulmonary disease, heart disease or diabetes. Lower admission rates indicate that patients can access the appropriate care in the community to support them to be healthier and stay at home longer. The proactive upstream prevention, disease management, and community-based services support individuals to maintain functioning and to reduce complications that could otherwise require higher-level medical care, such as emergency department visits and hospitalizations.

The forecast for 2022/23 may be artificially low as a result of patient hesitancy to seek treatment at hospitals due to the continued waves of COVID-19. The targets for 2023/24 and 2024/25 are consistent with those in the previous Ministry service plan, with the 2025/26 target set to maintain performance.

Performance Measure	2017/18 Baseline	2022/23 Forecast ¹	2023/24 Target	2024/25 Target	2025/26 Target
[1c] Potentially inappropriate use of antipsychotics in long-term care	25.4%	28.1%	25.0%	21.0%	18.0%

Data source: Continuing Care Reporting System

¹Forecast based on 2022/23 Q1 fiscal year to date, risk adjusted rate.

Discussion

This performance measure identifies the percentage of long-term care residents who are prescribed antipsychotic medications without a diagnosis of psychosis. Currently there is no medication targeting treatment of dementia. Antipsychotic medications are sometimes used to manage difficult behaviours associated with dementia when non-medication strategies are ineffective. Long-term care homes are focused on quality improvement activities including reducing the use of antipsychotics.

The targets have been recalibrated from the previous Service Plan, which had set targets at 18 percent, due to the impacts of COVID-19. The targets for 2023/24 to 2025/26 aim to improve performance by 3.0 to 4.0 percentage points annually, with the target for 2025/26 being 18 percent. Targets used in this plan provide reachable goals for the Province to implement relevant strategies, and to improve performance over time from current levels. The forecast for 2022/23 represents the pattern observed for the first quarter of the 2022/23 fiscal year.

Performance Measure	2022/23 Forecast ¹	2023/24 Target	2024/25 Target	2025/26 Target
[1d] Percentage of people admitted for mental illness or substance use who are readmitted within 30 days	15.2%	13.8%	13.7%	13.6%

Source: B.C. Ministry of Health. Discharge Abstract Data

¹Forecast based on 2022/23 Q1 data.

Discussion

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

The targets for 2023/24 and 2024/25 are consistent with those in the previous Ministry plan. The target for 2025/26 shows further improvement reflecting the lowest provincial rate of this performance measure in the past four years.

Goal 2: Regional and provincial health care services meet the diverse needs of all in British Columbia

This goal focuses on improving and strengthening a range of public health services delivered in and outside a hospital setting through collaborative partnerships across the health system. This includes efforts to make improvements in key areas of the health system, including ambulance services; hospital, diagnostic and surgical services; and cancer care services. Providing timely and accessible services is a priority of health system service providers.

Objective 2.1: Provide timely access to ambulance services to meet the needs of all in B.C.

New to the 2023/24 – 2025/26 Service Plan, this objective focuses on how the Ministry will support the Provincial Health Services Authority and BC Emergency Health Services in delivering timely out-of-hospital care and ambulance services to individuals across the province. The Ministry is focused on supporting recruitment and retention of paramedics and other support staff, in collaboration with these organizations to meet the needs of people in every region of the province.

Key Strategies

- Enhance timely access to quality paramedic and ambulance services for rural and remote communities by increasing sustainable paramedic services.
- Enhance timely access to quality paramedic and ambulance services for urban/metro communities by increasing capacity and by improving response and transfer times at hospitals.
- Implement new regulations to permit paramedics and first responders to provide a broader range of services to deliver better care for individuals during emergencies.

Discussion

These strategies demonstrate a unified approach between the Ministry, the Provincial Health Services Authority, and BC Emergency Health Services to deliver out-of-hospital care and ambulance services. Delivering these strategies through an equitable, culturally safe, and community-based perspective will improve outcomes for patients needing emergency services. These strategies also reflect the diverse needs of urban/metro, rural and remote

communities. To monitor progress on this priority, the Ministry will monitor in-service hours for ambulance services. In-service hours are an indicator of system readiness.

Objective 2.2: Timely access to hospital, surgical, and diagnostic services throughout the province

This objective focuses on strengthening services that will ensure access to person-centred care in both rural and urban areas. Strategies demonstrate planned efforts to reduce wait times, manage patient capacity and patient flow, and to support increased access to hospital services, including surgical and diagnostic procedures. This objective also focuses on the ongoing surgical renewal commitment to deliver surgeries that were postponed because of the COVID-19 waves, and to deliver these services efficiently and effectively to those who need them most.

Key Strategies

- Improve patient flow across hospitals to increase capacity, and through effective planning, management, and monitoring.
- Collaborate with the First Nations Health Authority and Métis Nation BC to continue to strengthen culturally safe and accessible hospital services that integrate Indigenous-specific knowledge and practices to meet population needs.
- Reduce wait times by optimizing and increasing accessibility to diagnostic services where they are needed most, including the addition of MRI scanners, and effectively managing waitlists, to ensure timely and equitable access for all in B.C.
- Continue to implement strategies to reduce surgical wait times across all regions in B.C.

Discussion

The Ministry is focused on meeting the growing demand now and into the future for access to equitable and culturally safe hospital, surgical and diagnostic services for all in B.C. through these strategies. Coordinated efforts with health authorities and other service partners will be critical to delivering these strategies. Tracking total operating hours will continue to support monitoring the progress made regarding access to surgical services.

Objective 2.3: Improve access to cancer care services across the entire continuum of cancer care

This objective focuses on providing effective services to meet the changing needs and the rapid advancements in treatment options in cancer care. To improve access to cancer care services, the Province is focused on linking a person-centred system of regional and provincial specialized services. These services are delivered by providers such as the Provincial Health Services Authority and BC Cancer, to support the full spectrum of cancer care including prevention, screening, diagnosis and treatment, research and education, as well as palliative care.

Key Strategies

- Prevent and find cancer earlier through prevention services, including the implementation of the Lung Cancer Screening Program to increase early detection and improve survival rates.
- Support BC Cancer, in collaboration with the regional health authorities, to establish integrated, team-based cancer care services linked to primary care, regional, and provincial specialized services to ensure timely access to diagnostics and treatment.
- Expand access to specialized cancer care services to meet the diverse needs of all in B.C. through regional cancer centres, community-based services, and screening and prevention.
- Ensure culturally safe and equitable care through liaisons and care coordinators by delivering supportive care that is trauma-informed for patients who identify as First Nations, Métis or Inuit.

Discussion

New to the 2023/24 – 2025/26 Service Plan, this objective and accompanying strategies reflect the Province’s commitment to enhance cancer care services, find cancer earlier through screening services, and to expand access to specialized services for cancer patients. An integrated approach through collaboration with vital partners, such as BC Cancer, is necessary to deliver these strategies, and to meet the increased demand for cancer care. The Ministry, working with key partners, will monitor progress on improving access to cancer care.

Performance Measures

Performance Measure	2022/23 Forecast ¹	2023/24 Target	2024/25 Target	2025/26 Target
[2a] Ambulance In-Service hours	2,519,000	2,600,000	2,700,000	2,800,000

Data source: BCEHS

¹Forecast based on data as at January 31, 2023.

Discussion

This performance measure, new to the 2023/24 – 2025/26 Service Plan, reflects the total available number of patient care hours provincially for ambulance services. This includes transport ambulances, aircrafts, low acuity response vehicles, and on-call units. This measure provides an indication of patient care service across the province. It demonstrates the ability to hire, retain, and schedule staff to meet the population need. In-service hours is an indication of system readiness.

The forecast reflects the anticipated in-service hours at March 31, 2023 based on data collected as of January 2023. The targets have been set to reflect a consistent increase of in-service hours from 2023/24 through to 2025/26.

Performance Measure	2016/17 Baseline	2022/23 Forecast ¹	2023/24 Target	2024/25 Target	2025/26 Target
[2b] Total Operating Room Hours	545,419	598,000	682,700	689,600	696,700

Data source: AnalysisWorks' Lighthouse

¹Forecast based on data as at Period 8, 2022/23.

Discussion

This performance measure reflects efforts to allocate surgical resources to increase access for surgical patients and catch up on surgeries lost due largely to COVID-19 while meeting growing patient demand now and into the future. These efforts highlight progress made on the [Commitment to Surgical Renewal](#), despite various waves of COVID-19.

The targets for 2023/24 and 2024/25 are consistent with those in the previous Ministry service plan, and these targets have been set to address growing surgical patient demand within the province. The target for 2025/26 reflects a commitment to continue to increase access for surgical patients. The forecast for 2022/23 is lower than typical rates due to the ongoing effects of the COVID-19 pandemic, and reflects the risk of ongoing severe weather events, which can impact both demand for surgical procedures and capacity in hospitals, resulting in a significant impact on ongoing surgical renewal efforts within regions and across the province.

Goal 3: A high quality sustainable health care system supported by a skilled and diverse workforce, and effective and efficient systems and structures

This goal focuses on sustainable services through an effective, efficient, and integrated provincial health system infrastructure, and through meaningful and productive partnerships. The Ministry, as outlined in the recently launched multi-year [BC Health Human Resources Strategy](#), will implement actions to support the health sector workforce and to increase access to a network of health care workers throughout the province. This goal also captures how the health care sector will continue to foster a culture of innovation, and support the integration of digital and information technology to improve organizational capacity and enable equitable service delivery throughout the health system to meet the ongoing needs of all in B.C.

Objective 3.1: A sustainable, skilled and diverse health sector workforce supported by a healthy, safe, and engaging health care setting

The objective has expanded to demonstrate the focus on health, safety, and engagement for the health care workforce. This objective also focuses on optimizing, growing, and diversifying the province's health sector workforce. The Ministry continues to support the inclusion of Indigenous priorities in health care workforce planning, including hiring a workforce that better represents the diverse communities it serves. The Ministry's focus on health system human resource is also reflected by the implementation of the multi-year [BC Health Human Resources Strategy](#).

Key Strategies

- Retain staff by fostering an engaged, diverse, and inclusive workforce; supporting employee wellness and health and safety; and by delivering an inspiring workplace.
- Redesign health human resource processes and structures to optimize quality health care through enabling technology, innovative solutions, and improved models of care.
- Recruit staff by attracting and onboarding workers through reduced barriers for international health care professionals, supporting comprehensive onboarding, and promoting health care careers to young people.
- Support current and future health care workers to start or build on their careers through accessible career pathways and modernized training options, and by removing barriers to training while strengthening employer supported training models.
- Work with health sector partners to implement strategies and a new security model to reduce violence in the workplace, protect the health and safety of health care workers, and to implement the National Standard of Canada for Psychological Health and Safety.
- Implement a provincial Human Capital Management system solution in collaboration with the health authorities to support important human resource functions such as recruitment, employee onboarding, payroll, workforce modeling, and scheduling.

Discussion

These strategies demonstrate a focus on supporting health sector workforce health and safety, as well as innovative and sustainable short-term and long-term approaches for the recruitment, retention, and training of health care workers to meet this objective. Overtime is a key indicator of the overall health of a workplace. Progress towards this objective will be monitored through the targets set out under the performance measure on nursing and allied health professionals' overtime.

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

This objective focuses on how the health sector will position the health care system to focus on innovation using a system-wide approach for both clinical and administrative practices. Innovative approaches are critical to the long-term sustainability of B.C.'s health care system and to support an equitable approach to meet the health needs of all in the province.

Key Strategies

- Foster a culture and environment of innovation throughout the health system, implementing new ideas through targeted program and service delivery improvement initiatives.
- Work with the Provincial Health Officer to refresh and maintain provincial pandemic preparedness, including financial, technology and resource planning, and supply chain management.

- Work with academic experts and the health authorities to undertake research initiatives for improved care across the sector, and that supports service delivery, innovative treatments, and continuous quality improvement.
- Strengthen the Province's capacity to conduct clinical trials by supporting additional infrastructure, human resources, and process improvements.
- Support and promote the application of an equity lens for the design and delivery of health care services and programs to embed cultural safety, anti-racism, and equity for Indigenous Peoples, immigrants, racialized groups, persons with disabilities, the 2SLGBTQIA+¹ community, and other populations facing systemic inequities.

Discussion

The strategies will support the Ministry to meet this objective and to advance innovative health care system practices that are adaptable and flexible and meet the changing needs of patients, and their families, who use B.C.'s health care system. Leadership, at all levels of the organization, that embraces curiosity along with a culture that encourages thoughtful change, are essential as the health system goes forward and embraces innovation. Deliberately encouraging these elements while removing system barriers to change forms an essential part of our strategy going forward. Delivery of these strategies will be achieved through research and collaboration with health system partners.

Objective 3.3: Modernize digital health care services and tools to provide a connected, safe and trusted system

This objective focuses on supporting the health care workforce and people of B.C. in a way that enables all in B.C. to feel connected, safe, and knowledgeable when using digital health services and tools. This includes supporting and encouraging education, training, and activities to promote adoption of technology and digital literacy. This objective also focuses on data informed health care programs, and increasing efficiency and effectiveness of health services through new technology and information systems.

Key Strategies

- Support HealthLink BC and primary care networks in implementing digital and virtual primary care services.
- Expand access and functions of the [Health Gateway](#), the provincial health portal and mobile app, so British Columbians can easily and securely access their health information.
- Implement priority initiatives and digital health solutions, including a provincial rostering and attachment management system, to support improved match of health care needs and capacity in the health system.

¹ 2SLGBTQIA+1 stands for Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Androgynous and Asexual.

- Implement accessible digital health services, tools, and education that support connected, safe, and consistent experiences with the health system and empowers patients to take greater control of their health care.
- Securely collect and safely analyze health-related data to identify potential gaps in health services, and support government to better meet the needs of Indigenous, Black and other racialized communities in British Columbia, in accordance with the [Anti-Racism Data Act](#).

Discussion

A rapidly evolving digital world, along with the past impacts of COVID-19, has increased the demand for streamlined digital health services and emphasized the importance of supporting the ongoing modernization of digital health and health resource management information systems. The Ministry will continue to advance trusted and secure digital health services to provide easy and timely access to health information and services to individuals and caregivers when and where they need it. Monitoring the number of registrants for the provincial patient portal (Health Gateway) provides an indication of increasing access to digital services and support for British Columbians to access services in a secure, accessible, and efficient manner.

Performance Measures

Performance Measure	2022 Forecast ¹	2023 Target	2024 Target	2025 Target
[3a] Nursing and allied health professionals' overtime hours as a percent of productive hours	8.1%	6.9%	5.7%	4.6%

Data source: Health Sector Compensation Information System; dataset is based on a calendar year cycle.

¹Forecast based on data as at Q3, 2022.

Discussion

This performance measure focuses on nursing and allied health professionals overtime hours as a percentage of productive hours; and is one indicator used to assess the overall health of the workforce. Overtime is commonly used as an indicator to assess aspects such as burnout and workload pressures – both drivers of workforce sustainability and patient safety.

The forecasted overtime rate for 2022 calendar year is 8.1 percent, due in part to the current labour market challenges, as well as the impacts on demand for health services related to the COVID-19 pandemic, the toxic illicit drug supply crisis, and extreme weather-related events such as floods and wildfires. The targets for this measure have been recalibrated and they reflect a gradual reduction in overtime with a target in 2025 that reflects an overtime rate prior to the COVID-19 pandemic.

Performance Measure	2022/23 Forecast ¹	2023/24 Target	2024/25 Target	2025/26 Target
[3b] Percentage of population who access the provincial patient portal	27%	40%	60%	75%

Data source: P.E.O.P.L.E. 2022 and Ministry of Health portal

¹Forecast based on data as at January 31, 2023.

Discussion

The Province is increasing access to personal health records for British Columbians through a digital portal. The portal empowers people to be active participants in their journey through B.C.'s health system by providing them with secure and coordinated access to their personal health information, such as lab test results or prescribed medications, from anywhere.

This performance measure, new to the 2023/24 – 2025/26 Service Plan, tracking the number of British Columbians that can access personal health records online will provide an indication of the advancement of modern, effective and efficient digital systems, as well as the ability to meet the public's demand for self-serve and digital options to health information and services. Targets are set to reflect the number of people who have accessed the portal, or who have had someone access the portal on their behalf. The 2022/23 forecast reflects the anticipated number of users, 1.34M representing roughly 27 percent of B.C.'s population. It is expected that the registered user base will gain steady growth year-over-year as the provincial health portal expands to provide users with a more comprehensive health record, access to more services, and the capability for people to access and manage health information on behalf of people who they support.

Financial Summary

Core Business	2022/23 Restated Estimates ¹	2023/24 Estimates	2024/25 Plan	2025/26 Plan
Operating Expenses (\$000)				
Health Programs				
Regional Services	17,544,369	19,670,787	20,534,185	21,402,547
Medical Services Plan	6,069,225	7,038,783	7,339,672	7,280,922
Pharmacare	1,513,972	1,578,341	1,610,071	1,597,405
Health Benefits Operations	49,158	50,190	51,690	51,690
Recoveries from Health Special Account	(147,250)	(147,250)	(147,250)	(147,250)
Executive and Support Services	283,569	335,407	351,479	336,565
Health Special Account	147,250	147,250	147,250	147,250
Total	25,460,293	28,673,508	29,887,097	30,669,129
Ministry Capital Expenditures (\$000)				
Executive and Support Services	30	509	30	30
Total	30	509	30	30
Capital Plan (\$000)				
Health Authorities	1,656,542	2,104,236	3,076,550	3,553,784
Total	1,656,542	2,104,236	3,076,550	3,553,784

¹ For comparative purposes, amounts shown for 2022/23 have been restated to be consistent with the presentation of the 2023/24 Estimates.

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

Health Authorities Sector Resource Summary

Health Authorities and Hospital Societies	2022/23 Forecast	2023/24 Budget	2024/25 Plan	2025/26 Plan
Combined Income Statement (\$000)				
Total Revenue¹	22,077,000	22,645,000	23,610,000	24,349,000
Total Expense²	22,077,000	22,645,000	23,610,000	24,349,000
Net Results³	0	0	0	0

¹ Revenue: Includes Provincial revenue from the Ministry of Health, plus revenues from the federal government, copayments (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 2022/23 Forecast is based on third quarter approved information provided by the health authorities and hospital societies. The 2022/23 Forecast, 2023/24 Budget, 2024/25 Plan and 2025/26 Plan are adjusted for inter-entity transactions between these agencies.

Capital Expenditures

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to Dec 31, 2022 (\$m)	Estimated Cost to Complete (\$m)	Approved Anticipated Total Cost (\$m)
Royal Columbian Hospital Redevelopment Phase 1	2020	247	4	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 preferred design-build proponent was selected in December 2016. Construction started in early 2017 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 of funding 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>				
Red Fish Healing Centre for Mental Health and Addiction - ʘəqiʔ ʔəwʔənəq leləm (previously Centre for Mental Health and Addictions)	2021	127	4	131
<p>The new 105-bed facility is located on səmiq ʔəʔelə (pronounced Suh-MEE-kwuh-EL-uh), which means “The Place of the Great Blue Heron” in Coquitlam, and replaced the Burnaby Centre for Mental Health and Addictions. Construction of the new facility is substantially completed and opened to patients in 2021. The new facility provides 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>				

Vancouver General Hospital Operating Rooms Renewal - Phase 1	2021	101	1	102
<p>The Vancouver General Hospital Operating Room (OR) project completed in 2021 and provided 16 new operating rooms, a new 40-bay Perioperative Care Unit, clinical support spaces and education spaces. The project enables 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>				
Peace Arch Hospital Renewal	2022	85	6	91
<p>The Peace Arch Hospital Renewal project improves 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 has been relocated below the emergency department (ED) allowing for improved access to sterilized surgical equipment. The existing ED has been renovated and expanded to accommodate increased treatment spaces and a new mental health unit. Construction started in December 2018 and achieved substantial completion 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>				

Penticton Regional Hospital Patient Care Tower	2022	295	13	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 completed in 2022. The capital cost of the project is estimated at \$308 million. Costs are shared between the Province, 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>				
Dogwood Lodge Long-term Care Home Replacement	2023	44	21	65
<p>The replacement of the 150-bed long-term care facility is located on Lot 5 of the Pearson Dogwood site in Vancouver. The capital cost of the project is estimated at \$65 million, which is to be funded by Vancouver Coastal Health Authority from the net proceeds of the sale of the combined Pearson and Dogwood properties. Construction started in November 2020 and is expected to complete in May 2023.</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	86	224	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 commenced in July 2021 and is expected to complete in late 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>				
Stuart Lake Hospital Replacement	2024	38	120	158
<p>The Stuart Lake Hospital replacement project is a replacement of the existing hospital 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 began in spring 2022 and is expected to complete in fall 2024. The capital cost of the project is estimated at \$158 million. The Stuart Nechako Regional Hospital District is contributing \$18 million with the balance provided by the Province.</p> <p>For more information, please see the website at: Capital project plan: Stewart Lake Hospital Redevelopment Project / Northern Health. (sirsidynix.net)</p>				

Nanaimo Regional General Hospital Intensive Care Unit and High Acuity Unit Redevelopment	2024	20	40	60
<p>The project entails construction of a new three-storey expansion to the Nanaimo Regional General Hospital (NRGH) that includes a 12-bed intensive care unit (ICU) and a 12-bed high acuity unit (HAU). The ICU has been under construction since February 2021 and is scheduled to open in June 2023. The HAU, which is currently in the design stage, is expected to start construction in summer 2023 and complete in 2024. The HAU is being outfitted in shelled space on the main floor of the expansion that was constructed as part of the \$41.5 million ICU project originally announced in November 2018. The decision to outfit the HAU came during the COVID-19 pandemic, bringing the total project cost to \$60 million. The Nanaimo Regional Hospital District is contributing approximately \$20 million, the Nanaimo & District Hospital Foundation has committed to raise \$10 million and the balance will be provided by Island Health and the Province.</p>				
Royal Inland Hospital Phil and Jennie Gagliardi Tower (previously the Patient Care Tower)	2026	390	27	417
<p>A new 107-bed patient care tower at Royal Inland Hospital in Kamloops opened to patients in July 2022. The new tower improves patient experience and outcomes by significantly increasing the number of single-patient rooms, providing new and larger operating rooms, a mental-health and substance-use inpatient unit, child and adolescent mental-health services, obstetrical services, labour, delivery and a neo-natal intensive care unit. Internal renovations to the emergency department, pediatric unit, post anesthetic recovery, and morgue commenced in 2022 and are scheduled to complete in 2026.</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>				
Mills Memorial Hospital Replacement	2026	303	330	633
<p>The Mills Memorial Hospital 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 started in spring 2021 and the project is expected to complete in 2026. The capital cost of the project is estimated at \$633 million. The North West Regional Hospital District is contributing approximately \$120 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>				

Royal Columbian Hospital Redevelopment Phases 2 & 3	2026	338	906	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 work 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>				
Burnaby Hospital Redevelopment Phase 1	2027	34	578	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, as well as 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, a 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 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>				

Dawson Creek & District Hospital Replacement	2027	13	365	378
<p>The Dawson Creek & District Hospital (DCDH) 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 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 anticipated to begin in spring 2023, and the new facility is expected to open for patient care in 2027. The capital cost of the project was estimated at \$378 million in the 2020 business plan. The Peace River Regional Hospital District will be cost sharing in the project with the balance provided by the Province.</p> <p>For more information, please see the website at: Capital project plan: Dawson Creek & District Hospital Redevelopment Project / Northern Health. (sirsidynix.net)</p>				
Cowichan District Hospital Replacement	2027	31	1,415	1,446
<p>The Cowichan District Hospital 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 started in late 2022 with site clearing and the new hospital is anticipated to open to patients in spring of 2027. The capital cost of the project is estimated at \$1,446 million. The Cowichan Valley Regional Hospital District is contributing approximately \$282 million, the Cowichan Hospital Foundation has committed to raise \$15 million and the balance will be provided by the Province.</p> <p>For more information, please see the website at: Cowichan District Hospital Replacement Project: capital project plan / Island Health. (sirsidynix.net)</p>				
New St. Paul's Hospital	2027	437	1,743	2,180
<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 \$2,180 million with \$131 million to be provided from the St. Paul's Foundation, \$1,327 million from the Province, and \$722 million from Providence Health Care.</p>				

New Surrey Hospital and BC Cancer Centre	2027	7	1,717	1,724
<p>The New Surrey Hospital and BC Cancer Centre 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.</p> <p>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 2023 and the new facility is planned to open for patients in 2027. The capital cost of the project is estimated at \$1,724 million and is funded by the Province, the BC Cancer Foundation and Surrey Hospitals Foundation.</p>				
Western Communities Long-Term Care Facility	2027	0	224	224
<p>The Western Communities Long-Term Care project will deliver a new, three-story, 306-bed long-term care home in the Royal Bay area of Colwood. It will include a hospice, a specialized unit for younger people suffering from brain injuries, and an adult day program. There will also be hairdressing and therapy services, a bistro, and plans for an adjacent 37 space child-care facility. The project is in the procurement phase with construction expected to start in 2025 and be complete in 2027. The capital cost is estimated to be \$224 million. The Capital Regional Hospital District is contributing approximately \$67 million with the balance will be provided by the Province.</p>				
Centre for Children and Youth Living with Health Complexity	2028	1	221	222
<p>A new Centre for Children and Youth Living with Health Complexity will be built on the site at Slocan Street and 21st Avenue in Vancouver. The new Centre will coordinate care by a multi-disciplinary team through a single point of contact, assist families in navigating a complex system of services, train families, care givers and community care providers to comprehensively support their child within their home community, and leverage research and innovation to improve the lives of children and youth living with health complexity and their families. The facility includes sixteen two-bedroom family suites for Staying Services which provide short stays in a home-like environment with a care-by-parent model while transitioning between the hospital and home, learning new care techniques, or adjusting to new equipment. Construction is expected to start in Summer 2025, with completion in Fall 2027 and the facility is expected to open for patients in early 2028.</p> <p>The project proposes a hybrid mass timber construction and includes a childcare centre, supported through partnership with the City of Vancouver. The capital cost of the project is estimated at \$222 million, including a \$20 million contribution from the BC Children’s Hospital Foundation, and nearly \$9 million from the City of Vancouver, with the balance provided by the Province.</p>				

Cariboo Memorial Hospital Redevelopment	2028	12	355	367
<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 anticipated to start in spring 2023 and complete in spring 2026. Phase 2 (renovations) construction is anticipated to start in late 2026 and complete in fall 2028, with the facility available to patients in late 2028. The capital cost of the project is estimated at \$367 million and will be cost shared by the Cariboo Chilcotin Regional Hospital District and 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>				
St. Vincent's Heather Long-Term Care Facility	2028	0	207	207
<p>The St. Vincent's Heather Long-Term Care project will deliver a new, 13-storey, 240-bed long-term care home in Vancouver on 33rd Avenue and Heather Street. It will include an adult day program with a community hall, sacred space, therapy space, hair salon, activity rooms, and child-care facility that can accommodate 37 children. The project is in the procurement phase with construction expected to start in late 2025 and complete in 2028. The capital cost is estimated to be \$207 million and is fully funded by the Province.</p>				
Vancouver General Operating Rooms Renewal Phase 2	2028	0	332	332
<p>Phase 2 of the Operating Rooms Renewal at Vancouver General Hospital includes renovations to the 2nd floor of the Jim Pattison Pavilion North, which will improve and expand the operating suite to two floors of highly functioning operating rooms including an additional 12 universal flexible operating rooms, two hybrid rooms and a 39-bay perioperative care unit. The project also includes significant upgrades to essential building infrastructure to ensure safe, uninterrupted operations on site. When fully complete the Operating Room suite at Vancouver General Hospital will include 30 new operating rooms built to modern standards. The capital cost of the project is estimated at \$332 million. The VGH and UBC Hospital Foundation is contributing \$20 million with the balance provided by the Province.</p>				

Richmond Hospital Redevelopment	2031	2	859	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 early 2025 and be open for patients in 2028 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, 2022 (\$m)	Estimated Cost to Complete (\$m)	Approved Anticipated Total Cost (\$m)
Clinical and Systems Transformation	2025	650	104	754
<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 \$754 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	131	24	155
<p>The IHealth project involves the design and build of a new, modernized Electronic Health Records (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 February 1, 2023, 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 Health Care Occupational Health and Safety Society](#)

The Society (also known as Switch BC) promotes safe and healthy workplaces at all worksites throughout the B.C. health care system. In cooperation among unions, employers, and

Doctors of BC, it develops provincial frameworks, systems and programs aimed at improving the health and safety of BC's health care workers.

[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.

[Forensic Psychiatric Services Commission](#)

The Commission is part of the PHSA, created in 2001 under the [Societies Act](#). The Commission operates the Forensic Psychiatric Hospital and six community forensic psychiatric services clinics and is responsible for conducting fitness assessments of individuals appearing before the courts.

[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.