

Ministry of Health

**2024/25 – 2026/27
Service Plan**

February 2024



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Minister's Accountability Statement



The Ministry of Health 2024/25 – 2026/27 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 written in a cursive-like font.

Honourable Adrian Dix
Minister of Health
February 9, 2024

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Strategic Direction

In 2024/25, the Government of British Columbia will remain focused on providing the services and infrastructure that people depend on to build a good life. Government will continue delivering results that matter to people in the province including helping them with costs, attainable and affordable housing, strengthened health care, safer communities, and a secure, clean and fair economy. Government will continue working collaboratively with Indigenous Peoples as it implements the Action Plan for the Declaration on the Rights of Indigenous Peoples Act and delivers initiatives that advance reconciliation in ways that make a difference in communities throughout the province.

This 2024/25 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 [January 2024 Minister's Mandate Letter](#).

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 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 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 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 and close the gaps in health outcomes for Indigenous people 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 with partners such as 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) and the goals and outcomes articulated under the [DRIPA Action Plan](#) reaffirm the province's commitments to advance reconciliation in tangible and measurable ways. The obligations and commitments for change necessitate an evolving conversation and meaningful action 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 that respect and honour those rights, 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 eliminate Indigenous specific racism through the recommendations of the [In Plain Sight Report](#) and implementation of the new [BC Cultural Safety and Humility Standard](#).

The Ministry is 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, risks, and opportunities impacting British Columbia's health system. In B.C., and around the world, health needs are increasing and becoming more complex, which is putting more pressures on the health system.

The demographics in British Columbia are also shifting and fueling unprecedented demand for health care. From July 1, 2022, the population of B.C. has experienced an annual growth of 3 percent, marking the highest annual increase since 1974. There are also more people migrating to B.C. from other countries and the senior's population continues to grow and has surpassed 1 million.

This is in addition to impacts from health emergencies such as the highly toxic illicit drug supply, extreme weather events and the long-term impacts of the COVID-19 pandemic.

With an aging and growing population, it is crucial to strengthen the health sector workforce by recruiting and retaining more people and fostering inclusive, safe, and welcoming environments. Having a diverse, skilled, and engaged workforce is pivotal to improving access to timely and accessible health services for people, including in primary care, hospital services, cancer care and ambulance services. A strong workforce is at the heart of a robust system of publicly funded services that is able to respond to ongoing and new challenges and support 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 system's services. 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.

There is also an urgent need to improve health outcomes for Indigenous Peoples, to break the cycles of systemic racism throughout the health 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 and our journey will be guided by our commitments in the DRIPA Action Plan, the recommendations of the [In Plain Sight Report](#) and the [BC Cultural Safety and Humility Standard](#).

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.

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 system by focusing on an integrated approach, which brings together and improves coordination of primary and community care providers, services, and programs. The model of care supports access to culturally safe and equitable care, receiving timely follow-up, and connects to specialized services, while meeting the diverse needs of patient populations across urban/metro, and rural and remote areas in 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 in B.C. 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. This objective also focuses on the continued improvement of equitable access to primary care services by Indigenous Peoples throughout the province, the provision of appropriate community care services, and how the Province will support family doctors in delivering their services.

Key Strategies

- Continue to 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 the implementation and expansion of the Longitudinal Family Physician (LFP) Payment Model, recruitment and retention programs, and by the expansion of education and training opportunities in family medicine, alongside a provincial attachment system.
- 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, registered midwives, dietitians, and more, as well as Indigenous cultural and health supports such as elders and traditional healers to promote culturally safe care.
- 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.

- Continue to work with the Parliamentary Secretary for Rural Health, FNHA, Métis Nation BC 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.
- Continue to expand pharmacists' capacity, in addition to other health sector professionals' scope of practice, to better support patients' access to the health services that they need, by expanding training, education, and reducing barriers for health sector workers.

Discussion

Timely access to team-based, culturally safe, and comprehensive primary care services is important for the health of people in British Columbia. The Ministry is closely collaborating with partners across the provincial health system to deliver and monitor progress on these strategies. Tracking the number of primary care visits delivered throughout the province is an indicator of patient access to primary care and is one of the key measures for this goal.

While the strategies remain the same in 2024/25, the progression of the strategies for the coming year include continued focus on:

- expanding the Longitudinal Family Physician (LFP) Payment Model;
- planning for a retention program for physicians 60+ years of age;
- a new Nurse in Practice program model, launching February 2024, which is based on the success of the LFP Payment model, to retain and attract Nurse Practitioners to longitudinal family practice;
- continuing efforts to hire more primary care providers under the Primary Care Strategy; creating more Primary Care Networks to meet target of 99 by April 2025 and Urgent and Primary Care Centres to meet target of 50 in 2025;
- in collaboration with First Nations Health Authority, continuing to develop 15 First Nations Primary Care Centers throughout the province, and
- the new Provincial Attachment System, launched in July 2023, which includes three integrated registries, including the expanded Health Connect Registry.

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

This objective focuses on high-quality community-based care including specialized services for patients with complex care needs and/or frailty, including seniors. 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 primary care delivery. 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

- Continue to support the promotion of healthy aging through well-coordinated community-based initiatives 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.
- Continue investment in the renewal and expansion of health authority long-term care (LTC) facilities focusing on replacement of outdated facilities and eliminating multi-bed rooms, while also adding to the supply of health authority-owned beds to help meet growing demand.
- Utilize the new LTC Financial Reporting Tool to strengthen accountability of private operators of long-term care homes in B.C. and inform the development of a LTC Funding Model that is consistent, equitable and transparent, accountable, and sustainable.
- Strengthen B.C.'s health human resources through targeted recruitment, training, and retention initiatives that support home health, assisted living, and long-term care workforce sustainability.

Discussion

These strategies contribute to the objective by focusing on the range of supports for patients with complex care needs and/or frailty, 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 patients with complex care needs and/or frailty, including seniors, within the community, assisted living residences, and long-term care homes.

Objective 1.3: Expand with key partners an accessible system of care for mental health and substance use

This objective focuses on strengthening access to mental health and substance use services, including the response to the highly toxic drug supply by building an integrated and well-coordinated system of services across B.C. Expanding the network of supports will include ensuring access and strengthening the quality of services, coordination, and integration of

community-based supports, including a focus on enhancing child and youth mental health and substance use services.

Key Strategies

- In partnership with MMHA, continue to improve access to and strengthen the quality of treatment and in-patient mental health and substance use services, including the development and implementation of a new model of care that will support people across all stages of substance use recovery from detox to aftercare.
- Improve access to distinctions-based, culturally sensitive, trauma-informed mental health and substance use services for First Nations, Métis, and Inuit Peoples.
- With the Ministry of Housing, expand homelessness supports, including increased access to housing and health supports, to deliver improved outcomes for individuals who are experiencing or are at risk of homelessness.
- In collaboration with MMHA, continue to enhance B.C.'s response to toxic drug poisonings by improving access to opioid agonist treatment (OAT) and prescribed alternatives.
- Work with MMHA to implement [A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia](#) to create a seamless, integrated, accessible and culturally safe mental health and substance use system of care, including improved care pathways and care management between acute and primary care and specialized mental health and substance use services.

Discussion

These strategies focus on continuing to build a seamless and integrated system of care for people in British Columbia including work to enhance access to culturally sensitive services in alignment with Declaration on the Rights of Indigenous Peoples Act Action plan actions 4.12 and 4.13. The Ministry will continue to collaborate with government partners, including MMHA and the Ministry of Housing, health authorities and other service delivery partners and people with lived experience to drive operational accountability and to improve outcomes for people across the full continuum of care. The Ministry will continue to monitor indicators of accessible supports and services, including performance measure 1d: Percentage of people readmitted for mental illness or substance use.

Performance Measures

Performance Measure	2023/24 Forecast	2024/25 Target	2025/26 Target	2026/27 Target
[1a] Access to Primary Care Services – Number of Visits ¹	27,000,000 ²	28,000,000	29,000,000	30,000,000 ³

Data source: Ministry of Health. Medical Services Plan

¹Visits include both in-person and virtual visits.

²Forecast based on data as on September 30, 2023. Based on the delivery by Family Physicians, Nurse Practitioners, Licensed Practical Nurses, Registered Nurses, and other health professionals.

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

Discussion

This performance measure tracks primary care visits across the province. This measure provides an indication of service levels and access to care for British Columbians.

The 2023/24 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	2023/24 Forecast	2024/25 Target	2025/26 Target	2026/27 Target
[1b] Number of people admitted to hospital for a chronic disease per 100,000 people aged 75 years and older	3,360	2,050 ¹	<2,650	<2,650	<2,650

Data source: Discharge Abstract Database, P.E.O.P.L.E. 2022, data represents annualized risk-adjusted rates.

¹Forecast based on historical data from Q1 2013/14 to Q3 2022/23, generated as of Q3 2022/23.

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 baseline year of 2016/17 remains the same since the performance measure was introduced into the service plan in 2018/19. The forecast for 2023/24 was modelled using historical data up to and including Q3 2022/23. The low forecasted value may reflect continued patient hesitancy to seek treatment at hospitals due to historical waves and periodic resurgences of COVID-19. The targets for 2024/25 and 2026/27 are consistent with those in the previous Ministry service plan, with the 2026/27 target set to maintain performance.

Performance Measure	2017/18 Baseline	2023/24 Forecast	2024/25 Target	2025/26 Target	2026/27 Target
[1c] Potentially inappropriate use of antipsychotics in long-term care	25.4%	30.1% ¹	21.0%	18.0%	18.0%

Data source: Continuing Care Reporting System, data represents risk-adjusted rates.

¹Forecast based on historical data from 2016/17 to 2022/23, generated as of Q4 2022/23.

Discussion

This performance measure captures use of antipsychotic medications that may be appropriate in improving quality of life and reducing distress experienced by some long-term care residents who do not have a diagnosis for psychosis and who otherwise do not respond to

non-pharmacological strategies for relief of behavioral symptom such as severe agitation. Nationally, or internationally, there is no clear optimal target for the current performance measure due to evolving resident complexity and rising rates of dementia. As we continue to review this target, quality improvement actions are being implemented including increased oversight, accountability, and resources to support the appropriate use of antipsychotics and other medications in long-term care settings.

The baseline year of 2017/18 remains the same since the performance measure was introduced into the service plan in 2019/20. The targets have been retained from those published in the previous service plan. The target for 2026/27 aims to maintain the 18.0 percent target set for 2025/26. The national rate for this measure was 24.5 percent in 2022/23. Targets used in this plan aim to improve performance over time from current levels. The forecast for 2023/24 was modelled using historical data up to and including Q4 2022/23.

Performance Measure	2023/24 Forecast	2024/25 Target	2025/26 Target	2026/27 Target
[1d] Percentage of people admitted for mental illness or substance use who are readmitted within 30 days	15.3% ¹	13.7%	13.6%	13.6%

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

¹Forecast based on historical data from Q1 2012/13 to Q3 2022/23, generated as of Q3 2022/23.

Discussion

This performance measure reflects the percentage of patients readmitted to hospital for mental health or substance use (MHSU) challenges within 30 days of initial hospital admission. Effective discharge planning, appropriate, follow-up and utilization of specialized MHSU services can help reduce re-hospitalizations for this patient group.

The forecast for 2023/24 was modelled using historical data up to and including Q3 2022/23. The targets for 2024/25 and 2025/26 are consistent with those in the previous Ministry service plan, as set out in the [Canada-British Columbia Agreement to Work Together to Improve Health Care for Canadians \(2023-24 to 2025-26\)](#). The target for 2026/27 carries forward the 13.6 percent target from 2025/26.

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 throughout various health care settings through collaborative partnerships across the health system. This includes efforts to improve 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.

This objective focuses on how the Ministry will support the PHSA and BC Emergency Health Services (BCEHS) 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 across the province.

Key Strategies

- Enhance actions that will deliver timely and reliable, high-quality out-of-hospital emergency care for people throughout B.C.
- Build paramedic capacity and practice abilities and enable increased scope under new regulations through continued education for all paramedic licence levels.

Discussion

These strategies demonstrate a unified approach between the Ministry, the PHSA, and BCEHS 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/remote and urban/metro 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 commitment to deliver these services efficiently and effectively to those who need them most.

Key Strategies

- Continue to improve patient flow across hospitals through effective system planning, hospital capacity management, and accountability to system performance targets.
- Collaborate with the FNHA 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.
- Continue to focus on reducing wait times by optimizing and increasing accessibility to diagnostic services where they are needed most, including the addition of MRI and CT scanners, and effectively managing waitlists, to ensure timely and equitable access for all in B.C.

- Continue to implement strategies to increase operating room capacity and 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 PHSA 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. These efforts include working with BC Cancer and regional health authorities, to implement [BC's Ten-Year Cancer Action Plan](#) with a focus to secure a cancer free future for more British Columbians by expanding access to diagnosis and treatment services.

Key Strategies

- Provide access to new cancer treatments, including launching a CAR-T (Chimeric Antigen Receptor T-Cell Therapy) program and providing Theranostics (diagnostics combined with highly targeted radiotherapy) for specialized cancer treatment in B.C.
- Expand clinical trials to all of B.C.'s six regional cancer centres to expand patient access and integrate research with care.
- Transition to the more effective Human Papillomavirus (HPV) test to better detect cervical cancer and continue to increase participation in the breast, colon, and lung screening programs to find cancer earlier and improve survival rates.
- Enhance culturally safe and equitable care through liaisons and care coordinators who support the delivery of a trauma informed coordinated service for patients who identify as First Nations, Métis, or Inuit.
- Help more patients to travel for cancer care, especially those in rural and remote areas, through the expansion of travel programs run by the Canadian Cancer Society and Hope Air.
- Continue to support BC Cancer's [Lung Cancer Screening Program](#) to prevent and find cancer earlier through prevention services, to increase early detection and improve survival rates.

Discussion

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 in all areas of B.C. An integrated approach through collaboration with vital partners, such as BC Cancer and regional health authorities, 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	2023/24 Forecast	2024/25 Target	2025/26 Target	2026/27 Target
[2a] Ambulance In-Service hours	2,600,000 ¹	2,700,000	2,800,000	2,800,000

Data source: BCEHS

¹Forecast based on data as of August 31, 2023.

Discussion

This performance measure 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 are an indication of system readiness.

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	2023/24 Forecast	2024/25 Target	2025/26 Target	2026/27 Target
[2b] Total Operating Room Hours	545,419	618,100 ¹	689,600	696,700	703,900

Data source: AnalysisWorks’ Lighthouse.

¹Forecast based on data as of Period 6, 2023/24.

Discussion

This performance measure reflects efforts to allocate surgical resources to increase access for surgical patients and meet growing patient demand in the years to come. These efforts highlight progress made on the [Commitment to Surgical Renewal](#), despite various challenges including periods of severe respiratory illness which placed extra demand on hospital beds, ongoing health human resource shortages, and extreme weather.

The baseline year of 2016/17 remains the same as previous service plans for consistency. As of Q1 2023/24, patients who were booked for surgery and postponed due to COVID-19 – and remained ready, willing, and able to receive treatment – have received or are scheduled to receive surgery, with health authorities accommodating a small number who are yet to book

citing their own scheduling considerations and preferences. As of Q3 2023/24, all remaining postponed patients have booked their surgery dates. The targets for 2024/25 and 2025/26 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 2026/27 demonstrates a reachable goal of ensuring that more patients receive timely and quality surgical care.

Goal 3: A high quality sustainable health 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 multi-year [B.C.'s Health Human Resources Strategy](#), will implement strategies and actions to support the health sector workforce and to increase access to a network of health care workers throughout the province through four key areas: retain, redesign, recruit and train. 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

This objective demonstrates the Ministry's continued 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.

Key Strategies

- Continue to make progress on the key areas through [B.C.'s Health Human Resources Strategy](#):
 - Continue to retain staff through fostering healthy, safe, and inspired workplaces that embed reconciliation, diversity, inclusion, and cultural safety; build clinical leadership capacity and increase workforce engagement.
 - Continue to redesign processes to balance workloads and staffing levels through optimizing scope of practice, expanding and enhancing team-based care, and adopting enabling technologies.
 - Continue recruiting, attracting, and onboarding new staff by removing and reducing barriers to internationally educated health care workers, attracting new workers to rural and remote areas of B.C., supporting comprehensive onboarding, and promoting health-careers to secondary school students.

- Continue to increase training opportunities for future and current health care workers through increasing education seats in various occupations, enhancing earn and learn programs, and expanding the use of bursaries to remove financial barriers.
- Continue to support inclusive hiring practices for underrepresented groups through the [Health Career Access Program](#), including women, Indigenous Peoples, persons with disabilities, members of visible minorities, and LGBTQIA2S+ applicants, to provide equal opportunities for these groups, and to build a health sector workforce that reflects the people they serve.
- Continue to 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 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 system, and to support an equitable approach to meet the health needs of all in the province. This includes continuing to 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 LGBTQIA2S + community, and other populations facing systemic inequities.

Key Strategies

- Support innovation and partnerships focused on using new and effective approaches to generate better and more efficient outcomes in clinical and administrative practices for the long-term sustainability of the health system.
- Streamline and facilitate research processes, and enhance clinical trials and other research studies in support of life sciences and health system advancement.

- Support climate preparedness and adaptation to advance a more sustainable, resilient, and responsive health system.
- Continue to implement an enhanced COVID-19 and influenza vaccination campaign for all eligible British Columbians to protect against viral respiratory illness.
- Continue to leverage the “Get Vaccinated” system for immunization notifications and appointment bookings, so British Columbians are well connected to preventative health care services.
- Continue to work with the Provincial Health Officer, and Ministry and health authority partners, to refresh and maintain provincial pandemic preparedness, including financial, technology and resource planning, and supply chain management.

Discussion

These strategies will support the Ministry to meet the objective and to advance innovative health system practices that are adaptable, flexible, and meet the changing needs of patients of B.C.’s health system and their families. Leadership that embraces curiosity, along with a culture and environment that encourages thoughtful change, are essential as the health system goes forward and embraces innovation. Encouraging these elements while removing system barriers to change, will support the forming of an essential part of our strategy going forward. Strategy delivery will be achieved through research and collaboration with health system partners.

Objective 3.3: Modernize digital 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

- Continue to support British Columbians’ access to their health information securely and conveniently, expanding access to data sets such as diagnostic imaging reports, clinical documentation, and referrals, using the [Health Gateway](#) provincial patient health portal and mobile app.
- Expand access to health information in Health Gateway to guardians and care givers who are managing health care for others.
- Continue work to align various patient portals across the province with the Health Gateway to ensure a connected patient experience, as outlined in the [Canada-British Columbia Agreement to Improve Health Care for Canadians](#).

- Continue support for [HealthLinkBC](#) and primary care network implementation and digital health solutions for the Provincial Attachment System, to increase access for British Columbians to family physicians and nurse practitioners.

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	2023 Forecast	2024 Target	2025 Target	2026 Target
[3a] Nursing and allied health professionals' overtime hours as a percent of productive hours	8.9% ¹	5.7%	4.6%	4.6%

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

¹Forecast based on historical data from 2016 to 2022, generated as of Q4 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 2023 calendar year is 8.9 percent and was modelled using historical data up to and including Q4 2022. Overtime rates have continued to increase over time 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. The targets for this measure have retained targets that have been set in the previous service plan, with the target for 2026 maintaining the 4.6 percent target used for 2025.

Performance Measure	2023/24 Forecast	2024/25 Target	2025/26 Target	2026/27 Target
[3b] Percentage of population who access the provincial patient portal	35% ¹	60%	75%	80%

Data source: P.E.O.P.L.E. 2022

¹Forecast based on data as of January 1, 2024.

Discussion

The Province continues to increase access to personal health records for British Columbians through the provincial patient portal, Health Gateway. Along with medications, immunizations, lab results, medical imaging reports and other data, Health Gateway will be expanded to include clinical documents, and integrate with provincial initiatives to support electronic referrals, orders, and prescriptions. Health Gateway will also have expanded features to support access for guardians and other family members who are managing the health care for others. The Province is committed to aligning the Health Gateway with other patient portals to provide a connected experience for patients engaging with the health sector.

Health Gateway continues to see a steady growth in British Columbians accessing health records for themselves and family members. The updated 2023/24 forecast reflects the anticipated number of British Columbians who have accessed the portal or who will have had someone access the portal on their behalf. 1.75 million represents roughly 35 percent of B.C.'s population.

Financial Summary

(\$000s)	2023/24 Restated Estimates ¹	2024/25 Estimates	2025/26 Plan	2026/27 Plan
Operating Expenses				
Health Programs				
Regional Services	19,670,787	23,020,346	23,851,111	24,545,229
Medical Services Plan	7,038,783	7,608,887	7,700,237	7,848,787
Pharmacare	1,578,341	1,800,569	1,787,903	1,787,903
Health Benefits Operations	50,190	51,690	51,690	51,690
Recoveries from Health Special Account	(147,250)	(147,250)	(147,250)	(147,250)
Executive and Support Services	335,407	375,820	360,906	360,906
Health Special Account	147,250	147,250	147,250	147,250
Total	28,673,508	32,857,312	33,751,847	34,594,515
Ministry Capital Expenditures				
Executive and Support Services	509	30	30	30
Total	509	30	30	30
Capital Plan				
Health Authorities	2,104,236	3,529,550	3,799,489	3,548,709
Total	2,104,236	3,529,550	3,799,489	3,548,709

¹ For comparative purposes, amounts shown for 2023/24 have been restated to be consistent with the presentation of the 2024/25 Estimates.

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

Health Authorities Sector Financial 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 2024/25 – 2026/27 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.

(\$000s)	2023/24 Forecast	2024/25 Budget	2025/26 Plan	2026/27 Plan
Combined Operating Statement				
Total Revenue ¹	25,525,000	26,639,000	27,337,000	28,064,000
Total Expense ²	(25,525,000)	(26,639,000)	(27,337,000)	(28,064,000)
Net Results ³	0,000	0,000	0,000	0,000

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 2023/24 Forecast is based on third quarter approved information provided by the health authorities and hospital societies. The 2023/24 Forecast, 2024/25 Budget, 2025/26 Plan and 2026/27 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, 2023 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
Royal Columbian Hospital Redevelopment – Phase 1	2020	247	4	251

Objective: 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. The RCH Redevelopment project aims to:

- Improve the health and well-being of the people of the RCH community.
- Create a modern facility delivering exemplary clinical outcomes.
- Deliver high quality, culturally sensitive health care services.

Costs: 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.

Benefits:

<ul style="list-style-type: none"> The new Mental Health and Substance Use building will improve operational efficiencies and clinical programs in mental health while being designed to a LEED Gold standard to support a safe and healthy work environment. The new Energy Centre will be sized to accommodate the full build-out of the global redevelopment of the campus, increase energy efficiency by 20-30 percent, eliminate the current risk of power systems failure, and protect power sources and IM/IT infrastructure in a post-disaster building. <p>Risks: The major risks associated with the Project generally relate to project scope and functionality, schedule, cost and operations and maintenance risk.</p>				
Red Fish Healing Centre for Mental Health and Addiction – ʘəq̄iʔ ʔəwʔəʈəq̄ ʔeləʈ	2021	129	2	131
<p>Objective: The new 105-bed facility is located on səmiq̄ wəʔelə (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.</p> <p>Costs: The capital cost of the project is estimated at \$131 million and is fully funded by the Province.</p> <p>Benefits: The new purpose-built facility provides a more therapeutic space for those living with complex mental health challenges and addictions. The centre treats both mental illness and addictions simultaneously and offers trauma-informed, culturally safe care that focusses on mental and physical wellness.</p> <p>Risks: The major risks associated with the Project generally relate to project scope and functionality, schedule, cost and operations and maintenance risk.</p>				
Peace Arch Hospital Renewal	2022	86	1	87
<p>Objective: 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 (MDR) has been relocated below the emergency department allowing for improved access to sterilized surgical equipment. The existing emergency department 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. The project will:</p> <ul style="list-style-type: none"> Improve the health and well-being of the people of the South Surrey and White Rock community. Create a modern facility delivering exemplary clinical outcomes. Deliver high quality, culturally sensitive health care services. <p>Costs: The estimated capital cost of the Project is \$87 million, with \$8 million of funding being provided by the Province and \$79 million being provided by the Peace Arch Hospital Foundation and Fraser Health Authority internal funding.</p> <p>Benefits: This capital project will deliver numerous benefits to the patients who rely on Peace Arch Hospital for emergency and surgical services; some of the highlights include:</p> <ul style="list-style-type: none"> Appropriately sized clinical spaces to support high quality health care delivery. Implementation of infection-control measures to keep patients, visitors, and staff safe. 				

<ul style="list-style-type: none"> Inclusion of infrastructure and environmental control systems (e.g. air supply, medical gases, Information Technology) to meet the requirements for Emergency, Surgical, and MDR services. <p>Risks: The risks associated with the Project generally relate to project scope and functionality, schedule, cost and operations and maintenance risk.</p>				
Penticton Regional Hospital Patient Care Tower	2022	297	11	308
<p>Objective: 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. Phase 2 completed in 2022 and included a renovation to vacant areas in the current hospital to allow for the expansion of the emergency department, as well as renovations to existing support areas. Interior Health has established the following objectives for the Project:</p> <ul style="list-style-type: none"> Improve the model of care and patient outcomes/safety through application of evidence-based design principles and health care facility design and construction standards that all have a patient-centred design philosophy. Implement design features that enhance the well-being of patients, families, visitors, staff, and communities. <p>Costs: The original total estimated capital cost of the project was \$325.1 million and now has been completed with a capital cost of \$308 million. The provincial share of this total is \$157 million, Interior Health Authority will contribute \$17 million of internal funding, the Okanagan Similkameen Regional Hospital District will contribute \$115 million and South Okanagan Similkameen Medical Foundation will contribute \$19 million.</p> <p>Benefits: The Project benefits include improved patient care experience (improvement in patient safety, privacy, and confidentiality), reduced infection control risks, and improved compliance with current health care design standards.</p> <p>Risks: The major risks associated with the Project relate to project scope and functionality, integration, schedule, and cost.</p>				
Dogwood Lodge Long-Term Care Home Replacement	2023	61	4	65
<p>Objective: The replacement of the 150-bed long-term care facility is located on Lot 5 of the Pearson Dogwood site in Vancouver. Vancouver Coastal Health Authority (VCH) has established the following project objectives to guide the strategic direction of the project - in alignment with VCH's Strategic Framework and embodies VCH's True North Goals:</p> <ul style="list-style-type: none"> Improve quality of life for residents. Sustainable, diverse, mixed-use community centered on health, wellness, vitality, accessibility, and inclusivity that benefits/improves the health and well-being of individuals. Invest in residential care bed stock to increase sustainability of beds. <p>Costs: The total estimated capital cost of the Project is \$65 million, funded entirely by Vancouver Coastal Health Authority from the net proceeds of the sale of the combined Pearson and Dogwood properties.</p>				

Benefits: The project will benefit patients and families from throughout Vancouver through significant improvements in service delivery including:

- Homes designed for residents.
- Community space designed for all.
- Optimize resources.

Risks: Project risks have been analysed and have been addressed in the categories of project scope and functionality, schedule, and cost.

<u>Lions Gate Hospital – New Acute Care Facility</u>	2024	204	106	310
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Objective: 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 operating rooms, and provide a new replacement medical device reprocessing department and new outpatient clinics and support services. Renovations will be made to existing infrastructure to facilitate integration of the new ACF with existing buildings. This project presents many opportunities, including:

- Replacing and upgrading failing facility infrastructure to meet current standards for staff and patient safety, and for business continuity.
- Build a facility that is environmentally responsible (to LEED Gold or equivalent) and supports a safe and healthy work environment.

Costs: The total estimated capital cost of the Project is \$310 million, with \$144 million funded by the Province, \$96 million by Lions Gate Hospital Foundation, and \$70 million through Vancouver Coast Health Authority internal sources.

Benefits: The project presents many benefits, including:

- Innovation in advanced procedures by creating a contemporary facility that integrates current advanced technologies and is designed to accommodate future advances.
- Improved efficiencies and utilization with more universal and flexible ORs and appropriate support space.

Risks: Project risks have been analysed and have been addressed in the categories of project scope and functionality, schedule, and cost.

<u>Stuart Lake Hospital Replacement</u>	2024	98	60	158
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Objective: 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. Northern Health developed the following project objectives, which were used to develop the future performance evaluation plan for the Project:

- Create an exceptional hospital experience and support high levels of self-reported satisfaction of patients and families.

- Incorporate evidence-based design features that improve the healing environment and enable culturally safe care for Indigenous peoples in a facility that is welcoming to all communities served by the Project.

Costs: The total estimated capital cost of the Project is \$158 million, with \$140 million funded by the Province and \$18 million funded by the Stuart Nechako Regional Hospital District.

Benefits: In alignment with the Northern Health strategic plan, the benefits of the new hospital include the ability to:

- Provide the physical infrastructure necessary to meet current clinical standards for the patient population of the northern region.
- Provide staff and clinicians with state-of-the-art equipment and the right environment to help them flourish in their work. As a result, it does not support the retention of local healthcare professionals in the northern region.

Risks: The major risks associated with the Project relate to scope and functionality, schedule, and cost.

Nanaimo Regional General Hospital – Intensive Care Unit and High Acuity Unit Redevelopment	2025	33	27	60
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Objective: The project entails construction of a new three-storey expansion to the Nanaimo Regional General Hospital that includes a 12-bed intensive care unit (ICU) and a 12-bed high acuity unit (HAU). Construction on the ICU commenced in February 2021 and opened to patients in June 2023. The HAU, which is currently under construction, is expected to 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. Key objectives for the project include:

- Staff & patient safety.
- Patient privacy/family confidentiality.
- Care team communication.
- Care process efficiency.
- Learning/mentoring.
- Healing space.

Costs: The total estimated capital cost of the Project is \$60 million, with \$22 million funded by the Province, \$10 million by the Nanaimo & District Hospital Foundation, \$20 million funded by the Nanaimo Regional Hospital District, and \$8 million through Island Health Authority internal sources.

Benefits: The project will:

- Improve patient safety and quality of care.
- Modernize and expand the ICU to meet current and future demands with treatment spaces designed to current standards at the hospital.
- Provide patients with more care and closer monitoring by creating a new 12-bed HAU.

Risks: The major risks associated with the Project generally relate to project scope and functionality, schedule, cost and operations and maintenance risk.

University Hospital of Northern BC (UHNBC) Redevelopment – Phase 1 (Site Preparation)	2025	-	103	103
<p>Objective: The purpose of Phase 1 of the UHNBC Redevelopment project is to prepare the site for future redevelopment. Scope includes construction of a 471-space parkade next to the BC Cancer Centre for the North. This will be followed by demolition of the Northern Interior Health Unit to support future site master plans. The key objectives that the project seeks to address are:</p> <ul style="list-style-type: none"> • Prepare the UHNBC campus for future redevelopment. • Address current and future parking capacity. <p>Costs: The UHNBC Redevelopment – Phase 1 total estimated capital cost of the Project is \$103 million funded entirely by the Province.</p> <p>Benefits: The project will:</p> <ul style="list-style-type: none"> • Take advantage of phasing to help minimize delays so that the relocation and demolition of the existing Health Unit can occur in preparation for future redevelopment. • Address an existing shortage and future need for parking stalls which is expected to increase as a result of future expansion. <p>Risks: The major risks associated with the Project generally relate to project scope and functionality, schedule, cost and operations and maintenance risk.</p>				
<u>Mills Memorial Hospital Replacement</u>	2026	526	107	633
<p>Objective: 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. Northern Health has established the following project objectives to guide the strategic direction of the Project:</p> <ul style="list-style-type: none"> • Create an exceptional hospital experience and support high levels of self-reported satisfaction for patients and families. • Incorporate evidence-based design features that improve the healing environment, enable culturally safe care for Indigenous people, and are welcoming to all communities served by the new hospital. <p>Costs: The total estimated capital cost of the Project is \$633 million, with \$513 million funded by the Province and \$120 million funded by the North West Regional Hospital District.</p> <p>Benefits: The Project will strengthen the role of Mills Memorial Hospital in the Northwest HSDA and support the residents of the Northwest HSDA with appropriate healthcare service delivery. The Project will:</p> <ul style="list-style-type: none"> • Improve energy efficiency and reduce greenhouse gas emissions as a result of energy conservation strategies. • Accommodate more complex surgeries, including inpatient orthopaedics and general surgery, along with the coordination of certain other surgical services. 				

<ul style="list-style-type: none"> Enhance the Intensive Care Unit by increasing the number of patients being cared for, and in the provision of the 24/7 Respiratory Therapy Services support. <p>Risks: The major risks associated with the Project relate to scope and functionality, schedule, and cost.</p>				
Royal Columbian Hospital Redevelopment Phases 2 & 3	2026	618	626	1,244
<p>Objective: 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>The RCH Redevelopment Project is aligned with the Ministry's strategic priorities and is part of FHA's comprehensive strategy to optimize utilization of acute care capacity and achieve efficiencies in service delivery. The redevelopment will:</p> <ul style="list-style-type: none"> Provide patient-centered care. Increase access to quality diagnostic services. Increase access to specialist services. <p>Costs: The total estimated capital cost of the Project is \$1.244 billion, with \$1.182 billion funded by the Province, \$30 million by Royal Columbian Hospital Foundation, and \$32 million through Fraser Health Authority internal sources.</p> <p>Benefits: The expected benefits of the project upon completion of Phases 2 and 3 include:</p> <ul style="list-style-type: none"> An increase in RCH's acute care capacity by over 50 percent to address growing service needs, help ease congestion, introduce advanced medical technologies and enhance the working environment for health professionals. Improvements in patient-centered outcomes and patient reported measures. <p>Risks: The major risks associated with the Project generally relate to project scope and functionality, integration, schedule, cost and operations and maintenance risk.</p>				
Abbotsford Long-Term Care (LTC)	2027	-	211	211
<p>Objective: The Abbotsford LTC Project will include construction of a new 200 bed long-term care building to replace the 109 bed Cottage and Worthington Pavilion and add 91 new LTC beds. The new LTC home will include 200 single bedrooms, a 32 space Day Program for Older Adults (DPOA), and community spaces and support services for residents, families and staff. The Project scope also includes a 49 space Child Daycare. This project seeks to address Fraser Health's projected need for LTC beds to meet the demands of an aging population and those requiring long-term care. The COVID-19 pandemic and impact on LTC residents has caused a greater urgency to redevelop existing long-term care buildings and build greater capacity within the system, both regionally and provincially.</p> <p>Costs: The total estimated capital cost of the Project is \$211 million, with \$157 million funded by the Province, \$32 million funded by the Regional Hospital District, and \$22 million through Fraser Health Authority internal sources.</p> <p>Benefits: This project will:</p> <ul style="list-style-type: none"> Replace 109 beds at the outdated Cottage/Worthington LTC and add 91 net new LTC beds to help meet demand for LTC services in Abbotsford. 				

<ul style="list-style-type: none"> • Improve the staff, resident and family experience (including infection prevention and control and culturally sensitive care). • Provide 32 DPOA spaces to support clients to remain in their own homes as long as possible. • Establish 49 new childcare spaces. <p>Risks: The general risks associated with the Project include project scope and functionality, schedule, construction cost and facility operation.</p>				
Campbell River Long-Term Care (LTC)	2027	-	134	134
<p>Objective: This project delivers a new 153-bed LTC home in Campbell River adjacent to Yucalta Lodge including a 10-bed hospice unit, a 26-bed convalescent care unit, and a 26-bed specialized population unit to address need for those services. This project will address the significant need for additional LTC beds on Vancouver Island, particularly in the Campbell River and North Island area where the 75+ age group is expected to grow 137% by 2041.</p> <p>Costs: The total estimated capital cost of the Project is \$134 million, with \$80 million funded by the Province and \$54 million funded by the Comox-Strathcona Regional Hospital District.</p> <p>Benefits: This project will:</p> <ul style="list-style-type: none"> • Add 153 net new beds to help meet the demand for LTC services in the Campbell River and North Island area. • Improve the staff, resident, and family experience (including infection prevention and control), by providing a homelike experience that allows residents to live the remaining months or years of their lives with dignity. • Create 10 new hospice beds and establish 37 new child care spaces including eight spaces for overnight care. <p>Risks: The major risks associated with the Project generally relate to project scope and functionality, schedule, cost and operations and maintenance risk.</p>				
<u>Cowichan District Hospital Replacement</u>	2027	139	1307	1446
<p>Objective: 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. Island Health has identified the following objectives for the project:</p> <ul style="list-style-type: none"> • Optimize and increase the Cowichan Region’s capacity to provide appropriate services in the right place, at the right time so we can meet the population’s growing and changing needs well into the future, with a focus on elderly and Indigenous populations and those needing mental health services. <p>Costs: The total estimated capital cost of the Project is \$1.446 billion, with \$1.148 billion funded by the Province, \$15 million by the Cowichan Hospital Foundation, and \$283 million funded by the Cowichan Valley Regional Hospital District</p> <p>Benefits: The project will:</p>				

<ul style="list-style-type: none"> • Increase acute care capacity to address the health care needs of residents in the Cowichan Region. • Reduce barriers to care for Indigenous peoples living in the Cowichan Region. <p>Risks: The general risks associated with the Project include facility scope and functionality, construction cost and schedule, and facility operation.</p>				
<u>Dawson Creek and District Hospital Replacement</u>	2027	73	517	590
<p>Objective: The Dawson Creek and 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. Northern Health developed the following project objectives, which were used to develop the future performance evaluation plan for the Project:</p> <ul style="list-style-type: none"> • Create an exceptional hospital experience and support high levels of self-reported satisfaction of patients and families. • Incorporate evidence-based design features that improve the healing environment and enable culturally safe care for Indigenous peoples in a facility that is welcoming to all communities served by the Project. <p>Costs: The total estimated capital cost of the Project is \$590 million, with \$413 million funded by the Province and the remaining \$177 million funded by the Peace River Regional Hospital District.</p> <p>Benefits: This project will:</p> <ul style="list-style-type: none"> • Improve mental health services in the Peace River South Local Health Area by improving access to inpatient and outpatient care and creating a safe and respectful mental health emergency services area. • Enhance cancer and IV therapy services through increased capacity and improved healing environments. • Improve capacity for surgical services by creating a more efficient surgical environment and ensuring procedures occur in the most appropriate location. <p>Risks: The general risks associated with the Project include facility scope and functionality, construction cost and schedule, and facility operation.</p>				
Delta Long-Term Care (LTC)	2027	-	180	180
<p>Objective: The Delta LTC project will construct a new 200-bed LTC building including a Day Program for Older Adults (DPOA) for up to 32 clients and a child daycare centre for up to 49 children. The 200 LTC beds in the Project will replace the existing 92 LTC beds at the Mountain View Manor in Delta and will add 108 net new beds. This project seeks to address Fraser Health’s projected need for LTC beds to meet the demands of an aging population and those requiring long-term care. The COVID-19 pandemic and impact on LTC residents has caused a greater urgency to redevelop existing long-term care buildings and build greater capacity within the system, both regionally and provincially.</p> <p>Costs: The total estimated capital cost of the Project is \$180 million, with \$162 million funded by the Province and the remaining \$18 million by the Delta Hospital and Community Health Foundation.</p> <p>Benefits: This project will:</p>				

<ul style="list-style-type: none"> • Replace the 92 beds currently in a physically and functionally obsolete facility and adds 108 net new LTC beds to help meet demand for LTC services in Delta. • Improve staff, resident, and family experience (including infection prevention and control and culturally sensitive care). • Provide 32 DPOA spaces to support clients to remain in their own homes as long as possible. • Establish 49 new childcare spaces. <p>Risks: The general risks associated with the Project include project scope and functionality, construction cost and schedule, and facility operation.</p>				
Nanaimo Long-Term Care (LTC)	2027	-	286	286
<p>Objective: The Nanaimo LTC project will construct a new 306 bed LTC building, a 20-bed hospice unit and a 26-bed specialized population unit to address need for those services. The Project also includes an Adult Day Program (ADP) for up to 35 clients and childcare space for up to 37 children. Island Health has identified the following objectives for the project:</p> <ul style="list-style-type: none"> • Optimize and increase LTC capacity to provide appropriate services in the right place, at the right time so they can meet the population’s growing and changing needs well into the future. • Provide state-of-the-art LTC homes to current and future residents by incorporating evidence-based design to improve health outcomes, quality and safety, efficiency and effectiveness, sustainability, flexibility, and adaptability to accommodate evolving health and care needs into the future. <p>Costs: The total estimated capital cost of the Project is \$286 million, with \$172 million funded by the Province and the remaining \$114 million funded by the Nanaimo Regional Hospital District.</p> <p>Benefits: This project will:</p> <ul style="list-style-type: none"> • Increase long-term care capacity to address the health care needs of residents in the Nanaimo Region. • Create a building design and model of care that enable a culturally safe environment for Indigenous Elders, including support for traditional healing practices and a sacred space. • Increase facility resilience and sustainability with a 52% reduction in greenhouse gas emissions compared to the LEED Gold baseline (zero on-site greenhouse gas emissions). <p>Risks: The general risks associated with the Project include facility scope and functionality, construction cost and schedule, and facility operation.</p>				
New St Paul’s Hospital	2027	688	1,492	2,180
<p>Objective: 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. This project presents many opportunities represented by the following objectives:</p> <ul style="list-style-type: none"> • Improve the model of care and patient outcomes through application of evidence-based design principles, health care facility design and construction standards. • Utilize the outpatient centre to prevent patients from having to enter the acute care centre. 				

<ul style="list-style-type: none"> • Create a healthy and safe work environment that improves engagement, recruitment and retention and minimizes workplace injuries. <p>Costs: The total estimated capital cost of the Project is \$2.180 billion, with \$1.327 billion funded by the Province, \$131 million by St. Paul’s Foundation, and \$722 million from Providence Health Care.</p> <p>Benefits: The expected Project benefits include:</p> <ul style="list-style-type: none"> • Larger inpatient rooms to improve infection control, patient safety, minimize patient movement, and accommodate family-centred care. • Improved access with 115 additional inpatient beds. • Clinical program adjacencies which are consistent with best practices. <p>Risks: The general risks associated with the Project include facility scope and functionality, construction cost and schedule, and facility operation.</p>				
Richmond Long-Term Care (LTC)	2027	-	178	178
<p>Objective: The Richmond LTC project will replace the temporary Richmond Lions Manor (RLM)-Bridgeport facility with a new LTC home located at the original site of the RLM at 11771 Fentiman Place in Richmond. The Project replaces the 86 LTC beds currently located at RLM-Bridgeport and will add 58 new LTC beds for a total of 144 beds. The Project also includes an Adult Day Program (ADP) for up to 25 clients and childcare space for up to 37 children. This project will address Vancouver Coastal’s objectives to address physical and functional deficiencies in current facilities and address current and future demand for LTC services.</p> <p>Costs: The total estimated capital cost of the Project is \$178 million, with the entire cost being funded by the Province.</p> <p>Benefits: This project will:</p> <ul style="list-style-type: none"> • Replace 86 beds currently in a physically and functionally obsolete facility, plus add 58 net new beds to help meet demand for LTC services in Richmond. • Enable the new model of care, which will improve resident and family experience, improve resident safety (including infection prevention and control), increase resident satisfaction, reduce resident complaints – and provide a vibrant, homelike environment that allows residents to live the remaining months or years of their lives with dignity. • Increase facility resilience and sustainability with an 57.8% reduction in greenhouse gas emissions compared to the LEED Gold baseline (zero on-site greenhouse gas emissions). • Add capacity for 25 Adult Day Program spaces and 37 new childcare spaces. <p>Risks: The general risks associated with the Project include facility scope and functionality, construction cost and schedule, and facility operation.</p>				
<u>Royal Inland Hospital (RIH) Phil and Jennie Gaibaldi Tower</u>	2027	361	56	417
<p>Objective: 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.</p>				

Internal renovations to the emergency department, pediatric unit, post anesthetic recovery, and morgue commenced in 2022 and are scheduled to complete in 2026. In support of the Vision and Guiding Principles for the Project, the Project Objectives established by Interior Health are to:

- Deliver a project scope that is patient centred, supports the guiding principles, and achieves departmental objectives for Inpatient Care, Mental Health and Substance Use, Emergency Services, Surgical Services, Maternity and Child Health, Laboratory Services and Morgue.
- Improve patient access and flow within the site.
- Improve the model of care delivery and patient outcomes (including patient safety) through application of patient centred, evidence-based design principles and standards for health care facility design and construction.

Costs: The total estimated capital cost of the Project is \$417 million, with \$203 million funded by the Province, \$20 million by the RIH Foundation, \$169 million funded by the Thompson Regional Hospital District, and \$25 million through Interior Health Authority internal sources.

Benefits: The expected Project benefits include:

- Improved patient care experience with improvements in patient safety, privacy and confidentiality.
- Reduced risks of infections.
- Improved compliance with current health care design standards and clinical standards.

Risks: The major risks associated with the Project relate to project scope and functionality, integration, schedule and cost.

Western Communities Long-Term Care	2027	-	224	224
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Objective: 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 which will include a 20-bed hospice, a 26-bed specialized unit for younger people suffering from brain injuries, and an adult day program with 35 spaces. There will also be hairdressing and therapy services, a bistro, and plans for an adjacent 37 space child-care facility. Island Health has identified the following objectives for the project:

- Optimize and increase LTC capacity to provide appropriate services in the right place, at the right time so we can meet the population’s growing and changing needs well into the future.
- Provide state-of-the-art LTC facilities to current and future clients by incorporating evidence-based design to improve health outcomes, quality and safety, efficiency and effectiveness, sustainability, flexibility, and adaptability to accommodate evolving health and care needs into the future.

Costs: The total estimated capital cost of the Project is \$224 million, with \$157 million funded by the Province and the remaining \$67 million funded by the Capital Regional Hospital District.

Benefits: This project will:

- Increase long-term care capacity to address the health care needs of residents in the Western Communities and Greater Victoria regions.
- Implement an updated care model that aligns with current best practices and evidence.

Risks: The general risks associated with the Project include project scope and functionality, schedule, and budget.

<u>Burnaby Hospital Redevelopment – Phase 1</u>	2028	141	542	683
<p>Objective: The Burnaby Hospital (BH) Redevelopment Phase 1 project involves construction of a new six-storey 83-bed Inpatient/Outpatient pavilion and new energy centre, as well as renovation and expansion of the Support Facilities Building (SFB), and renovation of the Nursing Tower. The new pavilion 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 expanding and updating perioperative services including a total of 10 upgraded operating rooms and 4 procedure 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. The project also includes the demolition of the Cascade Building. This project will:</p> <ul style="list-style-type: none"> • Improve patient outcomes by enhancing the quality of the health care environment. • Improve access to community outpatient services for high-complexity / poly-morbid patients. • Improve access to, and quality of, and acute care services. <p>Costs: The total estimated capital cost of the Project is \$683 million, with \$633 million funded by the Province, \$35 million by the Burnaby Hospital Foundation, and \$15 million through Fraser Health Authority internal sources.</p> <p>Benefits: The expected project benefits include:</p> <ul style="list-style-type: none"> • Increased acute care capacity to meet the health care needs of the population in Burnaby. • Safe and efficient acute facility that will improve clinical outcomes. <p>Risks: The major risks associated with the Project relate to project scope and functionality, integration, schedule, cost and operations and maintenance risk.</p>				
Centre for Children and Youth Living with Health Complexity	2028	3	264	267
<p>Objective: 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, 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. A 74-space child daycare will also be constructed on the site. The project will:</p> <ul style="list-style-type: none"> • Support all children and youth living with health complexity no matter where they live in B.C. or Yukon by providing services both virtually and on site. • Build capacity in communities to comprehensively support children and youth close to home, by training and supporting care providers across BC and Yukon. 				

<p>Costs: The total estimated capital cost of the Project is \$267 million, with \$224 million funded by the Province, \$20 million by the BC Children’s Hospital Foundation, \$11M from the City of Vancouver, and \$12 million through Provincial Health Services Authority internal sources.</p> <p>Benefits: The proposed scope of the centre and Slocan program will yield significant outcomes/benefits for children and youth living with health complexity and their families and caregivers, as well as for the broader health-care system.</p> <ul style="list-style-type: none"> • Improve health of patient population. • Improve patient and caregiver experience. • Improve work life of providers. • Reduce per-capita cost of health care. <p>Risks: The general risks associated with the Project include facility scope and functionality, construction cost and schedule, and facility operation.</p>				
Dr. F.W. Green Memorial Home	2029	-	156	156
<p>Objective: The Project will deliver a new four storey, 148 bed LTC home in Cranbrook on the existing FWG site. The project includes replacement of the 60 existing LTC beds (58 LTC residents and 2 Tertiary Mental Health funded beds) and will add 88 new LTC beds. The Project also includes an Adult Day Program (ADP) for up to 25 clients and childcare space for up to 37 children. The guiding principles for the Project include the following:</p> <ul style="list-style-type: none"> • Quality Resident Care and Safety. • Staff Safety. • Optimal Clinical Utilization and Operational Efficiencies. • Infection Prevention and Control. <p>Costs: The total estimated capital cost of the Project is \$156 million, with \$94 million funded by the Province and the remaining \$62 million funded by the Kootenay East Regional Hospital District.</p> <p>Benefits: This project will:</p> <ul style="list-style-type: none"> • Replace 60 beds and add 88 net new LTC beds. • Improve the staff, resident, and family experience (including infection prevention and control). • Increase facility sustainability with a 95% reduction in greenhouse gas emissions compared to the LEED Gold baseline (zero on-site greenhouse gas emissions). • Add a new child-care centre with 37 spaces. <p>Risks: The major risks associated with the Project relate to project scope and functionality, integration, schedule, and cost.</p>				
St Vincent’s Heather Long-Term Care (LTC)	2028	3	204	207
<p>Objective: 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.</p> <p>The objectives for this project include:</p>				

- Replacing outdated and obsolete infrastructure giving clinical providers a place to work where they can achieve better results across all functions of health care leading to better patient outcomes and improving health care.
- Providing a modern building with a location near transit and inclusion of welcoming staff spaces that will enable PHC to attract and retain a strong talent pool to deliver the compassionate care that seniors living in LTC deserve.

Costs: The total estimated capital cost of the Project is \$207 million, with the entire amount being funded by the Province.

Benefits: This project will:

- Replace 225 beds currently in physically and functionally obsolete facilities (including elimination of 193 beds currently in multi-bedded rooms), plus add 15 net new beds to help meet demand for LTC services in Vancouver.
- Enable the new model of care, which will improve resident and family experience, improve resident safety (including infection prevention and control), increase resident satisfaction, reduce resident complaints – and provide a vibrant, homelike environment that allows residents to live the remaining months or years of their lives with dignity.
- Increase facility resilience and sustainability with an 83% reduction in greenhouse gas emissions compared to the LEED Gold baseline (zero on-site greenhouse gas emissions).
- Add 37 new childcare spaces.

Risks: The general risks associated with the Project include facility scope and functionality, schedule risk, and budget risk.

<u>Cariboo Memorial Hospital Redevelopment</u>	2029	40	327	367
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Objective: 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. In support of the Vision and Guiding Principles for the Project, the Project Objectives established by Interior Health Authority are to:

- Build Patient Care through an achievable and affordable capital renewal solution that supports the hospital's acute care role now and into the future.
- Utilize patient centred, culturally sensitive, elder-friendly design and standardization concepts to improve the patient experience and enhance care delivery.

Costs: The total estimated capital cost of the Project is \$367 million, with \$257 million funded by the Province and the remaining \$110 million funded by the Cariboo Chilcotin Regional Hospital District.

Benefits: The expected Project benefits include:

- Improved patient care experience with improvements in patient safety, privacy and confidentiality.
- Reduced risks of infections.
- Improved compliance with current health care design standards and clinical standards.

Risks: The major risks associated with the Project relate to project scope and functionality, integration, schedule, and cost.

New Surrey Hospital and BC Cancer Centre	2029	248	2,633	2,881
<p>Objective: 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. 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. The scope of the project also includes a 49-space childcare centre. The new state-of-the-art smart hospital will be digitally equipped and technologically advanced. It will be a fully electric hospital, one of the first in Canada. The Project presents many opportunities as outlined in the following key objectives:</p> <ul style="list-style-type: none"> • Helping address the health care needs of the Surrey population expanding acute and emergency care services. • Continuing to evolve the system to a less acute model of care, leveraging priority focus on prevention, virtual technologies, and integrated primary team-based care. • Increasing cancer care capacity to ensure timely access to care for patients and families in the region and delivering a multidisciplinary, multimodality tumor-based approach to cancer services. <p>Costs: The total estimated capital cost of the Project is \$2.881 billion, with \$2.816 billion funded by the Province and the remaining \$65 million by the BC Cancer and Surrey Hospitals Foundations.</p> <p>Benefits: The project represents an integrated approach to planning a new facility to address the healthcare needs of a rapidly expanding city and growing demand for cancer care in the Lower Mainland. The Project aims to:</p> <ul style="list-style-type: none"> • Ensure a focus on service delivery areas requiring strategic repositioning. • Support the health and well-being of British Columbians through the delivery of high-quality health care services. • Deliver an innovative and sustainable public health care system. <p>Risks: Project risks have been analysed and have been addressed in the categories of project scope and functionality, schedule, budget, and facility operations.</p>				
St. Paul's Hospital Clinical Support and Research Centre (CSRC)	2029	-	638	638
<p>Objective: The new facility will be located at 1002 Station Street, directly adjacent to the new St. Paul's Hospital and will provide space for research, medical offices, corporate services, an innovation centre, and a childcare facility. The building will be approximately 34,400 square metres of area spanning 13 occupied floors as well as 4 subgrade parking levels to accommodate approximately 300 vehicular parking and 150 bicycle parking spaces. The CSRC will be connected to the Core Hospital via a sky bridge.</p> <p>The delivery of the CSRC seeks to achieve the following objectives:</p> <ul style="list-style-type: none"> • Provide replacement space for occupants and functions of the Burrard Site not accommodated by the Core Hospital. • Foster interaction between researchers and medical professionals, leaders, and entrepreneurs within the biotech, scientific/academia, pharmaceutical, and digital health spaces. 				

Costs: The total estimated capital cost of the Project is \$638 million, with \$332 million funded by the Province, \$88 million by foundation, and \$218 million through Vancouver Coastal Health Authority internal sources.

Benefits: The expected Project benefits include:

- Enhanced healthcare services.
- Research advancements.
- Integrated healthcare delivery.
- Talent retention and attraction.
- Educational opportunities.
- Childcare services.
- Campus amenities.
- Community benefits.

Risks: PHC rigorously analyzed Project risks following provincial guidelines, documenting major risks with prevention and mitigation strategies. Capital risks, both retained and shared, are integrated into the project budget.

Vancouver General Hospital (VGH) – Operating Rooms Renewal – Phase 2	2029	23	309	332
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Objective: Phase 2 of the Operating Rooms Renewal at VGH 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. Vancouver Coastal Health Authority (VCH) has established the following project objectives to guide the strategic direction of the project – in alignment with VCH’s Value and Strategic Priorities:

- Provide Exceptional Care.
- Innovate for Impact.
- Provide a Great Place to Work.

Costs: The total estimated capital cost of the Project is \$332 million, with \$312 million funded by the Province and the remaining \$20 million by the VGH and UBC Hospital Foundation.

Benefits: This project will:

- Replace outdated operating rooms on the second floor and obsolete infrastructure.
- Support the provincial surgical renewal strategy to meet surgical demand over a 15-year period.
- Improve utilization and efficiency of the surgical suite.
- Reduce case cancellations ensuring patients receive their procedures when planned.
- Increase the number of cases completed within waitlist targets.

Risks: The major risks associated with the Project relate to project scope and functionality, integration, schedule, and cost.

<u>Burnaby Hospital Redevelopment Phase 2</u>	2030	-	1,731	1,731
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Objective: Burnaby Hospital (BH) Phase 2 will be built as a new 12-storey inpatient/ outpatient tower expected to include 160 private rooms with renovations to the Support Facilities Building

(SFB) and Nursing Tower. The new tower will also be home to a new BC Cancer Centre, which will include 54 ambulatory care rooms, 31 chemotherapy chairs, space for five linear accelerators, space for two PET/CT scanners, an oncology pharmacy, and clinical trials and research space. The Project aims to transform Burnaby Hospital into a healthcare campus that delivers exceptional patient-and family-centered care, fosters inspired and supported teams, promotes cultural safety and inclusion, embraces technological advancements, and demonstrates responsible stewardship of resources. Both Fraser Health and BC Cancer are committed to the integration of services and facilities, where possible.

Costs: The total estimated capital cost of the Project is \$1.731 billion, with \$1.703 billion funded by the Province, \$10 million by the BC Cancer Foundation, \$15 million by the Burnaby Hospital Foundation, and \$3 million from the ChildCareBC new spaces fund.

Benefits: The project will:

- Add capacity and provide critically needed acute and cancer care services at BH to meet the healthcare needs of growing and aging population.
- Improve patient experience and outcomes and maximizes operational efficiency and sustainability by providing space that meets contemporary standards.
- Significantly decrease Green House Gas emissions and increased climate resiliency as part of CleanBC climate commitments.
- Support community benefits objectives.
- Adds child-care capacity in Burnaby to support FHA and BC Cancer staff and the surrounding community.

Risks: The major risks associated with the Project relate to project scope and functionality, integration, schedule, and cost.

Richmond Hospital Redevelopment	2031	15	846	861
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Objective: 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.

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.

This project presents many opportunities, including:

- Replace all the inpatient beds that are currently located in the existing North Tower and accommodate these beds in the ACT with a focus on the services and programs that foster extensive clinical care during the acute phase.
- Address key facility risks in the Perioperative, Emergency, Pharmacy, and Medical Imaging areas by accommodating services in the new ACT.

Costs: The total estimated capital cost of the Project is \$861 million, with \$791 million funded by the Province, \$40 million by the Richmond Hospital Foundation, and \$30 million through Vancouver Coastal Health Authority internal sources.

Benefits: The project presents many benefits, including:

- Replacing and upgrading Acute Inpatient Units; the Operating Room Suite; ICU; and the Medical Device Reprocessing, Medical Imaging and Emergency Departments – all well past their functional life.
- Replacing and upgrading failing facility infrastructure to meet current standards for staff and patient safety, and for business continuity.

Risks: Project risks have been analysed and have been addressed in the categories of project scope and functionality, schedule, and cost.

Significant IT Projects (over \$20 million in total)	Targeted Year of Completion	Project Cost to Dec 31, 2023 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
Clinical and Systems Transformation	2025	747	52	799
<p>Objective: 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.</p> <p>Costs: The total estimated capital cost of the Project is \$799 million, with \$702 million funded by the Province, \$45 million through Provincial Health Services Authority internal sources, \$51 million through Vancouver Coastal Health Authority internal sources, and \$1 million by Doctors of BC.</p> <p>Benefits: 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>Risks: The major risks associated with the Project generally relate to project scope and functionality, schedule, cost and operations and maintenance risk.</p>				
Ihealth Project – Island Health Authority	2025	139	16	155
<p>Objective: The Ihealth project involves the design and build of a new, modernized Electronic Health Record (her) platform. The project objectives are to:</p> <ul style="list-style-type: none"> • Establish a single, shared EHR across all Island Health Authority 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. • Complete digitization of the Island Health Authority health record. 				

Costs: The total estimated capital cost of the Project is \$155 million, with \$55 million funded by the Province and the remaining \$100 million through Island Health Authority internal sources.

Benefits: Project benefits include:

- Improved patient experience and outcomes.
- Improved population health.
- Reduced costs and increased value.
- Improved experience of providing care.

Risks: The major risks associated with the Project generally relate to project scope and functionality, schedule, cost and operations and maintenance risk.

Appendix A: Agencies, Boards, Commissions and Tribunals

As of February 1, 2024, 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 First Nations Health Authority 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.

[Island Health Authority](#)

Island Health 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 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 B.C.'s health care workers.

[Health Quality BC](#)

Health Quality BC (formerly known as 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.

